

## RETIREMENT POLICY

**April 2018**

<b>Authorship :</b>	eMBED Health Consortium on behalf of NHS Vale of York Clinical Commissioning Group.
<b>Reviewing Committee :</b>	Social Partnership Forum
<b>Date :</b>	10 January 2018
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<b>Equality Impact Assessment :</b>	Attached
<b>Sustainability Impact Assessment :</b>	Attached
<b>Related Documents :</b>	<ul style="list-style-type: none"> <li>• Flexible Working Policy</li> <li>• Redeployment Policy</li> <li>• Management of Attendance Policy</li> </ul>
<b>Target Audience :</b>	All CCG employees
<b>Policy Reference No. :</b>	HR38
<b>Version Number :</b>	V1.1

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.

## POLICY AMENDMENTS

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

<b>New Version Number</b>	<b>Issued by</b>	<b>Nature of Amendment</b>	<b>Approved by and Date</b>	<b>Date on Internet</b>
DRAFT 0.1	HR Team eMBED Health Consortium on behalf of NHS Vale of York CCG	Draft policy for CCG	SPF – June 2017	
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01904 555 870 or [valeofyork.contactus@nhs.net](mailto:valeofyork.contactus@nhs.net)

## Table of Contents

1	INTRODUCTION.....	4
2	ENGAGEMENT .....	4
3	IMPACT ANALYSES .....	4
3.1	Equality .....	4
3.2	Sustainability .....	4
3.3	Bribery Act 2010.....	4
4	SCOPE .....	5
5	POLICY PURPOSE AND AIMS.....	5
6	DEFINITIONS .....	6
7	ROLES / RESPONSIBILITIES / DUTIES.....	6
8	IMPLEMENTATION.....	7
9	TRAINING AND AWARENESS .....	7
10	MONITORING AND AUDIT .....	7
11	POLICY REVIEW .....	7
12	REFERENCES.....	7
14	PART 2.....	8
15	APPENDIX 1 : RETIRE AND RETURN REQUEST FORM .....	12
16	APPENDIX 2 : EQUALITY IMPACT ANALYSIS.....	14
17	APPENDIX 3 : SUSTAINABILITY IMPACT ASSESSMENT.....	18

## 1 INTRODUCTION

- 1.1 NHS Vale of York Clinical Commissioning Group (the “CCG”) is committed to assisting employees who are considering or have taken the decision to retire from service and outlines the options available and support that can be expected from management.
- 1.2 The CCG also recognises that retirement is a life-changing event and wishes to facilitate a smooth retirement process for staff, whilst also recognising the commitment and loyal service they have provided.

## 2 ENGAGEMENT

- Social Partnership Forum/Policy Development Group
- CCG staff via team meetings/team brief/internet

## 3 IMPACT ANALYSES

### 3.1 Equality

In applying this policy, the CCG will have due regard to the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

An Equality Impact Assessment is attached at Appendix 2. As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage. However, monitoring the use of the policy will be essential.

### 3.2 Sustainability

A Sustainability Impact Assessment has been completed for this policy and is attached at Appendix 3.

### 3.3 Bribery Act 2010

The Bribery Act 2010 makes it a criminal offence to bribe or be bribed by another person by offering or requesting a financial or other advantage as a reward or incentive to perform a relevant function or activity improperly performed.

The penalties for any breaches of the Act are potentially severe. There is no upper limit on the level of fines that can be imposed and an individual convicted of an offence can face a prison sentence of up to 10 years.

The Bribery Act applies to this policy.

## **4 SCOPE**

- 4.1 This policy scheme applies to all CCG employees.

## **5 POLICY PURPOSE AND AIMS**

- 5.1 The CCG does not operate a compulsory retirement age.
- 5.2 When considering retirement options employees should bear in mind the potential impact on their pension.
- 5.3 Employees considering retirement, particularly flexible retirement, should discuss their plans initially with their line manager and consult the relevant pension scheme rules. Employees may also wish to seek independent financial advice.
- 5.4 Information on retirement options and benefits is available from the NHS Pensions website [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions).
- 5.5 Advice and support on the application of this policy is available from the HR team. Specialist pensions advice should be sought from the pensions team at Victoria Payroll Services, NHS Pensions or an independent financial advisor.
- 5.6 Employees should bear in mind that NHS Pensions requires 4 months' notice of any request for payment of pension benefits.
- 5.7 The provisions of Section 16 of NHS Terms and Conditions will apply to employees retiring early on grounds of redundancy.
- 5.8 Employees considering retirement, particularly flexible retirement, should discuss their plans initially with their line manager.
- 5.9 Information on retirement options and benefits is available from an HR representative or the NHS Pensions website [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions).
- 5.10 Employees should bear in mind that NHS Pensions requires 4 months' notice of any request for payment of pension benefits.
- 5.11 Flexible retirement requests will be considered in line with the procedure set out in the Flexible Working policy. Requests to retire and return should be managed in line with the procedure set out in this policy (Part 2, paragraph 2.4).
- 5.12 Advice and support on the application of this policy is available from the HR Team.
- 5.13 The CCG is committed to ensuring that all personal information is managed in accordance with current data protection legislation, professional codes of practice and records management and confidentiality guidance. More

detailed information can be found in the CCG's Data Protection and Confidentiality and related policies and procedures.

## **6 DEFINITIONS**

### **6.1 Minimum Retirement Age**

The minimum retirement age for members of the NHS Pension Scheme – 1995 section is 50, except for staff who joined on or returned to the scheme after 6 April 2006 for whom the minimum retirement age is 55. The minimum retirement age for members of the 2008 and 2015 sections is 55.

### **6.2 Normal Retirement Age**

The normal pension age for members of the NHS Pension Scheme – 1995 section is 60 and age 65 for members of the 2008 section. Under the 2015 section, the normal pension age is the individual's State Pension Age, or age 65 if that is later.

### **6.3 Flexible retirement**

Flexible retirement options provide flexibility regarding the age at which an employee retires, the length of time it takes to retire and the nature and intensity of work in the lead up to final retirement. It assists the CCG by retaining the skills of key employees who are approaching, or are at, retirement age and provides a greater choice for employees. Further details on Flexible Retirement are set out in Part 2 of the policy.

### **6.4 Ill Health Retirement**

When an employee becomes incapable of carrying out their duties on a permanent basis, and no reasonable adjustments can be made or suitable alternative employment secured (see Absence Management Policy and Redeployment Policy), the employee's with more than two year's pensionable service may wish to apply to NHS Pensions for retirement on the grounds of ill-health. Further details are in Part 2 of the Policy.

## **7 ROLES / RESPONSIBILITIES / DUTIES**

### **7.1 Managers**

Responsible for ensuring that this policy is applied fairly to all, and responsible for having retirement discussions with staff in line with the guidance in the policy.

### **7.2 Employees**

Responsible for ensuring they are aware of the policy and request retirement options in accordance with it.

Requesting a pension forecast and the completing the appropriate paperwork when planning to retire, giving a minimum of 4 months' notice.

### **7.3 HR Team**

Responsible for providing advice and guidance where necessary for line managers and individuals on all aspects of retirement and flexible retirement in accordance with this policy.

## **8 IMPLEMENTATION**

8.1 This policy will be communicated to staff via team meetings/team brief and will be available for staff on the intranet.

8.2 Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the CCG's disciplinary procedure.

## **9 TRAINING AND AWARENESS**

9.1 A copy of the policy will be available on the CCG intranet. Training needs will be identified via the appraisal process and training needs analysis.

## **10 MONITORING AND AUDIT**

10.1 The implementation of this policy will be audited on an annual basis by the CCG and reported to CCG Governing Body.

## **11 POLICY REVIEW**

11.1 The policy and procedure will be reviewed after four years for the CCG Governing Body in conjunction with Trade Union representatives. Where review is necessary due to legislative change, this will happen immediately.

## **12 REFERENCES**

12.1 NHS Pensions website [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions)

## **13 ASSOCIATED DOCUMENTATION**

- Flexible Working Policy
- Redeployment Policy
- Management of Attendance Policy

## 14 PART 2

**This Section applies to those employees who belong to the NHS Pension Scheme and who are subject to the rules of the Scheme. It is a summarised version of the terms and does not take precedence over those terms.**

This section is intended to give brief details about the NHS pension scheme. The scheme is subject to change, therefore, the information provided here may alter – managers and employees should refer to VPS Pensions Manager or the NHS Pensions website for more information at [www.pensions.nhsbsa.nhs.uk](http://www.pensions.nhsbsa.nhs.uk).

It is important that employees understand which of the NHS Pension Schemes they are a member of, and if in doubt, should seek advice from the Pensions team at Victoria Payroll Services or NHS Pensions. A summary of benefits from the different schemes can be accessed at [http://www.nhsbsa.nhs.uk/Documents/Pensions/NHS\\_Pension\\_Schemes\\_An\\_Overview\\_\(V4\)\\_04.2016.pdf](http://www.nhsbsa.nhs.uk/Documents/Pensions/NHS_Pension_Schemes_An_Overview_(V4)_04.2016.pdf)

Employees who have decided that they wish to retire or are considering retirement, particularly flexible retirement, should discuss their plans initially with their line manager.

### 2.1 RETIREMENT

Employees wishing to fully retire from work must resign from their employment, giving the appropriate contractual notice. They will be expected to take all accrued annual leave prior to their leaving date. This also applies where employees wish to return to employment following retirement (see paragraph 2.4 below).

### 2.2 FLEXIBLE RETIREMENT OPTIONS

Flexible retirement options provide flexibility regarding the age at which an employee retires, the length of time it takes to retire and the nature and intensity of work in the lead up to final retirement. It assists the CCG by retaining the skills of key employees who are approaching, or are at, retirement age and provides a greater choice for employees. In considering these options, employees are advised to obtain information on how these changes may impact on their pension.

### 2.3 PRE-RETIREMENT WIND DOWN

An employee approaching their retirement may wish to gradually reduce the number of hours they work and/or consider working in a less demanding role in the time leading up to their actual date of retirement.

The employee should put their request in writing to their line manager, clearly outlining their proposed role, hours of work, start date of the arrangements and retirement date. Requests will be considered in line with the procedure in the Flexible Working policy, and judged on the basis of business needs.

If a change in role is agreed, the employee will be paid the appropriate rate for that post. If there is a reduction in working hours, the employee will be paid pro rata to hours worked.

Employees considering either of these options prior to retirement are advised to obtain information on how this may impact their pension.

If the step-down results in a reduction of pay by at least 10%, employees may apply to protect their higher rate of pay for pension purposes. This is only available for members of the NHS Pension Scheme who are over the minimum retirement age and is not available for members of the 2015 section.

The application must be made within 15 months of the date the rate of pay is reduced. When the employee leaves, their pension will be based on the higher rate of pay up to the date they stepped down, and their pension earned after the step down date will be based on the reduced rate of pay. Cost of living increases will be applied to the protected higher rate of pay and both pensions will be added together for payment.

Alternatively, members of the NHS Pension Scheme 2008 and 2015 section may elect to partially retire and take some of their benefits. This option is not available for members of the 1995 NHS Pension. To do this the employee must have reached at the state minimum retirement age and have reduced their pensionable pay by at least 10%. Between 20% and 80% of pension entitlement may be taken and pension membership will continue to build up. Pensionable pay must remain reduced for at least a year otherwise eligibility to a pension will cease. Benefits can be drawn down twice before final retirement.

## **2.4 RETIRE AND RETURN TO WORK**

Under the provisions of the NHS Pension Scheme, employees have the option to retire from service and take all their pension benefits before returning to NHS employment.

**Employees considering this option, and who wish to return to NHS employment, must make their request in writing, to their line manager, by completing the form at Appendix 1 as far in advance as possible.** The request must include the proposed retirement date and when, and in what capacity, the individual would like to return to work afterwards.

Requests to return to work will be considered in line with the procedure in the Flexible Working Policy, and judged on the basis of business needs.

If the request is agreed, there must be at least a 2-week break between employments, to include a minimum 24-hour break in pensionable employment to satisfy the requirements of the NHS Pension scheme.

The line manager has responsibility for ensuring that for the period the individual is not employed by the CCG their work is delegated elsewhere and that the individual is not involved in working matters.

Members of the 1995 section must work less than 16 hours per week within one calendar month of retirement, and/or be under the normal retirement age, to avoid their pension being suspended. This restriction does not apply to

members of the 2008 or 2015 sections.

Employees who are in receipt of any earnings related protection will lose that protection on their return to work following the break in service.

Once an employee retires and receives their pension benefits in relation to their NHS service, this service will no longer be counted as 'reckonable' for redundancy purposes (para 16.6 of NHS Terms and Conditions). Where an employee takes their pension benefits and returns to work at the CCG, reckonable service will begin from the date of return to employment after the break in service.

Employees who retire and take their pension benefits before returning to work will not be able to re-join the NHS Pension Scheme.

## **2.5 PREMATURE RETIREMENT AND RETIREMENT IN THE INTERESTS OF EFFICIENCY**

If you are retired prematurely because of redundancy or in the interests of the efficiency of the service, pension benefits may be paid immediately. Employees must have:

- reached the minimum pension age;
- at least two years' continuous membership;
- two years' continuous employment with the employer who is prematurely retiring you;
- contractual terms and conditions which entitle you to claim the redundancy pension as an alternative to receiving, either in whole or in part, the cash redundancy payment from your employer.

Section 16 of Agenda for Change, paragraphs 16.26 – 16.29 inclusive, set out the terms and conditions of early retirement in the interests of the efficiency of the service.

## **2.6 VOLUNTARY EARLY RETIREMENT (VER)**

Employees who are considering Voluntary Early Retirement (VER) must request the Guaranteed Minimum Pension (GMP) check from the Pensions Service in the first instance.

An employee may opt to take VER at any time from the minimum pension age applicable to the scheme they are/ have been a member of, provided they have been in the Scheme long enough to qualify for pension benefits (currently two years).

An estimate of pension benefits can be requested from the VPS pensions team however, final figures will be calculated by NHS Pensions.

An early retirement pension is reduced because it is being paid early and for longer. The amount of the reduction depends on how many years before the normal pension age the pension is being claimed and is applied to the pension before commutation (the exchange of some pension for a lump sum).

The early retirement factors are available on the Pension Agency website at: [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions).

To leave employment due to voluntary early retirement the employee must resign from their employment, giving the appropriate contractual notice. They will be expected to take all accrued annual leave prior to their leaving date.

## **2.7 LATE RETIREMENT**

### **1995 & 2008 Schemes**

Employees who remain in employment beyond the normal retirement age, and remain in the NHS Pension Scheme, may continue to earn benefits to age 75 or until they reach 45 years membership. There are no provisions to increase benefits for members of the 1995 section if they are paid late. Members of the 2008 section will have any pension earned before age 65 increased to take account of the fact that it is being paid later than the normal retirement age.

### **2015 Scheme**

If an employee does not take their pension benefits at the normal pension age, they may continue to build benefits as long as they stay in this Scheme, up to age 75. When taking the benefits they will be increased to take account that it is being paid later than the normal pension age. At age 75 scheme members must claim their benefits.

## **2.8 ILL HEALTH RETIREMENT**

When an employee becomes incapable of carrying out their duties on a permanent basis, and no reasonable adjustments can be made or suitable alternative employment secured (see Redeployment Policy), the employee may wish to apply to NHS Pensions for retirement on the grounds of ill-health. This option is only available to employees who have two years continuous pensionable NHS service.

Where ill-health retirement is identified as an option, the employee will be provided with an estimate of pension benefits via the CCG's payroll provider, currently VPS. The application must be made on the appropriate form which is available from the NHS Pensions Agency.

Medical advisors, appointed by NHS Pensions, will assess the available medical evidence and will confirm whether the employee is permanently incapable of carrying out either their present NHS duties or any regular work. A Tier 1 or enhanced Tier 2 pension may be paid dependent upon this decision. Further information may be obtained from the NHS Pensions website <http://www.nhsbsa.nhs.uk/pensions>

## 15 APPENDIX 1 : RETIRE AND RETURN REQUEST FORM

This form should only be used for individuals requesting Retire and Return in accordance with the CCG Retirement Policy.

Section A – Retiring Employee’s Current Details			
Surname:		Forenames:	
Job Title:		Band:	
ESR Assignment No:		Department:	
Section B – Employee’s Contact Details			
Home Address:			
Email:			
Telephone Number:			
Section C – Retirement Leaving Date			
Retirement date (Last Day of Employment if applicable)			
Section D – Retire & Return Applications only			
New Job Title:		New ESR Position Number:	
New Cost Centre		New Band:	
Is a DBS required for this position?			
If Yes, DBS is required please confirm level of check			
Will the request include a change in the contracted hours or current working pattern?			
If Yes, please detail below the changes you would like to make:			
Section E – Retire & Return Declaration			
<p><b>EMPLOYEE RETIRE &amp; RETURN DECLARATION</b></p> <p><i>I understand that my application will be considered at the discretion of my manager in accordance with the needs of the Service.</i></p> <p><b>All employees:</b> <i>I understand that I will need to take a break in service of at least two weeks between employments, including a minimum 24 hour break in pensionable employment to satisfy the requirements of the NHS Pension Scheme.</i></p>			

**1995 Scheme only:** I understand that I must **also** work less than 16 hours per week within one calendar month of retirement, and/or be under the normal retirement age, to avoid my pension being suspended.

I understand that is a pre-requisite of the Retire and Return process that my mandatory training and employment checks are all up to date at the date of my retirement and if this is not the case I will forfeit my ability to return.

I also confirm that all existing data and personal details recorded on ESR are correct (i.e. Address, bank details etc.)

<b>Employee Declaration:</b>	<b>Name:</b>	
	<b>Email:</b>	
	<b>Date:</b>	
	<b>Break in Service required (length)</b>	
	<b>Mandatory Training** Up to date:</b>	
	<b>Employment Checks*** up to date:</b>	

**Section F – Managers Comments and Recommendation**

**Manager Approval:**

**Name:**

**Job Title:**

**Date:**

**Section G - Senior Manager Confirmation/Approval**

<b>Manager Approval</b>	<b>Name:</b>	
	<b>Email:</b>	
	<b>Date:</b>	

**Retire & Return requests can be approved by Line Managers in the best interests of their service however for senior staff returning as AfC Band 8a and above applications must be approved by an Executive Director of the CCG.**

For audit purposes the completed form should be placed and retained on the employee’s personal file and for monitoring purposes a copy of the form should be sent to: [embed.generalhr@nhs.net](mailto:embed.generalhr@nhs.net) which will be used to provide an annual submission of evidence on such requests.

**Section H – For Office Use - Pensions Department/Payroll**

**Date received in Pensions/Payroll**

16 APPENDIX 2 : EQUALITY IMPACT ANALYSIS

1.	<b>Title of policy/ programme/ service being analysed</b>
	HR38 Retirement Policy
2.	<b>Please state the aims and objectives of this work.</b>
3.	<b>Who is likely to be affected? (e.g. staff, patients, service users)</b>
	Staff
4.	<b>What sources of equality information have you used to inform your piece of work?</b>
	Staff equalities data.
5.	<b>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</b>
	The analysis of equalities is embedded within the CCG's Committee Terms of Reference and project management framework.
6.	<b>Who have you involved in the development of this piece of work?</b>
	<p><b>Internal involvement:</b> Senior Management team</p> <p><b>Stakeholder involvement:</b> Consultation with Senior Managers</p> <p><b>Patient / carer / public involvement:</b> This is an Internal policy aimed at staff employed by the CCG and contractors working for the CCG. The focus is on compliance with statutory duties and NHS mandated principals and practice. There are no particular equality implications.</p>

<b>7.</b>	<b>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</b>	
<b>Disability</b> 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.	
Considered, no impact		
<b>Sex</b> Men and Women	Consider gender preference in key worker, single sex accommodation etc.	
Considered, no impact.		
<b>Race or nationality</b> People of different ethnic backgrounds, including Roma Gypsies and Travelers	Consider cultural traditions, food requirements, communication styles, language needs etc.	
Considered, no impact		
<b>Age</b> 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.	
<b>Positive</b> The CCG does not operate a compulsory retirement age.		
<b>Trans</b> 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.	
Considered, no impact		

<p><b>Sexual orientation</b> This will include lesbian, gay and bi-sexual people as well as heterosexual people.</p>	<p>Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc.</p>
<p>Considered, no impact</p>	
<p><b>Religion or belief</b> Includes religions, beliefs or no religion or belief</p>	<p>Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc.</p>
<p>Considered, no impact</p>	
<p><b>Marriage and Civil Partnership</b> Refers to legally recognised partnerships (employment policies only)</p>	<p>Consider whether civil partners are included in benefit and leave policies etc.</p>
<p>Considered, no impact</p>	
<p><b>Pregnancy and maternity</b> Refers to the pregnancy period and the first year after birth</p>	<p>Consider impact on working arrangements, part-time working, infant caring responsibilities etc.</p>
<p>Considered, no impact.</p>	
<p><b>Carers</b> 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>Considered, no impact.</p>	
<p><b>Other disadvantaged groups</b> 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>Considered, no impact</p>	

<b>8.</b>	<p><b>Action planning for improvement</b></p> <p>Please outline what mitigating actions have been considered to eliminate any adverse impact? None</p> <p>Please state if there are any opportunities to advance equality of opportunity and/ foster good relationships between different groups of people? N/A</p> <p>An Equality Action Plan template is appended to assist in meeting the requirements of the general duty</p>
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<b>Brief Summary / Further Comments</b>	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage. However, monitoring the use of the policy will be essential
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Approved By		
Job Title:	Name:	Date:

## 17 APPENDIX 3 : SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development 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.

<b>Title of the document</b>	<b>Retirement Policy</b>
<b>What is the main purpose of the document</b>	This policy is designed to assist employees who are considering or have taken the decision to retire from service and outlines the options available and support that can be expected from management
<b>Date completed</b>	January 2017
<b>Completed by</b>	Val Burgess

<b>Domain</b>	<b>Objectives</b>	<b>Impact of activity</b> Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = N/A	<b>Brief description of impact</b>	<b>If negative, how can it be mitigated? If positive, how can it be enhanced?</b>
<b>Travel</b>	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?	N/A		
<b>Procurement</b>	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery? Will it stimulate innovation among providers of	N/A		

	<p>services related to the delivery of the organisations' social, economic and environmental objectives?</p> <p>Will it promote ethical purchasing of goods or services?</p> <p>Will it promote greater efficiency of resource use?</p> <p>Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?</p> <p>Will it support local or regional supply chains?</p> <p>Will it promote access to local services (care closer to home)?</p> <p>Will it make current activities more efficient or alter service delivery models?</p>			
<b>Facilities Management</b>	<p>Will it reduce the amount of waste produced or increase the amount of waste recycled?</p> <p>Will it reduce water consumption?</p>	N/A		
<b>Workforce</b>	<p>Will it provide employment opportunities for local people?</p> <p>Will it promote or support equal employment opportunities?</p> <p>Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?</p> <p>Will it offer employment opportunities to disadvantaged groups?</p>	N/A		
<b>Community Engagement</b>	<p>Will it promote health and sustainable development?</p> <p>Have you sought the views of our communities in relation to the impact on sustainable development for this activity?</p>	N/A		
<b>Buildings</b>	<p>Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?</p>	N/A		

	<p>Will it increase safety and security in new buildings and developments?</p> <p>Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)?</p> <p>Will it provide sympathetic and appropriate landscaping around new development?</p> <p>Will it improve access to the built environment?</p>			
<b>Adaptation to Climate Change</b>	<p>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)?</p>	N/A		
<b>Models of Care</b>	<p>Will it minimising 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?</p> <p>Will it promote prevention and self-management?</p> <p>Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?</p> <p>Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?</p>	N/A		