NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Service Benefit Review Policy

2019-2021

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Approved by:	Governing Bodies
Date approved:	August 2019
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Next review date:	March 2021
Document author:	Associate Director Commissioning and Planning

CONTROL RECORD				
Reference Number N&N COM-001	**Version** 1.1	**Status** Final	**Author** Associate Director Commissioning & Planning	
			Sponsor Director of Commissioning	
			Team Commissioning	
Title	Service Benefit Review Policy			
Amendments	Updated to v1.1 – Policy updated to reflect NHS Nottingham and Nottinghamshire CCG (merged 1 April 2020)			
Purpose	The purpose of this policy is to provide a standardised approach, working with clear principles and specific guidance on the completion of the 'Service Benefit Review' process to carry out routine review of commissioned contracts. The policy will enable a fair, transparent, consistent and ethical decision making approach to Service Benefit Reviews and their outcomes, following best practice.			
Superseded Documents	Mid Nottinghamshire CCGs' Service Benefit Review Policy 2018-2019 Greater Nottinghamshire Investment/Disinvestment Policy			
Audience	All employees of Nottingham and Nottinghamshire CCG (including those working within the organisation in a temporary capacity)			
Consulted with	N/A			
Equality Impact Assessment	Completed in July 2019 (see Appendix C)			
Approving Body	Governing Bodies		**Date approved**	August 2019 (adopted by Governing Body in April 2020)
Date of Issue	August 2019			
Review Date	March 2021			
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Contents

1. Introduction and Overview

1.1. This policy provides guidance on the specific process to be followed when undertaking routine review of the commissioned services, referred to as 'Service Benefit Review' and the principles for decision-making in relation to the outcomes of these reviews.

1.2. This policy applies to the Nottingham and Nottinghamshire Clinical Commissioning Group, hereafter referred to as 'the CCG' which is a is a public, statutory NHS body, with delegated responsibility from the Secretary of State for Health for commissioning healthcare for its patients and for protecting and improving the health of its population.

1.3. The CCG is responsible for directly commissioning high quality, sustainable and affordable services to support the prevention, diagnosis and treatment of illness for its population. The CCG has a statutory duty to maintain financial balance and not to exceed financial allocation. It is good practice to regularly review commissioned services to ensure they are effective and delivering value for money.

1.4. It is important for the CCG to demonstrate that the most effective use of public money is made to commission the right care, in the right place and at the right time, within the context of resources, and in order to deliver statutory responsibilities, and meet the needs of the population.

1.5. Governance arrangements for decisions relating to investment, disinvestment and service change will need to comply with legal regulations including procurement and contracting and the CCG's duties under the NHS Act 2006. This includes the duty to carry out equality analysis and ensure public involvement and consultation in the commissioning process.

1.6. It should be noted that any proposal that represents significant service change may require significant preparation, planning and early involvement of the Contracting Team and Engagement & Communications Team. The CCG will have in place process and guidance to identify proposals that may be subject to formal public consultation and procurement process. For major service reconfigurations, the CCG will also adhere to the NHS England Guidance, Planning, Assuring and Delivering Service Change for Patients (NHS England 2015).

2. Purpose

2.1. The purpose of this policy is to enable fair, transparent, consistent and evidenced based decision-making to be applied to the outcomes of contract reviews and the recommended option.

2.2. This policy outlines the approach, principles and process by which Service Benefit Reviews and decisions relating to their outcomes will be made.

2.3. The policy also applies to the review of pilot service provision. A Service Benefit Review should be planned and scheduled alongside robust evaluation activity ahead of the agreed pilot end date and should be completed to allow sufficient time for appropriate action of procurement or exit as recommended by the review and where this recommendation has been approved.

3. Scope

3.1. This policy applies to all staff who commission goods, services or works on behalf of the CCG, including staff on temporary or honorary contracts, appointed representatives acting on behalf of the CCG, staff from member practices and any external organisations (e.g. Commissioning Support Unit).

3.2. All expenditure by the CCG for its own operational and management needs is subject to this policy, including:

- Revenue expenditure and capital expenditure;
- Spend 'hosted' on behalf of other bodies;
- Commissioned Healthcare Services; and
- Any fully delegated responsibilities under co-commissioning arrangements.

3.3. In the event of full delegation, the CCG under Primary Care co-commissioning, is free to make commissioning decisions subject to the terms of its delegation agreement with NHS England practice, with the following exception:

- Settlement of a claim: the value of the settlement exceeds £100,000;
- Scheme: any matter under the Delegated Functions which is novel, contentious or repercussive; and
- Contracts: in relation to contracts for Alternative Primary Medical Services Contracts (APMS), which has or is capable of having a term which exceeds five years.

3.4. Commissioning decisions relating to services provided by GP practices shall be submitted to the Primary Care Commissioning Committee for approval. Where the CCG is seeking to directly award a contract to GP practices, safeguards must be in place to ensure transparency of decision and management of conflicts of interest.

3.5. Arrangements under which the CCG collaborates with other public bodies (for example under non-legally binding memoranda of understanding (MOU)) expenditure will be subject to the internal approval processes for non-competed expenditure set out in the Standing Financial Instructions and this policy.

4. Policy Statement

4.1. In carrying out its responsibility to plan and buy high quality and affordable services for the population, the CCG has a legal duty to stay within a nationally fixed budget. The requirement to stay within budget and the existence of finite resources means that the CCG must take an approach to commissioning decisions, which strike a balance between commissioning healthcare to meet the need of our population and the differing needs of the individual**.**

4.2. The set of principles listed below will be taken into account and form the basis for decisions that are made in accordance with this policy. The principles are in line with the CCG's strategic aims and objectives, national guidance and legal requirements.

Ethical Principles for Decision Making

Principle 1 - Rational

Decisions will need to be made on a reasonable evaluation of available evidence.

Recommended options will be required to demonstrate:

- Consideration of the evidence and clinical effectiveness (eg. recommendations made by the National Institute for Health and Clinical Excellence).
- Validity and credibility of evidence and/or guidance from established sources with expert opinion sought where appropriate.
- That both qualitative and quantitative evidence is taken into account.
- An assessment of the health requirements of the local community.
- An assessment of multiple options, their impact and the risks and benefits of each.
- An assessment of the impact and view of stakeholder and partner commissioners, including but not limited to, the Local Authority and across the CCG.
- That the wider political, legal and policy context have been taken into account.

Principle 2 - Improve Health Outcomes

Recommended options will be required to demonstrate:

- Contribution or delivery against a national ‘must-do’ and/or national standards and targets and how they support the CCG in delivering national and local policy directives and strategies.
- Improved health outcomes and healthy life expectancy.
- Improved patient safety and avoidance of unintended or unexpected harm to people during the provision of health care.
- The quality of service provision and how this measures against accepted national and/or local quality standards.

Principle 3 - Cost-effective and Value for Money

A consideration of affordability will be made during decision making. Due to finite budgets or other commitments, even recommendations that are cost-effective and/or clinically effective, may be unaffordable.

In order to ensure that the CCG does not breach its statutory duty to maintain financial balance, recommended options will be required to demonstrate:

- Significant benefits (eg. improved health outcomes, reduced net costs) relative to the required investment.
- How productivity will be ensured through appropriate management or reduction in unwarranted clinical variation.
- Prevention of activity in other parts of the health and social care system that would be at a greater cost.
- New approaches to delivering care will be compared to existing and other alternative approaches.
- Improved efficiency and reduced variation.
- There is no alternative provision or services available to meet clinical need.

Principle 4 - Inclusive

We are committed to embedding equality and diversity considerations into all aspects of our work, including policy development, commissioning processes and employment practices. We believe that diversity is about recognising and valuing differences through inclusion.

In line with its legal duty to ensure equity for the population and reduce health inequalities, the CCG will require that equality analysis be an integral part of service planning, including whenever we plan to change or remove a service, policy or function. Proposals will be required to demonstrate:

- The impact on reducing health inequalities in the population of Nottingham and Nottinghamshire.
- The impact on ensuring health equity and avoidable differences in health between different parts of the population.

- Analysis of the impact on each of the nine protected characteristics of age, disability, gender re-assignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation, or on any health inclusion groups: carers, people experiencing economic and social deprivation, homeless people, people who misuse drugs, new and emerging communities, including refugees and asylum seekers and gypsies, roma and travellers.
- The impact on patient access to services (eg. changing opening times or location).
- That the statutory duty to involve and consult patients is met.

5. Associated Policies and Procedures

5.1. This policy and any procedures derived from it should be read alongside and in conjunction with the following:

- The CCG's Constitution, which include Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation;
- Raising Concerns (Whistleblowing) Policy;
- Freedom of Information (FOI) and Environmental Information Regulations (EIR) Policy;
- Equality Impact Assessment Guidance;
- Conflicts of Interests Policy;
- Risk Management Policy;
- Gifts, Hospitality and Sponsorship Policy;
- Procurement Policy;
- Fraud, Bribery and Corruption Policy; and
- NHS England Standing Financial Instructions in so far as they impact on the procurement of GP services under full delegation of the Co-Commissioning provisions.

6. Roles and Responsibilities

6.1. <u>The CCG’s Governing Body</u>

The Governing Body and all Committees of the Governing Body, are responsible for setting the approach for facilitating open, transparent and fair, proportionate commissioning processes and ensuring commissioning decisions and commissioning processes are in accordance with this policy.

6.2. The Accountable Officer

The Accountable Officer has overall accountability for the CCG's commissioning processes.

6.3. Director of Commissioning

The Director of Commissioning has overall responsibility for the CCG's commissioning decisions and commissioning processes.

6.4. Prioritisation and Investment Committee

The Prioritisation and Investment Committee is responsible for ensuring commissioning decisions are supported by relevant service reviews and/or business cases and that risks associated with direct awards are identified and managed.

6.5. Primary Care Commissioning Committee

The Primary Care Commissioning Committee is responsible for approving commissioning decisions where GP practices are providers.

6.6. CCG Staff

All CCG officers are responsible for complying with this Service Benefit Review policy and associated procedures:

All CCG staff shall:

- Only commission services on behalf of the CCG.
- Only commission services in accordance with the CCG's Scheme of Reservation and Delegation and Standing Financial Instructions.

In instances where staff are unsure about a course of action, they should seek advice and guidance from the Associate Director of Commissioning.

6.7. In the event of any discrepancy between this Policy and the Scheme of Delegation and Standing Financial Instructions, the Scheme of Delegation and Standing Financial Instructions will take precedence.

7. Service Benefit Review Approach and Considerations

7.1. The Service Benefit Review process will be used for the routine review of commissioned contracts within appropriate timescales of the end of their commissioned contract period.

7.2. Service Benefit Reviews should be conducted as part of the core commissioning business cycle of the CCG and need to be strategically aligned and clearly linked to commissioning intentions and approaches.

7.3. Service Benefit Reviews may result in a proposal to significantly change service provision, a new service contract award or decommissioning and therefore requires full and early consideration of the impact, implications and engagement required

with stakeholders to inform the review. This should be built into the options appraisal and recommended option.

7.4. Decommissioning is a natural part of the commissioning process. Services and contracts may become obsolete as the needs of the population, techniques and technology and approaches change. Ending obsolete services and also re-commissioning others as appropriate is part of a continuous cycle of commissioning.

7.5. The option or recommendation to disinvest or decommission will need to be considered carefully and in line with national best practice, as described in the guidance by the National Audit Office. This document also identifies the risks of not following this good practice and how those risks might be mitigated when the timeframe is very tight and good practice is difficult to achieve: National Audit Office: Carrying out decommissioning: What does good practice look like?

7.6. Evidence that quality, equality and privacy impacts have been considered early in the development of the proposal will be required. The Equality and Quality Impact Assessment (EQIA) must be completed and submitted with the Service Benefit Review (SBR). If appropriate analysis of the impact of the proposal has not been carried out, the SBR and recommendations will not be considered.

7.7. Equality analysis should be completed at the earliest stage possible in order for the findings to legitimately support the review of services and development of proposed changes. The CCG will have in place a clear equality impact assessment process to guide staff.

7.8. The equality analysis should be used to inform the approach and scope of engagement and consultation with the public.

7.9. The approach to patient and public engagement and communication will be required. The Service Benefit Review may need to include a Communication and Engagement plan if advised by the CCG's Communication and Engagement Team.

7.10. The process for approval will be multi-staged with gateway decision points for Senior Responsible Officer (SRO) sign-off to ensure that the recommended option is developed in line with wider strategic commissioning approaches, priorities and the decision making principles outlined in this policy.

7.11. The SRO or delegated representative will present the Service Benefit Review in person, in order to respond to any questions.

7.12. Service Benefit Reviews will be presented to the Prioritisation and Investment Committee in order to seek approval to enact the recommended option.

7.13. **Appendix A** to this policy includes the Service Benefit Review (SBR) template. The SBR template is designed to support detailed and robust review of the contract or service. The template will detail the impact of current service provision on patient outcomes, value for money and alignment with strategic direction including adherence to local and national guidance and 'must dos'.

7.14. The Service Benefit Review template should provide information of those options considered following the findings of the review and clearly state the recommended option. Options considered may include a number of possible outcomes such as:

- Commissioning the same;
- Commissioning something different; or
- Disinvest/decommission.

7.15. The template ensures the following is explored in detail:

- How the service or contract relates to the national evidence base and clinical effectiveness.
- How the service or contract delivers health outcomes, improved patient safety or patient experience.
- How the service or contract contributes to local and national strategy and highlights any contribution to national ‘must dos’ or targets.
- Explains how the service or contract supports strategic objectives and local/national strategic direction.
- The impact the recommended option will have on equality and health inequalities.
- How the equality analysis has supported the review and development of the recommended option.
- Approach to engagement and outcome of activities.
- Identifies how stakeholders have been and will continue to be involved in the review of the service or contract and development of the recommended option.
- Identifies benefits and dis-benefits of each option considered and the recommended option, with risks identified and potential mitigations proposed.
- Completed financial and activity model for each option approved by an identified Finance Lead.
- Detailed approach to enact the recommended option contractually including approach to procurement if required.
- Project plan to outline how the recommendation will be implemented and evaluated.
- All completed Service Benefit Reviews will need to include appropriate supporting plans and mitigation of impacts identified.

8. Stakeholder Engagement

8.1. Throughout the process of developing proposals to change services, it is important to identify and engage with the stakeholders. The CCG is keen to have an open, engaged and transparent process for making commissioning decisions.

8.2. Engagement will ensure that final commissioning decisions are informed by different expertise, alternative perspectives and identification of unintended impact will be captured. Consultation and other forms of engagement will seek to gather the views of stakeholders of services and to test out options for future services to ensure these are in line with the needs and expectations of patients and public.

8.3. The level of engagement will be in proportion to the identified scale and impact of the commissioning decision. If a large scale and/or significant material change in the delivery of a service is proposed, then full public consultation will need to be considered. Advice should be sought from the CCG's Communication and Engagement Team.

8.4. Discussion should also take place with the CCG's Patient Experience Team to both inform the Service Benefit Review and to ensure any enquires from the public including service users is consistent. The Patient Experience Team will be a key communication and information point for patients if the Service Benefit Review recommendation will involve significant service change or transition between service provision.

8.5. Notification and discussion of potential significant service change will be made to the Overview and Scrutiny Committee for agreement as to whether regular updates and monitoring are required. This should highlight the monitoring process, how this will be achieved and by whom. Measurable standards should be set for monitoring compliance and effectiveness.

9. Contract and Procurement Considerations

9.1. The Service Benefit Review template will include detail of contractual considerations that may have implications on availability of delivery of proposed options eg, notice period, contracted requirements for Providers to participate in service review and evaluation.

9.2. Joint contracting arrangements need to be clearly understood, including arrangements in place across other CCG and Local Authority partners. The Service Benefit Review and plans for contracting and/or procuring the recommended option should include all joint commissioners.

9.3. Advice from the CCG's Procurement Lead should be sought at an early stage of proposal development to ensure technical and legal requirements and timescales relating to contract award and procurement are built in to the Service Benefit Review and recommended option.

9.4. This policy should be read in conjunction with the CCG's Procurement Policy.

10. Equality and Diversity Statement

10.1. The Nottingham and Nottinghamshire CCG pays due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation, both as a commissioner and an employer.

10.2. As a commissioning organisation, we are committed to ensuring our activities do not unlawfully discriminate on the grounds of any of the protected characteristics defined by the Equality Act, which are age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

10.3. We are committed to ensuring that our commissioning activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, roma and travellers.

10.4. As an employer, we are committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.

10.5. To help ensure that these commitments are embedded in our day-to-day working practices, an Equality Impact Assessment has been completed and is attached to this policy.

11. Communication, Monitoring and Review (including Staff Training)

11.1. The CCG will establish effective arrangements for communicating the requirements of this policy. This will include all new starters to the organisation being briefed on the requirements of this policy as part of their induction to the CCG.

11.2. The CCG will establish formal training and updates for all staff. Mandatory training will be provided to all staff who undertake a commissioning or contracting role.

11.3. The implementation of this policy, and the effectiveness of the arrangements detailed within it, will be monitored by the CCG's Prioritisation and Investment Committee.

11.4. This Policy will be reviewed by the CCG's policy author and recommendations to amend will be submitted to the Prioritisation and Investment Committee for endorsement or approval dependent on materiality of amendments.

Appendix A:

Service Benefit Review Template

Contract Name: _____

Date template completed: ____/____/____

- This template should be used in accordance with the 'Service Benefit Review Policy', which contains guidance on the approach that should be taken to complete this review process.
- In completing this template, evidence should be quantitative as well as qualitative.
- In making a recommendation please consider if this service is an evidenced priority service in light of the current financial position.
- If the service is considered necessary in terms of patient outcomes and financial impact, suggestions would be welcomed around the appropriateness of referral criteria, etc.

Part 1 Service Benefit Review

1	Contract Details	Contract type: NHS Standard Contract, Grant, Other _____* Contract Start Date: _____Contract End Date: _____ Does the contract have an explicit provision to extend? Y / N* How long?_____ What is the contract notice period? _____ Any other relevant terms? _____ Contract value (FYE) : _____ (Split by CCG) Provider Name: _____ CCG Contract Lead: _____ CCG Commissioner Lead: _____
2	What is this service?	
Brief description of the service. Specify demand, activity and capacity. Highlight any contractual issues or recorded incidents.		

3	What patient outcomes does it deliver? What are the specific health outcomes? Please provide evidence of delivery and performance.
Detail patient outcomes as described in service specification. *Is there evidence that these have been met? (May require more detailed discussion with Provider).*	
4	Does this service directly contribute to the delivery of national standards/targets? Is this a national 'must do'?
Please detail which targets and what is the current performance level?	
5	To what extent does the service support the delivery of national policy, local CCG strategic objectives and local Strategic Needs Assessments? Does this contract link strategically to a wider commissioning review? • Who is leading this review? • Does the contract end date align with this review? If no, what is the difference?
Consider evidence of clinical effectiveness (evidence, in line with best practice).	
6	Are there alternative services in place which this cohort of patients could access? Consider Local Authority partners.
Please provide detail of capacity in these services and potential for increased cost?	

7	Has an Equality & Quality Impact Assessment been completed (EQIA)? **Embed Equality Impact Assessment** *your SBR will not be considered without a completed EQIA.*
Highlight any key impacts and suggest potential mitigating actions.	
8	Engagement Approach and Findings. Detail your approach, findings and outcomes of public, patient and clinical engagement?
Consider the impact on current service users and public feedback, has the impact on Primary Care Network development been considered?	
9	Evidence of value for money and cost saving.
Consider any existing known cost pressures.	
10	Summarise the impact of no longer commissioning this contract/service eg. on patient outcomes, Provider, Financial, other health services.
11	Commissioning Lead Option Appraisal identifying Recommended Option. This should be based on completion of the options appraisal in section 2. Please provide clear justification and supporting evidence for your recommendation.
Outline risks and potential mitigations. *Cost implication of each option.* *Proposed start and end dates of each option.*	

Part 2: Option Appraisal

Options developed from the findings of the review completed should result in a recommended option of one of a number of possible outcomes but not necessarily all of the following;

- Commission the same;
- Commission something different; or
- Disinvest/decommission.

Each option considered should be recorded and a clear recommended option presented. Options should include:

- Outline risks and potential mitigations;
- Cost implication of each option;
- Proposed start and end dates of each option.

<table>
<tr><td colspan="2">Option 1 (Recommended Option)</td></tr>
<tr><td colspan="2">Summary of Option</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td>Benefits</td><td>Dis-benefits</td></tr>
<tr><td colspan="2">Financial and Activity Implications

eg, calculation of net saving and assessment of benefits realisation

Financial modelling should be over 3 years (current year + 2 years) and be linked to clear activity based modelling. Attach financial modelling as appendix as appropriate.</td></tr>
</table>

Option 2	
Summary of Option	
Benefits	Dis-benefits
Financial and Activity Implications **eg, calculation of net saving and assessment of benefits realisation** *Financial modelling should be over 3 years (current year + 2 years) and be linked to clear activity based modelling. Attach financial modelling as appendix as appropriate.*	

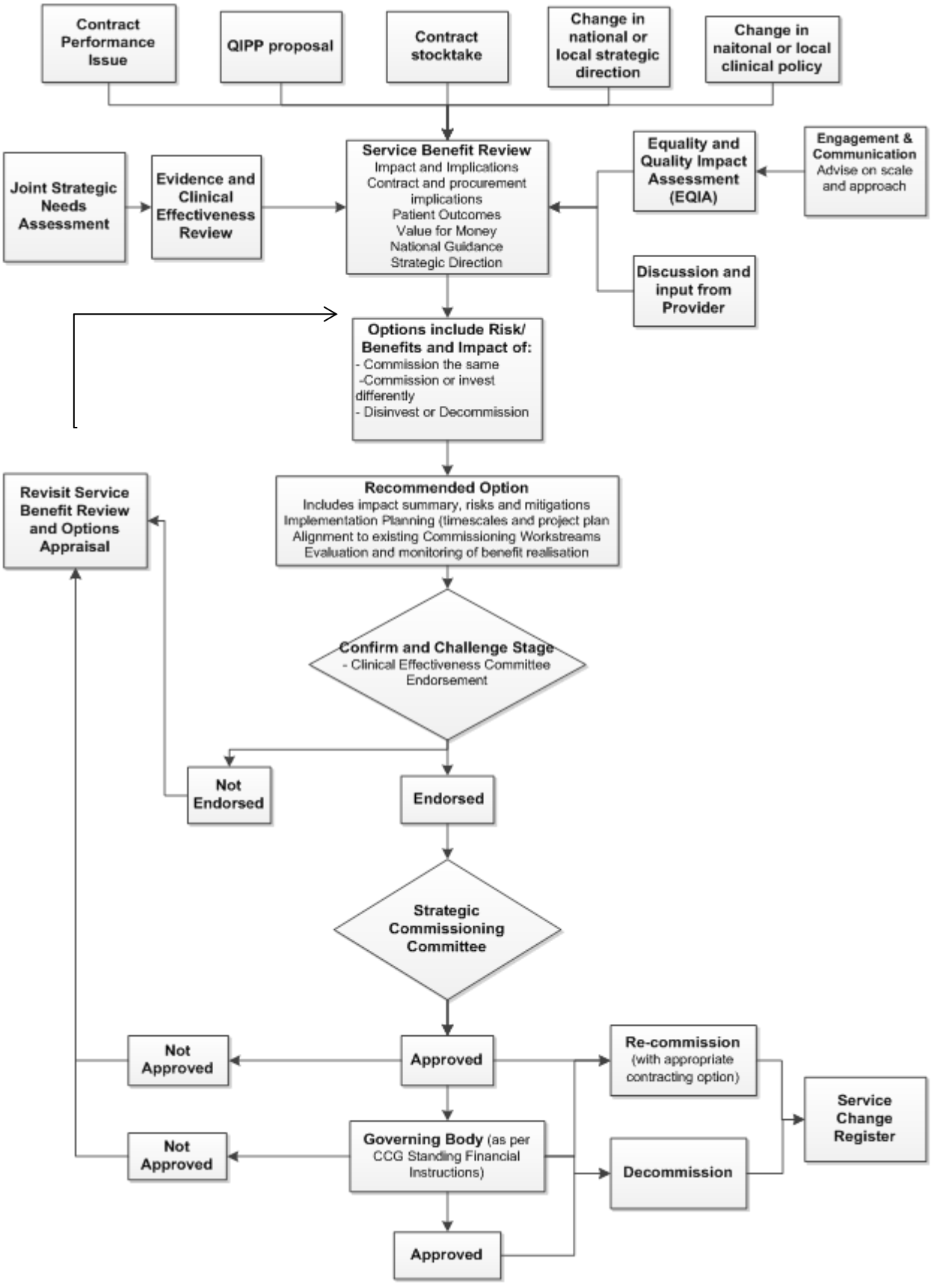
Option 3	
Summary of Option	
Benefits	Dis-benefits
Financial and Activity Implications **eg, calculation of net saving and assessment of benefits realisation** *Financial modelling should be over 3 years (current year + 2 years) and be linked to clear activity based modelling. Attach financial modelling as appendix as appropriate.*	

Part 3: Record of Decision Made

Outcome: **Recommended Option Agreed:** **Alternative Option Agreed (state which option):** **No Option Agreed:**
Rationale:
Recommended next steps:

Appendix B

Process Map



Appendix C: Equality Impact Assessment for the 'Service Benefit Review Policy'

Date of assessment:	July 2019			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Age[1]	No	N/A	N/A	The purpose of this policy is to ensure that a fair, transparent, consistent and legal decision-making is applied to the process of routinely reviewing commissioned contracts or 'Service Benefit Reviews'. The policy includes an ethical framework, which provides a set of principles by which decisions will be made on the outcomes of reviews and the recommended options. Principle 4
Disability[2]	Yes	Mechanisms are in place to enable the policy to be received in alternative formats.	No	
Gender reassignment[3]	No	N/A	N/A	
Marriage and civil partnership[4]	No	N/A	N/A	
Pregnancy and maternity[5]	No	N/A	N/A	
Race[6]	No	N/A	N/A	
Religion or belief[7]	No	N/A	N/A	

[1] A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

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

[3] The process of transitioning from one gender to another.

[4] Marriage is a union between a man and a woman or between a same-sex couple.

Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.

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

[6] Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

[7] Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Date of assessment:	July 2019			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Sex[8]	No	N/A	N/A	is listed as 'Inclusive' and sets out the CCG's commitment to embedding equality and diversity impact analysis as an integral part of service planning. The policy will strengthen the guidance to CCG employees about the requirement to complete EQIAs as part of the Service Benefit Review and demonstrate how the outcome and recommended option will impact on health equity and reducing health inequalities. The policy highlights the legal duties in relation to the Public Sector Equality duty and the statutory duties to involve and consult patients.
Sexual orientation[9]	No	N/A	N/A	
Carers[10]	No	N/A	N/A	

[8] A man or a woman.
[9] Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none. https://www.equalityhumanrights.com/en/equality-act/protected-characteristics
[10] Individuals within the CCG which may have carer responsibilities.