# Involvement screening tool

Nov 2024, V1.1

## Introduction

This tool will help you consider what involvement is needed when you make a service change. You can find other useful tools and links to related documents on our Leeds Health and Care Partnership Website here: <https://www.healthandcareleeds.org/have-your-say/get-involved/involvement-support/>

## Key information

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| **Project Title:**  The name of your project. Make this really clear and concise. |  |

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| --- | --- |
| **Date:**  The date you discussed the project |  |

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| **Project lead:**  Name and contact details of person leading the project |  |

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| **Involvement Lead:**  Name and contact details of person from the ICB Involvement Team overseeing the engagement |  |

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| **Population / care delivery board**  Which board does this work align to? |  |

## Healthy Leeds Plan Goals and Priority Areas (PA)

Which goals / PAs in the [Healthy Leeds Plan](https://www.healthandcareleeds.org/publications/healthy-leeds-plan/) does this project address?

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| --- | --- |
| **Goal:** Reduce preventable unplanned care utilisation across health settings |  |
| **Goal:** Increase early identification and intervention |  |
| **PA:** Children and young people: respiratory disease |  |
| **PA:** People with three or more long-term conditions and serious mental illness |  |
| **PA:** Frailty and cancer populations: injury / fracture |  |
| **PA:** End-of-life population: respiratory disease |  |
| **PA:** Intermediate care provision (HomeFirst programme) |  |

## Background to the service

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| --- | --- | --- |
| Who is the service for? | Provide details of who uses the service e.g., people in Beeston, men over 50 etc |  |
| Who provides the service | Which organisation / team provides this service? |  |
| How many people use the service? | Number of people registered or using the service per year. |  |
| What does the service provide? | Provide details of care such as primary care services, cancer screening etc |  |

## Background to the change

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| --- | --- | --- |
| What is changing? | What happens now?  What specifically will be different?  Could it be perceived as a closure / reduction in services? |  |
| Is there a change to the way a service is provided, or the range of services provided? | Are you changing the way a person attends the service (e.g., from face to face to digital) or are you limiting what people can get from the service (e.g., from two to one hearing aid a year) |  |
| Why is it changing? | What are the reasons behind the change?   * Nationally mandated * Safety * Patient feedback * Clinical guidance * National/local strategy * Finance   Transformation |  |
| Is it supported by local / national strategy / priorities? | What local or national strategies or priorities support this service change? |  |
| When will it change | Outline the date people can expect to see things happening differently |  |

## Understanding the impact on people

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| Quality and Equality Impact Assessment (QEIA) | Have you filled in a QEIA? You can get a copy of this by contacting [wyicb-leeds.qualityteam@nhs.net](mailto:wyicb-leeds.qualityteam@nhs.net) |  |
| Equality Impact Assessment | Have you filled in a more detailed EIA? |  |
| Who will be affected by the change? | Which people and groups will be affected? |  |
| Will protected groups be affected by the change? | * Will protected groups, or those at risk of experiencing health inequalities be particularly impacted by the change?   A list of protected groups can be viewed on our [website](https://www.healthandcareleeds.org/have-your-say/shape-the-future/involvement-support/). |  |
| How will it affect people? | What difference will people notice (new service, service closure, changes to opening times / location etc)  What are the benefits or drawbacks? |  |
| How will the change be viewed by the people affected? | Will it be viewed as positive, negative, or neutral change? |  |
| What feedback / patient experience do you already have? | How do you know what people will think (what information do you already have about people’s experience / views?) |  |
| How will it be viewed by the wider public? | What will people not directly impacted think of the change? |  |

## Understanding the impact on stakeholders

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| Who will be interested in the change? | Which groups might be interested in the change. E.g.:   * Staff * Local councillors * Media * Partners |  |
| How will wider stakeholders view the change? | Will this be seen as a positive, negative, or neutral change? |  |
| Is there a risk of reputational damage? | Is there a risk that this is used negatively in the media?  Is this potentially a ‘good news’ story? |  |

**Levels of influence**

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| --- | --- | --- |
| 1. What can people influence regarding the change? | Can they influence anything?  What specifically can they influence? |  |

## Feedback

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| What additional information is required? (gaps) |  |

### Suggested level of change (you can view more information about levels of change on our [website](https://www.healthandcareleeds.org/have-your-say/shape-the-future/involvement-support/))

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| --- | --- |
| **No engagement required** |  |
| **Level 1** – Information giving |  |
| **Level 2** – Minor change |  |
| **Level 3** – Significant change |  |
| **Level 4** – Major change |  |