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Wolverhampton
Clinical Commissioning Group

Decommissioning & Disinvestment Policy
Version 1.2

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REVIEWERS

This document has been reviewed by:

NAME	TITLE/RESPONSIBILITY	DATE	VERSION
Tim Rideout	Interim Turnaround Director	26/11/14	1.0
Claire Skidmore	Chief Finance and Operating Officer	27/11/14	1.0

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REF NUMBER	DOCUMENT REFERENCE NUMBER	TITLE	VERSION

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Executive Summary

Due to the current challenging financial climate, it is important for the CCG to demonstrate that it is making the most effective use of public money to commission the right care, in the right place, at the right time within the context of our resources, and in order to deliver our statutory responsibilities, and meet the needs of the Wolverhampton population.

To achieve this, effective contracting arrangements and strong performance management are essential to meet these challenges, and secure the best possible healthcare for our local population.

The CCG will ensure that our commissioning decisions are fully informed and based on health outcomes data by utilising all reliable data sources combined with public health data and clinical analysis.

To ensure that limited resources are consistently directed to the highest priority areas the CCG has identified the need to develop a Decommissioning and Disinvestment policy that sets out the agreed principles for decommissioning a service, so that funds can be redirected where appropriate.

There is also a need to ensure that when approval has been given to decommission, or disinvest a service that a clearly defined process is followed, with clear lines of accountability and responsibility.

For the purpose of this policy the following definition have been applied:

- **Decommissioning:** This relates to the withdrawal of funding from a provider organisation that is subsequently re-commissioned in a different format.

- **Disinvestment:** This relates to the withdrawal of funding from a provider organisation and the subsequent stopping of the service.

In the event that decommissioning or disinvestment is proposed, the CCG will need to recognize that a number of steps will be required prior to a final decision being taken by the CCG Governing Body.

These include consideration as to whether a consultation exercise is required with partner organizations, patients, public and the Health Overview and Scrutiny Committee.

1. Introduction

The CCG's long term commissioning strategy and financial challenges has inevitably led to the need to clarify the circumstances of when services should be decommissioned, and the need to describe the approach and processes, that will be adopted to ensure decommissioning and disinvestment decisions are fully informed and managed.

Following any service review a number of options will be available to the CCG.

These will include:

- The need to re commission part of the service,
- Amend the threshold / restrict access to a service or
- Provide a modified service to ensure that there are no gaps in healthcare delivery.

In line with best practice the CCG has identified the need to describe the approaches that will be used to identify services that require review, describe how the 'Case for Change' for service decommissioning will be produced and how disinvestment decisions will consulted upon, Furthermore, the roles and accountability of decision making have been set out.

The disinvestment and decommissioning policy is to be applied when making both clinical and non-clinical disinvestment and decommissioning decisions.

2. Our approach to Decommissioning and Disinvestment

The aim of this policy is to:-

1. Provide a rationale and process to allow services to be identified for review prior to any decision to decommission or disinvest.

2. Deliver best value for money by ensuring that local health care resources are directed to the most effective services for the local population.

3. Ensure all commissioned services are monitored in terms of performance, health outcomes, efficiency, demand management and fitness for purpose to allow for a robust decision to be made regarding the continuation of that service.

4. Contribute to the delivery of the CCG's commissioning plan and QIPP agenda, to ensure that resources are directed to the highest priority area in order to achieve the best possible health outcomes for the local population against available resources.

5. Ensure all decommissioning and disinvestment decisions are taken in a fully informed manner and follow a set procedure agreed by the CCG Governing Body.

6. Ensure the safety of patient remains paramount.

3. Structure and Accountabilities

3.1 CCG Governance Processes

3.1.1 Clinically-led structure

The CCG's Operating Plan 2014-16 sets out our two-year roadmap and explains how the CCG will start to transform local care for the better, the plan describes the structure for the planning and delivery of the CCG's commissioning strategy through the delivery of QIPP priorities and the release of benefits associated with assuring and improving quality, harnessing innovation, improving productivity and reducing demand for services.

The Operating Plan is clinically driven and designed so that clinical expertise and decision-making can be combined with the rigour of Programme Management using a commissioning cycle approach to deliver QIPP improvements and therefore improved health outcomes for the Wolverhampton CCG population.

3.1.2 Locality ownership and accountability

The broad role of the CCG localities within this planning and delivery framework is two-fold. Firstly, localities are required to work with Delivery Boards in order to design service transformation, integration and quality improvement strategies and plans.

Secondly, localities will have delegated responsibility for delivering QIPP benefits for the segment of the Wolverhampton population for which they are responsible. This will involve an operational business planning process whereby individual localities will agree the most appropriate way (for their constituent practices), to deliver against QIPP benefits targets which contribute to improved health outcome.

The overarching Commissioning Business (delivery) Plan for the CCG is therefore chiefly a composite of Locality Business Plans and Better Care Fund plans.

3.1.3 Wolverhampton CCG Commissioning Strategy

The Business Planning Framework is informed by and developed within the context of the CCG's Strategic Plan.

The Strategic Plan identifies how the organisation intends to shape the commissioning and provision of health care for the Wolverhampton population over the next 5 years in order to improve health outcomes.

3.1.4 Commissioning Committee – Strategic Planning

The delivery of the CCG's Commissioning Strategy plan is overseen by the Commissioning Committee which has a strategic, governance and assurance remit and is composed of the senior managerial and clinical leadership of the CCG. The Commissioning Committee is a decision-making body which is supported by the CCG's programme management structure.

It will oversee the development of the CCG Strategic Plan; ensure all commissioning plans - Operating Plan, locality plans and Better Care Fund plans - are aligned to the strategic objectives of the CCG.

3.1.5 Finance and Performance Committee – strategic delivery

The Finance & Performance Committee (FPC) is accountable to the Governing Body and its remit is to provide assurance on issues related to the finances, including financial health, of the CCG and the achievement of performance objectives and targets.

Part of the remit of the committee is to review plans for and delivery of initiatives under QIPP and any subsequent programme of that nature; and to make recommendations as necessary to the Governing Body on the remedial actions to be taken with regard to finance and performance issues and risks, including in-year changes to budgets.

3.1.6 QIPP Portfolio Board – operational planning and delivery

The QIPP Portfolio Board has a dual function within this structure and is the fulcrum upon which effective commissioning business planning and delivery is balanced.

The QIPP Portfolio Board will report on progress on delivery to the Finance & Performance Committee and the localities using standard reporting formats.

The QIPP Portfolio Board is a high level board which oversees the CCG's delivery of QIPP programme by holding the lead Executive directors of each Programme Delivery Board to account for performance against their QIPP target. Chaired by the DCFO and supported by Business and Performance and Quality, the Board receives exception reports for schemes which are not delivering to plan or are no longer viable.

The QPB acts as an escalation vehicle to ensure delivery of schemes are not compromised and the PDBs deliver their target. It is for the PDBs to operationally manage the QIPP delivery within their areas identifying new schemes as appropriate.

The Board also oversees the whole QIPP planning cycle (over 5years in line with the LTFM) and takes the strategic view of QIPP schemes (over 5years in line with the LTFM), including their fit with the CCG strategic direction including Better Care Fund.

3.1.7 Delivery Boards

Delivery Boards are the key mechanism for clinical discussion and agreement regarding the delivery of effective and efficient care which improves health outcomes across the local health community. They are key engagement mechanisms for local stakeholders, clinical or otherwise, and are chiefly concerned with how the benefits and outcomes for their portfolios are to be achieved.

They will act as the key decision-making bodies for their sector of care; they will include primary care clinicians in agreeing optimum means by which the challenge of QIPP and improvement in health outcomes can be met.

The Delivery Boards are chiefly concerned with the development and evaluation of strategies and plans that are delivered through localities and a number of QIPP work streams

3.2 Efficiency Review Group.

3.2.1 Role

The Governing Body, as the legally accountable body in Wolverhampton, will ultimately take the decision with regard to the decommissioning of any service following the criteria and process set out in this policy.

The vehicle for managing the task of reviewing expenditure and making recommendations to the Governing Body will be the 'Efficiency Review Group' (ERG). The group will report directly to the Governing Body and whilst it will not have delegated responsibility to make disinvestment decisions it will be required to make clear recommendations to the Governing Body.

The ERG will be established on a task and finish basis with challenging deadlines for the review of expenditure in order that benefits can be realised in as short a timescale as possible.

Once recommendations are made and the Governing Body have agreed actions to be implemented the CCG will follow all necessary steps for consultation; notice periods and transition to alternative services where necessary and appropriate. At this point the ERG will refocus its work to oversee delivery of the work programme.

3.2.2 Principles

The following principles will be adopted throughout the ERG process.

These are as follows:

the process will be clear and transparent	**ALL** areas of spend will be considered	consideration will be given to **ALL** consequences (clinical, financial or otherwise)
there must be consistency with local priorities and the Health and Wellbeing Strategy	work will seek to maximise in year savings but cannot ignore areas with longer term opportunities	proposals must consider the trade-off between scale of benefit and resource required to implement
recommendations should not undermine the CCG's longer term strategic plan	recommendations must be evidence based and objective	recommendations must be compliant with CCG statutory duties and responsibilities

4. Roles and Responsibilities of the CCG & of the wider teams

The following describes the role and responsibilities within the CCG, and how each role will influence and interact in the disinvestment / decommissioning process.

4.1 Accountable Officer

The Accountable Officer is accountable for the actions undertaken by the CCG Heads of Service, as noted below.

4.2 CCG Heads of Service

The CCG Heads of Service are responsible for the commissioned service and are required to undertake the following actions when considering disinvestment / decommissioning proposal:

- Secure any appropriate legal advice through discussions with the Chief Finance Officer and Corporate Operations Manager.

- Assess the benefits the service has realised and assess the potential for any further improvement to the services effectiveness.

- Inform the relevant department(s) of the benefits identified; and plan with them how to obtain valid evidence of positive progress.

- Review the monitoring of the benefits realised.

- Undertake an initial service impact analysis.

- Prepare a case to be considered by the ERG in respect of decommissioning / disinvestment of the Service.

- Adopt a programme management approach to manage the processes to inform the ERG of the development of a “Disinvestment Impact Assessment” document that will be used to consult and ultimately be presented to the Governing Body.

  The case for change will include:-

  - The evidence behind why the case for the case is being proposed for a decommissioning / disinvestment decision.

  - Undertake all appropriate impact analysis prior to these being presented to the CCG Quality Committee / QiPP

  - Keep log of the risk and issues identified.

4.3 Quality

The CCG Quality Committee is a key forum to notifying commissioners when concerns are raised in terms of the quality and safety of the services provided.

The team utilizes information from a variety of sources to assess the safety, efficacy and service user experience of clinical commissioned services. This information along with site visits and other intelligence is used to assess the relative quality of services commissioned or contracted by the CCG.

The Heads of service will work with the Quality Team, proposing the decommissioning of service(s) to ensure that a reduction in services does not have a direct or indirect negative impact on patient safety or the quality of any other related service.

The availability of good quality information is important to the decision making process in commissioning, NICE guidance and commissioning guides are used to inform all relevant commissioning decisions.

4.4 Contracting

The CCG is responsible for ensuring that providers who have been commissioned to provide health care services have a contract with the CCG that specifies the services to be provided, the value of that service and the means by which the CCG will be able to hold the provider to account for the delivery of the service.

The contracting team works with our providers to ensure day to day operational issues that affect the service delivery are resolved effectively.

In most cases the contracting team will assess the performance of a particular contract or contractor by the use of monthly monitoring data, by contract meetings with the commissioned providers; these would typically take place on a monthly basis.

Any remedial actions required would be clearly agreed in an action plan and a follow up meeting, where necessary providers will be recompensed for unavoidable costs incurred following the cessation of services.

4.5 Strategy and Solutions

The Strategy and Solutions teams are a key part to reviewing the services against health outcomes and identifying service / programme areas to be reviewed prior to more in depth analysis to identify specific commissioned services.

Areas for review will be identified using the following tools:

- Analysing trends by care setting e.g. Acute Care, Primary Care, community services, mental health etc. and comparing these trends of spend with other areas, to identify the reasons for the difference in trends between PCTs.

- Expected and current prevalence figures to understand the population demographics.

4.6 Finance Team

Our Finance team are key to reviewing expenditure against health outcomes and identifying service areas to be reviewed.

Reviews are done using the following tools:

- Programme Budgeting Results: Using the programme budgeting benchmarking tool to identify how much is spent by the organisation for each programme compared with similar CCGs. It also analyses the relationship between spend and the health outcomes, and investigates variances to understand the reasons for investing these resources.

- Various other benchmarking tools: Using various benchmarking tools to analyse the trends in activity over time in comparison to national, regional and local benchmarks on activity/spending trends.

4.7 Performance Team

The CCG's Performance Team are responsible for providing key performance information to commissioners to ensure that services are appropriately reviewed.

The information behind a decision to decommission must be of high quality, be auditable and able to be presented as evidence which can withstand challenge should the decision be disputed.

The tools referred to in section 5 are utilised by the team to identify areas for further consideration by commissioners.

The team look for areas of:

- Poor performance against targets
- Poor health outcomes
- Poor value for money
- Inequality of service provision
- Reduced impact on health outcomes and identify potential areas for resources to be redirected to achieve better health outcomes for the population we serve.

4.8 Public Health Team

When considering service for decommissioning or disinvestment the Wolverhampton County Council Public Health team will be able to help assess the effectiveness of the intervention(s) provided by the service and contribute to the health impact assessments required in making informed decommissioning / disinvestment decisions.

The Public Health team have the skills and ability to add to the interpretation of population based data that are used to highlight areas for decommissioning, such as benchmarking tools which compare the cost and / or outcomes of services compared to other CCG and previous PCTs.

The Public Health Team are a core member of the ERG.

4.9 Human Resources Advice

HR expertise will be sought should the decommissioning of services be confirmed, to ensure all legal obligations and any potential workforce planning issues are appropriately managed.

4.10 Communications Engagement Team

If decommissioning or disinvestments is proposed due to the introduction of a new service model, then the commissioner needs to seek expert advice from the communications team in relation to whether any engagement / consultation exercise is required to comply with Section 242 of the NHS Act (2006).

This advice must be sought at the earliest possible opportunity due to the length of time required for informal engagement and public consultation.

Health Scrutiny Panels / Committees, Key Stakeholders and Health Watch should be advised and involved from the outset.

The timescales required plus other guidance on engagement/ consultation criteria can be found through national best practice guidance.

4.11 Procurement Lead
Specialist Procurement advisors within the CSU and the CCG Procurement lead will ensure that the rules and principles relating to any decommissioning (and disinvestment) activity will follow the principles and rules of cooperation and competition.

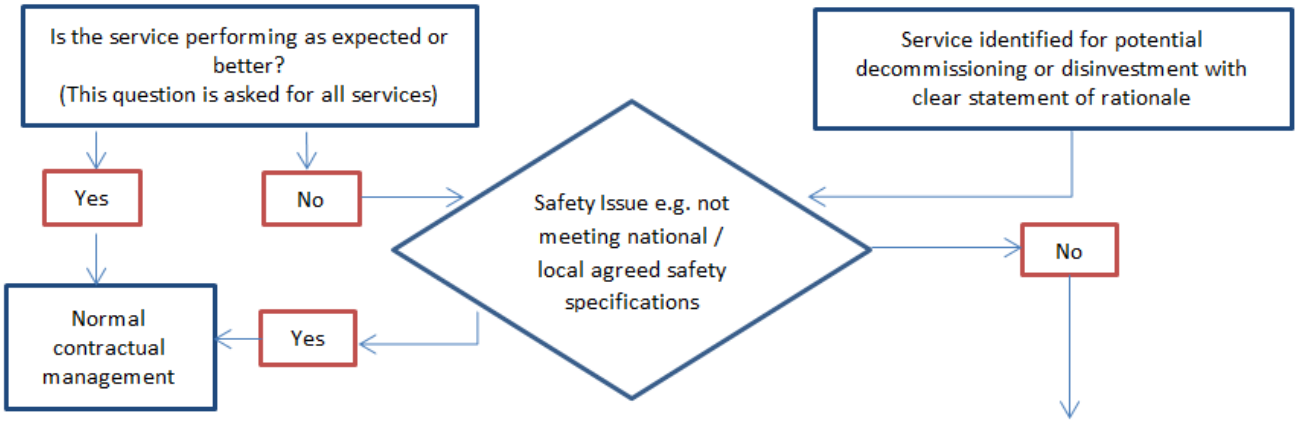
Monitor Guidance must be considered to ensure that no sector of the provider market is given any unfair advantage during the decommissioning process, and the CCG will retain an auditable documentation trail regarding all key decisions around procurement law. The Procurement advisors will also ensure market assessments are completed to analyse any impact on the provider market.

5. Decommissioning and Disinvestment Processes for Commissioned Services

5.1 Process Flow Chart

The Disinvestment / Decommissioning tool flow chart (appendix one) provides at a glance the agreed process for commissioners to follow prior to commencing decommissioning / disinvestment discussions.

5.2 Step One



5.2.1 Identification of service for review

The Process for identifying services for review and potential decommissioning / disinvestment needs to be systematic and there are a number of mechanisms utilised to evidence the need for review.

In line with commissioning best practice there is a need to ensure that WCCG apply performance and contract management principles to all contracts and subsequently service reviews.

Each commissioned service, shall be initially reviewed to confirm if the "service is performing as expected or better?"

The CCG can then identify commissioned services that:

1. Do not meeting the needs of the population (as identified through the Joint Strategic Needs Assessment, Enhanced JSNA and demand analysis);

2. Of low quality and do not demonstrate value for money.

3. Of high expenditure and low outcomes.

4. Has continued poor performance identified through the contract monitoring process and / or feedback from patients, public and partners.

5. Are not meeting the health needs of the population (as demonstrates via a health needs Assessment

6. Do not maximise the health gain that could be achieved by reinvesting the funding elsewhere.

7. Do not meet the standards of a modern NHS as defined by:
    - Professionally driven change i.e. provider driven business case which delivers modern innovative service.
    - Nationally driven change i.e. National policy or guidance requires change in service delivery.
    - The service is one with limited clinical evidence, quality or safety.

5.2.2 Tools to be used to Identifying Service Review Areas

The CCG is committed to ensuring that our local population receives the best care, for the best value and subsequently ensures that there is a continual review of CCG contracts and expenditure against measurable health outcomes.

As a matter of policy the CCG will prioritise those areas where high expenditure and low outcomes are identified to enable / undertake further analysis into the provision of commissioned services .

- **NHS Comparator**

NHS Comparators data provided analysis of quarterly inpatient activity and expenditure data by programme budget at England, a SHA, previous PCT and Practice level. Prescribing expenditure and volume data linked to programme budget are also available. NHS Comparators allow commissioners to track expenditure and outcomes over time.
https://nww.nhscomparators.nhs.uk/

- **Programme Budgeting**

Programme budgeting information is used to examine the current deployment of resources, and to make decisions on how resources should be invested to achieve better value outcomes. There are a number of tools that can be used to consider areas for review including the Department of Health benchmarking toolkit below:
http://www.networks.nhs.uk/nhs-networks/health-investment-network/news/2011-12-programme-budgeting-data-now-available

The above toolkit provides a means of considering our expenditure compared to other Trusts both locally and nationally.

- **The Spend Outcomes Tool**

The Spend and Outcomes tool (SPOT) was developed by the Association of Public Health Observatories.

The tool allows comparison between expenditure and outcome data for each of the Programme Budget disease categories on a single page. It is interactive and allows the selection of different outcome measures and different views of the data, including a comparison with any other organizations therefore enabling the ability to identify areas of expenditure that warrant further investigation. Data is at previous PCT level.

- **Ssentif Benchmarking System**

The Ssentif benchmarking website which enables benchmarking outcomes and expenditure against other Trusts / Providers both locally and nationally

- **Programme Budgeting Atlases**

Programme budgeting expenditure has also been linked to health outcomes, Quality Outcomes Framework (QOF) data and Hospital Episodes Statistics (HES) activity in the Programme Budgeting Atlases.

These interactive atlases present programme budgeting expenditure data alongside clinical and health outcome indicators in a user friendly graphical format that can be used to support commissioners when considering areas for service review.

The following link http://www.rightcare.nhs.uk/index.php/nhs-atlas takes the user to the Information Centre website where the interactive atlas can filter and benchmark outcome indicators

- **Mosaic**

Mosaic is a national geo-demographic segmentation that splits the UK population into 11 groups and 61 types based on national characteristics. Mosaic enables us to gain a greater understanding of the differing health need of the local population and supports commissioners to consider whether services are placed in appropriate locations, are being advertised appropriately and are being accessed by those that need it.
The utilisation of services by their target population groups will be a consideration when making decommissioning or disinvestment decisions.

- **Contract Register**

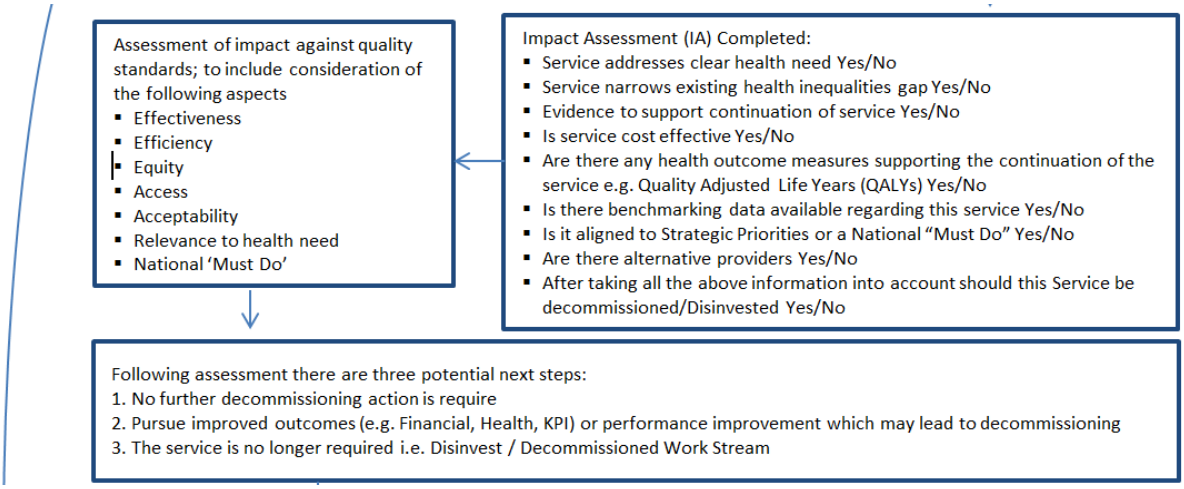
The contract register holds records of all contracts currently held by the CCG. The register will be able to provide information on all providers delivering services and contractual information to support decommissioning decisions and the procurement work stream.

- **Service Users**

A key mechanism for identifying potential services for review is feedback from service users via, complaints, compliments, the CCG's Patients Groups, patient survey results and Healthwatch.

The CCG Executive Nurse will also proactively seek views from relevant community groups and feedback from patients who have been service users, or are likely to be service users in the future.

5.3 Step Two



5.3.1 Initial Assessment and Assessment of impact

In the event that a case for change is validated by sufficient supporting evidence, the lead identified via the ERG will be responsible for developing an impact assessment (IA) (appendix two).

The impact assessment (IA) will identify the anticipated or actual impacts of any disinvestment / decommissioning on health, social, economic and workforce.

The impact assessment will also include reference to: -

- Health outcomes – the effect on health outcomes will be assessed to identify potential adverse consequences of disinvestment or decommissioning and what might to done to minimise them.

- Quality of services – to ensure that the quality of services will not deteriorate following any proposed changes. The CCG will use its agreed Quality Impact Assessments tools to carry out the reviews.

- Equality and diversity implications – underpinned by the principle that people should have access to health care on the basis of need. However enshrined in law there are a number of identified protected groups, categories of the population that require specific consideration

In addition to the above, the leads will consider the following areas when completing a IA:-

- Workforce implications
- Market implications
- Geographic implications e.g. impact on transport links etc.
- Value for money
- Impact on partner organisations e.g. Sustainability including impact on partners.

5.3.2 Preparing the case for change

Once the IAs have been prepared they will be presented to the ERG for review, The ERG will review each IA fully.

The following will be considered by the ERG when developing the case for change for services under the review for disinvestment or decommissioning:

- Gaps in care created by disinvestment or decommissioning the service
- Managing the negative impact on the services identified for potential disinvestment or decommissioning and mitigated against them.
- The patient experience need must be paramount in informing any decision, action should be taken to minimize the impact of gaps in service provision once the service is decommissioned or disinvested.
- The outcomes of the Quality and Equity Impact assessments must be considered in order to quantify and clarify and positive or negative impact on patient care and the wider community (i.e. carers)
- The potential destabilising effect on other service and organisations e.g. third sector, of a decision to decommission/disinvest should be fully considered.
- The clinical impact of decommissioning or disinvesting from the provision

All proposed changes will be communicated clearly back to the leads as part of the process to create the final case for change.

All IA's must be approved via the ERG prior to being presented to the Governing Body; The ERG will not have delegated responsibility to make disinvestment decisions, only recommendations to the Governing Body.

The CCG is committed to engaging patients, carers, the public and wider stakeholders at all stage of commissioning, As part of this the CCG will communicate clearly, fully and continuously with all stakeholders before, during and following any decision to disinvest in or decommission services.

5.3.3 Decision making framework

Making good decisions regarding health care priorities involves the exercise of fair and rational judgment and at times discretion.

Although there is no single objective measure on which such decisions can be based, decisions will be fully informed taking into account the needs of individuals and the community, Whilst recognising the CCG need to achieve a financial balance its discretion will be affected by factors such as the NHS Constitution, national Planning Framework, NICE technology appraisal guidance and Secretary of State Directions to the NHS.

The CCG will adopt a robust approach to its decommissioning / disinvestment decisions by ensuring decisions are lawful and consistent.

This will be achieved by:

- Providing a coherent structure for discussion, ensuring all important aspects of each issue are considered prior to decisions being made.

- Promoting fairness and consistency in decision making and with regard to different clinical topics, reducing the potential for inequity.

- Providing a means of explaining the reasons behind the decisions made.

- Reducing risk of judicial review by implementation of robust decision-making processes that are based on evidence of clinical and cost effectiveness and adopting a decision making framework so that decisions are made in a manner which is fair, rational and lawful.

- Ensuring the Vision, values and goals of the CCG are reflected in business decisions.

- Providing a consistent approach for the development of strategy and plans across the whole health care system.

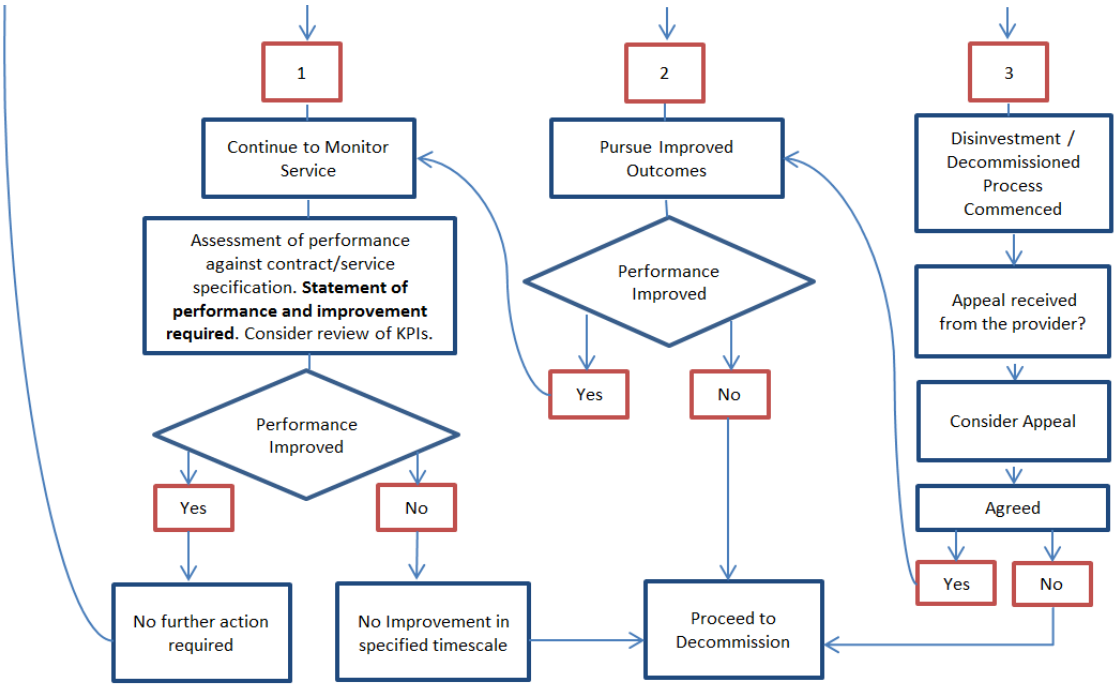
- Ensuring any potential or actual conflicts of interest are managed effectively in line with established policies

5.4 Step Three

The Governing body will review the recommendations presented by the ERG and it's supporting Impact Assessments.

The ERG will make one the following three recommendations to the Governing Body on the services reviewed:

1. Continue to monitor the service
2. Purse improved Outcomes
3. Disinvest or Decommission the service



5.4.1 Monitor the service

If the recommendation of the ERG is to continue to monitor the service, the service will be notified and a statement of performance and improvement will be developed with the service. The service will have a set timescale to improve the service and achieve key KPIs.

5.4.2 Pursue Improved outcomes

The service will be informed by the CCG, that improved outcomes are to be completed within a set time, failure to achieve the required outcomes within the timescale confirmed, will result in the CCG recommending to the Governing Body that the service is decommissioning or disinvesting.

The service will receive an action plan of improvement and will provide updates to the CCG at key points with the timescale. A full report will be presented to the Governing Body at the end of the agreed timescale.

5.4.3 Decisions to Decommissioning or Disinvesting

The CCG Governing Body will use the following criteria to inform its decisions to decommissioning or disinvesting from services:

- The recommendation(s) of the CCGs ERG.
- A needs assessment demonstrates existing services are not meeting the health needs of the population.
- There is a clear and objective reason for the decommissioning of a service that is based on assessment of the current providers' performance, value for money and the need for service redesign to improve services for patients.
- The original decision to fund a service was made on assumptions that have not realised.
- There are demonstrable benefits for the decommissioning of a service.
- There is inability to demonstrate delivery of agreed outcome measures or failure to deliver outcomes, despite agreed remedial action as detailed in the relevant contract.
- Service does not deliver value for money, as demonstrated through financial review, utilising programme budgeting tools such as the Spend and Outcome Tool and other similar modelling tools.
- The investment in a service does not maximise the health gain that could be achieved by reinvesting the funding elsewhere.
- Service fails to meet the standards of a modern NHS as defined by the NHS constitution, professionally driven change and nationally driven changes.
- The service is unable to demonstrate clinical and cost effectiveness.
- The service provided is no longer the statutory responsibility of the CCG.
- The service is no longer shown to be a component of the CCGs core provision.
- The service is unsafe or of poor quality.

Where decommissioning is a direct result of the provider's breach of contract, a service must be maintained in the short to mid-term - options for recovering any excess cost shall be pursued via the contractual terms and conditions.

Where a service is decommissioned but the health need for a service remains - this should be recorded in the IA and the funding ring-fenced for on-going investment in meeting that health need. This should be approved at the point of ratification.

Where decommissioning is the result of an insufficient health need, the funding should be identified as a QIPP saving and any reinvestment in alternative services as per the current investment planning and prioritisation process(es).

5.5 Principles of Decommissioning / Disinvestment
Following the governing body's approval, The Decommissioning / Disinvestment Process will commence.

The CCG will communicate clearly, fully and continuously with all stakeholders following any decision to disinvest in or decommission services. **10 operational days** will be allowed for this communication and queries from stakeholders to be dealt with before notice is served on the provider. The responsibility for serving notice on the provider is with the contract manager or as otherwise determined by the CCG Accountable Officer.

For any substantial service change an appropriate period of consultation will be undertaken before any decision to disinvest or decommission is made. The feedback from all statutory and non-statutory consultation will be fully reviewed and analysed and will be used to assist in the decision making process.

Formal public consultation in line with "Overview and Scrutiny Committee" guidelines must take place where the decommissioning of the service or contract results in a material change to the delivery of the re-commissioned service (except when the service is recommissioned by Any Qualified Provider procurement), or where the service will not be recommissioned. https://www.gov.uk/government/publications/advice-to-local-authorities-on-scrutinising-health-services

This occurs where:

- There is insufficient need/demand to warrant the current volume of service and/or number of providers,
- The service is no longer a clinical priority and is classed as 'non-essential',
- A mismatch is demonstrated between need and the current profile of services following a health needs assessment.

The CCG in line with the approach for transparency and openness will provide intelligence to the provider (as part of the notification letter) as to why the service has been decommissioned or ceased through disinvestment, i.e. the decommissioning / disinvestment of a service has been based on assessment of the current providers' performance, value for money and the need for service redesign to improve services for patients.

Following the stakeholder communication, the provider will be notified in writing of the plan to Decommission / Disinvest the service.

The CCG will communicate clearly and fully why the service, as to the reason to Decommission / Disinvest, and the "next steps" that will be undertaken in the process.

The provider (following notification of decision to decommission) will provide the commissioner with an 'Exit Plan' outlining actions required by both parties for smooth service cessation.

The plan will cover a minimum

- Patient continuity of care
- Patient records
- Staff
- Estate
- Equipment
- Stock (where funded by the commissioner)

The commissioner will ensure mechanisms are in place where, in conjunction with the provider, execution of the exit plan is actively managed.

Decommissioning of any service will be managed in line with the “Principles and Rules for Co-operation and Competition” regulation (2012) and related Monitor Guidelines. https://www.gov.uk/government/publications/principles-and-rules-for-cooperation-and-competition

Disinvestment of any decommissioned service will also be processed in line with NHS Wolverhampton Standing Orders and Prime Financial Polices. In addition an assessment of potential contestability should be undertaken in line with the CCG procurement strategy.

5.6 Recordkeeping

An auditable record/trail of decision making and all communication relating to each decommissioning decision and contract termination will be kept by the CCG.

This is vital, both to demonstrate that the decommissioning process was robust and transparent, and as evidence in the event of any challenge, legal or otherwise.

5.7 Decommissioning or Disinvestment review process

A decommissioning or disinvestment review process will be put in place so that any affected stakeholder can request a review of the decision making process, in line with the approach to transparency and openness.

In the event of a service being decommissioned or ceased through disinvestment, the service will have the opportunity to provide evidence to appeal against the decision.

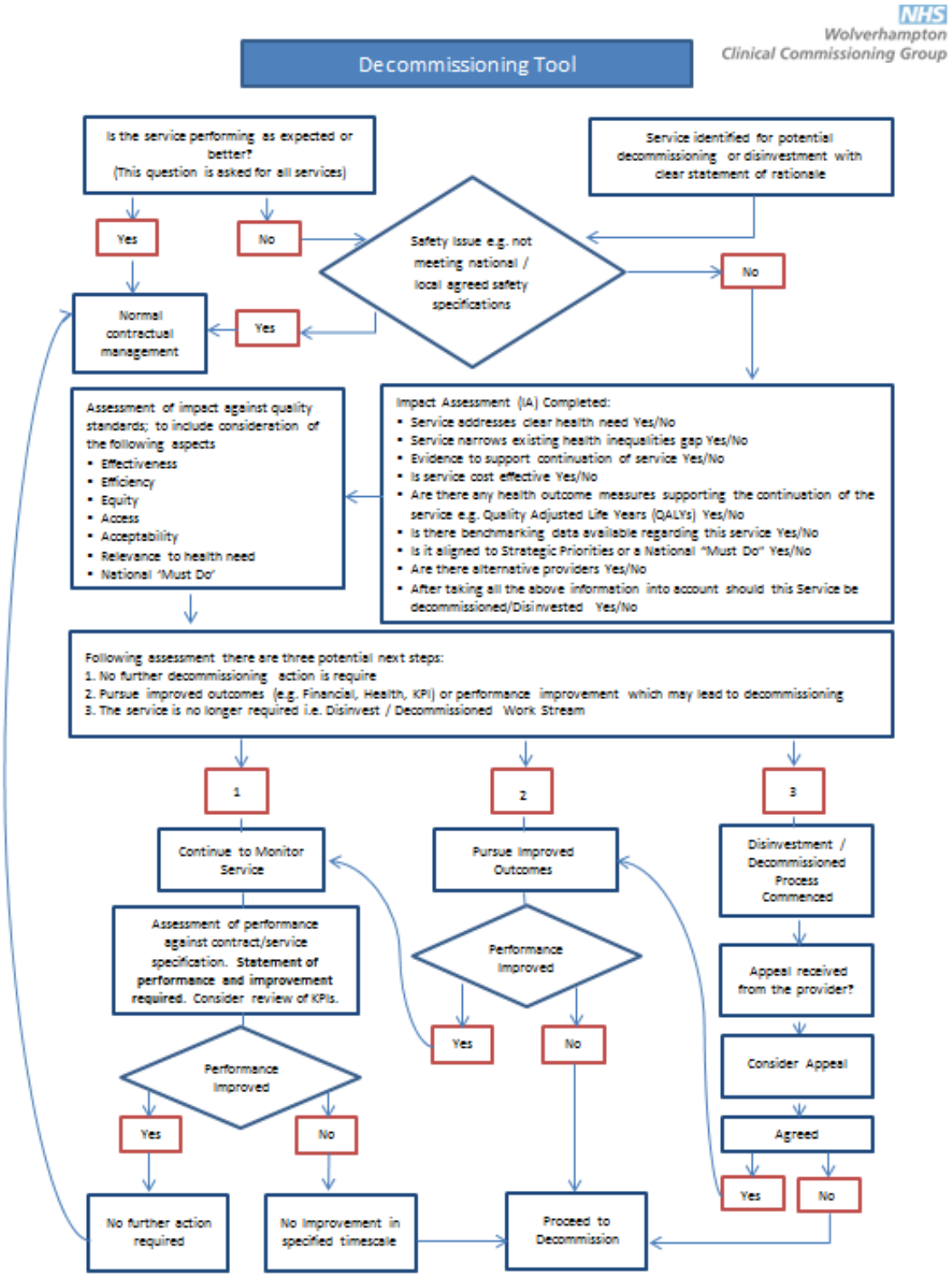
An appeal against the decision will be accepted from the provider if the appeal is received within **10 operational days of the notice being given.**

The ERG will review the evidence presented by the provider along with the supplementary evidence of the IA and ERG review, to re-examine the decision process made.

If the ERG concludes at the end of the review process, that the decision is valid, the CCG will provide further intelligence to the provider as to why the CCG advocates its decision.

If the ERG concludes that the provider’s evidence supports a further review, then the ERG will report its evidence to the Governing Body for final decision.

Appendix One



Appendix Two

Impact Assessment Template

IMPACT
ASSESSMENT (IA) Te

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Clinical Commissioning Group

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