



Decommissioning and Disinvestment Policy

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Document Owner:	Anne Brierley, Executive Director of Operations
Document Author(s):	Kathryn Moody, Director of Contracting / Deputy Chief Operating Officer
Directorate:	Operations
Approved By:	ICB Operational Group
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Implementation Plan

Development and Consultation:	<p>The following individuals were consulted and involved in the development of this document:</p> <ul style="list-style-type: none"> ▪ Anne Brierley – Executive Director, Executive Director of Operations ▪ Kathryn Moody – Director of Contracting/ Deputy Chief Operating Officer ▪ Roz Samuels- Head of Safe Practice ▪ Sonal Metha- VCSE Lead ▪ AGEM Procurement Advisers ▪ Senior Contract Manager Top Decile and Efficiency
Dissemination:	<p>Staff can access this document via the website and will be notified of new / revised versions via the staff briefing.</p> <p>This document will be included in the organisation’s Publication Scheme in compliance with the Freedom of Information Act 2000.</p>
Training:	<p>The following training will be provided to make sure compliance with this document is understood:</p> <ul style="list-style-type: none"> ▪ Procurement Training for managers
Monitoring:	<p>Monitoring and compliance of this document will be carried out via:</p> <ul style="list-style-type: none"> ▪ Any audits related to compliance with delegated authority under the ICB “Governance Handbook.” ▪ Any audits of finances where change proposals are initiated. ▪ Any audits of efficiency planning/ delivery.
Review:	<p>The Document Owner will ensure this document is reviewed in accordance with the review date on page 2.</p>
Equality, Diversity and Privacy:	<p>Appendix 1 - Equality Impact Assessment Appendix 2 - Data Protection Impact Assessment</p>
Associated Documents:	<p>The following documents must be read in conjunction with this document:</p> <ul style="list-style-type: none"> ▪ Procurement Policy ▪ Standing Financial Instructions (SFIs) ▪ Scheme of Reservations and Delegations (SoRD) Standing Orders ▪ NHS BLMK ICB Governance Handbook
References:	<p>The following articles were accessed and used to inform the development of this document:</p> <ul style="list-style-type: none"> ▪ List articles accessed

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1.0 Introduction

- 1.1 NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board (ICB) aims to ensure robust governance through its formal written procedural documents, such as this document, which communicate standard organisational ways of working. These documents help clarify operational requirements and consistency within day-to-day practice. They can improve the quality of work, increase the successful achievement of objectives and support patient safety, quality and experience. The ICB aims to ensure its procedural documents are user friendly, up-to-date and easily accessible.
- 1.2 The ICB must design and implement procedural documents that meet the diverse needs of our service and workforce, ensuring that none is placed at a disadvantage over others, in accordance with the Equality Act 2010. The Equality Impact Assessment initial screening, which was used to determine the potential impact this policy might have with respect to the individual protected characteristics is incorporated at Appendix 1.
- 1.3 A Data Protection Impact Assessment (DPIA) is a process which helps assess privacy risks to individuals in the collection, use and disclosure of personal information. The Data Protection Impact Assessment initial screening, which was used to determine the potential impact this policy might have with respect to an individual's privacy is incorporated at Appendix 2.
- 1.4 There is a need to ensure that when approval has been given by the ICB to decommission or disinvest from a service, a clearly defined process is followed, with clear lines of accountability and responsibility.

In the event that decommissioning or disinvestment is proposed, the ICB recognises that a number of steps will be required prior to a final decision being taken. These include engagement with system partners and stakeholders via the ICB, consideration as to whether a formal consultation exercise is required with partner organisations, patients, public and any Joint Commissioning Boards.

2.0 Scope

- 2.1 The aim of this document is to:-
- Provide a rationale and process to allow services to be identified for review prior to any decision to decommission or disinvest.
 - Deliver best value for money by ensuring that local health care resources are directed to the most effective services for the local population.
 - 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.

- Contribute to the delivery of the ICB's operational plans and strategies to ensure that resources are directed to the highest priority areas in order to achieve the best possible health outcomes for the local population within available resources.
- Ensure all decommissioning and disinvestment decisions are taken in a fully informed manner and follow a set procedure agreed by the ICB, including, where appropriate, engagement / consultation with affected service users and / or the wider public.
- Ensure the safety of patients remains paramount.
- In some instances, services to be decommissioned will have been jointly commissioned with the Local Authority. Where this is the case, decisions to decommission or disinvest will be taken through the locally agreed joint governance structure.

3.0 Definitions

3.1 This section provides staff members with an explanation of terms used within this policy.

The following definitions have been applied in the development of this Policy;

- Decommissioning: This relates to the withdrawal of funding from a provider organisation with services being subsequently re-commissioned in a different way.
- Disinvestment: This relates to the withdrawal of funding from a provider organisation and the subsequent stopping of the service.

4.0 Policy Statement

This policy should be read in line with the ICB's Procurement Policy and the developing service change process. All decommissioning/ de-investment decisions should be made in line with the correct governance processes, EQIA, QIA, HEAT, Clinical Advisory Group, public consultation and engagement with the Local Overview and Scrutiny committee.

5.0 Roles and Responsibilities

5.1 The following Committees have specific responsibilities in relation to this policy.

- A number of the ICB Committees will need to be involved in preparing a 'case for change' prior to it being formally considered by the ICB. An important role of these committees will be to fully understand and scrutinize any proposals.
- The Finance and Investment Committee (FIC) will be responsible for ensuring that the criteria and processes outlined in this strategy have been applied and that the process has been followed accordingly.
- The Clinical Advisory Panel will provide a critical view of the proposal.
- The Finance and Investment Group is responsible for financial balance within the ICB and wider ICS.

- The ICB's Executive Group and Board may also have a role to play, as well as a number of emerging system wide groups.
- For further detail on governance processes see Service Change Policy.

5.2 The Board

As part of its decision-making process, the ICB Board is required to fully consider the quality and equality impact assessments undertaken, results of public and statutory consultation and holds the authority to approve or reject proposals for decommissioning and disinvestment of services.

5.3 Audit and Risk Assurance Committee

This Committee is accountable to the Board of the ICB and provides an independent and objective view of the ICB's compliance with its statutory responsibilities, including risk management. The Committee is responsible for arranging appropriate Internal and External Audit.

5.4 Chief Executive

The Chief Executive is accountable for the actions undertaken by the Officers of the ICB, as noted below.

5.5 ICB Directors / Director of Operations

The lead officer responsible for the commissioned service is required to undertake the following actions when considering disinvestment / decommissioning proposal:

- Secure any appropriate legal advice through discussions with the Chief Finance Officer.
- Assess the benefits the service has realised and assess the potential for any further improvement to the service's effectiveness and value for money.
- Adopt a programme management approach to manage the processes to inform the development of a 'case for change' document that will be used to consult and ultimately be presented to the Board. The case for change will include:-
 - The evidence for why the service is being proposed for a decommissioning / disinvestment decision.
 - All appropriate impact analysis presented to the ICB Quality and Performance Committee / Finance and Investment Committee/Clinical Advisory Group
 - Clear articulation of the engagement and statutory consultation (including Health Watch and Local Authority Overview and Scrutiny Committees) required should a move to decommissioning/disinvestment be undertaken.
 - A log of the risks and issues identified.

5.6 All Staff

- **ICB Governance Framework**

Within the context of the following principles for decision making regarding the decommissioning or disinvestment of services will apply;

- It is a right and role of the ICB to identify services that should be considered for decommissioning or disinvestment.
- The ICB, as the legally accountable body for NHS resources in Bedfordshire, Luton and Milton Keynes, will ultimately make the decision with regard to the decommissioning of any service following the criteria and process set out in this strategy.
- Consultations will be carried out with the public / partners / providers and will be informed by statutory and best practice requirements. As place based working developments and collaboration with partners it is anticipated that collaboration with partners will increase.

- **Quality and Patient Safety Directorate**

The Quality Directorate and the ICB Quality and Performance Committee are key forums to notifying commissioners when concerns are raised in terms of the quality and safety of the services provided.

The team utilises 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 ICB.

The Quality Team will work with the lead commissioner, of the service(s) in scope 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.

- **Finance and Commissioning Teams**

The ICB Finance, Contracting and Commissioning teams are key to reviewing expenditure against health outcomes and identifying service / programme areas to be considered for potential decommissioning or disinvestment.

These teams will use a variety of tools and information sources to support this work, including;

- **Programme Budgeting:** Using the programme budgeting benchmarking tool to identify how much is spent for each programme compared with similar ICB's / previous CCG's. These resources have the ability to analyse the relationship between spend and the health outcomes and investigate variation.

- Benchmarking tools: These can be used to analyse the trends in activity, spend and outcomes over time in comparison to other commissioning bodies.
- Analysing service delivery by care setting e.g. Acute Care, Primary Care, community services, mental health etc., and comparing cost and outcomes with other areas, to identify potential to change the delivery model.
- Population Health Management: Utilising the information available to enhance understanding and inform proposals.
- Using expected and current prevalence figures to understand the population demographics and projected future service demand.

- **Bedfordshire, Luton and Milton Keynes Public Health Teams**

When considering service decommissioning or disinvestment the BLMK Councils' Public Health Teams will be able to help assess the effectiveness of the intervention(s) provided by the service. In addition, the Clinical Advisory Group process will also be available to support any decision-making process. These teams have the skills and analytical tools to express the health outcomes produced from services in the context of the population's health need. In addition, the team will be able to contribute to the health impact assessments required in making informed decommissioning / disinvestment decisions.

The Public Health Teams 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 ICB's and previous CCG's.

- **Contracting Teams (Including CSU performance and ICB information)**

The Performance team has a joint responsibility with the lead commissioners to provide key performance information to ensure that services are appropriately reviewed. The information behind a decision to decommission must be of high quality, auditable and able to be presented as evidence which can withstand challenge should a decision based on performance be disputed. Areas that will be considered as part of the performance review of contracts will include areas of:

- Poor performance against NHS Constitutional Standards and other national or local targets
- Delivery of poor health outcomes
- Poor value for money
- Inequality of service provision
- Activity of limited clinical value being undertaken

In addition, the CSU and its Business Intelligence team will provide a key role to support finance colleagues in reviewing reports when considering expenditure compared to health outcomes.

- **Human Resources Advice**

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

- **Communications & Engagement Team**

If decommissioning or disinvestment is proposed due to the introduction of a new service model, then the commissioner needs to seek expert advice from the communications team to inform the appropriate level of engagement or whether formal consultation exercise is required to comply with statutory responsibilities and best practice guidelines.

This advice must be sought at the earliest possible opportunity due to the length of time required for engagement and formal public consultation. Health Overview and Scrutiny Committees and Health Watch should be advised and involved from the outset.

- **Procurement Team**

Specialist Procurement advisors within the CSU will ensure that the rules and principles relating to any decommissioning and disinvestment activity will follow the principles and rules of co-operation and competition.

Relevant guidance must be considered to ensure that no sector of the provider market is given any unfair advantage during the decommissioning process, and the ICB will retain an auditable documentation trail regarding all key decisions. The ICB will also ensure market assessments are completed to analyse any impact on the provider market.

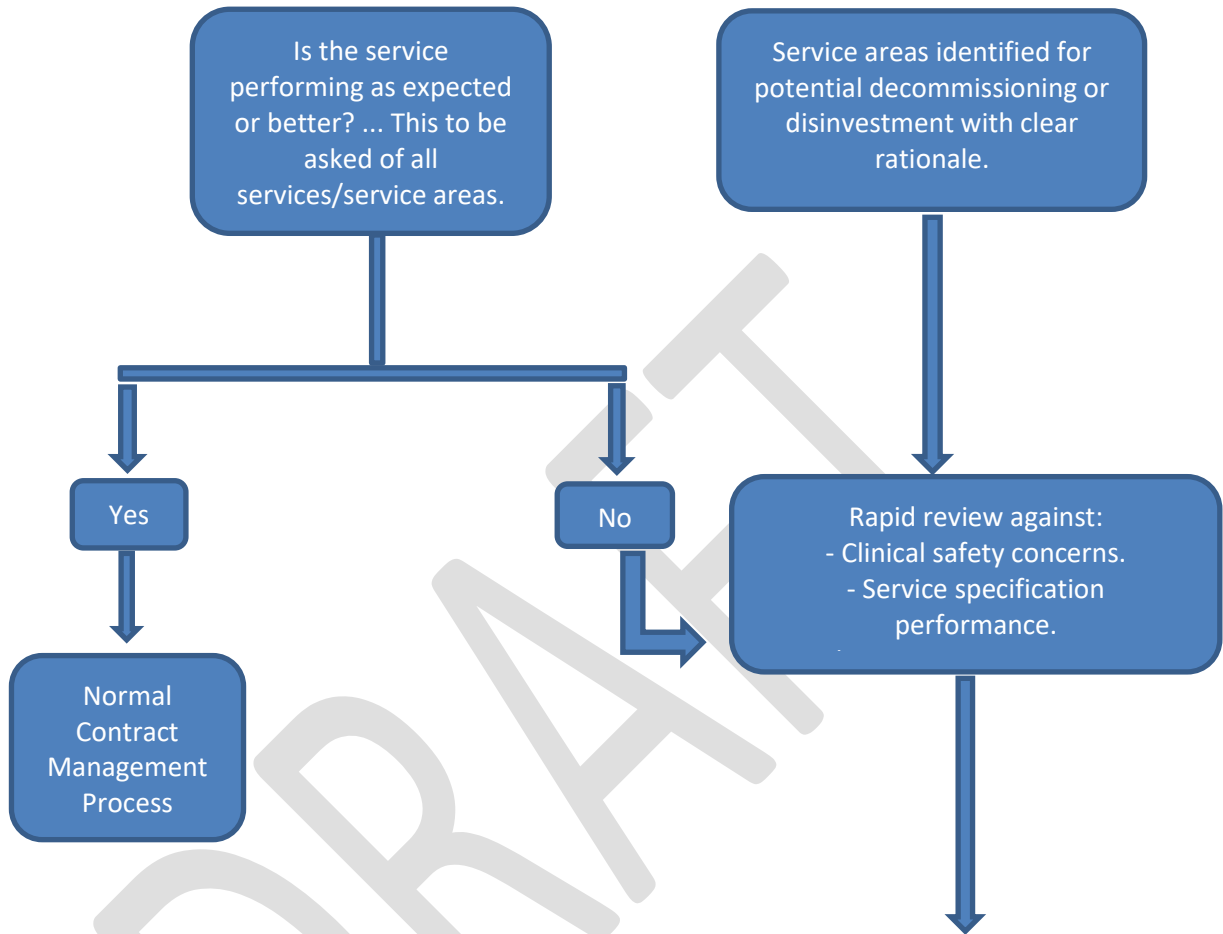
6.0 Processes and Procedures

6.1 Process Flow Chart

The Disinvestment / Decommissioning process flow chart details the agreed process for commissioners to follow prior to commencing decommissioning / disinvestment discussions;

Step 1a

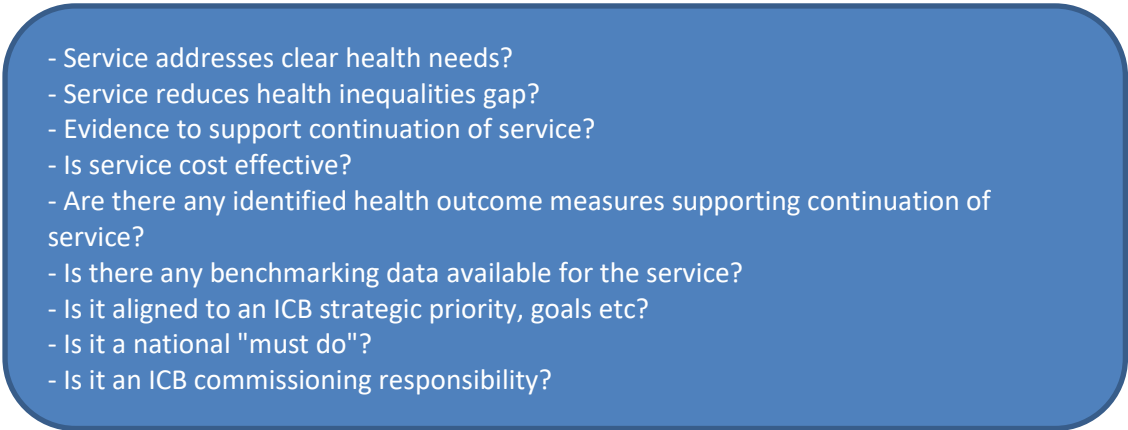
Step 1b




Step 2

Assessment for potential disinvestment/decommissioning

a. Initial Assessment

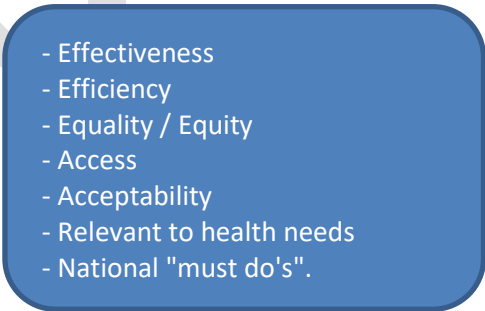
- 
- Service addresses clear health needs?
 - Service reduces health inequalities gap?
 - Evidence to support continuation of service?
 - Is service cost effective?
 - Are there any identified health outcome measures supporting continuation of service?
 - Is there any benchmarking data available for the service?
 - Is it aligned to an ICB strategic priority, goals etc?
 - Is it a national "must do"?
 - Is it an ICB commissioning responsibility?



After taking the above into account, does the service need to be considered for decommissioning or disinvestment? If yes...



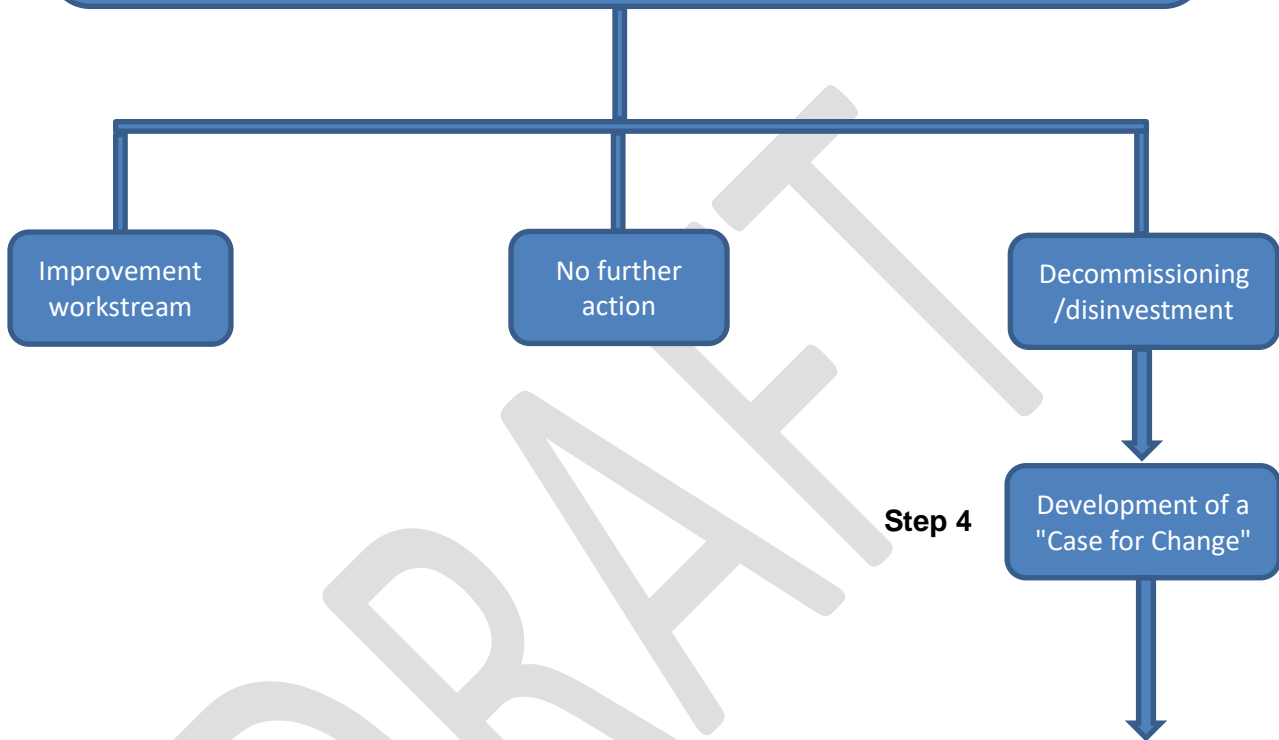
b. Assessment of impact of decommission/disinvestment against the following aspects: -

- 
- Effectiveness
 - Efficiency
 - Equality / Equity
 - Access
 - Acceptability
 - Relevant to health needs
 - National "must do's".

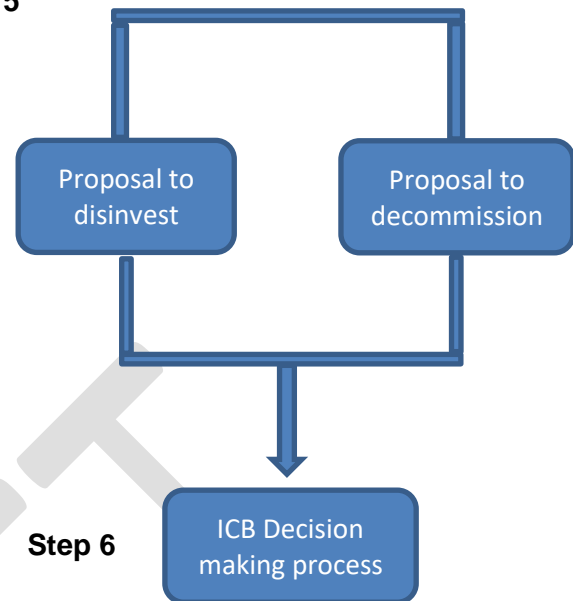
Step 3

Following consideration of the initial impact assessment, there are 3 potential next steps:-

1. No further action.
2. Pursue improved outcomes from the service or performance treatment which may lead to decommissioning.
3. The service is no longer required, i.e: disinvestment is needed.



Step 5



6.2 Process Summary

- Step 1
Identification of service review areas which require further consideration.
- Step 2
 - a) Initial assessment and
 - b) Impact assessment against quality standards.
- Step 3
Decision making step – No further action / pursue improved outcomes / service no longer required.
- Step 4
Preparing the “Case for Change”.
- Step 5
 - a) Applying the principle for decommissioning.
 - b) Applying the principle to disinvest.
- Step 6
ICB decision making process.

6.3 Criteria for Decommissioning or Disinvestment

The ICB will consider decommissioning or disinvesting from services where:

- 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/or the need for service redesign to improve services for patients.
- The original decision to fund a service was made on assumptions that have not been realised.
- There are demonstrable benefits for the decommissioning of/disinvestment in a service.
- There is an 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 ICB.
- The service is deemed low priority / of limited clinical value relative to other services that need to be protected or enhanced.
- The service is unsafe or of poor quality.

DO NOT ADD ANY FURTHER SECTIONS AFTER SECTION 6.0

Appendix 1 - Equality Impact Assessment Initial Screening

Please answer the questions against each of the protected characteristic and inclusion health groups. If there are significant impacts and issues identified a full Equality / Quality Impact Assessment (EQIA) must be undertaken. It is against the law to discriminate against someone because of these protected characteristics.

Name of Policy:	
Date of assessment:	dd-mm-yyyy
Screening undertaken by:	<insert name and role>

Protected characteristic and inclusion health groups. Find out more about the Equality Act 2010, which provides the legal framework to tackle disadvantage and discrimination: https://www.equalityhumanrights.com/en/equality-act/protected-characteristics	Could the policy create a disadvantage or discriminate for some groups in application or access? Please answer 'Yes' or 'No' (If 'Yes', give a summary of those)	If 'Yes' - are there any mechanisms already in place to mitigate the potential disadvantage identified? If not, please detail the additional actions that will be put in place. If this is not possible, please explain why (e.g., Agenda for Change requirements)
Age A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).	Yes / No	
Disability 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.	Yes / No	
Gender reassignment The process of transitioning from one gender to another.	Yes / No	
Marriage and civil partnership 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'.	Yes / No	
Pregnancy and maternity 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.	Yes / No	

Race 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.	Yes / No	
Religion or belief 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.	Yes / No	
Sex A man or a woman.	Yes / No	
Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none.	Yes / No	
Carers Individuals within the ICB which may have carer responsibilities.	Yes / No	
Please summarise the improvements which this policy offers compared to the previous version or position.		
Has potential disadvantage for some groups been identified which require mitigation?		
Yes / No		
How will the implementation and impact of the policy be monitored and reviewed, and by whom? Please include a timetable for monitoring with dates.		
<insert action to be taken, responsible officer and deadline date>		

Appendix 2 - Data Protection Impact Assessment Initial Screening

Data protection is the fair and proper use of information about people. Before completing this form, please refer to the Data Protection Impact Assessment (DPIA) Guidance in the Information Governance (IG) section on the staff Intranet or contact the Data Protection Officer for support via

A DPIA is a process to help you identify and minimise the data protection risks. You must do a DPIA for processing that is likely to result in a high risk to individuals. You can use our screening checklist below to help you decide when to do one. If you have answered 'Yes' to any of the 10 screening questions, you must then carry out a full DPIA using the Stage 2 form, which is also available on the Intranet in the IG section.

Name of Policy:	
Date of assessment:	dd-mm-yyyy
Screening undertaken by:	<insert name and role>

Stage 1 – DPIA form

please answer 'Yes' or 'No'

1. Will the policy result in the processing of personal identifiable information / data? This includes information about living or deceased individuals, including their name, address postcode, email address, telephone number, payroll number etc.	Yes / No
2. Will the policy result in the processing of sensitive information / data? This includes for living or deceased individuals, including their physical health, mental health, sexuality, sexual orientation, religious belief, National Insurance No., political interest etc.	Yes / No
3. Will the policy involve the sharing of identifiers which are unique to an individual or household? e.g., Hospital Number, NHS Number, National Insurance Number, Payroll Number etc.	Yes / No
4. Will the policy result in the processing of pseudonymised information by organisations who have the key / ability to reidentify the information? Pseudonymised data - where all identifiers have been removed and replaced with alternative identifiers that do not identify any individual. Re-identification can only be achieved with knowledge of the re-identification key. Anonymised data - data where all identifiers have been removed and data left does not identify any patients. Re-identification is remotely possible, but very unlikely.	Yes / No
5. Will the policy result in organisations or people having access to information they do not currently have access to?	Yes / No
6. Will the policy result in an organisation using information it already holds or has access to, but for a different purpose?	Yes / No
7. Does the policy result in the use of technology which might be perceived as being privacy intruding? e.g., biometrics, facial recognition, CCTV, audio recording etc.	Yes / No
8. Will the policy result in decisions being made or action being taken against individuals in ways which could have a significant impact on them? Including profiling and automated decision making. (This is automated processing of personal data to evaluate certain things about an individual i.e., diagnosis and then making a decision solely by automated means - without any human involvement)	Yes / No
9. Will the policy result in the collection of additional information about individuals in addition to what is already collected / held?	Yes / No
10. Will the policy require individuals to be contacted in ways which they may not be aware of and may find intrusive? e.g., personal email, text message etc.	Yes / No

Appendix 3 – Process Summary Narrative

[Summarise Processes from section 6.0 / procedure as flow diagram if easier]

- **Step 1a - Identification of service for review**

In line with commissioning best practice there is a need to ensure that we apply robust performance and contract management principles to all contracts. This will identify whether commissioned services are meeting the needs of the population (as identified through the Joint Strategic Needs Assessment, Enhanced JSNA and demand analysis) and are of high quality and demonstrate value for money.

The process for identifying potential services for decommissioning / disinvestment needs to be systematic and there are a number of mechanisms utilised by our staff to evidence the need for review. This includes the tools described in the sections above, continued poor performance identified through the contract monitoring process and feedback from patients, public and partners.

- **Step 1b - Identifying Service Review Areas**

The ICB is committed to ensuring that the local population receives the best care, for the best value and subsequently ensures that there is a continual review of ICB contracts and expenditure against measurable health outcomes. The Contract Team own and maintain the ICB's contract register which identifies all contracts currently held. The register will be able to provide information on all providers delivering services and contractual information to support decommissioning decisions and procurement. The Contract and Performance teams will also be able to advise on the tools available for benchmarking and comparison.

- **Step 2 - Initial Assessment and Assessment of impact**

In the event that a case for change is validated by sufficient supporting evidence, the Lead Commissioner will be responsible for carrying out a number of impact assessments to identify the anticipated or actual impacts of any disinvestment / decommissioning on health, social, economic and workforce.

These impact assessments must be approved by the relevant ICB Director-level Leads prior to being included in Board reports before disinvestment is undertaken or a service is decommissioned.

The impact assessment must include:-

- Health outcomes – the effect on health outcomes will be assessed to identify potential adverse consequences of disinvestment or decommissioning and what might be done to minimise them.
- Quality of services – to ensure that the quality of services will not deteriorate following any proposed changes. The ICB 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, impact will be assessed within the following areas;

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

The ICB is committed to engaging patients, carers, the public and wider partners, and stakeholders at all stages of commissioning. As part of this the ICB will communicate clearly and fully with all stakeholders before, during and following any decision to disinvest in or decommission services. Final decisions relating to disinvestment or decommissioning will be taken by the ICB Board.

- **Step 4 - Preparing the case for change**

There are a range of considerations for inclusion in the case for change for disinvestment or decommissioning;

The effect on patient experience will need to be fully analysed using quality and equality impact assessments.

Identified changes in care / gaps in care will be identified / managed and negative impacts identified and mitigated. All proposed changes will be communicated clearly in line with ICB Service Change Policy.

For any substantial service change an appropriate period of consultation (as advised by the Communications Team) 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 inform the decision-making process.

- **Step 5a - Principles of Decommissioning / Disinvestment**

- Disinvestment of any decommissioned service will be processed in line with the Service Change Policy. In addition, an assessment of potential contestability should be undertaken in line with the ICB procurement strategy.

- Commissioners are required to retain an auditable documentation trail regarding all key decisions.
- 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 an approach of transparency and openness.

- **Step 5b – 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 ICB need to achieve a financial balance its discretion will be affected by factors such as the NHS Constitution, national planning frameworks, NICE technology appraisal guidance and Secretary of State Directions to the NHS.

The ICB 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 regarding 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:
 - o 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.
 - o Following good practice and legal requirements as to engagement and formal public consultation
- Ensuring the priorities, vision, values and goals of the ICB are reflected in business decisions.
- Providing a consistent approach for the development of strategy and plans across the whole health care system.

- **Step 6 - Decommissioning and disinvestment criteria**

The following points should be considered when making the initial decision to **decommission or disinvest from** a service:-

- The patient experience and local health need must be paramount in informing any decision. Action should be taken to minimize the impact of any potential gaps in service provision once the service is decommissioned or disinvested.
- Impact assessments must be undertaken in order to quantify and clarify any positive or negative impact on patient care and the wider community (e.g. family and carers)
- The potential destabilising effect on other services and organisations (e.g. third sector) of a decision to decommission/disinvest should be fully considered, so as to avoid unintended consequences.

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**Appendix 4 -
[Additional Appendices if required]**

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