



<b>Corporate</b>	<b>ICBP051 Decommissioning Policy</b>
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<b>Prepared By:</b>	Deputy Director of Strategic Commissioning.
<b>Consultation Process:</b>	Executive Committee
<b>Formally Approved:</b>	April 2023
<b>Approved By:</b>	North East and North Cumbria ICB Executive Committee.

#### **EQUALITY IMPACT ASSESSMENT**

<b>Date</b>	<b>Issues</b>
March 2023	None Identified

#### **POLICY VALIDITY STATEMENT**

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3-year period.

#### **ACCESSIBLE INFORMATION STANDARDS**

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact [necsu.comms@nhs.net](mailto:necsu.comms@nhs.net)

## Version Control

Version	Release Date	Author	Update comments
1	April 2023	Paul Turner, Deputy Director of Strategic Commissioning.	First Issue

## Approval

Role	Name	Date
Approver	Executive Committee	April 2023

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## **1. Introduction**

The purpose of this policy is to describe the process to follow to operationally manage significant changes to the commissioning of services, in a safe, fair and transparent manner. It provides advice and guidance on the process and best practice to follow when considering changes to the commissioning of a service.

The policy addresses the requirement for a robust process to appropriately make significant changes to contracted services. Such changes impact on patients and providers, and therefore requires a formal process, which provides an evidence trail and ratification by a decision-making authority in the face of potential appeals and legal challenge by an affected provider.

This policy applies to all staff in the organisation and covers all contractual agreements including NHS Standard Contracts, Model Contracts, Grant, section and Partnership Agreements. Where the service is commissioned by the ICB under a delegated arrangement with NHS England, for example primary care, staff should check whether NHS England policy is applicable and should be applied instead, as approval processes may differ.

This procedure applies to all staff working within, or on behalf of, North East and North Cumbria ICB, including relevant North of England Care Support (NECS) staff.

The ICB Chief Executive is responsible for the dissemination and implementation of this procedure

## **2. Definitions**

For the purposes of this procedure the North East and North Cumbria ICB will be referred to as the 'ICB':

The following terms are used in this document:

- Decommissioning – planned process of removing, reducing or replacing a service – the proposed withdrawal of the service may occur if the service no longer meets commissioning needs or if the provider wishes to withdraw.
- Termination - is cessation of a service by the ICB or the provider under the terms of the contract and the date the notice period runs from.
- Non-essential services – services deemed to be no longer serving a clinical need or not fitting with commissioning strategy.
- Material change – is as defined by the Overview and Scrutiny Committee.

- Service Providers – the commissioner’s decision to decommission a service will impact upon the service provider and their employees who may face uncertain prospects. ICBs should ensure that the service provider is given sufficient notice and time to get advice on any human resources or legal advice.
- Stakeholders – stakeholders of services should be informed as soon as possible of a decision to decommission a service. Where deemed necessary commissioners are advised to take legal advice regarding information that can be shared with stakeholders at different stages of a decommissioning process to help ensure effective planning and co-ordination.

### **3. Decommissioning Process**

#### **3.1 Drivers for Decommissioning**

The decision or requirement to decommission a service can fall into three categories:

1. Decommissioning when a contract or a funded agreement is due to terminate i.e. the contract has expired and commissioners do not wish to continue with the service;
2. Decommissioning when there is non-compliance with the contract terms and conditions, i.e. failure to meet the requirements in a service specification/unable deliver the contracted service which may result in commissioners seeking early termination of the contract.
3. Decommissioning when a service is no longer value for money or is no longer a priority for the commissioner through service reviews; changes in national policy/recommendations; changes of service innovation across primary, community and secondary care provision.

It is important that prior to terminating the contract consideration is given by the responsible director as to whether legal advice should be sought.

The drivers for proactively decommissioning a service include:

- A persistent and serious risk to patient safety.
- The service represents poor value for money.
- There is insufficient need/demand to warrant the current volume of service and/or number of providers.
- The service model is outdated i.e. the outcomes have not changed but new evidence on the model of delivery has developed which cannot be met via a variation of the existing contract.
- The service is no longer a clinical priority – reassessment of priorities may mean that investment is required elsewhere and so certain ‘non-essential’ services may be decommissioned

- A mismatch between need and the current profile of provided services is identified as one of the outcomes of e.g. Health Need Assessments, Health Equity Audits, and/or Joint Strategic Needs Assessments.
- The provider is not demonstrably delivering on agreed outcomes following mutually agreed remedial action.

The drivers for reactively addressing decommissioning are:

- Notice of termination of contract from the provider.
- Breach of contract served due to irreconcilably poor performance, poor patient experience, governance and/or risks to patient safety.

### 3.2 Decommissioning Principles

The process outlined below is guided by the following principles.

- Initiation of a decommissioning proposal must be based on tangible evidence and a clear rationale.
- Appropriate stakeholders must be consulted before the decommissioning decision is made, or a stay of execution granted.
- The provider's obligations resulting from decommissioning is outlined within standard contracts.

*(For decommissioning and when decommissioning is precipitated by termination.)*

- Detailed consideration must be given to the broad-ranging adverse impact of the decommissioning decision.
- The provider must be consulted as early as possible to allow time to adjust to the proposal.
- Where the service is valued, alternative provision must be available or commissioned before withdrawal.
- Once decommissioning is agreed and/or is inevitable, and where adverse impact is anticipated a detailed implementation plan is required which clearly shows the actions and accountabilities including those to mitigate adverse impact.
- A smooth transition between outgoing and replacement provider (where relevant) is in the best interests of patients. Contractual terms are available to enforce this.

### 3.3 Process

This decommissioning process will be followed unless an event as specified under the terms and conditions of the relevant regulations of the specific contract require immediate termination. Such events would comprise, for example, criminal acts resulting in imprisonment over six months, bankruptcy

The decommissioning process is documented in Appendix B, the bullet points below outline in detail the steps that must be undertaken:

### *3.3.1 Commissioners may consider the decommissioning of a service in the following situations:*

- Persistent breaches – the Provider has consistently breached the terms and conditions of the contract or the decision to decommission will be triggered by a significant event such as a Patient Safety Incident or a ‘Never Event’ for example.
- Notice from Provider – the Provider wishes to terminate the Contract in accordance with the terms and conditions within the Contract. A General Condition of the NHS Standard Contract enables no-fault termination of a contract and allows explicitly for immediate termination by mutual agreement.
- Benefits Analysis/Contract Review – the decommissioning and termination process may, on occasion be triggered by a contract review. These reviews are carried out within the timeframe stated in the contract particulars which both Provider and Commissioner will have agreed to prior to the contract being agreed and signed. Upon contract review the commissioner may determine that the service is no longer required/not fit for purpose and will therefore consider decommissioning the service.

### *3.3.2 Consider Decommissioning*

Following a trigger to consider decommissioning the commissioning lead and/or team should use the contract review proforma in Appendix C to reach a view on whether the service should be decommissioned or terminated. Evidence required at this stage to support the decision must be robust and provided as part of the proforma to enable the decision to be properly considered by ICB decision makers. Should the decision be not to decommission, then alternative corrective action to resolve the issue must be taken.

### *3.3.3 Decommissioning Impact Assessment*

Following completion of the contract review checklist Commissioners must complete the decommissioning impact assessment in Appendix D. This document, forms part of the auditable document trail for the decommissioning decision which may be legally challenged, therefore it must be completed factually, objectively and diligently. Decommissioning a service may have both positive and negative impacts. It is critical that the adverse impact on patients and on the wider health economy are understood and documented.

Lead officers should make sure they contact relevant subject matter experts for support. In particular contact should be made with the relevant Area Director of Nursing to ensure a robust quality impact assessment is undertaken and approved by them; and also the Director of Health Equity and Inclusion to ensure a robust Equality impact assessment is undertaken and approved.

### 3.3.4 Developing a Communication and Involvement Plan

Prior to requesting formal consideration and approval of the decision to decommission a service, contact should be made with the ICB communications and involvement teams to develop a communications and involvement plan. The specifics of the service and the issues regarding the proposal to decommission will determine the contents and timeline for involvement and engagement and what process will need to be followed which may include a formal consultation if required. The ICB will need to demonstrate that it has shown due regard to patient engagement in the course of its decision making and mitigated concerns raised by stakeholders.

The communications and involvement teams will ensure the communications and engagement plan meets the ICB's statutory obligations. Where relevant, guidance will be sent from the Adult's and Children's Health Overview and Scrutiny Committees.

### 3.3.5 Consider if formal Consultation applies

As part of developing the communication and engagement plan, the ICB Involvement Team will consider the below ICB responsibilities around consultation and advise the commissioning lead accordingly.

The *NHS Act 2006* (including as amended by the *Health and Social Care Act 2012 & 2022*) sets out the range of general duties on Integrated Care Board and NHS England.

S.14Z2 of the Act states that ICB have a duty to make arrangements to ensure that users of health services are involved at the different stages of the commissioning process including:

- in planning commissioning arrangements,
- in the development and consideration of proposals for changes to services,
- in decisions which would have an impact on the way in which services are delivered or the range of services available; and
- in decisions affecting the operation of commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates S.244 of the consolidated NHS Act 2006, which requires NHS organisations to consult relevant Local Authority Overview and Scrutiny Committees on any proposals for a substantial development of the health service in the area of the Local Authority, or a substantial variation in the provision of services.

Where any decommissioning or disinvestment is proposed, the Commissioner should seek advice from the ICB Involvement Team on the requirement of informal engagement and / or formal public consultation to ensure the ICB fully meets the S.14Z2 duty set out in the Act.



Advice and support from the Involvement Team should be requested at the earliest possible opportunity due to the time required to plan and implement involvement and engagement activity.

Relevant health Overview and Scrutiny Committee/s (OSC) should also be engaged with and fully informed of proposed de-commissioning and de-investment proposals. This ensures compliance with the duty set out in S.244, but also facilitates dialogue with OSC in relation to the level of informal engagement and / or formal public consultation that is required. The ICB engagement team can advise on how to appropriately engage with OSCs if issues cut across more than one Place.

An appropriate period of informal involvement and engagement / formal public consultation should be undertaken before any decision to de-commission or de-invest is made. Advice on this should be sought from the ICB Involvement Team. This also applies to the delivery of re-commissioned services.

ICBs are subject to a public sector equality duty (PSED), defined by S.149 of the Equality Act 2010. Commissioners should ensure that any informal involvement and engagement and / or formal public consultation meets the requirements of the PSED.

This involves ensuring that informal involvement and engagement and/or formal public consultation includes members of groups with 'protected characteristics' as defined by the Act. These characteristics are:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation.

Formal public consultation in line with current legislative and best practice guidelines must take place where the decommissioning of the service or contract results in a substantial variation or material change to the delivery of the recommissioned service (except when the service is recommissioned by Any Qualified Provider procurement), or where the service will not be recommissioned. 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.

### *3.3.4 Recommend Decommissioning*

Following completion of the contract review checklist, decommissioning impact assessment and the involvement and engagement activities as set out in the communications and involvement, plan, if commissioners recommend and can evidence/support the decision to decommission and OSC has not requested that a formal consultation process is needed, this will be considered formally for approval and implementation.

Approval of proposals to decommission services should follow ICB governance processes and financial limits in the same way as commissioning services. Proposals should be considered by the relevant Executive Director and via relevant Place based governance arrangements where appropriate, or via Executive Committee where services are system-wide or have an annual value of more £1m

Depending on the specific circumstances surrounding the service that is to be decommissioned, any decision to decommission a service in principle must only be made after conscientious consideration of feedback from involvement and engagement activity. Any final decision to decommission a service must evidence how feedback has been taken into account.

This will be particularly pertinent should a formal consultation be required. The provider will be notified and kept informed on the implementation of the involvement and engagement plan. Where engagement and consultation activities raise material issues, this may prevent a final decision to decommission being made. Where feedback identifies where mitigations are needed to support decommissioning implementation, the decision maker will approve the decommissioning proposals subject to the commissioning lead implementing the agreed mitigations.

### *3.3.5 Notification to the Provider*

Following the final decision to decommission or terminate the service the contract manager must notify the Provider. The notification should include the following:

- Advise of the formal decision to decommission the service
- Confirmation that the notification constitutes notice of termination under the terms and conditions of the Contract, and the date the notice period runs from.
- Details of other organisations and stakeholders that must be informed.
- Advice on dealing with any new referrals to the service provider.
- The name and contact details of the Contract Manager who is responsible for dealing with the decommissioning process.
- Confirmation of the providers on going duty of care towards service users.
- Advice on the handling of any media queries.

The provider, following notification of the decision to decommission will provide the commissioner with an 'Exit/ Transition Plan' outlining actions required by both parties for smooth service cessation. The plan will cover as a minimum;

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

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

### *3.3.6 Reinvestment*

Where decommissioning is a direct result of the Provider's breach of contract and 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 impact assessment and consideration given to how that health need will continue to be met. This should be approved at the point of ratification.

Where decommissioning is the result of insufficient health need the funding should be identified as a quality, innovation, productivity and prevention (QIPP) saving and any reinvestment in alternative services would be considered as part of the current investment planning and prioritisation process(es).

### *3.3.7 Record keeping*

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

### *3.3.8 Risk Management*

Risks identified through the decommissioning process should be documented in line with the ICB's risk management policy.

## **4. Implementation**

This policy will be available to all Staff for use in relation to the specific function of the policy.

All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

## **5. Training Implications**

It has been determined that there are no specific training requirements associated with this policy/procedure.

## **6. Documentation**

### 6.1 Other related policy documents

None identified.

### 6.2 Legislation and statutory requirements

Health and Social Care Act 2006 and relevant amendments by the 2012 and 2022 Acts.

## **7. Monitoring, Review and Archiving**

### 7.1 Monitoring

The ICB Board will agree with the sponsoring director a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

### 7.2 Review

The ICB Board will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

Staff who become aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives that affect, or could potentially affect policy documents, should advise the sponsoring director as soon as possible, via line management arrangements. The sponsoring director will then consider the need to review the policy or procedure outside of the agreed timescale for revision (This paragraph to be included in all policies)

For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document. (This paragraph to be included in all policies)

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process. (This paragraph to be included in all policies)

### 7.3 Archiving

The ICB Board will ensure that archived copies of superseded policy documents are retained in accordance with the NHS Records Management Code of Practice.

## Equality Impact Assessment

### Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

### Name(s) and role(s) of person completing this assessment:

**Name:** Paul Turner

**Job Title:** Deputy Director of Strategic Commissioning

**Organisation:** NENC ICB

**Title of the service/project or policy:** Decommissioning Policy

**Is this a;**

**Strategy / Policy**

**Service Review**

**Project**

**Other** [Click here to enter text.](#)

### What are the aim(s) and objectives of the service, project or policy:

To ensure consistent decommissioning processes are in place that meet relevant legislation and guard against ICB decision making negatively impacting patients and the public.

### Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Staff**
- **Service User / Patients**
- **Other Public Sector Organisations**
- **Voluntary / Community groups / Trade Unions**

- **Others, please specify** [Click here to enter text.](#)

<b>Questions</b>	<b>Yes</b>	<b>No</b>
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> <li>• Eliminating unlawful discrimination, victimisation and harassment</li> <li>• Advancing quality of opportunity</li> <li>• Fostering good relations between protected and non-protected groups in either the workforce or community</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:**

The purpose of this policy is to make sure the ICB's decision making around service change consistently assesses the impact on all stakeholders. It therefore proactively seeks to avoid a negative impact on equality.

**If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document**

<b>Accessible Information Standard</b>	<b>Yes</b>	<b>No</b>
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients.  <a href="https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf">https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please provide the following caveat at the start of any written documentation:  <b>"If you require this document in an alternative format such as easy read, large text, braille or an alternative language please contact (ENTER CONTACT DETAILS HERE)"</b>		
<b>If any of the above have not been implemented, please state the reason:</b>  <a href="#">Click here to enter text.</a>		

## **Governance, ownership and approval**

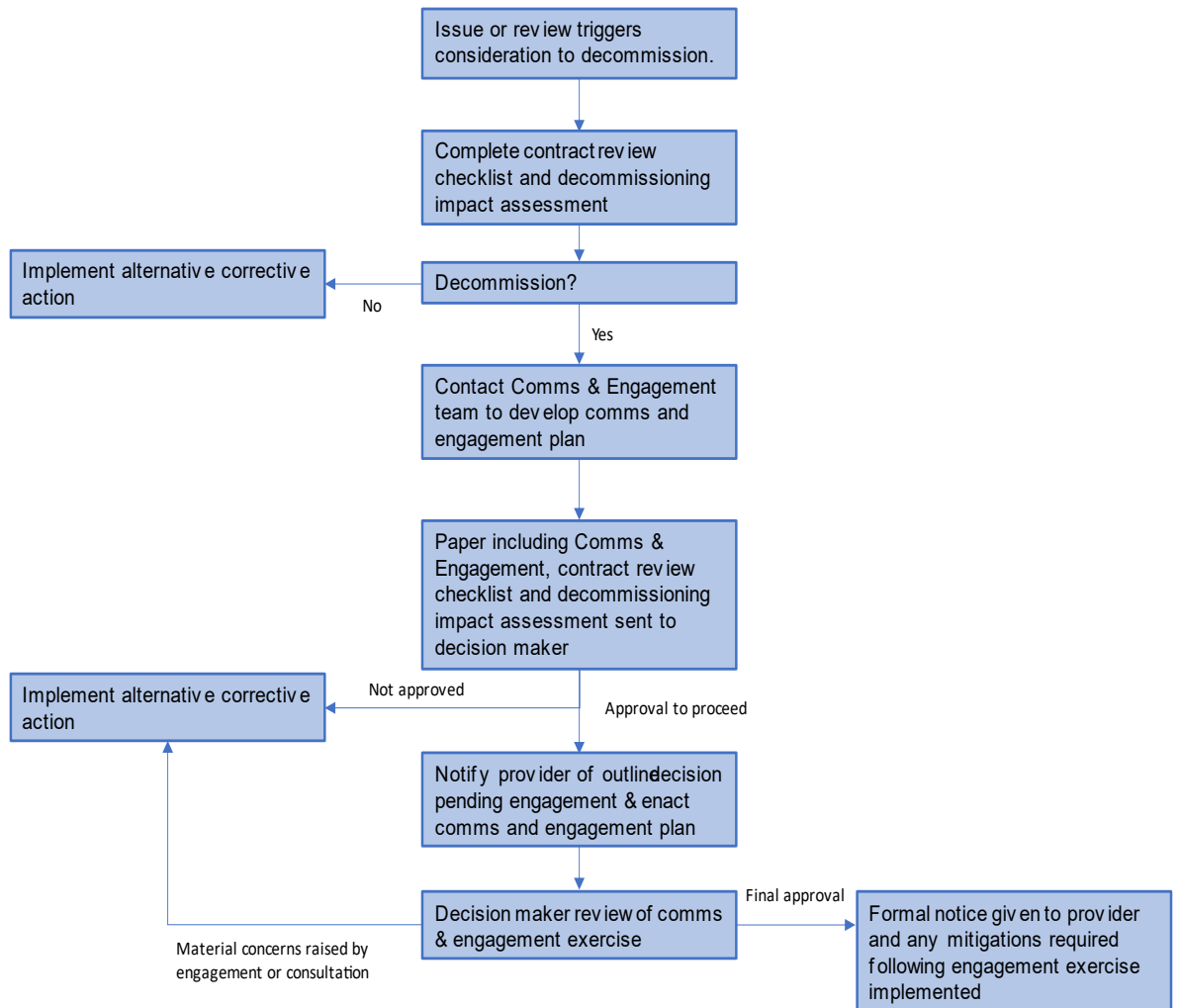
Please state here who has approved the actions and outcomes of the screening		
<b>Name</b>	<b>Job title</b>	<b>Date</b>
Paul Turner	Deputy Director of Strategic Commissioning.	March 2023

## **Publishing**

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.



## Decommissioning Process



## Contract Review Checklist / Proforma

## Contract Review Checklist

Contract Manager

Date of Review

Service Type

Provider

Contract ID

Evidence (to provide documentary evidence for questions below)	Provider Conforms?	Data not applicable	Data not available
	Yes	No	
Does the provider meet the service specification?			
Actual activity v. contracted activity is significantly more or less (-/+5%)?			
Actual cost v. contracted cost is significantly more or less (-/+5%)?			
Are specified waiting times consistently maintained more than 4/6 months?			
Are did not attend (DNA) rates in line with benchmarked national/regional DNA rates for the service?			
Are new/follow up ratios in line with benchmarked national/regional ratios for the service?			
Does the service cost provide value for money? (if on local tariff, is it within reasonable limits, if block, is the reference cost within regional average? If the quality outcomes framework (QOF), within reasonable limits of regional average?)			
Have there been any significant patient safety/clinical governance issues? (such as serious untoward incidents (SUIs), (disclosure and barring services) DBS issues, breaches of policies?)			
Does the service meet current national strategy in terms of outcomes and expectations?			
Does the service conform with existing patient pathways? (i.e. part of a referral pathway to other services?)			
Does the evidence base (National Institute for Clinical Excellence (NICE)/Scottish Intercollegiate Guidelines Network (SIGN) etc.) identify that the service is clinically effective? (parliamentary enquiries			

could also provide evidence)			
Does the service reduce activity and costs elsewhere in the pathway?			
Has the service evaluated well?			
<b>Is there evidence of a contractual breach</b>			
If yes, has the provider been offered the provisions provided within the contract to address the issue?			
Has one of the service providers had concerns raised as a performer?			
If yes, have these concerns/complaints been upheld by internal or external governance processes?			
Are there any other data from the review to consider? (please attach with indication below of conclusion following review of this data)			
Please list stakeholders who have been involved in this review:			

<b>Decision</b>		
<b>Recommission:</b>		<b>Decommission:</b>

Signed by ICB Clinical Lead	Date
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Signed by ICB Director	Date
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Date of decision:	Date
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Date of ratification by:	
The Executive Committee (or relevant committee)	
Please list names of attendees ratifying this decision.	

## Decommissioning Impact Assessment

Service Considered for De – Commissioning:	Annual Contract Value:	Approx # Patients:
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Name of ICB:	
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*This document, forms part of the auditable document trail for the decommissioning decision which may be legally challenged, therefore it must be completed factually, objectively and diligently. Decommissioning a health service may have both positive and negative impact. It is critical that any adverse impact on patients and on the wider health economy are understood and documented*

**Background- Information on Service:**

Brief notes e.g. what it is, what it does, who provides, to whom, where, since when

**Background – Policy Context and/or principle driver for Decommissioning:**

NHS England requires that, if a variation to contract cannot be made, then terminate to enable required policy implementation. Otherwise, principle driver for considering decommissioning (proactive, reactive, safety, value for money (VFM), etc.).

**Impact (Benefit) of Decommissioning:**

The prime benefit from Decommissioning e.g. improved safety; simplified pathway; better outcomes; better value for money; market improvement; opportunity for reinvestment.

**Impact on the Patient:**

Continuity of on-going care for those within service, pathway of care, access, distance travelled, is there another provider representing reasonable choice. Likelihood of public objection at loss or perceived loss of service. Impact on ICB's reputation.

Contact your Area Director of Nursing to ensure a full quality impact assessment is completed and approved by them under their guidance. Append any separate forms here.

**Impact on ICB****Finance:**

Non-recurrent impact / one off decommissioning costs contractually borne by commissioner e.g. TUPE. Non-recurrent impact of replacement service overlapping with decommissioned service. Recurrent gross cost (cost of this service). Recurrent

net cost (cost of this service less cost of any replacement or movement in demand). Transactional costs of decommissioning.

**Impact on Provider:**

Does the loss of this service/contract element compromise the provider's economic or physical ability to deliver other services? Fixed cost dilution etc.

**Impact on Health Market Economy:**

Overall supply/demand balance, on upstream and downstream elements of care pathway, impact on other providers, gap in provision, market diversity, loss of clinical skill, providers vying for limited clinical staff, training opportunities etc.,.

**Impact on Performance:**

Does the cessation of service adversely impact any performance standards e.g. cancer access, health inequalities, 18 weeks, A&E targets access etc. (full list available on request).

**Impact on Equality**

*[Equality Act 2010]* Does cessation of service represent unequal treatment or discrimination or inequality of access on the basis of age, disability, gender reassignment, race, religion or belief and sexual orientation.

Make contact with the Director of Health Equity and Inclusion to ensure a full Equality impact assessment is completed and approved by them under their guidance. Append any separate forms here.

**Impact on Rurality**

Does cessation of service represent unequal treatment or a barrier to access to service users in a rural location – if yes how will this be mitigated.

**Overview and Scrutiny / Consultation:**

Does the recommendation(s) below and the materiality of the change indicate that O&S will have an interest/ what consultation is particularly recommended / has taken place. Make sure advice is sought from the ICB communication and engagement teams at the outset of any proposal to decommission.

**Recommendations:**

Recommendation to decision making authority e.g. not to be decommissioned, decommission, decommission with stipulated conditions (state them).

Completed By:	Date:
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**END OF PROFORMA**