

<p style="text-align: center;">NHS BARNSELY CCG</p> <p style="text-align: center;">DECOMMISSIONING POLICY</p> <p style="text-align: center;">AUGUST 2017</p>

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Amendment Log

Version No	Type of Change	Date	Description of change
V.0.1	Draft	April 2017	<i>Developed draft decommissioning policy based on good practice from elsewhere</i>
V.0.2	Draft	June 2017	<i>Amended to take account of feedback from QIPP Delivery Group</i>
V.0.3	Final Draft for Approval	August 2017	<i>Amended to take account of feedback from Governing Body. Improved clarity of section 8.8.3 that a decision to decommission may be made if there is evidence of one or more of the criteria included. Added Appendix 1 to summarise decision making framework.</i>
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BARNSELY CLINICAL COMMISSIONING GROUP DECOMMISSIONING POLICY

1. Introduction

- 1.1 To ensure that limited resources are consistently directed to the highest priority areas, and in order that the CCG is taking a holistic view of service provision to promote innovation and ensure that all elements fit and complement each other, the CCG has developed a 'Decommissioning Policy' that sets out the agreed principles for decommissioning a service.
- 1.2 Following any service review a number of options will be available to the CCG. These will include:
- The need to re-commission all or part of the service,
 - Amend the threshold / criteria to access a service
 - Provide a modified service to ensure that there are no gaps in healthcare delivery.
 - Cease / decommission a service or part of a service
- 1.3 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;
 - How the 'Case for Change' will be produced and
 - How commissioning decisions will be engaged upon.

2. Purpose

- 2.1 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 all or part of a service.
 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 (Quality, Innovation, Productivity and Prevention) 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 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. The Risks of not having this Policy in place

3.1 In the absence of this policy there is a risk that:

- The CCG's resources may not be directed to areas of highest priority and greatest effectiveness
- Decommissioning decisions could be taken without due process being followed, increasing the risk to patient safety and / or of challenge
- Decommissioning decisions could be taken on the basis of incomplete or inaccurate information.

4. Definitions

4.1 For the purpose of this policy decommissioning is defined as:

- The withdrawal of funding from a provider organisation for a service that is subsequently re-commissioned in a different format or;
- The withdrawal of funding from a provider organisation and the subsequent stopping of the whole or part of a service.

5. Equality and Diversity

5.1 In applying this policy, the organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic. A single Equality Impact Assessment is used for all policies and procedures.

6. Principles

6.1 In the event that decommissioning is proposed, the Policy will ensure that prior to a final decision being taken by the CCG Governing Body:

- Clearly defined processes are followed, with clear lines of accountability and responsibility;
- In particular, partner organisations, patients, and the public are involved as appropriate.

7. Roles and Responsibilities

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

7.1.1 **Governing Body**

Governing Body is responsible for approving this Policy. Decisions to decommission will require Governing Body approval.

7.1.2 **Finance & Performance Committee**

Finance and Performance Committee is responsible for the review and oversight of finance and performance in relation to:

- implementation of the Quality, Innovation, Productivity and Prevention (QIPP) schemes – this would include those which may require decommissioning of a service.
- implementation of investments (disinvestments) / transformation schemes, receiving updates outlining financial, activity and delivery against key performance indicators for each scheme.

7.1.3 **Clinical Forum**

The purpose of the Clinical Forum is to inform the development of commissioning proposals, strategies and plans ahead of formal presentation to the Governing Body or other appropriate groups. The Clinical Forum provides an opportunity to discuss possible courses of action to achieve improved, cost-effective, clinical pathways. It provides a clinical and service perspective to potential QIPP and other CCG work streams and a pragmatic view on implementation feasibility. It will work in parallel to the QIPP Delivery Group to provide a steer for the development of proposals with regard to preferred clinical models and methods of implementation.

7.1.4 **QIPP Delivery Group**

The QIPP Delivery Group will manage the QIPP programme and provide oversight of programme and project management arrangements, ensuring projects are managed in stages, following the CCG Project Management Framework. The QIPP Delivery Group will review business cases and project initiation documents, acting as a gateway for the approval of projects, and review progress of individual projects, reporting to Finance and Performance Committee.

7.1.5 **QIPP Monitoring Group / Programme Management Office (PMO)**

The QIPP Monitoring Group and the PMO function will be responsible for establishing and maintaining a structured approach to delivering projects which are intended to deliver the QIPP Plan and providing advice and guidance on the practice of project management. The QIPP Monitoring Group will ensure there is a focused and systemised approach to deliver of QIPP schemes and support the monitoring and reporting of progress and achievement of objectives (financial

and other).

7.1.6 Clinical Leads

Will provide expert clinical advice and support throughout the process.

7.1.7 Officer Leads

The appropriate CCG officer responsible for the commissioned service will undertake the following actions when developing decommissioning proposals:

- Secure any appropriate legal advice (following discussion and agreement by the Chief Officer, Chief Finance Officer or Head of Governance & Assurance)
- Adopt the CCG's programme management approach to manage the processes
- Prepare a Business Case, including an assessment of impact for the proposal to be presented to the QIPP Delivery Group and Governing Body
- Ensure that the appropriate risks and issues have been identified
- Ensure that all the required analysis has been undertaken on the service, prior to any recommendation to the QIPP Delivery Group and Governing Body
- Seek advice from the Communications and Engagement Team and ensure that appropriate engagement takes place
- Ensure that the evidence behind why the case is being proposed for a decommissioning decision is evident and appropriate.

7.1.8 Quality Team

The Quality Team will work with the project team proposing the decommissioning of service(s) to undertake a Quality Impact Assessment identifying any direct or indirect negative impacts on patient safety or the quality of any other related service as a result of the proposal.

7.1.9 Finance Team

The Finance Team will review expenditure against health outcomes to identify service areas to be reviewed. They will also work with the project team proposing the decommissioning of service(s) to quantify the financial implications of the proposal.

7.1.10 Business Intelligence Team

Working to the Head of Planning and Performance, the Business Intelligence Team will provide key performance information 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 team will look for areas of:

- Under performance against targets
- Poor health outcomes
- Failure to deliver 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.

7.1.11 **Communications & Engagement Team**

When considering undertaking any service review, including where the outcome may be to decommission a service, the project team needs to seek expert advice from the Communications & Engagement Team in relation to whether any engagement / consultation exercise is required in line 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 to determine the appropriate level of meaningful engagement and public consultation and give sufficient time and information for people to input into and inform the decision making process.

The timescales required plus other guidance on engagement/consultation criteria can be found through national best practice guidance, *Patient and Public Participation in Commissioning Health and Care: Statutory Guidance for CCGs and NHS England*.

7.1.12 **Procurement Leads**

The CCG's Procurement Lead, supported by our specialist procurement advisors, will ensure that the rules and principles relating to any decommissioning activity will follow the principles and rules of cooperation and competition. They will also ensure market assessments are completed to analyse any impact on the provider market.

8. **Procedure**

8.1 **Timeline**

The project timeline for any QIPP project, including those which may include decommissioning of a service or part of a service, will be developed and included in the Project Initiation Document. The stages of the project and the decision making process will be in line with the CCG Programme and Project Management Framework.

8.2 **Identification of service(s) for review**

The Process for identifying services for review and potential decommissioning needs to be systematic and there are a number of

mechanisms utilised to evidence the need for review.

8.2.1 Each commissioned service shall initially be reviewed to confirm whether the service is performing in line with expectations. The CCG can then identify commissioned services that:

1. Do not meet the needs of the population
2. Are of low quality and do not demonstrate value for money
3. Have high expenditure and poor outcomes
4. Have continued poor performance identified through the contract monitoring process and / or feedback from patients, public and partners
5. Do not maximise the health gain that could be achieved by reinvesting the funding elsewhere
6. Do not meet the standards of a modern NHS e.g.:
 - a. Evidence based alternative, innovative forms of service provisions are available to improve access or outcomes
 - b. National policy or guidance requires change in service delivery.
7. The service is one with limited clinical evidence, quality or safety.

8.3 **Tools to be used to Identify Service Review Areas**

The CCG 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 CCG expenditure against measurable health outcomes.

8.3.1 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, drawing on tools including:

- Commissioning For Value Packs
- NHS Comparators data
- Programme Budgeting information
- The Spend and Outcomes tool (SPOT)

The CCG Programme and Project Management, New Idea and priority setting template sets out the decision making criteria for progressing any idea into a full project.

8.3.2 **Patients and Carers**

A key mechanism for identifying potential services for review is feedback from patients and carers via, complaints, compliments, local patients and service user groups, patient survey results and Healthwatch.

The CCG 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.

8.4 **Initial Impact Assessment**

In the event that a case for change is validated by sufficient supporting evidence, the clinical and officer leads will be responsible for developing an outline business case which will identify the anticipated or actual impacts of any decommissioning on health, social, economic and workforce factors.

8.4.1 The outline business case will include reference to:

- *Health outcomes* – to identify potential adverse consequences of 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 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. The CCG will use its Equality Impact Assessments tool for this purpose.

8.4.2 In addition the leads will consider where relevant the following areas when completing an outline business case:

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

8.5 **Review of outline business case**

Once the outline business case has been prepared it will be presented to the QIPP Delivery Group and Clinical Forum as appropriate for review.

8.5.1 The following will be considered by the Group / Forum when reviewing the outline business case:

- Gaps in care created by decommissioning the service
- Managing any negative impacts on the services identified for potential 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 Impact Assessments and Equality Impact Assessments must be considered in order to quantify and clarify and positive or negative

impact on patient care and the wider community (e.g.. carers)

- The potential destabilising effect on other services and organisations should be fully considered
- The clinical impact of decommissioning or disinvesting from the provision.

8.5.2 Following the QIPP Delivery Group and Clinical Forum's review, any proposed changes will be communicated clearly back to the leads as part of the process to create the final business case.

The leads will update the IAF, Equality Impact Assessment Form (EIA), and Quality Impact Assessment Form (QIA) as necessary and prepare a full business case for consideration by the QIPP Delivery Group prior to Governing Body for approval.

8.6 **Engagement Process**

As part of the process of preparing a full business case for presentation to the Governing Body, appropriate engagement will take place. The engagement guidelines within the CCG's programme management arrangements provide an overview of the process that will be followed. These guidelines are informed by the *Patient and Public Participation in Commissioning Health and Care: Statutory Guidance for CCGs and NHS England*.

The engagement guidelines are not intended to cover all situations, but to provide some ideas for engagement for the decommissioning of services. Further advice will always be sought from the Communications and Engagement Team regarding the type of engagement required.

8.6.1 The CCG will communicate clearly, fully and continuously with the provider of the service and all stakeholders following the approval of an outline business case to consider potential decommissioning of a service.

8.6.2 The engagement will include the appropriate methods and timescales to engage with the public, patients and stakeholders. Each situation, or event, needs to be tailored to the topic and/or target group, depending on the number of people affected.

8.6.3 For any substantial service change an appropriate period of engagement and consultation will be undertaken before any decision to decommission is made.

8.6.4 The feedback from all engagement activity will be fully reviewed and analysed and will be used to assist in the decision making process.

8.6.5 Following the engagement process, the results of the engagement will be reviewed by QIPP Delivery Group and used to inform the full business case for presentation to the Governing Body.

8.7 **QIPP Delivery Group Recommendation**

Making good decisions regarding health care priorities involves the exercise of fair and rational judgment. Although there is no single objective measure on which such recommendations can be based, recommendations will be fully informed taking into account the needs of individuals and the community. The QIPP Delivery Group will adopt a robust approach to its decommissioning recommendations by ensuring decisions are lawful and consistent.

8.7.1 The QIPP Delivery group will review the detailed business case to ensure that:

- All important aspects of the issue have been considered
- Engagement guidelines have been followed
- The proposal promotes fairness and consistency
- The risk of judicial review has been minimised through the implementation of robust decision-making processes that are based on evidence of clinical and cost effectiveness
- The proposal is consistent with the vision, values and goals of the CCG
- Any potential or actual conflicts of interest have been managed effectively in line with established policies.

8.7.2 The CCG is committed to engaging patients, carers, the public and wider stakeholders at all stages of commissioning. The CCG will communicate clearly and fully with all stakeholders before, during and following any decision to disinvest in or decommission services. As a result the full business case will not be taken forward for decision until all relevant engagement has been completed.

8.7.3 On the basis of the detailed business case the QIPP Delivery Group will decide whether the proposal and recommendation to decommission a service should proceed to the Governing Body for approval.

8.8 **Governing Body Decision**

The Governing Body will review the business case presented by the QIPP Delivery Group and its supporting recommendations. Governing Body may decide to:

1. Monitor the service
2. Pursue improved outcomes
3. Decommission the service (subject to the engagement process).

8.8.1 **Monitor the service**

If the decision 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.

8.8.2 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 will result in the CCG recommending that the service is decommissioned. 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.

8.8.3 Decommissioning of the service (subject to the engagement process and appropriate timelines)

Governing Body may decide to decommission a service where there is evidence of one or more of the following:

- An existing service is not meeting the health needs of the population
- The original decision to fund a service was made on assumptions that have not realised
- There are demonstrable benefits to patients from the decommissioning of a service
- The provider cannot demonstrate delivery of agreed outcome measures or delivery of outcomes, despite agreed remedial action as detailed in the relevant contract
- The service does not deliver value for money and is unable to demonstrate clinical and cost effectiveness, so that the investment in the service does not maximise the health gain that could be achieved by reinvesting the funding elsewhere
- The service fails to meet the standards of a modern NHS as defined by the NHS constitution, clinical evidence and nationally driven changes
- The service provided is no longer the statutory responsibility of the CCG, or is no longer a component of the CCG's core provision
- The service is unsafe or of poor quality.

8.8.4 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.

8.8.5 Where decommissioning is the result of an insufficient health need, the funding should be identified as a QIPP saving.

8.8.6 No decommissioning of the service will commence until the

relevant engagement process has been completed (see section 8.6).

8.9 **Decommissioning Process**

Following the Governing Body's decision to decommission, the CCG will commence the decommissioning process in accordance with the provisions of the NHS Standard Contract.

8.9.1 The responsibility for serving notice to the provider is with the contract manager or as otherwise determined by the CCG Chief Officer.

8.9.2 The CCG will provide intelligence to the provider (as part of the notification letter) as to why the service has been decommissioned.

8.9.3 The CCG will also communicate clearly what "next steps" will be undertaken in the process, and the appeal process.

8.10 **Exit Process**

Following notification of a decision to decommission, in accordance with the NHS Standard Contract an exit strategy and plan will be negotiated and agreed for each relevant service regarding each decommissioning decision with a clear agreement on how each risk is to be managed between the parties.

8.10.1 An Exit Strategy or Plan will be developed covering as a minimum:

- Patient continuity of care
- Patient records(If applicable)
- Staff considerations e.g. TUPE
- Estate e.g. freehold, leasehold transfers
- Equipment
- Stock (where funded by the commissioner).

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

9. **Monitoring the Compliance and Effectiveness of this Policy**

9.1 The QIPP Delivery Group has responsibility, through the CCG's programme management arrangements, for ensuring that the Policy is adhered to where a proposal to decommission a service is brought forward. Oversight of the process will be through the QIPP Delivery Group and Finance & Performance Committee. The Equality and Engagement Committee has oversight of the patient and public engagement elements of any reviews.

10. Review of the Policy

- 10.1 This policy will be approved by the Governing Body in the first instance. It will be reviewed at least every 2 years in accordance with CCG standard practice, or more frequently where necessary to meet legal statutory or good practice standards. The review process will be led by the Programme Management Office (PMO) drawing on other relevant CCG staff as necessary. Minor amendments can be signed off by Finance and Performance Committee, but more major amendments will need to go back to Governing Body for ratification.

Summary Decommissioning Decision Framework

Following a service review and preparation of impact assessments and business cases as appropriate in line with the procedure set out in Section 8 of the NHS Barnsley CCG Decommissioning Policy the Governing Body may be asked to consider decommissioning a service.

In making this decision the Governing Body should consider whether there is robust evidence of one or more of the following:

- An existing service is not meeting the health needs of the population
- The original decision to fund a service was made on assumptions that have not been realised
- There are demonstrable benefits to patients from the decommissioning of a service
- The provider cannot demonstrate delivery of agreed outcome measures or delivery of outcomes, despite agreed remedial action as detailed in the relevant contract
- The service does not deliver value for money and is unable to demonstrate clinical and cost effectiveness, so that the investment in the service does not maximise the health gain that could be achieved by reinvesting the funding elsewhere
- The service fails to meet the standards of a modern NHS as defined by the NHS constitution, clinical evidence and nationally driven changes
- The service provided is no longer the statutory responsibility of the CCG, or is no longer a component of the CCG's core provision
- The service is unsafe or of poor quality.