

Tameside & Glossop Disinvestment and Decommissioning Policy

Date policy adopted by Single Commissioning Board: 11th July 2017

Date for review of policy: 31/3/2018 and annually thereafter

1 Introduction

NHS Tameside & Glossop Clinical Commissioning Group (CCG) is the local lead commissioner of NHS services, with responsibility to improve the health of local people and commission high quality services that meet their needs within the resources available.

Across the Tameside & Glossop locality there is now a single place-based commissioning body comprising NHS Tameside & Glossop Clinical Commissioning Group and Tameside Metropolitan Borough Council known as the Tameside & Glossop Care Together Single Commissioning Board to commission effectively for the transformation programmes within the locality plan as well as for gaining benefits from jointly commissioning existing services.

To support this there is now a single leadership team which has been established as a joint committee of the two organisations with delegated decision-making powers and resources. This is the Single Commissioning Board. This will create a unifying group within both the statutory and collaborative governance arrangements for the first time. The key role of this Board will be:

- To provide executive leadership for the locality plan from a commissioning perspective
- To oversee the management of any delegated commissioning functions and pooled budgets
- To lead the development of commissioning as part of statutory and Health and Wellbeing Board governance arrangements.

The Single Commissioning Board considers commissioning proposals which are funded from the Integrated Commissioning Fund. This fund is comprised of three elements as set out in the table below:

Budget Allocation Sections	Detail	Governance implications
Section 75	This relates to legislation that allows the establishment of pooled funds between NHS bodies and local authorities at a local level	The Single Commissioning Board makes decisions on this funding which are binding upon the two statutory partner organisations.
Aligned Services	Funding contributions for services that cannot be delegated for formal joint provision	The Single Commissioning Board makes recommendations on the spending of this funding. These recommendations will require ratification by the relevant statutory organisation.
In Collaboration Services	Funding for services which cannot be included within Section 75 arrangements without a change in legislation. These specialised services are jointly commissioned with NHS England.	The Single Commissioning Board makes recommendations on the spending of this funding. These recommendations will require ratification by NHS England and the relevant statutory organisation.

In the current financial climate, where funding growth allocated to all public services, including the NHS is increasingly constrained, it is important that the Single Commissioning Board demonstrates effective use of public money to commission services that deliver the

greatest health benefit for local people. To achieve this, effective contracting arrangements and strong performance management are essential, together with robust, evidence based approaches to prioritisation.

The Single Commissioning Board will ensure that commissioning decisions are fully informed, are based on health outcomes and public health data, and are benchmarked against similar health and social care systems.

To ensure that limited resources are consistently directed to the highest priority areas the Single Commissioning Board has developed this Decommissioning and Disinvestment Policy that sets out the agreed principles for decommissioning and disinvesting in services so that funding can be redirected, where necessary to higher priorities. This process is being presented in the form of a policy to ensure the process is formalised and approved by the Single Commissioning Board.

2 The Approach to Decommissioning and Disinvestment

The aim of this Decommissioning and Disinvestment Policy is to provide a framework to guide Single Commissioning Board decision making with regard to significant service changes proposed by the Single Commissioning Board in order to deliver its priorities, within the financial resources available to it.

The policy seeks to clarify the circumstances in which services may be decommissioned or disinvested from and describes the approach and processes that will be adopted to ensure decisions are fully informed and implemented effectively, following a safe, fair and transparent process. Decommissioning and disinvestment impacts on patients and therefore requires a formal process which provides an evidence trail and clear governance supporting any decisions.

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

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.

In the event that decommissioning or disinvestment is proposed, it is recognised that a number of steps will be required prior to a final decision being taken by the Tameside & Glossop Single Commissioning Board. These include engagement with the member practices, consideration as to whether a consultation exercise is required with partner organisations/patients/public, and completion of full Quality Impact Assessment and Equality Impact Assessment processes.

This policy sets out the processes that will be followed, and the roles of individuals and committees in developing and scrutinising proposals for disinvestment/decommissioning, prior to them being brought to the Single Commissioning Board for consideration and approval. The policy ensures that patient safety is considered in the assessment of service changes proposed.

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

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 CCG's operational plans and strategies in order 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 Single Commissioning Board.
- Ensure the safety of patients remains a key consideration

3 Principles & Criteria

3.1 Principles

The process outlined in this policy is guided by the following principles:

- Initiation of a decommissioning or disinvestment proposal must be based on tangible evidence
- The user experience and local health need must be a key consideration in informing any decision. Action should be taken to minimise the impact of gaps in service provision once the services is decommissioned or disinvested
- Appropriate stakeholders must be engaged and consulted before the decommissioning or disinvestment decision is made
- Detailed consideration must be given to the broad-ranging impact of the decision – impact assessments must be undertaken in order to quantify and clarify the positive or negative impact on patient care and the wider community; the potential destabilising effect on other services and organisations of a decision to decommission/disinvest should be fully considered, so as to avoid unintended consequences arising from a decision.
- Providers must be consulted as early as possible to allow time to adjust to the proposal

3.2 Conditions for Decommissioning or Disinvestment

The Single Commission 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 the need for service redesign to improve services for patients
- The original decision to fund a services was made on assumptions that have not been realised or have been overtaken by events
- There are demonstrable benefits for the decommissioning of 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

- The service does not deliver value for money, as demonstrated through financial review, utilising programme budgeting tools
- The investment in a 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, professionally driven change, and nationally driven changes
- The service is unable to demonstrate clinical and cost effectiveness
- The service provided is no longer the statutory responsibility of the CCG or local authority
- 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

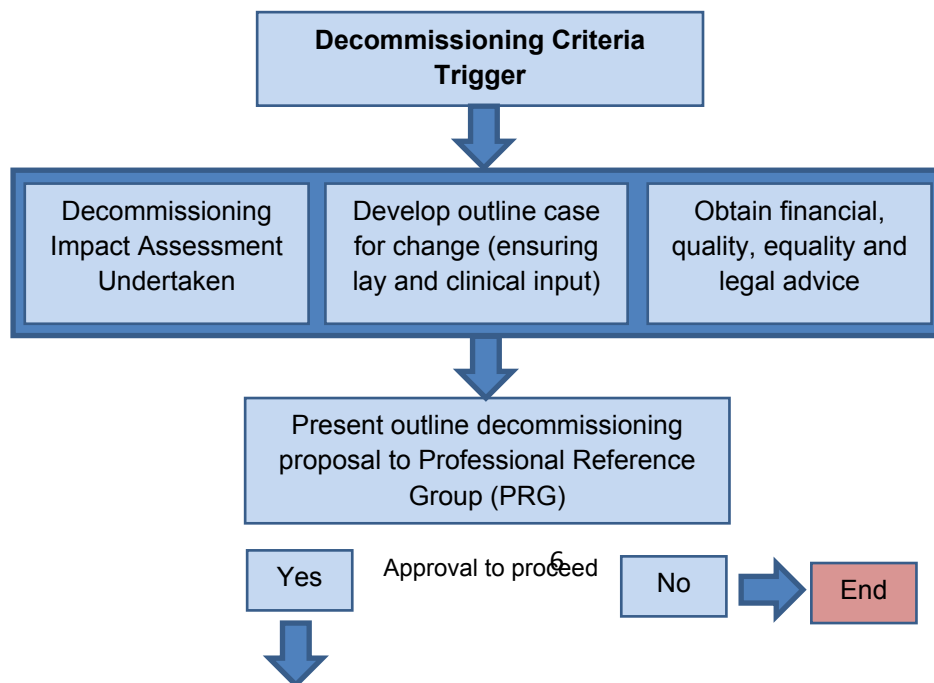
4 Decommissioning and Disinvestment Process for Commissioned Services

4.1 Process Flowchart

The Disinvestment / Decommissioning process flow chart provides at a glance the agreed process for commissioners to follow. Where a recommendation or decision relates to services funded from the 'aligned services' element of the Integrated Commissioning Fund (set out in section 1 of this policy) the outcome of any recommendation or decision will be reported to the statutory organisation responsible for the budget. The Single Commissioning Board makes recommendations on the spending of this funding. These recommendations will require ratification by the relevant statutory organisation.

The structure below makes reference to presentation of proposals to committees, and ultimately the Single Commissioning Board. Where proposals have arisen from patient safety concerns, the SCB will be asked to make decisions / give permission to proceed on a virtual basis rather than await SCB meeting dates.

In all cases, the commissioning directorate will aim to ensure the process is as slick as possible, and whilst ensuring all elements of this policy are adhered to, ensuring that delays are minimised.



4.2 Investment Criteria Assessment Framework

An assessment framework has been developed to ascertain the fit of any proposed decommissioning / disinvestment against the criteria established by the Single Commission. The proposal will be scored and will be required to meet a threshold to proceed to the next stage. The assessment framework will consider the proposal against:

Quality: Addressing health inequality or inequity; delivering wider benefits to society; Maximising voluntary sector / social value; Impact on others – people, community. Improvement in the quality of services delivered to the population / evidence of no detrimental quality impact from any disinvestment or decommissioning. Details of evidence based supporting the proposal.

Financial: Financial and performance outcomes of the proposed changes, inclusive of costs and financial benefits. Evidence of value for money and return on any investment required (including elsewhere in the system) to support the proposal. Consideration of the impact of the proposal on other parts of the system, including the potential for ‘stranded costs’.

Safety: Evidence that the proposal either addresses an area where there are currently concerns regarding patient safety OR assurance that the proposal will not have a detrimental impact on patient safety

Stakeholder engagement: Evidence that the proposal has been developed with input from stakeholders, including the public/service users. Evidence where applicable that the proposal will improve the position in relation to stakeholder integration, involvement, and partnership working

Strategic Priority fit: Contribution to Single Commission commissioning intentions, Locality Plan, integration opportunities and strategic direction/statutory responsibility. Strength of local feeling and political sensitivity should be included where possible.

The assessment framework is attached at **appendix 1**.

4.3 Outline Case for Change

Step 1: The identification of an area as a potential decommissioning proposal, in line with the conditions set out in section 3.2 above, by a member of the Single Commission

Step 2: Completion of initial assessment of the proposal against the criteria for decommissioning / disinvestment in the Investment Criteria Assessment Framework using the standard template at Appendix 1

Step 3: Where the proposal meets the required threshold in the initial assessment, proceed to the production of an outline case for change for consideration by the Single Leadership Team. This case for change must include full narrative to outline the proposal, financial model to demonstrate the impact, a completed assessment framework, and the standard Single Commission governance processes outlined below.

Completion of the standardised front sheet for Single Commission governance will ensure no proposal proceeds beyond Single Leadership Team consideration if the proposal has not been considered for alignment with the Locality Plan, Commissioning Strategy and Health & Wellbeing Strategy. This process also ensures that any proposal taken through Single Commission governance outlines how the proposal addresses:

- Public & patient impact
- Quality issues – completion of a Quality Impact Assessment required for all papers
- Health inequalities
- Equality and diversity implications – completion of an Equality Impact Assessment required for all papers
- Safeguarding implications
- Information governance issues
- Risk management

All proposals will be required to include a full assessment from the Single Commission Legal Team and the system finance team, who provide detailed comments to support the discussions in Single Commission governance committees.

5 Structure and Accountabilities

5.1 Single Commission Governance Framework

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

- It is a right and role of the CCG GP membership to identify services that should be considered for decommissioning or disinvestment.
- The CCG Governing Body, as the legally accountable body for NHS resources in Tameside & Glossop, will ultimately make the decision with regard to the decommissioning of any service following the criteria and process set out in this policy. The Governing Body may choose to delegate the decision-making to the Single Commissioning Board but it cannot delegate its accountabilities.
- Consultations will be carried out with the public / partners / providers and will be informed by statutory and best practice requirements in line with the locality's 'Safe & Sound' processes.

5.2 Committee Responsibilities

A number of the Single Commission's Committees will need to be involved in preparing a 'case for change' prior to it being formally considered by the Single Commissioning Board.

An important role of these committees will be to fully understand and scrutinise any proposals.

The Single Commissioning Board (with support and assurance via the Professional Reference Group and Finance Economy Workstream), will be responsible for ensuring that the criteria and processes outlined in this policy have been applied and that the process has been followed accordingly.

The Quality and Performance Assurance Group will have a key role in ensuring that the consequences of decommissioning and disinvesting from a service have been fully quantified and the impact assessed. In addition, the committee will be able to propose any remedial action that might be required to mitigate clinical risk and/or adverse impacts.

The Professional Reference Group (PRG) will make final recommendations to the Single Commissioning Board in relation to any proposed case for change. PRG recommendations and subsequent SCB decisions regarding disinvestment and / or decommissioning will always be ratified by comments from the Single Commission legal team and the locality Finance Economy Workstream.

5.3 Single Commissioning Board Responsibilities

As part of its decision making process the Single Commissioning 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.

6 Officer Roles and Responsibilities

6.1 CCG Accountable Officer / Council Chief Executive

The CCG Accountable Officer / Council Chief Executive is accountable for the actions undertaken by the Officers of the Single Commission, as noted below.

6.2 Single Commission Leadership Team / Directors / Heads of Commissioning

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

- Secure any appropriate legal and specialist financial advice through discussions with the Chief Finance Officer and the Single Commission's legal team.
- Assess the benefits the service has realised and assess the potential for any further improvement to the services 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 in line with section 4 of this policy.

6.3 Quality & Safeguarding Directorate

The Quality and Safeguarding Directorate and the Quality and Performance Assurance Group are key forums to notifying commissioners when concerns are raised in terms of the quality and safety of the services provided. The team utilise information from a variety of sources to assess the safety, efficacy and service user experience of 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 Single Commission.

The Quality Team will work with the lead commissioner, proposing the decommissioning of service(s) to ensure that a reduction in services does not have a direct or indirect negative

impact on patient safety or the quality of any other related service. This will include evaluation of a commissioner-led Quality Impact Assessment.

6.4 Finance Directorate

The Single Commission's Finance team are key to supporting a review of expenditure against health outcomes and identifying service / programme areas to be considered for potential decommissioning or disinvestment. The Directorate, working as part of the system-wide Finance Economy Workstream, 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 CCGs / previous PCTs. 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, 3rd sector, community services, social care, mental health etc, and comparing cost and outcomes with other areas, to identify potential to change the delivery model.
- Ensure all proposals for decommissioning and disinvestment are aligned with the locality Savings Assurance programme and wider financial planning.

6.5 Public Health Directorate

When considering service decommissioning or disinvestment the Public Health Directorate will support the assessment and evaluation of proposals and determine the contribution towards improving population health and tackling health inequalities. These teams will express the health outcomes produced from services in the context of the population's health need and contribute to the health impact assessments required in making informed decommissioning / disinvestment decisions.

The Public Health directorate will, through the interpretation of population based data, highlight areas for decommissioning, such as benchmarking tools which compare the cost and/or outcomes of services compared to other localities.

6.6 Contracting Teams, Performance Management and Business Intelligence

The Performance team has a joint responsibility with the lead commissioners to provide key performance information to commissioners to ensure that services are appropriately reviewed. The information behind a decision to decommission must be of high quality, be auditable and able to be presented as evidence which can withstand challenge should 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 Business Intelligence team will provide a key role to support finance colleagues in reviewing the programme budgeting reports when considering expenditure compared to health outcomes.

Contracting and procurement advice will be sought to ensure that the rules and principles relating to any decommissioning and disinvestment activity will follow the relevant legal guidance.

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 Single Commission will retain an auditable documentation trail regarding all key decision. The Procurement advisors will also ensure market assessments are completed to analyse any impact on the provider market.

6.7 Human Resources Advice

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

6.8 Communications and Engagement

If decommissioning or disinvestment is proposed due to the introduction of a new service model, then the commissioner will seek expert advice from the communications team in relation to carrying out the appropriate level of engagement / consultation to comply with best practice and statutory requirements.

This advice will be sought at the earliest possible opportunity to ensure adequate time for the required engagement and consultation.

Appendix 1

Investment Criteria Assessment Framework: Where services are being considered for decommissioning or disinvestment the following scale will be used

Criteria	Scale			Score	Threshold
Quality impact	-1 point Detrimental or no contribution to improving health & quality outcomes/ patient experience	1 point Some evidence of contribution to improving health & quality outcomes/ patient experience	2 points Strong evidence of significant contribution to improving health & quality outcomes/ patient experience		1
	-1 point Negative impact and increases health inequalities	1 point Some evidence of positive impact on health inequalities	2 points Significant evidence of considerable positive impact on health inequalities		1
Financial impact NB: Significant savings equate to more than £500k per annum	-1 point Limited evidence that significant savings would be made	1 point Some evidence that significant savings would be made	2 points Good evidence that significant savings would be made		1
	-1 point Savings will make no significant contribution to the locality's Savings Assurance programme and will have a detrimental effect on other parts of the locality – commissioner and provider	1 point Savings will make a limited contribution to the locality's Savings Assurance programme	2 points Savings will make a significant contribution to the locality's Savings Assurance programme		1
Safety: Assess for impact on patient safety	-1 point Safety levels would be compromised	1 point Safety levels would be unchanged	2 points Safety levels would improve		
	-1 point There would be unmanageable safety risks	1 point There would be manageable safety risks	2 points There would be no safety risks		
Stakeholder engagement	-1 point No evidence of involvement of stakeholders in the development of the proposal, including patients / carers	1 point Evidence of involvement of stakeholders in the development of the proposal, including patients / carers	2 points Evidence of involvement of stakeholders in the development of the proposal, including patients / carers, and Maximises voluntary sector / social value		1
Strategic priority fit	-1 point Not identified in the Locality Plan, Commissioning Strategy or a statutory / GM requirement	1 point Identified in the Locality Plan, Commissioning Strategy or a statutory / GM requirement	2 points Identified in the Locality Plan, Commissioning Strategy and a statutory / GM requirement		1

The narrative accompanying any proposal for decommissioning / disinvestment needs to address the criteria outlined in this framework by covering the points below against each of the criteria.

Quality: Addressing health inequality or inequity; delivering wider benefits to society; Maximising voluntary sector / social value; Impact on others – people, community. Improvement in the quality of services delivered to the population / evidence of no detrimental quality impact from any disinvestment or decommissioning. Details of evidence base supporting the proposal.

Financial: Financial and performance outcomes of the proposed changes, inclusive of costs and financial benefits. Evidence of value for money and return on any investment required (including elsewhere in the system) to support the proposal.



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Strategic Priority fit: Contribution to CCG/Single Commission commissioning intentions, Locality Plan, integration opportunities and strategic direction/statutory responsibility. Strength of local feeling and political sensitivity should be included where possible.

Appendix 2

Report to:	PROFESSIONAL REFERENCE GROUP / SINGLE COMMISSIONING BOARD
Date:	
Officer of Single Commissioning Board:	
Subject:	
Report Summary:	
Recommendations:	
Financial Implications: <i>(Authorised by the statutory Section 151 Officer & Chief Finance Officer)</i>	<i>Will not be accepted unless financial comments are included</i>
Legal Implications: <i>(Authorised by the Borough Solicitor)</i>	<i>Will not be accepted unless legal comments are included</i>
How do proposals align with Health & Wellbeing Strategy?	
How do proposals align with Locality Plan?	
How do proposals align with the Commissioning Strategy?	
Recommendations / views of the Professional Reference Group:	<i>To be completed following the PRG meeting</i>
Public and Patient Implications:	
Quality Implications:	
How do the proposals help to reduce health	

inequalities?	
What are the Equality and Diversity implications?	
What are the safeguarding implications?	
What are the Information Governance implications? Has a privacy impact assessment been conducted?	
Risk Management:	
Access to Information :	<p>The background papers relating to this report can be inspected by contacting</p> <p> Telephone:</p> <p> e-mail:</p>