

**Service Change Policy and Process**

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| **Service Change Policy and Process** | | | |
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**Service Change Policy and Process**

# Introduction

It is essential to ensure that when a recommendation has been made both internally and externally to the ICB to initiate a service change a clearly defined process is followed, with clear lines of accountability and responsibility.

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

In the event that a proposed service change involves termination, decommissioning, disinvestment, significant change or removal of non-essential services the ICB recognises that a number of steps will be required prior to a final decision being taken. These include involvement of system partners and stakeholders, consideration regarding involvement and whether a formal consultation is required.

This policy addresses the requirement for a robust process, an audit trail and appropriate approval in the face of potential appeals and legal challenge.

This policy applies to both internal and external service change proposals and covers all contractual agreements including NHS Standard Contracts, Model Contracts, Grant, Section and Partnership Agreements. It is important that prior to any service change, consideration is given as to whether legal advice should be sought.

In reviewing service changes in both clinical and non-clinical services, whether statutory or non-statutory, commissioning decisions will have due regard to the ICB’s strategic objectives, which are:

* Tackling health inequalities in outcomes, experiences and access
* Improving outcomes in population health and healthcare
* Enhancing productivity and value for money
* Helping to support broader social and economic development

# Definitions

NHS Cheshire and Merseyside will be referred to as the ‘ICB’: In defining Service change the following terms are used in this document:

* **Service Development** – introducing or changing a service, which may also involve a change in provider.
* **Decommissioning/Disinvestment** – a planned process of removing, reducing or replacing a service.
* **Termination** - 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 statutory or clinical need or not fitting with the ICB’s strategy and priorities.
* **Temporary service changes and/or suspensions:** there may be occasions where the proposed change relates to a temporary change and /or suspension of a service due to concerns, service pressures etc. This may also include a change in provider.

**The service change policy:**

* provides a rationale and process to allow services to be identified for review prior to any service change or decision to terminate, decommission or disinvest.
* delivers best value for money by ensuring that local health care resources are directed to the most effective services for our population.
* ensures 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.

# Drivers for Service Change

The rationale or requirements to deliver service change may fall into three main categories:

1. **Contract Expiry**

Decommissioning when a contract or a funded agreement is due to expire*i.e. where commissioners do not wish to continue with the service following contract expiry.*

1. **Non-compliance (Related to Service Performance and/or Delivery)**

Decommissioning due to non-compliance with contract terms and conditions*, i.e. failure to meet the requirements in a service specification/unable deliver the contracted service may result in commissioners seeking early termination of a contract. This might include:*

* **Persistent and serious risk to patient safety.** Wherethe Provider/service has consistently breached the terms and conditions of the contract, or the provider identifies a significant challenge in ongoing delivery of the required standards and the decision to decommission is triggered by a significant event such as a Patient Safety Incident or a ‘Never Event’ for example
* **Performance relating to targets and Key Performance Indicators (KPIs).** The provider is not demonstrably delivering on agreed outcomes this should be after following mutually agreed remedial action plans and contractual procedures.
* **Benefits Analysis/Contract/Service Review** – the decommissioning and termination process may be triggered by a contract/service review (see 5.3 of policy), where the commissioner may determine that the service is no longer required/not fit for purpose and will therefore consider decommissioning the service. The provider may make a proposal to work with the commissioner where they believe a change should be made in the services they offer.

1. **Changes in Commissioning Priorities or Circumstances**

A change to service may occur when a service does not provide value for money; is no longer a priority following service reviews, where there are changes in national policy/recommendations or changes of service innovation across the local healthcare economy.

1. **Service changes/ temporary suspensions**

There may be occasions where the proposed change relates to a temporary change and /or suspension of a service due to concerns, service delivery pressures, e.g. staffing availability, or any of the additional drivers listed below.

The drivers for service change may include:

* **Lesser value for money** *(this may be relative to other priorities).*
* **Insufficient need/demand** *to warrant the current volume of service and/or number of providers.*
* **The service is unsafe or of poor quality**
* **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 or non-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** *e.g. following any Health Need Assessment, Health Equity Audit, and/or Joint Strategic Needs Assessments.*
* **Where there has been a national, regional or local strategic policy change relevant to the service in question.**

A driver for reactively addressing service change may also be a **Notice of termination of contract from the provider** wherethe 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. For non-clinical services, the Terms and conditions of the relevant NHS Standard contract should be followed. NB. Termination for convenience is not always permitted.

# Service Change Principles

The service change process is guided by the following principles:

* The initiation of a service change proposal is based on demonstrable evidence and a clear rationale.
* Appropriate governance and decision-making process.

*Identifying who needs to be involved (which could include patients and/or carers/family members, the public, and other key stakeholders) and the required level of involvement before any final service change decision is made*.

* Provider and Commissioner obligations outlined within standard contracts and in any relevant national guidance e.g. patient choice.
* Consideration of any adverse impact of the service change decision (these are described in the Service Change Proposal Impact Assessment form).
* Involvement of the relevant provider(s) as early as possible to allow time to adjust to any proposals.
* Changes will be guided by clinical engagement and there will be adequate clinical representation on the service change panel - additional support may be provided via the provider collaborative and/or the Clinical Effectiveness Group (CEG).
* Where the service nature carries value within the local health economy or is a statutory service, alternative provision should be available or commissioned prior to withdrawal of service, where this is feasible
* Where adverse impact is anticipated, there should be a detailed implementation plan showing actions and accountabilities including any to mitigate impact.
* Any transition between an outgoing provider and any alternative provider *(where this applies)* should be managed contractually and in the best interests of patients, including communication issues.
* All service change proposals will pay due regard to addressing inequality ensuring that there is no negative impact making sure that there is no unequal treatment or discrimination or inequality of access on the basis of age, disability, gender reassignment, race, religion or belief and sexual orientation.
* Involvement: Patients, service users, the public, providers, and partners are meaningfully involved as aligning to the statutory requirements
* Ensuring any plans have been considered and aligned with other parts of the C&M system, e.g. communicate with other Places where there might be a similar service or contract

# The Service Change Process

A service change process should be followed unless an event as specified under the terms and conditions of the relevant contract require an immediate termination. *e.g. criminal acts resulting in imprisonment over six months, bankruptcy*.

The service change process is documented using a flowchart in **Appendix A**, the bullet points below outline in more detail the steps to be undertaken:

## Consideration of Service Change

Once the drivers for service change have triggered formal consideration of such an option it is important that a formal process is commenced with an evidence trail around decision making. In order to formalise this process, a series of evidence gathering and documentation should be triggered. If, during this process the evidence gathering suggests that the proposed service change is not feasible, desirable or practical then the process can be halted prior to completion of evidence and a formal decision will not be required.

## Service Change Panel

A Service Change panel is being established to review at an early stage all service change proposals in development both internally or externally and at both Place and Cheshire and Merseyside levels. The purpose of the panel is to ensure alignment with the priorities and workstreams within the Annual Delivery plan and specifically the Financial Sustainability Programme and to ensure consistency and reduce duplication. Proposals should be shared with the panel as soon as possible in developing plans, to ensure resources are not wasted.

## Completion of Initial Contract/Service Review

Following any trigger to consider service change, the commissioner/provider lead or relevant team should first complete an initial contract/service review to help reach a view on the nature of any service change. Evidence required at this stage to support the decision must be robust and provided in the proforma to enable the decision to be carefully considered by decision makers. Should the decision be not to implement a service change, then alternative corrective action to resolve the issue should be identified and actioned. The initial review should consider the following key areas:

* Is the provider meeting the contract service specification?
* Is there an issue relating to under/over-performance in relation to activity/capacity are there any historic performance issues and have these issues followed formal contract protocols?
* Is there a financial aspect relating to the contract or performance
* Are there quality or safety issues relating to delivery of the contract specification?

e.g. Have there been significant patient safety/clinical governance issues? (serious untoward incidents (SUIs), breaches of policies?

* Are there related performance issues other than above in delivering the contract specification e.g. DNAs, Follow-up ratios
* Does the service provide value for money/is it financially viable? This should be evidenced backed.
* Does the service meet current local or national strategies relating to outcomes and expectations?
* Does the service conform with other local patient pathways? (i.e. part of any referral pathway to other services?)
* Are there issues relating to clinical effectiveness (NICE etc.)
* Does the service impact upon activity and costs elsewhere in the local healthcare system?
* Are there, or have there been, any contract breaches in relation to meeting the specification - have these breaches been addressed?
* Are there any TUPE implications
* Is there potential for stranded costs
* Are there any-subcontracting issues/arrangements not listed above
* Are there other providers delivering the same / similar services for our population

## Complete the Service Change Proposal Impact Assessment

Following an initial contract/service review, commissioner/provider leads should complete a service change proposal and impact assessment form as detailed in **Appendix B**. This forms part of the auditable document trail for the service change proposal and subsequent decision which may be legally challenged, therefore it must be completed factually, objectively and diligently. A service change may have both positive and negative impacts. It is important that the adverse impact on patients and on the wider health economy are understood and fully documented.

The service change process may be complex, depending upon the service being considered. It is important to seek advice from subject matter expertsif necessary. **Appendix C** provides information about where to access advice and support within the ICB to ensure compliance throughout the service change process.

An initial assessment of the incoming proposals will be undertaken to outline those that need to proceed to the full-service change panel. This will provide a filter for applications received as some can be redirected into place for localised decisions and governance. All applications will be logged centrally.

**Appendix E** will be used to support the initial filtering of applications

## Complete Equality Impact Assessment (EIA)

Where the evidence leads to a recommendation for formal consideration and approval of the decision to support a service change, an EIA ***must*** be undertaken, approved and recorded in all service changes and specifically decommissioning and disinvestment proposals. Further detail around the EIA Screening Assessment process (STEP 1 Assessment) is outlined in **Appendix D.** Please Note: whilst we appreciate that providers will have existing processes, ***evidence that the EIA has been completed*** (both internal and external) will need to be submitted to the ICB’s EIA/QIA panel ahead of any submission to the service change panel**.** EIAs are living documents and may require engagement, involvement and if the change is significant, formal consultation. **Please ensure that you complete the checklist prior to submitting the document.**

## Complete Quality Impact Assessment (QIA)

Where the evidence leads to a recommendation for formal consideration and approval of the decision to support a service change, a QIA ***must*** be undertaken, approved and recorded and specifically in all decommissioning and disinvestment proposals. Please Note: whilst we appreciate that providers will have existing processes, **evidence that the *QIA has been completed*** (both internal and external) will need to be submitted to the ICB’s EIA/QIA panel ahead of any submission to the service change panel. See Appendix D for further information

## Complete Data Protection Impact Assessment (DPIA)

Consideration may also need to be made to Data Protection Impact Assessments where these may be required. DPIA is a process that helps an organisation to identify privacy risks and ensure lawful practice when a new project is designed, or changes are made to a service. The purpose of the Data Protection Impact Assessment is to ensure that privacy and data risks are minimised while allowing the aims of the project to be met whenever possible.

## Complete Communications and Involvement Plan

Where the evidence leads to a recommendation for formal consideration and approval of the decision to decommission a service, a communications and involvement plan must be developed. The specifics of the service and the issues regarding the proposed service change will determine the contents and timeline for involvement and what process will need to be followed, which may include a formal consultation, if required. Any service change proposal will need to demonstrate that it has shown due regard to patient involvement during its decision making and mitigated concerns raised by stakeholders. The approach taken should be proportionate to the scale and impact of the proposal. Subject matter experts within the ICB engagement team can advise on this. The communication and engagement plan where possible this should be presented alongside the EIA (or as soon as possible following submission) for review by the ICB’s EIA/QIA panel ahead of any submission to the service change panel

## Formal Consultation

As part of developing the communication and involvement plan, responsibilities around consultation should be determined. 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 Boards and NHS England. S.14Z2 of the Act states that ICBs 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 service change is proposed and more specifically when termination, decommissioning or disinvestment is proposed, the Commissioner/provider should seek advice 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.

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 includes ensuring that informal involvement and engagement and/or formal public consultation includes members of groups with ‘protected characteristics’ as defined by the Act, who may be particularly relevant to the service in question and have been identified as such during the Equality Impact Assessment.

Formal public consultation in line with current legislative and best practice guidelines must take place where the decommissioning/disinvestment of the service or contract results in a substantial variation or material change to the delivery of the recommissioned service*,* or where the service will not be recommissioned. The Service Change Panel will provide a consistent approach to reviewing plans and making recommendations as to the appropriate approach to complying with these duties.

**Health and Wellbeing Scrutiny Committees** - It is recognised that local Scrutiny Committees must be engaged when public consultation is required on any proposed change. The service change panel following recommendations from the EIA/QIA process will pay due regard to this requirement.

## Formal Recommendation for Service change

Completion of a Service Change Proposal Impact Assessment, Equality Impact Assessment (EIA), Quality Impact Assessment (QIA) and involvement activities will inform any service change recommendation. Where a change in provider may be proposed, an assessment on a future complaint procurement route would also be required.

Approval of service change proposals should follow appropriate ICB/Provider governance processes and financial standing orders in the same way as the commissioning of services, including compliance with associated public procurement legislation.

The final decision to support a service change should evidence how any involvement / engagement / consultation feedback has been considered. Where involvement and or consultation raise **material** issues, this may prevent a final decision on the proposal. Where feedback identifies mitigations to support implementation of a service change, decision making should approve the proposals subject to implementing any agreed mitigations.

## Notification of Providers

Following any final formal decision to support the service change the ICB should notify the Provider/s as soon as is practical. The notification should include the following:

* Advise the formal decision to support/implement the service change.
* Where necessary confirm that the notification constitutes notice of termination under the terms and conditions of the contract with the dates of any notice period.
* Details of other organisations and stakeholders that should also be informed.
* Advice on dealing with any new referrals, if relevant.
* Clarification of the provider’s on-going duty of care for service users.
* Advice on handling of communications with staff and media queries.
* Where necessary consideration of any additional capacity required to deliver the proposed service change. This may require resources to be assigned from either, or both, of a provider or ICB.
* Where a service is transferring to another provider, contact details to manage safe transfer of patients / any potential TUPE transfer of staff.

Providers, following notification of the decision to support a service change should then provide the commissioner with an ***‘Exit / Transition Plan’*** outlining actions required by both parties for smooth service cessation. The plan should cover as a minimum:

* + Patient continuity of care
  + Patient records
  + Staff
  + Estate
  + Equipment
  + IT
  + Stock (where commissioner funded)
  + Finances including potential stranded costs
  + Other assets

## Reinvestment

Where a service change is a direct result of a Provider’s breach of contract and a service must be maintained in the short to mid-term, options for recovering any excess cost should be pursued utilising relevant contractual terms and conditions.

Where a service change results in a service being 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. Any decision to maintain a service should ideally be approved at the point of ratification of the relevant decision. This may include a requirement for a shift in resources from one provider to another and this must be complaint and in line with the requirements of the Provider Selection Regime.

Where a service change 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 considered as part of the ICB planning and prioritisation process(es), alongside any requirement for system savings targets.

# Record keeping

An auditable record/trail of decision making and all communication relating to each service change decision must be kept by the responsible commissioner, the documentation associated with the formal contractual process will be retained by the contract manager. This is vital, both to demonstrate that the service change process was robust and transparent, and as evidence in the event of any challenge, legal or otherwise.

# Risk Management

Risks identified through the service change process should be documented in line with the ICB's / providers risk management policy.

# Monitoring and Reporting

Compliance with this policy will be reviewed by the ICB Executive Committee.

# Training and Awareness

Communications and awareness raising of the service change process will be required amongst ICB/Provider staff who may be involved in programmes that may recommend or initiate service change, to ensure the processes in this policy are understood and complied with.

# Dissemination and Implementation

This policy will be disseminated throughout the C&M system via the regular communication channels and will be available on both the intranet and public website.

# Review

To ensure that this policy responds to the changing landscape and the pace of change it will be reviewed every 6 months, or earlier if there are changes to national guidance or there are significant changes to the structure or operation of the ICB or system which impact on this policy.

**Appendix A Service Change Process**

**Service Change - Proposal Impact Assessment (Appendix B) submitted to central ICB PMO email**

[cmprogrammeassurance@cheshireandmerseyside.nhs.uk](mailto:cmprogrammeassurance@cheshireandmerseyside.nhs.uk)

Action - Proposal checked for completeness and initial assessment completed\* utilising Appendix E the Service Change Panel – proposal assessment sheet

**Following an initial contract/service review - Proposal developed either internally or externally - aligned to the Service Change Policy and process and in line with governance processes and SFI’s**

**Proposal complete**

Action - proceed to next stage – (\*Note the initial filter may result in proposals being directed back to place for decision and governance)

**Proposal incomplete**

Action - return to submitter for resubmission

**Proposal complete**

Action - submission to EIA/QIA panel\* for review

[qia@cheshireandmerseyside.nhs.uk](mailto:qia@cheshireandmerseyside.nhs.uk)

**EIA/QIA panel review and make recommendations**

Action – review satisfactory return to central PMO email

**EIA/QIA Panel requires additional information /clarification**

Action – unsatisfactory return to submitter for additional information

**Recommendation to progress to Service change panel**

**\*Both EIA/QIA’s are returned to the central QIA email**

**Proposal submitted to the Service Change Panel**

**Executive Sub-Committee to consider the proposal (subject to membership SFI)**

Action – decision to proceed or not

**Submitter notified of confirmation**

Action - to proceed and look to address additional capacity requirements

**Panel confirm the proposal (subject to membership SFI) –**

Action - notify the submitter

**Panel confirm proposal but additional capacity /support required**

Action - notify the submitter

**Panel identifies the proposal constitutes a significant change/risk**

Action - escalation to Executive Sub-Committee

**Escalation to full Board for consideration / decision**

**Governance route**

**A diagram of a company's relationship

AI-generated content may be incorrect.**

**Appendix B**

**Service Change - Proposal Impact Assessment**

|  |  |
| --- | --- |
| **Service Name** |  |
| **Provider/s (and any sub-contractors)** |  |
| **Background- Information on Service:**  *Brief notes e.g. what it is, what it does, who provides, to whom, where, since when* |  |
| **Contract/Service Value description** |  |
| **Other Headline Contract Issues (Length, expiration)** |  |
| **Approximate Number of Patients Annually** |  |

|  |  |
| --- | --- |
| **Impact** | **Evidence and/or links/attachments** |
| **Background – Policy Context**  *Any relevant national or local policy context* |  |
| **Background – Principal driver for Service change:**  *Principle driver(s) for service change with reference to the initial contract/service review (proactive, reactive, performance, quality, safety, contract breaches, value for money etc.).*  *Are there issues relating to clinical effectiveness (NICE etc)* |  |
| **Impact (Benefit) of service change:**  *Tangible benefits from service change e.g. improved safety; simplified pathways; improved outcomes; value for money; market benefits; opportunity for reinvestment.* |  |
| **Impact on the Patient:**  *Continuity of on-going care for those within service, care pathway, service access, alternative provider presenting reasonable choice.*  *Please outline where the patient will continue to get the support they need – i.e. digital apps, Self Care etc*  *Public response to loss or perceived loss of service. Impact on Provider / ICB reputation.* |  |
| **Impact on System Financial position:**  *Non-recurrent impact / one off decommissioning costs contractually borne by commissioner e.g. TUPE. Non-recurrent impact of replacement service.*  *Recurrent gross cost (cost of this service remaining in contract).*  *Recurrent net cost (cost of service less cost of alternative). Transactional costs of decommissioning.* |  |
| **Impact on Provider:**  *Would the loss of this service/contract element compromise the provider’s economic or physical ability to deliver other services? Redundancy Impact?*  *Are there any internal TUPE implications.*  *Is there potential for stranded costs.* |  |
| **Impact on Health Market Economy:**  *Overall supply/demand balance, direct impact on related areas or elements of any care pathway, impact on other providers, resulting gap(s) in provision, market impact, workforce impact, loss of clinical skill.*  *Does the service conform with other local patient pathways? (i.e. part of any referral pathway to other services?)* |  |
| **Impact on Health Market Economy: Integration**  *Impact upon pathways or related services or providers where there are elements of service integration (including increased demand for other providers) (if any)* |  |
| **Impact on Health Market Economy: Primary Care**  *e.g. where Primary Care are referring partners. Alternative options for referral, impact on Primary Care workload. Please outline if there is likely to be an increase in patients seeking support from their GP or practice.* |  |
| **Impact on any interdependent services:**  *Is there likely to be a negative impact on any interdependent services as a result of the change – does this potentially make services less viable.* |  |
| **Impact on System Performance:**  *Would the cessation of service adversely impact any system performance standards (National or Local) e.g. cancer access, health inequalities, 18 weeks, A&E targets access etc.* |  |
| **Impact on Equality**  *[Equality Act 2010]* *Would 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. This may require an Equality Impact Assessment. (EIA)* | ***See Appendix D*** *- all service change proposals must include an Equality Impact Assessment EIA as standard - Please Note: whilst we appreciate that providers will have existing processes,* ***evidence that the EIA has been completed*** *(both internal and external) will need to be submitted to the ICB’s EIA/QIA panel ahead of any submission to the service change panel.*  EIAs are living documents and may require engagement, involvement and if the change is significant, formal consultation.  **Guidance and EIA template can be found on the ICB Intranet/ SharePoint site (internal staff**)  **Guidance and EIA template can be found on the ICB Website** (Providers), but providers can also use their own internal EIA documentation |
| **Impact on Quality**  *Quality in health and care services embraces three key components:*   * *Patient Safety:* * *Effectiveness of care:* * *Patient and Carer Experience:*   *QIA process must be undertaken as soon as possible.* | ***See Appendix D*** *- all service change proposals must include a Quality Impact Assessment QIA as standard - Please Note: whilst we appreciate that providers will have existing processes,* ***evidence that the QIA has been completed*** *(both internal and external) will need to be submitted to the ICB’s EIA/QIA panel ahead of any submission to the service change panel.*  ***Guidance and QIA template can be found on the ICB intranet and external website*** |
| **Impact on Inequalities**  *Would cessation of service represent any unequal treatment or a barrier to access to service for priority groups. Reference ICB policy relating to CORE20 Plus* |  |
| **Impact on Social Value:**  *Would cessation of service represent have any impact in terms of Social Value (e.g. noted social value impact of existing service, i.e. Local employment, community benefits, environmental impact)* |  |
| **Other Impacts/Risks:**  *i.e. Not noted elsewhere.* |  |
| **Overview and Scrutiny / Consultation:**  *Do 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.* |  |
| **Resources and Capacity.**  *Does the proposal require any additional support to deliver the proposed change i.e. commissioner input, comms and engagement etc.* |  |
| **Potential procurement route**  *Confirm appropriate procurement route if service will continue in a different form or with a different provider e.g.*   * *Direct Award A – only capable provider* * *Contract modification (less than 25% or £500k)* * *Use grounds of urgency* * *Tender for new service* |  |

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| **Recommendations:**  *Recommendation to decision making authority e.g. not to proceed with the service change, termination decommission, disinvestment,*  *or to proceed with stipulated conditions (state them).* |  |
| **Recommendations:**  **Alternatives**  *Recommendations of alternative courses of actions if the service change, termination, decommission or disinvestment, is not approved.*  *e.g.*  *Contract Tools*  *Further Review or evidence*  *Service Re-design.* |  |

**Completed assessment should be sent to: -**

[**cmprogrammeassurance@cheshireandmerseyside.nhs.uk**](mailto:cmprogrammeassurance@cheshireandmerseyside.nhs.uk)

**Appendix C Technical Support Available by Subject Matter Experts**

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| --- | --- | --- |
| **Stage in Service Change Process** | **Function** | **Contact** |
| 1. Review contractual arrangements | Contracts | Contract lead for the provider and ICB contract lead for the provider proposing change. |
| 1. Service Change Impact Assessment | Commissioning | Neil Evans, Associate Director Strategy and Collaboration  [Neil.evans@cheshireandmerseyside.nhs.uk](mailto:Neil.evans@cheshireandmerseyside.nhs.uk) |
| 1. Equality Impact Assessment | ED&I | Thomasina Afful, Associate Director - Equality, Diversity & Inclusion  [thomasina.afful@cheshireandmerseyside.nhs.uk](mailto:thomasina.afful@cheshireandmerseyside.nhs.uk)​  Andy Woods, Senior EDI Lead  [Andy.woods@cheshireandmerseyside.nhs.uk](mailto:Andy.woods@cheshireandmerseyside.nhs.uk)  Nicola Griffiths, EDI Manager​  [Nicola.Griffiths@cheshireandmerseyside.nhs.uk](mailto:Nicola.Griffiths@cheshireandmerseyside.nhs.uk)​  Relevant EIA Lead in Provider organisation. |
| 1. Quality Impact Assessment | Quality | Relevant Quality lead (Provider/Place/ICB Central team) |
| 1. Service Change Panel | Commissioning | Neil Evans, Associate Director Strategy and Collaboration  [Neil.evans@cheshireandmerseyside.nhs.uk](mailto:Neil.evans@cheshireandmerseyside.nhs.uk) |
| 1. Governance & Legal | Governance | Matthew Cunningham  [Matthew.cunningham@cheshireandmerseyside.nhs.uk](mailto:Matthew.cunningham@cheshireandmerseyside.nhs.uk) |
| 1. Engagement | Engagement | Helen Johnson  [Helen.johnson@cheshireandmerseyside.nhs.uk](mailto:Helen.johnson@cheshireandmerseyside.nhs.uk) |

**Additional information on involving people in developments**

As an NHS organisation we have a legal duty to involve people in our work.

You can read more about the involvement duty in [Working in partnership with people and communities: Statutory guidance](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fwp-content%2Fuploads%2F2023%2F05%2FB1762-guidance-on-working-in-partnership-with-people-and-communities-2.pdf&data=05%7C02%7CStephen.Woods%40cheshireandmerseyside.nhs.uk%7Cd9ba60288e8744ab936708dd9f921d01%7Cfa308aa57f36475e8c69a40290198ca6%7C0%7C0%7C638842172123521516%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=H5KpXFqMowjK0%2F6sI2VebQJFwLDt9Mqiq8N3yAzWNT0%3D&reserved=0). Page 65 of the guidance includes a helpful graphic which sets out how to assess whether the duty applies to a particular scenario, and some practical examples of what this might look like.

For internal ICB proposals you can also contact the communications and engagement team for further advice on required levels of involvement. More information and contact details are available on the staff hub:  [https://cheshireandmerseysidenhsuk.sharepoint.com/SitePages/Communications-and-Engagement.aspx](https://cheshireandmerseysidenhsuk.sharepoint.com/SitePages/Communications-and-Engagement.aspx?xsdata=MDV8MDJ8U3RlcGhlbi5Xb29kc0BjaGVzaGlyZWFuZG1lcnNleXNpZGUubmhzLnVrfGQ5YmE2MDI4OGU4NzQ0YWI5MzY3MDhkZDlmOTIxZDAxfGZhMzA4YWE1N2YzNjQ3NWU4YzY5YTQwMjkwMTk4Y2E2fDB8MHw2Mzg4NDIxNzIxMjM1MzU1NDd8VW5rbm93bnxUV0ZwYkdac2IzZDhleUpGYlhCMGVVMWhjR2tpT25SeWRXVXNJbFlpT2lJd0xqQXVNREF3TUNJc0lsQWlPaUpYYVc0ek1pSXNJa0ZPSWpvaVRXRnBiQ0lzSWxkVUlqb3lmUT09fDB8fHw%3d&sdata=K0lhRGlIVHJOV0kxbXFNdFZDbDJzcGZDcklIRjB6cjZteHNYdDFMM1B3VT0%3d)

**Appendix D Equality and Quality Impact Assessments**

**QIA**

[Internal Link to ICB QIA policy](https://cheshireandmerseysidenhsuk.sharepoint.com/Guidance%20policies%20and%20standards/Forms/AllItems.aspx?id=%2FGuidance%20policies%20and%20standards%2FProject%20Management%20Office%2FCheshire%20and%20Merseyside%20QIA%20Policy%20v2%2E0%2Epdf&parent=%2FGuidance%20policies%20and%20standards%2FProject%20Management%20Office)

It is acknowledged that Equality and Quality assessments are interdependent in ensuring that tackling unmet needs and health inequalities remain a fundamental principle of all work Cheshire and Merseyside ICS undertakes, the Quality Impact Assessment should also jointly consider a completed Equality Impact Assessment.

**Equality Impact Assessments - Initial Screening Assessment (STEP 1 Assessment)**

As public body organisations 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:

* Relevance of proposals/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.

**Who will any service change decisions impact upon** (Actual and potential impact)

* Service Users or Patients
* Wider Local Community
* Local Authority
* Other Public Sector Organisations
* NHS providers (including Primary Care)
* Other Providers (VCSE providers, Private Providers)
* Other-Voluntary / Community groups
* Could there be an existing or potential negative impact on any of the protected characteristic groups?
* Has there been or likely to be any staff/patient/public concerns?
* Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?
* Could this piece of work affect the workforce or employment practices?

Does the piece of work involve or have a negative impact on:

* + *Eliminating unlawful discrimination, victimisation and harassment*
  + *Advancing quality of opportunity*
  + *Fostering good relations between protected and non-protected groups in either the workforce or community*

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 this conclusion:

***If you have answered yes to any of the above in relation to the service change proposal you will need to complete a Full ‘Equality Impact Assessment.’***

**Internal proposals** - will need to follow the ICB’s Equality Impact Assessment process this can be found on the staff SharePoint site. Evidence that the EIA has been completed will need to be submitted to the ICB’s EIA/QIA panel ahead of any submission to the service change panel.

**External proposals** - Where possible all assessments will be completed utilising the ICB’s standardised template however, we appreciate providers may already have established processes for completing assessments. Evidence that the EIA has been completed will need to be submitted to the ICB’s EIA/QIA panel ahead of any submission to the service change panel.

**Health and Wellbeing Scrutiny Committees** -It is recognised that local Scrutiny Committees must be engaged when public consultation is required on any proposed change the service change panel following recommendations from the EIA/QIA process will pay due regard to this requirement.

**Quality Impact Assessments**

Quality Impact Assessments are undertaken when making commissioning decisions (investment and disinvestment), developing business cases, projects and other business plans. It applies to all staff that undertake Quality Impact Assessments, as well as those who scrutinise and approve Quality Impact Assessments.

**Definitions:**

**Quality:**

Quality in health and care services embraces three key components:

* **Patient Safety:** Care is delivered with an ethos of avoiding harm and any risks to

individual’s safety.

* **Effectiveness of care:** Care is delivered according to the best evidence as to what is clinically effective in improving an individual’s health outcomes.
* **Patient and Carer Experience:** Care is delivered to provide the individual with a

positive experience of receiving and recovering from the care, including being

treated according to what that individual wants or needs, with compassion, dignity

and respect.

**Quality Impact Assessment (QIA):**

Refers to a continuous process to ensure that commissioning decisions, business cases, projects and other business plans are assessed for the potential consequences on quality with any necessary mitigating actions outlined in a uniformed way. It ensures a consistent approach to assessing the impact of a service change.

The QIA process must be undertaken as soon as possible and before the service change

is considered. Where there may be implication in relation to the sharing/ processing of data, a Data Protection Impact Assessment Checklist must be completed for all projects and submitted separately.

**Data Protection Impact Assessment (DPIA)** is a process that helps an organisation to

identify privacy risks and ensure lawful practice when a new project is designed, or changes are made to a service. The purpose of the Data Protection Impact Assessment

is to ensure that privacy and data risks are minimised while allowing the aims of the

project to be met whenever possible.

**When should a DPIA Be completed**

At the beginning of any new arrangement and before any data processing takes place, a DPIA must be completed. A DPIA is mandatory when processing is “likely to result in a high risk.” This includes:

* The systematic evaluation of Personal Data by means of automated processing whereby decisions are taken which have a legal effect on the Data Subject.
* Processing on a large scale of special categories of Data; and
* Systematic monitoring of publicly accessible areas on a large scale.

In determining whether processing is “likely to result in a high risk,” the following factors must be considered:

* Evaluation or scoring.
* Automated decision making with legal or similar significant effect.
* Systematic monitoring.
* Sensitive Data or Data of a highly personal nature.
* Data processed on a large scale.
* Matching or combining datasets (for example, if you need to merge or combine data sets that would not normally be available together for statistical reporting).
* Data concerning vulnerable Data Subjects.
* Innovative use or applying new technological or organisational solutions.
* When the processing in itself “prevents data subjects from exercising a right or using a service or a contract.”

A DPIA does not need to be carried out:

* Where processing is not “likely to result in a high risk to the rights and freedoms of natural persons;” and
* When the nature, scope, context and purposes of the processing are similar to the processing for which an existing DPIA has been conducted.

A single DPIA can be used to assess multiple processing operations that are similar in terms of nature, scope, context, purpose, and risks.

**Internal proposals** - will need to follow the ICB’s Quality Impact Assessment policy this can be found on the staff SharePoint site. This policy should be read in conjunction with the ICB Equality Impact Assessment processes and aligned where possible. Evidence that the QIA has been completed will need to be submitted to the ICB’s EIA/QIA panel ahead of any submission to the service change panel.

**External proposals** - where possible all assessments should be completed utilising the ICB’s standardised template however, recognising providers may already have established processes for completing assessments we want to avoid any unnecessary duplication. Evidence that the QIA has been completed will need to be submitted to the ICB’s EIA/QIA panel ahead of any submission to the service change panel.

[qia@cheshireandmerseyside.nhs.uk](mailto:qia@cheshireandmerseyside.nhs.uk)

**Appendix E**

**Service Change Panel – proposal assessment sheet**

|  |  |  |
| --- | --- | --- |
| **Service Name** | |  |
| **Provider/s (and any sub-contractors)** | |  |
| **Financial Value** | |  |
| **Other Headline Contract Issues (Length, expiration)** | |  |
| **Approximate Number of Patients Annually** | |  |
| **EIA and QIA completed YES/NO** | | **Communications and Involvement plan YES/NO** |
| **Checklist** | **Panel responses and Recommendations** | |
| **Principal driver/s for proposed Service change:** As per Service change policy |  | |
| **Service impact:**   * Provider * Wider Health Market Economy * Integration * Performance * Clinical effectiveness NICE guidance etc. |  | |
| **Impacts across the system:**   * Does this impact other Patient pathways * Interdependent services including Primary Care and VCFSE |  | |
| **Financial impact**   * Total savings and timescales to realise * Consider any shift in costs between organisations * Any “hidden” financial impacts * TUPE * Stranded costs |  | |
| **Contractual /procurement**(describe considerations including concerns barriers, mitigations and proposed compliant procurement route) |  | |
| **Impact on Patients and continuity of care:**  Is this likely to be a positive/negative/neutral change for service users? |  | |
| **Quality and Equality:** (consider and document recommendations from EIA/QIA panel - concerns regarding Health inequalities and Social Value |  | |
| **Other concerns/Impacts/Risks:**  Any areas not covered elsewhere |  | |
| **Additional project resources and capacity to deliver proposal:**  i.e. commissioner input, comms and engagement etc. |  | |
| **What level of involvement is required?**   * Public * Partner   Is more formal consultation likely to be required. Does the involvement need considering alongside other similar changes the panel is aware of. |  | |
| **Summary recommendations** | | |
|  | | |