NHS
Kernow
Clinical Commissioning Group

Title:	**Commissioning Service Review Policy and Procedure**
Name of originator/author:	Drew Wallbank
Name of directorate:	Commissioning
Procedural document type:	Policy
Review frequency	Three years
Date ratified:	6 February 2018
Review date:	November 2020
Expiry date:	February 2021
Ratified by:	Governing Body
Target audience:	All staff
FOI:	Yes

Version control

Revision date	Version no	Summary of changes	Changes by
	1.0	Original version agreed by Governing Body (GB)	
24/05/2016	1.1	Decommissioning, disinvestment and deflation definitions Change of policy name Incorporates decommissioning proposals already agreed via Procurement Committee or GB into the CPG process Comms and engagement processes Greater clarity on decision making required by Governing Body	Trudy Corsellis
20/11/2016	1.2	Policy being reviewed as per original expectation; now moves to an annual review cycle Policy no longer considered “interim” Seeks delegated approval for CPG to agree move from initial assessment to full impact assessment without consideration by the Governing Body “Managing Director” replaced with “Chief Officer”	Trudy Corsellis
06/12/2016		Policy ratified at the Governing Body meeting	
08/12/2017		Move to three year review, change to job titles, clarity regarding engagement and consultation	Trudy Corsellis
06/02/2018	3	Policy ratified at the Governing Body meeting	

NHS
Kernow
Clinical Commissioning Group

Contents

NHS
Kernow
Clinical Commissioning Group

Executive summary

It is important for NHS Kernow Clinical Commissioning Group (NHS Kernow) to demonstrate that it is making the most effective use of public money to commission the right care, in the right place, at the right time; within the context of our resources, and in order to deliver our statutory responsibilities in meeting the health needs of Cornwall and the Isles of Scilly.

To ensure that limited resources are consistently directed to the highest priority areas, the Clinical Commissioning Group (CCG) has identified the need to develop a Commissioning Service Review Policy and Procedure that sets out the agreed principles for decommissioning or disinvesting in a service, so that funds can be redirected where appropriate. This policy will be reviewed and revised subsequent to the strengthening of internal governance and decision-making structures, at which point the Commissioning Priorities Group will be discontinued.

NHS Kernow will ensure that our commissioning decisions take account of clinical and cost-effectiveness and are made on the information and evidence available to us. The decisions will follow a defined process with clear lines of accountability and responsibility. These include consideration as to whether a consultation/engagement exercise is required with partner organisations, patients, public and the Health and Social Care Scrutiny Committee (HSCSC).

The CCG is committed to the proportional engagement of patients, carers, the public and wider stakeholders at all stages of commissioning. As part of this the CCG will communicate clearly, fully and continuously with all stakeholders before, during and following any decision to decommission or disinvest services. Decommissioning is as an important part of the commissioning cycle as commissioning services.

For the purpose of this policy the following definition has been applied:

- **Decommissioning:** This relates to the withdrawal of funding from a provider organisation that is subsequently re-commissioned in a different format.
- **Deflation:** This relates to the withdrawal of funding from a provider organisation with no change to the service specification.
- **Disinvestment:** This relates to where funding is withdrawn from a provider and the service ceased.

For the purposes of the majority of this document decommissioning also encompasses deflation and disinvestment. However, it is important to differentiate between the three terms when establishing the roles and responsibilities of the Governing Body and Commissioning Priorities Group.

1. Introduction

NHS Kernow's long term commissioning strategy and financial challenges require clarity on when and how services should be decommissioned and a robust procedure that will be adopted to ensure these decisions are rational and properly managed.

This policy and procedure is to be used whilst governance arrangements and internal decision-making structures are strengthened within the organisation.

Following any service review a number of options will be available to NHS Kernow. These will include:

1. Continue to monitor the service in line with the commissioning cycle;
2. Pursue improved outcomes through decommissioning (and in parallel re-commissioning) or deflation; and
3. Disinvest from the service.

This document describes:

- The approaches that will be used to identify services that require review;
- How the 'Case for Change' will be produced; and
- Roles and accountability for decision making.

The Commissioning Service Review Policy and Procedure is to be applied when making both clinical and non-clinical decommissioning decisions.

2. NHS Kernow's approach to the review of services

The aim of this policy is to:

- Provide a rationale and process to allow services to be identified for review prior to any decision to decommission;
- 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 commissioning strategy and Financial Recovery Programme (FRP) 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;
- Ensure all decommissioning decisions take into account the information available to us and follow a set procedure agreed by the CCG Governing Body and its associated sub-committees; and
- Ensure the safety of patient remains paramount.

3. Structure, roles and responsibilities

NHS Kernow acknowledges the right and role of the Commissioning Priorities Group to identify services that should be considered for decommissioning.

3.1 The Governing Body

The Governing Body, as the legally accountable body for NHS resources in Cornwall and the Isles of Scilly, will ultimately take the decision with regard to the decommissioning of any service following the criteria and process set out in this document. Consultations will be carried out with the public/partners/providers; this will be informed through statutory and best practice requirements.

3.2 The Commissioning Priorities Group (CPG)

The CPG is the key mechanism for discussion and proposals regarding service reviews. Its membership may include:

- Lay Member for Governance and Audit Committee (Chair);
- Governing Body GP (Vice Chair);
- CCG Chief Finance Officer or deputy;
- One lay advisor (Lay member for patient and public involvement);
- Two Governing Body GP members (one of whom is the Vice Chair);
- One Clinical Lay member;
- CCG Deputy Director of Business Intelligence, Commissioning Finance and Contracting Management;
- CCG Director of Integrated Commissioning; and
- Deputy Director of Corporate Governance.

To be quorate, membership shall be:

- Chair or Deputy Chair;
- Chief Finance Officer or Deputy Chief Finance Officer; and
- Governing Body member (clinical).

It will:

- Consider Initial Assessments (IAs) and determine whether to proceed with Full Impact Assessments (FIAs);
- Review Full Impact Assessment proposals for decommissioning;
- Identify which services will be subject to further work through the decommissioning procedure;
- Provide assurance that proposals are evidence based and are compliant with the law, good practice and this policy/procedure;
- Use the Initial Assessment (IA) scoring framework to moderate scores and determine whether a Full Impact Assessment (FIA) is required; and

- Make recommendations for decommissioning to the Governing Body

It will operate under the following principles:

- Any conflict of interest will be declared;
- The process will be clear and transparent;
- All areas of spend will be considered;
- Consideration will be given to consequences (clinical, financial or otherwise);
- Work will seek to maximise in year savings but cannot ignore areas with longer term opportunities;
- Proposals must consider the trade-off between scale of benefit and resource required to implement;
- Recommendations should not undermine the CCG's longer term plan or Commissioning Strategy;
- Recommendations must be evidently reasonable; and
- Recommendations must be compliant with CCG statutory duties and responsibilities.

3.3 CCG Senior Responsible Officers

The CCG Senior Responsible Officers (SRO) are responsible for the commissioned service. For the purposes of this document the SRO will be the budget holder/Director. SRO's are required to undertake the following actions:

- Identify services for consideration of decommissioning, deflation or disinvestment;
- Provide an IA of the service to be reviewed;
- Provide a FIA regarding potential decommissioning, deflation or disinvestment
- Develop the case for change;
- Assist the CPG in its recommendation to the Governing Body on the decommissioning, deflation or disinvestment of a service (noting that deflation decision can be made by CPG where not considered contentious);
- Ensure that the evidence behind why the case being proposed for a decommissioning decision is clear and appropriate;
- Ensure compliance with Section 14Z2 of the Health and Social Care Act 2012 – regarding public involvement and consultation by CCGs;
- Ensure appropriate communications with other stakeholders and through the Communications and Engagement teams, where required; and
- Secure any appropriate legal advice.

4. Commissioning service review procedure

See flowchart at Appendix A.

1. Identification of service for review (Initial Assessment);
2. Approval to proceed by Commissioning Priorities Group;
3. Full Impact Assessment;

4. Engagement (or consultation, as required) process;
5. Commissioning Priorities Group final recommendation;
6. Governing Body approval/non-approval;
7. Implementation; and
8. Exit.

[Note 1: Where potential decommissioning decisions have already been formally taken, for example by the Governing Body or the Procurement Committee, these services shall move immediately to the production of an FIA and not be subject to the need for an IA.]

4.1 Identification of service for review

The SRO will:

- Identify services subject to review
- Conduct an Initial Assessment (Appendix B) to recommend:
    - Continue to monitor the service in line with the commissioning cycle
    - Pursue improved outcomes
    - Further enquiry into decommissioning the service
- Submit this to the CPG where approval to proceed further (to Full Impact Assessment) will be sought

The SRO will complete a Full Impact Assessment for presentation to the CPG.

4.2 Full Impact Assessment

The Full Impact Assessment (see Appendix C) will identify the anticipated or actual impacts of any decommissioning on health, social, economic and workforce and will include reference to:

- Health outcomes – the effect on health outcomes will be assessed to identify potential adverse consequences of disinvestment or decommissioning and what might to done to minimise them.
- Quality of services – to ensure that the quality of services will not deteriorate following any proposed changes.
- Equality and diversity implications – underpinned by the principle that people should have access to health care on the basis of need (enshrined in law there are a number of identified protected groups, categories of the population that require specific consideration).

In addition to the above, the SRO will consider the following areas:

- Workforce implications;
- Market implications;
- Geographic implications e.g. impact on transport links etc.;
- Value for money;

- Impact on partner organisations;
- Impact on patients and public; and
- Political implications.

The aim of these assessments is to identify services which:

- No longer meet the needs of the population;
- Are of low quality;
- Do not demonstrate value for money;
- Not a current priority;
- Are of high expenditure and low outcomes;
- Have continued poor performance identified through the contract monitoring process and / or feedback from patients, public and partners;
- Are not sufficiently meeting the health needs of the population;
- Do not maximise the health gain that could be achieved by reinvesting the funding elsewhere; and
- Do not meet the standards of a modern NHS as defined by:
  - Professionally driven change i.e. a provider driven business case which delivers modern innovative service;
  - Nationally driven change i.e. national policy or guidance requires change in service delivery; and
  - The service is one with limited clinical evidence, quality or safety.

4.2.1 Tools which can be used in identifying 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 contracts and expenditure against measurable health outcomes.

As a matter of policy the CCG will prioritise those areas where high expenditure and low outcomes are identified to enable / undertake a further analysis into the provision of commissioned services. Appendix D provides a further list of available tools which may be utilised.

4.3 Commissioning Priorities Group recommendation

Once the Full Impact Assessment has been prepared it will be presented to the CPG for review.

The following will be considered by the CPG when developing the case for change:

- Gaps in care created by decommissioning or disinvesting the service;
- Managing the negative impact on the services identified for potential decommissioning and mitigating against them;
- Patient experience;
- Any positive or negative impact on patient care and the wider community (i.e. carers); and

- The potential destabilising effect on other services and organisations e.g. Cornwall Council commissioned services.

If so required, the SRO will further develop the assessments and represent to the CPG for further review and recommendation.

Making good decisions regarding health care priorities involves the exercise of fair and rational judgment and at times discretion.

Although there is no single objective measure on which such recommendations can be based, these will be fully informed taking into account the needs of individuals and the community, Whilst recognising the CCG need to achieve a financial balance, its discretion will be affected by factors such as the NHS Constitution, National Planning Framework, NICE technology appraisal guidance and Secretary of State Directions to the NHS.

The CPG will adopt a robust approach to its decommissioning recommendations by ensuring decisions are lawful and consistent.

This will be achieved by:

- Providing a coherent structure for discussion, ensuring all important aspects of each issue are considered prior to decisions being made;
- Assuring that appropriate engagement has taken place;
- Promoting fairness and consistency in decision making and with regard to different clinical topics, reducing the potential for inequity;
- Providing a means of explaining the reasons behind the decisions made;
- Managing the risk of judicial review by implementation of robust decision-making processes that are based on evidence of clinical and cost effectiveness and adopting a decision making framework so that decisions are made in a manner which is fair, rational and lawful;
- Ensuring the vision, values and goals of the CCG are reflected in business decisions; and
- Ensuring any perceived or actual conflicts of interest are identified.

The CPG has delegated responsibility to make the following decisions:

1. SRO to continue to monitor the service;
2. SRO to pursue improved outcomes (via deflation and/or decommissioning and re-commissioning to an amended service specification) unless Health and Social Care Scrutiny Committee (HSCSC) involvement is required; and
3. Recommendation to Governing Body for:
    a) Disinvesting the service;
    b) Decommissioning / deflation of services which are considered a material change of service requiring HSCSC involvement; and
    c) Decommissioning / deflation of services decisions which are deemed a relatively large financial value.

All in accordance with appropriate engagement processes.

Members of the GB reserve the right to request any or all FIAs are returned to the meeting for their approval.

4.3.1 Proposal for decommissioning/deflation/disinvesting the service

The CPG may use the following criteria to inform its decisions regarding a proposed decommission or disinvestment:

- A needs assessment demonstrates existing services are not meeting the health needs of the population;
- The service is unaffordable;
- 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 service was made on assumptions that have not realised;
- 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;
- The investment in a service does not maximise the health gain that could be achieved by reinvesting the funding elsewhere;
- Service fails to meet the standards of a modern NHS as defined by the NHS Constitution, professionally driven change and nationally driven changes;
- The service is unable to demonstrate clinical and cost effectiveness;
- The service provided is no longer the statutory responsibility of the CCG;
- The service is no longer shown to be a component of the CCG's core provision;
- The service is unsafe or of poor quality; and
- As part of a commissioning or market management strategy.

Engagement is an essential element of decommissioning and will form part of the FIA process or where services are re-commissioned as part of improving outcomes. **No disinvestment of the service will commence until the relevant engagement process has ended.**

4.4 Engagement process

Following a decision to review a service, advice on engagement should be sought from the Engagement team.

The engagement will include the appropriate methods and timescales to engage with the public, patients, providers and stakeholders.

The CCG will communicate clearly, fully and continuously with the provider of the service and all stakeholders following any proposal for potential decommissioning or disinvestment of services. **Ten operational days** will be allowed for this communication and any resulting queries from the provider and local stakeholders shall be used to inform the Governing Body's decision making process.

For any substantial service change an **appropriate period of consultation** will be undertaken before any decision to disinvest or decommission is made. The feedback from all statutory and non-statutory consultation will be fully reviewed and analysed and will be used to assist in the decision making process.

Formal public consultation in line with Health and Social Care Scrutiny Committee guidelines will take place where the decommissioning or disinvestment of the service or contract results in a material change (except when the service is re-commissioned by Any Qualified Provider procurement). Relevant guidance, changes in accessibility of services, methods of service delivery, the number of patients affected and the impact of the proposal on the wider community will be considered when determining what constitutes a material change.

https://www.gov.uk/government/publications/advice-to-local-authorities-on-scrutinising-healthservices

Proposed changes will occur where:

- There is insufficient need/demand to warrant the current volume of service and/or number of providers;
- The service is no longer a clinical priority and is classed as 'non-essential'; and
- A mismatch is demonstrated between need and the current profile of services following a health needs assessment.

The SRO will review the results of the engagement process and incorporate the outcomes of the results when presenting to the CPG and/or Governing Body.

4.5 Commissioning Priorities Group final recommendation

Having completed the FIA and undertaken appropriate engagement, the SRO will present a final report to the CPG. Based upon the information received the CPG will agree a recommendation which will first be shared with the provider so as to enable them to raise any final matters. As outlined above, the Provider must submit any additional information within 10 days of receiving notification of the final recommendation.

The CPG's recommendation will be presented to the Governing Body along with any additional information received by providers.

If, at a subsequent date and for whatever reason, any CPG recommendation has changed and the service is to continue rather than be decommissioned, this will be reported (with the reason) to the Governing Body.

4.6 Governing Body Approval

The Governing Body, as the legally accountable body in Cornwall and the Isles of Scilly, will ultimately make the decision with regard to the disinvestment of any service (including proposed decommissioning proposals requiring Health and Social Care Scrutiny Committee involvement) following the criteria and process set out in this policy.

The Governing Body will make the appropriate decision following their review of the information:

1. **Non approval to the disinvestment / decommission / deflation recommendation:** If the Governing Body does not agree to the recommendation relating to the service, this outcome will be communicated back to the CPG, the provider and the local stakeholders. The SRO shall complete these actions.
2. **Approval to the disinvestment / decommission / deflation recommendation:** If the Governing Body agrees to the disinvestment/decommission/deflation of the service, this outcome will be communicated back to the CPG, the provider and the local stakeholders. The SRO shall complete these actions.
3. **Request more information:** The Governing Body may request more information if they are unable to make a final decision, this will developed and presented back to the Governing Body within the agreed time period.

4.7 Implementation

4.7.1 Actions subsequent to approval to disinvest / decommission

Following the Governing Body's decision to decommission, disinvest or deflate, the CCG will:

- Notify providers of the decision within 48 hours of the Governing Body meeting
- Communicate more widely via the CCG's website within 72 hours.

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

The CCG, in line with the approach for transparency and openness, will provide intelligence to the provider (as part of the notification letter) as to why the service has been decommissioned or ceased through disinvestment, i.e. the decommissioning / disinvestment of a service has been based on assessment of the current providers' performance, value for money and the need for service redesign to improve services for patients.

The CCG will also communicate clearly what 'next steps' will be undertaken in the process.

4.8 Exit process

The provider (following notification of a decision to decommission) will provide the CCG with an 'Exit/Transition Plan' outlining actions required by both parties for smooth service cessation.

The plan will cover at a minimum:

- Patient continuity of care;
- Patient records (if applicable);
- Staff;
- Estate;
- Equipment; and
- Stock (where funded by the commissioner).

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

Decommissioning of any service will be managed in line with the "Principles and Rules for Cooperation and Competition" regulation (2012) and related Monitor Guidelines.

https://www.gov.uk/government/publications/principles-and-rules-for-cooperation-and-competition

Disinvestment of any decommissioned service will also be processed in line with NHS Kernow Standing Orders and Prime Financial Polices. In addition, an assessment of potential contestability should be undertaken in line with the CCG procurement strategy.

4.9 Recordkeeping and reporting

An auditable record/trail of all decision making and all communications relating to each decommissioning decision and contract termination will be kept by the CPG.

This is vital, both to demonstrate that the decommissioning process was robust and transparent, and as evidence in the event of any challenge, legal or otherwise.

The CPG will provide monthly reports to the Governing Body detailing:

- What decisions have been made and why; and
- Any themes/concerns arising from these.

4.10 Appeals process

Providers may appeal against a decision taken by the Governing Body to disinvest, decommission or deflate prices in a service area. An appeal may only be made where it is believed due process has not been followed correctly.

Any appeal should be made in writing and received within 10 working days of the Governing Body decision being confirmed with the provider. It should be addressed to the CCG's Board Secretary and sent to the following address: NHS Kernow, Sedgemoor Centre, Priory Road, St Austell, PL25 5AS.

The appeal, overseen by NHS Kernow's Chief Officer and including supporting Officers as appropriate, shall consider:

- Was due process followed?
- Did the CCG follow its own policies and procedures?
- Did the Commissioning Priorities Group take into account all of the relevant information available at the time in making its recommendation, and, did the Governing Body take into consideration additional information offered by providers prior to reaching its decision?
- Was the decision reasonable and in line with the evidence?

The appeal process may involve questioning members of the Commissioning Priorities Group or those individuals involved in the production of the associated Initial Assessments and Full Impact Assessments.

NHS Kernow's Chief Officer, as part of the appeal, may decide to:

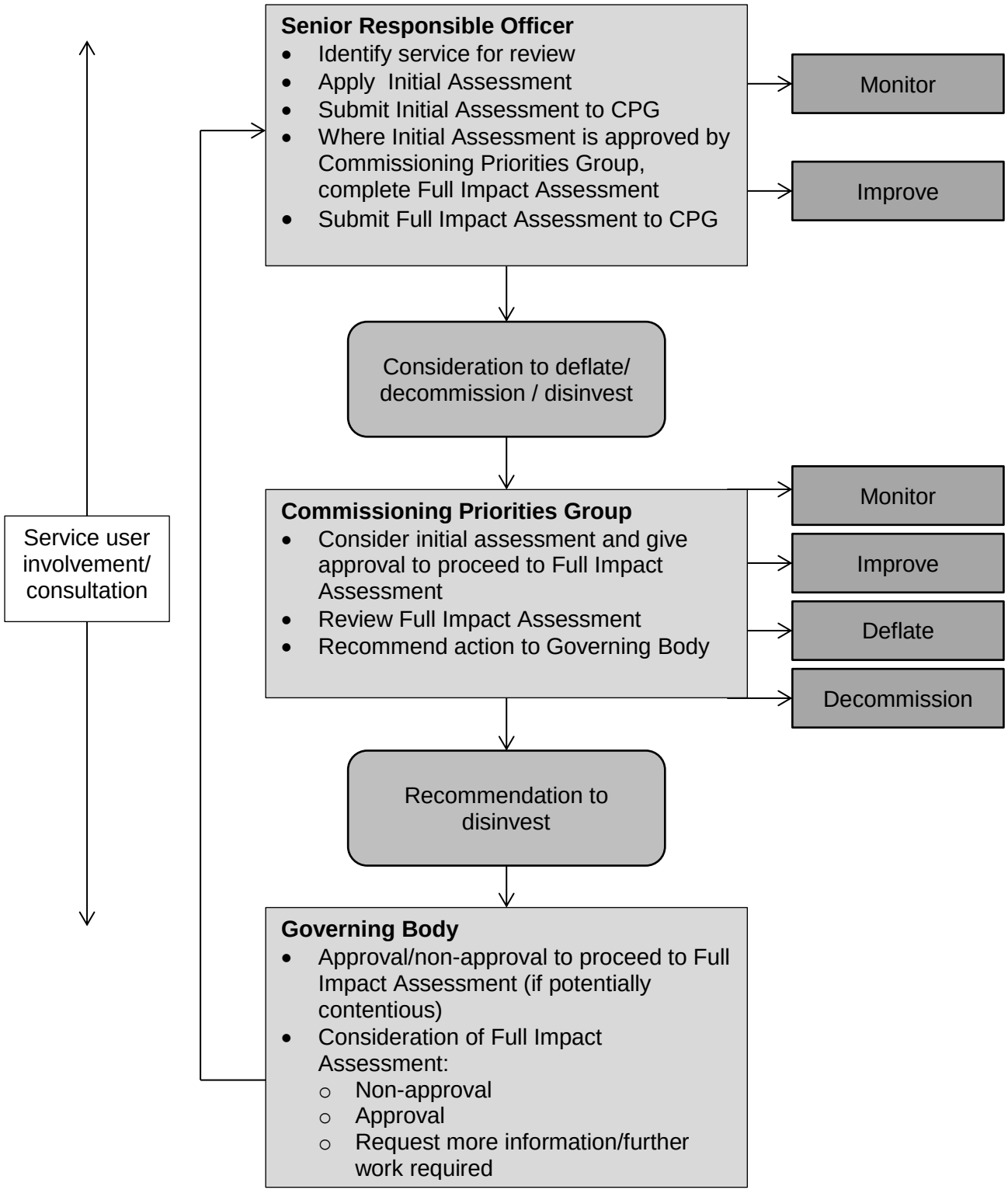
- Uphold the original decision; or
- Refer it back to the Governing Body for reconsideration.

The Chief Officer, or designated officer, will typically inform the provider of the outcome of the appeal within 15 working days. Should the matter be referred for reconsideration to the Governing Body (GB) the timeframe may take slightly longer depending upon the GB meeting schedule.

NHS
Kernow
Clinical Commissioning Group

Appendix A: Commissioning Service Review Procedure flowchart

Note: Revised following agreed changes to Commissioning Services Policy at Governing Body in December 2016.



Appendix B: Initial Assessment

The latest Initial Assessment is available on the Document Library:
https://doclibrary-kccg.cornwall.nhs.uk/DocumentsLibrary/KernowCCG/WebDocuments/Internet/Finance/InterimDecommissioningPolicyAppendixBInitialAssessment.xls

Or you can search for “Initial Assessment” on the Document Library:
https://doclibrary-rcht.cornwall.nhs.uk/kernowccg/DocumentBrowse.aspx

Appendix C: Full Impact Assessment

The latest Full Impact Assessment is available on the Document Library: https://doclibrary-kccg.cornwall.nhs.uk/DocumentsLibrary/KernowCCG/ManagingInformation/Guidance/ComprehensiveImpactAssessmentTemplate.xlsx

Or you can search for “Impact Assessment” on the Document Library: https://doclibrary-rcht.cornwall.nhs.uk/kernowccg/DocumentBrowse.aspx

Appendix D: Service review tools

Mosaic
Mosaic is a national geo-demographic segmentation that splits the UK population into 11 groups and 61 types based on national characteristics. Mosaic enables us to gain a greater understanding of the differing health need of the local population and supports commissioners to consider whether services are placed in appropriate locations, are being advertised appropriately and are being accessed by those that need it. The utilisation of services by their target population groups will be a consideration when making decommissioning or disinvestment decisions.

NHS Comparator
https://nww.nhscomparators.nhs.uk/
NHS Comparators data provided analysis of quarterly inpatient activity and expenditure data by programme budget at England, a SHA, previous PCT and Practice level. Prescribing expenditure and volume data linked to programme budget are also available. NHS Comparators allow commissioners to track expenditure and outcomes over time.

Programme Budgeting
Programme budgeting information is used to examine the current deployment of resources, and to make decisions on how resources should be invested to achieve better value outcomes. There are a number of tools that can be used to consider areas for review including the Department of Health benchmarking toolkit: http://www.networks.nhs.uk/nhs-networks/health-investment-network/news/2011-12-programmebudgeting-data-now-available - this toolkit provides a means of considering our expenditure compared to other trusts both locally and nationally.

Programme Budgeting Atlases
http://www.rightcare.nhs.uk/index.php/nhs-atlas
Programme budgeting expenditure has also been linked to health outcomes, Quality Outcomes Framework (QOF) data and Hospital Episodes Statistics (HES) activity in the Programme Budgeting Atlases.

These interactive atlases present programme budgeting expenditure data alongside clinical and health outcome indicators in a user friendly graphical format that can be used to support commissioners when considering areas for service review. The link above takes the user to the Information Centre website where the interactive atlas can filter and benchmark outcome indicators

Spend Outcomes Tool
The Spend and Outcomes tool (SPOT) was developed by the Association of Public Health Observatories. The tool allows comparison between expenditure and outcome data for each of the Programme Budget disease categories on a single page.

It is interactive and allows the selection of different outcome measures and different views of the data, including a comparison with any other organizations therefore enabling the ability to identify areas of expenditure that warrant further investigation. Data is at previous PCT level.

Ssentif Benchmarking System
The Ssentif benchmarking website which enables benchmarking outcomes and expenditure against other trusts / providers both locally and nationally.

.

NHS
Kernow
Clinical Commissioning Group

Appendix E: Completed Equality Impact Assessment

Officer responsible for the assessment			Drew Wallbank, Exceptional Treatments Manager		
Name of Policy to be assessed	**Commissioning Service Review Policy and& Procedure**	**Date of Assessment**	Updated December 2016	**Is this a new or existing policy?**	Existing
1. Describe the aims, objectives and purpose of the policy.	The Policy and Procedure sets out the agreed principles for reviewing the services NHS Kernow commissions with a view to monitoring, improving, deflating, decommissioning or disinvesting. It also provides a set of tools to support the process.				
2. Are there any associated objectives of the policy? Please explain.	To commission effective and safe services.				
3. Who is intended to benefit from this policy, and in what way?	NHS Kernow staff, service providers and service users.				
4. What outcomes are wanted from this policy?	Robust governance surrounding commissioning decisions.				
5. What factors/ forces could contribute/ detract from the outcomes?	It offers assurance there is a robustly governed process. It contributes towards the contract management process. Not following a prescribed policy could place the CCG at risk of challenge.				
6. Who are the main stakeholders in relation to the policy?	'Senior Responsible Officers', the Commissioning Priorities Group, service providers and the Governing Body.	7. Who implements the policy, and who is responsible for the policy?	The Policy and its process is managed by the Corporate Governance Team.		
8. What is the impact on people from Black and Minority Ethnic Groups (BME) (positive or negative)? *Consider relevance to eliminating unlawful discrimination, promoting equality of opportunity and promoting good race relations between people of different racial groups. Issues to consider include people's race, colour and nationality, Gypsy, Roma, Traveller communities, employment issues relating to refugees, asylum seekers, ethnic minorities, language barriers, providing translation and interpreting services, cultural issues and customs,*	The policy provides the principles and procedures to support potential decisions to deflate/decommission/disinvest from specific services. It states each of those individual decisions will be subject to an Equality Impact Assessment (EIA) which will consider the impact around this protected characteristic.				

access to services.	
How will any negative impact be mitigated? That will be identified and addressed in the EIA (full impact assessment) which takes place.	
9. What is the differential impact for male or female people (positive or negative)? *Consider what issues there are for men and women e.g. responsibilities for dependants, issues for carers, access to training and employment issues, attitudes towards accessing healthcare.*	The policy provides the principles and procedures to support potential decisions to deflate/ decommission/ disinvest from specific services. It states each of those individual decisions will be subject to an Equality Impact Assessment (EIA) which will consider the impact around this protected characteristic.
How will any negative impact be mitigated? That will be identified and addressed in the EIA (full impact assessment) which takes place.	
10. What is the differential impact on disabled people (positive or negative)? *Consider what issues there are around each of the disabilities e.g. access to building and services, how we provide services and the way we do this, producing information in alternative formats and employment issues. Consider the requirements of the NHS Accessible Information Standard. Consider attitudinal, physical and social barriers. This can include physical disability, learning disability, people with long term conditions, communication needs arising from a disability.*	The policy provides the principles and procedures to support potential decisions to deflate/ decommission/ disinvest from specific services. It states each of those individual decisions will be subject to an Equality Impact Assessment (EIA) which will consider the impact around this protected characteristic.
How will any negative impact be mitigated? That will be identified and addressed in the EIA (full impact assessment) which takes place.	
11. What is the differential impact on sexual orientation? *Consider what issues there are for the employment process and training and differential health outcomes amongst lesbian and gay people. Also consider provision of services for e.g. older and younger people from lesbian, gay, bi-sexual. Consider heterosexual people as well as lesbian, gay and bisexual people.*	The policy provides the principles and procedures to support potential decisions to deflate/ decommission/ disinvest from specific services. It states each of those individual decisions will be subject to an Equality Impact Assessment (EIA) which will consider the impact around this protected characteristic.
How will any negative impact be mitigated? That will be identified and addressed in the EIA (full impact assessment) which takes place.	
12. What is the differential impact on people of different ages (positive	The policy provides the principles and procedures to

or negative)? *Consider what issues there are for the employment process and training. Some of our services impact on our community in relation to age e.g. how do we engage with older and younger people about access to our services? Consider safeguarding, consent and child welfare.*	support potential decisions to deflate/ decommission/ disinvest from specific services. It states each of those individual decisions will be subject to an Equality Impact Assessment (EIA) which will consider the impact around this protected characteristic.
How will any negative impact be mitigated? That will be identified and addressed in the EIA (full impact assessment) which takes place.	
13. What differential impact will there be due religion or belief (positive or negative)? *Consider what issues there are for the employment process and training. Also consider the likely impact around the way services are provided e.g. dietary issues, religious holidays, days associated with religious observance, cultural issues and customs, places to worship.*	The policy provides the principles and procedures to support potential decisions to deflate/ decommission/ disinvest from specific services. It states each of those individual decisions will be subject to an Equality Impact Assessment (EIA) which will consider the impact around this protected characteristic.
How will any negative impact be mitigated? That will be identified and addressed in the EIA (full impact assessment) which takes place.	
14. What is the impact on marriage of civil partnership (positive or negative)? NB: this is particularly relevant for employment policies *This characteristic is relevant in law only to employment, however, NHS Kernow will strive to consider this characteristic in all aspects of its work. Consider what issues there may be for someone who is married or in a civil partnership. Are they likely to be different to those faced by a single person? What, if any are the likely implications for employment and does it differ according to marital status?*	The policy provides the principles and procedures to support potential decisions to deflate/ decommission/ disinvest from specific services. It states each of those individual decisions will be subject to an Equality Impact Assessment (EIA) which will consider the impact around this protected characteristic.
How will any negative be mitigated? That will be identified and addressed in the EIA (full impact assessment) which takes place.	
15. What is the differential impact who have gone through or are going through gender reassignment, or who identify as transgender? *Consider what issues there are for people who have been through or a going through transition from one sex to another. How is this going to affect their access to services and their treatment when receiving NHS care? What are the likely implications for employment of a transgender person? This can include issues such as privacy of data and harassment.*	The policy provides the principles and procedures to support potential decisions to deflate/ decommission/ disinvest from specific services. It states each of those individual decisions will be subject to an Equality Impact Assessment (EIA) which will consider the impact around this protected characteristic.
How will any negative impact be mitigated? That will be identified and addressed in the EIA (full impact assessment) which	

takes place.	
16. What is the differential impact on people who are pregnant or breast feeding mothers, or those on maternity leave? *This characteristic applies to pregnant and breast feeding mothers with babies of up to six months, in employment and when accessing services. When developing a policy or services consider how a nursing mother will be able to nurse her baby in a particular facility and what staff may need to do to enable the baby to be nursed. Consider working arrangements, part-time working and infant caring responsibilities.*	The policy provides the principles and procedures to support potential decisions to deflate/ decommission/ disinvest from specific services. It states each of those individual decisions will be subject to an Equality Impact Assessment (EIA) which will consider the impact around this protected characteristic.
How will any negative impact be mitigated? That will be identified and addressed in the EIA (full impact assessment) which takes place.	
17. Other identified groups: Consider carers, veterans, different socio-economic groups, people living in poverty, area inequality, income, resident status (migrants), people who are homeless, long-term unemployed, people who are geographically isolated, people who misuse drugs, those who are in stigmatised occupations, people with limited family or social networks, and other groups experiencing disadvantage and barriers to access.	The policy provides the principles and procedures to support potential decisions to deflate/ decommission/ disinvest from specific services. It states each of those individual decisions will be subject to an Equality Impact Assessment (EIA) which will consider the impact around this protected characteristic.
How will any negative impact be mitigated? That will be identified and addressed in the EIA (full impact assessment) which takes place.	
18. How have the Core Human Rights Values of: Fairness, Respect, Equality, Dignity and Autonomy been considered in the formulation of this policy/strategy? If they haven't please reconsider the document and amend to incorporate these values.	The policy provides the principles and procedures to support potential decisions to deflate/decommission/disinvest from specific services. It states each of those individual decisions will be subject to an assessment which will consider the core Human Rights values.

19. Which of the Human Rights Articles does this document impact?	**The right:** **Yes** • To life • Not to be tortured or treated in an inhuman or degrading way • To liberty and security • To a fair trial • To respect for home and family life, and correspondence • To freedom of thought, conscience and religion • To freedom of expression • To freedom of assembly and association • To marry and found a family • Not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention • To peaceful enjoyment of possessions • To free elections	None – see above
19a. What existing evidence (either presumed or otherwise) do you have for this?	This policy provides the principles and procedures to support potential decisions to deflate, decommission or disinvest specific services. It states each of those individual decisions will be subject to an assessment which will consider the core Human Rights Values.	
20. How will you ensure that those responsible for implementing the Policy are aware of the Human Rights implications and equipped to deal with them?	The policy makes explicit these implications are considered and provides a pro forma to aid the assessment of these issues by the Senior responsible Officer, the Commissioning Priorities Group and the Governing Body.	
21. Describe how the policy contributes towards eliminating discrimination, harassment and victimisation.	See above	
22. Describe how the policy contributes towards advancing equality of opportunity.	See above	
23. Describe how the policy contributes towards promoting good relations between people with protected characteristics.	See above	

24. If the differential impacts identified are positive, explain how this policy is legitimate positive action and will improve outcomes, services or the working environment for that group of people.	As above
25. Explain what amendments have been made to the policy or mitigating actions have been taken, and when they were made.	None
26. If the negative impacts identified have been unable to be mitigated through amendment to the policy or mitigating actions, explain what your next steps are.	N/A

Signed (completing officer): Drew Wallbank Date: 03/01/2017

Signed (Head of Section): Trudy Corsellis Date: 03/01/2017

Please ensure that a signed copy of this form is sent to both the Policies Officer with the policy and the Equality and Diversity lead.