NHS
North East and North Cumbria

Corporate	ICBP051 Decommissioning Policy

Version Number	Date Issued	Review Date
2	June 2025	April 2027

Prepared By:	Deputy Director of Strategic Commissioning.
Consultation Process:	Chief Contracting and Procurement Officer Director of Communications Strategic Head of Involvement and Engagement Deputy Director of People and Culture Director of Finance (Corporate)
Formally Approved:	June 2025
Approved By:	Executive Committee

EQUALITY IMPACT ASSESSMENT

Date	Issues
March 2023	None Identified

POLICY VALIDITY STATEMENT

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

ACCESSIBLE INFORMATION STANDARDS

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

Version Control

Version	Release Date	Author	Update comments
1	April 2023	Paul Turner, Deputy Director of Strategic Commissioning.	First Issue
2	April 2025	Paul Turner, Director of Contracting and Oversight	Review, coordinated by director of contracting and oversight but input from across ICB directorates

Approval

Role	Name	Date
Approver	Executive Committee	April 2023
Approver	Executive Committee	

Contents

1. Introduction

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

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

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

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

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

2. Definitions

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

The following terms are used in this document:

- Decommissioning – planned process of removing, reducing or replacing a service – the proposed withdrawal of the service may occur if the service no longer meets commissioning needs or if the provider wishes to withdraw.

- Termination - is cessation of a service by the ICB or the provider under the terms of the contract and the date the notice period runs from.

- Non-essential services – services deemed to be no longer serving a clinical need or not fitting with commissioning strategy.

- Material (would suggest substantial) service change – is as defined by the Health Overview and Scrutiny Committee.

- Service Providers – the commissioner's decision to decommission a service will impact upon the service provider and their employees who may face uncertain prospects. ICBs should ensure that the service provider is given sufficient notice and time to get advice on any human resources or legal advice.

- Stakeholders – stakeholders of services should be consulted and then informed as soon as possible of a decision to decommission a service. Where deemed necessary commissioners are advised to take legal advice regarding information that can be shared with stakeholders at different stages of a decommissioning process to help ensure effective planning and co-ordination.

3. Decommissioning Process

3.1 Drivers for Decommissioning

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

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

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

The drivers for proactively decommissioning a service include:

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

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

The drivers for reactively addressing decommissioning are:

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

3.2 Decommissioning Principles

The process outlined below is guided by the following principles.

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

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

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

3.3 Process

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

The decommissioning process is documented in Appendix B, the bullet points below outline in detail the steps that must be undertaken:
3.3.1 Commissioners may consider the decommissioning of a service in the following situations:

- Persistent breaches – the Provider has consistently breached the terms and conditions of the contract or the decision to decommission will be triggered by a significant event such as a Patient Safety Incident or a 'Never Event' for example.

- Notice from Provider – the Provider wishes to terminate the Contract in accordance with the terms and conditions within the Contract. A General Condition of the NHS Standard Contract enables no-fault termination of a contract and allows explicitly for immediate termination by mutual agreement.

- Benefits Analysis/Contract Review – the decommissioning and termination process may, on occasion be triggered by a contract review. These reviews are carried out within the timeframe stated in the contract particulars which both Provider and Commissioner will have agreed to prior to the contract being agreed and signed. Upon contract review the commissioner may determine that the service is no longer required/not fit for purpose and will therefore consider decommissioning the service.

3.3.2 Consider Decommissioning

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

3.3.3 Decommissioning Impact Assessment

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

Lead officers should make sure they contact relevant subject matter experts for support. In particular advice can be sought from the Nursing Directorate; and also, the Director of Health Equity and Inclusion to ensure that staff have completed a robust Equality impact assessment (EQIA).

3.3.4 Developing a Communication and Involvement Plan

Prior to requesting formal consideration and approval of the decision to decommission a service, contact should be made with the ICB communications and involvement teams to develop a communications and involvement plan. The specifics of the service and the issues regarding the proposal to decommission will determine the contents and timeline for proportionate involvement and engagement and what process will need to be followed. Decommissioning is a type of service change and as such the ICB will need to demonstrate it has shown due regard to patient engagement and the public sector equality duty, to fulfil statutory duties in the course of its decision making and mitigated concerns raised by stakeholders.

Alongside the commissioner lead, he communications and involvement teams will ensure the communications and involvement plan meets the ICB's statutory obligations. The degree of local government scrutiny (health overview and scrutiny committee (HOSC)), requirements for public involvement (including formal consultation) and regional or national assurance will vary depending on the specifics of the change. Where relevant, guidance will be sent from the Adult's and Children's Health Overview and Scrutiny Committees if they view the service change as substantial, which may require formal consultation

3.3.5 Consider if formal Consultation applies

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

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

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

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

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

Where any decommissioning or disinvestment is proposed, the commissioner lead should seek advice from the ICB involvement team on the requirement of

engagement and / or formal public consultation to ensure the ICB fully meets the S.14Z2 duty set out in the Act.

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

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

An appropriate period of involvement and engagement / formal public consultation should be undertaken before any decision to de-commission or de-invest is made. Advice on this should be sort from the ICB involvement team. This also applies to the delivery of re-commissioned services. Please note, the ICB executive team will need to approve any formal public consultation as well as NHS England. If a consultation is required, and the appropriate length of this, would be based on the view of HOSC if this is seen as a substantial change. There is also an additional statutory duty on commissioning bodies to notify the Secretary of State (SoS) of substantial change schemes. A formal consultation process also needs to follow a period of meaningful involvement to help shape proposals for a consultation.

ICBs are subject to a public sector equality duty (PSED), defined by S.149 of the Equality Act 2010. Commissioners should ensure that any involvement and engagement and / or formal public consultation meets the requirements of the PSED. As it recommended practice to make a record that “due regard” was had against the statutory criteria, which will be useful in the event of any legal challenge or regulatory scrutiny.

Compliance with the general duty involves consciously thinking about the equality aims while making decisions, this can be demonstrated by undertaking a full Equality Impact Assessment of the nine protected characteristics.

This means making sure that both engagement and formal public consultation include members of groups with 'protected characteristics' as defined by the Act. These characteristics are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex

- Sexual orientation.

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

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

3.3.6 Recommend Decommissioning

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

Approval of proposals to decommission services should follow ICB governance processes and financial limits in the same way as commissioning services. Proposals should be considered by the relevant Executive Director and via relevant subcommittee governance arrangements where appropriate, or via Executive Committee where services are system-wide or have an annual value of more £5m

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

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

3.3.7 Notification to the Provider

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

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

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

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

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

3.3.8 Reinvestment

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

Where a service is decommissioned but the health need for a service remains, this should be recorded in the impact assessment and consideration given to how that health need will continue to be met. This should be approved at the point of ratification.

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

3.3.9 Record keeping

An auditable record/trail of decision making and all communication relating to each decommissioning decision and contract termination must be kept by the contract manager. This is vital, both to demonstrate that the decommissioning process was robust and transparent, and as evidence in the event of any challenge, legal or otherwise.

As part of the Public Sector Equality Duty, it is recommended that publishing a consultation document and the EIA outcomes are made publicly available.

3.3.10 Risk Management

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

4. Implementation

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

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

5. Training Implications

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

6. Documentation

6.1 Other related policy documents

None identified.

6.2 Legislation and statutory requirements

Health and Social Care Act 2006 and relevant amendments by the 2012 and 2022 Acts. Equality Act 2010

7. Monitoring, Review and Archiving

7.1 Monitoring

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

7.2 Review

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

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

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

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

7.3 Archiving

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

Appendix A

Equality Impact Assessment

Initial Screening Assessment (STEP 1)

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

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

Completed at the earliest opportunity it will help to determine:

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

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

Name: Paul Turner
Job Title: Deputy Director of Strategic Commissioning
Organisation: NENC ICB

Title of the service/project or policy: Decommissioning Policy

Is this a;
Strategy / Policy ☒ **Service Review** ☐ **Project** ☐
Other Click here to enter text.

What are the aim(s) and objectives of the service, project or policy:
To ensure consistent decommissioning processes are in place that meet relevant legislation and guard against ICB decision making negatively impacting patients and the public.

Who will the project/service /policy / decision impact?
(Consider the actual and potential impact)

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

- **Others, please specify** Click here to enter text.

Questions	Yes	No
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 that conclusion below:

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

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

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

Governance, ownership and approval

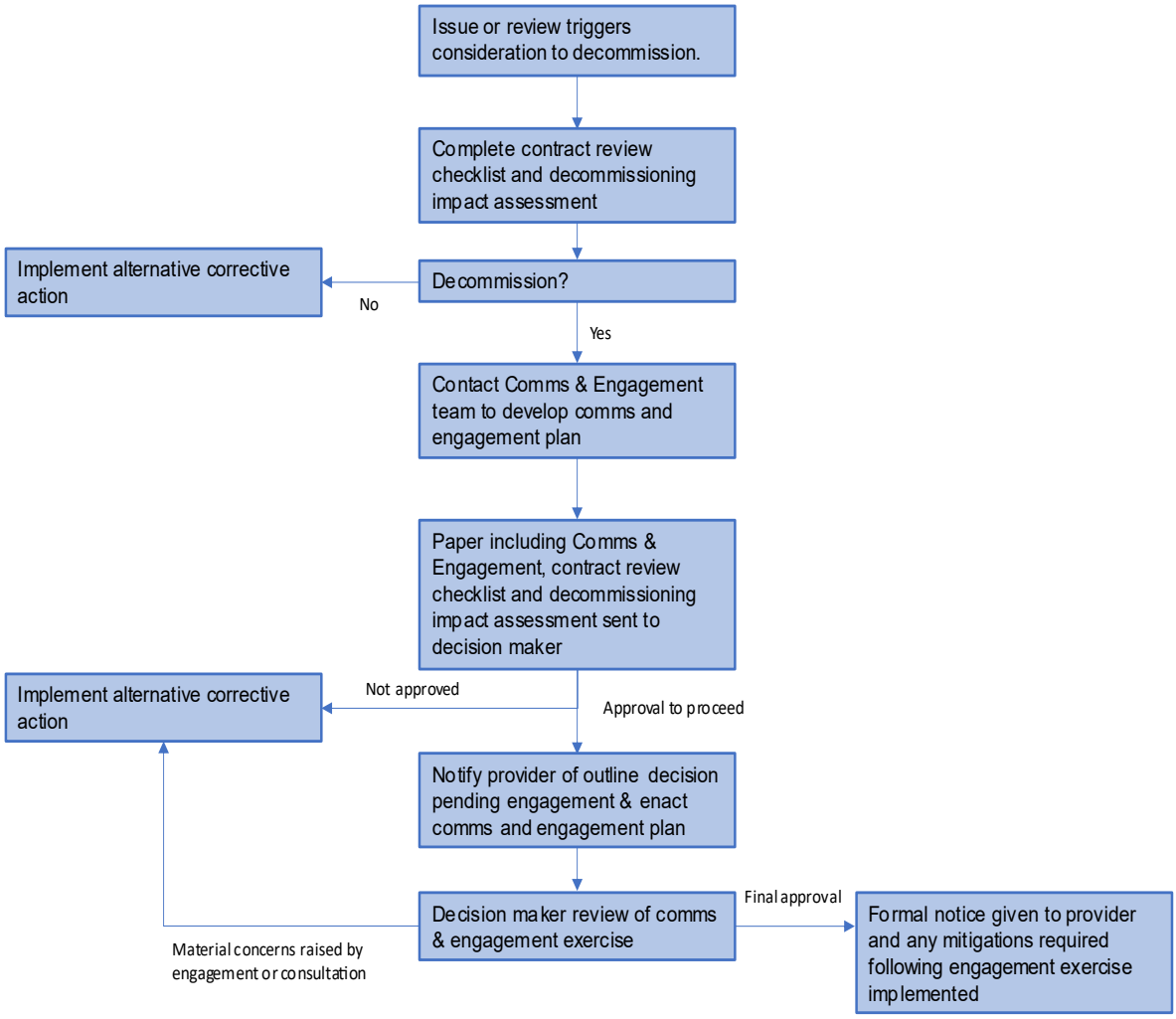
Please state here who has approved the actions and outcomes of the screening		
Name	**Job title**	**Date**
Paul Turner	Deputy Director of Strategic Commissioning.	March 2023

Publishing

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

Appendix B

Decommissioning Process



Appendix C

Contract Review Checklist / Proforma

Contract Review Checklist	
Contract Manager	Date of Review
Service Type	Provider
Contract ID	

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

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

Decision		
Recommission:		**Decommission:**

Signed by ICB Clinical Lead	Date
Signed by ICB Director	Date

Date of decision:	Date

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

Appendix D

Decommissioning Impact Assessment

Service Considered for De – Commissioning:	Annual Contract Value:	Approx # Patients:

Name of ICB:	

This document, forms part of the auditable document trail for the decommissioning decision which may be legally challenged, therefore it must be completed factually, objectively and diligently. Decommissioning a health service may have both positive and negative impact. It is critical that any adverse impact on patients and on the wider health economy are understood and documented

Background- Information on Service:
Brief notes e.g. what it is, what it does, who provides, to whom, where, since when

Background – Policy Context and/or principle driver for Decommissioning:
NHS England requires that, if a variation to contract cannot be made, then terminate to enable required policy implementation. Otherwise, principle driver for considering decommissioning (proactive, reactive, safety, value for money (VFM), etc.).

Impact (Benefit) of Decommissioning:
The prime benefit from Decommissioning e.g. improved safety; simplified pathway; better outcomes; better value for money; market improvement; opportunity for reinvestment.

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

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

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

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

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

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

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

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

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

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

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

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

Completed By:	Date:

END OF PROFORMA