Lancashire and South Cumbria Integrated Care Board

Service Change Policy

Ref:	LSC_ICBCorp15
Version:	V1
Purpose	Service change is critical to ensure the healthcare services provided in Lancashire and South Cumbria (LSC) are sustainable, reflect the changing needs of our local population and deliver the highest quality care possible. The policy sets out the process for identifying, reviewing, assessing, and confirming proposed changes to NHS and healthcare services within Lancashire and South Cumbria, and has been developed to ensure compliance with legal duties, national policy requirements and the delivery of flexible, responsive, and high-quality health services across LSC.
Supersedes:	V1.0
Author (inc Job Title):	Sarah James, Integrated Place Leader Lisa Roberts, Senior Programme Manager
Ratified by: (Name of responsible Committee)	ICB Executive Committee
Cross reference to other Policies/Guidance	This policy should be read in conjunction with national guidance and the ICB's local strategies for working in partnership with people and communities: • NHS England: Planning, assuring and delivering service change for patients (March 2018) (NHS England » Planning, assuring and delivering service change for patients) • NHS England: A Good Practice Guide for Commissioners (March 2018) • NHS England: Major Service Change Interactive Handbook (2023) • NHS England: Working in Partnership with People and Communities Guidance (NHS England » Working in partnership with people and communities: statutory guidance) • Lancashire and South Cumbria Strategy for working in

	partnership with people and communities 2023-2026 Working_with_people_and_communities_FINAL.pdf
Date Ratified:	16th December 2025
Date Published and where (Intranet or Website):	Intranet & Website January 2026
Review date:	12 months from date of ratification (or earlier subject to legislation change)
Target audience:	ICB Executive Team ICB Director of Communications and Engagement ICB Finance team ICB Governance Team ICB Commissioning Leads ICB Commissioning Resource Group membership ICB PMO LSC Service Change Single Point of Contact Lancashire and South Cumbria NHS Provider Trusts Lancashire and South Cumbria Provider Collaborative

This policy can only be considered valid when viewed via the ICB website or ICB staff intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one published.

Document control:		
Date:	**Version Number:**	**Section and Description of Change**
Sept/October 2025	v1	First final draft – Lisa Roberts
12.11.25	V1	Policy amended to include strengthened governance arrangements (section 5)

Contents

1. Introduction and Background

1.1 Service change is critical to ensure the healthcare services provided in Lancashire and South Cumbria (LSC) are sustainable, reflect the changing needs of our local population and deliver the highest quality care possible. The way we manage service changes is important. If we are to achieve the best outcomes through service change, we need to ensure that our stakeholders, staff and population are engaged in shaping proposals and change is well planned with due consideration being given to the clinical, financial and operational consequences.

1.2 This Service Change policy sets out the process for identifying, reviewing, assessing, and confirming proposed changes to NHS and healthcare services within LSC.

2. Purpose / Aims and Objectives

This policy has been produced to ensure compliance with legal duties, national policy requirements and the delivery of flexible, responsive, and high-quality health services across LSC.

2.1 National policy and guidance relating to service change

The national policy context in determining and managing service change is set out by NHS England (NHSE) via two key documents and an interactive handbook:

A **good practice guide for commissioners** on the NHS England assurance process for major service changes and reconfiguration. **Provides an update to the March 2018 document** to improve the alignment of service reconfiguration and capital business cases.	planning-assuring-delivering-service-change-v6-1.pdf (england.nhs.uk) (2018)	March 2018
	B0595_addendum-to-planning-assuring-and-delivering-service-change-for-patients_may-2022.pdf	May 2022
Interactive handbook reviewed and refreshed based on legislative and statutory duties as of June 2023, in line with the Health and Care Act 2022	NHSE_Major_Service_Change_Interactive_Handbook_2023.pdf	July 2023

2.2 "*Working in Partnership with People and Communities Guidance*" has also been published and sets out the public involvement legal duties and defines how people and communities should be involved in decision making to improve services. NHS England » Working in partnership with people and communities: statutory guidance.

This should be read in conjunction with our local strategy; "*Lancashire and South Cumbria Strategy for working in partnership with people and communities 2023-*

2026" - Working_with_people_and_communities_FINAL.pdf.

3. Scope of Policy and Definitions

The policy is aimed at all staff involved in identifying, reviewing, assessing, and confirming proposed changes to NHS and healthcare services within LSC, to ensure that healthcare services provided are sustainable, reflect the changing needs of our local population and deliver the highest quality of care possible.

The following are generally considered to be outside the scope of the service change policy:

- Nationally mandated service changes
- New service development, or initiation, where this does not impact on the availability of existing services
- An extension, or expansion, of an existing service where the existing service remains otherwise unchanged
- The removal of temporary surge capacity
- Re-procurement or a change of provider where the specification is un-changed
- A change to the clinical model of delivery as a consequence of advances in treatment or therapies.

N.B. Changes may or may not require capital expenditure.

3.1 Definitions

Service change

Broadly encompasses any change to the provision of NHS services which involves a shift in the way frontline health services are delivered and can be categorised as either temporary service change or substantial and permanent service change.

Substantial service change

There is no formal definition of 'substantial' service change, but this usually involves a change to the range of services available and/or the geographical location from which services are delivered.

Where changes are deemed 'substantial' they must comply fully with NHSE Assuring Service Change guidance and formal assurance from NHSE and the Department for Health and Social Care (DHSC).

The following are typically defined as types of substantive service change and fall within the scope of this policy:

- Service reconfiguration
- Change to service location
- Change to access criteria, arrangements, or approach
- Change or reduction in opening hours

- Change to range of services available
- Service closure and decommissioning
- Reduction in bed capacity or service capacity
- Any other change to the way frontline services are accessed by patients

Given that there is no single definition of what constitutes a 'significant' or 'substantial' service change, each case should be examined individually.

To decide if planned changes are substantial, this should be discussed with NHSE regional team, and with the local authority Health Overview and Scrutiny Committee (HOSC) or, where multiple local authorities are involved, the Joint Health Overview and Scrutiny (JHOSC/JOSC). The HOSC or JHOSC will advise on whether they consider the planned changes to be substantial.

Temporary Service Changes

Temporary changes to service may be required to mitigate immediate quality and safety concerns, in response to emergency situations, or in the enactment of business continuity plans or protocols.

Temporary changes made for the reasons stated above do not need to follow the NHS England Planning and Assuring Service Change guidance, as long as they are temporary in nature. Temporary changes must still be logged, managed, tracked and reported on both at ICB and NHS England regional level.

All temporary changes should be reported to the ICB for inclusion in the Temporary Service change log. Information about temporary service changes should be communicated by the ICB to NHSE for assurance purposes.

The matter of whether a change is temporary or permanent is not addressed in legislation. Where services need to be closed or suspended at short notice, NHS bodies and their partners should act in accordance with the Joint Working Protocol. NHS England » Joint Working Protocol: When a hospital, services or facility closes at short notice.

In all cases NHS bodies should act in accordance with their legal duties, including:

- keeping good records of the factors considered in making these decisions;
- communicating the changes to affected people; and
- informing the local authorities in the areas affected about changes and reasons for not consulting them under the regulations.

A plan to reinstate services following a temporary service change should be agreed between the ICB and provider along with a clear timescale. Without this consideration should be given to the triggering of a formal service change process. Temporary service change does not circumvent the formal service change process.

4. Procedures – Four Tests for Service Change

The four key tests used by NHSE to assure a service change programme are:

1. Strong public and patient engagement
2. Consistency with current and prospective need for patient choice
3. Clear, clinical evidence base*
4. Support for proposals from clinical commissioners**

**In applying test 3 to new models of care, NHSE recognises that the evidence base may be emerging.*
*** In applying test 4 to system-led change, NHSE will seek to understand the level of clinical support beyond clinical senior leaders within the system. For example, NHSE may ask to see 'Letters of Support' from neighbouring commissioners or providers that will be affected by the proposed service change.*

4.1 NHS England's fifth test

For any proposal that includes plans to significantly reduce hospital bed numbers, NHSE will expect systems to be able to evidence that they can meet NHSE's fifth test otherwise known as 'NHSE's Patient Care Test' or the 'NHS Beds Test'. To provide assurance against this test, systems must be able to demonstrate their proposals meet at least one of the following three conditions:

1. Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it
2. Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat stroke, will reduce specific categories of admission
3. Where a hospital has been using beds less efficiently than the national average, it has a credible plan to improve performance without affecting patient care (for example, the Getting It Right First Time programme)

4.2 Legislation to be complied with in relation to service change

Legislation places several duties which need to be complied with in managing service change, including:

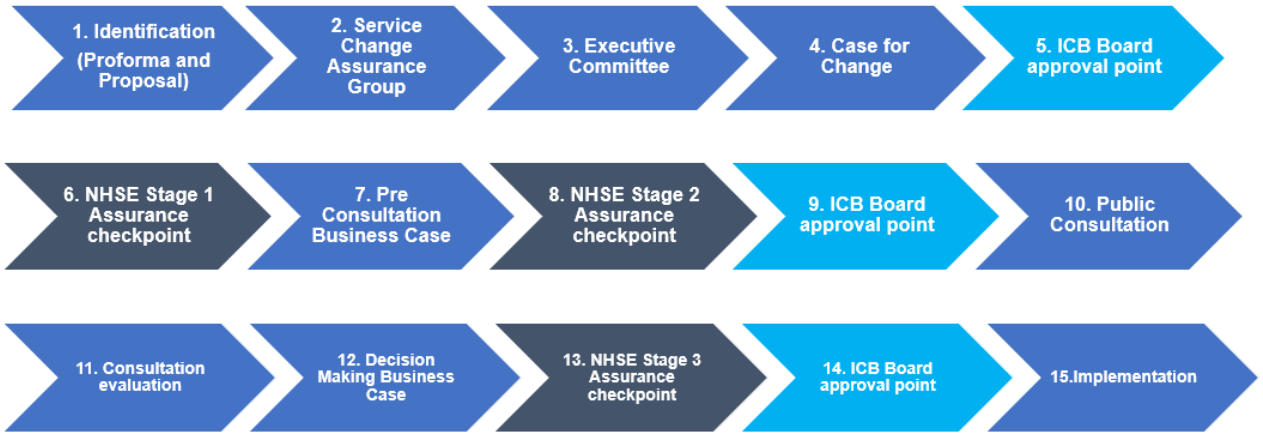
Duties	**Details**	**What does this mean?**
Engagement and Consultation Duties	*The NHS has duties to make arrangements to involve individuals to whom services are being or may be provided and, in the case of ICBs, their carers, and their representatives, on plans, proposals for change and operational decisions, which affect the delivery of health services. The NHS Act 2006 (as amended).*	This means that all service change programmes must involve patients and the public, in service change. • We must demonstrate this involvement throughout the project.

	The NHS has a duty under the 2013 Health Scrutiny Regulations to formally consult a local authority where substantial development or variation to health services are proposed within its area.	• Depending on the advice of the local HOSC or JHOSC, there may be a formal public consultation as well.
Equality and Health Inequality Duties	*The duties placed on NHS bodies by equality legislation permeate all stages of the service change process from early discussion through to decision-making and on to implementation.* *These duties are set out in The Equality Act 2010 and are enshrined in the Public Sector Equality Duty. The National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) which places responsibilities upon health and social care services to have regard to reducing health inequalities.* *NHSE, Integrated Care Boards, NHS trusts and NHS foundation trusts are also subject to the new 'triple aim' duty in the NHS Act 2006 (as amended by the Health and Care Act 2022) (sections 13NA, 14Z43, 26A and 63A respectively).* *This requires these bodies to have regard to 'all likely effects' of their decisions in relation to three areas:* *1. Health and wellbeing for people, including its effects in relation to inequalities* *2. Quality of health services for all individuals, including the effects of inequalities in relation to the benefits that people can obtain from those services* *3. The sustainable use of NHS resource*	This means that all service change programmes must take steps to include people with protected characteristics, especially when conducting a public consultation. • We must assess how service change might affect people with protected characteristics, and how people with protected characteristics will be able to access information as part of planned engagement activities. • As the NHS has a statutory duty to consider reducing inequalities, this must form part of planning for service change. We will need to complete an Integrated Impact Assessment

Climate Change	*The Health and Care Act 2022 places a duty on NHS organisations to consider climate change in their operations.*	We should engage and consult with ICB, and provider sustainability leads to ensure alignment with Green Plans.

4.3 Substantial service change process

Sections 4.4 – 4.11 describe the eight-step process of service change, from identification to implementation and should be read in conjunction with the Standard Operating Procedure at Appendix 1.



N.B. Additional governance/assurance checkpoints through ICB Board, Executive Committee and Service Change Oversight Group may be required depending upon the nature and scale of proposed change

4.4 Step One – Identification of proposed service change

The first step in any major service change is to identify the factors which mean that the current configuration of services requires change. The standard operating procedure outlines the process which must be followed when service change is triggered.

Key drivers for reconfiguration often fall into one or more of the following:

- Improving clinical quality
- Promoting equality and tackling inequalities
- Financial sustainability challenges
- Ensuring workforce sustainability
- Estate challenges
- Improving patient experience

The identification could be made by an NHS Provider Trust, the Provider Collaborative, a primary care practice or Primary Care Network (PCN), or through the ICB. This should be done via the ICB single point of contact and through

completion of the service change proforma, the following should be considered:

- Drivers for change
- Could there be a change to the range/level of service(s) provided? Is this a reduced level of service?
- Could there be a change to geographical locations of services?
- Could there be a change to access criteria or opening hours?
- Could there be a reduction in bed capacity or service capacity?
- How many patients could be affected?
- Is the change temporary or permanent?

It is important to note that whilst the template needs to consider the proposed service change, we must not pre-determine any final outcomes or options at any stage. Public bodies must maintain an open mind and decisions cannot already have been made.

Once a proposed service change is noted as likely to be **substantial**, it should be held via a centrally controlled Service Change Log which captures proposed service change – held by the LSC ICB Single Point of Contact (SPOC). The ICBs SPOC will ensure that the Chief Commissioner and relevant strategic commissioning lead(s) are notified.

The register of proposed service change should be discussed with the ICBs executive Management Team and NHSE regional team once a month to discuss progress.

Whilst the ICB and NHSE will continue to have a role in terms of oversight and assurance, the service change will need to be established as a project or programme depending on scale and complexity to ensure that it is well led and managed. Appendix 1 – Standard Operating Procedure describes the Roles and responsibilities across the ICB in managing the service change process.

Engagement

Before developing the case for change, it is vital that we engage all the partners in the system that will be affected by this change. By including the voices of those affected by service change, such as patients, service users, friends and family, the public, clinicians, staff, healthcare providers and local government, programmes can better understand and respond to stakeholder concerns.

This process of engagement differs from a formal public consultation, although the two are often referred to together. Engagement describes the continuing and on-going process of developing relationships and partnerships so that the local voices are heard and includes the activity that happens early in the development of service change proposals, such as discussions with a wide range of stakeholders to develop a robust case for change.

Alternatively, public consultation specifically refers to the duty for NHS bodies to ‘involve and consult’ the public when considering a proposal (based on the NHS Act 2006 as amended). NHS bodies also have a legal duty to consult with local

authorities when considering a proposal for a substantial development of the health service, or for a substantial variation in the provision of a service (based on the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013). In practice therefore, public consultation where there is a substantial service change involves compliance with both duties.

Local Authority Overview and Scrutiny

ICBs have a legal duty to consult with their local authorities when they have under consideration, any proposal for a substantial development or variation of the health service in the relevant local authority. This will normally be through consultation with the local Health Overview and Scrutiny Committees (HOSC). If the change covers more than one local authority area, we will need to consult the Joint Health Overview and Scrutiny Committees that the local authorities must create to undertake their overview and scrutiny function.

Ministerial Intervention Powers

New national guidance was published on 31 January 2024 which states that:

- A new call-in power allows the Secretary of State to intervene in NHS service reconfigurations at any stage where a proposal exists and take or re-take any decision that previously could have been taken by the NHS commissioning body
- Call-in requests can be submitted to the Secretary of State - the Department of Health and Social Care (DHSC) expects these only to be used in exceptional situations where local resolution has not been reached
- NHS commissioning bodies have a duty to notify the Secretary of State of notifiable reconfigurations - this duty does not apply to reconfiguration proposals where before 31 January 2024 a consultation has commenced with the local authority in accordance with regulation 23(1)(a) of the 2013 regulations
- Local authorities are no longer able to make new referrals to the Secretary of State under the 2013 regulations

4.5 Step Two - Case for Change

Once a proposed service change is noted as likely to be substantial, a case for change must be developed.

A case for change is a formal document which introduces the reasons for seeking to make a service change. The case for change comprehensively describes the current and future needs of the local population, the provision of local services and the key challenges facing the health and care system. It provides the platform for change and needs to present a compelling picture of what needs to change and why. It should also link to the benefits that the proposed service change will aim to deliver. It will need to include:

- A vision statement
- An understanding of the local population and their current outcomes

- Detailed analysis of the performance of local services
- Identification of key challenges
- A review of financial consideration

It should not include any specific proposals but make an argument as to why change is needed without suggesting which specific changes are required. The LSC ICB Board must review and approve the case for change in public.

The ICB should also ensure that the case for change is formally considered by the Local Authority to confirm support and secure the views of HOSC (or Joint HOSC if affecting bordering local authorities). The ICB must ensure that in presenting the case for change to J/HOSC the implications of the proposed change are clearly set out in terms of the number of patients impacted, potential consequences and risks as well as perceived benefits.

The view of J/HOSC should be sought on two specific issues - whether the service change is substantial and if so, whether the requirement for public consultation is triggered. The views of J/HOSC in relation to these two issues must be clearly documented as part of the consideration of each service change. Where J/HOSC determines that a service change is substantial, and triggers public consultation, their views should additionally be sought on the headline terms of the consultation to include minimum period of consultation and consultation methods. Any other recommendations from the J/HOSC should also be taken into full consideration.

The ICB will review the J/HOSC advice and recommendations and will act as the decision maker in relation to the nature of the change and the decision to proceed to public consultation. Where the service change is considered by J/HOSC to be substantial the ICB should ensure that the Clinical Senate are engaged if this has not already been initiated.

4.6 Step Three – NHSE Assurance Stage 1 – Strategic Check

Once the case for change has been approved, a strategic sense check will be held with NHSE. This is a formal discussion between commissioners and providers leading the change and NHSE at the appropriate level (usually the regional team).

The strategic sense check will determine the level for the next stages of assurance and decision-making. The strategic sense check helps NHSE regional teams to:

- Understand the nature of the service change being proposed
- Determine the level of risk associated with those proposals and agree the proportionate level of assurance required
- Determine what support a commissioner might require in taking these proposals forwards

The stage one strategic sense check is a semi-formal discussion between commissioners and providers leading the change and NHSE regional teams. The conversation will explore the case for change, how the proposal aligns to the long-term strategy of the system and relevant national policy, the local context, and the level of risk associated with the service change proposals. This conversation will

determine the level for the next stages of assurance and decision-making. If capital is likely to be required, discussions with the relevant NHSE finance teams should have begun.

The earlier a strategic sense check meeting takes place, the more support and advice NHSE can offer in relation to the development of their proposals, and the more likely a successful assurance outcome.

NHSE will want to explore the case for change and the level of consensus for change. The strategic sense check will ensure a full range of options are being considered and that potential risks are identified and mitigated. Alignment between the proposed changes and system priorities, other key partners and neighbouring organisations will also be explored.

The NHSE regional team will help to identify independent clinical advice at this early point in the process, as most appropriate for each given proposal/programme (e.g. Regional Clinical Senates, clinical networks, royal colleges etc.) on a case-by-case basis. The Clinical Senates may at this stage be asked to review a service change proposal against the appropriate key tests (clinical evidence base).

Often, Regional Clinical Senates are best placed to provide independent reviews and advice on service change programmes. Senates provide independent advice on the clinical aspects of service change proposals that commissioners, providers and transformation programmes can draw on to both improve the quality of the proposed service models and help demonstrate that they are built on a strong clinical evidence base.

Regional assurance verses national assurance

Whether or not the scheme will need national assurance is determined by the criteria below:

- The reconfiguration scheme requires transition or transaction support of more than £20m from NHSE funds (not including ICB funds); or
- The total turnover of the services affected (for all sites impacted by the transition, at current prices) is above £500m in any one year; or
- The likely capital value of the scheme is above £100m (gross capital value of the scheme, even if the actual value is lower because it is funded through capital receipts); or
- The proposed service change impacts on any provider in special measures.

All proposed service changes undergo regional assurance in the first instance. This helps decide whether national assurance is also required. Before national assurance is sought, however, there are two stages to regional assurance (stage one – strategic check, and stage 2 assurance checkpoint).

4.7 Step Four – options appraisal

The options appraisal process is to help people decide between different options to identify a preferred way forward that will address the issues identified in the case for change. A strong options appraisal process:

- Gives due consideration to all options
- Reduces the options to a manageable number as quickly as possible
- Supports the weighing up of different options
- Can be completed as simply as possible

To robustly appraise the options, proposals will need to be developed which incorporate multiple perspectives and as much stakeholder engagement as possible. A clinically led group should oversee the design and development of proposals, but it is essential that wider stakeholders such as service users, social care and VCSE partners are involved at this stage.

This will be part of our engagement (sometimes called pre-consultation engagement) and will need to be included in the PCBC to demonstrate engagement under the legal duties of service reconfiguration.

Policy guidance relating to service change, as detailed in section 2 should be referred to. Proposals need to;

- Be developed in the context of a broader vision of integration of services and aligned with other key programmes within the ICB and provider trusts /PCB
- Consider interdependencies with other services, organisations or ICBs, where services cross boundaries into a neighbouring ICB
- Have a clear analysis of the travel and transport implications of the proposals including any proposed mitigating actions

The options development and appraisal process must be designed so that the preferred way forward addresses the issues in the Case for Change. It must also differentiate between options. To develop options, engagement and stakeholder workshops including local people should identify a long list of options and the evaluation criteria. This can help with transparency and perceived robustness of the process, as well as providing an external sense check. For example, a programme may involve members of a public reference group in this way. Once a long list of options is drawn up, apply criteria to evaluate these. The long list should be comprehensive – the options will be reduced following the appraisal.

4.8 Step Five – Developing a pre-consultation business case (PCBC)

The pre-consultation business case (PCBC) is the legal document on which the ICB decides to consult. Therefore, it must contain all the information needed to make this decision. The PCBC is also used to inform assessment of proposals against the government's four tests of service change, NHSE's fifth test, and other best practice checks.

The PCBC should be aligned with:

- The LSC Integrated Care Strategy produced by the LSC Integrated Care Partnership and the Joint Forward Plan produced by LSC ICB
- The 10 Year Health Plan
- NHS net zero targets
- Joint strategic needs assessments (JSNAs) and Joint health and wellbeing strategies (JHWSs)
- Case for change
- Options appraisal

The PCBC is:

- The document in which demonstrates proper consideration of options, undertaking of pre-consultation engagement, and meeting the four (or five) tests
- The legal document that will be closely scrutinised so it must be complete and correct
- A formal Board document which presents the business case for any changes on which the decision-making organisation agrees to consult
- The basis upon which to build further relevant business cases, such as Decision-Making Business Case, and any additional capital business cases

It is not the final business case. Instead, following consultation, a decision-making business case (DMBC) will be produced which will be the basis for the final decision to proceed with changes. For any service change schemes which require capital financing, support is required from NHSE, in writing, before public consultation on options requiring capital commences.

The PCBC should be reviewed by;

- The Northwest Clinical Senate: to review the clinical evidence and produce a report in response.
- The NW NHSE regional director: this forms part of NHSE assurance. They will also confirm who else from NHSE is required to assess and assure the document.
- The J/HOSC: as the PCBC is one of the documents that they will refer to the IRP and/or judicial review, it needs to meet the requirements of these processes.
- Providers: it is crucial to get letters of support for the proposals from providers. This usually requires the PCBC to go through their Boards.

Approval of the PCBC

The PCBC will need to be considered by NHSE via a Stage Two assurance checkpoint. Following this, NHSE will either support or not support taking the proposals to public consultation in their current format. The J/HOSC will agree the consultation length.

The ICB will be required to approve the PCBC in a public meeting. If this is in conjunction with a neighbouring ICB, a Joint Committee of the two ICBs must be established.

4.9 Step Six – Public Consultation

Public consultation is usually triggered when the proposal under consideration would involve a substantial change to NHS services. Before public consultation, the programme must have;

- Met the four tests for service change
- Been formally discussed with NHSE, receiving NHSE support to progress to consultation
- Be affordable from a capital and revenue perspective
- Formalised engagement with local authority HOSC/JHOSC, to agree their roles in the process and the regularity of ongoing discussions
- Completed stakeholder mapping (to include stakeholders, staff, patients, and the public) and used this to inform a communications and engagement strategy
- Implemented an engagement strategy
- Had the appropriate discussions with health and social care organisations to establish the interfaces of proposals with the wider health and care system, for example with neighbouring areas, specialised services, community, mental health, or ambulance providers
- Have arrangements in place to correct any inaccuracy or misrepresentation of the programme quickly and consistently
- Have implementation plans that are comprehensive and credible to the public

Public consultations must follow a set of guidelines referred to as the Gunning Principles. These should guide the consultation process:

- Proposals must still be at a formative stage - Public bodies need to have an open mind during a consultation and decisions cannot already have been made.
- Sufficient information around proposals to permit ‘intelligent consideration’ People involved in the consultation need to have enough information to make an intelligent input into the process.
- Adequate time for consideration and response Timing is crucial – is it an appropriate time, was enough time given for people to undertake informed consideration and then provide that feedback, and is there enough time to analyse those results and make the final decision?
- Consultation feedback must be conscientiously considered - Think about how to prove decision-makers have taken consultation responses into account.

Consultation responses need to be collated, analysed and a report produced, ideally by an independent provider. A final report of the findings from the public consultation needs to be written, reviewed, and published. Once the consultation

is closed, responses have been analysed, and considered, the next stage is writing the decision-making business case.

4.10 Step Seven – Decision making

Following consultation and analysis of all responses, a decision-making business case (DMBC) should show how views captured by consultation have informed the final proposal.

The DMBC should demonstrate how the proposed change is sustainable in service, economic, environmental and financial terms and can be delivered within the planned capital total.

Final decision making should be in public.

4.11 Step Eight - Business cases and implementation

Some service changes will require further business cases to progress implementation of new models once the outcome of a consultation is decided.

There are several different types of business cases, depending on whether capital is required or not. Trusts may need to complete their own organisation-specific business cases, and capital requirements sought outside NHSE will require other business cases.

If NHSE capital is required, they must follow the green book business case and complete the strategic outline case, outline business case and full business case. Each case builds on the one before and adds more detail against each of the five cases in the green book.

4.11.1 Implementation

The implementation plan includes prioritisation and phasing of tasks, identification of resources to deliver implementation and a robust governance structure. It is also important to evaluate the changes as they are implemented to ensure benefits are being realised.

5. Governance Arrangements

5.1 Where agreement is reached that the proposal is substantial or significant change (in line with statutory duties/national policy guidance/NHSE assurance process/ strategic Fit) the following governance arrangements will be followed:

5.2 ICB Board

Where the ICB is the single commissioner, the ICB Board will:

- Approve any Case for Change in public
- Approve any Pre-Consultation Business Case in public
- Approve the Pre-Consultation Business Case in public

- Approve the final outcome/recommendations from any Decision-Making Business Case in public.
- Received updates on implementation and evaluation

Multi-ICB Substantive Service Change Proposals

Where a proposal for substantive service change involves one or more ICB, the Board (partners) will agree which organisations need to be involved in the decision making and approve the appropriate and proportionate governance and decision-making arrangements. This could include establishing a time-limited Joint Committee with delegated decision making on behalf of all partners.

5.3 Committees of the Board

The Board is supported in decision-making by a number of committees, and the board may request additional assurance through these committees as required.

The board may at any time establish additional governance arrangements and source expert independent advice, proportionate to the scale and impact of any significant or substantive service change proposals.

5.4 Executive Committee

The ICB Executive Committee will:

Substantial/permanent service change

- Receive and approve outline plans for the proposed substantial service change from identification to implementation including, drivers and context, engagement to date, consultation with the Local Authority, named lead commissioner, provider role/involvement, timescales, resource needed and proposals for the delivery/programme board and any workstreams (proportionate to the scale of the change being proposed)
- Ensure the board is appraised of any such plans
- Receive regular progress reports including any risks or issues
- Review any case for change, pre-consultation business case and decision-making business case prior to board approval
- Approve any implementation plan
- Ensure the outcomes of the change are evaluated and receive assurance of the success of the programme change

Temporary service change

- COO brings Temporary Service change log to Executive Committee on monthly basis, highlighting any emerging issues or risks

5.5 Service Change Assurance Group

The Service Change Assurance Group will:

- Receive and review all Service Change proposals and supporting proforma detailing the trigger(s) for commencement of the service change process
- Provide assurance to the ICB Executive Committee to proceed, or not, with the service change process.
- Review and endorse any draft Case for Change documentation prior to submission to Executive Committee for endorsement

Chief Commissioner will:

- Be accountable for the implementation of the Service Change policy within the ICB
- Ensure monthly updates on proposed service changes are communicated to NHS England Regional Director.
- Ensure information relating to services changes is provided to ICB Executive Committee and the Senior Responsible Officer for Service Change, including the outcome of service change proposals considered.

Service Change Senior Responsible Officer (SRO) will:

- Support the Chief Commissioner in the implementation of the Service Change Policy
- Ensure all aspects of the Service Change Policy and standard operating procedures are complied with.
- Engage with providers on potential service change ensuring alignment to strategic priorities and commissioning intentions.
- Lead monthly informal service change meetings with NHSE and convene internal ICB leadership and support as required.

Service Change Single Point of Contact (SPOC) will:

- Support the Chief Commissioner and Service Change SRO.
- Act as the ICBs single point of contact, to be notified by the Lead commissioner or Lead Provider at the start of any temporary or substantial service change process
- Ensure service changes are logged, tracked and reported, through management of the service change log and associated reporting requirements.
- Ensure service change pro-forma is completed and new service changes are added to the Service Change Log
- Ensure ICB leadership including Lead Commissioner are assigned at the start of any new service change
- Schedule monthly Service Change update onto ICB Executive Committee

- Work with the Service Change SRO ensure compliance with service change policy and standard operating process
- The SPoC will not be involved in the service change process itself, this will be the responsibility of the lead commissioner and lead provider.

Full details of the following roles and responsibilities are provided within the Standard Operating Procedure at Appendix 1.

- **Lead Commissioner** - each proposed service change will have a lead commissioner assigned.
- **Lead Provider** - where service change is instigated by the provider, a lead provider will be assigned;
- **Wider ICB Leadership** – **ICB's Medical Director, Chief Nurse, Finance Lead and Communications Lead;** where appropriate will work in collaboration with the lead commissioner and lead provider counterparts on service change.

6. Equality and Health Inequalities Impact Risk Assessment (EHIIRA)

An EHIIRA has been completed for this policy which shows there is no impact on protected groups (covered by the Equality Act 2010) or other inclusion health groups.

7. Implementation and Dissemination

A webinar was held, open to all staff from across Lancashire and South Cumbria, to signal the new policy, supporting documents and standard operating procedure to be implemented immediately. This was recorded and has been made available on the ICB intranet and shared with partners. In addition, the policy, Standard Operating Procedure and proforma have been made available on the LSC ICB and LSC NHS providers intranet.

The policy has been shared with the LSC Provider Collaborative, Directors of Strategy and Directors of Communications and Engagement.

8. Training Requirements

Training has been provided through the webinar. There are no additional specific training requirements. Colleagues listed in section 5 of this policy should however ensure they are familiar with this document and the Standard Operating Procedure.

9. Monitoring and Review Arrangements

The ICB SRO and Single Point of Contact will monitor and review the implementation and effectiveness of the policy and standard operating procedure in assisting the LSC system to transact service change in line with NHS guidance. Any non-compliance will be recorded and reported to the Service Change SRO and escalated to LSC ICB Executive Committee by exception.

The policy and standard operating procedure will be reviewed and iterated if required, by the end of March 2026 to strengthen any areas of implementation, effectiveness or compliance highlighted within the first six months of use.

10. Consultation

For this policy, the main stakeholders involved included key ICB Directors, and PCB Directors, as noted in section 11 below.

11. List of Stakeholders Consulted

Date	Name of Individual or Group	Designation	Were comments incorporated Yes/No	If not incorporated record reason why
16.06.25	LSC Provider Collaborative – Steve Christian, Ed Parsons, Karlyn Forest	PCB Programme Directors	Yes	n/a
06.06.25	Andrew Bennett	Director of Population Health	Yes 06.06.25	n/a
09.06.25	Neil Greaves	Director of Comms and Engagement	Yes 09.06.25	n/a
25.06.06	Peter Tinson	Director of Primary and Community Care	Shared 25.06.06	n/a
09.06.25	Jonathan Wood	LSC Provider Collaborative Managing Director	Yes 09.06.25	n/a
10.09.25	Alex Wells	Head of Recovery and Transformation PMO	Yes 10.09.25	n/a
14.10.25	Debra Atkinson	Director of Corporate Governance	Yes 11.11.25	n/a

12. References and Bibliography

Any relevant legislation and guidance relating to this policy has been referenced throughout the policy document. Below is a further list of sources that were used to support the development of this policy:

- Getting it Right First Time (GIRFT) Programme (NHS England)
- Health and Care Act 2022
- NHS England » Joint Working Protocol: When a hospital, services or facility closes at short notice
- The Green Book and Business Case Guidance (HM Treasury)
- The Equality Act 2010

13. Associated Documents

Below is a list of local and national policies or procedures that should be read in conjunction with this policy:

National Policies and Guidance

- NHS England: Planning, assuring and delivering service change for patients (March 2018) (NHS England » Planning, assuring and delivering service change for patients)
- NHS England: A Good Practice Guide for Commissioners (March 2018)
- NHS England: Major Service Change Interactive Handbook (2023)
- NHS England: Working in Partnership with People and Communities Guidance (NHS England » Working in partnership with people and communities: statutory guidance)

ICB Policies and Procedures

- Lancashire and South Cumbria Strategy for working in partnership with people and communities (2023-2026)
  Working_with_people_and_communities_FINAL.pdf
- ICB Quality Impact Assessment Policy

14. Appendices

The following templates and documentation are provided to support the policy and process for service change:

APPENDIX 1 - ICB Service Change Standard Operating Procedure - sets out the approach for identifying, reviewing, assessing, and confirming proposed changes to NHS and healthcare services within Lancashire and South Cumbria.

APPENDIX 2 - Service Change Proforma – to be coordinated by SPOC and completed by Lead Commissioner or Lead Provider when service change is triggered.