

IRP

Independent Reconfiguration Panel

Review of Business

2019/20

IRP

Independent Reconfiguration Panel

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INDEPENDENT RECONFIGURATION PANEL
Review of Business
2019/20

Part One Report of activity

1.1 Introduction

1.1.1 The Independent Reconfiguration Panel (IRP) is the independent expert on NHS service change. The Panel advises Ministers on proposals for NHS service change in England that have been contested locally and referred to the Secretary of State. It also offers support and generic advice to the NHS, local authorities and other interested bodies involved in NHS service reconfiguration.

1.1.2 Established in 2003, the IRP is an advisory non-departmental public body (NDPB). It comprises a chairman and membership of experienced clinicians, managers and lay representatives who have wide-ranging expertise in clinical healthcare, NHS management, involving the public and patients, and handling and delivering successful changes to the NHS. The Panel membership is included at Annex One and its general terms of reference at Annex Two.

1.2 The Panel's formal role in advising Ministers

1.2.1 The current regulations governing local authority health scrutiny and the power to refer proposals for substantial developments or variations to health services came into force on 1 April 2013.

1.2.2 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require NHS organisations to consult local authorities on any proposals under consideration for substantial changes to local health services. If the authority is not satisfied that:

- consultation has been adequate in relation to content or time allowed
- the reasons given for not carrying out consultation are adequate
- the proposal would be in the interests of the health service in its area

it may report the matter to the Secretary of State for Health. The Secretary of State may then ask the IRP for advice.

1.2.3 The 2013 Regulations supersede the Local Authority (Overview and Scrutiny Committee Health Scrutiny Regulations Functions) Regulations 2002.

1.2.4 Since July 2010, NHS organisations involved in service change have also been required to assess proposals against four tests intended to demonstrate:

- strong public and patient engagement
- consistency with current and prospective need for patient choice
- a clear clinical evidence base
- support for proposals from clinical commissioners

- 1.2.5 In offering advice to the Secretary of State, the Panel is also mindful of the additional test introduced by NHS England from 1 April 2017 that requires local NHS organisations to show that significant hospital bed closures subject to the current formal public consultation tests can meet one of three new conditions before NHS England will approve them to go ahead:
- 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; and/or
 - show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
 - where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme)
- 1.2.6 The IRP's general terms of reference reflect these tests. All advice offered on referrals by the Panel is provided, on a case by case basis, in accordance with our terms of reference.
- 1.2.7 **Commissioned advice on contested proposals submitted published during 2019/20**
Advice was submitted on five contested proposals:
- Respite care services for adults with complex needs and learning disabilities and/or autism, Teesside
 - *Future Fit* programme, Shropshire and Telford & Wrekin
 - Mid and South Essex Sustainability and Transformation Partnership (stroke services and future of Orsett Hospital), Essex
 - *Dorset Clinical Services Review*, Dorset
 - Urgent stroke services, Kent and Medway
- 1.2.8 **Respite care services for adults with complex needs and learning disabilities and/or autism, Teesside**
On 8 August 2018, Middlesbrough Council Health Scrutiny Committee and on 23 August 2018, Redcar & Cleveland Borough Council Adults & Communities Scrutiny and Improvement Committee, referred to the Secretary of State the decisions of NHS Hartlepool and Stockton-on-Tees CCG and NHS South Tees CCG relating to the provision of respite services for adults resident in the areas of the councils for Middlesbrough, Redcar & Cleveland, Stockton-on-Tees and Hartlepool who have complex needs and learning disabilities and/or autism.
- 1.2.9 Referral was made on the grounds that the decision was not in the interests of the health service in the area. The IRP was asked by Stephen Hammond, Minister of State for Health to provide advice using documentation received from the scrutiny committee and the local NHS.
- 1.2.10 The Panel submitted its advice on 24 May 2019. The IRP was pleased to note that, since referral of the matter to the Secretary of State, work had continued to find a local solution and that the issue had been resolved locally with all existing service users continuing to access existing arrangements for respite provision. The Panel advised that further work would be beneficial to inform people about available choices and the changing nature of care needs for clients and carers could usefully be kept jointly under review by the CCGs/Trust and local authorities working together. If these suggestions were taken up, the

Panel considered the outcome to be in the interests of the area and to make sense in developing an integrated health and social care economy. Matt Hancock, Secretary of State for Health and Social Care, accepted the IRP's recommendations in full on 17 July 2019. The Panel's advice is available on the IRP website at:

<https://www.gov.uk/government/publications/irp-teesside-advice>

1.2.11 Future Fit programme, Shropshire and Telford & Wrekin

On 20 March 2019, Telford and Wrekin Council referred to the Secretary of State the decisions of NHS Shropshire CCG and NHS Telford & Wrekin CCG concerning a service change programme known as *Future Fit: Shaping Health Care Together*. The decisions made related to services provided by the Shrewsbury and Telford Hospitals NHS Trust and would see the Royal Shrewsbury Hospital (RSH) become the emergency care site for the areas of Telford & Wrekin, Shropshire and mid-Wales with women's and children's services also transferred to RSH, and for the Princess Royal Hospital (PRH) in Telford to become a planned care site with 24-hour urgent care centres at both hospitals.

1.2.12 Referral was made on the grounds of inadequate consultation and that the decision was not in the interests of the health service in the area. The IRP was asked by the Secretary of State to provide advice using documentation received from the scrutiny committee and the local NHS.

1.2.13 The Panel submitted interim advice on 31 May 2019 offering a number of comments on the consultation process and advising that it wished to test the evidence further on two key areas. First, whether as some had suggested, there was any credible alternative to the widely accepted single emergency centre and planned centre model. Second, were the single emergency centre and separate planned care centre model to proceed, how in practice the whole health system would function to meet the wider needs of the population, including the mitigation of the negative effects of centralising some services. Site visits were undertaken and oral evidence sessions held on seven days between 2 and 23 July 2019 before final advice was submitted on 31 July 2019. The Panel made seven recommendations, principally that the new model of hospital care should be implemented with the emergency care centre best located at RSH and that the urgent care model should enable as much clinically appropriate care as possible to be delivered at PRH. Matt Hancock, Secretary of State for Health and Social Care, accepted the IRP's recommendations in full on 2 October 2019 whilst also asking NHS England to provide advice on how the urgent care model at PRH could be delivered through an A&E Local. The Panel's advice is available on the IRP website at:

<https://www.gov.uk/government/publications/irp-shropshire-advice>

1.2.14 Mid and South Essex Sustainability and Transformation Partnership (stroke services and future of Orsett Hospital)

On 8 January 2019, Thurrock Council Health and Wellbeing Overview and Scrutiny Committee referred to the Secretary of State the decision of the Mid & South Essex Clinical Care Group (CCG) Joint Committee to relocate services provided at Orsett Hospital in Thurrock. On 15 January 2019, Southend-on-Sea People Scrutiny Committee referred to the Secretary of State the decisions of the Joint Committee regarding stroke services for the area including that patients showing symptoms of having a stroke – after accessing care and been stabilised in local A&E departments – would be transferred to Basildon Hospital for a short period of intensive nursing and therapy support.

- 1.2.15 Both referrals were made on the grounds of inadequate consultation and that the decision was not in the interests of the health service in the area. The IRP was asked by Stephen Hammond, Minister of State for Health to provide advice using documentation received from the scrutiny committee and the local NHS.
- 1.2.16 The Panel submitted its advice on 17 July 2019. It considered that consultation with the Joint HOSC and the public had been satisfactory and that both decisions were in the interests of health services locally. The proposed model for stroke care, representing a variant on the national model, had been the subject of much consideration by both national and local bodies and would be subject to further ongoing evaluation during implementation. A commitment not to close services at Orsett Hospital until new services were in place should be honoured. More clarity was needed on details of the programme which could be addressed whilst moving towards the implementation phase. Matt Hancock, Secretary of State for Health and Social Care, accepted the IRP's recommendations in full on 30 July 2019. The Panel's advice is available on the IRP website at:
<https://www.gov.uk/government/publications/irp-mid-and-south-essex-advice>
- 1.2.17 **Dorset Clinical Services Review, Dorset**
On 5 November 2018, Dorset Council Health Scrutiny Committee referred to the Secretary of State the decisions of Dorset CCG concerning the Dorset Clinical Services Review including changes to services in hospitals in Bournemouth and Poole.
- 1.2.18 Referral was made on the grounds that the decision was not in the interests of the health service in the area. The IRP was asked by Chris Skidmore, Minister of State for Health, to provide advice using documentation received from the scrutiny committee and the local NHS.
- 1.2.19 The Panel submitted its advice on 30 August 2019. It concluded that, with further action locally, the proposals for acute care, maternity and paediatric services and the commissioning of services closer to home should proceed. The current pattern of services was not fit for purpose. With the constructive engagement of local partners, the proposals offered a strong platform to resolve current issues and future needs. Matt Hancock, Secretary of State for Health and Social Care, accepted the IRP's recommendations in full on 10 January 2020. The Panel's advice is available on the IRP website at:
<https://www.gov.uk/government/publications/irp-dorset-advice>
- 1.2.20 **Urgent stroke services, Kent and Medway**
On 27 March 2019, Medway Council Health Overview and Scrutiny Committee referred to the Secretary of State the decisions of a joint committee of CCGs covering Kent and Medway¹ to develop three hyper-acute stroke units alongside three acute stroke units in Kent and Medway.
- 1.2.21 Referral was made on the grounds that the decision was not in the interests of the health service in the area. The IRP was asked by the Secretary of State to provide advice using documentation received from the scrutiny committee and the local NHS.

¹ Also including Bexley CCG and High Weald Lewes Havens CCG

1.2.22 The Panel submitted its advice on 30 September 2019. The Secretary of State's decision is awaited.

1.3 The Panel's informal role in offering advice and support

1.3.1 The IRP was established to offer expert independent advice on proposals that have been contested and referred to the Secretary of State for a final decision. However, clearly it is in everyone's interests that options for NHS change are developed with the help and support of local people and that, wherever possible, disagreements are resolved locally without recourse to Ministers.

1.3.2 With this in mind, the Panel also provides ongoing support and generic advice to the NHS, local authorities and other interested bodies in the consideration of issues around reconfiguration.

1.3.3 Advice and support offered

During 2019/20, various NHS bodies, local authorities and scrutiny committees, and other interested organisations approached the Panel for impartial advice on NHS reconfiguration and effective engagement and consultation with patients, local people and staff, including:

- **Advisor acting on behalf of service provider**

health services in Oxfordshire

- **NHS representatives**

health services in Shropshire

- **Local authority representative**

health services in Cheshire

- **Local campaigner**

health services in Oxfordshire

- **NHS representative**

health services in Dorset

- **NHS representative**

health services in Essex

- **NHS providers**

health services in rural locations

- **Local authority representative**

health services in Dorset

- **Local campaigner**

health services in Dorset

- **NHS representatives**

health services in south west London

- **Local authority representative**

health services in south west London

- **NHS representatives**

health services in Gloucestershire

1.3.4 Throughout these dialogues, the Panel has been mindful of the potential conflict of interest should a proposal for reconfiguration later be formally referred to the IRP. The advice offered is therefore always generic, rather than specific, in nature.

1.3.5 Feedback continues to be positive with those involved in reconfiguring NHS services welcoming the opportunity to talk through issues and to hear about good practice from

other parts of the country. We are keen to see more NHS decision makers and those scrutinising those decisions draw on our advice and expertise.

1.4 Other work undertaken

1.4.1 In addition to its formal and informal advisory roles, the Panel has undertaken various other activities as outlined below.

1.4.2 Input to policy

The IRP has had a number of meetings and conversations with NHS England and NHS Improvement and Department of Health officials to discuss:

- facilitating effective service change
- public engagement in the next stages of sustainability and transformation plans
- disseminating learning and good practice on service change
- revisions to guidance on the assurance process for service change

1.4.3 Links with other interested bodies and input into other organisations' work

Throughout the year, the Panel has sought to develop relationships with a variety of organisations and bodies interested in the provision of NHS services, including the Consultation Institute, Healthwatch England and the NHS Transformation Unit.

1.4.4 Continuous professional education

During the year, members were updated on issues including the NHS Long Term Plan, The Holmes review, whole-system service design and understanding approaches to service reconfiguration. Outgoing IRP members reflected on their experience in offering effective advice.

1.4.5 Disseminating our learning

The IRP continues to assist in disseminating good practice and helping localities to achieve successful service change.

1.4.6 IRP representatives have attended reconfiguration events to provide presentations on the IRP's work, disseminate good practice and discuss service change issues, including presentations to the County and Unitary Councils Officer and Overview and Scrutiny Network and to an NHS England service redesign seminar.

1.4.7 Slides used at the NHS England seminar have been published on the IRP website as part of the Panel's *Learning from Reviews* series of publications. The presentation provides the latest distillation of the Panel's learning and demonstrate that, while the context and circumstances of the NHS change over time, familiar themes persist. The slides can be accessed at: <https://www.gov.uk/government/publications/insight-from-the-work-of-the-irp>

1.4.8 Communications

The IRP website transferred to the Government Digital Service GOV.UK platform in autumn 2014. The website provides useful background information on the role of the IRP, its members and ways of working as well as links to the Panel's formal advice.

1.4.9 IRP Terms of Reference and Code of Practice

The IRP Terms of Reference are reviewed annually and agreed by the Secretary of State.

- 1.4.10 Under the terms of their appointment, members agree to adhere to a Code of Practice and the Cabinet Office Code of Conduct of Board Members of Public Bodies (at: <https://www.gov.uk/government/organisations/independent-reconfiguration-panel/about>). Members have also agreed a further policy on the use of social media in relation to IRP work. The IRP is an open and responsive body and all Panel advice and minutes of meetings are published on the website. However, the Panel also has to take account of the sensitivity of issues under consideration and requests for confidentiality. Members agree at all times to be mindful not to disclose official information without authority and to refrain from discussing the detail of IRP work via social media (or through any other activity).
- 1.4.11 **IRP office accommodation and media support**
The IRP has, for a number of years, shared office accommodation with, and as a sub-tenant of, the Professional Standards Authority (PSA). The two bodies occupy space on the sixth floor of 157 – 197 Buckingham Palace Road, London. The arrangement offers appropriate accommodation and value for money.
- 1.4.12 A new memorandum of terms of occupation (MOTO) between PSA and IRP was signed extending the MOTO to 31 October 2022.
- 1.4.13 Media support to the Panel is provided by Grayling International which offers media monitoring and advice on a time and materials basis. Following an *invitation to tender* for interested parties to submit applications for a new contract to take effect from 19 July 2018, Grayling was awarded a new contract that can be extended to a maximum of 19 July 2021. The contract has undergone assurance against, and is compliant with, the requirements of the General Data Protection Regulations.

1.5 Panel meetings and membership

- 1.5.1 The Panel convened five times in 2019/20 – on 16 May, 18 July, 19 September, 26 November 2019, and 11 March 2020.
- 1.5.2 The IRP recognises the government’s desire to refresh membership of its public bodies and to “test the market” periodically. Equally, there is a need for such bodies to maintain their organisational memory and not lose valuable learning from past work.
- 1.5.3 Panel recruitment exercises are undertaken by the Department of Health and Social Care and conducted in line with the Commissioner of Public Appointments code of practice and Cabinet Office guidelines. Prof. Sir Norman Williams was appointed IRP Chair on 1 October 2019, taking over from Lord Bernard Ribeiro CBE. The Panel thanks Lord Ribeiro for his excellent leadership and contribution over seven immensely successful years. The appointments of Diane Davies and Mary Elford were extended to February 2020. Diane Davies has subsequently been re-appointed to November 2021. Having completed her term of office, the Panel thanks Mary Elford for her valuable contribution to its work. Recruitment exercises to fill current vacancies are underway.

1.6 Future workload

- 1.6.1 Further requests for advice are anticipated recognising that the coronavirus outbreak will undoubtedly have a significant influence.
- 1.6.2 Requests for informal advice and support continue to be received.

Part Two Review of activity with Departmental Sponsors and further action

2.1 Introduction

2.1.1 The Panel was established in 2003 to offer advice to Ministers on contested proposals for NHS reconfiguration and service change. It has since expanded its role to offer advice and ongoing support to the NHS, local authorities and other interested parties on reconfiguration issues. In 2019/20, the following meetings took place between the IRP and DHSC:

Meeting with Minister of State for Health, 5 November 2019

Independent Reconfiguration Panel

Prof Sir Norman Williams, Chair
Richard Jeavons, Chief Executive

Department of Health and Social Care

Edward Argar, Minister of State for Health

Meetings and telephone conversation with DHSC Director Acute Care and Quality, 30 May 2019², 27 November 2019, 27 January 2020

Independent Reconfiguration Panel

Prof Sir Norman Williams, Chair
Richard Jeavons, Chief Executive

Department of Health and Social Care

William Vineall, Director Acute Care and Quality

In year stocktakes with sponsor branch

Independent Reconfiguration Panel

Richard Jeavons, Chief Executive
Martin Houghton, Secretary to IRP

Department of Health and Social Care

Jason Yiannikou, Fabiola Boccuti, Ceeleena Gordon, Helena Clark Maxwell, DHSC Acute Care and Provider Policy

2.2 Relationship with Department of Health and Social Care

2.2.1 The Independent Reconfiguration Panel is an independent body offering impartial expert advice. The 2015 triennial review confirmed that it should remain so. Its relationship with the Department reflects appropriately the principles set out in the Cabinet Office publication '*Partnerships between departments and arm's-length bodies: Code of Good Practice*' (February 2017).

2.2.2 Whilst maintaining its independence, advice offered by the IRP should continue to take account of developments in government policy for the NHS.

² Richard Jeavons only

2.3 **Advice provided on contested proposals**

2.3.1 During the year, commissioned advice was submitted and/or published on five referrals:

- Respite care services for adults with complex needs, Teesside
- *Future Fit* programme, Shropshire and Telford & Wrekin
- Mid and South Essex STP (stroke services and Orsett Hospital), Essex
- *Dorset Clinical Services Review*, Dorset
- Urgent stroke services, Kent and Medway

2.3.2 All advice was delivered on time. The Secretary of State accepted the IRP's advice in full on the first four commissions above. A decision on the fifth is awaited.

2.3.3 The Secretary of State had been grateful for the Panel's advice.

2.4 **Informal advice**

2.4.1 The Panel's informal advisory role had been particularly busy with requests for assistance received from throughout the country. Feedback continues to confirm that the service is valued by those accessing it.

2.4.2 The Panel has built upon its *Learning from Reviews* series of publications, adding a slide presentation providing the latest distillation of learning.

2.5 **Other work undertaken**

2.5.1 The IRP has assisted the Department and NHS England in furthering a number of initiatives to enhance the reconfiguration process.

2.5.2 Following an open recruitment exercise, Prof. Sir Norman Williams was appointed as Panel Chair. Diane Davies was re-appointed for a further period to November 2021.

2.5.3 A new media contract was awarded to Grayling International in July 2018. The contract runs initially to July 2020 with an option to extend for a further 12 months to July 2021. The contract has undergone assurance against, and is compliant with, the requirements of the General Data Protection Regulations.

2.5.4 IRP representatives provided presentations on the IRP's work to disseminate good practice and discuss service change issues, to a variety of audiences including clinicians, patient groups, NHS representatives from trusts, CCGs and other bodies, and local authority representatives.

2.6 **The Panel's future workload**

2.6.1 The Panel continues to enjoy good working relationships with its sponsor branch.

Action agreed: To maintain appropriate channels of communication to ensure (i) the ongoing review of the Panel's workload whilst respecting its independence (ii) that the Panel is kept fully informed of developments in government policy.

2.6.2 Feedback from areas where the IRP has provided formal advice continues to suggest that the Panel's advice has been helpful in enabling service change to move forward for the benefit of patients and residents.

Action agreed: The Panel stands ready to offer advice on any referrals to the Secretary of State.

- 2.6.3 The pattern of IRP formal advice has changed to reflect the nature of referrals. While advice is more often now completed using documentary evidence, the Panel additionally undertook site visits and sought targeted oral evidence in providing its final advice to Secretary of State on the *Future Fit* proposals for services in Shropshire, Telford & Wrekin.

Action agreed: Stakeholder response to be kept under review to ensure that Panel documentation and working methods remain fit for purpose.

- 2.6.4 The Panel's role in providing informal advice and ongoing support continues to be popular with NHS bodies, local authorities and patient groups.

Action agreed: To continue.

- 2.6.5 The Panel's *Learning from Reviews* publications continue to provide helpful advice to NHS bodies and local authorities.

Action agreed: IRP learning will continue to be disseminated through appropriate channels.

- 2.6.6 The need to refresh Panel membership whilst retaining corporate memory is acknowledged. A recruitment exercise to fill current vacancies is underway. New member induction, continuous professional education and appraisal are important facets of maintaining membership capability.

Action agreed: further appointments to be made in 2020/21 and the programme of continuous professional development to be maintained.

- 2.6.7 The IRP website provides useful background information on the role of the IRP, its members and ways of working as well as links to the Panel's formal advice.

Action agreed: Function and content of the website to be kept under review.

- 2.6.8 The IRP's Terms of Reference and Code of Practice are subject to ongoing review to ensure fitness for purpose.

Action agreed: the IRP's general and specific Terms of Reference and its Code of Practice to be kept under review. IRP documentation to be reviewed.

ANNEX ONE

IRP Membership³

Chair⁴:

Prof Sir Norman Williams	Former professor of surgery, Barts and the London Hospitals Past President, Royal College of Surgeons
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Membership⁵:

Shera Chok (clinical member)	General Practitioner GP appraiser, North East London
Diane Davies (lay member)	Expert by experience, Care Quality Commission Experience of care volunteer, NHS Leadership Academy
Stephen D'Souza (clinical member)	Consultant in vascular and non-vascular interventional radiology Lancashire Teaching Hospitals NHS Foundation Trust
Simon Morritt (managerial member)	Chief Executive York Teaching Hospital NHS Foundation Trust
Zoe Penn ⁶ (managerial member)	Executive Medical Director Chelsea and Westminster Hospital NHS Foundation Trust
Linn Phipps (lay member)	Independent consultant on patient and public engagement, health scrutiny and health inequalities
Anthony Schapira (clinical member)	Consultant neurologist and Professor of Clinical Neurology Royal Free NHS Foundation Trust and University College Hospitals NHS Foundation Trust / Institute of Neurology, UCL
Suzanne Shale (lay member)	Independent consultant in healthcare ethics, patient safety and healthcare leadership
Mark Taylor (managerial member)	Management consultant and coach to NHS Former CCG chief officer
Helen Thomson (clinical member)	Former chief nurse and deputy chief executive Calderdale and Huddersfield NHS Foundation Trust
Miles Wagstaff (clinical member)	Consultant paediatrician and neonatologist Gloucestershire Hospitals NHS Foundation Trust
John Wilderspin (managerial member)	Independent coach and consultant Former NHS chief executive

³ As at 31 March 2020

⁴ The IRP Chairman receives a salary of £36,780 per annum

⁵ Members are entitled to claim a fee of £300 per day engaged in IRP activity

⁶ Due to take up post with NHS England on 1 April 2020

ANNEX TWO

IRP general Terms of Reference

The Independent Reconfiguration Panel is an advisory non-departmental public body. Its terms of reference are:

- A1 To provide expert advice on:
- proposed NHS reconfigurations or significant service change;
 - options for NHS reconfigurations or significant service change;
- referred to the Panel by Ministers.
- A2 In providing advice, the Panel will consider whether the proposals will provide safe, sustainable and accessible services for the local population, taking account of:
- i clinical and service quality
 - ii the current or likely impact of patients' choices and the rigour of public involvement and consultation processes
 - iii the views and future referral needs of local GPs who commission services, the wider configuration of the NHS and other services locally, including likely future plans
 - iv other national policies, including guidance on NHS service change
 - v any other issues Ministers direct in relation to service reconfigurations generally or specific reconfigurations in particular
- A3 The advice will normally be developed by groups of experts not personally involved in the proposed reconfiguration or service change, the membership of which will be agreed formally with the Panel beforehand.
- A4 The advice will be delivered within timescales agreed with the Panel by Ministers with a view to minimising delay and preventing disruption to services at local level.
- B1 To offer pre-formal consultation generic advice and support to NHS and other interested bodies on the development of local proposals for reconfiguration or significant service change - including advice and support on methods for public engagement and formal public consultation.
- C1 The effectiveness and operation of the Panel will be reviewed annually.

ANNEX THREE

Handling plan for referral of contested reconfiguration proposals to IRP

DHSC/IRP PROTOCOL FOR HANDLING REFERRALS TO THE IRP	
INDEPENDENT RECONFIGURATION PANEL	DEPARTMENT OF HEALTH AND SOCIAL CARE
	DHSC monitors potentially contentious referrals. Advises IRP when a proposal has been referred to SofS by a local authority.
	Upon receipt of a referral to SofS, DHSC checks that it meets the requirements of the 2013 Regulations and contacts NHS England to request additional information required. NHS England/NHS consulting body returns information within two weeks of request.
	SofS writes to IRP requesting advice on the contested proposal and providing supporting documentation from local authority and NHS.
Panel Members carry out assessment. IRP provides advice to SofS on what further action should be taken locally, usually within 20 working days of request.	
Advice published on IRP website. <i>or:</i>	SofS replies to local authority, copied to NHS England, advising of decision and future action required.
Exceptionally, the Panel advises that further evidence is required before reporting back, normally including: <ul style="list-style-type: none"> • Site visits • Oral evidence-taking from invited key stakeholders and interested parties SofS agreement is sought.	SofS considers IRP proposal to seek further evidence and if agrees:
IRP / DHSC discuss specific terms of reference and timetable for providing advice to the Secretary of State.	
	SofS writes to IRP confirming agreed terms of reference and deadline.
Panel Members gather further evidence. IRP provides advice to SofS on what further action should be taken, usually within 60 working days of request.	
Advice published on IRP website.	SofS replies to local authority, copied to NHS England, advising of decision and future action required.

ANNEX FOUR

IRP advice

IRP advice on each of the commissions listed below can be found on the IRP website at:

<https://www.gov.uk/government/organisations/independent-reconfiguration-panel>

Advice offered since the introduction of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

	Location	Date submitted	Services involved
1	Kent and Medway	01 November 2013	Inpatient mental health
2	East Berkshire	01 November 2013	Urgent care, rehabilitation, midwife-led maternity
3	South Gloucestershire	01 November 2013	Rehabilitation
4	Mid-Yorkshire	19 February 2014	Acute and community services
5	South Gloucestershire	21 February 2014	Rehabilitation
6	North Somerset	02 May 2014	Primary medical care
7	North Yorkshire	15 May 2014	Children's and maternity
8	South Tyneside	06 February 2015	Primary medical care
9	South Gloucestershire	07 April 2015	Minor injuries
10	East London	31 December 2015	Intermediate care
11	Devon	23 September 2016	Community services
12	Hartlepool	07 March 2017	Primary medical care
13	Lincolnshire	22 March 2017	Urgent care
14	Witney, Oxfordshire	11 April 2017	Primary medical care
15	Banbury, Oxfordshire	21 August 2017	Maternity (temporary closure of obstetrics)
16	Thurrock, south Essex	01 September 2017	PET CT scanning
17	Cumbria	04 October 2017	Maternity services
18	East Riding of Yorkshire	11 October 2017	Urgent and community services
19	North Staffordshire	18 October 2017	Community services
20	Croydon, south London	05 January 2018	Infertility services
21	Banbury, Oxfordshire	09 February 2018	Maternity (permanent closure of obstetrics)
22	Calderdale and Huddersfield, West Yorkshire	9 March 2018	Acute and community services
23	Rothbury, Northumberland	7 June 2018	Community hospital services
24	South Tyneside and Sunderland	18 June 2018	Acute hospital services

25	Teesside	24 May 2019	Respite care for adults with complex needs
26	Shropshire and Telford	31 July 2019	Acute hospital services
27	Mid and South Essex	17 July 2019	Mid and South Essex Sustainability and Transformation Partnership
28	Dorset	30 August 2019	Dorset Clinical Services Review
29	Kent and Medway	30 September 2019	Urgent stroke services

Advice provided under pre-2013 Regulations

	Location	Date Submitted	Services involved
1	East Kent (Canterbury, Ashford, Margate)	12 June 2003	General hospital services incl. maternity paediatrics and emergency care
2	West Yorkshire (Calderdale, Huddersfield)	31 August 2006	Maternity
3	North Teesside (Stockton on Tees, Hartlepool)	18 December 2006	Maternity, paediatrics and neonatology
4	Greater Manchester (<i>Making it Better</i>)	26 June 2007	Maternity, paediatrics and neonatology
5	North east Greater Manchester (<i>Healthy Futures</i>)	26 June 2007	General hospital services incl. emergency care
6	Gloucestershire (Gloucester, Cheltenham, Stroud, Cinderford)	27 July 2007	Older people's inpatient mental health
7	West Midlands (Sandwell, west Birmingham)	30 November 2007	Emergency surgery
8	West Kent (Maidstone, Tunbridge Wells)	30 November 2007	Orthopaedic and general surgery
9	West Suffolk (Sudbury)	31 December 2007	Community services
10	North Oxfordshire (Banbury, Oxford)	18 February 2008	Maternity, paediatrics, neonatology and gynaecology
11	North Yorkshire (Scarborough)	30 June 2008	Maternity
12	North London (<i>Your health, your future – safer, closer, better</i>)	31 July 2008	General hospital services incl. maternity, paediatrics and emergency care
13	East Sussex (Hastings, Eastbourne)	31 July 2008	Maternity, neonatology and gynaecology

14	North Yorkshire (Bridlington)	31 July 2008	Cardiac care and acute medical services
15	South east London (<i>A picture of health</i>)	31 March 2009	General hospital services incl. maternity, paediatrics and emergency care
16	Lincolnshire (Lincoln)	29 May 2009	Microbiology
17	South west peninsula (Devon, Cornwall, Isles of Scilly)	04 June 2010	Oesophageal cancer surgery services
18	Hampshire (Portsmouth)	31 March 2011	End of life care
19	North east London (<i>Health for north east London</i>)	22 July 2011	General hospital services incl. maternity, paediatrics and emergency care
20	National (<i>Safe and Sustainable</i>)	30 April 2013	Children's congenital heart services
21	North west London (<i>Shaping a healthier future</i>)	13 September 2013	General hospital services incl. maternity, paediatrics and emergency care