IRP

157 – 197 Buckingham Palace Road
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The Rt Hon Matt Hancock MP
Secretary of State for Health and Social Care
39 Victoria Street
London SW1H 0EU

31 July 2019

Dear Secretary of State

REFERRAL TO SECRETARY OF STATE
Future Fit: Shaping Health Care Together
Telford & Wrekin Council

Further to my letter of 31 May 2019, in which the IRP provided interim advice on the above, I write now to offer the Panel's final advice.

In summary, subject to the recommendations made below, the Panel's view is that the proposal to establish a single emergency centre at Royal Shrewsbury Hospital with a full range of complementary services at Princess Royal Hospital, Telford, is in the interests of health services in Shropshire, Telford and Wrekin and should proceed without further delay.

Background
Our remit
The Secretary of State first wrote to the IRP to commission advice on 22 March 2019.

The Panel was asked to advise:
a) Whether consultation with Telford and Wrekin & Council was procedurally correct and/or functionally adequate: and if not, then what could be done to improve this;
b) Whether the proposals are in the interest of local health services;
c) Whether the proposals meet the five reconfiguration tests, and;
d) What could have been done differently by local organisations to avoid a referral at the end of a multi-year process of developing a case for change

The Secretary of State's full commissioning letter is included at Appendix One.

The Panel's letter of 31 May 2019, included at Appendix Two, provided advice on sections a) and d) above and included a chronological record of the main events leading up to this commission for advice. It concluded that the Panel wished to test the evidence put to it, focussing on two related areas. First, whether, as some have suggested, there is 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

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practice the whole health system will function to meet the wider needs of the population, including the mitigation of the negative effects of centralising some services.

Our process
A sub-group of the full IRP carried out this commission. It consisted of the Panel Chairman, Lord Ribeiro, and four Panel Members, Diane Davies, Simon Morritt, Linn Phipps, and Helen Thomson. Sub-group Members visited the two acute hospital sites and took oral evidence from invited parties. Members were accompanied on visits and evidence sessions by the IRP Secretariat. Details of the people seen during these sessions are included at Appendix Three. To provide context and aid preparation, a short briefing about lines of enquiry was shared in advance with participants and is included at Appendix Four.

Local Members of Parliament were contacted to seek their views. Meetings were held with Owen Paterson, MP for North Shropshire, and Lucy Allan, MP for Telford, Philip Dunne, MP for Ludlow, Daniel Kawczynski, MP for Shrewsbury and Atcham and Mark Pritchard, MP for Wrekin County, on 23 July 2019.

A list of written evidence received after 31 May 2019 is included at Appendix Five. The Panel considers that the documentation received, together with the information obtained in meetings, provides a fair representation of the views from all perspectives.

Throughout our consideration of these proposals, our aim has been to consider the needs of patients, public and staff, taking into account the issues of safety, sustainability and accessibility as set out in our general terms of reference. In this particular case, we have also reflected the partnership arrangement in place between health organisations across the border of England and Wales to consider the needs of the Powys population who depend on the services in question.

The Panel wishes to record its thanks to all those who contributed to this process. The advice contained in this letter represents the unanimous views of the Chairman and all Members of the IRP.

Our advice
The clinical case for change and moving forward
The opportunity to visit the services and test the evidence with those involved locally served to reinforce the written evidence about the case for change. The Panel was struck on its site visits by the poor state of the main ward block and outpatient facilities at Royal Shrewsbury Hospital (RSH).

Even if the ever-present problems of recruiting clinical staff to achieve safe rotas were resolved, the current model of emergency services provided through the two hospitals, RSH and Princess Royal Hospital, Telford (PRH), compromises safety and quality. The Panel heard frequently from the clinicians responsible for delivering these services that this is a daily

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concern and drives their advocacy for a new model of hospital care which will provide what the population currently do not get – access to consistently safe, high quality emergency care and treatment 24 hours a day, seven days a week.

The case for change was first articulated some ten years ago and the status quo declared not an option. In the period since, interim changes have been required to mitigate clinical risks in services. These include the centralisation of emergency surgery at RSH and, in the face of deteriorating facilities at that hospital, the relocation of women and children's services from RSH to PRH. The Panel agree that the current situation is not acceptable and cannot continue.

In all its discussions, the Panel has explored views about how best the local health system can move forward with its partners. There are genuinely held differences of view and unresolved issues that need to be tackled openly and collaboratively by the local NHS, its local authority partners and others. The long history of *Future Fit* clearly casts a shadow over people's perceptions and for some it has undermined confidence and trust. Changes in leadership of organisations brings uncertainty but also opportunity. The Panel heard from both local authorities a strong commitment to partnership with the local NHS and positive feedback about the changes being made to strengthen the Sustainable and Transformation Partnership (STP) and its approach to working with them.

Recommendation One

The STP is making welcome changes and must be fully supported to enable the NHS and its partners to collaborate effectively.

Acute services in context

The Panel agrees with the view expressed by some of those we met that the original whole system approach, described vividly at the outset of *Future Fit*, has not been sustained and converted into whole health system transformation. Although work is being done on out of hospital services, there is a legitimate concern that without a coherent and comprehensive approach, a balanced and sustainable health system will not be achieved.

That there is a critical interdependency between primary and community care on the one hand and acute hospital care on the other is not disputed by anyone. Nor is there any dispute about the need to integrate out of hospital services with the 'front door and back door' of acute hospitals to optimise admissions and discharges.

Tackling the issues described above is a non-negotiable priority in every health system, irrespective of the model of hospital care that is in place. The Panel found no reason to support the view expressed by some that the decision to implement the new model of hospital care will necessarily stop the development of the complementary services that are needed to achieve a sustainable health system. Rather, for Shropshire, Telford and Wrekin the

immediate opportunity is to build on existing work, including community hospitals and maternity services, to transform out of hospital services in a way that will shape and enhance the implementation of the new model of hospital care.

Capital finance of £312m has been earmarked to enable the implementation of the new model for hospital care. As with any major NHS capital scheme, *Future Fit* is following standard processes of planning and approval. The Panel support the decision to bring these processes within the STP's remit as a matter of collective responsibility, providing the vehicle to identify and manage the associated risks and ensure it proceeds firmly within the context of what must be achieved for the whole health system.

Recommendation Two

The STP has already brought the *Future Fit* hospital programme under its auspices as one element of the work to deliver the NHS Long Term Plan. The STP should ensure that out of hospital services are given the priority and leadership required to achieve whole health system transformation within available financial resources.

The new model for hospital care

The IRP heard from many of the stakeholders involved that they have come to understand and accept the case for change knowing that it would lead them into uncomfortable discussions with local people and staff about how and where to consolidate some hospital services. They share a view that the NHS's decision to proceed is not without risks and uncertainties. However, they also recognize that after many struggles, there is an opportunity to create better hospital services which must be grasped.

Telford & Wrekin Council and Shropshire, Telford and Wrekin Defend our NHS both expressed the view that the local NHS's decision to implement the new model of hospital care is wrong and should be put aside. The Panel's view is that this is not a credible alternative to the preferred option. It would be a choice to accept the safety and quality shortcomings of the current hospital services, ignore the views of clinicians and deny the population the opportunity of access to consistently safe, high quality emergency care and treatment 24 hours a day, seven days a week.

Recommendation Three

The new model of hospital care should be implemented without delay.

Location of the emergency care centre

The Panel noted in in its advice of 31 May 2019, that options for the emergency centre, including a new build between Shrewsbury and Telford and variations of the *'Northumbria*

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Model', were considered and ruled out before RSH was identified as preferred to PRH. The options appraisal demonstrated the trade-offs involved between the two locations and the differential impacts for different sections of population. The Panel, having reviewed the options appraisal and arguments put forward by Telford & Wrekin Council in their referral, agree that on balance RSH is the better location for the emergency centre.

A key factor in this choice is the need to address the challenge of sustaining the increasingly specialised nature of hospital care for the catchment population served, including mid-Wales, in the face of existing alternatives to the north and east in Stoke and the West Midlands conurbation. For trauma care, locating the emergency centre at RSH establishes a critical mass of hospital infrastructure and expertise that is required for the operation of a wider trauma network. Beyond trauma services, it will also provide the means to underpin the more local provision of other specialist services such as cancer services.

Recommendation Four

The emergency care centre is better located at RSH.

Services at PRH

Under the preferred option, PRH will be the centre for planned care (surgery and post-acute rehabilitation), the location for an urgent treatment centre and continue to provide the current range of outpatient, diagnostic and related services.

The Panel has previously commented about the confusion caused by the inconsistent use of names and models across the NHS and it is hoped that the current national policy to implement a standard urgent treatment model will improve matters. Although national policy must be implemented at RSH and PRH in the interim, the Panel shares concerns expressed that a more appropriate and ambitious model must be developed and implemented to complement properly the single emergency centre at RSH. Accepting the constraint that acute admissions will not be available at PRH, the Panel agrees that the aim should be to provide as much clinically appropriate urgent care and treatment as possible at the hospital. In this context, the future model must consider the range of diagnostics available to be used, ambulatory emergency care and frailty assessment. This will both serve local needs better and when replicated at RSH will ensure the single emergency centre is used only when necessary and not by default.

Recommendation Five

The urgent care model should enable as much clinically appropriate care to be delivered at PRH as possible. Options for diagnostics, ambulatory emergency care and frailty assessment must be considered.

Independent expertise and challenge
The Panel has been impressed by the clinical engagement in developing services locally over a long period. The next phase brings fresh challenges including the co-production of new service models and integrating service delivery across clinical and organisational boundaries. The Panel has seen elsewhere the value of bringing independent clinical and other expertise to bear on this type of work and believes Shropshire, Telford and Wrekin needs this to complement its strengths.

Recommendation Six

The STP should ensure that independent expertise is brought in to facilitate development of the new models of service.

Workforce
In the recent history of local NHS services, difficulties recruiting and retaining clinical staff in vital services have featured large and undermined efforts to provide high quality services. Whilst these difficulties continue, the workforce agenda is now shifting to broader consideration of how services will be delivered in the future and what types of staff with what skills will be needed. The Panel has seen some specific examples of the workforce development required. However, we note that to achieve the transformation of services envisaged requires a more fundamental approach than filling existing vacancies and incremental changes in workforce roles and numbers.

Recommendation Seven

The STP should ensure the transformation of service delivery and its impact on staff roles and skills is fully reflected in its workforce programme and plans.

Conclusion
The Panel notes that NHS England has assured the process throughout against the five tests. In common with any proposals of this nature, there are ongoing risks that need to be managed. The NHS is aware of these risks and they will be managed by the STP in conjunction with NHS England and Improvement.

Since the new model of hospital care was first articulated in 2014, the simple message that it will provide something that the population currently do not get – access to consistently safe, high quality emergency care and treatment 24 hours a day, seven days a week – has not changed but has got somewhat lost.

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The opportunity to bring the benefits of sustainable, high quality emergency care to this population, and with it a critical mass of clinical expertise that will underpin and sustain other services in the area, must not be squandered.

These changes cannot stand alone. They are one necessary and beneficial element in the wider transformation of health services led by the STP to achieve the aims of the NHS Long Term Plan for the local population.

Yours sincerely

Lord Ribeiro CBE
IRP Chairman

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Appendix One

Department of Health & Social Care

From the Rt Hon Matt Hancock MP
Secretary of State for Health and Social Care

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020 7210 4850

The Lord Bernard Ribeiro
Chair, Independent Reconfiguration Panel
6th Floor
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22 March 2019

Dear Lord Ribeiro,

Referral to the Secretary of State under Regulation 23(9) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 of changes to healthcare services in Telford and the Wrekin through the 'Future Fit' programme.

I am writing to request the initial advice of the Independent Reconfiguration Panel (IRP) in relation to the above referral by Telford and the Wrekin Council.

In particular, I would like the panel to look into the following aspects of this case:

a) Whether consultation with Telford and Wrekin Council was procedurally correct and/or functionally adequate; and, if not, then what could be done to improve this;

b) Whether the proposals are in the interests of local health services;

c) Whether the proposals meet the five reconfiguration tests; and

d) What could have been done differently by local organisations to avoid a referral at the end of a multi-year process of developing the case for change.

I should be most grateful if the advice could, in line with the agreed protocol between the Department of Health and Social Care and the IRP, be provided by no later than the end of May, if at all possible. However, if it becomes apparent that this deadline is not achievable (or can be exceeded), do please let me – and copy recipients – know what a more realistic timetable would be.

I would be grateful if you could contact Ceeleena Gordon or Rachel Skingle in Provider Policy here at the Department of Health on 020 7210 6259/6156 if you require any additional information at this stage.

I enclose copies of my letters to Telford and Wrekin Council and the relevant CCGs informing them of my decision.

I look forward to hearing from you.

MATT HANCOCK

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Appendix Two

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The Rt Hon Matt Hancock MP
Secretary of State for Health and Social Care
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31 May 2019

Dear Secretary of State

REFERRAL TO SECRETARY OF STATE
Future Fit: Shaping Health Care Together
Telford & Wrekin Council

Thank you for forwarding copies of the referral letters and supporting documentation from Cllr Shaun Davies, Leader, and Richard Partington, Managing Director, Telford & Wrekin Council. NHS England (Shropshire and Staffordshire) provided assessment information. A list of all the documents received is at Appendix One. The IRP has undertaken an assessment in accordance with our agreed protocol for handling contested proposals for the reconfiguration of NHS services.

In considering any proposal for a substantial development or variation to health services, the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require NHS bodies and local authorities to fulfil certain requirements before a report to the Secretary of State may be made. The IRP provides the advice below on the basis that the Department of Health and Social Care is satisfied the referral meets the requirements of the regulations.

The Panel considers each referral on its merits and concludes that with your agreement it will consider further the evidence, as indicated below, before providing final advice.

Background
Future Fit: Shaping Health Care Together is led by NHS Shropshire Clinical Commissioning Group and NHS Telford and Wrekin Clinical Commissioning Group (the CCGs). The populations served by the CCGs are broadly the same as those who live in the local authorities of Shropshire and Telford and Wrekin respectively. To the west, the population of Powys in mid Wales also make significant use of the services under consideration.

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Shropshire has a population of around 320,000[1] and is a sparsely populated rural area apart from Shrewsbury with a population of around 72,000 and a few market towns such as Ludlow in the south. It has a larger number of older people compared to many other locations across the country. People living in Shropshire are relatively affluent compared with the national average, however there are areas of deprivation, including in rural areas where access to transport and higher costs for everyday essentials are a challenge for people.

Telford and Wrekin's population is around 170,000, the majority of whom live in Telford itself, and is projected to grow at a faster rate than the population of England. The proportion of the population aged under 20 is above the national average but this proportion is decreasing as more than half the projected population increase is in the over 65 age group. The population has higher than national rates of poor health with lower life expectancy and higher rates of people reporting long term limiting health problems or disability. Within the Borough, 15 areas are ranked in the 10 per cent most deprived nationally.

Powys has a population of just over 130,000 and the lowest population density of all the principal areas of Wales. Much of Powys is upland or mountainous making north-south transport difficult and there are high levels of rural poverty.

Apart from primary care, most NHS services for the area are provided by one of five organisations. Mental health and community services are provided by Midlands Partnership NHS Foundation Trust and Shropshire Community Health NHS Trust respectively. Ambulance services are provided by West Midlands Ambulance Service (WMAS) with the Welsh Ambulance Service (WAS) covering Powys. The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust in Oswestry provides a range of bone, joint and tissue services, not only locally but also as specialised service for the region and beyond.

Acute hospital services are provided by Shrewsbury and Telford Hospital NHS Trust (SaTH) from two sites, the Royal Shrewsbury Hospital (RSH) and the Princess Royal Hospital Telford (PRH) which are 16 miles apart. Both hospitals currently provide a wide range of services including A&E, outpatients, diagnostics, inpatient medical care and critical care. The RSH is currently the designated Trauma Unit. Following service reconfigurations in 2013/14, inpatient adult surgery (excluding breast) is provided at RSH, with women and children's services (consultant-led obstetrics, neonatology, inpatient and day case paediatrics and inpatient women's services), head and neck and acute stroke care being provided at PRH. It is the future configuration of these acute hospital services that is the main subject of this referral and the IRP's advice.

Developing an acute services strategy has been the subject of work by the local NHS since at least 2008. *Future Fit* was set up in 2013 in response to the Government's 'Call to Action' which asked NHS staff, patients, the public and politicians to come together and agree what changes are needed to make local NHS services fit for the future. In November 2013, the

[1] Not including the population of Telford and Wrekin

CCGs ran a consultation exercise with the public and clinicians. The response was to design a new pattern of services that would offer excellence in meeting the distinctive and particular needs of the rural and urban populations of the local health economy. A Clinical Reference Group (CRG) was established, comprising senior clinicians from across healthcare, social care and patient representatives. Together, they developed and agreed an initial case for change and a set of 'whole system' design principles.

In March 2014, the Telford & Wrekin Council and Shropshire Council Joint Health Overview and Scrutiny Committee (JHOSC) received a report on the progress of the *Future Fit* programme including the development of the clinical model and future work around options appraisal, benefits realisation, consultation and the business case. The JHOSC resolved that "*the Case for Change and Principles for Joint Working be endorsed*" and to receive further reports.

The CRG was extended to over 300 members, including stakeholder and patient representatives. The clinical model that emerged for acute hospital services comprised one emergency centre, one planned care centre, two urban urgent care centres and local outpatient and diagnostic services.

In June 2014, the JHOSC received an update report on the *Future Fit* programme. It was noted that "*no decision had yet been made on the location of the new acute facility but could either be at the PRH in Telford, the RSH in Shrewsbury or on a site between the two*". The JHOSC commended the work undertaken to date and requested further information before endorsement of the proposed models would be considered.

A stakeholder panel was established in 2014 where initially a total of 40 options were considered, each of which contained a single site emergency care centre and various combinations of locations and co-locations of the other elements within the clinical model. The stakeholder panel developed the criteria for options appraisal and used them to produce a shortlist of five options. These were taken forward for further work along with a 'do minimum' and two variant options that would see consultant-led obstetric services located with the planned care centre rather than the emergency centre.

In January 2015, the Stage 1 Phase 1 Report from West Midlands Clinical Senate provided informal advice and expert critical challenge as part of NHSE's assurance process. The report noted an unsustainable health model which warranted a need for fundamental change and improvement to achieve both clinical and financial sustainability. Whilst commending the ambition of the *Future Fit* programme and the engagement of clinicians and patients to date, it advised the need for more detailed work and testing of key assumptions around the clinical model, including urgent care centres and travel, activity and bed numbers, workforce and working practices. It also noted the need to engage the public and local government in the development of the proposals.

In February 2015, the JHOSC received an update report on the *Future Fit* programme that included details about how the shortlist of eight options had been reached, proposals for urgent care centres and next steps.

Three of the eight options in the short list involved the use of a 'greenfield site'. Following an independent study commissioned to examine the feasibility and capital cost of all the shortlisted options, in August 2015 the Programme Board excluded the greenfield options on financial and affordability grounds.

In September and November 2015, and March and July 2016, the JHOSC received further update reports on progress with the *Future Fit* programme. These reflected the changing NHS context of Sustainability and Transformation Plans being introduced and the need to address the local financial deficit. Early discussions about plans for consultation were overtaken by circumstances and the timetable revised.

In September 2016, the formal non-financial appraisal of the four remaining shortlisted options was undertaken by a multi-stakeholder panel of 50 members, including patient representatives, Healthwatch, Community Health Council (CHC) Powys, clinicians, managers, local authority representatives, ambulance services, commissioners and all NHS providers. It concluded that Option C1 (Emergency Centre at RSH, Planned Centre at PRH) ranked first over Option B (Emergency Centre at PRH, Planned Centre at RSH) second. A technical financial appraisal was performed and conversely Option B ranked first over Option C1 by a small margin. Combining the two elements, the overall economic analysis demonstrated that Option C1 offered the best value for money over the long term.

In one of the four remaining options (C2) the Women and Children's inpatient unit remained at the Princess Royal Hospital (PRH) with the Emergency Centre at the Royal Shrewsbury Hospital (RSH). Concerns around the implementation and delivery of this option were formally raised by local clinicians. External, independent, clinical advice on the potential of retaining the women and children's consultant-led unit at PRH was sought and concluded that, having considered internal opinion and external reviews, this option was not clinically deliverable.

In December 2016, the Future Fit Joint Committee of the CCGs received the recommendations of the Programme Board but was unable to agree on a preferred option. It commissioned two further pieces of work to inform its deliberations: an additional Women and Children's Impact Assessment and an Independent Review of the Option Appraisal Process. The latter concluded that there had been no material evidence presented that would change the original recommendations to the Joint Committee.

In August 2017, the Joint Committee reconvened and unanimously supported the recommendation from the Programme Board. This reaffirmed that Option C1 was to be taken

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into the consultation process as the preferred option. The Committee also acknowledged that Option B was both clinically and financially deliverable and therefore both would form part of the public consultation.

In September 2017, The JHOSC received an update including draft consultation documents and the pre-consultation business case. These were considered further at the JHOSC meetings on 2 November and 5 December 2017.

In October and November 2017, NHS England undertook a stage two assurance checkpoint in line with the guidance. A Panel was convened by the Regional Operations and Delivery Director, on behalf of the Regional Director, comprising a clinician, finance expert, members with experience of reconfiguration and representatives from NHS Improvement. The Panel considered the pre-consultation business case (PCBC) approved by the CCGs' Governing Bodies alongside the reports from the West Midlands Clinical Senate and other evidence provided. The Panel sought to ensure that the four tests for service change set by the Secretary of State and the test set by NHS England regarding reductions in hospital beds were met. The PCBC was subjected to the various best practice checks set out in the guidance, including around clinical and financial sustainability, affordability, engagement undertaken and planned and governance. The Panel concluded that the evidence provided was sufficient and gave its support for the programme to proceed to consultation, subject to the source of the required capital finance being identified.

In January 2018, a Consultation Stakeholder Reference Group was established including representatives from the CCGs, Powys Health Board, Shropshire and Telford & Wrekin local authorities, SaTH, Healthwatch, public and patient representatives and the voluntary sector. Its remit was to oversee all communication and engagement activities. In co-production with this group, the Programme worked with the Consultation Institute (TCI) to design the consultation materials and inform the development of the consultation plan to ensure best practice standards.

In February 2018, NHS Improvement's National Resources Committee gave its support for the capital finance to be made available to the programme and this was announced by the then Secretary of State for Health and Social Care in March 2018. On this basis, NHS England's Regional Director wrote to the CCGs' Accountable Officers, the joint Senior Responsible Officers for *Future Fit*, to confirm assurance and support to launch the formal public consultation.

On 10 May 2018, the JHOSC received final versions of consultation documents and plans, a report of the NHS England assurance process and the proposed timeline and process for decision making after consultation. The NHS confirmed that the JHOSC would receive the final report on the consultation for their consideration.

Consultation with the public commenced on 30 May 2018 and was planned to run for fourteen weeks to 4 September 2018. A wide range of activities were undertaken including drop-in public exhibition and panel events, pop-up displays, patient participation groups and GP patient forum meetings, council meetings, business community engagement, meetings with seldom heard groups, targeted Facebook advertising, Twitter chats with clinicians and a dedicated consultation website.

Prior to the formal consultation, further public and stakeholder engagement had sought views on the clinical model and its impact across Shropshire, Telford and mid Wales. Some members of the public, the JHOSC and Telford & Wrekin Council raised the potential of "the Northumbria model" and if it should be considered as an option. The model comprises a new build 'Specialist Emergency Care Hospital' within a network of non-emergency care hospitals. A feasibility study was commissioned to look at the application of the model into the local health economy. In July 2018, the study's conclusions included that the capital costs of this option would be significantly higher than the allocated capital funding of £312m and it would address neither the significant current backlog maintenance at RSH and PRH nor the workforce sustainability challenges experienced by the Trust.

A midpoint review considered feedback from stakeholders, including the JHOSC at its meeting on 30 July 2018, and it was agreed to hold three additional public meetings and to extend the consultation by a week to 11 September 2018.

Independent consultation specialists, Participate Limited, collated and analysed feedback from the consultation and produced a Consultation Findings report. In addition, they facilitated two meetings at which the consultation findings were presented, scrutinised and discussed. The NHS concluded that the consultation findings presented no new viable alternative models and no new themes or key issues

In December 2018, the JHOSC and Powys CHC meetings received presentations on the consultation findings and mitigations. After a further meeting on 17 December 2018, the JHOSC formally responded on 3 January 2019 recording that because of disagreement between its members it was unable to make any joint recommendations relating to the consultation's adequacy or regarding the committee's overall response. It also noted *"the provisions of the Local Authority (Public Health, Health & Wellbeing Boards and Health Scrutiny) Regulations 2013 and accompanying guidance and reserves its right to comment further when formally consulted on the final proposals in accordance with regulation 23 et seq of those regulations. commendations and mitigation"*.

The Powys CHC formally responded on 8 January 2019, noting its satisfaction with the consultation and confirming its support for the preferred option.

Consequent to the JHOSC formal response making no recommendations, on the 11 January 2019 the CCGs wrote to the JHOSC asking whether it intended referring to the Secretary of

State and if so when. On 23 January 2019, the joint chair of the JHOSC, Cllr Andy Burford, wrote to the CCGs on behalf of the Telford & Wrekin members of the JHOSC expressing the view that consultation with the JHOSC would fall short of the requirements of the relevant regulations unless it was consulted about the conclusions and recommendations of the CCG's Decision-Making Business Case before a final decision was made. The CCGs responded the same day disagreeing with this view but confirming that any comments received before 29 January 2019 would be taken into consideration.

Having received the necessary assurance and permission from NHS England, on 29 January 2019 the CCG Joint Committee unanimously confirmed that Option 1 was the preferred option. Five areas of mitigation were set out to be progressed: these related to the Travel and Transport Mitigation Plan; the 14 recommendations in the Equalities Impact Mitigation Report; progression of the out of hospital care strategies by the two CCGs; clear descriptions of services for the public, particularly the provision at Urgent Care Centres and reconfirming affordability at Outline Business Case stage.

On 18 February 2019, the Telford & Wrekin Full Council unanimously decided to refer to the Secretary of State the decision of the Joint Committee of Telford and Wrekin and Shropshire Clinical Commissioning Groups, to proceed with recommendations contained in the Decision-Making Business Case to reconfigure acute hospital services across Telford & Wrekin and Shropshire.

Basis for referral

The supporting documentation supplied with the Telford & Wrekin Council's letter of 20 March 2019 states that:

"This referral is made in accordance with Regulation 23(9) of the 2013 Regulations on the grounds that this Authority at a meeting of the Full Council on 18 February 2019 unanimously agreed that it:

1. *Is not satisfied with the adequacy of the content of the consultation with the Joint Health Overview and Scrutiny Committee (JHOSC).*
2. *Is not satisfied that sufficient time has been allowed for consultation with the JHOSC.*
3. *Considers that the proposals would not be in the interests of the health service of the area and hence in the interests of the people of Telford & Wrekin (and will have a negative effect on the sustainability of health services in the area).*
4. *Considers the proposals are not consistent with the overwhelming views and wishes expressed by the people of Telford & Wrekin in the public consultation."*

IRP view

With regard to the referral by the Telford & Wrekin Council, the Panel notes that:

Consultation issues

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- a joint health scrutiny committee was formed and so the CCGs were not required to provide information to Telford & Wrekin Council – only to the JHOSC
- only Telford & Wrekin contend that the JHOSC should have been consulted further before the CCGs made their final decisions based on the DMBC.
- there has been a clear effort throughout on the part of the JHOSC and NHS to work together in overseeing and scrutinising the development of these controversial changes
- the period prior to consultation, when the PCBC, draft consultation document and associated materials were discussed with the JHOSC on several occasions, was a missed opportunity for both parties
- the JHOSC failed to agree any recommendations to the NHS
- the NHS's approach to engagement and consultation is open to criticism

Whether the proposals are in the interests of local health services

- the JHOSC endorsed the case for change
- the current safety and sustainability of some acute hospital services is a cause for concern
- the model of a single site emergency centre proposal along with a separate site for planned care has some clear benefits for patient care
- the model also has some disadvantages to be considered which have been highlighted through consultation
- questions remain about how the proposal fits within the wider health and care system and how the changes will be delivered successfully

Advice

The Panel considers each referral on its merits and concludes that with your agreement it will consider further the evidence, as indicated below, before providing final advice.

Consultation issues

The Panel has been asked to advise whether consultation with Telford &Wrekin Council was procedurally correct. In submitting its referral, Telford & Wrekin Council has cited Regulation 23(9) of Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 but has not specified any of that regulation's sub-sections. In relation to consultation issues, Regulation 23(9)(a) covers consultation with the relevant scrutinising body. Regulation 30 (1-6) describes the circumstances in which a joint scrutiny committee should be appointed.

A JHOSC was established between Telford & Wrekin and Shropshire Councils as the health scrutiny body to be consulted on matters relating to the planning, provision and operation of the health services in the area under the Local Authority (Public Health, Health and Well Being Boards) Regulations 2013. The JHOSC is the appropriate and only English scrutiny body with which the CCGs must consult on any proposals developed in respect of the *Future Fit* Programme. It is also the only body that the NHS is required to provide information to in these circumstances. Based on the IRP's understanding of the Regulations, and bearing in mind that matters of law are for the courts, the Panel considers that the consultation with

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Telford & Wrekin Council was procedurally correct. However, we offer the following further comments on the consultation with the JHOSC.

Power of referral was retained by the individual councils and has been exercised by Telford & Wrekin Council. In its referral, the Council contends that the consultation with the JHOSC was inadequate in terms of both content and time allowed. The Panel noted that this contention was not endorsed by the JHOSC or the other party to the JHOSC, Shropshire Council. In contrast, the Welsh counterpart to the JHOSC, Powys CHC, formally recorded its satisfaction with the content and time allowed for consultation.

The Panel commends the effort and commitment of both the NHS and JHOSC to work together on proposals of such significant potential impact for their communities and over such a length of time. Close to five years elapsed between the JHOSC endorsing the *Future Fit* Case for Change in 2014 and the NHS making the decisions that are the subject of this referral. In that time many meetings took place, typically supported by detailed papers and, as the minutes record, sensible and appropriate questions were asked with many responses provided. However, it is the Panel's view that the length of the process, combined with the potential of the *Future Fit* programme eventually to divide the parties involved, explains many of the issues raised in this referral.

It was predictable and inevitable that the options appraisal and identification of a preferred option would trigger renewed scrutiny and questions about both process and consequences. Although regular dialogue with the JHOSC continued throughout, the lags in process and time between the options appraisal in September 2016, the production of the pre- consultation business case towards the end of 2017 and the start of consultation in May 2018 undoubtedly explain some of the apparent gaps in information and consequent misunderstanding. These were exacerbated by changes in personnel, the NHS's processes for assurance and perhaps most frustratingly, the uncertainty about capital financing and its effect on the affordability and deliverability of the consultation proposals.

Notwithstanding the frustrations and delays described above, the Panel agrees that, given the evident risks for both parties, the period covering the production of the pre-consultation business case and associated preparation for public consultation was a missed opportunity. For the NHS, the JHOSC had consistently raised significant issues such as ambulance provision and travel time that reasonably needed to be addressed. For the JHOSC, the divisive nature of the proposals and consultation placed a premium on its own process for undertaking scrutiny effectively and producing its recommendations. Although significant time and effort from all parties went into reviewing, debating and amending the content of key documents before public consultation started, clarity and agreement between the NHS and JHOSC about issues raised, and the process and timetable to be followed by each party, jointly and severally, through to decision-making was absent at the start of the public consultation.

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The Panel agrees that with more forethought and collaboration from both parties, the disputes that crystallised in the period after public consultation would have been less likely. However, given the evident disagreement between members of the JHOSC and its inability to make recommendations to the NHS, the Panel's view is that further time and information for the JHOSC to undertake more scrutiny in the run-up to decision-making would not have provided a remedy and addressed the concerns that are evident locally.

Although not cited by Telford & Wrekin Council as a reason for its referral, the Panel has received submissions from local campaigners expressing discontent with the formal public consultation that took place. The Panel does not underestimate the challenge for the NHS in engaging its stakeholders on a controversial agenda in the face of changing circumstances that are sometimes out of local control, and over a prolonged period. However, there is concern that the NHS's approach with its stakeholders and the public has too often been to share what it has done and when challenged to react by asserting its rationale backed with more information.

In this case the framing of the consultation rather served to reinforce the approach taken. The scope of the consultation was constrained to acute services, the acute model and two options for its implementation. This had a predictable effect seen in the responses. It reinforced a view that the NHS was setting an agenda rather than seeking views that would influence its decisions; it left relevant questions about the wider context of NHS services unanswered and unexplained; and the clear majority of responses divided along geographical lines.

The best consultation can never make up for lack of engagement from the outset. This view is common to much of the statutory and good practice guidance[2] that exists to assist the NHS and partners in involving and engaging with the public in developing local health services. It should be practised by any organisation that wishes to avoid a referral at the end of a multi-year process. The Panel understands that work is in hand within NHS England to bring together all the extant guidance into one document which will undoubtedly be helpful.

That said, in this instance the views of sections of the public and the position of the NHS seem to be so markedly far apart that it is difficult to imagine how even the very best involvement/engagement/consultation process would have avoided a referral from one of the two local authorities. For this reason, the Panel sees no benefit in further raking over the past. The focus from now on should be on how to move forward in the best interests of local health services.

Whether the proposals are in the interests of local health services

[2] Links to various pieces of guidance can be found in *Patient and public participation in commissioning health and care*, NHS England, available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/611303/001_NHSE_ppp-guidance_Apr17.pdf

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The case for change that provides the context for these proposals was first articulated in 2013 and endorsed by the JHOSC in 2014. It identified opportunities to provide better quality, more appropriate health care and the need to adapt existing services to meet future challenges such as changing population needs, clinical advances and making the best use of available financial and human resources. It also noted the longstanding concern about the sustainability of running two A&E services in terms of safety and quality.

Over the subsequent five years of *Future Fit*, the case for change has been the subject of external review, scrutiny and endorsement. The Panel agrees with the view that doing nothing is neither sustainable nor in the interests of local health services. This view is reinforced by the evidence that sustaining two A&E services has become more precarious, not least because the recruitment and retention of key medical staff is more difficult now than ever. As a result, the gap between the quality of existing A&E services and what is reasonably expected is greater than ever and today there is the real threat of temporary closure of one service on grounds of safety.

The single site emergency centre proposal was one element of the clinical model developed in response to the case of change. Along with a planned care centre, it has been at the heart of all options considered for acute hospital services since 2014

The clinical case for concentrating all the relevant services for those with emergency needs in one location, and separating these from planned care, is based on the available evidence, the associated professional consensus and relevant standards. In summary, more availability of senior staff across a range of specialist expertise is better for the sickest patients and separating planned care from emergency care reduces cancellations and delays.

The Panel notes that, through all the external assurance, scrutiny, and consultation, the basic proposition that a single emergency centre and separate planned care centre would have benefits for the care of patients has not been contradicted. However, putting this model at the centre of proposals for changing local health services brings many practical challenges, risks and issues – first articulated in the West Midlands Clinical Senate Report in 2014.

Following consultation, the NHS's decision to locate the emergency centre at RSH has been disputed by Telford and Wrekin who argue it should be at PRH. They have also highlighted gaps in the proposals and expressed a lack of confidence in the NHS's capability to deliver the necessary changes. The Panel agree that given the passage of time, the position reached, and the fragility of some services, the priority is to provide advice that will enable progress rather than a revisiting of what has been done so far.

Consequently, before providing final advice about the NHS's proposals, the Panel wishes to test the evidence put to us, focussing on two related areas. First, whether, as some have suggested, there is any credible alternative to the widely accepted single emergency centre and planned centre model. Second, were the single emergency centre and separate planned

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care centre model to proceed, how in practice the whole health system will function to meet the wider needs of the population, including the mitigation of the negative effects of centralising some services.

We are conscious of the pressures on local services and the need to move forward as soon as possible. We plan to visit the two acute hospitals and test the evidence of key parties before reporting finally no later than the end of July.

Yours sincerely

Lord Ribeiro CBE
Chairman, IRP

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LIST OF DOCUMENTS RECEIVED

Telford and Wrekin Council

1 Referral letter to Secretary of State from Cllr Shaun Davies, Leader, and Richard Partington, Managing Director, Telford & Wrekin Council, 20 March 2019
Attachment:
2 Referral document with embedded documents and appendices:
3 App 1 – notification to CCGs re decision to refer
4 App 2 – Future fit chronology
5 App 3 – Summary of information requested by JHOSC
6 App 4 – Future Fit Programme Director report to Telford CCG, October2018
7 App 5 – JHOSC Joint Chair letter, 21 January 2019
8 App 6 – CCG response to JHOSC joint Chair, 23 January 2019
9 App 7 – Telford & Wrekin Council Future Fit consultation response
3 JHOSC draft minutes, 17 December 2018
4 JHOSC draft minutes, 11 January 2019

NHS

1 IRP template for providing assessment information with embedded documents
Attachments:
2 Appendix 1 Summary of impact on journey time analysis
3 CCGs letter to Cllr S Davies and Mr R Partington, Telford & Wrekin Council, 25 February 2019

Other evidence

1 Station Drive Surgery Patients' Group submission to IRP, 28 March 2019
2 Powys CHC report on *Future Fit* consultation, 8 January 2019
3 Powys CHC response to *Future Fit* consultation, 9 January 2019
4 Shrewsbury & Atcham Constituency Labour Party submission to IRP, 17 April 2019
5 Shropshire, Telford & Wrekin Defend our NHS submission to IRP, 2 May 2019
6 South Shropshire Green Party submission to IRP, 26 April 2019
7 West Midlands Ambulance Service paper for Shropshire HASCOSC, 20 May 2019

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Appendix Three

Site visits, meetings and conversations held

2 July 2019

IRP **Lord Ribeiro CBE, Simon Morritt, Linn Phipps, Richard Jeavons, Martin Houghton**

Site visit *Princess Royal Hospital, Telford*
Royal Shrewsbury Hospital

3 July 2019

IRP **Lord Ribeiro CBE, Simon Morritt, Linn Phipps, Helen Thomson, Richard Jeavons, Martin Houghton**

Evidence testing session – the local NHS

David Stout, Accountable Officer, NHS Shropshire CCG
David Evans, Chief Officer, NHS Telford and Wrekin CCG
Julian Povey, Chair, NHS Shropshire CCG
Jo Leahy, Chair, Telford and Wrekin CCG
Jess Sokolov, Medical Director, NHS Shropshire CCG
Bev Tabernacle, Interim Deputy Chief Executive, Shrewsbury and Telford Hospital NHS Trust
Paula Clark, Interim Chief Executive, Shrewsbury and Telford Hospital NHS Trust
Ben Reid, Chair, Shrewsbury and Telford Hospital NHS Trust
Barbara Beal, Interim Director of Nursing, Shrewsbury and Telford Hospital NHS Trust
Arne Rose, Medical Director, Shrewsbury and Telford Hospital NHS Trust
Mark Cheetham, Consultant Colorectal Surgeon and Scheduled Care Group Medical Director, Shrewsbury and Telford Hospital NHS Trust
Andrew Tapp, W&C Care Group Director, Shrewsbury and Telford Hospital NHS Trust
Kevin Eardley, Consultant Renal Physician and Unscheduled Care Group Medical Director, Shrewsbury and Telford Hospital NHS Trust
Ed Rysdale, Consultant in Emergency Medicine, Shrewsbury and Telford Hospital NHS Trust
Julia Clark, Director of Corporate Governance, Shrewsbury and Telford Hospital NHS Trust
Victoria Rankin, Workforce Director, Shrewsbury and Telford Hospital NHS Trust
James Drury, Interim Director of Finance, Shrewsbury and Telford Hospital NHS Trust

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Jill Price, Deputy Director of Finance, Shrewsbury and Telford Hospital NHS Trust
Dave Thomas, Interim Associate Director of Estates, Shrewsbury and Telford Hospital NHS Trust
Hayley Thomas, Director of Planning and Performance, Powys Teaching Health Board
Adrian Osborne, Assistant Director (Engagement and Communication), Powys Teaching Health Board
Mark Docherty, Director of Clinical Commissioning and Strategic Development/Executive Nurse, West Midlands Ambulance Service University NHS Foundation Trust
Janet Budd, Interim Programme Director for Sustainable Services, Shrewsbury and Telford Hospital NHS Trust
Louise Jones, Clinical Programme Lead for Sustainable Services, Shrewsbury and Telford Hospital NHS Trust
Debbie Vogler, Associate Director, NHS Shropshire and Telford and Wrekin CCGs
Martin Harris, Sustainability and Transformation Director, Shropshire Telford and Wrekin Sustainability and Transformation Partnership
Jill Robinson, Finance Director, Shropshire Telford and Wrekin Sustainability and Transformation Partnership
Claire Skidmore, Chief Finance Officer and Deputy Accountable Officer, NHS Shropshire CCG
Mark Tunstall, Head of Assurance, NHSI/E Shropshire
Di Gamble, Head of Delivery, NHSI/E North Midlands

9 July 2019
IRP **Simon Morritt, Linn Phipps, Richard Jeavons**

Evidence testing session – Powys CHC
Frances Hunt, Chair
Katie Blackburn, Chief Officer

Evidence testing session – Shropshire, Telford and Wrekin, Defend Our NHS
Gill George
Peter Gillard

10 July 2019
IRP **Simon Morritt, Linn Phipps, Richard Jeavons**

Evidence testing session – Shropshire County Council
Cllr Peter Nutting, Leader and Portfolio Holder for Strategy

Cllr Steve Charmley, Deputy Leader, Portfolio Holder for Assets, Economic Growth & Regeneration
Cllr Dean Carroll, Portfolio Holder Adult Social Services & Climate Change
Cllr Karen Calder
Andy Begley, Executive Director Adult Social Services, Housing & Public Health
Rachel Robinson, Director of Public Health

16 July 2019

IRP **Lord Ribeiro CBE, Diane Davies, Simon Morritt, Helen Thomson, Richard Jeavons**

Evidence testing session – NHS clinical model and capital programme

David Evans, Chief Officer, NHS Telford and Wrekin CCG
Mark Cheetham, Consultant Colorectal Surgeon and Scheduled Care Group Medical Director, Shrewsbury and Telford Hospital NHS Trust
Andrew Tapp, W&C Care Group Director, Shrewsbury and Telford Hospital NHS Trust
Louise Jones, Clinical Programme Lead for Sustainable Services, Shrewsbury and Telford Hospital NHS Trust
James Drury, Interim Director of Finance, Shrewsbury and Telford Hospital NHS Trust
Jill Price, Deputy Director of Finance, Shrewsbury and Telford Hospital NHS Trust
Dave Thomas, Interim Associate Director of Estates, Shrewsbury and Telford Hospital NHS Trust
Ben Brookes, Partner, Rider Hunt Construction Consultants LLP
Debbie Vogler, Associate Director, NHS Shropshire and Telford and Wrekin CCGs

17 July 2019

IRP **Lord Ribeiro CBE, Diane Davies, Richard Jeavons**

Evidence testing session – local NHS leadership

David Stout, Accountable Officer, NHS Shropshire CCG
David Evans, Chief Officer, NHS Telford and Wrekin CCG
Julian Povey, Chair, NHS Shropshire CCG
Jo Leahy, Chair, Telford and Wrekin CCG
Paula Clark, Interim Chief Executive, Shrewsbury and Telford Hospital NHS Trust
Ben Reid, Chair, Shrewsbury and Telford Hospital NHS Trust

Andrew Tapp, W&C Care Group Director, Shrewsbury and Telford Hospital NHS Trust
Jan Ditheridge, Chief Executive Shropshire Community Health NHS Trust
Hayley Thomas, Director of Planning and Performance, Powys Teaching Health Board
Pippa Wall, Head of Strategic Planning, West Midlands Ambulance Service University NHS Foundation Trust
Robert Till, Senior Operations Manager, West Midlands Ambulance Service University NHS Foundation Trust
Louise Jones, Clinical Programme Lead for Sustainable Services, Shrewsbury and Telford Hospital NHS Trust
James Drury, Interim Director of Finance, Shrewsbury and Telford Hospital NHS Trust
Debbie Vogler, Associate Director, NHS Shropshire and Telford and Wrekin CCGs
Sir Neil McKay, Independent Chair, Shropshire Telford and Wrekin Sustainability and Transformation Partnership
Jill Robinson, Finance Director, Shropshire Telford and Wrekin Sustainability and Transformation Partnership
Mark Tunstall, Head of Assurance, NHSI/E Shropshire
Jon Cooke, Chief Finance Officer, NHS Telford and Wrekin CCG

Evidence testing session – Telford & Wrekin Council

Cllr Shaun Davies, Leader
Cllr Andy Burford, Cabinet member for Health &Social Care
Clive Jones, Director of Children's and Adult Services
Liz Noakes, Assistant Director of Health & Well-being
Helen Onions, Consultant in Public Health
Jonathan Rowe, Chief Operating Officer (interim)

23 July 2019

IRP **Lord Ribeiro CBE, Richard Jeavons**

Meeting with MPs

Owen Paterson, MP for North Shropshire
Lucy Allan, MP for Telford
Philip Dunne, MP for Ludlow
Daniel Kawczynski, MP for Shrewsbury and Atcham
Mark Pritchard, MP for Wrekin County

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Appendix Four

Future Fit – background briefing for meetings

Acute hospital services on this patch were pronounced unsustainable by NCAT ten years ago. NCAT's successor the Clinical Senate made the same judgement five years ago. Some acute services such as women and children's have been changed in the meantime. The core acute services around A&E, however, remain a significant concern.

We have often heard the phrase 'no change is not an option'. Proposals have been brought forward and been disputed. The task for the Panel is to explore the issues and help find the way forward that will meet the future needs of the population served.

Having read the history and evidence in the many documents provided, the Panel concluded that it wished to test further the evidence, focussing on two related areas.

First, whether, as some have suggested, there is 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 will function to meet the wider needs of the population, including the mitigation of the negative effects of centralising some services.

To stimulate discussion here are some lines of enquiry:

What variations to the model proposed in the DMBC should be considered further?

- Why not retain two A&E services?
- What about Ambulatory Emergency Care on two sites?
- What about a frailty unit and/or medical admissions on the second site?
- Why are RSH admissions being transferred to PRH mid episode?
- Is the urgent care offer now fixed and clear to everyone?

How does the proposed model fit with services outside RSH and PRH?

- What will be available for urgent care needs outside RSH and PRH?
- What will be available for planned care needs away from RSH and PRH
- What is proposed around care closer to home and keeping the frail away from RSH?
- What if any are the critical dependencies between out of hospital services and the new model?

How the model works in practice for patients, what is changing and what is the impact on them?

- The worried parent and their sick baby
- The person referred by their GP for a common cancer
- The frail older person with multiple conditions living at home
- The working adult with inflammatory arthritis

What needs to happen in what order to progress the service changes?

- What new workforce is needed, how and when will it be recruited?
- What has to happen in what order to implement the DMBC decisions
- How do the Outline Business Case, CCG commissioning priorities and system revenue position fit together?

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Appendix Five

Documents made available to the IRP in addition to those recorded in advice of 31 May 2019 (Appendix Two)

Telford & Wrekin Council

1 Letter to IRP Chairman from Cllr A Eade, Leader Conservative Group, Telford & Wrekin Council, 16 July 2019

NHS

1 NHS letter to CCGs accountable officers, 22 January 2019
2 Update paper for Future Fit programme, 22 January 2019
3 NHS presentation to IRP, 16 July 2019
4 Zip file containing documents re Future Fit Option C1

Other

1 Letter to IRP Chief Executive from Shropshire Defend our NHS, 14 July 2019
2 Urgent Care Centres, proposal for evaluation panel, 20 January 2015
3 Letter to Mr D Evans, Accountable Officer Telford & Wrekin CCG, from Mr D Sandbach, 15 July 2019
4 Press release, South Shropshire Green Party and Telford & Wrekin Green Party, 23 July 2019
5 Letter to IRP Chairman from Lucy Allan, MP for Telford, 24 July 2019

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