INDEPENDENT RECONFIGURATION PANEL

ADVICE TO THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE

INTERVENTION POWERS OVER THE RECONFIGURATION OF NHS SERVICES

Case reference: IRP/HNY/PA1/0525

17 June 2025

NHS RECONFIGURATION PROPOSAL: Humber Acute Services Programme made by NHS Humber and North Yorkshire Integrated Care Board (ICB) on 10 July 2024 affecting services at Northern Lincolnshire and Goole NHS Foundation Trust.

1. The Independent Reconfiguration Panel (IRP) was approached for advice by the Minister of State for Health on 16 May 2025 to help the Secretary of State to determine whether to exercise his discretionary power to call in this proposal for his own determination following third party requests to intervene.

2. The IRP has had regard to the Department of Health and Social Care's statutory guidance on considerations for use of the powers. NHS England was invited to submit evidence as the regulatory body for NHS integrated care boards to ensure the information about the proposal is accurate and up to date. All material information considered by the IRP is set out in the annexes with a summary of the proposal, the call in requests and a procedural history. The advice that follows addresses the commission attached at Annex E.

3. This report does not constitute legal advice, nor is it a substantive assessment of either the merits of the ICB's proposal or the concerns raised against it. It is an impartial and independent preliminary review that seeks to inform ministers about the relevant material facts and individual circumstances of this case to inform a procedural decision by the Secretary of State about whether to call in the proposal for him to take decisions on it rather than the ICB.

4. This advice was prepared by a subgroup of the IRP with appropriate representation of clinical, lay and NHS managerial members. IRP member Dr Raj Khanna declared an interest as an independent clinical review panel member for the NHS Yorkshire and the Humber Clinical Senate and has recused himself from all work on this case.

Relevant factors for the Secretary of State to consider to inform his decision on the use of the call in power

Whether the proposal is a substantial reconfiguration of NHS services

5. The IRP considers that the proposal is both a substantial variation of NHS services and one that falls under the legal definition of an NHS reconfiguration as set out in Schedule 10A of the National Health Service Act 2006, as amended by the Health and Care Act 2022.

Regional significance of the proposal

6. Although the services set to change under this proposal are not those commissioned at a regional level, the proposal still has regional impact. It has the potential to affect the populations of five local authority areas, the two integrated care systems of Humber and North Yorkshire and Lincolnshire, as well as crossing the boundaries of two NHS regions of the North East and Yorkshire and the Midlands. With regard to NHS providers in the region, it will directly impact two significant district general hospitals at Scunthorpe and Grimsby, with a knock-on effect to acute services at Hull Royal Infirmary.

7. NHS England's regional team for North East and Yorkshire assured the business case with the regional director confirming that the proposal complied with the government's five tests for service change with approval given for the scheme to progress to consultation. This was followed by confirmation from the NHS England region that the decision-making business case met the appropriate standard for the ICB to progress to decide on the future service model.

National significance of the proposal

8. Health Mission: Tackling health inequalities is a key contributing factor to achieving the government's policy 'shift' to move from treatment to prevention. The ICB's proposal highlights that the Humber region (northern Lincolnshire and Hull) has some of the most deprived wards in England with the population disproportionately affected by ill health and premature death. There are higher than average rates of cardiovascular disease, diabetes and other long term health conditions. The ICB also describes challenges with recruiting clinical staff and access to healthcare for their rural and coastal communities. In the IRP's view, this combination of factors makes for a particularly complex set of issues to overcome to secure sustainable and accessible services.

9. NHS performance recovery: The government's 2025 mandate to NHS England sets out a national objective to reform the NHS and improve urgent and emergency care. NHS England has confirmed to the IRP that the proposal will contribute to improving the delivery of national urgent and emergency care performance standards, including ambulance handover times and time to treatment in A&E, by bringing together the trauma unit, emergency surgery and longer inpatient stays for some medical specialties on one site at Grimsby.

10. NHS estates: A serious and ongoing concern affecting the future sustainability of Scunthorpe General Hospital is the confirmed presence of reinforced autoclaved aerated concrete (RAAC). The hospital is included in NHS England's ongoing national RAAC programme in order to maintain its safety and the foundation trust has been allocated £5.8m from the national Estates Safety Fund for 2025-26, a policy initiative announced by the Chancellor to address critical infrastructure and safety risks in NHS hospitals.

11. District general model: The IRP considers that NHS district general hospitals are an important part of the national infrastructure for providing accessible acute services to local populations. Many health systems across England are facing similar challenges to those in Humber around how best to provide local services across multi-site hospital trusts. The decisions taken regarding this proposal therefore may have wider impact by setting precedents about the approach for NHS leaders to take when planning the configuration of district general services in other health systems in England.

12. Growth Mission: The Plan for Change published by the Prime Minister sets out the government's central mission to drive economic growth. The Secretary of State has outlined the importance of NHS organisations as contributors to growth through their role as 'anchor institutions' for their local communities. With this in mind, the foundation trust has a degree of economic influence through its actions as a major employer, a purchaser of goods and services and through its management of estates and infrastructure to contribute to local and regional economic growth. The ICB's proposal aims to increase productivity which also indirectly supports growth by helping the system to achieve more with the money that is available to it. This is particularly important when HM Treasury's 2025 Spending Review sets out an expectation that the NHS will deliver 2% productivity growth each year to create savings to be reinvested back into the NHS.

Impact of the proposal on the quality, safety or effectiveness of services

13. Each NHS integrated care board has a statutory duty to exercise functions in relation to the health service with a view to securing continuous improvement in the quality of NHS services provided. For this advice, the IRP has therefore adopted the meaning of NHS quality as it is defined in statute with three dimensions: effectiveness of the services, the safety of the services and the quality of the experience undergone by patients.

14. The most recent inspection of Northern Lincolnshire and Goole NHS Foundation Trust, carried out in 2022 by the Care Quality Commission (CQC), reports significant quality issues that are below national expectations for the provision of safe and effective acute services among other concerns, with an overall quality rating given of 'requires improvement'.

15. In this context, the ICB submits that its proposal will contribute to improvements in the quality of acute services for the Humber region. In regard to effectiveness, the ICB expects that their proposal will deliver seven day services and the development of specialist centres. They suggest that key clinical standards will be delivered, including reducing the impact on the elective waiting lists from urgent and emergency care pressures. They also submit that it will improve clinical outcomes with better theatre productivity and improved efficiency through consolidation of specialist teams and equipment.

16. On safety, the estate at Scunthorpe General Hospital has the greatest level of need of the three hospitals operated by the foundation trust with the presence

of RAAC and the risks of critical infrastructure failure. Parts of the estate have been closed at Scunthorpe because they are no longer safe, resulting in the closure of c.150 beds and two operating theatres, reducing the number of surgical procedures able to be carried out and impacting waiting list volumes.

17. On staffing safety, NHS England has submitted to the IRP that there are critical shortages in the workforce that the proposal seeks to address by consolidating staff rotas and better organising teams.

18. On the patient experience, the ICB suggests that the proposal will reduce waiting times and the length of stay in hospital, but will impact travel for some patients who will need to travel to a different hospital site than they do now. An estimated seven patients per day will need to be transferred from Scunthorpe to Grimsby for inpatient care.

Concerns raised with the Secretary of State against the proposal

19. Relevant concerns have been raised about the proposal by two local authorities. These concerns are in scope for use of the call in power according to the statutory guidance, relating to the process followed by the ICB and that it is not in the best interests of the health service in the area.

20. The IRP considers that both local authorities acted in good faith and behaved reasonably throughout the joint scrutiny process, investing time and effort in their consultation responses and meeting with the ICB to raise concerns. North Lincolnshire Council in addition made a genuine attempt to seek resolution with the ICB over a series of working groups and mediation meetings held over a period of months following the ICB's decision.

21. Despite the efforts of all parties, the local authorities remained unhappy with the proposal and promptly made call in requests. At this point, on the evidence provided, the IRP finds it unlikely that further local discussions or mediation will have any impact given the entrenched positions of the parties and the significant length of time this dispute has been ongoing, particularly as the prospect of launching a judicial review has been raised.

22. Ultimately, the IRP considers that it was reasonable and proportionate for the local authorities as democratically elected members who represent the interests of their local communities to escalate their concerns to ministers. The call in requests raise important matters that are fit for further investigation, but whether that is best done via a call in direction or through other means is for the Secretary of State to decide.

Other factors that the IRP considers material or exceptional circumstances identified that the Secretary of State may wish to take into account

23. There are other factors, not expressly identified in the legislation or statutory guidance, but that the Secretary of State in his discretion may wish to have regard to, if he thinks it reasonable to do so, in order to consider the individual circumstances of this particular case.

24. First is that the ICB makes strong reference to the configuration of maternity, paediatric and neonatal services needing to be reviewed in the near future. The IRP notes that the final review of the NHS Yorkshire and the Humber Clinical Senate for the proposal raised this issue along with the sustainability of the adult critical care service. These services are generally considered by clinicians and NHS leaders to be the 'backbone' of running an NHS district general hospital. However, despite this proposal being in development since 2018, there remains a lack of clarity. This is critical to the long-term future of Scunthorpe General Hospital, and in the IRP's view, one of the most crucial issues at the heart of the concerns raised.

25. Second is that reducing stroke deaths is a national priority for the government as outlined in the Health Mission and Plan for Change. The ICB sets out that there will be no changes made to stroke services, with the hyper-acute stroke unit continuing at Scunthorpe. The IRP's experience of these types of reconfigurations suggests that the proposal might have some implications for the delivery of acute stroke services but we cannot make a substantive judgement at this stage without further investigation.

26. Third is that the NHS is currently operating in a complex political and economic context with significant financial and operational demands, along with organisational changes that are affecting all ICBs. This particular health system faces even greater risks and challenges with its quality, leadership and performance. The IRP understands that there has recently been significant instability at board level, as well as the CQC recording concerns with the leadership of the foundation trust at its last inspection.

27. There is therefore a risk that the ICB and provider group lack the continuity of leadership required to maintain accountability and responsibility for managing the proposal through implementation stage. Visible and consistent clinical and managerial leadership is important to deliver effective changes to NHS services in these circumstances. A higher level of assurance and oversight might be justified for this particular reconfiguration in the interests of patient outcomes and to ensure the best use of taxpayers' money.

Options for the Secretary of State on the use of the call in power

Purpose of the call in power

28. The use of the call in power is always at the discretion of the Secretary of State, subject to the need to exercise the power for the purpose for which it was provided.

29. It is set out in the legislative explanatory notes that the call in power is intended to be used in cases which are complex, a significant cause for public concern, or where ministers can see a critical benefit to taking a particular course of action.

30. The statutory guidance goes on to say that the call in power allows for Secretary of State interventions to help unblock issues, to support local

partners to find a way forward, to enable improvement to happen faster and produce sustainable solutions to NHS services facing challenges.

Option A*: issue a direction to the ICB calling in the NHS proposal and commission the IRP to conduct an independent review to support the Secretary of State to decide whether the proposal should proceed, not proceed, or proceed in a modified form.*

31. It is clear that the ICB and the local authorities have taken different positions on the matter of what is in the best interests of the health service in their area. The strong opposition that remains following the ICB's decision suggests that it might be in the public interest to investigate these concerns further, involving all of the parties and all the evidence necessary, to consider the arguments and determine the facts.

32. The Secretary of State may therefore consider that the best way forward to make progress and support a resolution is to rigorously explore all relevant aspects of the proposal by calling it in with an open mind and commissioning the IRP to carry out an independent investigation of the merits of the proposal.

33. The Secretary of State, having ministerial responsibility to Parliament for the provision of the health service in England, may take the view that this action would be both reasonable and proportionate, and in line with the purpose for which the power was provided. We suggest that the reasons for taking this decision would be to achieve the policy objectives of producing sustainable solutions to NHS services facing challenges and supporting local system partners to find a way forward in a complex reconfiguration case.

34. In this scenario, there are a set of procedural requirements in legislation that must be met. The Secretary of State would first issue a formal legal direction to the ICB to call in this proposal for his own determination. The ICB must then not take further steps in relation to the proposal until it has been notified that the Secretary of State has finished considering it, unless permitted by his direction.

35. The Secretary of State would set a terms of reference for the IRP's review, including any matters that he particularly wishes to be informed about and which parties he would like the IRP to contact on his behalf to obtain representations from. The parties invited to make representations must include the ICB, NHS England and the local authorities, as well as any other person that the Secretary of State considers appropriate.

36. The IRP would produce a formal independent report for the Secretary of State's consideration, within a maximum period of three months, examining the substantive issues of the case, including whether the proposal is in the best interests of the health service in the area. The IRP would provide a set of non-binding recommendations and options for next steps to make progress. The Secretary of State would then have a further three months to make his final decision about whether the proposal should proceed or not to comply with the statutory time limit of six months in total.

37. The ICB must be notified of the Secretary of State's final decision and his reasons and give effect to his decision. The decision must also be published along with an explanation of the reasons for taking it and a summary of the representations made by the parties. The IRP's report to ministers is usually published on GOV.UK at the same time the decision is announced for transparency.

Option B (do nothing): *decide not to call in the proposal and notify the parties.*

38. The Secretary of State may decide that he is content for the ICB to take decisions about the proposal at a local level. This is entirely within his discretion because call in requests are non-statutory and only one of several factors to consider on balance to inform a decision. The fact that the proposal may raise substantive issues that fall under some of the examples given in the statutory guidance does not mean that a call in direction must be issued. As the guidance states, these are only 'considerations' and will not lead automatically to the Secretary of State using the power.

39. This option is in alignment with the government's commitment to support local devolution and ensure that integrated care systems operate with a high degree of autonomy in making decisions in the interests of their populations.

40. It is not a substantive decision to approve the proposal, but may be perceived by stakeholders as tacit approval because the ICB will retain its power to proceed with implementation. This is a potential risk because if any issues surface further down the line, the Secretary of State will be expected to account to Parliament for why he took no action when concerns were first raised with him via the call in process.

41. The Secretary of State may write to the ICB to notify them of the decision not to call in, copied to the local authorities as interested third parties. Importantly, the decision is not a determination that the concerns of the local authorities are wrong because at this preliminary stage the merits of the ICB's proposal have not been considered. All the decision means is that the Secretary of State has decided not to pursue the matter further.

42. When notifying his decision, there is no duty for the Secretary of State to give a reasoned explanation of the matter to justify using his discretion to not call in the proposal, particularly when the government's default policy position is that most NHS reconfigurations will be managed at a local level without ministerial intervention.

In closing

43. This advice offered by the IRP to ministers is independent of government and non-binding. All decisions on whether to call in NHS proposals remain a matter reserved for the Secretary of State. We recognise that it is possible that having considered the particular facts of this case, the Secretary of State may reasonably come to a different conclusion within his discretion, or give more or less weight to certain factors, than the IRP has in this advice.

44. Once the Secretary of State's decision has been announced to the parties, usual practice is for the IRP to publish this advice on GOV.UK. As a public body, the IRP is committed to the principles of openness and transparency unless there are clear and lawful reasons to withhold information.

45. Regardless of whether or not this proposal is called in, the case raises questions for the IRP about the health scrutiny process in general and the local interpretation of the current legislation and guidance, including the Secretary of State's intervention powers. With much organisational change expected with the advent of the 10 Year Health Plan and the English Devolution White Paper, supporting the NHS to consult effectively with local authority partners is more important now than ever. We suggest DHSC with NHS England look to strengthen the current guidance for NHS commissioners and local authorities on involvement, engagement and consultation when planning substantial NHS reconfiguration proposals.

46. The Ministerial Code sets out that when exercising quasi-judicial functions it is particularly important that ministers act independently and give due weight to informed and impartial advice in reaching decisions. With this in mind, we recommend in future that the IRP is engaged much earlier for advice on NHS reconfiguration cases that have been disputed with ministers, considering that our role is clearly set out in the statutory guidance to serve ministers and support the Secretary of State with effective and timely decision making.

47. It is in the interests of all parties for the call in process to be conducted in a fair, independent and transparent manner to reduce uncertainty and achieve effective NHS reform for patients. The consideration of call in requests needs to be completed as efficiently as possible so that cases do not remain with DHSC for any longer than is necessary and proposals that are not being called in are referred back to the relevant NHS body to manage without delay.

48. The IRP can support ministers with a review of the statutory guidance to suggest potential improvements and time savings that could be made at each stage of the process for considering call in requests. The legislation and policy on intervention powers were created under the previous government and ministers may now wish to consider whether the current approach is fit for purpose to deliver their ambitions for the Health Mission.

Professor Sir Norman Williams
INDEPENDENT RECONFIGURATION PANEL CHAIR

ANNEX A: FACTUAL BACKGROUND

NHS organisations involved

1. The NHS Humber and North Yorkshire Integrated Care Board (ICB) is the commissioning body responsible for the proposal.
2. Northern Lincolnshire and Goole NHS Foundation Trust is the provider of two acute hospitals, sited in two separate unitary authority areas: Scunthorpe General Hospital in North Lincolnshire, and Diana, Princess of Wales Hospital, Grimsby, in North East Lincolnshire. The two hospitals are c.30 miles apart via the M180 motorway and A180 dual carriageway.
3. Together with Hull University Teaching Hospitals NHS Trust, they operate as a provider collaborative group known as the NHS Humber Health Partnership led by a group chief executive.

Summary of the ICB's proposal

4. The reconfiguration originally set out to consolidate services in Grimsby for some emergency surgery and medical specialties. Following public consultation, the proposal was revised and agreed by the ICB to consolidate services as follows:

   Diana, Princess of Wales Hospital, Grimsby:

   - emergency surgery for trauma and orthopaedics and surgical inpatient care to develop a specialist acute trauma centre
   - emergency general surgery, colorectal and upper GI (gastrointestinal)
   - ENT (ear, nose and throat) emergency and planned inpatient care
   - higher level of specialist care/inpatient stays of more than 72 hours for the medical specialties of cardiology, respiratory and gastroenterology

   Scunthorpe General Hospital

   - urology emergency and planned inpatient care
   - some complex inpatient planned surgery creating a specialist cancer hub for colorectal patients (the largest cancer specialty)

   Specialist eye hospital on the Hull Royal Infirmary site

   - ophthalmology emergency surgery

5. Services to be retained at both Grimsby and Scunthorpe sites:
   - gynaecology (subject to future maternity and neonatal review)
   - paediatric overnight inpatient beds, working towards a reduction in beds through implementation of a community-based paediatrics model
6. Both hospitals at Grimsby and Scunthorpe will continue to provide 24/7 emergency departments. There will be no changes to stroke services, with the hyper-acute stroke unit continuing at Scunthorpe General Hospital.

Rationale for the proposal

7. The ICB's view is that the current models of care are not sustainable. Services do not meet clinical standards or the access standards set out in the NHS Constitution. There are staffing and recruitment challenges resulting in significant spend on agency and locum staff. The foundation trust also has a backlog of maintenance issues and a deteriorating hospital estate.

Financial impact of the proposal

8. The financial impact of the proposal is a revenue saving of c.£4m against a do-nothing / forecast position and a capital cost to deliver of c.£9m. The capital cost excludes around £1m required to address estates backlog maintenance / critical infrastructure risk.

9. The capital requirements will be funded through the foundation trust's internal capital programme and phased over a two-year period. The ICB states that this does not put any other priority investments within the foundation trust at risk and is affordable within existing plans.

Local authority health scrutiny of the proposal

10. A joint health overview and scrutiny committee (JHOSC) for Humber and Lincolnshire was formed made up of five local authorities which the ICB formally consulted with:

    - East Riding of Yorkshire Council
    - Hull City Council
    - Lincolnshire County Council
    - North East Lincolnshire Council
    - North Lincolnshire Council

ANNEX B: CALL IN REQUESTS MADE TO THE SECRETARY OF STATE

Party	Date
Lincolnshire County Council - Health Scrutiny Committee	26/07/2024
North Lincolnshire Council – Full Council	18/12/2024

1. The main issue in dispute for this proposal is the approach of the ICB in taking the decision to 'downgrade' acute services at Scunthorpe General Hospital and the subsequent impact of this decision on the population of Greater Lincolnshire.

2. As the two local authorities have submitted call in requests about the same NHS reconfiguration proposal, their requests have been linked and considered together for the purpose of this case.

3. Summary of concerns re the ICB's process:

    - the operation of the joint scrutiny process between the ICB and the local authorities
    - the ICB's approach to consultation with members of the public in Lincolnshire, including those with special interests such as armed forces veterans
    - the ICB's approach to the integrated impact assessment for the proposal
    - the ICB's approach to measuring and monitoring the impact of the proposal and changes to acute services that have already taken place
    - that the ICB has not acted appropriately by moving cardiology outpatient appointments to Grimsby despite previous communication from them that this was out of scope of the decision-making business case

4. Summary of concerns that the proposal is not in the best interests of the health service in the area:

    - travel and transport impact for patients and their families, considering the rural nature of Greater Lincolnshire and access to public transport
    - impact across regional boundaries and on neighbouring NHS providers, including A&E services at Lincoln County Hospital
    - sustainability of Scunthorpe General Hospital, including the reduction in bed capacity, impact of RAAC and general poor quality of the estate
    - that the proposal will not address quality issues identified by the CQC, including workforce retention, access to urgent care and waiting times
    - impact on adult social care services
    - impact on climate/environment due to the increased travel needed
    - impact on the ambulance service and non-emergency patient transport
    - impact on health inequalities

ANNEX C: OTHER MATERIAL INFORMATION CONSIDERED BY THE IRP

NHS evidence

- NHS Humber and North Yorkshire Integrated Care Board, Humber Acute Services Programme, Decision-Making Business Case (2024)
- NHS England briefings dated 16.09.2024, 19.12.2024 and 28.05.2025
- NHS Yorkshire and the Humber Clinical Senate review of the proposal on behalf of the ICB, final report (2023)
- Care Quality Commission inspection report, Northern Lincolnshire and Goole NHS Foundation Trust (2022)

Relevant policy documents

- Department of Health and Social Care: Government mandate to NHS England (2025)
- Department of Health and Social Care statutory guidance: Reconfiguring NHS services – ministerial intervention powers (2024)
- Department of Health and Social Care guidance: Local authority health scrutiny (2024)
- Prime Minister's Office: Plan for Change (2024)
- NHS England guidance: Planning, assuring and delivering service change for patients (2018)

Legal considerations

- Schedule 10A of the National Health Service Act 2006, as amended by the Health and Care Act 2022
- The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 made under s.244 NHS Act 2006

ANNEX D: PROCEDURAL HISTORY

25 September 2023 to 5 January 2024: Public consultation is live.

2 October 2023: ICB attends North Lincolnshire Council's Health and Wellbeing Board meeting.

3 October 2023: ICB attends North Lincolnshire Council Health, Integration and Performance Scrutiny Panel meeting.

5 October 2023: North Lincolnshire Council agrees full council motion to object to the proposal.

17 October 2023: ICB attends the Humber and Lincolnshire Joint Health Overview and Scrutiny (JHOSC) meeting.

8 November 2023: ICB attends Lincolnshire County Council's Health Overview and Scrutiny (HOSC) meeting.

13 November 2023: ICB attends North Lincolnshire Council's Labour Group meeting.

17 November 2023: ICB requests Lincolnshire County Council's support to promote consultation events.

27 November 2023: ICB responds to Lincolnshire County Council's questions raised at 8 November HOSC meeting and attends North Lincolnshire Council's Conservative Group/Cabinet meeting.

6 December 2023: Lincolnshire County Council's HOSC approves its response to the consultation noting concerns with transport and travel and the impact on patients using neighbouring hospital trusts.

11 December 2023: ICB attends North Lincolnshire Council's Health and Wellbeing Board meeting.

12 December 2023: Lincolnshire County Council's HOSC submits its response to the consultation to the ICB.

18 December 2023: JHOSC meeting held to agree response to the consultation:

"…In summary, we believe the proposals to be significantly premature, potentially damaging to local healthcare services, and widely unsupported by informed representatives, including many clinicians. The changes will increase health inequalities and reduce choice and accessibility for patients, including worried families with sick children. We believe this may breach the requirements of the Health and Social Care Act 2012, the NHS Constitution, and potentially all four of the still-extant 'Lansley Tests'…"

15 January 2024: North Lincolnshire Council Health and Wellbeing Board meeting expresses concerns.

24 January 2024: Lincolnshire County Council's HOSC records its disappointment with the joint scrutiny process and confirms its position of not supporting the proposal

because of the potential negative impact on Lincolnshire residents and the lack of planning with regard to travel and transport.

26 March 2024 – 2 May 2024: Pre-election period of sensitivity for the English local elections

25 May 2024 – 4 July 2024: Pre-election period of sensitivity for the UK general election.

1 July 2024: ICB writes to the local authority HOSC chairs to inform them that a decision would be taken on the proposal on 10 July 2024, with the papers published on 5 July 2024.

10 July 2024: ICB approves the decision-making business case with a revised service model in light of consultation feedback.

22 July 2024: North Lincolnshire Council's Health and Wellbeing Board meeting confirms to the ICB that they have outstanding concerns and are seeking local resolution.

26 July 2024: Lincolnshire County Council HOSC call in request received by DHSC. North Lincolnshire Council writes to ICB with an initial request for local resolution, outlining concerns with the proposal.

30 July 2024: ICB responds to North Lincolnshire Council to confirm willingness to participate in the local resolution process and requests clarity on the concerns.

31 July 2024: North Lincolnshire Council emails IRP to clarify process. North Lincolnshire Council writes to the ICB to request that implementation of the proposal is paused while local resolution is ongoing.

2 August 2024: ICB responds to North Lincolnshire Council accepting their request to pause implementation.

15 August 2024: North Lincolnshire Council produces a report highlighting concerns with the decision-making business case.

19 August 2024: Initial mediation meeting between North Lincolnshire Council and the NHS parties to agree the terms of reference for local resolution.

2 September 2024: ICB writes to North Lincolnshire Council to respond to concerns raised and the approach to local resolution.

9 September 2024: Mediation meeting held between the NHS and North Lincolnshire Council.

26 September 2024: Sustainability themed working group meeting with North Lincolnshire Council and the NHS.

1 October 2024: Sustainability themed working group meeting with North Lincolnshire Council and the NHS.

4 October 2024: Sustainability themed working group meeting with North Lincolnshire Council and the NHS.

7 October 2024: Mediation meeting with North Lincolnshire Council and the NHS with feedback from the sustainability working group.

8 October 2024: Transport themed working group meeting with North Lincolnshire Council and the NHS, including East Midlands Ambulance Service.

11 October 2024: Inequalities and transport themed working group meetings with North Lincolnshire Council and the NHS.

15 October 2024: Focus meeting with North Lincolnshire Council and the NHS.

6 November 2024: Inequalities themed working group meeting with North Lincolnshire Council and the NHS.

18 November 2024: Mediation meeting with feedback from the inequalities and transport working groups with North Lincolnshire Council and the NHS.

2 December 2024: North Lincolnshire Council agrees Cabinet motion to oppose the proposal and that the matter be referred to the full council.

5 December 2024: North Lincolnshire Council agrees full council motion to make a call in request to the Secretary of State:

"… This Council strongly believes that the Leadership Group established in the Autumn of 2024, comprising cross-party elected members, senior officers and Healthwatch North Lincolnshire made a genuine attempt to seek local resolution on outstanding concerns arising from the HNYICB's decision and to mitigate their impacts in order to protect key local services for the residents of North Lincolnshire. Discussions with HNYICB and Humber Health Partnership (HPP) have identified no new mitigations that can be assessed, there are no proposed changes to the original decision and local resolution has unfortunately not been achieved.

"The decision is therefore not in the interests of North Lincolnshire residents, and the Council also strongly believes that the decision will have a substantial negative impact on health inequalities, transportation, social care, and the future sustainability of vital local services."

11 December 2024: ICB writes to North Lincolnshire Council: "*We firmly believe these changes to be in the best interests of patients across northern Lincolnshire and beyond, and the safety, stability and sustainability of hospital services in this area. We stand by our decision."*

18 December 2024: North Lincolnshire Council's call in request received by DHSC.

Department of Health & Social Care

Karin Smyth MP
Minister of State for Health (Secondary Care)

39 Victoria Street
London
SW1H 0EU

Professor Sir Norman Williams
Chair, Independent Reconfiguration Panel

16 May 2025

Dear Sir Norman Williams,

NHS Humber and North Yorkshire ICB has decided to reconfigure service areas at Diana Princess of Wales Hospital Grimsby, Scunthorpe General Hospital, and Hull Royal Infirmary. These services include: the trauma unit; Trauma and Orthopaedics; Acute General Surgery; Urology; Ear, Nose and Throat; Ophthalmology; Cardiology; Respiratory; and Gastroenterology.

The Secretary of State has received requests to call-in this reconfiguration decision, and I am therefore asking that the Independent Reconfiguration Panel (IRP) provide him with independent expert advice and a summary of the evidence based of the evaluation against the statutory guidance underpinning the options on calling in the reconfiguration versus not calling in the reconfiguration, without the IRP making a recommendation on either of those choices, to allow Secretary of State to exercise his own discretion.

This advice will support the Secretary of State when making a decision on whether to issue a direction to the ICB to call-in this reconfiguration, as per Schedule 10a of NHS Act 2006. My officials will share the evidence we have collected with you to inform this work and given this is advice prior to a call-in decision I expect that the IRP does not seek additional representation from other stakeholders.

I recognise that the IRP's usual practice is to publish its advice to ministers, but, whilst officials review our ways of working with the IRP to update your Terms of Reference, I am directing the IRP not to publish any advice on the Humber Acute Services proposal to allow the Secretary of State to consider the advice in private.

The Department expects that the IRP provides advice against the statutory guidance for reconfigurations, as published in January 2024. Reconfiguring NHS services - ministerial intervention powers - GOV.UK. The IRP may want to seek information on the assurance process from NHS England, without seeking representation from any additional stakeholder. The IRP must ensure any advice offered at this stage is separate to any future advice that may be required on the substantive issues of the proposal if the Secretary of State choose to issue a direction to call-in the reconfiguration.

The IRP should seek to provide this pre-call-in advice within 20 working days of receipt of this letter.

Please contact the NHS Reconfigurations team in DHSC if you require any further information.

Kind regards,

Karin Smyth

KARIN SMYTH MP
MINISTER OF STATE FOR HEALTH