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Anne-Marie Trevelyan MP

House of Commons Westminster London SW1A 0AA



12 November 2018

Dear Anne-Marie,

Referral under Regulation 23(9) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 of changes to Rothbury community hospital proposed by Northumberland CCG

As you know this case was referred to my predecessor for consideration and advice was commissioned from the Independent Reconfiguration Panel (IRP). They have now reported to the Department and I have accepted their advice, a copy of which is enclosed.

After careful consideration, the IRP is of the view that:

- There were flaws in the engagement and consultation processes that were undertaken by the CCG; and the CCG should therefore work alongside the Northumberland County Council Health and Wellbeing Overview and Scrutiny Committee to consult properly when developing the future of the hospital.
- While the IRP recommended that the inpatient ward should not be immediately re-opened, further action locally is required to agree and implement the proposed health and wellbeing centre, potentially including inpatient beds at Rothbury Community Hospital. This further action should include:
 - The CCG and Trust in collaboration with the HWOSC and local community should concentrate their efforts in refining the current 'possible' and 'probable' lists of services into something more tangible.

- The CCG and the HWOSC should jointly undertake an appropriate assessment to examine the impact of additional travel, costs and inconveniences for families and carers of those affected. Given how long the inpatient ward has been closed, there should be ample evidence now to enable a firm conclusion to be reached.
- The CCG and HWOSC should focus on those most affected, to consider the impact on families and carers of travelling further afield and to engage fully with the community as the health and wellbeing centre is developed.

I have therefore asked Northumberland CCG to work with the HWOSC to implement these decisions.

Consideration of the option of re-opening the inpatient ward must form part of this work. In particular, the CCG should fully evaluate the impact of the closure on patients in the context of the fifth test and the wider development of services at the hospital and in the local community. The HOSC and local stakeholders (including Healthwatch) should be involved in the evaluation leading to CCG consideration of the case for whether or not to reopen these beds. I have asked the CCG and HWOSC to report back to me by the end of January 2019, to update me on progress.

Vours ever

MATT HANCOCK

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