



Health Scrutiny Joint Committee

Date: 15 March 2016
Time: 10.00am
Venue: Council Chamber, Civic Centre, Hartlepool

Membership

Hartlepool Borough Council: Members of the Audit and Governance Committee

Durham County Council: Members of the Adults, Wellbeing and Health Overview and Scrutiny Committee

Stockton-on-Tees Borough Council: Members of the Adult Services & Health Select Committee

Agenda

1. Appointment of Chair
2. Apologies for Absence
3. Declarations of Interest
4. Closure of Assisted Reproduction Unit (ARU) at the University Hospital of Hartlepool:-
 - (a) Covering Report - Scrutiny Manager;
 - (b) Evidence from the North Tees and Hartlepool NHS Foundation Trust (to follow); and
 - (c) Evidence from the Hartlepool and Stockton NHS Clinical Commissioning Group (to follow).
5. Any other business which the Chair considers urgent

HEALTH SCRUTINY JOINT COMMITTEE

15 March 2016

Report of: Scrutiny Manager

Subject: CLOSE THE ASSISTED REPRODUCTION UNIT (ARU) AT THE UNIVERSITY HOSPITAL OF HARTLEPOOL

1. PURPOSE OF REPORT

- 1.1 To outline arrangements for the establishment of a Joint Health Scrutiny Committee, under the provisions of the Health and Social Care Act 2012, involving all local authorities affected by the North Tees and Hartlepool NHS Foundation Trusts (FT) decision to:-
- (a) Cease the provision of licensed fertility treatments from the University Hospital of Hartlepool after the 31st March 2016; and
 - (b) Close the Assisted Reproduction Unit at the University Hospital of Hartlepool on the 31st March 2016.
- 1.2 To introduce evidence / information from representatives from the FT and Hartlepool and Stockton NHS Clinical Commissioning Group (HaSTCCG).

2. BACKGROUND INFORMATION

- 2.1 Following a review of the service provided at the University Hospital of Hartlepool's Assisted Reproduction Unit, the Trust announced that the way in which it provided fertility services was to change. The Trust indicated that whilst it would no longer be providing licensed fertility treatments; however, it would continue to provide some general infertility treatments and ensure that patients continued to receive treatment. It would also be looking at alternative service models for the provision of services in the future.
- 2.2 The Trust had indicated that the decision in relation to the University Hospital of Hartlepool's Assisted Reproduction Unit was taken on the basis that they were unable to recruit sufficient embryologists to continue to provide the current service safely. The resulting decision to close the University Hospital of Hartlepool's Assisted Reproduction Unit was identified as a matter of

significant concern to the residents of Hartlepool and under its powers, within the Health and Social Care Act, the Audit and Governance Committee called the FT to a meeting on the 5 February 2016.

- 2.3 The meeting of the 5 February 2016 was adjourned and reconvened on the 26 February 2016 with a request from the FT that a Joint Scrutiny Committee be convened, through which they would participate in a full and meaningful consultation on the decision. The Audit and Governance Committee, at its reconvened meeting on the 26 February agreed to participate in a Joint Committee and asked that Stockton on Tees Borough Council and Durham County Council be approached again to seek confirmation of their views on participation in the Committee.

3. PROVISIONS FOR CONSULTATION AND ENGAGEMENT WITH OVERVIEW AND SCRUTINY COMMITTEES

- 3.1 The Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013 require the formation of a joint scrutiny arrangement, where an NHS body or relevant health service provider consults more than one local authority on proposals to make substantial variations or developments to services. They provide that all the local authorities whose residents receive such services must participate in the joint scrutiny arrangement for the purpose of responding to the consultation, using the method most appropriate to the areas and issues being considered.
- 3.2 A local authority can opt-out if, having considered the information provided by the NHS body or relevant health service provider proposing the service change, they determine that the proposal is not “substantial” for their residents. Where a local authority opts out in this way, they will relinquish the power to refer the proposed change to the Secretary of State for the purposes of that particular consultation.

4. ESTABLISHMENT OF A JOINT HEALTH SCRUTINY COMMITTEE

- 4.1 A Joint Health Scrutiny Committee has been convened, with representatives from Durham County Council, Hartlepool Borough Council and Stockton-upon-Tees Borough Council invited to participate. A draft Protocol / Terms of Reference for the Committee is attached at **Appendix A** for approval by the Committee.

5. CONDUCT OF THE JOINT HEALTH COMMITTEE

- 5.1 The Audit and Governance Committee at its meeting on the 5 February 2016, received a report from the FT and by way of initial background information, the report is attached at **Appendix B**. Further information / evidence, to support the Committees discussions, has been sought from the

CCG and FT, in addition to the attendance of an independent expert from the Northern Clinical Senate through the CCG.

6. RECOMMENDATIONS

6.1 That the:-

- i) Draft Protocol and Terms of Reference for the Joint Committee be approved;
- ii) The information / evidence provided by the CCG and FT be considered by the Committee and clarification sought when, and where, required; and
- iii) Outcome / recommendations of the Joint Committee be reported to the respective authorities Scrutiny Committees.

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BACKGROUND PAPERS

Reports and Minutes from the Audit and Governance Committee – 5 February 2016
(re-convened on the 26 February 2016)

Protocol for the
Health Scrutiny Joint Committee

Closure of the Assisted Reproduction Unit (ARU) at the University Hospital of
Hartlepool

1. This protocol provides a framework under the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013 for considering and providing a formal consultation response in relation to proposals affecting the population covered by North Tees and Hartlepool NHS Foundation Trust, in particular the decision that the Trust will:
 - (a) Cease the provision of licensed fertility treatments from the University Hospital of Hartlepool after the 31st March 2016; and
 - (b) Close the Assisted Reproduction Unit at the University Hospital of Hartlepool on the 31st March 2016.
2. The terms of reference of the Health Scrutiny Joint Committee is set out at **Appendix 1**.

Health Scrutiny Joint Committee

3. A Health Joint Scrutiny Committee (“the Joint Committee”) comprising Durham County Council, Hartlepool Borough Council and Stockton-on-Tees Borough Council, (“the constituent authorities”) has been established in accordance with the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013 for the purposes of formal consultation by the relevant NHS Bodies in relation to the matters referred to at paragraphs 1(a) of this protocol, and in particular in order to be able to:-
 - (a) make comments on the proposals consulted on, to the relevant NHS Bodies under the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013;
 - (b) require the relevant NHS Bodies to provide information about the proposals under the Regulations; or
 - (c) require an officer of the relevant NHS Bodies to attend before it under the Regulations to answer such questions as appear to it to be necessary for the discharge of its functions in connection with the consultation.

Membership

4. The Joint Committee will consist of (??) members from each of the Committees responsible for health scrutiny within the constituent authorities.

5. The term of office for representatives will be for the period from the date of their appointment by their constituent authorities until their relevant authority's next annual council meeting. If a representative ceases to be a Councillor, or wishes to resign from the Joint Committee, the relevant council shall inform the joint committee secretariat and the replacement representative shall serve for the remainder of the original representative's term of office.
6. To ensure that the operation of the Joint Committee is consistent with the Constitutions of all the constituent authorities, those authorities operating a substitution system shall be entitled to nominate substitutes.
7. The Joint Committee may ask individuals to assist it (in a non-voting capacity) and may ask independent professionals to advise it for the purposes of the consultation process.
8. The quorum for meetings of the Joint Committee shall be a minimum of three members.

Chair and Vice-Chair

9. The Chair of the Joint Committee will be Members from Hartlepool Borough Council. The Chair will not have a second or casting vote.
10. If the agreed Chair is absent from a meeting, the Joint Committee shall appoint a member to chair that meeting.

Terms of Reference

11. The Joint Committee will be the formal consultee under the Regulations and the Directions for the purposes of the consultation by the relevant NHS Bodies concerning those matters outlined at paragraphs 1(a) and will have the functions specified at paragraphs 3(a) - (c) inclusively of this protocol. Terms of reference are set out at Appendix 1.

Administration

12. Meetings shall be held at the times, dates and places determined by the Chair.
13. Agendas for meetings shall be determined by the secretariat (Hartlepool Borough Council) in consultation with the Chair.
14. Notice of meetings of the Joint Committee will be sent to each member of the Joint Committee at least 5 clear working days before the date of the meeting.
15. Minutes of meetings will be supplied to each member of the Joint Committee and to the Chairs of the constituent authorities' relevant overview and scrutiny committees (for information) and shall be confirmed at the next meeting of the Joint Committee.

Final Report and Consultation Response

16. The Joint Committee is independent of its constituent councils, executives and political groups and this independence should not be compromised by any member, officer or relevant NHS bodies. The Joint Committee will send copies of its final report and formal consultation response to the relevant NHS Bodies and the constituent authorities.
17. The primary objectives of the Joint Committee will be to reach consensus, but where there are any aspects of the consultation as regards which there is no consensus, the Joint Committee's final report and formal consultation response will include, in full, the views of all of the constituent authorities, with the specific reasons for those views, regarding those areas where there is no consensus, as well as the constituent authorities' views in relation to those matters where there is a consensus.

Principles for joint health scrutiny

18. The constituent authorities and the relevant NHS Bodies will be willing to share knowledge, respond to requests for information and carry out their duties in an atmosphere of courtesy and respect in accordance with their codes of conduct. Personal and prejudicial and/or disclosable pecuniary interests will be declared in all cases in accordance with the code of conduct and Localism Act 2011.
19. The Joint Committee's procedures will be open and transparent in accordance with the Local Government Act 1972 and the Access to Information Act 1985 and meetings will be held in public. Only information that is expressly defined in regulations to be confidential or exempt from publication will be able to be considered in private. Papers of the Joint Committee may be posted on the websites of the constituent authorities as determined by them.
20. Communication with the media in connection with the Joint Committee's views will be handled in conjunction with each of the constituent local authorities' press officers.

APPENDIX 1

HEALTH SCRUTINY JOINT COMMITTEE

TERMS OF REFERENCE

1. To consider the proposals affecting the population covered by North Tees and Hartlepool NHS Foundation Trust, in particular the Trusts decision to:
 - (a) Cease the provision of licensed fertility treatments from the University Hospital of Hartlepool after the 31st March 2016; and
 - (b) Close the Assisted Reproduction Unit at the University Hospital of Hartlepool on the 31st March 2016.
2. In order to be able to formulate and provide views to the relevant NHS bodies on the matters outlined in paragraphs 1 and 2 above, the Joint Committee may:-
 - a) require the relevant NHS Bodies to provide information about the proposals the subject of the consultation with the constituent local authorities and the Joint Committee; and
 - b) require an officer of the relevant NHS Bodies to attend meetings of the Joint Committee, in order to answer such questions as appear to them to be necessary for the discharge of their functions in connection with the consultation.
3. To formulate a final report and formal consultation response to the relevant NHS Bodies on the matters referred to at paragraphs 1 and 2 above, in accordance with the protocol for the Health Scrutiny Joint Committee and the consultation timetable established by the relevant NHS Bodies.
4. To ensure the formal consultation response of the Joint Committee includes, in full, the views of all of the constituent authorities, with the specific reasons for those views, regarding those areas where there is no consensus, as well as the constituent authorities' views in relation to those matters where there is a consensus.

AUDIT & GOVERNANCE COMMITTEE

5 February 2016

Report of: North Tees and Hartlepool NHS Foundation Trust

Subject: ASSISTED REPRODUCTION UNIT - SERVICE PROVISION

1. INTRODUCTION

- 1.1 The Assisted Reproduction Unit (ARU) at the University Hospital of Hartlepool undertakes non licensed and licensed fertility treatments. Licensed treatments are those regulated by the Human Fertilisation and Embryology Authority (HFEA) and require the specialised skills of an Embryologist.
- 1.2 The Unit is a small in comparison to other units in the region and provides services to both NHS and private patients.

2. BACKGROUND INFORMATION

- 2.1 The ARU undertakes an average of 250 cycles of licensed fertility treatments per year. Due to the nature of the licensed treatments some patients have more than one cycle of treatment.
- 2.2 The Hartlepool and Stockton on Tees Clinical Commissioning Group (CCG) commission both unlicensed and licensed fertility treatments from the Trust as part of an annual contract.
- 2.3 Due to the small number of staff working in the unit and specifically the number of embryologists, the unit has been the subject of continuous review to ensure a clinically safe, sustainable and financially viable service can be provided.
- 2.4 The unit is subject to HFEA regulation and to a continuous monitoring of licensed fertility practice involving a four year inspection cycle and oversight of any service changes or challenges which could impact upon the Code of Practice.
- 2.5 The CCG has been fully informed in the dialogue surrounding the risks to clinical sustainability and the options and decision making around short term risk mitigation and the future management of this service, including the reasons why the service needs to be varied.

- 2.6 In addition, in the autumn of 2015, both the key stakeholder Local Authorities of Hartlepool and Stockton, chairs of the scrutiny functions, were informed of the clinical risk posed with regard to specialist staffing challenges.
- 2.7 There are nine budgeted members of staff working in the ARU; a combination of skill mix to enable the delivery of appropriate treatments and care to patients. This includes the budget for 2 whole time equivalent embryologists; it also includes registered nurses, health care assistants and clerical staff. In addition there are a small number of sessions per week provided by Consultant medical staff.
- 2.8 To put the size and operation of the unit into context, in the Year 13/14 (latest published data) the following patients were treated locally:

Unit	Patients treated	IVF Cycles	Total Cycles
South Tees FT	297	148	347
N Tees & Hartlepool FT	175	136	231
Gateshead FT	468	446	665
Newcastle FT	625	489	788

Reference: www.hfea.gov.uk/clinicstaff

3. CONTEXT

- 3.1 The proposal is that the Trust will not provide licensed fertility treatments after 31st March 2016, however non licensed fertility treatments will continue to be provided. The Trust is working with other service providers to look at the way in which services may be provided in the future and to ensure patients continue to receive appropriate treatment.
- 3.2 The decision has been made reluctantly following clinical safety concerns due to pressures in the service with a consistent lack of embryologist cover. The License to carry out certain fertility treatment is reliant on the expertise of an embryologist and this is closely regulated by the Human Fertilisation and Embryology Authority and therefore without the Embryologist the treatments cannot be carried out.
- 3.3 The Trust has continued to put patients first during the course of clinical challenges resulting in the potential deferments to treatment, by ensuring the provision of appropriate treatment pathways, through the employment of locum and agency embryologists. However, this is neither a clinically nor a financially sustainable solution.

4. CHALLENGES

- 4.1 In July 2014 due to sickness absence of embryologists, the Trust discussed with the CCG that it was unable to undertake the licensed treatments, the

service was then suspended. Patients were transferred to South Tees NHS Foundation Trust to continue their treatment.

- 4.2 A weekly review of the service provision, safety of patient pathways and the agreement with South Tees FT was undertaken with the intention to re-establish the service as soon as it was safe to do so.
- 4.3 Further reviews of the service were undertaken throughout 2014 and early 2015 and during this time an approach was made to other local providers to explore the possibility of a collaborative partnership providing a fertility service, however, these proposals were not taken up by other providers. Mitigation to offset some of the risk with a local agreement with South Tees NHS Foundation Trust to accept patients at crucial stages of treatment in the event of short term absence by embryologist was put in place.
- 4.4 It can never be taken for granted that there is an infinite supply of appropriately trained, registered and experienced embryologists and sporadic locum cover is not a sustainable option hence in addition to historical advertisements, in 2015 the Trust advertised an embryologist vacancy on three separate occasions within the space of six months.
- 4.5 A chronology of recruitment events with regard to an established embryologist rota including retirement, flexible retirement, recruitment plans, resignation and an inability to recruit can be demonstrated since November 2014
- 4.6 The clinical risk surrounding a small almost single handed specialist service can never be underestimated and in light of the difficulties in recruiting an embryologist this service remained clinically fragile.
- 4.7 Medical and managerial leads from the service have been involved in developing an option appraisal notwithstanding the clinical risks.
- 4.8 In November 2015 it was agreed at the Executive Team meeting that a recommendation regarding the future of the service be provided to the Board of Directors at its meeting on 26th November 2015.
- 4.9 The Board of Directors agreed the discontinuation of the ARU and that a Tees wide service with local provision be explored for the population.
- 4.10 In December 2015 the Executive Team agreed that consultation with staff on the future of the service should commence in January 2016 when the ARU reopened after a 3 week Christmas break.

5. IMPACT

- 5.1 There are, on average 250, licensed fertility cycles undertaken per year, however due to the nature of the treatment some patients have more than one cycle of treatment.

6. ENGAGEMENT

- 6.1 The Trust recognises that this is an extremely difficult and disappointing time for patients and is therefore working with the Human Fertilisation and Embryology Authority and other local provider Trusts to look at the way the service could be provided in the future and to ensure patients continue to receive appropriate treatment.
- 6.2 For those patients due to start licensed treatment before the end of March the ARU staff are agreeing dates for treatment with patients. There are other patients at different stages of their treatment pathway; these patients are also being contacted by the ARU team to address their specific needs and concerns and to give appropriate advice and signposting to enable access relevant support.
- 6.3 The Trust is also working closely with the Human Fertilisation and Embryology Authority to agree plans to consult with patients who have material stored within the Unit.

7. PROPOSAL

- 7.1 The Trust is working with other licensed providers to explore the possibility of a licensed service being delivered in Hartlepool in the future, however discussions are in the early stages. In the meantime non licensed fertility treatments will continue to be undertaken at Hartlepool.

8. CONCLUSION

- 8.1 The current position is underpinned by a clear clinical rationale for change. The viability of small units that provide specialist treatment is to be considered in the context of service continuation. There are many different ways to achieve positive change for patients that the CCG will take into account, with regard to the current position and the proposed change to service provision.
- 8.2 The proposed service delivery model for the future must continue to consider the desired improvement in clinical viability and outcomes and also include alignment with the plans and priorities of the CCG Clear and Credible Plan and commissioning intentions, consideration of specialist provision versus local access, any potential financial implications and deliverability.
- 8.3 It is essential to ensure the future service provision is sound and to ensure time is spent progressing on only viable and supported options.

**Hartlepool and Stockton-on-Tees
Clinical Commissioning Group**

14th March 2016

Councillor Ray Martin-Wells
Chair of Audit and Governance Committee
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Hartlepool
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Dear Councillor Martin-Wells,

Assisted Reproduction Unit – Hartlepool Hospital

Further to previous Audit and Governance Committee meetings and our recent telephone discussion, I am writing to thank you for convening a 'Joint Scrutiny' meeting between Hartlepool Borough Council, Stockton Borough Council and Durham County Council on March 15th 2016 to review the arrangements for the provision of Assisted Reproductive Services in Hartlepool. In addition, I thought it would be helpful prior to the meeting to describe the process that the CCG has initiated with the agreement and collaboration of North Tees and Hartlepool NHS Foundation Trust (NTHFT) to ensure that Hartlepool people have access to a good quality, safe and sustainable service.

With the help of the NHS Northern England Clinical Senate we have managed to source two independent embryologists who are currently identifying a third clinician in order to undertake a review of the service and any proposed changes to the service pathway and provider. This will also provide the assurance that the service is sustainable into the future. Clinical Senates were created as a result of the 2012 Health and Social Care Act to act as a source of independent clinical advice for commissioners when considering service changes. Senates are non-statutory and advisory only.

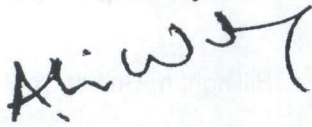
Mr Roy McLachlan (Associate Director for the Northern Clinical Senate) will be in attendance with the NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) representatives at the meeting on 15th March to advise the Committee of the review process and the expected timescales for this to take place.

Once the review is complete the CCG will inform the Committee of the outcome of the review and should any service changes be required, will provide information on the proposed process and completion of the required public consultation notwithstanding the requirements and consideration of the Purdah period.

I look forward to meeting with you on Tuesday.

Kind regards,

Yours sincerely,



Ali Wilson
Chief Officer

- cc. Councillor J Robinson, Chair Durham Adult Health Scrutiny Committee
Councillor M Clark, Vice Chair Stockton-on-Tees Adult Services and Health Select Committee
Mr Alan Foster, Chief Executive, NTHFT
Ms Joan Stevens, Scrutiny Officer, Hartlepool Borough Council
Mr Peter Mennear, Scrutiny Officer, Stockton Borough Council
Mr Stephen Gwilym, Scrutiny Officer, Durham County Council