

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **20th November 2009**

By: **Director of Law and Personnel**

Title of report: **East Sussex Maternity Services Strategy 2009-2012**

Purpose of report: **To present HOSC with the Maternity Services Strategy 2009-2012 prior to final approval by NHS East Sussex Downs and Weald and NHS Hastings and Rother.**

RECOMMENDATIONS

HOSC is recommended to:

- 1. Consider and comment on the Maternity Services Strategy prior to its consideration by the PCT Boards in November**
 - 2. Determine how the committee will continue to monitor the implementation of the strategy**
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1. Background

1.1 In January 2009 the Maternity Services Clinicians' Forum and Maternity Services Development Panel was set up to oversee development of new maternity strategy to include model for maintaining consultant-led services in both Eastbourne and Hastings.

1.2 At its meeting in March 2009, HOSC supported the first iteration of a maternity strategy for East Sussex. In July 2009 it considered work undertaken including the strategy for community services and plans for engaging and informing local people and organisations. At its meeting in September 2009 HOSC welcomed progress on the development of maternity services and agreed to review progress in November 2009.

1.3 NHS East Sussex Downs and Weald and NHS Hastings and Rother have now published a maternity services strategy 2009-2012, and will be considering it at their respective board meetings later in November.

1.4 Alongside these local developments, the Department of Health (DH) has set out its expectations of what the NHS will have achieved in maternity services by the end of 2009 in accordance with the Operating Framework and *Maternity Matters*. The DH has written to each strategic health authority (SHA) asking them to provide assurance against a range of points including improved choice and commitments set out in *Maternity Matters*. These include commitments around continuity of care and access to maternity care, types of antenatal and postnatal care, and place of birth. The DH will monitor progress in relation to Public Service Agreement (PSA) commitments on improved early access to antenatal care and support for breastfeeding.

2. East Sussex Maternity Services Strategy 2009-2012

2.1 The East Sussex Maternity Services Strategy 2009-2012 (attached at Appendix 1) aims to respond to the recommendations made by the Independent Reconfiguration Panel (IRP) in developing a strategic direction for maternity services and effective model of care. The recommendations covered:

- Consultant led maternity services, special care baby services and inpatient gynecology
- Implementing improvements to antenatal care, postnatal care and outreach services
- Communication and engagement with local people

2.2 Much of the detail relating to achieving the strategy is contained in the Maternity Strategy action plan which will follow in December, whilst the vision, commitments, service priorities and governance/monitoring arrangements are set out in the main strategy document.

2.3 Reviewing the strategy against the recommendations of the HOSC maternity services review and the subsequent recommendations of the Independent Reconfiguration Panel (IRP), it is noted that:

- The strategy sets out core service provision based on consultant led maternity services, special care baby services and inpatient gynecology across both hospital sites (Eastbourne DGH and The Conquest, Hastings) and community based services. Service priorities and developments such as antenatal and postnatal care in community settings and a networked model of care are also included.
- Provision of additional support for vulnerable women and their families is included as a service priority.
- A range of capacity building activity is set out to ensure an adequate and skilled maternity workforce, including 'birthrate plus' staffing standards. This includes commitments to ensuring recommended consultant hours are achieved on labour wards; midwife workforce planning, training and development; and the restructuring of teams.
- A maternity dashboard is being used to monitor outcomes and quality of care. Regular information on serious untoward incidents will also be gathered.
- The maternity finance and commissioning sub group was established during April 2009 and work is ongoing to review costs and develop a revised maternity contract. The maternity strategy identifies this work as crucial to the strategy's success and that putting contracts between the PCTs and providers on a 'sound footing' is essential before any consideration of commissioning enhancements.

3. Issues to consider

3.1 Building on the monitoring work of the Department of Health, HOSC may wish to consider:

- Whether the Maternity Strategy addresses local concerns including:
 - improved choices for women, including promoting a greater range of birth options
 - cross-site working
 - staffing levels and standards
 - one to one midwifery
 - community based maternity services
- HOSC may also wish to consider:
 - Ongoing public information, consultation and engagement
 - The overall pace of strategy development and implementation
 - How HOSC will continue to monitor implementation of the strategy including the affordability and sustainability of maternity services, the commissioning of services, service developments and impacts on other health services.

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