



East Sussex Downs and Weald  
Primary Care Trust

Hastings and Rother  
Primary Care Trust

## **Developing Sustainable Maternity and Associated Services for East Sussex**

**Plan for addressing the recommendations of the Independent Reconfiguration Panel on proposed changes to Maternity, Inpatient Gynaecology and Special Baby Care in East Sussex**

**3<sup>rd</sup> October 2008**

## **Preface**

This report sets out our plans for taking forward the recommendations made by the Independent Reconfiguration Panel (IRP) for maternity, special care baby and inpatient gynaecology services in East Sussex.

It has been informed by the views of some of the key stakeholders and partners who have taken time to share their thoughts on how this should be done.

It will take time to do this job properly, but we consider it is essential that our approach is thorough, and conducted in a way that allows full involvement of all the key stakeholders at every stage.

For this reason, one of our first priorities will be to develop a plan with the East Sussex Hospitals NHS Trust to ensure that the services currently offered can be sustained on a safe and secure basis until this programme of work is completed.

The PCTs are committed to demonstrating openness at every stage of this work, and to establishing a robust framework which will enable all those who have a view to be able to express it and to be heard.

A full stakeholder engagement plan will be developed which will set out how we intend to achieve this.

**John Barnes, Chair East Sussex Downs and Weald PCT**

**Charles Everett, Chair, Hastings and Rother PCT**

# 1. Introduction

The Independent Reconfiguration Panel (IRP) published its report on the proposed changes to maternity, gynaecology and special baby care services in East Sussex on September 4<sup>th</sup> 2008. This report made clear recommendations for ensuring the delivery of safe, sustainable services in East Sussex. These were as follows:

- 1.** The IRP does not support the PCTs' proposals to reconfigure consultant-led maternity, special care baby services and inpatient gynaecology services from Eastbourne District General Hospital to the Conquest Hospital at Hastings. The Panel does not consider that the proposals have made a clear case for safer and more sustainable services for the people of East Sussex. The proposals reduce accessibility compared with current service provision.
- 2.** The Panel strongly supports the PCTs' decision to improve antenatal and postnatal care and associated outreach services. These improvements should be carried forward without delay.
- 3.** Consultant-led maternity, special care baby, inpatient gynaecology and related services must be retained on both sites. The PCTs must continue to work with stakeholders to develop a local model offering choice to service users, which will improve and ensure the safety, sustainability and quality of services.
- 4.** The PCTs with their stakeholders must develop as a matter of urgency a comprehensive local strategy for maternity and related services in East Sussex that supports the delivery of the above recommendations. The South East Coast SHA must ensure that the PCTs collaborate to produce a sound strategic framework for maternity and related services in the SHA area.
- 5.** The PCTs working with all stakeholders, both health providers and community representatives, must develop a strategy to ensure open and effective communication and engagement with the people of East Sussex in taking forward the Panel's recommendations.

- 6.** Within one month of the publication of this report, the PCTs must publish a plan, including a timescale, for taking forward the work proposed in the Panel's recommendations.

Alan Johnson, Secretary of State for Health, accepted the IRP's recommendations in full.

The PCTs fully accept the IRP's advice and recommendations and are determined to provide the very best services for local mothers and children and will work with all parties to develop a model of care that ensures the continuation of consultant-led maternity services, special care baby services and inpatient gynaecology services in both Hastings and Eastbourne.

This document is published in response to the IRP's final recommendation to publish a plan, including a timescale, for taking forward the work proposed in the Panel's recommendations.

## 2. Plan

- 2.1. Our first step, in response to **IRP Recommendation 6.** is to publish a plan, including a timescale, for taking forward the work proposed in the Panel's recommendations within one month.
- 2.2. Our next step will be to establish appropriate, rigorous and timely involvement and engagement in the short term. In line with **IRP Recommendation 5.** we will work with all stakeholders, including health organisations, clinicians and community representatives, to develop an engagement strategy that ensures open and effective communication with the people of East Sussex. This will ensure that the IRP's recommendations are taken forward in such a way that commissioning decisions are informed by the needs and preferences of service users, the public and other key stakeholders. Noting the IRP's concerns about the quality of relationships between campaigners and the NHS, external support and advice for this work will be sought if appropriate to do so.
- 2.3. In order to avoid the pressure of needing to find a 'quick fix' and allow time for a careful, considered approach to be taken to delivering all of the IRP's recommendations we will ask East Sussex Hospitals Trust to develop practical plans to sustain the current service configuration at the Eastbourne District General Hospital and the Conquest Hospital while planning for the future is underway. The PCTs recognise that this will be a significant challenge for the staff of East Sussex Hospitals Trust and can only be achieved with the continued dedication of front line staff and clear clinical leadership from senior medical, midwifery and nursing staff in sustaining current services for the duration of this programme.
- 2.4. Having established an effective process for stakeholder engagement we will, as a matter of urgency, work together to develop a comprehensive local strategy for maternity and related services in East Sussex that supports the delivery of the IRP's recommendations. We will also work with NHS South East Coast and other PCTs to ensure that there is a sound regional strategic framework for maternity and related services. These strategies will build on 'Healthier People, Excellent Care' and 'High Quality Care for All' and respond to **IRP Recommendation 4.** A key part of this will be to continue the work of the Maternity Services Strategy Group in developing a clear strategy to improve community maternity services. This work is nearing completion and will be shared with a wider range of stakeholders, before implementation, as part of the processes described below so that they can be taken forward without delay as required by **IRP Recommendation 2.**
- 2.5. Within this strategic context we will work with stakeholders to develop a sustainable local model to retain consultant-led maternity, special care baby, inpatient gynaecology and related services on both acute hospital sites. The model must offer choice to service users and improve and assure the safety and quality of services in line with **IRP Recommendation 3.** In line with the guidance of the

IRP, we will examine emerging policy, good practice examples and alternative models that have emerged since the close of the East Sussex consultation. Full consideration will be made, of the options which promote choice for service users, including the feasibility of offering midwife-led units at both or either acute hospital site.

2.6. The high level timetable for this programme is shown below as Appendix 1.

### 3. Governance and Accountability

- 3.1 The formal governance arrangements for taking forward this work will be finalised over the coming weeks following agreement with all key stakeholders. These proposed arrangements will replace existing groups.
- 3.2 Recognising the importance of building public confidence in the process:
- All key stakeholders will have the opportunity to be involved with and influence the process including the selection of chairs of the key groups, the Maternity Services Development Panel and Maternity Services Clinicians Forum (see below).
  - As part of the process we will ensure developments are shared with the wider public via appropriate meetings. These will be key in discussing progress and seeking views and opinions
  - Papers and Minutes of the groups described below will be published on the PCTs' website.
  - Decision making meetings of the Joint Committee of the PCT's Boards, will be held in public. (see sec. 3.4)
- 3.3 It is proposed that two new groups are established to ensure widespread engagement and the strengthening of clinical leadership.
- 3.3.1 **Maternity Services Development Panel** will make recommendations to the Joint Committee of the PCT Boards on proposals that enjoy broad community and clinical support, and best meet the interests of the local population. The panel will have a wide membership drawn from the PCTs, ESHT, ESCC Children's Services, Sussex Partnership Trust, HOSC in observer role, NHS South East Coast, the Ambulance Service, Adult Social Care, Clinical Leaders (drawn from the Maternity Services Clinicians Forum), lay stakeholders including local campaign groups and representatives of the public - NEDs, LINKs, the Maternity Services Liaison Committee, NCT, local councillors, Children's Centre Local Advisory Group representatives, Teenage Parent Group representatives. The group will be chaired by a respected independent chair (see 3.3.3 below). This group will also be responsible for overseeing the wider engagement and communications strategy.
- 3.3.2 **Maternity Services Clinicians Forum** will make recommendations to Maternity Services Development Panel on clinically supported proposals. The Maternity Services Clinicians Forum will comprise representatives from the widest possible range of local clinicians including GPs, PEC chairs, obstetricians, gynaecologists, paediatricians, PCT and ESHT medical directors, midwives, SCBU nurses, SHA clinicians including Medical Director

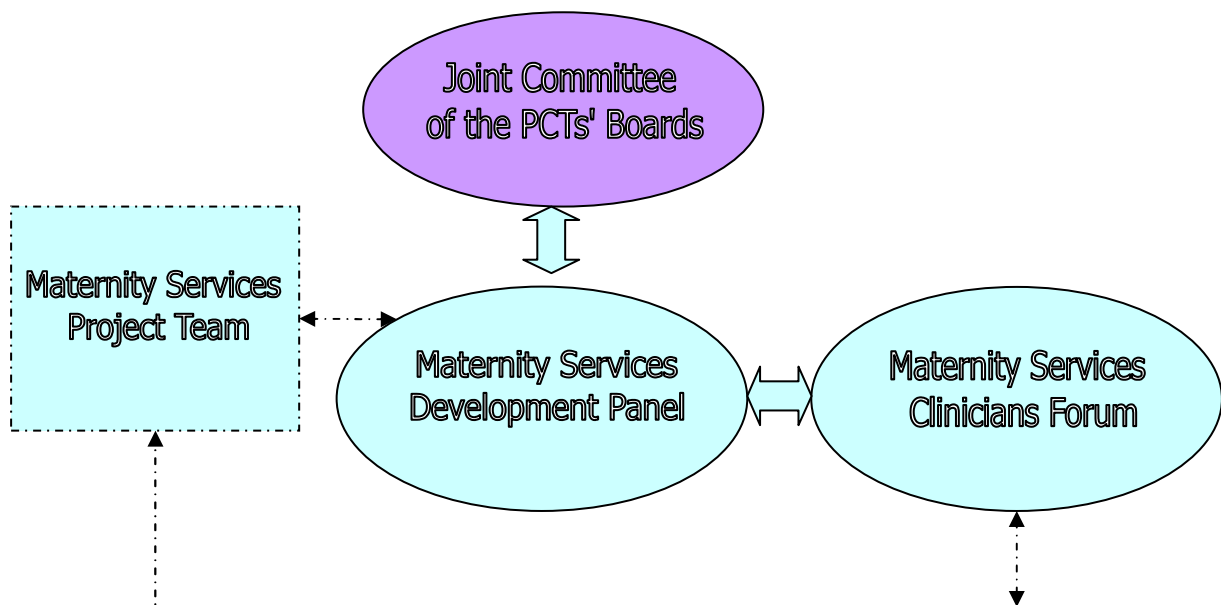
and maternity advisor, Consultant LSA Midwifery Officer, RCOG, RCPCH, RCA, RCM, Deanery, Neonatal Network, ambulance trust paramedics etc. Lead clinicians from neighbouring providers (East Kent, Maidstone Tunbridge Wells and Brighton and Sussex University Hospitals) will be kept informed of the work of the group and invited to attend when appropriate. Lay representatives drawn from the Maternity Services Development Panel will be invited to be members of the group to ensure transparency. The group will ensure that any proposals that go forward have the very widest possible clinical support. We propose that this group be chaired by a respected independent clinician.

- 3.3.3 Chairs of the key groups, the Maternity Services Development Panel and Maternity Services Clinicians Forum must demonstrate sufficient independence and authority to support the plurality of interests and reach robust and properly evidenced proposals. A specification for chairs for will therefore be agreed with key stakeholders. A list for consideration will be compiled from nominations from any key stakeholder. Each nominee will be approached to explore their willingness to undertake the role. A panel comprising two campaign group representatives, two PCT representatives, two PEC representatives, three ESHT clinicians (an obstetrician, a paediatrician and a midwife), a representative from the SHA, and chairs of LINKs and MSLC will score candidates against the specification. A member of HOSC will be invited to undertake the role of independent observer. The selection panel will provide a recommendation to the Joint Committee of the PCT's  
Appointment to these posts will be made by the Joint Committee of the PCT Boards.
- 3.4 Final sign-off on PCT strategies and commissioning decisions setting quality and performance standards and committing NHS resources can only be undertaken by the Boards of the PCTs who have the formal authority and accountability for such decisions. Since this programme is a cross-county programme requiring consistent solutions, a Joint Committee of the Boards of East Sussex Downs and Weald PCT and Hastings and Rother PCT will be the formally constituted, statutory decision making body. They will consider the recommendations of the Maternity Services Development Panel and make the final decisions on all aspects of the plan described in 2 above.
- 3.5 The Development Panel and Clinician's Forum will be supported by a team of staff with the capacity and capability to rapidly take forward this work. The project team will:
- provide project management for the overall project
  - support development of an engagement strategy
  - support implementation of improvements to antenatal and postnatal care and associated outreach services
  - support the development of a comprehensive strategy for maternity and related services

- develop options for sustainable local models to retain consultant-led maternity, special care baby, inpatient gynaecology and related services on both acute hospital sites.

The team will have expertise in project management, public health and service analysis, financial analysis, communications and engagement and workforce planning. They will be drawn from PCT and ESHT senior managers and SHA staff from the Public Health, Clinical and Workforce Directorates. External support and advice will be sought as necessary to ensure appropriate pace of delivery and expert advice. Vanessa Harris will be the lead director for this work, supported by the PCTs' Strategy and Project Manager.

- 3.6 NHS South East Coast is accountable to the Secretary of State for ensuring the implementation of all the IRP's recommendations and will provide support and expertise to the process as well as formally agreeing timescales and reporting arrangements with the East Sussex PCTs as the local implementation leaders. The SHA are also responsible for ensuring local proposal's fit within their regional strategic framework for maternity and related services.
- 3.7 The East Sussex Health Overview and Scrutiny Committee (HOSC) will continue to provide external scrutiny and challenge.
- 3.8 These governance arrangements are illustrated below:



- 3.9 Terms of reference and membership will be formulated for these groups in discussion with stakeholders.

## **4. Stakeholder Involvement: Principles and approach**

The principles of how we intend to work will provide a framework for how this plan will be implemented:

### **Involve patients, the public and other key stakeholders including staff throughout the process**

Involvement of all stakeholders will be continuous throughout the process. The Maternity Services Development Panel will have a role in ensuring all stakeholders views are heard and taken account of. Activities for involvement will be varied to allow people to engage with the work in the way that suits them.

### **Be open and transparent by, for example, making information readily available and communicating progress regularly**

The PCTs and ESHT websites will have a dedicated area for this programme and will be maintained to ensure it is up to date. A regular newsletter will be widely distributed to keep everyone up to date with progress. Meetings of the Joint Committee will be held in public and all committee papers will be made publicly available.

### **Allow all views to be equally expressed and to be listened to**

All those who will be affected by decisions will have an opportunity to express their views at various stages of the programme. Informal events will be organised and opportunities for sharing views anonymously will be provided (if required). Efforts will be made to engage with the wider community by developing contacts with community groups and providing a range of opportunities for getting involved.

### **Base our decisions on best available evidence**

It is important that we take account of what evidence exists about health needs and health services. This will be done by ensuring sufficient time is allowed for research, that stakeholders are involved in gathering and understanding the research and by involving experts as appropriate to ensure the right conclusions are drawn for how evidence can be applied in our local circumstances.

### **Plan and prepare with care and consideration**

The timetable for this programme has allowed time for full engagement and consultation. We will take time to understand any implications and avoid making hurried decisions and to avoid making inappropriate assumption.

## **Learn from what we do and the feedback we receive**

We know that the local community did not feel listened to in the development of proposals for consultation or in their responses to consultation and we will structure this programme to allow greater involvement. We will continue to listen to the views of stakeholders as the programme progresses and are committed to be responsive and reflect on how this is being done. We will encourage feedback on the process as much as the content of each stage of the programme.

## 5. Conclusion

This plan describes the approach that the East Sussex PCTs will take in taking forward the recommendations of the Independent Reconfiguration Panel to achieve sustainable maternity and associated services for East Sussex.

In summary:

- The PCTs fully accept the IRP's advice and recommendations and are determined to provide the very best services for local mothers and children.
- The PCTs will work with all parties, ensuring effective and inclusive stakeholder and public involvement throughout the programme. This will be reflected in a jointly developed engagement and communication strategy.
  - Together we will develop a comprehensive local strategy for maternity and related services for East Sussex.
  - Together we will develop a model of care that ensures the continuation of consultant-led maternity services, special care baby services and inpatient gynaecology services in both Hastings and Eastbourne.
- The PCTs will ensure that improvements to antenatal and postnatal care and associated outreach services are implemented without delay.

Although firm timescales can only be agreed once the governance framework (described above) has been formally established and a more detailed programme plan developed and agreed, an indicative timescale from October 2008 to March 31st 2009 showing the dependencies within the programme has been developed.

## Appendix 1: Indicative High Level Programme Plan

