

Report to: **East Sussex Health and Wellbeing Board**

Date: **13 February 2014**

By: **Catherine Ashton, Associate Director of Strategy and Whole Systems, EHS and H&R CCGs**

Title of report: **To inform the Health and Wellbeing Board of the Better Beginnings Programme for safe and sustainable maternity and paediatric services in East Sussex**

Purpose of report: **To provide a briefing on the progress of the Better Beginnings Programme and the process CCGs have undertaken to develop the options that are currently subject to public consultation.**

RECOMMENDATIONS

The Health and Wellbeing Board is asked to note the report.

1. Introduction

1.1 Throughout 2012 NHS commissioners and providers worked together in the 'Sussex Together' programme to review maternity and paediatric services across Sussex. The resulting Clinical Consensus on the Evidence Base and the Case for Change for Maternity and Paediatric services were developed and agreed by senior doctors, midwives and other health professionals from across Sussex in July 2013. They concluded that there is a pressing need to change maternity services at East Sussex Healthcare Trust (ESHT), ensuring that the impact on paediatric services, other critical co-dependent clinical services and co-dependent organisations are considered in the process. Although all Sussex Trusts had identified some difficulties with workforce pressures and meeting some of the agreed standards, the 'pressing need to change maternity services in ESHT' was recommended due to their particular pressures on middle grade staffing, medical trainee numbers and experience and the number of Serious Incidents.

1.2 Following the publication of the Sussex-wide Clinical Case for Change, the CCGs in East Sussex led a review of maternity and paediatric services in the county. This included an extensive programme of patient and public engagement that commenced in July 2013. The output of this engagement has informed the development of proposed delivery options for safe, high quality and sustainable maternity and paediatric services in East Sussex.

2. Process for developing longer term solutions

2.1 The review of maternity and paediatric services in East Sussex is overseen by the Better Beginnings Programme Board. The Programme Board comprises lead clinical representation from the three CCGs in East Sussex and ESHT, in addition to

executive membership from both organisations and representation from East Sussex County Council Children's Services and from Healthwatch.

2.2 The Better Beginnings Programme Board established a working group with a remit to develop models of care for the services, based on the Sussex-wide clinical consensus, and to develop delivery options that would meet the models of care.

2.3 This group reviewed a range of available information and evidence to assess potential delivery options as to how well they could meet the models of care. Information from the stakeholder engagement work informed this assessment. This work has been shared with and informed by wider clinical networks including the Sussex Collaborative Clinical Reference Groups (SCCRG) and the South East Coast Strategic Clinical Network (SECSCN) and agreement secured that the models of care and proposed delivery options are evidence based, deliverable and will ensure high quality, safe and sustainable services.

3. Clinical evidence base

3.1 The clinical evidence base has been developed with reference to best practice guidelines and national clinical standards.

3.2 The Sussex-wide Clinical Consensus on the Evidence Base and the Case for Change for Maternity and Paediatric services draws on national evidence and royal colleges' guidance including: the Royal College of General Practitioners; Royal College of Paediatrics and Child Health; the Royal College of Obstetrics and Gynaecology; the Royal College of Midwives; the Royal College of Nursing; the Kings Fund; the National Institute for Health and Care Excellence (NICE); the Royal College of Anaesthetists; the Department of Health (2011) NHS at Home: Community Children's Nursing Services; the Children and Young People's Health Outcomes Forum; the National Children's Bureau; the National Confidential Enquiry into Patient Outcome and Death (NCEPOD); the Royal College of Surgeons of England, the Nursing Midwifery Council and the Association of Chief Children's Nurses (ACCN).

4. Recommendations for future delivery options

4.1 Following a comprehensive process of review and engagement, six possible delivery options have been assessed as meeting the agreed quality standards against which the CCGs would want to commission services. The delivery options, and the evidence base that supports them, are described in detail in the pre consultation business case (PCBC) that has been prepared by CCGs and is available on the CCG websites (www.eastbournehailshamandseafordccg.nhs.uk or www.hastingsandrotherccg.nhs.uk, or www.highwealdleweshavensccg.nhs.uk)

4.2 There are three service models but six possible configurations for delivering care across three hospital sites at Eastbourne, Hastings and Crowborough. Each of the options includes the provision of obstetric-led maternity services, stand-alone midwife-led birthing services and an overnight "in-patient" paediatric ward in East Sussex. There would continue to be a short-stay paediatric assessment unit at both main hospital sites. The main difference from the services as they were provided before the temporary changes in May 2013 is that the options do not

include the provision of obstetrics and in-patient paediatrics at both acute hospital sites.

It is the conclusion of the lead clinicians in the CCGs that it is not possible to provide safe services in a way that can be sustained across two acute hospital sites.

4.3 Four of the six options include the continuation of a midwife-led unit at Crowborough hospital.

4.4 It is important to be clear that the CCGs understand public issues of concern and perceived risk with regard to travel times to services, but that equally CCGs are not able to propose and support delivery options that are not safe as safety and quality are paramount. It is also important to be clear that equity of access and choice is a key consideration and the design of these options offer a range of services that we believe balance these considerations with care.

4.5 The impact of potential increased travel times for patients has been reviewed and is reflected in the proposed delivery options. The impact of the temporary configuration has been assessed and improved outcomes for mothers and babies have been noted.

4.6 It is acknowledged that for some women and families the experience of travelling further than they may have been used to can present difficulties. As such, opportunities for lessening any impact have been fully explored through early engagement discussions. The CCGs wish to signal a clear intention to ensure services are commissioned that expand patients' access to local services where possible, for example through careful consideration of opening hours of paediatric assessment units, through the offer of choice of birth settings and through informing our wider work looking at enhancing community maternity and paediatric provision as we move forward.

4.7 A summary of possible delivery options are shown below.

Summary table of delivery options				
	Eastbourne DGH	Conquest Hastings	Crowborough	Summary of options
1	Midwife led unit Consultant-led maternity service (obstetrics) Emergency gynaecology Inpatient paediatrics Special care baby unit (SCBU) Short stay paediatric assessment unit (SSPAU)	Short stay paediatric assessment unit (SSPAU)	Midwife led unit	<u>Options 1 and 2</u> These options provide maternity services on two of the three current sites. These would provide a consultant-led maternity service in either Eastbourne or Hastings, with no maternity service in the other large town.

2	Short stay paediatric assessment unit (SSPAU)	Midwife led unit Consultant-led maternity service (obstetrics) Emergency gynaecology Inpatient paediatrics Special care baby unit (SCBU) Short stay paediatric assessment unit (SSPAU)	Midwife led unit	
3	Midwife led unit Consultant-led maternity service (obstetrics) Emergency gynaecology Inpatient paediatrics Special care baby unit (SCBU) Short stay paediatric assessment unit (SSPAU)	Midwife led unit Short Stay Paediatric Assessment Unit (SSPAU)	No maternity service	<u>Options 3 and 4</u> These options provide maternity services on two of the three current sites. These options would provide a consultant-led maternity service in either Eastbourne or Hastings, with a midwife led service in the other large town.
4	Midwife led unit Short stay paediatric assessment unit (SSPAU)	Midwife led unit Consultant-led maternity service (obstetrics) Emergency gynaecology Inpatient paediatrics Special care baby unit (SCBU) Short stay paediatric assessment unit (SSPAU)	No maternity service	There would be a midwife led unit on the same site as the obstetric service. Women who choose to give birth at this midwife led unit would have on-site access to obstetric care, should they require it. There would be no birthing services provided at Crowborough as all birthing services would be provided in Eastbourne and Hastings. In-patient paediatrics would be provided on the same site as the obstetric care. Emergency Gynaecology would be provided on the same site as obstetric care
5	Consultant-led maternity service (obstetrics) Emergency gynaecology Inpatient paediatrics Special care baby unit (SCBU) Short stay paediatric assessment unit (SSPAU)	Midwife led unit Short stay paediatric assessment unit (SSPAU)	Midwife led unit	<u>Options 5 and 6</u> These options provide maternity services on all three current sites. These options would provide a consultant-led maternity service in either Eastbourne or Hastings, with a midwife led service in the other large

6	Midwife led unit Short stay paediatric assessment unit (SSPAU)	Consultant-led maternity service (obstetrics) Emergency gynaecology Inpatient paediatrics Special care baby unit (SCBU) Short stay paediatric assessment unit (SSPAU)	Midwife led unit	town. The site providing obstetric services would not also have a midwife led unit. A midwife led unit would continue to be provided at Crowborough. In-patient paediatrics would be provided on the same site as the obstetric care. Emergency Gynaecology would be provided on the same site as obstetric care
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5. The assurance process

5.1 On 11th December 2013 these proposed delivery options were unanimously agreed by the Governing Bodies of Eastbourne, Hailsham and Seaford, Hastings and Rother and High Weald Lewes Havens Clinical Commissioning Groups.

5.2 These proposed delivery options build on advice given to ESHT by the National Clinical Advisory Team (NCAT) which ESHT published as part of their March 2013 Board papers.

5.3 The Sussex-wide Clinical Consensus and Clinical Case for Change have been agreed by senior clinicians across Sussex. (July 2013).

5.4 The models of care (drawn from this clinical consensus) have been agreed by the Better Beginnings Programme Board and supported widely by local GPs across East Sussex and by local hospital doctors and other clinicians. (September – October 2013).

5.5 These proposed delivery options have been approved by the Better Beginnings Programme Board. (November 2013).

5.6 These proposed delivery options have been supported by the Sussex Collaborative Clinical Reference Group (SCCRG) and the South East Coast Strategic Clinical Network (SECSCN). (November 2013).

5.7 The CCGs formally tested and received clinical advice on the delivery options contained in this document. This testing was carried out with the South East Coast Strategic Clinical Network: Maternity Children and Young People and the Sussex Collaborative Children and Young People Clinical Reference Group and Maternity Clinical Reference Group. (November 2013).

5.8 The Better Beginnings programme has been reviewed by the Department of Health Gateway Review Team. This team examined the outcomes and objectives for the programme and have sought assurance that they make the necessary contribution to government, departmental, NHS, or organisational overall strategy. The review was rated as 'amber' which means that successful delivery appears

feasible but issues require management attention. Five recommendations were made and all of these are now completed.

Ref	Recommendation	Timing	Status
1.	Produce a detailed project plan which maps all key activities and identifies those on the critical path	Do now	Complete
2.	Agree the process for approval of the consultation document and incorporate into the project plan	Do now	Complete
3.	Assess and finalise the number and grouping of options to be presented in the consultation document	Do now	Complete
4.	The risk register should be updated to capture all the current and known risks, mitigating actions agreed by the Programme Board and escalated as required	Do now	Complete
5.	Produce a detailed public consultation plan	End December	Complete

5.9 The NHS England Surrey and Sussex Area Team are in full support of the aim of this review, the models of care that were used in the development of options and the quality of engagement work that has informed this document. (December 2013).

5.10 The East Sussex HOSC agreed on the 10th January 2014 that the options recommended by the three CCGs did constitute substantial variation and it therefore agreed with the CCG plans for a period of formal consultation with the public.

5.11 The outputs from the engagement to date have informed development of the proposed delivery options.

5.12 These proposed delivery options have been developed with due regard to duties to reduce inequalities and promote integration of health services where this will improve the quality of those services, in addition to ensuring compliance with all relevant equality duties.

5.13 The supporting evidence is available on the CCG websites.

6. The Consultation Programme

6.1 The public consultation started on January 14th 2014 and it will end on April 8th 2014. The CCGs are undertaking extensive communications and engagement around the consultation so that our local populations are aware of it and can feedback their views. This will include:

- 28 events in shopping centres, leisure centres and other community venues
- 16 children's centres across the county.
- Focus groups in all three CCG localities with:
 - Family Nurse Partnership
 - Parent Carer Council
 - Care for the carers
 - Primary School
 - Secondary School
 - 6th form colleges
 - Youth Council members / local applicants
- 6 briefings for elected council members
- 5 staff engagement events at Eastbourne DGH, Conquest Hospital Hastings, and Crowborough War Memorial Hospital

6.2 An overview of the consultation plan is attached to this report together with the market place schedule

6.3 There is a consultation document and questionnaire which we have distributed to over 700 groups and individuals by email along with hard copy distribution to key venues such as GP surgeries and children's centres.

6.4 The consultation document and other key information is available on our websites as well as in a range of other formats. We are keen to involve as many people as possible and welcome responses. Healthwatch, our critical friends' partnership, and the Maternity Services Liaison Committee have supported in the planning for this in order to ensure our materials are useful and accessible and to help gain greatest reach.

7. Post Consultation

7.1 The Consultation will finish on the 8th April 2014 and after this an options appraisal process will enable the CCGs to review the evidence that has been gathered during the consultation, responses to the consultation including independent analysis, the report from the East Sussex HOSC, and a range of other information. This will enable the CCG Governing Bodies to make informed decisions on which option will enable us to commission safe and sustainable maternity and paediatric services in East Sussex.

7.2 It is anticipated that the Governing Bodies will meet in June 2014 to make this decision and that this will in turn be reported to the HOSC in July 2014

Catherine Ashton

Associate Director of Strategy and Whole System Working

On behalf of Eastbourne, Hailsham and Seaford CCG, Hastings and Rother CCG and High Weald Lewes Havens CCG.

Formal consultation plan
Preparation for formal consultation
Establish scope of consultation including viable delivery options and consultation questions
Review stakeholder mapping to establish consultation distribution list
Recruit consultation support officer
Meet with press editors to ensure they understand case and process
Agree public spokespeople and arrange media training
Set up freepost address, text number and enquiries line
People have enough information about the proposals to form a view
Produce written consultation document and supporting materials. Circulate widely including stocks in public venues.
Produce video presentations and pre-recorded interviews for use at events and for website
Create micro-site for online information
Raise awareness of the consultation among local population – posters, targeted emails, parent mail, community newsletters, media
Raise awareness of the consultation among staff and clinicians
Establish social media outlets
Press advertising including radio - weekly 1/4 page ads and on-going radio campaign
People have opportunities to respond to the consultation, ask questions and propose alternatives
Meetings with elected representatives in each district / borough
Large-scale market place events (public outreach roadshow with opportunity for 1:1 discussion with clinicians and managers and capture of opinions)
Mini-market place events - public roadshows with opportunities to learn more about the proposals and how to get involved
Targeted focus groups with groups identified in the Equality Analysis - Parent carers, gypsies and travellers, migrants, young people, teenage parents, disabled service users.
Offer presentations and discussion at externally hosted meetings, forums and networks including voluntary sector networks, parish councils etc.
Work with Healthwatch to engage young people in delivering and responding to the consultation
Regular feeds on social media sites
Produce a double page advertorial with cut and post freepost feedback coupon for inclusion in all local media
Create a feedback survey, electronic and hard copy versions, promote and distribute
Contribute to public meetings hosted by Healthwatch
Governance
Agree and clearly articulate the decision making process
Agree the options appraisal process and gather the associated information
Agree sign-off processes for all public statements
Independent analysis of feedback from consultation and consultation process

Appendix 2

The children's centre sessions are open to anyone who regularly attends the centres in that area. For more information please ask at your centre.

SUBJECT TO AMENDMENT AS CONSULTATION PROGRESSES

