APPENDIX 2

Unconfirmed Minutes of the East Sussex Downs and Weald PCT and Hastings and Rother PCT Joint Committee Meeting

Held on Thursday 20th December 2007 at the Uckfield Civic Centre, Uckfield, East Sussex at 9.30 a.m.

Present:
- Charles Everett, Non Executive Director (Chairman), Hastings and Rother PCT
- John Barnes, Non Executive Director (Chairman), East Sussex Downs and Weald PCT
- Dr Greg Wilcox, Professional Executive Committee Chair, Hastings and Rother PCT
- Dr Simon Eyre, Professional Executive Committee Chair, East Sussex Downs and Weald PCT
- Peter Finn, Head of Commissioning, (Acting Director of Commissioning and Primary Care) Hastings and Rother PCT and East Sussex Downs and Weald PCT
- Dr Diana Grice, Director of Public Health & Well Being and Medical Director, Hastings and Rother PCT and East Sussex Downs and Weald PCT
- Nick Yeo, Chief Executive, Hastings and Rother PCT and East Sussex Downs and Weald PCT
- Rhiannon Barker, Non Executive Director, East Sussex Downs and Weald PCT
- Jack Barnes, Non Executive Director, East Sussex Downs and Weald PCT
- Jeremy Birch, Non Executive Director, Hastings and Rother PCT
- Tim Brammer, Non Executive Director, Hastings and Rother PCT
- Peter Douglas, Non Executive Director, East Sussex Downs and Weald PCT
- Peter Greene, Non Executive Director, Hastings and Rother PCT
- Keith Glazier, Non Executive Director, Hastings and Rother PCT
- Rita Lewis, Non Executive Director, East Sussex Downs and Weald PCT
- Stuart Welling, Non Executive Director, Hastings and Rother PCT

In Attendance:
- Jayne Boyfield, Director of Community Services, Hastings and Rother PCT and East Sussex Downs and Weald PCT
- Anne Bryen, Company Secretary, Hastings and Rother PCT and East Sussex Downs and Weald PCT
- Lisa Compton, Director of Patient and Public Engagement and Corporate Affairs, Hastings and Rother PCT and East Sussex Downs and Weald PCT
- Peter Edwards, Capsticks
- Ken Ellis, Deputy Director of Finance and Investment, Hastings and Rother PCT and East Sussex Downs and Weald PCT
- David Lowe, Director of Human Resources, Hastings and Rother PCT and East Sussex Downs and Weald PCT
- Helen Foreman, Corporate Services Administrator, Hastings and Rother PCT and East Sussex Downs and Weald PCT
- Lynne Regent, Interim Director of Development, Hastings and Rother PCT and East Sussex Downs and Weald PCT
- Michael Wilson, Programme Director, Creating an NHS Fit for the Future, Hastings and Rother PCT and East Sussex Downs and Weald PCT
- Members of the Public

Action

1. Election of Chairman.

Charles Everett reminded members that the Joint Committee had been established on 16 March 2007 when it was agreed that it should be jointly chaired by the chairmen of the two PCTs. John Barnes had chaired the joint committee meeting on 16th March 2007.

The Joint Committee agreed that Charles Everett shall chair this meeting of the Joint Committee.

2. Welcome and apologies.

Charles Everett welcomed everybody to the meeting. Apologies for absence were received from Vanessa Harris (Director of Finance and Investment, Hastings and Rother PCT and East Sussex Downs and Weald PCT) and John Kay (Non Executive Director, East Sussex Downs and Weald PCT).

3. Declarations of Interests.

John Barnes, and Keith Glazier declared that they were East Sussex County Councillors, and Jeremy Birch declared he was an East Sussex County Councillor and a Hastings Borough Councillor.

There were no declarations of interest considered prejudicial to any of the agenda items.

4. Permission for the public and press representatives to introduce recording, transmitting, video or similar apparatus into the meeting.

The Joint Committee agreed that permission be granted to the public and press representatives to introduce recording, transmitting, video or similar apparatus into this meeting of the Joint Committee.

5. Minutes of the Joint Committee held on 16th March 2007.

The minutes of the meeting of the Joint Committee held on 16th March 2007 were agreed and were signed as a true and accurate record of the meeting. There were no matters arising.

6. A Formal Process for Conduct of Business to be adopted by the Joint Committee.

The Director of Patient and Public Engagement and Corporate Affairs, Lisa Compton, reported that the PCT's had delegated their functions under sections 1 to 3 of the NHS Act 2006 to a Joint Committee for the purpose of considering the outcome of the consultation on 'Fit for the Future' and determining the future configuration of health services in the county. The Joint Committee was required to determine how it would exercise the powers that had been delegated to it, and how it would conduct the process. It was noted that the standing orders of both PCTs followed model standing orders and contained the same procedural orders.

The Joint Committee agreed that:

a) it aimed to reach a decision by consensus, but that if this was not possible, it would make a decision by means of a majority vote to include the Chief Executive, both Chairs and at least two Non-Executive Directors from each organisation, failing which there would be further discussion with a view to reaching a consensus;

b) each attending voting Executive Director would have 2 votes each commensurate with their membership of each individual Board (save for the Chair of the ESDW Professional Executive Committee (PEC), who would only have one vote as a member of the ESDW Board, and the Chair of the H&R PEC who would only have one vote as a member of the Hastings & Rother Board);

c) the Hastings and Rother Board's standing orders be formally adopted by the Joint Committee for the conduct of business;
d) there would be no provision for the Chair of the meeting to have a casting vote given the protocol for decision making; and
e) Peter Finn, (Head of Commissioning), be formally appointed to act up on behalf of Sarah valentine (Director of Commissioning and Primary Care).

7. Papers of Relevance to the Consultation.

The programme Director, Michael Wilson, reported that during the Fit for the Future consultation and over subsequent weeks, Joint Committee members had received a number of reports and documents for consideration. The list circulated with the agenda included many of these relevant papers in order to put on record the extent of evidence taken into account as part of the decision making process.

Charles Everett reported that a great deal of evidence had been collated, a large number of public meetings had taken place and Board members had received a large number of responses.

The Joint Committee agreed to note the report.

8. Key Trends in Consultation Feedback.

The Director of Patient and Public Engagement and Corporate Affairs, Lisa Compton, advised that this report, written by an independent analyst from outside the health service and outside the East Sussex area, summarised key themes in the responses received during the consultation period. These included notes from meetings held with the public and staff, correspondence, feedback forms, telephone calls, emails and all other responses logged by the PCTs. The full report had been reviewed by all Board members, and the PCTs response to the feedback was addressed in the Chief Executives Board paper under item 11 on the agenda.

The Joint Committee agreed to note the report.

9. East Sussex Health Overview and Scrutiny Committee (HOSC) Response to East Sussex Primary Care Trusts On 'Creating an NHS Fit for the Future'.

The Chief Executive, Nick Yeo, reported that during the period of the consultation, the East Sussex HOSC had undertaken a series of evidence gathering meetings to hear a range of views on the proposals. The HOSC final report addressed the consultation process and the proposals, and made a series of recommendations. The PCTs had responded to the recommendations, and the response was appended to the report.

Nick Yeo added that a wide range of material had been shared with the HOSC both throughout and following consultation.

The Joint Committee recorded their thanks to the HOSC for their advice.

The Joint Committee agreed to note the recommendations suggested by the East Sussex HOSC, and agreed the response from the two PCTs attached as Appendix 1.

10. Patient, Public and Stakeholder Consultation Programme, including Engagement and Communications Plan.

The Director of Patient and Public Engagement and Corporate Affairs, Lisa Compton, reported that the East Sussex Fit for the Future Consultation programme and associated Engagement and Communications Plan had been developed to support the process of public consultation on proposed changes to maternity, gynaecology and special care baby services. The plan had been regularly reviewed and updated by the East Sussex Communications and

Patient and Public Involvement (PPI) Group during consultation and was discussed by the East Sussex Public Reference Group. The plan had been agreed at the Joint Committee meeting on 16th March 2007 and had been brought back to update the Joint Committee on the final draft of the plan that evidenced implementation of agreed actions throughout the consultation period.

The Joint Committee agreed to note the implementation of the Engagement and Communications Plan.

11. Consultation Outcome: Recommendations to the Board.

11.1 The Chief Executive, Nick Yeo, introduced his report.

East Sussex PCT's 'Creating an Fit for the Future' formal public consultation on obstetric, specialist baby care and inpatient gynaecology services commenced on 26 March 2007, and closed on 27 July 2007. The proposals set out in the circulated paper focused on key recommendations that the Joint Committee were asked to consider. The context for these changes was a clear commitment from both PCTs, working with the providers of maternity services, to develop and enhance all aspects of maternity care – from conception and ante natal care through a choice of place of birth, safe high quality care during delivery and effective post natal care. The 'Fit for the Future' programme would enable the PCTs to deliver effective and seamless care for patients to further their ambition for better health and healthcare for people who live in East Sussex. The options for consultation had been assessed against both clinical effectiveness and health gain for the population.

Nick Yeo added that the PCTs had a wider vision for health services which continues to be developed. Securing two viable hospitals was part of this vision.

The PCTs had considered both the current situation within maternity services and future trends in determining whether there was a case for change. The Clinical Director for Women's Health had described the current position as being 'at the margins of safety'. There were a number of reasons for this which were set out within the report. The combination of these factors meant that the maternity service was unsustainable in its current form. These pressures for change would only grow in the immediate future. Maternity services would have difficulty maintaining CNST level 3 status, difficulty in attracting the best staff, challenges in meeting the EU working time directive in 2009, and would have a physical environment that did not meet modern standards for maternity care. These factors together meant that the PCTs came to the view that maternity services needed to be changed and improved to enable the current and future challenges to be met in order to deliver a safe, high quality service for women.

'Creating an NHS Fit for the Future' had been published following a detailed review of local healthcare and it included a number of recommendations about the principles that should underpin local service re-design.

In response to the consultation, over 2,000 responses representing more than 16,500 people had been received, and 87 meetings in public had been held where feedback had been given. Those living nearest to Eastbourne had favoured locating a consultant led unit in Eastbourne and vice versa for those living nearest to Hastings. Organisational stakeholders were more likely than individuals to support the PCTs' overall vision for the future and proposed changes.

During the consultation, a number of Alternative Options had been put forward which had been reviewed carefully by the PCT. A New Options Assessment Panel chaired by Professor Stephen Field, had been established to asses the various options that had been tabled during the consultation process. As a result, 8 new options were put forward for further consideration. The PCTs'

Boards had conducted a formal appraisal of the 4 options proposed by the PCTs and the 8 other options proposed by other parties. Costing of the options had also been conducted.

Nick Yeo highlighted the key themes which had emerged throughout the consultation. Other midwifery and consultant led units in the Country had been looked at and national guidance had been received. Nick Yeo reassured the Joint Committee that proposals included within his report were safe and included:

- NICE guidance – women needed to be provided with the correct information to exercise choice.
- The provision of antenatal care must be strengthened.
- Midwifery led care would be increased.
- Enhancements would be made ambulance staff training.

Nick Yeo added that considerations over where to base the Consultant led unit had been a finely balanced judgement. A unit which dealt with 2500 to 4000 births per year would be able to deal with complex cases and Obstetricians at East Sussex Hospitals Trust had confirmed that they would be content with siting at either Hastings or Eastbourne. The Professional Executive Committees at both East Sussex PCTs held no strong view on the location of the obstetric unit, and nor did East Sussex Hospitals Trust Board. Financial factors were neither biased towards Hastings nor Eastbourne.

Evidence had shown that fewer women in the Eastbourne area would need to travel. Health gain was assessed closely to identify which location would give the greater benefit to the local population.

Nick Yeo outlined his reasons for making his recommendations to the Joint Committee. He considered that a single site option would provide safer care; recruitment and retention of good staff; increased consultant input into decision making and the provision of 60 hours consultant presence on the labour ward would lead to the key national target to improve quality and safety being met; clinical experience and the retention and enhancement of skills; dedicated anaesthetic support; effectively meeting the EU WTD; and mitigating unplanned closures. In recommending that the single consultant-led site be located at Hastings, national evidence showed there were poorer outcomes for both mothers and babies from deprived communities. Whilst there were pockets of deprivation across the county, deprivation most significantly affected the residents of Hastings. Most deprived women were more likely to have greatest need for high quality specialist obstetric and SCBU services and access to these needed to be facilitated. The midwife-led unit should be located in Eastbourne. He recommended that a Maternity Strategy Group be established to take forward the recommendations for East Sussex across the whole of the maternity pathway of care.

Nick Yeo asked the Joint Committee to consider the recommendations set out in his report.

Dr Simon Eyre Chair of the Professional Executive Committee for East Sussex Downs and Weald PCT gave the following view:

That he was in favour of retention of two consultant-led units. Principal concerns were that transit times were not safe as they were up to 44 minutes. Transit times in London were 15 to 22 minutes. In Oxfordshire, the HOSC had made a referral to the Secretary of State over a journey time of 26 miles. Guidance from the Royal College of Obstetricians and Gynaecologists and NICE had stated that intervention in the most urgent of cases was needed within 30 minutes, and that

all cases requiring intervention must be seen within 75 minutes. An obstetrician at ESHT had forecast times of up to 95 minutes if the proposals were adopted.

The level of safety that would be achieved by single siting could also be achieved by increasing the number of consultants on two sites and increasing levels of midwifery staffing. Dr Eyre also shared concerns over the domino effect and stated that it was the view of the Consultant Advisory Committee in Eastbourne that two sites should be retained.

There were also high levels in deprivation in the Eastbourne and Wealden area and women in these areas would no longer have nearby access to a consultant-led unit if single siting were to go ahead.

Problems with recruiting and retaining staff at present could be due to the uncertainty about the future of the unit. Medical training was undergoing changes and the full effect of new medical graduates progressing through the system had not yet been seen.

A considerable loss of deliveries would be experienced under single siting; approximately 600 would be lost from Eastbourne if a single unit were sited at Hastings. If a move to single siting had to be made then the preferred site would be Eastbourne due to the number of births which would go out of area, and the older maternal population in this area. He felt that improved post and ante natal care would address the deprivation issues.

Dr Eyre summarised that he also did not feel that single siting was what the public wanted. It also went against the wishes of the East Sussex Downs and Weald Professional Executive Committee, 112 GPs from the local area, the Local Medical Committee and the Eastbourne Consultants Advisory Committee.

Dr Greg Wilcox Chair of the Professional Executive Committee for Hastings and Rother PCT gave the following view:

Concerns had been received from Consultant Obstetricians at East Sussex Hospitals Trust regarding the safety of the existing service both now and in the future. Subsequent discussion and debate had taken place, a huge amount of evidence had been received and further discussions had taken place with Obstetricians, Neonatologists and Midwives.

Discussions had taken place with both the previous and existing Professional Executive Committee and a large number of issues had been debated.

The Obstetricians' reason for wanting to move to a single site was safety. This had always been and remained the prime focus of discussions. The skills of both doctors and midwives would only be retained if an adequate number of births were seen per year.

Currently levels of consultant presence on the labour ward was 15 hours, this need to be increased rapidly to 40 hours and preferably 60 hours in order to maintain safety.

Single siting would:

- Allow better levels of consultant supervision.
- Allow enhancement of skills.
- Improve ratios of staff.
- Promote normal labour.
- Increase outreach in the community to those at a much greater risk of complications.
- Establish a service which would retain the best professional talent.

The Hastings and Rother Professional Executive Committee had discussed the

transport of pregnant labouring women but had also appreciated that complications can and would occur before and beyond the labour ward. The Professional Executive Committee had felt that single siting would provide an opportunity to enhance specialist anaesthetists cover and enhance the Special Care Baby Unit (SCBU).

Financial drivers had not been the focus of the PCT or Obstetricians. Hastings was the 29th most deprived Town in Britain and a large number of babies were born each year to deprived mothers.

Dr Wilcox confirmed that his view, and the view of the Hastings and Rother Professional Executive Committee, was that single siting of the Consultant-led unit should take place. Dr Wilcox felt that the consultant-led unit should be located at the Conquest Hospital in Hastings with a midwife-led unit at Eastbourne; furthermore, that midwife and outreach services should be enhanced.

Dr Diana Grice, Director of Public Health and Well Being & Medical Director for the two East Sussex PCTs gave the following view:

A range of clinical views had been received and numerous discussions had taken place with Paediatricians, Obstetricians, Midwives, Health Visitors and GPs. This was clearly a difficult decision; however, a full range of good services across the whole maternity pathway was needed. Targeted outreach was also needed for both antenatal and postnatal care.

Deprivations factors had been taken into account and statistics had shown that despite there being pockets of deprivation across East Sussex the greatest concentration was in Hastings. It was known that deprivation was a factor in poor outcomes, and women in those circumstances needed access to the service. 40% of women in Hastings had no access to their own transport.

A huge range of views as to how services could best be provided had been received. However, advice from Jamal Zaidi, Consultant Obstetrician and Gynaecologist and Dr David Scott, Medical Director at East Sussex Hospitals Trust that changes needed to be made had impacted strongly upon decisions. The Consultant Obstetricians delivering the service had expressed their concerns about existing arrangements and had given their collective view that a single site was needed to ensure good quality and sustainable services were in place.

Clinical safety had been a balance between providing one specialist site and the risk of increased journey times. However, a good quality service would ensure that risks were managed appropriately.

The PCT would learn from good practice elsewhere, particularly the Crowborough Midwife led unit, in order to minimise the risk of women travelling and would put protocols in place to minimise risk.

Dr Grice thanked all those involved for their comments and advice and their wish to provide the best service, and reiterated the need for joint working to ensure that risks were managed.

Dr Grice confirmed that her view was that single siting of the Consultant led unit should take place and that this should be located at the Conquest Hospital in Hastings. Midwife led services should also be enhanced.

John Barnes, Chairman of East Sussex Downs and Weald PCT gave the following view:

Finance implications had not absorbed a great deal of the PCTs time when debating the future of maternity services, as every option which had been consulted upon would incur additional costs. Further investment in maternity services would not mean that funding would be taken away from other services.

Further investment was needed in maternity services to increase levels of care across East Sussex. Financial drivers were included within maintaining viability.

John Barnes thanked campaigners for their input and noted that most women do not experience problems during pregnancy. Complications were only experienced by a relatively small number of women. The Chief Executive's recommendation had included as condition regarding the strengthening of antenatal and postnatal care and outreach in the community, which John Barnes endorsed.

Although the highest area of deprivation in East Sussex was in Hastings, there were also areas of deprivation in the Hailsham East, Devonshire and Langney wards, and in central Bexhill and Sidley. Improving outcomes in areas of deprivation would be best achieved by strengthening community services. This evidence could be found from the midwives working at the Albany Centre in partnership with the Kings College Trust where home birth rates were higher than the national trend and caesarean births were lower. There were also significant improvements in the Southampton area from providing improved community services.

John Barnes stated that he would move an amendment to the Chief Executive's recommendation 'Through our powers as commissioners we shall strengthen the provision of ante and post natal care and in particular to develop further community outreach services, which will include health visiting and community midwifery, and ensure that these services are staffed accordingly'. This would build on existing services already delivered through children's centres.

These services would be absolutely key in order to achieve results, especially in areas of deprivation.

Peter Greene, Non Executive Director at Hastings and Rother PCT endorsed John Barnes' comments and said that focus should remain and the total maternity services care pathway in East Sussex.

Jeremy Birch, Non Executive Director at Hastings and Rother PCT gave the following view:

There was a need to balance the different advice and public concern. The obstetricians providing the service had said that safety was being stretched and as the commissioners of the service, the PCT had to address these concerns. Consultant Obstetricians have said that a single site Consultant-led unit would provide the maximum safety. Views had been sought from the Royal College of Obstetricians and Gynaecologists, and information from the Royal College had been obtained via the HOSC.

Jeremy Birch stated that if a unit dealt with 2000+ births, 60 hours of Consultant led care would be required, and this was undeliverable on a two site option.

The Royal College had also stated that it would very hard for a unit dealing with less than 2000 births per year to provide adequate training and enough complex cases to maintain the skills of senior staff. This must be considered as an issue of safety. The Royal College had said that the amalgamation of the 2 sites would be one way to achieve this. It was also very important to listen to the views of the Consultant Obstetricians at East Sussex Hospitals Trust.

Professional information and clinical views needed to be weighed up. None of the options considered had suggested maintaining the status quo and all would incur additional costs. The future service must have dedicated anaesthetist cover and staffing to 'Birthrate Plus' level.

The criteria that were used to assess options had been agreed 9 months ago, and at that time two additional criteria (Maintain 2 viable Hospitals and Health gain and Demographics) had been added by the PCTs' Non Executive Directors.

Jeremy Birch therefore said that the Chief Executive's recommendations to have one Consultant-led unit at the Conquest Hospital in Hastings and a midwife led unit at Eastbourne and Crowborough were the best fit to meet these criteria. If Consultant-led services were based at Hastings this would stabilise the current spread of services. This would also tackle deprivation, as Hastings was the 29th most deprived area in Britain.

The existing Midwife led unit in Crowborough worked effectively and approximately 3 or 4 emergency transfers took place per year. Jeremy Birch therefore had no concerns if a further midwife led unit was provided in another area, and this would also provide more choice.

Stuart Welling, Non Executive Director at Hastings and Rother PCT gave the following view:

There were two areas of particular concern:

1. The impact of one Consultant-led unit and displacement of births out of East Sussex. However, assurances had been received from Brighton and Sussex University Hospitals (BSUH) that they can deal with any extra increase in activity including any possible impacts from changes to services at the Princess Royal Hospital at Hayward's Heath and Worthing.

2. Special Care Baby Unit (SCBU) and Neonatal Care: There had been problems recruiting and retaining neonatal nurses and nurse practitioners. Further assurances would need to be sought regarding SCBU and neonatal care.

Stuart Welling said that his view was that single siting of the Consultant-led unit should take place and that this should be located at the Conquest Hospital in Hastings. Midwife led services should also be enhanced.

Peter Finn, Head of Commissioning for the two East Sussex PCTs added that Brighton and Sussex University Hospitals Trust was creating an extra 8 SCBU beds. The PCT would commission 3 straight away with a view to commissioning further beds in the future.

Nick Yeo confirmed that he had received assurances from the Chief Executive at BSUH that appropriate capacity be put in place at BSUH regarding the wider impacts of changes in maternity services.

Jack Barnes, Non Executive Director at East Sussex Downs and Weald PCT gave the following view:

He did not agree with single siting, but irrespective of this, agreed that women should be provided with more birthing choice, unplanned closures should be minimised, improvements should be made to the midwife service, more consultants should be provided in East Sussex, the service should receive sustainable investment and improvements should be made in outreach, postnatal and antenatal care. A more proactive partnership was also needed between the two East Sussex PCTS and East Sussex Hospitals Trust to develop quality services.

Regarding the siting decision, East Sussex Hospitals Trust had written on the 13th December 2007 and stated that services were not sustainable financially or clinically in their current form.

The ESDW Professional Executive Committee had not been convinced about a single site for a consultant-led unit, and GPs in Eastbourne area and the Local Medical Committee in East Sussex Downs and Weald were against single siting. The Eastbourne Consultants Advisory Committee and the Maternity Services Liaison Committee were also not convinced by the direction of change.

Jack Barnes stated that safety outside of Hospital, consultant on-call time and transfer times were important, and that the case would need to be made beyond

doubt.

He did not support the provision of a single site consultant-led obstetrics unit.

Rhiannon Barker, Non Executive Director at East Sussex Downs and Weald PCT gave the following view:

Women knew what they wanted which was a local and safe delivery, most women were well informed and were aware of the options and the risks. Rhiannon Barker supported the view that a larger the Consultant- led unit would lead to higher quality of care. However, for many GPs the risk of not having superior and quality treatment was outweighed by perceived travel times. She had listened to the public and the consultants and had assessed the options against the criteria, and felt that option 12 would be the best way forward.

Rhiannon therefore did not agree with single siting but did, however, agree that antenatal and postnatal care and outreach would be strengthened.

Keith Glazier Non Executive Director at Hastings and Rother PCT gave the following view:

Keith Glazier further endorsed John Barnes' view that antenatal and postnatal care were the most important factors. The Consultation had provoked a lot of emotion throughout the County, however, the process carried out by the PCTs had been clear and well done and the conclusion had shown that the best possible solution was a single Consultant-led unit.

The decision to choose Hastings as this site had been marginal but was the best solution. The Boards of the PCTs had been committed to this process had clearly set objectives, but had known that this would be controversial.

Keith Glazier believed that the consultation had been open and transparent and that whatever the outcome following today's meeting it was certain that the status quo could not continue.

Tim Brammer, Non Executive Director at Hastings and Rother PCT gave the following view:

He had initially been concerned that finance would play a major part in the decision making process, however, this had not been the case. All options required extra funding. Assessment of the evidence had been completed in a sensible and practical way and any decision must ensure a complete package of service improvement. It was clear that the current service was inadequate, and that the total service needed substantial improvement.

There had been varying clinical opinions on the question of providing a single site for a consultant-led unit. A single site Consultant- led unit would provide better training and consultant cover, however, there would be increased travel and transfer times. Safety, quality and reliability would be best seen by providing a single site.

Tim Brammer therefore believed that the case had been made for a single Consultant-led unit to be based at Hastings.

Charles Everett, Chairman of Hastings and Rother PCT gave the following view:

It was clear that clinicians were not of a single voice on the issues. It was agreed that some change was necessary. Advice had been received from the Chief Executive in favour of a single site; East Sussex Hospitals Trust had also said that none of the two site options would provide maximum training or recruitment and retention of staff and skills. The majority of Consultant Obstetricians also shared this view. The Chair of the Hastings and Rother Professional Executive Committee was also in favour of a move to a single site.

All available evidence and advice had been reviewed against the criteria and

Charles Everett agreed that the case for single siting had been made. This would allow skills retention and training, increased consultant presence and improved outcomes, anaesthetics dedicated to the obstetric service, and would mitigate unplanned closures. The PCTs had reviewed practice elsewhere, but had not seen a model for two sites that would provide these advantages.

Charles Everett endorsed the emphasis on aggressive outreach and with the conclusions made in Nick Yeo's recommendations.

Regarding location of the single Consultant-led unit, the criteria around health inequalities and maintaining two viable hospitals gave support to siting the unit at the Conquest Hospital in Hastings.

Rita Lewis, Non Executive Director at East Sussex Downs and Weald PCT gave the following view:

Midwifery services needed to be built up to allow women to take more responsibility in childbirth, and midwives needed to take a greater role in women's care. An enhanced midwifery service would resolve many of the practical difficulties around the maternity care pathway, and would mean that it would be less crucial where the midwife-led and consultant-led units were located.

Rita Lewis supported a move to a single site due to safety concerns with the current service. This option would increase choice and give the potential for an enhanced SCBU service in the future.

Peter Douglas, Non Executive Director at East Sussex Downs and Weald PCT gave the following view:

An enormous amount of information had been provided to the Joint Committee about the best way forward. The decision had been made more difficult by the difference in clinicians views. However, he supported the advice in the Chief Executive's report and therefore supported a single consultant-led site to be based at the Conquest Hospital in Hastings.

Jack Barnes, Non Executive Director at East Sussex Downs and Weald PCT further added that:

One of the many difficulties regarding the choice between a single or two sites was the advice from East Sussex Hospitals Trust that the existing units were stretched for safety. Action should have been taken to address these concerns about the provision of the service at an earlier stage, including improvements in midwifery and increasing the finance available to recruit consultants.

Jack Barnes felt that provision of a single obstetrics service managed unitarily through common protocols, and provided over two sites, could be achieved by re-arranging for Consultants time. Recruitment and training could be consolidated across the two sites. Predictable risks and SCBU could be assigned to one of the units.

The Royal College of Obstetricians and Gynaecologists audit of the capacity of small units should also be carried out.

Theses actions would transform the situation.

John Barnes, Chairman of East Sussex Downs and Weald PCT further added:

At the beginning of the consultation exercise on maternity services provision, the public had thought that the Accident and Emergency service were under threat of closure at either general hospital, but the PCTs had given a commitment that two viable hospitals should be maintained, and this was a key criterion in assessing the options.

Some specialist services had already been located on a single site at

Eastbourne. The argument could be made for Hastings as the preferred site for an obstetric unit to balance out existing services which had been single sited. John Barnes felt that there was also a view that more services were available at the Eastbourne site.

A clinical audit report of both hospitals had shown that 9 out of 10 interventions were currently carried out by Non Consultants, without consultant supervision. This situation did not arise only because of the lack of staff, and changes in medical training and the implementation of the working time directive would have implications for the service. It was no longer safe to continue as present.

The Royal College of Obstetricians and Gynaecologists had reached the same conclusion that patient safety must be the prime consideration. However, there could be different conclusions as to how this would be best achieved.

24/7 consultant presence would only be achievable in larger units of over 4000 births per year and would be unlikely to be achieved in East Sussex even with a move to a single site.

The PCTs had also looked at where housing developments were likely to take place in the future and likely impacts on birth rates. HOSC recommendations were that an increase to 60 hours consultant presence should be introduced if possible; however, a unit with 2500 to 4000 births would be needed to support this.

Safer Childbirth guidance also stated that smaller units (fewer than 2500 births) also needed to carry out continuous risk assessments to continually satisfy the safety of higher risk patients.

John Barnes stated that he had read every response to the consultation. Alternatives to single siting had been considered including the possibility of two low risk units. However, a low risk unit would in effect be the same as a Midwife led unit and the same number of women would still need to travel out of County for higher risk care.

The choice of single consultant-led site was finely balanced as the numbers of births were too even between the two towns. The PCTs wanted to create a sustainable solution.

The PCTs' Boards had carefully considered Option 5a and 5b. Option 5a had provided 168 hours of Consultant presence, the PCT had made the judgement that that level of intervention was unnecessary and unsustainable.

Options 1 and 2 had been discarded as Midwife led care should be more available to women and these Options did not provide this.

Experience at Crowborough birthing unit had shown that if transfers were made at the right time, risk was eliminated, as many women were transferred in the early stages of labour. Evidence had been collated following a study which showed that Midwife led units were as safe as Consultant led units.

Blue light transfers, even if a move to single siting was made, would still be in single figures. A proper process for assessment and the right protocols would need to be put in place. John Barnes said that he was not convinced that any of the two site options were safe enough, nor did they provide enough choice for women.

If the location of a Consultant led unit were to be decided on economies, then Eastbourne would be the obvious choice. More women would move out of area for births if it were located at Hastings. However, risk was 5 times higher in deprived wards and therefore the most positive difference could be made to birth outcomes by locating the Consultant led unit in Hastings.

John Barnes supported the move to a single Consultant-led unit at the Conquest Hospital in Hastings with a Midwife-led unit in Eastbourne.

Dr Eyre further added:

Dr Eyre endorsed John Barnes' recommendations for the strengthening of antenatal and postnatal care. He reminded the Board that not all Consultant Obstetricians and Paediatricians were in favour of a single Consultant-led unit. There were also concerns over the domino effect on services and how this might affect the paediatrics service in the future.

Jack Barnes further added:

There were 2 critical factors:

1. The numbers of births. Eastbourne currently had the largest number and this was continuing to grow. When the national evaluation was looked at, which took immigration into consideration, it showed that there would be some growth in years to come.

2. A substantial and sustainable investment in antenatal and postnatal care was needed.

Patient flows were also an important consideration in deciding the location of a single site consultant-led unit. ESHT estimated that there could be a 10% loss of patients and the associated income if the unit were located at Hastings. He was also concerned that there were concentrations of deprivation in other areas of the county other than Hastings. He considered that it was difficult to relate the national association between deprivation and outcomes to local areas. The need for low income families to be near to their families at the time of birth applied to everyone.

As the purpose of the consultation had been to give choice to as many women as possible, the Consultant-led unit should be located at Eastbourne.

Stuart Welling added that to counteract any possible domino effect if a single site option was chosen, the PCTs must work with ESHT to create models and a strategy which were in line with the Academy of Royal Colleges' advice, and work to ensure the viability and sustainability of two hospitals.

Rita Lewis supported Jack Barnes, and also said that if it was decided to move to a single site consultant-led unit; this should be based at Eastbourne. The 600 births which could go out of area if the Consultant led unit is based at Hastings could put services at an increased risk. Figures showed that there were significant areas of deprivation in Wealden and the largest number of East Sussex mothers could be provided for at Eastbourne. Community Midwifery could support the needs of those in deprived communities.

Nick Yeo endorsed Stuart Welling's view that sustaining two viable hospitals was an essential component to any changes.

It was noted that HOSC had asked that any decision made by the Joint Committee not be implemented until HOSC had had the opportunity to consider what had been said at this meeting.

It was moved by John Barnes that:

'Through our powers as commissioners we shall strengthen the provision of ante and post natal care and in particular to develop further community outreach services, which will include health visiting and community midwifery, and ensure that these services are staffed accordingly'.

The vote was carried unanimously.

It was therefore agreed that through the PCTs' powers as commissioners, the provision of ante and post natal care would be strengthened and in particular community outreach services would be developed further, which would include health visiting and community midwifery, and the PCTs will ensure that these services are staffed accordingly'.

It was moved by Nick Yeo that:

'That the PCTs support a single site option for consultant led maternity services (plus a Special Care Baby Unit and inpatient gynaecology on the same site) subject to the following conditions:

- The adoption of the 'top ten' recommendations set out in the Confidential Enquiry into Maternal Death report (December 2007)
- Training of ambulance crews in advanced obstetric life support.
- Strengthening of risk assessment protocols for midwifery led care including adoption of the national obstetric early warning chart and the implementation of the safe practice from Crowborough for the transfer of women in early labour where any complications are identified.
- Achieving 60 hours of consultant presence on labour ward over a full seven day week.
- The minimisation of unplanned closures which are unacceptable.
- Agreement to establish emergency protocols for managing women in the community to ensure that in all cases women are in receipt of appropriate care.
- Movement towards 'Birthrate Plus' staffing levels to ensure there will be 1:1 care for women during labour.
- Implementation of the NICE guidance to affirm that women should be offered choice and to guide mothers in their decision on place of birth.
- Endorsement of the establishment of clinical indicators as the tool to monitor delivery of maternity services.
- Acceptance of HOSC recommendations.
- Adoption of best practice in managing the implementation plans taking account of the learning from experiences elsewhere in the UK (including Northwick Park) to ensure a safe transition.
- Development and implementation of a maternity strategy to support the strengthening of community services for maternity.
- The development and implementation of a robust communications plan.
- The development and implementation of a robust transport plan.
- Commitment to implementing the above through the Strategic Commissioning Plan. The PCT will be full partners in delivering the agreed changes with East Sussex Hospitals Trust.

A vote was taken and, in accordance with the Joint Committee's previous decision (outlined in minute number 6 above), the vote was carried by a majority that included the Chief Executive, the Chairman of East Sussex Downs and Weald PCT, the Chairman of Hastings and Rother PCT and at least two Non Executive Directors from each PCT.

It was therefore agreed that the PCTs support a single site option for consultant led maternity services (plus a Special Care Baby Unit and inpatient gynaecology on the same site) subject to the conditions listed above.

In accordance with Standing Order 3.12 (iv), Rhiannon Barker, Jack Barnes and Dr Simon Eyre asked for their names to be recorded as having voted against this recommendation.

It was moved by Nick Yeo that:

'That the single site be Hastings with a midwife-led birthing centre at Eastbourne, alongside the existing birthing centre at Crowborough.'

A vote was taken and, in accordance with the Joint Committee's previous decision (outlined in minute number 6 above), the vote was carried by a majority that included the Chief Executive, the Chairman of East Sussex Downs and Weald PCT, the Chairman of Hastings and Rother PCT and at least two Non Executive Directors from each PCT.

It was therefore agreed that the single site would be Hastings with a midwife-led birthing centre at Eastbourne, alongside the existing birthing centre at Crowborough.

In accordance with Standing Order 3.12 (iv), Jack Barnes, Dr Simon Eyre and Rita Lewis asked for their names to be recorded as having voted against this recommendation.

12. Dates of Future Board Meetings:

Hastings and Rother PCT Formal Board meeting in public - Wednesday 30th January 2007 10am to 2pm, The Long Room, Horntye Park Hastings

East Sussex Downs and Weald PCT Formal Board meeting in public – Thursday 31st January 2007 10am to 2pm, Devonshire Lounge, International Lawn Tennis Centre, Eastbourne

13. Exclusion of Press and Public

The Committee decided that there was no other business to be transacted to which the press and public should be excluded.

The meeting closed at 12.35 hours.