

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

Date: **16th June 2008**

By: **Director of Law and Personnel**

Title of report: **Fit for the Future – progress update**

Purpose of report: **To summarise developments in relation to the Fit for the Future process in East Sussex following HOSC's decision to refer the Primary Care Trusts' proposals to the Secretary of State for Health.**

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## **RECOMMENDATIONS**

**HOSC is recommended to:**

- 1. Note the status of HOSC's referral to the Secretary of State for Health.**
  - 2. Consider and comment on developments in maternity services outlined in appendices 1 and 2**
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### **1. Background**

1.1 On 20<sup>th</sup> December 2007 a joint committee of the two Primary Care Trust (PCT) Boards took a decision to centralise consultant-led maternity, special baby care and inpatient gynaecology services at the Conquest Hospital, Hastings with a midwifery-led maternity unit at the Eastbourne District General Hospital, and enhanced ante and post-natal care in the community.

1.2 On 28<sup>th</sup> January 2008 HOSC held a special meeting to consider the PCTs' decision. HOSC decided, based on the totality of evidence collected throughout the Fit for the Future process, that the PCTs' decision is not in the best interests of health services for East Sussex residents. The Committee agreed to exercise its power to refer the PCTs' plans (with the exception of the enhanced ante and post natal care) to the Secretary of State for Health for independent review if the PCTs planned to proceed.

1.3 On 20<sup>th</sup> March 2008 HOSC noted that the PCTs had confirmed their intention to proceed with their decision and that the HOSC referral would therefore go ahead.

### **2. Status of HOSC's referral**

2.1 A letter outlining the grounds for the referral and supporting evidence was sent to the Secretary of State on 31<sup>st</sup> March 2008. HOSC Members contributed to this documentation and have a copy of the final version, which is also available on the website [www.eastsussexhealth.org](http://www.eastsussexhealth.org)

2.2 As anticipated, the Secretary of State passed HOSC's referral to the Independent Reconfiguration Panel (IRP) for advice. The IRP is a national panel comprising clinical representatives, NHS management representatives and lay representatives. More information about the panel can be found at [www.irpanel.org.uk](http://www.irpanel.org.uk) . On the 13<sup>th</sup> May 2008 the IRP announced that the Secretary of State had requested that the Panel undertake a full review of the proposals.

2.3 During late May and early-mid June a sub-group of the IRP has been in East Sussex carrying out interviews with a wide range of stakeholders including NHS clinical and managerial staff, campaign groups, representatives of local people and proposers of alternative options. They also met with East Sussex MPs in London, invited written comments from local people through the local press, held drop in sessions for staff and the public and reviewed documentation in relation to the proposals.

2.4 HOSC was involved in this process through two meetings with the Panel (one with the Chairman and Vice-Chairman, and one open to the whole Committee), through supplying documentation and by suggesting key witnesses for the IRP to interview.

2.5 The IRP intend to complete their review and submit their report to the Secretary of State by 31<sup>st</sup> July 2008 and the Secretary of State is expected to announce his decision in September or October.

### **3. Monitoring developments in maternity and related services**

3.1 Although implementation of the PCTs' proposed new configuration of childbirth care is on hold pending the Secretary of State's decision, there are a number of areas HOSC can monitor in the meantime.

3.2 Firstly, HOSC will wish to consider how safe consultant-led maternity services are being maintained at both the Eastbourne and Hastings hospitals until a final decision on the future service model is made and implemented.

3.3 Secondly, HOSC will wish to consider how the proposed enhancements to ante and post-natal care, which were not included in HOSC's referral to the Secretary of State, are progressing. The PCTs indicated that these would be taken forward through the development of a maternity strategy.

3.4 Thirdly, HOSC will wish to monitor progress with the implementation of the recommendations made by the Committee in its report of October 2008 on the Fit for the Future proposals. Many of these recommendations apply only if the decision to move services to a single site is implemented and so can not yet be reported against. However, there are some recommendations against which progress can already be monitored.

3.5 The PCTs have supplied an update in relation to the first two points mentioned above (3.2 and 3.3) and this is attached at appendix 1.

3.6 In relation to monitoring the implementation of HOSC's recommendations (3.4) a template has been prepared to facilitate regular reporting by the PCTs to HOSC over the coming months and years. This can be amended as appropriate depending on the Secretary of State's final decision on the future service model and then updated at regular intervals in order for HOSC to be able to easily track progress. The PCTs have inserted commentary in the template against those recommendations which can currently be actioned. The partially completed template is attached at appendix 2.

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