

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

Date: **27th November 2008**

By: **Director of Law and Personnel**

Title of report: **Fit for the Future/Maternity Strategy – progress monitoring report**

Purpose of report: **To summarise developments in relation to the Fit for the Future process in East Sussex and the development of a wider Maternity Strategy.**

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## **RECOMMENDATIONS**

**HOSC is recommended to:**

- 1. Consider and comment on developments in maternity services outlined in appendices 2-4.**
  - 2. Request a further monitoring report in March 2009.**
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### **1. Background**

1.1 On 20<sup>th</sup> December 2007 a joint committee of the two East Sussex 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 31<sup>st</sup> March 2008 HOSC wrote to the Secretary of State for Health to refer the PCTs' plans (with the exception of the enhanced ante and post natal care) for independent review, on the basis that the PCTs' decision was not in the best interests of health services for East Sussex residents.

1.3 On 4<sup>th</sup> September 2008 the Secretary of State announced that he had accepted the recommendation of the Independent Reconfiguration Panel (IRP) to reject the PCTs' proposals to reconfigure maternity and related services as they would reduce accessibility and choice for the people of East Sussex.

1.4 At the HOSC meeting on 16<sup>th</sup> September 2008, the Committee noted the Secretary of State's decision and the recommendations of the IRP, which the PCTs had accepted in full. The PCTs confirmed that they would publish a plan for taking forward the IRP's recommendations within the required timescale of one month from the announcement of the Secretary of State's decision. HOSC also considered progress on the development of wider maternity strategy in East Sussex, including improvements to ante and post natal care and the development of quality indicators to monitor the standard of maternity care being provided currently and after any future change to maternity services.

### **2. Taking forward the IRP recommendations**

2.1 On 3<sup>rd</sup> October 2008 East Sussex PCTs published their plan for taking forward the IRP recommendations. This was within the IRP's one month deadline. This plan has previously been circulated to HOSC members and is available from the website: <http://www.eastsussexdownswealdpct.nhs.uk/aboutus/news/maternityservices.asp> .

2.2 In summary, the plan explained that the PCTs would work with East Sussex Hospitals NHS Trust to ensure arrangements were in place to safely maintain the current maternity services until an agreed future model had been developed. The PCTs would then put in place an engagement

strategy to ensure open and effective communication with local people and engagement of stakeholders. A process would be put in place to develop a comprehensive maternity strategy, including a new model for childbirth services. Work already undertaken on developing community maternity services would be integrated here, but this would not delay the implementation of improvements to ante and post natal care.

2.3 The plan proposed new governance arrangements for taking forward this work, comprising a Maternity Services Clinicians Forum which would make recommendations on clinically supported proposals to a Maternity Services Development Panel (made up of statutory sector and lay stakeholders). The Development Panel would then make recommendations on models to a joint committee of the PCT Boards which would take the final decision. The Forum and Panel would each be chaired by an independent person appointed by a selection panel comprising a mix of NHS and lay representatives.

2.4 The HOSC Chairman has been invited to join both the Development Panel and the selection panel for Panel and Forum Chairmen as an independent observer and has agreed to take on this role. This will assist HOSC in its monitoring of progress.

2.5 The indicative timescale for this work suggested that the maternity strategy and new model for childbirth services would be developed by the end of March 2009.

### **3. Progress to date**

3.1 The PCTs have supplied an update on progress with implementing the proposals in their plan (attached at appendix 1). A second paper (attached at appendix 2) updates HOSC on the work to develop community maternity services which has been ongoing for some time and is now being integrated into the process for developing a comprehensive maternity strategy under the new governance arrangements.

3.2 In order for HOSC to track progress on the specific recommendations the Committee made in its Fit for the Future report of October 2007 a monitoring template was developed. As requested by HOSC, this template has now been amended to remove the HOSC recommendations that are no longer applicable following the Secretary of State's decision to retain services at both main hospital sites. The IRP recommendations have also been added to the template as agreed. This allows HOSC to easily track progress on both sets of recommendations. The updated template, with progress information added by the PCTs, is attached at appendix 3.

3.3 HOSC is invited to comment on the PCTs progress in taking forward the IRP's recommendations and the remaining HOSC recommendations.

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