

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

Date: **6th July 2009**

By: **Director of Law and Personnel**

Title of report: **Developing Maternity Services for East Sussex**

Purpose of report: **To summarise progress in relation to the development of maternity services in East Sussex, with particular focus on engaging and informing local people and organisations.**

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## **RECOMMENDATIONS**

**HOSC is recommended to:**

- 1. Consider and comment on progress with the maternity services programme as outlined in appendix 1, with particular focus on the engagement plan.**
  - 2. Request a further monitoring report in September 2009.**
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### **1. Background**

1.1 Following the outcome of the NHS East Sussex Downs and Weald (ESDW)/NHS Hastings and Rother (H&R) consultation on the configuration of maternity and related services, HOSC agreed to undertake ongoing monitoring of progress. This has focussed on four areas:

- The maintenance of safe childbirth services in Eastbourne and Hastings pending the development of a long-term sustainable model.
- Progress on the development of a service model which would ensure the continuing provision of consultant-led childbirth, special baby care and inpatient gynaecology services at both hospitals.
- Progress on the development of a broader maternity strategy for East Sussex which would include enhancements to ante and post-natal care.
- The development and use of a 'maternity dashboard' which would provide a selection of data about maternity care to facilitate monitoring of quality and safety.

1.2 Early in 2009 new governance arrangements were established to take forward work on maternity strategy, including the development of a model for childbirth services in Eastbourne and Hastings. These arrangements include a Maternity Services Development Panel, Chaired by Richard Hallett of the Maternity Services Liaison Committee and a Maternity Services Clinicians Forum, chaired by Professor Robert Shaw of the Royal College of Obstetricians and Gynaecologists. The HOSC Chairman attends the Development Panel as an independent observer.

1.3 At the HOSC meeting on 19th March 2009, the Committee supported the first iteration of a Maternity Strategy for East Sussex which particularly focussed on developing ante and post natal care in the community. The Committee also endorsed a paper, supported by the Clinicians Forum, describing a potential model for childbirth services which involves networking between hospitals in Eastbourne, Hastings and Brighton.

1.4 The Maternity Strategy and the proposed networking model were subsequently endorsed by the Boards of NHS ESDW and NHS H&R at the end of March.

## **2. Progress update**

2.1 It was clear from the reports to HOSC in March that work on developing the model for childbirth services would be ongoing for several months, as it would take some time to flesh out how the networking approach would work in practice. This work is being undertaken by the Clinicians Forum and its sub-groups.

2.2 The Maternity Services Development Panel has continued to meet regularly and has been examining aspects of the strategy for community services in more detail, as well as monitoring progress of the work being undertaken by the Clinicians Forum. In addition, the Panel has focussed on developing a plan for engaging and informing local people and organisations about the developments in maternity services.

2.3 NHS ESDW/NHS H&R have supplied a short update report on progress with the maternity services programme which is attached as appendix 1. Given that the work being led by the Clinicians Forum is still ongoing, there is a limited amount to report at present, although the next steps in the process are set out. The report therefore takes the opportunity to focus on the engagement plan and presents HOSC with an opportunity to consider in more detail how local people are being informed about progress.

2.4 HOSC may wish to consider:

- Whether all appropriate groups and audiences are included in the engagement plan.
- How users of services are being involved in the development of the service model for childbirth services.
- How front-line staff are being involved in the development of the service model.
- Whether appropriate methods are being used to inform the public of developments.
- How groups who may be harder to reach are being informed and engaged.

2.5 It is recommended that HOSC request a further progress report in September 2009, when work on the service model will be further advanced.

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## Agenda item 7 - Appendix 1

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

#### A progress report to HOSC, 6<sup>th</sup> July 2009 (Maternity Services IRP Programme)

IRP recommendation	Progress to date
<p>Develop a model of care that ensures the continuation of consultant led maternity services</p>	<p>The MSDP and Clinicians Forum have continued to meet and a schedule is being established up to the end of December to support the programme through to recommendations being signed off by the PCT Boards.</p> <p><b><u>The Clinicians Forum</u></b> established a number of clinical sub groups to undertake a range of tasks that will support the development of a model of care that retains sustainable consultant led services and presents a range of service developments that could be taken forward within the life of the 3 year Maternity Strategy. The Clinical Sub groups include: consultants, anaesthetists, midwifery and primary care and neonatal sub groups. Each clinical sub group has an agreed membership (drawn from the Clinicians Forum and wider clinical community, including clinical network links with Brighton University Hospital Trust and the Sussex Perinatal Network) and Terms of Reference.</p> <p>Each clinical sub group will meet three times between April – June. The main focus of each group is to examine the targets/pledges within the strategy and wider clinical standards to inform how services would be delivered over the next three years.</p> <p>An Open Event was convened in April to allow an opportunity for each sub group to share and plan together in a multidisciplinary environment. The feedback from this event was extremely positive and a 2<sup>nd</sup> event will be convened in early September to examine the impact of clinical sub group work on the overall Maternity care pathway and added value that will be gained through implementing any sub group proposals.</p> <p>The clinical sub group proposals will be developed during July/August with a summary report to the MSDP during July and fuller proposals being presented in August.</p> <p><b><u>The Maternity Services Development Panel</u></b> have received a number of background presentations that relate to current work that supports the implementation of the Maternity</p>

IRP recommendation	Progress to date
	<p>Strategy including: The Maternity Matters work programme, developing community midwifery services, the breastfeeding strategy/role of the infant feeding specialist, the role of the maternity services finance and commissioning sub group, how maternity services are funded through tariff (HRG4). Key milestones for the MSDP are as follows:</p> <p><b>July</b></p> <ul style="list-style-type: none"> <li>• Overview on clinical sub group developments</li> <li>• Update on engagement</li> <li>• Overview on the Maternity Services dashboard</li> </ul> <p><b>August</b></p> <ul style="list-style-type: none"> <li>• Summary proposals from clinical sub groups</li> <li>• Planning for revisions to the Maternity Strategy</li> <li>• Update on perinatal mental health network developments and outcomes from locality meetings.</li> <li>• Mid year review of MSDP</li> </ul> <p><b>September</b></p> <ul style="list-style-type: none"> <li>• Receive full proposals/recommendations from the Clinicians Forum</li> <li>• Preparation of recommendations to the PCT Boards</li> <li>• Feedback on Network developments</li> <li>• Maternity Strategy revisions</li> </ul> <p><b>October</b></p> <ul style="list-style-type: none"> <li>• Revised Maternity Strategy with action plan, workforce plan, Equality Impact Assessment and Network model</li> <li>• Commissioning and Finance (role within the network and in taking forward the Strategy)</li> </ul> <p><b>November</b></p> <ul style="list-style-type: none"> <li>• Sign off revised Maternity Strategy</li> <li>• Final recommendations to the PCT Boards</li> <li>• Established network structure and management</li> </ul> <p><b>December</b></p> <ul style="list-style-type: none"> <li>• Handover of monitoring role (commissioning, finance and network management)</li> <li>• Forward planning</li> <li>• Programme closure</li> </ul>
<p>Drive forward the development of a comprehensive local strategy for maternity and related services for East Sussex</p>	<p>The Maternity Strategy was endorsed by both PCT Boards during March 09. R Hallett, Chair of the MSDP gave a brief presentation to each Board on strategy developments and next steps to be taken following the work of the clinical sub groups. The Boards recognised the importance of updating the Maternity Strategy once the work of the clinical sub groups had been completed and a model of care agreed. The MSDP schedule sets out the time frames for completing</p>

IRP recommendation	Progress to date
	<p>the revisions to the Strategy. A final version will incorporate:</p> <ul style="list-style-type: none"> <li>• Core elements of the existing strategy (updated)</li> <li>• The model of care to be taken forward over the next 3 years.</li> <li>• Reference to linked strategies and standards relating to each aspect of maternity services (midwifery and primary care, consultant led care, anaesthetic provision and neonatal services).</li> <li>• A workforce plan</li> <li>• A maternity strategy action plan</li> <li>• An Equality Impact Assessment</li> <li>• Outline of the network model and wider strategic links</li> </ul>
<p>Ensure effective and inclusive stakeholder and public involvement throughout the programme and jointly develop an engagement and communication strategy</p>	<p>An Engagement Plan was agreed by the MSDP during May 09. A key objective within the Maternity Services (IRP) programme is to work with all parties to ensure effective and inclusive stakeholder and public involvement throughout the programme and jointly develop an engagement and communication strategy.</p> <p>This engagement plan recognises the responsibilities that PCT's have in relation to public engagement and consultation as set out in Section 242 of the National Health Service Act 2006.</p> <p>The broad aims of the engagement plan are to ensure that all stakeholders (external and internal):</p> <ul style="list-style-type: none"> <li>• Receive regular updates on the work being undertaken by the Maternity Services Development Panel and Clinicians Forum towards implementing the IRP recommendations</li> <li>• Have a range of opportunities, via existing networks, forums and public engagement processes to channel their input into the IRP implementation programme via their representatives on the Maternity Services Development Panel and Clinicians Forum.</li> </ul> <p>The plan sets out the full range of mechanisms for managing both internal and external communications and provides a comprehensive update on engagement activity. The Engagement Plan is attached as Annex 1.</p> <p>There has been considerable engagement across all key</p>

IRP recommendation	Progress to date
	<p>stakeholders towards building a shared understanding and vision for Maternity Services across East Sussex. The internal sessions and updates with midwives have ensured maximum engagement with front line staff and the clinical sub group membership was extended to all clinicians and members of the Clinicians Forum.</p> <p>The wide MSDP representation has ensured that the programme is engaged with the wider public and other key local services/providers.</p> <p>Broader strategic links with neighbouring providers, PCT's and the SHA has ensured that wider strategic developments in relation to Sussex wide networks are being fully explored.</p> <p>As part of the external communications a public facing leaflet setting out information on local Maternity Services is being produced and will be circulated widely through the stakeholder network.</p> <p>In order to ensure that the programme is effectively engaging with all key stakeholders a mid point review will be undertaken, involving an engagement expert, and a reference group will be established to ensure ongoing monitoring and accountability.</p>

## Annex 1

### Maternity Services (IRP) Programme

#### Engagement Plan

##### 1. Background

The Independent Reconfiguration Panel (IRP) published its report on the proposed changes to maternity, gynaecology and special care baby care services in East Sussex on September 4<sup>th</sup> 2008. The report made clear recommendations for ensuring the delivery of safe, sustainable services in East Sussex. The Maternity Services Development Panel (MSDP) has been set up as a project board to drive forward the implementation of the IRP recommendations on behalf of the Joint Committee of the PCT Boards. The MSDP enjoys broad representation from clinicians, partner agencies, local voluntary and community organisations, public engagement bodies, interest groups and members of the public. Each representative on the MSDP, as part of the Terms of Reference, understand their wider ambassadorial and representative role facing both outwards, towards the public, and internally, towards all other clinicians and practitioners engaged in the delivery and planning of Maternity Services across East Sussex.

One of the major commitments within the IRP implementation programme and project plan is to ensure that proposals gain broad community and clinical support and best meet the needs of the local population. A key objective within the Maternity Services (IRP) programme is to work with all parties to ensure effective and inclusive stakeholder and public involvement throughout the programme and jointly develop an engagement and communication strategy.

This engagement plan recognises the responsibilities that PCT's have in relation to public engagement and consultation as set out in Section 242 of the National Health Service Act 2006.

In order to move this plan forward the MSDP convened a collaborative design workshop to provide the PCT, the project team and local partners with practical advice on public and community engagement in relation to implementing the IRP recommendations. The outcomes from the workshop have directly shaped this engagement plan.

##### 2. Aims of the engagement plan

The broad aims of the engagement plan are to ensure that all stakeholders (external and internal):

- Receive regular updates on the work being undertaken by the Maternity Services Development Panel and Clinicians Forum towards implementing the IRP recommendations
- Have a range of opportunities, via existing networks, forums and public engagement processes to channel their input into the IRP implementation programme via their representatives on the Maternity Services Development Panel and Clinicians Forum.

### **3. Engagement principles**

One of the key outcomes from the collaborative design workshop was a set of principles that would underpin the programmes approach to engagement. The principles included:

- Creating opportunities for enabling people to express their opinions in their own way
- Encouraging as a wide a contribution as possible via existing forums, processes and representatives
- Ensuring that any feedback is acknowledged and progress against input is provided
- Developing the role and contribution of clinicians, building on internal communication channels and processes.
- Providing regular and up to date information to the public, clinicians, accountable bodies and partner agencies in order to raise awareness
- Utilising the Maternity Services Development Panel and Clinicians Forum as a means of ensuring openness and accountability

### **4. Potential interest areas**

The collaborative design workshop identified a number of key areas where the public and internal/external stakeholders would have a vested interest (this acts as a guide for shaping the types of communication and engagement that may be required), as follows:

- Developments and progress being made towards implementing the IRP recommendations
- Details on what the revised “service model” may look like and the potential impact on patient choice, safety and service sustainability
- Opportunities that may be developed to further improve or enhance existing services
- The scope and breadth of proposed service solutions including: hospital based services; community based and outreach services (i.e. ante natal and post natal developments), preventative services and the range of support services such as transport and education/training opportunities.

The more strategic interest points would include reference to:

- Public health needs as expressed through socio economic and demographic factors (particularly health inequalities and deprivation)
- Clinical safety and sustainability (the focus of the Maternity Services Clinicians Forum)
- Systems and resources (budgeting, workforce planning, training and Continuing Professional Development, resource allocation, skills mix etc).
- Governance and monitoring arrangements to ensure public accountability



## 5. Communication and engagement tools

The MSDP recognise the variety of existing internal and external processes for communicating. All channels will be fully utilised through the life of the Maternity Services (IRP) Programme and beyond as part of ongoing engagement with “the revised service model.”

**Mechanisms for managing external communication and engagement include:**

Mechanism	Role	Activity
<b>Local umbrella organisations</b>		
LINKs	<ul style="list-style-type: none"> <li>The County LINK is a network of local people, organisations and groups that want to make Health &amp; Social Care services better.</li> <li>The County LINK will provide everyone in the community - from individuals to voluntary groups - with the chance to say what they think about local health and social care services and your experiences.</li> </ul> <p>The LINK is a way of letting the people who purchase, provide and manage local services hear about what is working and what isn't as well as suggesting ideas that could make services better.</p>	<p>Maternity Services update provided at the one year on event on 24.3.09.</p> <p>E-mail sent to Maureen Lawrence seeking views on the future methods for disseminating information.</p> <p>Future methods for ensuring stakeholder awareness will include:</p> <ul style="list-style-type: none"> <li>Circulating the public facing leaflet via the distribution list/members</li> <li>Updates on the web site of via newsletter</li> </ul>
Council for Voluntary Service	<p>South Downs Council for Voluntary Service (SDCVS) promotes and supports Voluntary Action in the local government area of Lewes District in East Sussex. The aims are to:</p> <ul style="list-style-type: none"> <li>improve the capacity and quality of voluntary and community groups</li> <li>develop and strengthen small or emerging local projects by enabling access to SDCVS services</li> <li>facilitate liaison in the voluntary and community sector and between all sectors</li> <li>identify community needs and develop appropriate responses</li> </ul>	<p>E-mail sent to the Director of South Downs CVS to identify the best method for disseminating information via the CVS.</p> <p>Future methods for ensuring stakeholder awareness will include:</p> <ul style="list-style-type: none"> <li>Circulating the public facing leaflet via the distribution list/members</li> <li>Updates on the web site of via newsletter</li> </ul>

Active patient/interest groups		
<p>Maternity Services Liaison Committee and Women's Focus Group.</p>	<p>MSLC's are a forum for maternity service users, providers and commissioners of maternity service to come together to design services that meet the needs of local women.</p> <p>In the last seven years, the NHS in England has been extensively modernised, including structural changes to the organisations providing, and commissioning care on behalf of the local population. Throughout these policy changes, there has been a commitment to involving the views of users of the service in monitoring and developing the quality of service provision, and MSLCs have remained the established model for achieving this.</p>	<p>E-mail sent to the Chair of the East Sussex MSLC to identify best ways of disseminating information through the MSLC.</p> <p>Future methods for ensuring stakeholder awareness will include:</p> <ul style="list-style-type: none"> <li>• Updates to be provided at future meetings</li> <li>• Circulation of the public facing leaflet</li> </ul>
<p>Campaign groups</p>	<p>Save the DGH (Eastbourne) Save the DGH is a group of people from Eastbourne and surrounding districts, who work to oppose NHS cuts to hospital services. They are not politically motivated. They are particularly concerned about preventing the downgrade of core services at Eastbourne District General Hospital. They want to play a key part in maintaining and even improving the services provided at the local hospital.</p> <p>Hands off the Conquest (Hastings) The Hands off the Conquest campaign shares the same objectives as Save the DGH.</p>	<p>E-mails for identifying the best ways of circulating information on Maternity Services via the campaign groups sent to both Liz Walke (chair of Save the DGH) and Margaret Williams (chair, hands off the Conquest)</p> <p>Future methods for ensuring stakeholder awareness will include:</p> <ul style="list-style-type: none"> <li>• Uploading the public facing leaflet on the campaign web sites.</li> </ul>
<p>National Childbirth Trust</p>	<ul style="list-style-type: none"> <li>• Offers information and support in pregnancy, childbirth and early parenthood.</li> </ul> <p>Regular coffee mornings in members homes, for parents-to-be and parents with young children. Ante-natal classes. Periodic social and/or fundraising events. Quarterly newsletter, Bumps &amp; Babies sessions. Attendance at local Maternity Services Liaison Committee Meetings. Maintains list of local and National Special Experiences Contacts.</p>	<p>E-mail sent to the Chair of the East Sussex NCT to identify the best way of raising awareness across their stakeholder groups.</p> <p>Future methods for ensuring stakeholder awareness will include: (details to be entered)</p>

PCT's and partner agencies		
East Sussex Downs and Weald and Hastings and Rother PCT's	<p>The Maternity Services Development panel is accountable to the Joint Committee of the PCT's Boards (local implementation leaders) with NHS South East Coast being accountable to the Secretary of State for ensuring the implementation of all the IRP's recommendations. 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 PCT's.</p>	<ul style="list-style-type: none"> <li>• The Maternity Strategy was endorsed by East Sussex Downs and Weald PCT on Thursday 26<sup>th</sup> March 09.</li> <li>• The Maternity Strategy was endorsed by Hastings and Rother PCT on Tuesday 24<sup>th</sup> March 09.</li> <li>• Members of each of the Boards also received full background papers and a briefing of progress against each of the IRP recommendations.</li> <li>• The Board papers are published on each of the PCTs web sites.</li> </ul> <p>The next Maternity Services update to the Boards will take place in September 09.</p>
East Sussex Hospital Trust Board.	<p>ESHT an acute hospitals organisation, mainly serving the residents of the East Sussex but providing care to patients from adjacent counties, and those who visit the area for recreational purposes.</p> <p>The Trust has two general hospitals, Conquest Hospital and Eastbourne District General Hospital, both with Emergency departments, and the majority of healthcare is provided from these hospitals. Maternity Services are delivered across the two hospital sites and out of the Crowborough Birthing Centre.</p>	<p>The Maternity Strategy and a Maternity Services (IRP) update was presented at the ESHT Board meeting on Wednesday 25<sup>th</sup> March 2009. Further updates will be provided at future Trust Board meetings.</p>
Maternity Services Development Panel	<p>The Maternity Services Development Panel is constituted on behalf of the Joint Committee of the PCT Boards to take forward the implementation of the IRP recommendations on proposed changes to Maternity, Inpatient Gynaecology and Special Baby Care in East Sussex.</p>	<p>The Maternity Services Development Panel has met four times on:</p> <ul style="list-style-type: none"> <li>• 8<sup>th</sup> January 2009</li> <li>• 12<sup>th</sup> December 2009</li> <li>• 4<sup>th</sup> March 2009</li> <li>• 16<sup>th</sup> April 2009</li> </ul> <p>Future meeting dates have</p>

	<ul style="list-style-type: none"> <li>The 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.</li> </ul> <p>There is wide stakeholder engagement on the panel including clinicians, local organisations, interested parties, GP's, PCT, ESHT, campaigners etc.</p>	<p>been scheduled for:</p> <ul style="list-style-type: none"> <li>Monday 18<sup>th</sup> May 09</li> <li>Thursday 11<sup>th</sup> June 09</li> <li>Tuesday 14<sup>th</sup> July 09</li> </ul> <p>Key papers that have been considered by the panel include:</p> <ul style="list-style-type: none"> <li>The Maternity Strategy</li> <li>Proposals for the development of a network model</li> <li>IRP updates</li> <li>The Engagement Plan</li> <li>The Project Plan</li> <li>Reports from the Clinicians Forum</li> </ul>
<p>Maternity Services Clinicians Forum</p>	<ul style="list-style-type: none"> <li>The Maternity Services Clinicians Forum is constituted on behalf of the Joint Committee of the PCT Boards to support the implementation of the Independent Review Panel (IRP) recommendations on proposed changes to Maternity, Inpatient Gynaecology and Special Baby Care in East Sussex.</li> <li>The Clinicians Forum will make recommendations to the Maternity Services Development Panel on clinically supported proposals that will impact on the development of a sustainable model.</li> <li>The Clinicians Forum will be supported by a Programme Manager</li> </ul>	<p>The Maternity Services Clinicians Forum has met four times as follows:</p> <ul style="list-style-type: none"> <li>8<sup>th</sup> January 2009</li> <li>12<sup>th</sup> February 2009</li> <li>11<sup>th</sup> March 2009</li> <li>30<sup>th</sup> April 2009 (Open Event)</li> </ul> <p>The Open event on the 30<sup>th</sup> April also included members of each of the clinical sub groups. The Open event provided the opportunity for examining best practice elsewhere and considering models/services across other parts of the country.</p> <p>The meetings have considered a range of issues and papers including:</p> <ul style="list-style-type: none"> <li>The Maternity Strategy.</li> <li>Updates from the Clinical Sub Groups.</li> <li>The Network model</li> <li>IRP updates</li> <li>The Engagement Plan</li> <li>Deanery update</li> <li>National Standards</li> </ul>
<p>Brighton and Sussex University Hospitals Trust and</p>	<p>Brighton and Sussex University Hospitals NHS Trust provides district general hospital services to the local population of some 460,000. It will also provide a range of specialist services including cancer services, Neurosciences, cardiac surgery, renal services and Intensive Care for adults, children and new-born babies, to a</p>	<p>Links are established with the Hospital Trust and updates/engagement with the Maternity Services (IRP) programme are established through the following routes:</p> <ul style="list-style-type: none"> <li>Sussex Maternity Strategy Forum</li> <li>Perinatal Network</li> </ul>

	<p>population of approximately 1,000,000.</p> <p>Collectively they have 5 hospitals within the Trust with a total of 1,140 in-patient beds:-</p> <ul style="list-style-type: none"> <li>• Royal Sussex County Hospital, Brighton</li> <li>• Royal Alexandra Hospital for Sick Children, Brighton</li> <li>• Sussex Eye Hospital, Brighton</li> <li>• Princess Royal Hospital, Haywards Heath</li> <li>• Hurstwood Park Neurosciences Centre, Haywards Heath</li> <li>• And parts of Brighton General Hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Work being undertaken through the clinical sub groups in relation to the extended networks</li> <li>• Updates to the CEO of BSUH + update meetings scheduled.</li> </ul>
Practice Based Commissioners	Practice-based commissioning (PBC) allows groups of family doctors and community clinicians to develop better services for their local communities.	PBC groups are updated as appropriate at regular meetings
East Sussex Downs and Weald PEC and Hastings and Rother PEC	The PEC is the body responsible for overseeing the clinical direction of the PCT and for advising the Board on key clinical decisions, policies and strategies.	Both PEC chairs are members of the MSDP and receive full reports on all IRP developments. Updates are provided to the PEC via these members.
East Sussex County Council (HOSC), councilors	The Health Overview and Scrutiny Committee looks at the work of the primary care trusts and National Health Service (NHS) trusts and the South East Coast Strategic Health Authority. It acts as a 'critical friend' by suggesting ways that health related services might be improved. It also looks at the way the health service interacts with our social care services, the voluntary sector, independent providers and other council services to jointly provide better health services to meet the diverse needs of East Sussex residents and improve their well-being.	<p>A Maternity Services (IRP) briefing and update was provided to HOSC on 19<sup>th</sup> March 2009.</p> <p>A record of the meeting can be found on the East Sussex HOSC web site.</p> <p>A range of reports and papers were submitted to HOSC including:</p> <ul style="list-style-type: none"> <li>• Maternity Strategy</li> <li>• IRP update</li> <li>• Engagement Plan</li> <li>• Project Plan</li> <li>• Network paper</li> </ul>
Strategic Health Authority	NHS South East Coast is the regional headquarters of the NHS in Kent, Surrey & Sussex. They manage a £6 billion service that includes <a href="#">hospitals</a> , <a href="#">primary care</a> , <a href="#">mental health</a> and	An update meeting has been held with the SHA and all Maternity Services (IRP) documents have been circulated.

	<p>specialist services and one ambulance service.</p> <p>The SHA have a key role in supporting the implementation of the IRP recommendations and overseeing local progress/developments.</p> <p>The SHA work in partnership with regional and local organisations, particularly the <a href="#">Government Office for the South East</a> and the local government to ensure the 4.2 million residents of the South East Coast have access to the right care and treatment when they need it.</p> <p>The SHA established on 1 July 2006 as one of 10 <a href="#">Strategic Health Authorities (SHAs)</a> in England.</p>	<p>Future update meetings have been scheduled.</p> <p>The Maternity Services (IRP) Programme are working to ensure synergy between future SHA commissioning plans and priorities and the East Sussex Maternity Strategy.</p>
<p>Members of Parliament</p>	<p>Members of Parliament(MPs)</p> <p>There are five MP's across the area including</p> <ul style="list-style-type: none"> <li>• Charles Hendry (Wealden)</li> <li>• Gregory Barker (Bexhill &amp; Battle)</li> <li>• Michael Foster (Hastings and Rye)</li> <li>• Nigel Waterson (Eastbourne)</li> <li>• Norman Baker (Lewes)</li> </ul>	<p>The PCT Chief Executive holds regular update meetings with local MP's. The MP's have been kept informed of the Maternity Services (IRP) Programme and progress towards implementing the IRP recommendations.</p> <p>MP's also receive regular written briefings, and maternity services updates are included in these.</p>
<p>A number of other interested parties such as the Teenage Pregnancy forum; and Health and Social Care Partnerships (including Children's Strategic Partnership and related forums)/sub groups will receive updates via current meetings. Additionally, the clinicians will agree how information is fed back to Professional Committees/bodies (such as RCOG etc).</p>		

### Mechanisms for managing internal communication and engagement

Mechanism	Role	Activity
<b>ESHT, PCT's and partner agencies</b>		
Maternity Services Development Panel	As set out above in the external engagement plan	As set out above in the external engagement plan
Maternity Services Clinicians Forum	As set out above in the external engagement plan	As set out above in the external engagement plan
Clinical sub groups	<p>As part of identifying an appropriate future service model for Maternity Services across East Sussex the Clinicians Forum have established a range of sub groups to consider specific clinical issues/priorities. The sub groups include:</p> <ul style="list-style-type: none"> <li>• Consultants sub group</li> <li>• Anaesthetics sub group</li> <li>• Midwifery and primary care sub group</li> <li>• Neonatal sub group</li> <li>• Workforce, training and education sub group</li> </ul> <p>Each of the sub groups will meet three times between April and June 09 to and then present their proposal/recommendations to the Clinicians Forum. The MSDP will receive final proposals during August/September 09.</p>	<p>The Terms of Reference, membership and key priorities have been established for each of the sub groups.</p> <ul style="list-style-type: none"> <li>• The Neonatal sub group has met twice (April + May 09)</li> <li>• The Anaesthetics sub group has met twice (April + May 09)</li> <li>• The Midwifery and primary care sub group has met once (April 09)</li> <li>• The Consultants sub group has met once (April 09)</li> <li>• The workforce, training and education sub group has met once (May 09)</li> </ul>
Internal clinical /management groups, (maternity matters sub group, senior midwives group etc)	There are a number of internal management groups and operational groups that meet across ESHT. The Maternity Services (IRP) Programme has worked particularly closely with the senior midwives group in relation to Maternity Matters.	<p>The Maternity Services (IRP) Project Team has met twice with the senior midwives group to examine the Maternity Matters action plan and review time frames/implementation plans. Five midwife briefing/consultation meetings were organised across Hastings, Eastbourne and Crowborough, covering day and evening shifts during April/May 09.</p> <p>Key outcomes/notes from these meetings have been kept and will form part of the feedback into the midwifery and primary care sub group.</p>

		<p>Maternity updates/briefings have also been undertaken in the following ways:</p> <p>The Operational Meetings for senior staff in both women's health and Children's services. These meetings are held monthly.</p> <p>Information has been cascaded by the senior team to their staff. These meetings include the Senior Midwifery team, supervisors of midwives meetings, and meetings with senior nurses and unit meetings.</p> <p>The quarterly newsletter for midwives had a section on maternity developments and a maternity briefing was circulated to staff.</p>
<b>PCT Boards/governance structures</b>		
Joint Boards	The Joint Board of Hastings and Rother PCT and East Sussex Downs and Weald PCT.	The Joint Board received a full briefing, presentation and update on the Maternity Services (IRP) Programme at their meeting in February 09.
HOSC	As set out above in the external engagement plan.	As set out above in the external engagement plan.
East Sussex Downs and Weald PCT and Hasting and Rother PCT	As set out above in the external engagement plan	As set out above in the external engagement plan.
Brighton and Sussex University Hospitals Trust	As set out above in the external engagement plan.	As set out above in the external engagement plan.
Practice based commissioners	As set out above in the external engagement plan.	As set out above in the external engagement plan.
PEC	As set out above in the external engagement plan.	As set out above in the external engagement plan.



## **6. Accountability and assurance**

It is proposed that the implementation of the Engagement Plan will be monitored through the MSDP, as project board for the Maternity Services (IRP) Programme. The MSDP will report on engagement to the Joint PCT Board, in line with the Terms of Reference, alongside other IRP recommendations.

The engagement plan forms a key part of the IRP project plan and progress will be monitored and reported against key milestones as agreed by the MSDP. All engagement activity will be recorded enabling a full analysis of progress.

## **7. Summary and conclusions**

The proposed model for engagement is one that builds on the respective roles and responsibilities of all agencies and interested parties, thus promoting shared ownership and responsibility. Further work needs to be completed within the plan on more specifically defining individual roles and setting out proposed engagement activity, with the agreement of each agency/interested party.