

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

Date: **10 January 2014**

By: **Assistant Chief Executive**

Title of report: **“Better Beginnings” – maternity and paediatric services in East Sussex**

Purpose of report: **To consider proposals from East Sussex Clinical Commissioning Groups (CCGs) for changes to the provision of maternity and paediatric health services in East Sussex.**

---

## **RECOMMENDATIONS**

**HOSC is recommended to:**

- 1. Agree that the service change proposals set out in appendix 1 constitute ‘substantial variation’ to health service provision requiring statutory consultation with HOSC under health scrutiny legislation.**
  - 2. Agree that HOSC will undertake a detailed review of the proposals from February to June 2014 in order to prepare a report and recommendations.**
  - 3. Comment on the CCGs’ plan for undertaking public consultation.**
- 

### **1. Background**

1.1 Since April 2013, the three East Sussex Clinical Commissioning Groups (CCGs) have been responsible for commissioning maternity and paediatric services to meet the needs of East Sussex residents. In July 2013, the CCGs launched a period of engagement about the future of maternity and paediatric services and the standards of care they should commission against. The CCGs’ review and engagement programme is known as ‘Better Beginnings’.

1.2 In September 2013 the CCGs advised HOSC that they would be undertaking an additional period of public and clinical engagement through October and November 2013 to inform the development of delivery options, with a view to identifying potential options for the future configuration of local services by early 2014.

1.3 A clinical consensus based upon on the evidence base and the case for change has concluded that there is a pressing need to change maternity services at East Sussex Healthcare Trust (ESHT). The process will need to ensure that the impact on paediatric services, other critical co-dependent clinical services and co-dependent organisations are considered.

1.4 Appendix 1 contains a summary of the CCGs’ proposed delivery options for “safe and sustainable maternity, paediatric and emergency gynaecology services in East Sussex”. It contains an overview of the process used for developing the proposed solutions (including an assurance process), a summary of the sources of information that has informed the clinical evidence base and the recommendations for future delivery options.

1.5 Six possible service delivery configurations, based on three service models, for delivering care across three hospital sites at Eastbourne, Hastings and Crowborough are considered by the CCGs to meet the agreed quality standards against which they would want to commission services. These options are described in outline in Appendix 1 but are available in detail in the pre-consultation business case available on the three East Sussex CCG websites:

[www.eastbournehailshamandseafordccg.nhs.uk](http://www.eastbournehailshamandseafordccg.nhs.uk)

## **2. Consultation**

2.1 Any decisions regarding permanent changes to service configuration are subject to consultation with HOSC and with the public. HOSC has previously agreed that any proposed changes to services which constitute reconfiguration (i.e. changing where or whether a service is provided in the future) would amount to a substantial variation in service requiring formal consultation with the Committee. What constitutes 'substantial variation or development' is not defined in legislation. It is a matter for local agreement between the NHS and the relevant HOSC.

2.2 HOSC has a duty to respond to any NHS body making proposals for substantial variation to services, having considered the proposals and the evidence. HOSC is therefore asked to undertake a detailed review into the proposals in order to prepare a report and recommendations in response. This will involve seeking a range of views on the proposals from NHS organisations, clinicians, key patient/public representatives and other stakeholders and reviewing key documentary evidence.

2.3 It is for the consulting NHS organisations to determine the appropriate level of public involvement and consultation on service change, proportionate to the scale of the change. HOSC may wish to comment on the proposed consultation plan which is also outlined in appendix 1. There are a number of issues HOSC may wish to explore when considering the consultation plan, for example:

- Does the plan target the groups most likely to be affected by the proposed changes?
- Will information about the consultation be easily available to people – both in hard copy and digitally?
- Does the plan take into account the geography and different localities of East Sussex?
- Does the consultation plan contain a good mixture of different methodologies – e.g. more in-depth discussions where proposals can be debated in detail, as well as larger events open to the public?
- Does the plan demonstrate how the public, who may not normally attend meetings or events, will be engaged?
- How will existing community networks and groups be used to raise awareness and gather responses?
- Does the plan take into account the need to engage with 'harder to reach' groups in the community?
- What provision has been made for those who may have difficulty accessing information or making a response e.g. through language difficulties or disability?
- How will all the responses to the consultation be recorded, analysed and reported?

## **3. Next steps for HOSC**

3.1 If HOSC agrees that the changes outlined constitute a 'substantial variation', the programme outlined in Appendix 2 will begin. HOSC will take written and oral evidence at meetings on 17 February and 20 March 2014. On 19 June HOSC will agree its report and recommendations to be submitted to the CCGs. On 18 September 2014 HOSC will review the CCGs' decisions to assess whether they are in the best interests of the people of East Sussex.

3.2 We will publish guidance and deadlines on the HOSC website, [www.eastsussexhealth.org](http://www.eastsussexhealth.org), for anyone who wishes to submit evidence to HOSC as part of this process.

PHILIP BAKER  
Assistant Chief Executive, Governance Services

Contact Officer: Paul Dean

Tel No: 01273 481751



Eastbourne, Hailsham and Seaford CCG

Hastings and Rother CCG

High Weald Lewes Havens CCG

Title of report	“Better Beginnings”, proposed delivery options for safe and sustainable maternity and paediatric services in East Sussex
Purpose	To provide the East Sussex HOSC with a summary of the proposed delivery options for safe and sustainable maternity, paediatric and emergency gynaecology services in East Sussex and to provide the HOSC with the Clinical Commissioning Groups’ intentions for public consultation.
Author	Catherine Ashton, Associate Director of Strategy and Whole Systems, EHS and H&R CCGs
Date	For discussion at the East Sussex Health Overview and Scrutiny Committee on 10th January 2014

## 1. Introduction

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

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

## **2. Process for developing longer term solutions**

2.1 The review of maternity and paediatric services in East Sussex is overseen by the Better Beginnings Programme Board. The Programme Board comprises lead clinical representation from the three CCGs in East Sussex and ESHT, in addition to executive membership from both organisations and representation from East Sussex County Council Children's Services and from Healthwatch.

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

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

## **3. Clinical evidence base**

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

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

## **4. Recommendations for future delivery options**

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

4.2 There are three service models but six possible configurations for delivering care across three hospital sites at Eastbourne, Hastings and Crowborough.

4.3 Each of the options includes the provision of obstetric-led maternity services, stand-alone midwife-led birthing services and an overnight "in-patient" paediatric

Each of the options includes the provision of obstetric-led maternity services, stand-alone midwife-led birthing services and an overnight “in-patient” paediatric ward in East Sussex. There would continue to be a short-stay paediatric assessment unit at both main hospital sites.

The main difference from the services as they were provided before the temporary changes in May 2013 is that the options do not include the provision of obstetrics and in-patient paediatrics at both acute hospital sites.

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

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

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

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

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

A summary of possible delivery options are shown below.

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

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



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

## 5. The assurance process

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

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

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

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

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

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

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

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

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

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

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

5.10 The East Sussex CCGs and NHS England will continue to work closely together as part of the on-going process of the Better Beginnings review and any potential formal consultation that follows.

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

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

5.13 The supporting evidence is available on the CCG websites.

## **6. Next steps**

6.1 The CCGs intend to formally consult on these proposals and if the East Sussex HOSC considers that the proposed delivery options constitute substantial variation to services then the CCGs would consult with the HOSC through the



mechanism of formal public consultation. This consultation would start in mid-January 2014.

## **7. Consultation plans**

7.1 The CCGs are planning extensive communications and engagement around the consultation so that our local populations are aware of it and can feedback their views. An overview of the consultation plan is attached to this report together with the draft market place schedule. Amongst other things, this will include events in shopping centres, leisure centres and other community venues as well as making a range of materials available so that people are able to understand the options and respond. There will also be targeted activity based on the outputs of our equality analysis. There will be a consultation document and questionnaire and information will be available on our websites as well as in a range of other formats. We are keen to involve as many people as possible and welcome responses. Healthwatch, our critical friends' partnership, and the Maternity Services Liaison Committee have supported in the planning for this in order to ensure our materials are useful and accessible and to help gain greatest reach.

**Catherine Ashton**

**Associate Director of Strategy and Whole System Working**

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

**18<sup>th</sup> December 2013**

## Better Beginnings formal consultation plan

### Preparation for formal consultation

Establish scope of consultation including viable delivery options and consultation questions

Review stakeholder mapping to establish consultation distribution list

Recruit consultation support officer

Meet with press editors to ensure they understand case and process

Agree public spokespeople and arrange media training

Set up freepost address, text number and enquiries line

### People have enough information about the proposals to form a view

Produce written consultation document and supporting materials. Circulate widely including stocks in public venues

Produce video presentations and pre-recorded interviews for use at events and for website

Create micro-site for online information

Raise awareness of the consultation among local population – posters, targeted emails, parent mail, community newsletters, media

Raise awareness of the consultation among staff and clinicians

Establish social media outlets

Press advertising including radio - 1/4 page ads and on-going radio campaign

### People have opportunities to respond to the consultation, ask questions and propose alternatives

Meetings with elected representatives in each district / borough

Large-scale market place events (public outreach roadshow with opportunity for 1:1 discussion with clinicians and managers and capture of opinions)

Mini-market place events - public roadshows with opportunities to learn more about the proposals and how to get involved

Targeted focus groups with groups identified in the Equality Analysis - Parent carers, gypsies and travellers, migrants, young people, teenage parents, disabled service users.

Offer presentations and discussion at externally hosted meetings, forums and networks including voluntary sector networks, parish councils etc.

Work with Healthwatch to engage young people in responding to the consultation

Regular feeds on social media sites

Produce a double page advertorial with cut and post freepost feedback coupon for inclusion in all local media

Create a feedback survey, electronic and hard copy versions, promote and distribute

Contribute to public meetings hosted by Healthwatch

## Governance

Agree and clearly articulate the decision making process

Agree the options appraisal process and gather the associated information

Agree sign-off processes for all public statements

Independent analysis of feedback from consultation and consultation process







## Timeline of HOSC's involvement in Maternity and Paediatrics Service Consultation

<i>HOSC meeting</i>	<i>Purpose</i>	<i>Date</i>	<i>Agenda published</i>
<b>HOSC meets formally with CCGs</b>	HOSC meets to: <ul style="list-style-type: none"> <li>formally confirm whether the Clinical Commissioning Groups' (CCGs) proposed options for service change constitute a substantial variation</li> <li>comment on the CCGs' plans for public consultation</li> </ul>	10 January 2014	2 January 2014
<b>CCGs' public consultation period starts</b> (lasts 12 weeks)		<b>13 January 2014</b>	
<u>Deadline for submission of written evidence for HOSC's first evidence gathering session</u>		5 February 2014	
<b>HOSC first evidence gathering session</b>	HOSC meets to consider written and oral evidence from witnesses.	17 February 2014	7 February 2014
<u>Deadline for submission of written evidence for the second evidence gathering session</u>		10 March 2014	
<b>HOSC second evidence gathering session</b>	HOSC meets to consider further written and oral evidence from witnesses.	20 March 2014	12 March 2014
<b>CCGs' public consultation period ends</b>		<b>6 April 2014</b>	
<b>HOSC agrees its response to CCGs' consultation</b>	HOSC meets to: <ul style="list-style-type: none"> <li>formally receive independent report on consultation findings and process.</li> <li>agree the HOSC's report and recommendations to be formally submitted to the CCGs ahead of their decision on the future of the service.</li> </ul>	19 June 2014	11 June 2014
<b>CCGs' decision-making phase</b>			
<b>HOSC considers CCGs' decision</b>	HOSC meets to review CCGs' decisions – to include: <ul style="list-style-type: none"> <li>consideration of CCGs' response to HOSC recommendations</li> <li>consideration of whether decisions 'are in best interests of the health service in the area'. If not, potential for referral to Secretary of State for Health following local mediation.</li> </ul>	18 September 2014	12 September 2014

*N.B. Hastings Borough Council and European Union elections on 22 May 2014.*

For more details on how to submit evidence to HOSC please see the *Guide to giving evidence on the HOSC website* at: [www.eastsussexhealth.org](http://www.eastsussexhealth.org)



