

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

Date: **18 September 2014**

By: **Assistant Chief Executive**

Title of report: **Maternity and Paediatric Services**

Purpose of report: **To consider an update on implementation of decisions made by East Sussex Clinical Commissioning Groups (CCGs) in relation to the configuration of maternity, paediatric and gynaecology services provided by East Sussex Healthcare NHS Trust.**

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## **RECOMMENDATIONS**

**HOSC is recommended:**

- 1) To nominate a HOSC representative to sit on the Better Beginnings implementation Board; and**
  - 2) To identify any specific arrangements for future reporting to HOSC on implementation.**
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### **1. Background**

1.1 In June 2014 the three East Sussex Clinical Commissioning Groups (CCGs) made decisions about the future configuration of three services they commission from East Sussex Healthcare NHS Trust (ESHT), specifically:

- Maternity services
- Inpatient paediatric (children's) services
- Emergency gynaecology services.

1.2 In summary, the CCGs unanimously agreed the following future service configuration:

- Midwife-led unit and short stay paediatric assessment unit (SSPAU) to be provided at Eastbourne District General Hospital
- Consultant-led obstetric service, inpatient paediatrics, special care baby unit, SSPAU and emergency gynaecology to be provided at the Conquest Hospital in Hastings.
- Midwife-led unit to be provided at Crowborough Hospital.

1.3 The CCGs' decisions followed a period of public consultation and a formal consultation with HOSC as required under health scrutiny legislation (when proposals are considered to be substantial change). The report prepared by HOSC, following a detailed review, was taken into account by the CCGs, which also agreed to implement HOSC's recommendations as part of the wider implementation of the service reconfiguration.

1.4 In July 2014, HOSC considered the decisions made by the CCGs, including their response to HOSC's report, and the committee agreed that the reconfiguration is in the best interests of local health services. This agreement meant the service changes could be implemented.

### **2. Implementation update**

2.1 It is too early to include a detailed update report, but HOSC may wish to ask the CCGs (as commissioners) or ESHT (as provider) if there is progress to report on:

- Intermediate service challenges and how these are being addressed.
- Programme governance arrangements.
- Arrangements for ongoing engagement with staff, stakeholders and the public.

2.2 The CCGs invited HOSC to nominate a representative to attend the programme board which will oversee implementation. HOSC is now requested to nominate a Member to attend and, through this role, enable additional depth to HOSC's ongoing scrutiny of the implementation process.

2.3 HOSC is also asked to outline its preferred arrangements for future reporting on the implementation process.

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