

COMMISSIONING STRATEGY FOR MATERNITY SERVICES, NEONATAL SERVICES AND SERVICES FOR CHILDREN IN HOSPITAL

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to consider the Worcestershire Primary Care Trust's Commissioning Strategy for Maternity Services, Neonatal Services and Services for Children in Hospital, developed in partnership with Worcestershire Acute Hospitals NHS Trust, which describes proposals for the development of those services over the next five years.

2. Representatives from Worcestershire Primary Care Trust (the PCT) as the service Commissioner have been invited to attend this meeting of the HOSC to discuss the commissioning strategy and answer Members' questions.

Background

3. In July 2008, the PCT's Board approved its Commissioning Strategy for Maternity Services, Neonatal Services and Services for Children in Hospital (the Strategy). The PCT aims to develop services which are accessible, offer a reasonable choice of location, are of high quality, meet minimum standards, operate at an acceptable level of risk, are sustainable for five to ten years and offer reasonable value for money.

4. Implementing the Strategy is estimated to cost £3.5million per annum and will rely on recruiting good staff and strong project management. The PCT states that implementation of the Strategy will reduce perinatal and infant mortality, reduce the rate of caesarean sections and interventions in labour, will maintain access to services in North Worcestershire, increase choice of care during birth, improve local access to more specialised services, avoid hospital admission and shorten hospital stays.

5. A copy of the Strategy and Appendices have previously been circulated to Members of the Health Overview and Scrutiny Committee. The Strategy outlines the national and local context and details the PCT's aims, maternity services needs assessment, current services and challenges. The Strategy for future services is detailed for community based services, the Alexandra Hospital in Redditch, Worcestershire Royal Hospital in Worcester and county-wide services.

Purpose of the Meeting

6. Members are invited to consider Worcestershire Primary Care Trust's Commissioning Strategy for Maternity Services, Neonatal Services and Services for Children in Hospital.

7. In the introduction of the Strategy, the PCT states that 'there are no substantial changes to the configuration of services'. However, Department of Health Guidance on the overview and scrutiny of health states that proposals for service change, including the development of and variation of services, should be discussed with the HOSC at an early stage to agree whether or not they would be deemed to be substantial.

8. It may be helpful to bear in mind Department of Health guidance on considering proposals for change which suggest three core principles for the development of proposals for reconfigurations:

- developing options for change with people, not for them;
- focus on redesign of services rather than relocation; and
- taking a whole systems view, exploring the contribution of all health and social care providers, working together to build sustainable solutions for the whole community.

9. In considering the Strategy, Members may wish to consider the following areas and issues:

- the PCT's strategy development process and programme. Other strategies, for example, Joint Commissioning Strategy for Mental Health 2008-2013, have warranted consultation at draft and final strategy stage with patients and public and the HOSC. How has the PCT involved patients and the public in developing this Strategy for:
 - Maternity services
 - Neonatal services
 - Services for children in hospital
- in order to aid the PCT's and the HOSC's future work planning, Members are invited to have an initial discussion with the PCT on whether any elements of the Strategy might result in any substantial development or variation of services, thus requiring formal consultation by the PCT, and outline timings, for example:
 - midwife led unit (MLU) at the Worcestershire Royal Hospital;
 - further MLU in North Worcestershire;
 - integrated child healthcare model to be considered for the Alexandra Hospital;
 - linked paediatric services between the Alexandra Hospital and Birmingham Children's Hospital;
 - proposed paediatric acute assessment services at the Alexandra Hospital and the Worcestershire Royal Hospital;
 - the potential centralisation of in-patient paediatric services at the Worcestershire Royal Hospital;
 - potential paediatric high dependency unit at the Worcestershire Royal Hospital;
 - establishment of a neonatal outreach service; and
 - proposed expansion of the hospital at home service.

- the Strategy clarifies that there are no immediate plans for a MLU serving the North of Worcestershire. Following the temporary closure of the Wyre Forest MLU in 2003 following a series of clinical incidents, the HOSC has not to-date formally discussed with the local NHS the issue of formal consultation on the closure, on the basis that the unit's future remained dependent upon the development of a county-wide maternity strategy. Now that the PCT's position on MLUs for Worcestershire has been clarified, the HOSC and PCT will need to agree what, if any, further action should be taken. In considering this, Members may wish to request:
 - the PCT's view on its legal duties in terms of involvement and consultation of patients and public on the future of the Wyre Forest Birth Centre;
 - the PCT's view on its legal duty to consult the HOSC on the future of the Wyre Forest Birth Centre.
- the PCT acknowledges that implementation of the Strategy will be challenging requiring detailed work and planning and that additionally a cultural change is required within maternity, neonatal and paediatric services. Whilst it is stated that the Strategy has been developed in partnership with Worcestershire Acute Hospitals NHS Trust, have key clinicians been involved in developing the Strategy? What have been the barriers to implementing some of the recommendations of the 2004 Review of Worcestershire's Maternity Services and how will they be addressed in implementing the PCT's proposed Strategy;
- the Healthcare Commission's 2008 review of maternity services was generally positive but rated a number of areas low. How will the Strategy help to improve these areas?
- the PCT's needs assessment highlights the question of why perinatal and infant mortality are above the national average in Worcestershire yet the County's socio-economic and ethnic mix would suggest a lower than average risk to mother and baby. How will the Strategy address mortality rates?
- a needs assessment has not been conducted for children's services and the PCT appears to be proposing a strategy for these services for the next 5 years based on an assumption. How confident can the public and the HOSC be that the Strategy is appropriate in the absence of a formal needs assessment?
- to what extent is the Strategy future-proofed? How will the PCT ensure that services expand as the population and demand increases as the Strategy does not fully take account of the Regional Spatial Strategy? Does the Strategy reflect regional plans resulting from the recent next stage review by Lord Darzi and recommendations from the

Supporting Information

Contact Points

Healthcare Commission's July 2008 review of maternity services?

- how the Strategy will increase the number of births at the Alexandra Hospital whilst maintaining patient choice and not destabilising neighbouring resources?
- the PCT's vision for paediatric services resulting from the proposed link between the Alexandra Hospital and Birmingham Children's Hospital, including potential county-wide benefits;
- the proposed timescale for determining the future of in-patient paediatric services at the Alexandra Hospital which is dependent upon both the proposed paediatric acute assessment service and collaborative working with Birmingham Children's Hospital;
- the viability of a level 1 neonatal unit and a paediatric acute assessment service at the Alexandra Hospital in the absence of in-patient paediatric services;
- the potential MLU in North Worcestershire will be dependent upon increasing number of births at the Alexandra Hospital where the PCT indicates up to 2400 births could be anticipated. What number of births would the PCT need to see at the Alexandra Hospital and sustained over what length of time in order to consider establishing a MLU in North Worcestershire?
- the PCT anticipates additional costs will arise in the implementation of the Strategy and that these will be funded by additional activity. How robust is this assumption?

10. These may assist the HOSC in considering the Strategy.

The following supporting documents have previously been circulated to Members of the Committee:

- Commissioning Strategy for Maternity Services, Neonatal Services and Services for Children in Hospital (copy available with the agenda on-line and copies will be available at the HOSC meeting).
- Commissioning Strategy for Maternity Services, Neonatal Services and Services for Children in Hospital – Appendices (copy available with the agenda on-line and copies will be available at the HOSC meeting).

County Council Contact Points

Worcester (01905) 763763, Kidderminster (01562) 822511
Or Minicom: Worcester (01905) 766399

Background Papers

Specific Contact Points for this Report

Sandra Connolly, Overview and Scrutiny Officer, Corporate Services Directorate (Ext 6606);

Email: sconnolly@worcestershire.gov.uk

In the opinion of the proper officer (in this case the Director of Corporate Services) the following are the background papers relating to the subject matter of this report:

Commissioning Strategy for Maternity Services, Neonatal Services and Services for Children in Hospital

Commissioning Strategy for Maternity Services, Neonatal Services and Services for Children in Hospital – Appendices

Overview and Scrutiny of Health - Department of Health Guidance (July 2003)