

Legal & Democratic Services

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 Date: 24 February 2010

To:
 The Right Honourable Andy Burnham MP,
 Secretary of State for Health,
 Department of Health,
 Richmond House
 79 Whitehall,
 London, SW1A 2NS

Dear Secretary of State,

Re: Women's and Children's Services at Maidstone and Tunbridge Wells NHS Trust

I am writing to you on behalf of the Kent Health Overview and Scrutiny Committee (HOSC) to advise you of our decision to exercise the Committee's power to refer NHS proposals for substantial change to local health services to you for independent review.

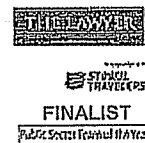
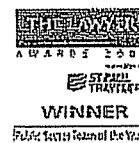
The Maidstone and Tunbridge Wells NHS Trust (MTW) currently operates from three acute sites – Maidstone, Kent and Sussex (in Tunbridge Wells) and Pembury. Pembury is the site of a new PFI hospital which is currently under construction. Once completed, the Trust will consolidate its services on two acute sites – Maidstone and Pembury. The Trust plans to remove consultant-led inpatient obstetric services (including elective and emergency caesarean sections) from Maidstone in order to centralise them at Pembury. A midwife-led birthing unit separate from the main hospital building will be provided at Maidstone.

In October 2004, the local NHS produced a consultation document entitled "*Excellence in care, closer to home. The future of services for women and children – a consultation document.*" A Joint Select Committee was established to produce a response to this consultation consisting of representatives from Kent County Council, East Sussex County Council, Kent District/Borough Councils, East Sussex District/Borough Councils, and the Patient and Public Involvement Forum. This response was produced in December 2004. Following this consultation, a Joint Board Meeting of Maidstone Weald PCT, South West Kent PCT, Sussex Downs and Weald PCT and Maidstone and Tunbridge Wells NHS Trust on 23 February 2005 agreed the plans for the reconfiguration of women's and children's services.

Geoff Wild LL.B, Dip.LG, Solicitor
 Director of Law & Governance



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Since this time, there has been a growth in public concern about the proposals alongside doubts that some of the project planning assumptions made by the NHS in 2004 are no longer applicable. The HOSC had already agreed to receive an update on the progress of the broader service redesign at Maidstone and Tunbridge Wells NHS Trust on 27 November 2009, when a Councillor Call for Action at Maidstone Borough Council gave a particular focus to the women's and children's aspect of the service redesign plans. The Minutes of this meeting are enclosed.

At the November meeting, the HOSC agreed to establish a Task and Finish Group to examine the plans for women's and children's services at MTW. The report of the Task and Finish Group is enclosed. This report was presented to the HOSC at its meeting of 19 February 2010, during which evidence was also received from MTW, NHS West Kent, South East Coast Ambulance Service NHS Trust and a range of other stakeholders. Due to the Committee's ongoing concerns about the plans, and our inability to reach a local resolution, the HOSC voted to refer this issue to you. The Minutes of the meeting will be available in due course and will be sent on to you as soon as possible.

In summary form, the ten main grounds on which the Committee believes a referral is justified are as follows:

1. **Transport.** When the response to the 2004 consultation was produced, it was assumed that improvements to the A228 connecting Maidstone and Pembury would be made by the time the new hospital was due to be completed. The plans are for women's and children's services to move into the new hospital in January 2011, but the new road scheme is unlikely to be progressed until 2014, at the earliest. The Committee understands that the majority of transfers of women in labour from the planned midwife-led birthing unit at Maidstone Hospital will not be made under emergency 'blue-light' conditions, and that these small number of cases may not be directed to Pembury, but the Committee still feels that the transport connection between the two sites is currently unsatisfactory and transfers that are too long will be distressing and not in the best interest of women.
2. **Original consultation.** Although the HOSC formed part of the Joint Select Committee that produced a response to the 2004 consultation, there remain questions held by many local people about just how effectively the NHS presented a range of alternatives and engaged the public, particularly in the Maidstone area.
3. **Lack of ongoing communication/engagement with public.** Since the local NHS agreed these plans in 2005, there has been a lack of information coming

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Director of Law & Governance

CHIEF EXECUTIVE'S DEPARTMENT



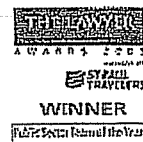
out of MTW to explain what progress was being made, and what the practical impact of these changes will be. This has led to a lot of confusion in the public mind and has led to a degree of loss of public confidence in the Trust. The PCT and Trust has failed to convince the local community of the validity of their plans.

4. **Lack of ongoing communication/engagement with staff.** Similarly, the Task and Finish Group heard from a number of members of staff at the Trust that they too have not been kept up to date with developments and have often felt excluded from the unfolding decision making process. Evidence has been provided by several consultants, along with others, of their reasons for dissatisfaction. All this may potentially be having an impact on staff morale.
5. **State of Trust's readiness.** The Committee is not confident that the Trust will be able to provide all the relevant services in facilities that are fit for purpose by the intended deadlines. The Task and Finish Group understands that planning permission has yet to be requested for the midwife-led birthing unit at Maidstone, and the Committee has yet to receive a finalised list of where all services will be provided in the new two-site configuration (this includes services being provided in the community as well).
6. **Lack of integration across the Trust.** MTW was formed in 2000, but over the course of the subsequent decade appears to have done little to integrate the staff and cultures at the two geographical ends of the Trust, Maidstone and Tunbridge Wells. This may have a negative impact on patient care when services are centralised on one site and staff are asked to relocate.
7. **Patient choice.** One of the main concerns of the Task and Finish Group was the lack of promotion of patient choice as it relates to women's and children's services. There is a public perception that going to Pembury will be the only option for some services, and this will de facto be the case if women are not informed of the range of choices. This is not directly the responsibility of MTW, but is something that needs addressing before any changes are fully implemented.
8. **Demographics.** Since the original consultation was carried out, Maidstone has been awarded Government Growth Point status which will significantly increase the local housing stock and population, with a consequent belief that full hospital services should continue to be provided at Maidstone Hospital.
9. **Health Inequalities.** Connected with the point above, the Maidstone area has some of the most deprived areas in the county with high rates of teenage pregnancy. These women are excluded from exercising choice through lack of money and their own transportation and will require a full service locally more than any other.
10. **Other IRP decisions.** Finally, we would like to point out that a number of recent decisions by the Independent Reconfiguration Panel have decided

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 Director of Law & Governance



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against analogous plans to centralise obstetric services, such as those in East Sussex.

HOSC is not against change where it is necessary and the Committee recognises that there are real pressures faced by the NHS which often require substantial changes in order to be able to provide the best service possible. However, the Kent HOSC is not convinced that the present situation is one of these cases. We therefore ask you to give careful consideration to our request that this decision be reviewed.

As I have said, the Minutes of the 27 November 2009 meeting and the report of the Task and Finish Group are appended in support of our request and we will send you the Minutes of the 19 February 2010 meeting as soon as they become available. If you would like any additional information to support the referral or have queries about specific aspects of the evidence, please contact Paul Wickenden, Overview, Scrutiny and Localism Manager, in the first instance on 01622 694486 or at paul.wickenden@kent.gov.uk.

I look forward to hearing from you.

Yours sincerely

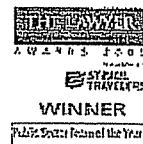
Councillor Godfrey Horne MBE
Chairman
Health Overview and Scrutiny Committee

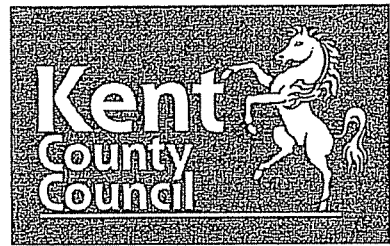
Cc:

Glenn Douglas, Chief Executive, Maidstone and Tunbridge Wells NHS Trust
Tony Jones, Chairman, Maidstone and Tunbridge Wells NHS Trust
Steve Phoenix, Chief Executive, NHS West Kent
David Griffiths, Chairman, NHS West Kent
Candy Morris CBE, Chief Executive, NHS South East Coast
Kate Lampard, Chairman, NHS South East Coast

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CHIEF EXECUTIVE'S DEPARTMENT





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James Skelly,
 Head of NHS Reconfiguration,
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 Leeds, LS2 7UE

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 Date: 18 March 2010

Dear Mr Skelly,

Women's and Children's Services at Maidstone and Tunbridge Wells NHS Trust

Thank you for your letter dated 12 March relating to the referral by the Health Overview and Scrutiny Committee at Kent County Council of the plans for the substantial variation to women's and children's services at Maidstone and Tunbridge Wells NHS Trust.

I am disappointed that although you acknowledge the Committee's right to refer matters of this kind to the Secretary of State for Health, this issue is being protracted and we have had no indication that as yet the referral has been laid before the Secretary of State personally for a decision in this important matter.

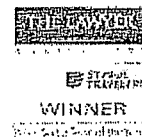
To clarify this matter, the primary grounds of referral are under section 4(7) of The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 (No. 3048). As my original letter made clear, there remain questions about the original consultation, but the other nine main grounds which were outlined all provide support for the case that 'the proposal would not be in the interests of the health service in the area of the committee's local authority.' For your convenience, the original letter of referral is enclosed as this explains these main grounds in detail.

In large part due to the lack of ongoing effective communication of the developing proposals and dearth of effective local engagement, it may have taken time for public concerns to manifest themselves, but once the level of public unhappiness became apparent the Committee set up a Task and Finish Group to explore the issues further and to see if there were any grounds for local compromise.

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 Director of Law & Governance



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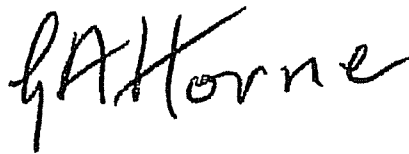
This process led to the unanimous decision by the Health Overview and Scrutiny Committee on 19 February to refer this matter to the Secretary of State for Health. The draft Minutes of this meeting are now available and are enclosed for your information.

Section 4(7) states the Committee 'may report to the Secretary of State in writing who may make a final decision on the proposal and require the local NHS body to take such action, or desist from taking such action, as he may direct.' It is to him we now look for a resolution.

I trust this provides the clarity you were seeking. If you have any further questions, please contact Paul Wickenden, Overview, Scrutiny and Localism Manager, in the first instance on 01622 694486 or at paul.wickenden@kent.gov.uk.

I look forward to hearing from you.

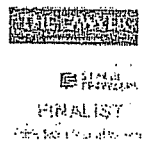
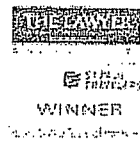
Yours sincerely



Councillor Godfrey Horne MBE
Chairman
Health Overview and Scrutiny Committee

Geoff Wild LL.B, Dip.LG, Solicitor
Director of Law & Governance

CHIEF EXECUTIVE'S DEPARTMENT



*From the Rt Hon Andrew Lansley CBE MP
Secretary of State for Health*



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Councillor Godfrey Horne MBE
Chairman Health Overview and Scrutiny Committee
Legal & Democratic Services
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01 JUL 2010

The Councillor Horne,

**REFERRAL FROM KENT HEALTH OVERVIEW AND SCRUTINY
COMMITTEE (WOMEN'S AND CHILDREN'S SERVICES AT MAIDSTONE
AND TUNBRIDGE WELLS NHS TRUST)**

Thank you for your letters of 24 February 2010 and 18 March 2010 to Andy Burnham respectively in which you formally refer proposals for the reconfiguration of women's and children's services at Maidstone and Tunbridge Wells NHS Trust.

As set out in his letter of 24 March 2010, the previous Secretary of State for Health asked the Independent Reconfiguration Panel (IRP) to provide him with initial advice on your Committee's referral.

The Panel has now completed its initial assessment and shared its advice with me.

A copy of the Panel's advice is appended to this letter. Their advice will be published on their website on 1 July 2010 (www.irpanel.org.uk).

In order to make a decision on this matter, I have considered the concerns raised by your Committee and have taken into account the IRP's advice.

Grounds for referral by Kent HOSC

Essentially, your referral covers ten main grounds all of which are dealt with individually below.

Transport

You believe that when the response to the 2004 consultation was produced, you assumed that improvements to the A228 connecting Maidstone and Pembury would be made by the time the new hospital was due to be completed. The plans are women's and children's services to move into the new hospital by January 2011, but you believe the new road scheme is unlikely to progress until 2014 at the earliest. Your Committee understands that the majority of transfers for women in labour from the planned midwife led birthing unit at Maidstone hospital will not be made under emergency blue light conditions, and that these small number of cases may not be directed to Pembury. However, your Committee still feels that the transport connection between the two sites is currently unsatisfactory and transfers that are too long will be distressing and not in the best interest of women.

The IRP considers transport is a matter for local assessment and advancements in dialogue and any subsequent planning should be realised through further engagement with both the local NHS and the local community.

Original consultation

In your referral letter, you state that although the HOSC formed part of the Joint Select Committee that produced a response to the 2004 consultation, you believe there remain questions held by many local people about just how effectively the NHS presented a range of alternatives and engaged the public, particularly in the Maidstone area.

In their initial advice the IRP describe the fact that this consultation took place in 2004 and it is noted in the first point of the IRP view that the proposals were supported by the HOSC as part of a joint select committee.

I understand the decision about the future of local obstetrics was taken by the Primary Care Trusts (PCTs) that preceded West Kent PCT.

I note the PCTs consulted the public on the future shape of maternity services in West Kent and the consultation indicated there was a strong desire for a service, that included both midwife led and consultant led elements. Although the 2005 decision (following consultation in 2004) to proceed with the changes to services was

endorsed by the then Joint HOSC, the current HOSC established a task and finish group back in November 2009 to re-examine the changes.

This group indicated that while it believes the original decision made by the then Joint HOSC to support the proposals was right; it wanted plans to be referred to the Secretary of State for Health in light of what it considered growing public concern over recent months.

Lack of ongoing communication/engagement with the public

Your referral goes on to say that since the local NHS agreed these plans back in 2005, you believe there has been a lack of information coming out of Maidstone and Tunbridge Wells NHS Trust to explain what progress had been made and what the practical impact of the changes will be. You believe this has led to a lot of confusion in the public mind and has led to a degree of loss of public confidence in the trust. You go on to state further that the PCT and the trust have failed to convince the local community of the validity of their plans.

This is an issue which I have now asked the local NHS to remedy in consultation with the local authorities and others

Lack of communication/engagement with staff

Similarly your referral goes on to say that the task and finish group heard from a number of members of staff at the trust that they too had not been kept up to date with developments and have felt excluded from the unfolding decision making process. Evidence has been provided by several consultants, along with others, of their reasons for dissatisfaction. You suggest that all this may potentially be having an impact on staff morale.

The IRP considers that the communication and engagement with staff is essentially a matter for local assessment, and to be realised through further engagement with the appropriate staff.

State of trust's readiness

You say your Committee is not confident that the trust will be able to provide all the relevant services in facilities that are fit for purpose by the intended deadlines. The task and finish group understands that planning permission has yet to be requested for the midwife led birthing unit at Maidstone and furthermore that the Committee has

yet to receive a finalised list of where all services will be provided in the new two site configuration (this points to services being provided in the community as well).

In their advice, the IRP states that the state of the trust's readiness is an issue concerning implementation of the proposals and is therefore the responsibility of the local NHS to manage.

Lack of integration across the trust

MTW was formed in 2000. However, your Committee believes over the course of the subsequent decade appears to have done little to integrate the staff and cultures at the two geographical ends of the trust (i.e. Maidstone and Tunbridge Wells). You believe this may have a negative impact on patient care when services are centralised on one site and staff are asked to relocate.

This is an issue concerning implementation of the proposals and is the responsibility of the local NHS to address.

Patient choice

You say one of the main concerns raised by the task and finish group was what is believed was the lack of promotion of patient choice as it relates to women's and children's services. There is a public perception that going to Pembury will be the only option for some services and this will de facto be the case if women are not informed about the range of choices available to them. You say yourself this is not directly the responsibility of the trust, but you feel it is something that needs addressing before any changes are fully implemented.

The IRP states that the inclusion of birthing centres at both Pembury and Maidstone is acknowledged as being part of the consultation process and as such as part of the proposals supported by the HOSC as part of a joint select committee. I have asked the local NHS, in its further work, specifically to address how prospective maternal choice can be met, consistent with clinical safety,

Demographics

Since the original consultation was carried out back in 2004, Maidstone has been awarded government growth point status, which will significantly increase the local housing stock and population, with your consequent belief that full hospital services should continue to be provided at Maidstone hospital.

Again, the IRP believes this is a matter for local assessment and for further engagement with the local community as implementation moves forward and I support this assessment.

Health inequalities

Connected with the point above, the Maidstone area has some of the most deprived areas in the county with high rates of teenage pregnancy. You believe these women are excluded from exercising choice through lack of money and their own transport and as such will require a full service locally more than any other.

The IRP believes this is a matter for local assessment and for further engagement with the local community and I support this.

Other IRP decisions

You point out in your referral that a number of recent decisions by the IRP against analogous plans to centralise obstetric services, such as those in East Sussex.

Essentially and perhaps most importantly, each referral from any Health Overview and Scrutiny Committee is considered on its own merits. This is something, which I strongly believe in. Each case for change is vitally important to the people who are reliant on its services.

IRP advice

Essentially, the IRP believes this referral is not suitable for full review. The Panel believes it is in the best interests of the local health service for any outstanding issues raised by your task and finish group should be tackled locally. I have asked the local NHS to engage with you and with clinicians, local GPs and patient groups, to consider the proposals and their implementation and specifically examine the reservations you have raised.

Conclusion

Based on the IRP's initial assessment of all the documentation provided by your Committee and the local NHS, I support in full the IRP's advice. Both the trust and NHS South East Coast have confirmed there have been no changes to the original 2004 proposals.

However, since the advice was submitted to my predecessor on 5 May, I have set further criteria against which changes should be judged. As I have asked to be done in other circumstances across England, I want now to ensure that service changes reflect these new criteria.

I believe it is vital for patients and service users of the NHS that through these criteria changes must focus on improving patient outcomes and they must be based on sound clinical evidence, reflect current and prospective choice for the patient and have support and backing from GP commissioners.

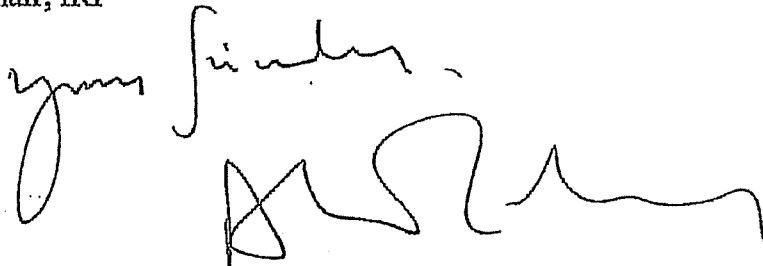
On this basis, I am asking the local NHS to engage again with clinicians, the local authorities, local GPs and patient groups, to consider the proposals and their implementation. This should encompass the further assessments recommended by the IRP and should examine specifically the reservations you have raised.

I have asked the SHA to report to me within two months. This further assessment and report should not prejudice the work to open the Pembury Hospital as planned, nor the current work in establishing services there.

I hope, based on that report, it will be possible for me to be assured concerning the proposals for services concerning Maidstone & Tunbridge Wells Trust and their compatibility with future needs for the area.

I am copying this letter to:

Candy Morris, Chief Executive, NHS South East Coast
Steve Phoenix, Chief Executive, NHS West Kent
Glenn Douglas, Chief Executive, Maidstone and Tunbridge Wells NHS Trust
Dr Peter Barrett, Chair, IRP



ANDREW LANSLEY CBE

*Godfrey Horne MBE
Chairman: Health Overview & Scrutiny Committee
Member for Tonbridge
44 Royal Avenue, Tonbridge, Kent TN9 2DB*

The Rt Hon Andrew Lansley CBE MP
Secretary of State for Health
Department of Health
Richmond House
79 Whitehall
London SW1A 2NS

2 August 2010

Dear Secretary of State

Womens and Childrens Services – Maidstone and Tunbridge Wells NHS Trust

I am in receipt of your reply to the referral sent to you on the Womens and Childrens Services – Maidstone and Tunbridge Wells NHS Trust by my Health Overview & Scrutiny Committee. This was reported in full to my recent Committee meeting on 23rd July, complete with the advice you had received from the Independent Reconfiguration Panel. Some Members of my Committee with their County divisions in the Maidstone area expressed their bitter disappointment. They were not mindful to accept that all the 10 points raised with you had been properly addressed. I believe you will be aware of their disquiet and that their thoughts will have been brought to your attention by the new Member of Parliament for Maidstone & The Weald, Helen Grant. It would seem most likely that they will be arranging public meetings in the Maidstone area to explore any opportunity that there may be to retain some of the Maternity Services that are due to be changed in Maidstone or transferred to new Pembury Hospital in Tunbridge Wells.

My Health Overview Scrutiny Committee is formed of a wide variety of Elected Members from across the County of Kent who reflect the views of those local people who elect them. This Committee is disappointed that in referring these matters to you that your reply to me is not bringing closure on the issues as had been hoped.

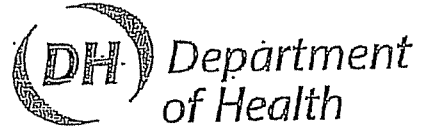
Can I assure you that in moving forward we will seek to ensure that the 4 criteria you have asked to be taken into account in any Reconfiguration of Women's and Children's Services are borne in mind by the Strategic Health Authority in the report back to you which you have requested. We do not believe that all the 10 points raised as the basis for this Committee's referral have been adequately dealt. Indeed, some of these issues are not local matters e.g. the dualling of the A21.

We will do all that we can to ensure that the requirements identified in your letter are carried out in full and will let you have any evidence / detail that can be provided to show that there is a genuine call to ameliorate reduction of services as planned in the Maidstone area realising that any such evidence will need to be clinically based.

Yours sincerely

Godfrey Horne MBE
Chairman
Health Overview & Scrutiny Committee

From the Rt Hon Andrew Lansley CBE MP
Secretary of State for Health



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Chair Health Overview and Scrutiny Committee
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Dear Councillor Horne,

23 AUG 2010

Thank you for your letter of the 2 August 2010.

I am aware that as you mention in your letter, Maidstone based members of Kent County Council will meet in public with NHS South East Coast, PCT and trust representatives on 9 September 2010. I hope this will be a constructive opportunity to discuss the changes as they proceed to implementation.

As you know, I have asked NHS South East Coast to report to me at the end of September 2010.

In this report, I will expect NHS South East Coast to reflect upon the views of your committee. As you are aware, strengthened public and local authority engagement is a key part of the four tests. I expect all planned and ongoing service reconfigurations to meet.

As you point out, your committee has representation from across Kent and I am keen to ensure that the interests of the whole population in West Kent affected by these changes are best served as implementation proceeds.

You raise the issue of the A21 dualling. I am assured by local NHS organisations that adequate access to the Pembury hospital site is not dependent on any planned road developments. As you may be aware, the Chair of Maidstone & Tunbridge Wells NHS Trust has written to me on this issue and I have noted his and your concerns.

ANDREW LANSLEY CBE

