

Adult Social Care and Health Select Committee

A meeting of Adult Social Care and Health Select Committee was held on Tuesday, 13th March, 2018.

Present: Cllr Lisa Grainge(Chairman),

Cllr Lauriane Povey, Cllr Evaline Cunningham, Cllr Kevin Faulks, Cllr Lynn Hall, Cllr Mohammed Javed, Cllr Mrs Sylvia Walmsley, Cllr Barry Woodhouse

Officers: Peter Bell, Peter Mennear (SBC)

Also in attendance: Chris Tulloch (NTHFT), Julie Turner, Lisa Jordan, Dr Sundeep Harigopal (Northern Neonatal Network)

Apologies: Cllr John Gardner

ASH 93/17 Evacuation Procedure

The evacuation procedure was noted.

ASH 94/17 Declarations of Interest

There were no declarations of interest.

ASH 95/17 Minutes of the Meeting Held on 16th January 2018

The minutes of the meeting held on 16 January 2018 were confirmed as a correct record.

ASH 96/17 Neonatal Intensive Care

Members received a briefing/presentation, from NHS England, on proposals relating to neonatal intensive care services, in the Tees area.

The Committee was reminded that a review, in 2015, had recommended a reconfiguration of these services and the development of a single neonatal intensive care unit, sited at James Cook Hospital. The Review also recommended the development of a dedicated regional neonatal transport service.

It had been agreed that the future of neonatal services would be included as part of the Better Health Programme consultation, that was being planned at the time, however, it was explained that this consultation was not going ahead as planned.

The Committee was informed that the University Hospital of North Tees, currently provided neonatal intensive care service for babies born at that hospital. However, NHS England had indicated that there continued to be clinical pressures on neonatal intensive care services and a shift to a single site for the Tees Valley, at James Cook Hospital was considered necessary. The vast majority of neonatal care, for babies born at the hospital, would continue to be provided at North Tees.

The presentation detailed to members why it was considered necessary to have

one neonatal intensive care unit in the Tees Area:

- there were serious issues with capacity, occupancy, staffing and training.
- it was vital to concentrate the care of the sickest in fewer units for better outcomes
- there were too many intensive care units for the population.
- current provision was not meeting national standards.

Members were informed that, out of 5000 babies born each year, only around 10 -15 of those from the Stockton and Hartlepool area would be affected by the change and outcomes for those babies were likely to improve.

It was explained that there was sufficient capacity, at James Cook Hospital, to accommodate the proposed future service delivery.

The Associate Medical Director for North Tees and Hartlepool Trust was also in attendance at the meeting. The Committee was informed that the Trust was in support of the proposals. There were no current safety concerns in relation to the operation of the service but, over time, through increased use of technology and specialisation the risk to patients would increase, if there was no change.

Neonatologists at North Tees and James Cook had expressed support for the proposals.

Discussion/responses to questions

- Clinical judgements would need to be made around whether it was safe to transfer a woman, in labour, to James Cook. There would be situations where it would be safer to deliver a baby in North Tees, rather than transfer him or her to James Cook, for treatment.

It was explained that studies clearly showed that survival rates of babies, needing intensive care, were improved if they were admitted to a specialist center, with high activity levels.

Relevant consultant staff would be transferred to South Tees and it was anticipated that nursing staff, currently undertaking roles in the intensive care unit, at North Tees Hospital, would have the opportunity of transferring to James Cook to continue in those roles. It was envisaged that the numbers wishing to transfer would be very small and would not impact on remaining provision at North Tees.

Members were provided with assurance that the North Tees service would retain the necessary skills to provide a transitional service, where this was needed, prior to transfer to James Cook

It was noted that, currently, the majority of babies from the Darlington area, requiring intensive care, were sent to the James Cook rather than North Tees.

The transfer of the neonatal intensive care service to James Cook represented

a very small number of cots and the vast majority of the current service would remain at North Tees and would be appropriately staffed.

There were increasing numbers of high risk deliveries, due to diabetes, smoking and obesity.

Staffing rotas continued to be difficult to fill, which had a consequent effect on patient safety.

Members raised concerns that other neonatal services, may, overtime, cease to be provided at North Tees. Members were given assurances that there were absolutely no plans to close maternity services at North Tees.

It was likely that, going forward, other services would be provided, at specialist centres, across the Tees area.

- Members were informed that details of maternity services, available at North Tees Hospital, were not adequately presented on the Trust's website. Work was ongoing to rectify this and better reflect the offer.

It was noted that there was an emerging communication plan, which included how engagement would be made with pregnant women. In this regard, Members and Officers were asked to consider if there were any local groups that NHS England could engage with to explain the proposed changes. Consideration of this would be undertaken and any suggestions passed on. The draft communications plan would be provided to the Committee for comment.

A timescale for the implementation of the changes had not been identified but workforce issues would be a determining factor. September was suggested as a potential date.

Members felt reassured by the information they had received and responses to queries.

RESOLVED that :

1. the report and discussion be noted/actioned where appropriate.
2. the information received, including the responses to members' questions, had provided the Committee with sufficient assurance in relation to the proposals and no further action was required at this time.
3. any further suggestions in relation to the communications and engagement plan be forwarded to NHS England.

**ASH
97/17**

Regional Health Scrutiny Update

Members were provided with an update on Regional and Tees Valley Joint Health Scrutiny

The Committee was provided with:

- Minutes of the meeting of the DDTHRW STP Joint Health Scrutiny Committee held on 8th November 2017. It was explained that at the meeting the Committee was informed that the planned consultation relating to major hospital changes was not now due to go ahead in 2018. Public communication was being prepared to outline next steps.

- Presentations from the North East Ambulance Service regarding its Quality Account. The Committee had also received reports on regional neonatal and vascular reviews and an update on community pharmacies.

Members highlighted the need for NHS organizations to strengthen their communication with partners, and the public, in relation to the progress of the STP and issue relating to workforce, hospital services and their reconfiguration.

RESOLVED that the update be noted.

**ASH
98/17** **Work Programme**

Members considered the Committee's Work Programme.

It was explained that representatives from the Gambling Commission would be attending the April meeting to contribute to the Gambling Review.

RESOLVED that the Work Programme be noted.

**ASH
99/17** **Chair's Update**

Reference was made to the Committee's defibrillator review, and a recent incident that had highlighted the importance of having useable equipment as accessible as possible. It was explained that following the incident the provision of a defibrillator in the Municipal Buildings had been prioritized.

Members highlighted the importance of progressing the actions, from the defibrillator review, as quickly as possible.

RESOLVED that discussion be noted.