

**GATESHEAD METROPOLITAN BOROUGH COUNCIL**  
**JOINT OSC FOR THE NE & NORTH CUMBRIA ICS & NORTH & CENTRAL ICPS**  
**MEETING**

**Monday, 3 July 2023**

**PRESENT:** Councillor M Hall (Chair)

Councillor(s): J Green (Gateshead Council), J Wallace (Gateshead Council), V Andrews (Durham CC), S Dean (South Tyneside Council), G Kilgour (South Tyneside Council), J Usher (Sunderland CC), T Pretswell (Newcastle CC), P Ezhilchelvan (Northumberland CC), J O'Shea (North Tyneside Council) and J Shaw (North Tyneside Council)

**IN ATTENDANCE:** Councillor(s): J Gibson

**1 APPOINTMENT OF CHAIR**

In line with the terms of reference for the Joint Committee, the Joint Committee agreed to appoint Councillor Maria Hall of Gateshead Council as the Chair for the 2023-24 municipal year.

**2 APPOINTMENT OF VICE CHAIR**

In line with the terms of reference of the Joint Committee, the Joint Committee agreed to appoint Councillor Wendy Taylor of Newcastle City Council, as Vice Chair for the 2023-24 municipal year.

**3 TERMS OF REFERENCE**

The Joint Committee noted the Terms of Reference, the changes to which were agreed at the last meeting.

**4 APOLOGIES**

Apologies were received from Councillors: Dodd (Northumberland County Council), Hay (South Tyneside Council), Bond (Sunderland City Council), Jones (Sunderland City Council) and Taylor (Newcastle City Council).

**5 DECLARATIONS OF INTEREST**

Councillor Hall (Gateshead Council) declared an interest as the Director of Prism Care and a CNTW Governor.

## 6 MINUTES

The minutes of the meeting of the Joint Committee held on 20 March 2023 were approved as a correct record.

## 7 NEONATAL WORK (CENTRAL NENC ICB)

Dr Sundeep Harigopal, Clinical Lead of Northern Neonatal Network and Consultant Neonatologist at Newcastle Hospitals, gave a presentation on the implementation of the 26 week pathway.

There are three levels of neonatal care, based on need; Neonatal Intensive Care Units (NICU), Local Neonatal Units (LNU) and Special Care Baby Units (SCBU). In terms of the Northern Neonatal Network there are currently three NICU's in the area; RVI, Sunderland Royal and James Cook Middlesbrough. There are no LNU's and seven SCBU's in the area. NICU's are only in certain units and treat the most highly vulnerable babies, from 22 weeks gestation. The NICU's offer highly specialised care and it is important for expertise to be built up through experience.

It was reported that in 2015 the Royal College of Paediatrics and Child Health (RCPCH) reviewed neonatal services in the region and made recommendations, most of which are now complete. The recommendations included the merger of both neonatal intensive care units in Teesside to create one NICU at James Cook and one SCBU at North Tees. The development of a dedicated neonatal transport service was also recommended in order to coordinate movement of babies around the region. There was also a recommendation to expand capacity at the RVI, this is currently underway, with capacity increased by 4 cots in 2018 and a further 4 cots to be mobilised by the end of the month.

It was noted that progress in relation to the final recommendation was slowed down due to Covid, this related to changes at the NICU at Sunderland Royal Hospital. Currently all 3 NICU's provide care for babies born from 22 weeks gestation and the RVI looks after surgical babies. However, the review recommended that the NICU in Sunderland change to look after babies from 26 weeks gestation, instead of 22 weeks gestation. This would mean that babies born below 26 weeks gestation would be looked after in either Newcastle or Middlesbrough.

Sunderland NICU is currently the smallest unit in the country in terms of the volume of activity. It was highlighted that evidence shows that units with higher activity have better outcomes for the babies they treat. Therefore this change will ensure the highest quality of care for extremely small babies from across the region.

It was noted that although Sunderland NICU will no longer provide intensive care for babies between 22-26 weeks gestation, the change will result in an overall increase in activity as more babies from 26 week gestation will be cared for in Sunderland.

In terms of numbers, the NICUs in the region care for between 1,600 – 1,700 baby admissions per year. Approximately 984 admissions are for pre-term babies, those under 37 weeks gestation. Of the total number of babies born less than 26 weeks; Newcastle looked after 128 admissions over the last 3 years, Middlesbrough looked

after 97 admissions and Sunderland 37 admissions.

It was reported that in one year, of the 12 Sunderland admissions, five were Sunderland booked mothers. Therefore only five of the babies were local to Sunderland, they would now go to Newcastle.

Committee was advised that the main impact of the 26 week pathway change would be for families in South Tyneside and Sunderland as they would usually have gone to Sunderland Royal if their baby was born between 22-25 weeks gestation.

Committee was informed that a task and finish group has been established. This includes patient representatives from across the region through a Parent Advisory Group and Care Coordinators from the Neonatal Network, who have close relationships with families. Focus groups have also been held with families that have recently used neonatal services in order to review and update the information that is provided to families. From the consultation there has been support for the change and the key themes identified are around supporting transport costs and providing accommodation for families. Work is underway with charities around what can be provided and there is agreement for more flats to be available for families with babies in NICU. Focus groups with Sunderland and Cumbria families have shown overwhelming support for change as it is recognised that this is best for those babies requiring care.

It was confirmed that the 26 week pathway is fully supported by all system partners. The change is planned to take place on 1 August 2023, further involvement and engagement with patients will take place over the summer as transition to the new pathway. It was also noted that the impact of this change will be monitored.

It was reported that the Neonatal Critical Care Review (NCCR) was published in 2019 and goes further in transforming Neonatal services by 2025. This is through; the alignment of capacity, developing the expert neonatal workforce and enhancing the experience of families. In terms of developing the workforce theme, funding has been made available for neonatal nurses, allied health professionals and neonatal quality roles. The Northern Neonatal Network established the first neonatal care coordination team in the UK in April 2021 in relation to the 'enhancing the experience for families' theme. It was noted that the 26 weeks pathway work will help towards meeting the NCCR ambition to align capacity and work towards meeting standards that improve the survival outcome for the baby. It was also noted that a full scope of what aligning capacity will look like in the region will be done once the 26 weeks pathway work is completed.

Cllr Kilgour questioned whether Sunderland Royal Hospital will be able to cope with the number of babies over 26 weeks. The point was also made that as South Tyneside no longer has a maternity unit, the parents who would have previously attended there are now choosing to attend the RVI or QE, not Sunderland. Cllr Deann raised concerns that South Tyneside seems to be the forgotten area and it would be a big journey to Sunderland for South Tyneside residents. It was confirmed that at a lower gestation babies will stay longer in hospital and babies will be repatriated as soon as they are out of ICU, so already there is some movement within centres and this will continue. With Sunderland taking on babies over 26

weeks, this will increase their activity and therefore allow them to be a centre of excellence and Newcastle will focus on surgical babies.

The Committee appreciated that services and resources are stretched but were concerned that charities are being looked to in order to fill the gap in terms of what the NHS cannot provide.

Cllr O'Shea requested that performance comparators, in terms of survival rates of vulnerable babies in the region, be brought back to a future meeting.

Cllr Pretswell made the point that the package for parents needs to be expanded, especially for those families with siblings, as it is not as simple as improving transport. It was acknowledged that the network has had good insight into the difficulties faced by families with babies in ICU and this is why families have been engaged in this work. It was reported that the RVI now provides free food for partners, free car parking and help with transport costs. It was acknowledged that families are happy to travel if the outcomes are going to be better.

Cllr Ezhilchelvan questioned whether distance is secondary to other issues when deciding which hospital a baby should be placed. It was acknowledged that this needs to be wherever can offer the best care for the baby. Ideally, ICU is short term then the baby would go to the nearest unit to their home address.

Cllr Andrews questioned whether consolidating services would improve survival rates. It was confirmed that not just survival rates, but evidence shows that outcomes are better when units have higher output.

Cllr Gibson queried what would happen to a Cumbria baby who still required ICU after 26 weeks. It was noted that the units take moving a baby very seriously and it would be reviewed at the 26 week point as to whether the baby could be moved. Committee was advised that since the 2015 review, NHSE has invested £1.5m to specialised transport. The transport is highly specialised and a baby would be accompanied by specialist nurses, junior doctors and consultants to oversee the journey. These staff are rotated between transport and the unit in order to maintain their skills. It was also noted that more funding may be required for transport once these changes come in.

Cllr Hall questioned whether the cost of living factors have had any impact on early births. It was noted that this is being looked at in terms of socio-economic factors, age and postcodes and how this impacts on survival of babies.

Committee supported the engagement approach to the changes and noted the implementation of the changes would take effect from 1 August 2023.

## **8**

### **INTEGRATED CARE STRATEGY IMPLEMENTATION PLAN**

Peter Rooney, Director of Strategy and Planning, NENC ICB, provided the Joint Committee with a presentation around the draft Joint Forward Plan 2023/24 – 2028/29.

There is now a requirement of ICB's to produce a five year plan. National guidance has been published around what the plan should cover, this includes; building on existing plans, delivery focused and should cover how Trusts and ICBs intend to provide NHS services to meet the populations physical and mental health needs.

In Autumn 2022 work began on a joint ICP Strategy. The Forward Plan aligns to this strategy and its four key goals;

- Longer and healthier lives
- Fairer outcomes for all
- Better health and care services
- Giving children and young people the best start in life

Action Plans are in place covering each of these areas, in terms of what the ICB will do, as well as an action plan for each Enabler and Service.

It was reported that the ICP Strategy is set between Local Authorities, NHS and partners organisations, it is the long-term overarching vision and is reviewed every December. The Joint Forward Plan is set by the ICB and NHS Trusts, for a five year period it focuses on strategic service delivery and is reviewed annually every March. The NHS Operating Plan is an annual one year plan set by the ICB and NHS Trusts which is submitted to NHSE every March/April.

The Committee received a copy of the draft Forward Plan and it was noted that this would also be sent to Health and Wellbeing Boards and Chief Executives for feedback. A final version would then be published in September and an annual update would be published starting in March 2024.

Cllr Dean questioned whether this plan supersedes the 'Path to Excellence' document. It was clarified that the Joint Forward Plan covers the whole of the North East and North Cumbria but does not supersede individual area plans nor dilutes commitments.

It was queried when the deadline for feedback on the plan would be given that some Health and Wellbeing Boards would now not be meeting until after the August recess. It was noted that timescales had been pushed back due to local elections and purdah period, therefore feedback could be provided at the latest early September. It was suggested that Peter could hold a development session at the start of September to allow members time to read the plan.

## **9 NEAS CQC INSPECTION / INDEPENDENT REVIEW OF NEAS**

Committee agreed to defer this item until the next meeting when the NHSE Independent Review will be published.

## **10 WORK PROGRAMME**

The Joint Committee agreed its work programme for the year, subject to the NEAS inspection report being moved to September's meeting.

The views of the Joint Committee were sought on the work programme and any

additional items it may wish to consider as part of the 2023/24 work programme.

Cllr O'Shea requested that the item on dentistry be brought forward to an earlier meeting. It was agreed that this would be looked at, however some items are time-critical and would need to be given sufficient time for consideration.

**11 DATES AND TIMES OF FUTURE MEETINGS**

It was agreed that future meetings of the Joint OSC are held at Gateshead Civic Centre on the following dates and times:-

- Monday 25 September 2023 at 1.30pm
- Monday 20 November 2023 at 2.30pm
- Monday 22 January 2024 at 1.30pm
- Monday 18 March 2024 at 2.30pm

**Chair.....**