Norfolk County Council

Norfolk Health Overview and Scrutiny Committee

Date: **Tuesday 28 June 2022**

Time: **10.00am**

Venue: **Council Chamber, County Hall, Martineau Lane, Norwich**

Persons attending the meeting are requested to turn off mobile phones.

Members of the public or interested parties may, at the discretion of the Chair, speak for up to five minutes on a matter relating to the following agenda. A speaker will need to give written notice of their wish to speak to Committee Officer, Jonathan Hall (contact details below) by **no later than 5.00pm on Thursday 24th June 2022**. Speaking will be for the purpose of providing the committee with additional information or a different perspective on an item on the agenda, not for the purposes of seeking information from NHS or other organisations that should more properly be pursued through other channels. Relevant NHS or other organisations represented at the meeting will be given an opportunity to respond but will be under no obligation to do so.

Membership

MAIN MEMBER	SUBSTITUTE MEMBER	REPRESENTING
Cllr Daniel Candon	*Vacancy*	Great Yarmouth Borough Council
Cllr Penny Carpenter	Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hempsall / Cllr Jane James	Norfolk County Council
Cllr Barry Duffin	Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hempsall / Cllr Jane James	Norfolk County Council
Cllr Brenda Jones	Cllr Emma Corlett	Norfolk County Council
Cllr Alexandra Kemp	Cllr Michael de Whalley	Borough Council of King's Lynn and West Norfolk
Cllr Julian Kirk	Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hempsall / Cllr Jane James	Norfolk County Council
Cllr Robert Kybird	Cllr Fabian Eagle	Breckland District Council
Cllr Nigel Legg	Cllr David Bills	South Norfolk District Council
Cllr Julie Brociek-Coulton	Cllr Ian Stutely	Norwich City Council

Cllr Richard Price	Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hempsall / Cllr Jane James	Norfolk County Council
Cllr Sue Prutton	Cllr Peter Bulman	Broadland District Council
Cllr Robert Savage	Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hempsall / Cllr Jane James	Norfolk County Council
Cllr Lucy Shires	Cllr Robert Colwell	Norfolk County Council
Cllr Emma Spagnola	Cllr Victoria Holliday	North Norfolk District Council
Cllr Alison Thomas	Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hempsall / Cllr Jane James	Norfolk County Council
CO-OPTED MEMBER (non voting)	**CO-OPTED SUBSTITUTE MEMBER** (non voting)	**REPRESENTING**
Cllr Edward Back	Cllr Colin Hedgley / Cllr Jessica Fleming	Suffolk Health Scrutiny Committee
Cllr Keith Robinson	Cllr Jessica Fleming	Suffolk Health Scrutiny Committee

For further details and general enquiries about this Agenda please contact the Committee Officer:
Nicola LeDain on 01603 223053
or email committees@norfolk.gov.uk

Advice for members of the public:
This meeting will be held in public and in person

It will be live streamed on YouTube and members of the public may watch remotely by clicking on the following link: Norfolk County Council YouTube

However, if you wish to attend in person it would be helpful if you could indicate in advance that it is your intention to do so as public seating will be limited. This can be done by emailing committees@norfolk.gov.uk

The Government has removed all COVID 19 restrictions and moved towards living with COVID-19, just as we live with other respiratory infections. However, to ensure that the meeting is safe we are asking everyone attending to practise good public health and safety behaviours (practising good hand and respiratory hygiene, including wearing face coverings in busy areas at times of high prevalence) and to stay at home when they need to (if they have tested positive for COVID 19; if they have symptoms of a respiratory infection; if they are a close contact of a positive COVID 19 case). This will help make the event safe for all those attending and limit the transmission of respiratory infections including COVID-19.

A g e n d a

1. To receive apologies and details of any substitute members attending

2. Minutes

To confirm the minutes of the meeting of the Norfolk Health Overview and Scrutiny Committee held on 12 May 2022. (Page 5)

3. Members to declare any Interests

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is on your Register of Interests you must not speak or vote on the matter.

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is not on your Register of Interests you must declare that interest at the meeting and not speak or vote on the matter

In either case you may remain in the room where the meeting is taking place. If you consider that it would be inappropriate in the circumstances to remain in the room, you may leave the room while the matter is dealt with.

If you do not have a Disclosable Pecuniary Interest you may nevertheless have an **Other Interest** in a matter to be discussed if it affects, to a greater extent than others in your division

- Your wellbeing or financial position, or
- that of your family or close friends
- Any body -
    - Exercising functions of a public nature.
    - Directed to charitable purposes; or
    - One of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union);
      Of which you are in a position of general control or management.

If that is the case then you must declare such an interest but can speak and vote on the matter.

4. To receive any items of business which the Chair decides should be considered as a matter of urgency

5. Chair's announcements

6.	**10:10 – 11:00**	**Establishment of Joint Health Overview and Scrutiny Committee (JHOSC) with Suffolk County Council**	(Page 12)
7.	**11:00 – 11:10**	**Forward Work Programme**	(Page 26)
Glossary of Terms and Abbreviations			(Page 28)

Tom McCabe
Head of Paid Service

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Date Agenda Published: 20 June 2022

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Norfolk County Council

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
on Thursday 12 May 2022

Present:

Cllr Alison Thomas(Chair)	Norfolk County Council
Cllr Daniel Candon	Great Yarmouth Borough Council
Cllr Penny Carpenter	Norfolk County Council
Cllr Barry Duffin	Norfolk County Council
Cllr Brenda Jones	Norfolk County Council
Cllr Alexandra Kemp	Borough Council of King's Lynn and West Norfolk
Cllr Julian Kirk	Norfolk County Council
Cllr Robert Kybird	Breckland District Council
Cllr Nigel Legg	South Norfolk District Council
Cllr Lana Hempsall substitute for Cllr Richard Price	Norfolk County Council
Cllr Sue Prutton	Broadland District Council
Cllr Robert Savage	Norfolk County Council
Cllr Lucy Shires	Norfolk County Council
Cllr Adam Giles substitute for Cllr Ian Stutely	Norwich City Council

Co-Opted Members

Cllr Edward Back	Suffolk Health Scrutiny Committee
Cllr Keith Robinson	Suffolk Health Scrutiny Committee

Also Present in person:

Rebecca Hulme	Associate Director of Children, Young People and Maternity, Norfolk and Waveney CCG (All items)
Laura Skaife-Knight	Deputy Chief Executive Officer, Queen Elizabeth Hospital NHS Trust (Item 8)
Denise Smith	Chief Operating Officer, Queen Elizabeth Hospital NHS Trust (Item 8)
Alex Stewart	Chief Executive Healthwatch Norfolk (Item 8)
Kevin Clark	Deputy Governor HMP Norwich (Item 9)
Peter Randall	Democratic Support and Scrutiny Team Manager
Maureen Orr	Democratic Support and Scrutiny Team Manager
Jonathan Hall	Committee Officer

Present via video link

Claire Weston	Regional Head of Health and Justice East of England (Item 9)

1. Election of Chair

The committee officer Jonathan Hall opened the meeting and invited nominations for the election of the Chair. Cllr Alison Thomas was nominated by Cllr Carpenter and seconded by Cllr Barry Duffin. All in agreement. Cllr Alison Thomas was elected Chair for the forthcoming year.

2. Election of Vice Chair

Cllr Thomas thanked members for electing her as Chair for the forthcoming year and invited nominations for the election of Vice Chair. Cllr Daniel Candon was nominated by Cllr Kybird and seconded by Cllr Prutton. All in agreement. Cllr Daniel Candon was elected Vice Chair for the forthcoming year.

3. Apologies for Absence and details of substitutes

3.1 Apologies for absence were received from Cllr Richard Price (substitute Cllr Lana Hempsall), Cllr Ian Stutely (substitute Cllr Adam Giles) and Cllr Emma Spagnola.

4. Minutes

4.1 The minutes of the previous meeting held on 10 March 2022 were agreed by the Committee and signed by the Chair as an accurate record of the meeting.

5. Declarations of Interest

5.1 Cllr Penny Carpenter disclosed an other interest as a board member of the Norfolk Safeguarding Board (Item 11).

6. Urgent Business

6.1 There were no items of urgent business.

7. Chair's Announcements

7.1 The Chair had no announcements.

8. The Queen Elizabeth Hospital NHS Foundation Trust – progress report

8.1 The Committee received the annexed report (8) from Maureen Orr, Democratic Support and Scrutiny Manager, which provided an update on progress in addressing the issues raised by the 2019 CQC full inspection report. The Queen Elizabeth Hospital (QEH) had provided detailed information on their actions which had met the CQC requirements together with current performance and the on going situation regarding building safety and bids for funding for a rebuild. The committee had last considered the item in March 2021 where representatives of the hospital and the CCG provided a response to the CQC inspection. The hospital at that stage remained in special measures.

8.2 The Committee received evidence in person from representatives of QEH: Laura Skaife-Knight, Deputy Chief Executive and Denise Smith, Chief Operating Officer, Norfolk and Waveney CCG: Rebecca Hulme Associate Director of Children, Young People and Maternity, Healthwatch Norfolk: Alex Stewart Chief Executive.

Laura Skaife-Knight and Denise Smith gave a presentation which is available on the committee's website pages. The presentation reflected the hard work that had been undertaken in the past three years and documented the enormous progress that had

been made. Following CQC inspections in December 2021 and January 2022 their findings had seen Medicine, Urgent and Emergency Care and Critical Care all rated as 'Good' alongside the Trust's rating for Well Led. The Trusts overall rating had improved from Inadequate to Requires Improvement. The Trust also received its first rating of 'Outstanding' for Well Led for Critical Care. This overall rating reflects that only three core services were inspected during the last inspection which was due to the Covid 19 Pandemic and therefore reflected what was technically possible for this inspection. The improvements had all been achieved against a backdrop of a building that was being held up by over 1500 props which was affecting patient experience.

Alex Stewart, Chief Executive of Healthcare Norfolk commented that the transformation of the hospital was phenomenal. Engagement with patients was excellent and there was a willingness and openness from all staff to help improve services and patient experience. The mix of approach to provide all types of appointments from telephone, virtual and face to face was welcomed and was helping patients receive treatment and services faster and more effectively. He concluded by saying that he hoped good news would be forth coming soon with a positive announcement of funding of a new hospital.

8.3 The reports submitted were taken as read and during the ensuing discussion the following points were noted:

- The committee congratulated the QEH staff and management in their achievements and echoed the hope that funding for a new hospital is announced soon.
- In March 2021 the committee learnt that due to the poor state of the building 40 operations had to be cancelled however since then no further selective surgery has had to be cancelled, but the hospital facing significant challenges to operating on a day to day basis.
- The School of Nursing was now operational and had 20 nurse associates already recruited. This was a good example of a partnership working well with the Borough Council and West Anglia College. The School should bring through dozens of "home grown" nurses to the hospital in the future.
- In February 2022 the CQC had removed 18 of the 22, section 31 conditions from the Trust's Certificate of Registration. In July, the hospital will apply to have 3 of the remaining 4 to be lifted.
- Regular audits and robust monitoring were in place to ensure that resuscitation equipment was always operational in the hospital. This area had been highlighted as an area of concern in the latest inspection.
- The expected life of the hospital building was for a further eight years to 2030. The situation if no funding is found to build a new hospital is bleak with the possibility of whole areas of the hospital would need to be shut down.
- Fail safe funding to ensure the continuation of services stood at £90m but this only secured the ground floor of the hospital. This would ensure the status quo and no improvements would be made.
- Cancer wait times did not meet the national standards overall, however times for initial consultation and treatment once diagnosed were good, diagnostic waits were longer, meaning overall wait times did not meet the national standard. Plans were in place to address this. Referrals had also increased towards the back end of the pandemic, although additional MRI and CT scanners being installed this year will help reduce waiting times.
- After having completed a Duty of Candour exercise the hospital published a Learning from Covid report which demonstrated their commitment to openness and transparency. Laura Skaife- Knight said she would return to the

committee with precise numbers, but she believed that around 200 patients had contacted Covid whist in the care of the hospital.

- The hospital ensures that progress is sustained against its 21/22 Integrated Quality Improvement Plan (IQIP) by closely monitoring changes to ensure these are sustained and embedded over several quarters before approving closure of the action.
- Once the hospital had been lifted out of special measures the monitoring of the 'must and should do' actions moved to a compliance plan. Laura Skaife-Knight said she was happy to share the plan with members of the committee but the types of issues still outstanding, of which there was 35, includes items such as mandatory training which accounted for about a third.
- Rebecca Hulme, Associate Director of Children, Young People and Maternity for Norfolk & Waveney CCG thanked the committee for the acknowledgement of progress QEH had made. In addition, she added that throughout the process of improvement the QEH had been good system partners offering advice and help and sharing openly their experiences with other health providers both locally and nationally.

The Chairman concluded the discussion by acknowledging this had been a very pleasing report and the good progress had been noted. There was still some work to do and the determination of the QEH staff to complete the job and to sustain improvements was clearly in evidence. It is hoped that the hospital will be included on the list of funding for new hospitals to be built as the current state of the building is of great concern but despite those challenges vast improvements had been made.

The Committee undertook a short break and reconvened at 11.12am

9. Prison Healthcare – access to physical and mental health services

9.1 The Committee received a briefing report by Maureen Orr, Democratic Support and Scrutiny Manager updating members on Prison healthcare services following a report from commissioners, NHS England and NHS Improvement (NHESI) which the committee received in February 2021.

Norfolk has three prisons, HMP Wayland, HMP Bure and HMP Norwich. Norwich also has the only Young Offenders Institute (YOI) in Norfolk. NHESI commissions all health services for the prisons, including drug and alcohol services but it excludes emergency and out of hours services which are provided by the CCG for the whole community, not just the prison service.

9.2 The Committee received evidence online from representatives of NHESI; Claire Weston Regional Head of Health and Justice East of England, and in person from HMP Norwich; Kevin Clark, Deputy Governor.

9.3 The following points were noted during the discussion:

- Covid measures had only just been lifted and there was a gradual return to business as normal for prisoners. Any denial of wellbeing and health services to prisoners should be reported as incidents and follow the appropriate complaint procedures.
- NHS standard contracts terms apply to all health care providers who have services commissioned from NHESI and processes are followed if contractual failures happen. Monitoring of services takes place by inspection, quality care visits, observation by prison staff and feedback from prisoners.
- HMP Norwich has 24 hour healthcare beds available and because of this these beds were in high demand, including requests received from out of

area. These beds are managed by the healthcare provider although the prison is included in bed management meetings.

- Dental care data seemed to indicate that treatment was received quickly but it was established that through the triage of cases, prisoners often had telephone consultations and treatment for pain management or infection control rather than receive dental services.
- Mental Health training was available for all staff through module 5 of the ACCT (assessment, care in custody and teamwork) training (this was mandatory) and by NSFT who run a programme that could also be accessed online. 45 members of staff were undertaking the NSFT training.
- During inspection HMP Bure had been commended for notable positive practice for identification and addressing mental health needs of prisoners.
- The GP-to-GP programme meant that the transfer of medical records, with the patients consent, was much easier once a prisoner had left prison and was moved back into primary care.
- The Government introduced a new programme to help drug and alcohol misuse called from Harm to Hope and the prison service was actively engaging with partners to roll out this programme in the service.
- Claire Weston committed to providing the committee with links to metrics and data concerning substance misuse. Any further clarification could be followed up.
- There has been a move away from a medical model to support prisoners with a learning disability to a more community based model. The emphasis was on assessment and diagnosing. This move was based to help support prisoners to fulfil their potential. Neuro Diversity Support managers were currently being recruited to in 2 of the 3 prisons in Norfolk to provide support for this area.
- There were several programmes and processes to assess a prisoner's educational needs on admission and relevant support and help was provided by a variety of sources to address those needs whilst someone was in prison.
- The data provided indicated that prisoners at HMP Norwich were twice as likely to suffer depression above the national average. A medical day care centre had just been opened in Norwich to address the concern of which prisoners can either self refer or be referred by any staff member. This takes those referred out of the main stream prison routines to work with health, educational and wellbeing professionals.
- The diversion process should take place before individuals get to prison. Those individuals who agreed to intervention and assessment did receive different sentencing to help and support their needs. Claire Weston committed to providing further details on the diversion schemes running.
- Those prisoners who were assessed for Tier 4 beds and were sectioned needed to be done so quickly and concerns of the speed of the process had been raised nationally recently. Sectioning of a prisoner had to be carefully considered as it reduced a prisoner's freedoms whilst in prison.

The Chair concluded the discussion by acknowledging that a large number of issues had been discussed including how services were returning to normal coming out of the pandemic, how contracts were managed, training for staff for identifying and helping prisoners with mental health issues, transfer of patient records and details on the diversion schemes.

It was agreed that an update via a HOSC briefing would be appropriate in 9 months time.

Cllr Jones asked whether she could supply written questions she was unable to ask. Claire Weston agreed to the request.

A open invitation to the committee was made by Kevin Clark to visit HMP Norwich and assess the healthcare services in situ.

9.5 The Chair thanked all those who had taken part in the discussion both online and in person.

10. Norfolk Health Overview and Scrutiny Committee appointments

10.1 The committee **agreed** to the following appointments:

CCG / Provider Trust	Governing Body / Board meeting schedule	Current NHOSC link
Norfolk and Waveney CCG (& subsequently Norfolk and Waveney integrated Care Board from 1 July 2022, pending legislation)	Every other month, usually on the last Tuesday, 1.30 – 4.00pm (online)	Chair of NHOSC (substitute – Vice Chair of NHOSC)
Queen Elizabeth Hospital NHS Foundation Trust	Monthly, on the first Tuesday, 10.00am (online)	Julian Kirk (substitute - Alexandra Kemp)
Norfolk & Suffolk NHS Foundation Trust	Every other month, usually on the fourth Thursday, 12.30pm (online)	Brenda Jones (substitute - Lucy Shires)
Norfolk & Norwich University Hospitals NHS Foundation Trust	Usually every other month, on the first Wednesday, 9.30am (online)	Dr Nigel Legg
James Paget University Hospitals NHS Foundation Trust	Every other month, usually on the last Friday, 10.00am (online)	Daniel Candon (substitute – Vacant)
Norfolk Community Health and Care NHS Trust	First Wednesday of every month except Jan & Sept, 9.30am (online)	Emma Spagnola

11. Forward Work Programme

11.1 The Committee received a report from Maureen Orr, Democratic Support and Scrutiny Manager which set out the current forward work programme and briefing details that was agreed subject to the following:

11.2 The Committee **agreed** additionally for the NHOSC Member Briefing:

- June 2022 –
  Menopause services. What is available and how is access gained?

11.3 The committee agreed to the forward work programme and in addition:

- 8 Sept 2022
  Norfolk and Suffolk NHS Foundation Trust – action plan for improvement.

Meeting concluded at 12:22

Cllr Alison Thomas, Chair

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Establishment of Joint Health Overview and Scrutiny Committee (JHOSC) with Suffolk County Council

Establishment of an ongoing joint scrutiny arrangement with Suffolk County Council, providing challenge to substantial variations in service on a task and finish basis.

Recommendation(s):

Part one (Para. 2.8):

1. **Members are asked to approve the Terms of Reference attached at Appendix A, establishing a joint scrutiny arrangement between Suffolk and Norfolk County Council (para. 2.8).**

Part 2 (Para. 3.8):

2. **Members are asked to appoint membership to a Joint Health Overview and Scrutiny Committee (JHOSC) in accordance with the arrangements set out in the Terms of Reference (four members and up to two named substitutes). The JHOSC is to be established on a task and finish basis to be formally consulted on the changes to Psychiatric Intensive Care Provision proposed by the Norfolk and Suffolk NHS Foundation Trust.**
3. **Members are asked to support the work of the proposed JHOSC through a public scoping exercise, offering suggested key lines of enquiry for the JHOSC to consider.**
4. **Members are further asked to consider what additional information is required in advance of a formal public meeting to support effective and informed scrutiny and consultation.**

1.0 Purpose

1.1 Norfolk Health Overview and Scrutiny members are asked to approve an ongoing health scrutiny arrangement with Suffolk County Council in the form of a Joint Health Overview and Scrutiny Committee (JHOSC), as set out in the proposed Terms of Reference (Appendix A).

1.2 Members are further asked to approve membership for an inaugural iteration of the JHOSC, exploring a substantial variation in service proposed by the Norfolk and Suffolk NHS Foundation trust (NSFT). In doing so, members should support delivery of the JHOSC through a public scoping exercise, jointly determining proposed key lines of enquiry for the JHOSC alongside the Suffolk County Council Health Scrutiny Committee.

1.3 This paper is divided into two parts, allowing first for NHOSC members to approve the proposed Terms of Reference and confirm operating principles for the ongoing joint arrangements. Following this, members will be invited to discuss the proposals presented by NSFT for changes to the provision and commissioning of Psychiatric Intensive Care Units (PICU) across Norfolk and Suffolk and appoint members accordingly to a JHOSC with Suffolk.

2.0 Establishment of a Joint Health Overview and Scrutiny Arrangement with Suffolk County Council

2.1 Regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 state that in the event an NHS body consults more than one local authority's health scrutiny function, the local authorities are required to appoint a joint committee.

2.2 Section 2.4 (h) of appendix 2a of the NCC constitution sets out the protocol for establishing a joint health scrutiny arrangement with a partner authority, confirming that the NHOSC has been delegated authority by the County Council to enter into, and to appoint members to Joint Health Overview and Scrutiny Committees as required.

2.4 Further to this, the County Council has waived the requirement for the NHOSC's appointments to such Joint Committees to be in line with the political balance on Norfolk County Council, and the requirement for any other Council participating in such Joint Committees to make it's appointments in line with the political balance on its Council (subject to them similarly waiving proportionality requirements at their respective Council).

2.5 In line with current Health Scrutiny Regulations, Joint Committees established by the NHOSC will also be delegated by extension (Section 2.4 (i) of appendix 2a of the NCC constitution) the authority to make referrals to the Secretary of State for Health and Social Care. A local authority (or group of local authorities under section 30 of the regulations) can make referrals on three grounds:

1. It is not satisfied with the adequacy of content or time allowed for consultation with itself (not wider consultation with patients, the public and stakeholders).
2. It has *not* been consulted, and it is not satisfied that the reasons given for not carrying out consultation are adequate.
3. It considers that the proposal would not be in the interests of the health service in its area.

2.6 Members will be aware that there is an existing Joint Health Scrutiny arrangement with Waveney, to enable effective scrutiny of issues related to the Norfolk and Waveney CCG. This new arrangement proposed here is designed to work in tandem with this arrangement, not override it. The joint arrangement members are approving here would only be called upon to discuss issues that impact both Norfolk and Suffolk as a whole.

2.7 As set out in 3.1 of the attached Terms of Reference, formal membership of the Joint Committee will be appointed on a Task and Finish basis, determined through discussion at a public meeting and approved in public. Members should consider the service change requiring consultation and appoint appropriately.

2.8 The Suffolk Health Scrutiny Committee will meet on the 6 July to with recommendations to approve identical Terms of Reference, appoint membership to the Joint Committee and conduct a public scoping exercise.

Associated Recommendation(s):

1. **Members are asked to approve the Terms of Reference attached at Appendix A, establishing a joint scrutiny arrangement between Suffolk and Norfolk County Council.**

3.0 Substantial Variation to Service - Single-sex Psychiatric Intensive Care Units (PICU)

3.1 The attached paper (Appendix B) has been prepared by NSFT to support HOSC members in their role as statutory consultees in the case of a substantial variation of service.

3.2 Further to the attached, members have been supplied the follow summary of proposed changes:

To support sexual safety of individuals on our Psychiatric Intensive Care Units, we are proposing to

- *Change Rollesby Ward in Norfolk and Lark Ward in Suffolk from a mixed sex PICU ward to a single sex PICU ward*
- *Review the implications of this change*

NSFT intends to re-open Rollesby in summer without re-designating it to a single sex ward, as planned. This 10-bedded ward has been shut for renovations. This is because we have nine people who are out of area at the moment, who would be better cared for closer to their homes.

At the JHSC, NSFT's will set out the rationale and its plans

- *to gather feedback from staff*
- *to gather feedback from carers/service users*
- *to complete an equality impact assessment*
- *to complete a quality impact assessment*

3.3 Following correspondence with NHOSC members and discussions with NSFT, the above has been jointly deemed a substantial variation of service by the leadership of both Suffolk and Norfolk Health Scrutiny Committees. As the regulations set out above, a Joint Health Scrutiny Committee is therefore required to consider the item and to conduct a formal consultation.

3.4 Membership of the JHOSC is to be appointed according to the arrangements set out in the attached Terms of Reference, with four members from each participating authority and up to two named substitutes. As above, membership does not need to be politically proportionate to Norfolk County Council, but must be drawn from the wider NHOSC membership. The membership is appointed for this consultation only, with future substantial variations in service requiring a newly appointed membership by the NHOSC.

3.5 In accordance with the terms of reference and following discussions between committee leadership from both Suffolk and Norfolk, it's been agreed that Norfolk will be the lead authority on this joint consultation, assuming chairmanship of the JHOSC. NCCs constitution will be used for all areas not explicitly outlined in the Terms of Reference, including committee and public speaking procedures.

3.6 Taking into the account the briefing paper attached, members are further asked to discuss the proposed variation to PICU service delivery, and support determination of draft key lines of enquiry for the JHOSC. Officers from NSFT will be available at the meeting to support a public scoping exercise.

3.7 Members are also asked to consider the additional information the JHOSC will need in advance of a formal public meeting to support effective and informed scrutiny and consultation.

3.8 Following a similar discussion to be held at the Suffolk Health Scrutiny Committee on the 6 July, a formal scoping document will be prepared and submitted to NSFT in advance of an agreed JHOSC meeting date. A date for a public JHOSC meeting will then be set in consultation with appointed JHOSC members and leadership.

Associated Recommendation(s):

2. **Members are asked to appoint membership to a Joint Health Overview and Scrutiny Committee (JHOSC) in accordance with the arrangements set out in the Terms of Reference (four members and up to two named substitutes). The JHOSC is to be established on a task and finish basis to be formally consulted on the changes to Psychiatric Intensive Care Provision proposed by the Norfolk and Suffolk NHS Foundation Trust.**
3. **Members are asked to support the work of the proposed JHOSC through a public scoping exercise, offering suggested key lines of enquiry for the JHOSC to consider.**
4. **Members are further asked to consider what additional information is required in advance of a formal public meeting to support effective and informed scrutiny and consultation.**

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Joint Norfolk/Suffolk Health Scrutiny Committee

Terms of Reference

1.	**Legislative basis**
1.1	The National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and the Localism Act 2011 sets out the regulation-making powers of the Secretary of State in relation to health scrutiny. The relevant regulations are the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 which came into force on 1st April 2013.
1.2	Regulation 30 (1) states two or more local authorities may appoint a joint scrutiny committee and arrange for relevant health scrutiny functions in relation to any or all of those authorities to be exercisable by the joint committee, subject to such terms and conditions as the authorities may consider appropriate.
1.3	Where an NHS body consults more than one local authority on a proposal for a substantial development of the health service or a substantial variation in the provision of such a service, those authorities are required to appoint a joint committee for the purposes of the consultation. Only that joint committee may: • make comments on the proposal to the NHS body; • require the provision of information about the proposal; • require an officer of the NHS body to attend before it to answer questions in connection with the proposal.
1.4	This joint committee has been established by Norfolk County Council and Suffolk County Council.
2.	**Purpose**
2.1	These Terms of Reference establish a health scrutiny protocol between Suffolk and Norfolk, with the purpose to meet as required to receive, consider and respond to proposals for substantial variations of service that impact both Suffolk and Norfolk Residents. The committee should consider: • the extent to which the proposals are in the interests of the health service in Norfolk and Waveney; • the impact of the proposals on patient and carer experience and outcomes and on their health and well-being; • the quality of the clinical evidence underlying the proposals; • the extent to which the proposals are financially sustainable
2.2	To make a timely response to the consulting body and other appropriate agencies on the proposals.
2.3	To consider and comment on the extent to which patients and the public have been involved in the development of the proposals and the extent to which their views have been taken into account.

3.	**Membership/chairing**
3.1	Appointed on a task and finish basis depending on the service variation requiring response, the joint committee will consist of 4 members representing Norfolk and 4 members representing Suffolk, as nominated by the respective health scrutiny committees ahead of each formal consultation process.
3.2	Each authority may nominate up to 2 substitute members. Only a nominated substitute may attend in the event of a member's absence.
3.3	The proportionality requirement will not apply to the joint committee, provided that each authority participating in the joint committee agrees to waive that requirement, in accordance with legal requirements and their own constitutional arrangements.
3.4	The individual authorities will decide whether or not to apply political proportionality to their own members.
3.5	The Chairmanship of the Joint Committee will be determined by negotiation, taking into account the nature of proposed changes, and approved by the Chairmen of both County HOSCs. The Vice-Chairman shall be elected from the membership of the other participating authority at the first meeting.
3.7	Each member of the joint committee will have one vote.
4.	**Co-option**
4.1	By a simple majority vote, the joint committee may co-opt representatives of organisations with an interest or expertise in the issue being scrutinised as non-voting members, but with all other member rights.
4.2	Any organisation with a co-opted member may send a substitute member.
5.	**Supporting the Joint Committee**
5.1	The lead authority will be determined in accordance with the Chairmanship arrangements above, with the Chairman's authority taking lead.
5.2	The lead authority will act as secretary to the joint committee. This will include: • appointing a lead officer to advise and liaise with the Chairman and joint committee members, ensure attendance of witnesses, liaise with the consulting NHS body and other agencies, and produce reports for submission to the health bodies concerned; • providing administrative support; • organising and minuting meetings.
5.3	The lead authority's Constitution will apply in any relevant matter not covered in these terms of reference.
5.4	Where the joint committee requires advice as to legal or financial matters, the participating authorities will agree how this advice is obtained and any significant

	expenditure will be apportioned between participating authorities. Such expenditure, and apportionment thereof, would be agreed between the participating authorities before it was incurred.
5.5	The lead authority will bear the staffing costs of arranging, supporting and hosting the meetings of the joint committee. Other costs will be apportioned between the authorities. If the joint committee agrees any action which involves significant additional costs, such as obtaining expert advice or legal action, the expenditure will be apportioned between participating authorities. Such expenditure, and the apportionment thereof, would be agreed with the participating authorities before it was incurred.
5.6	The authority who is not leading will appoint a link officer to liaise with the lead officer and provide support to the members of the joint committee.
5.7	Meetings shall be held at venues, dates and times agreed between the participating authorities.
6.	**Powers**
6.1	Taking into account changes in national legislation, in carrying out its function the joint committee may: • require officers of appropriate local NHS bodies to attend and answer questions; • require appropriate local NHS bodies to provide information about the proposals; • obtain and consider information and evidence from other sources, such as local Healthwatch organisations, patient groups, members of the public, expert advisers, local authorities and other agencies. This could include, for example, inviting witnesses to attend a joint committee meeting; inviting written evidence; site visits; delegating committee members to attend meetings, or meet with interested parties and report back. • make a report and recommendations to the appropriate NHS bodies and other bodies that it determines, including the local authorities which have appointed the joint committee. • consider the NHS bodies' response to its recommendations; • refer the proposal to the Secretary of State if the joint committee considers: ➢ it is not satisfied that consultation with the joint committee has been adequate in relation to content, method or time allowed; ➢ that the proposal would not be in the interests of the health service in its area.
6.2	The Joint Committee will only make a referral on the basis of a majority vote being taken in favour of this course of action by those members present at the time the vote is taken. The majority will include at least one vote in favour from each participating authority.
7.	**Public involvement**

7.1	The joint committee will meet in public, and papers will be available at least 5 working days in advance of meetings
7.2	The participating authorities will arrange for papers relating to the work of the joint committee to be published on their websites, or make links to the papers published on the lead authority's website as appropriate.
7.3	A press release may be circulated to local media at the start of the process and at other times during the scrutiny process at the discretion of the Chairman and Vice Chairman.
7.4	Members of the public and press may attend meetings where held in public.
7.5	Patient and voluntary organisations and individuals will be positively encouraged to submit evidence and to attend.
7.6	Members of the public attending meetings may speak in the Public Participation session, in line with the arrangements set out in the lead authority's Constitution.
8.	**Press strategy**
8.1	The lead authority will be responsible for issuing press releases on behalf of the joint committee and dealing with press enquiries, unless agreed otherwise by the Committee.
8.2	Press releases made on behalf of the joint committee will be agreed by the Chairman or Vice-Chairman of the joint committee.
8.3	Press releases will be circulated to the link officers.
8.4	These arrangements do not preclude participating local authorities from issuing individual statements to the media provided that it is made clear that these are not made on behalf of the joint committee.
9.	**Report and recommendations**
9.1	The lead authority will prepare a draft report on the deliberations of the joint committee, including comments and recommendations agreed by the committee. The report will include whether recommendations are based on a majority decision of the committee or are unanimous. The draft report will be submitted to the representatives of participating authorities for comment.
9.2	The final version of the report will be agreed by the joint committee Chairman.
9.3	In reaching its conclusions and recommendations, the joint committee should aim to achieve consensus. If consensus cannot be achieved, minority reports may be attached as an appendix to the main report. The minority report/s shall be drafted by the appropriate member(s) or authority concerned.
9.4	The report will include an explanation of the matter reviewed or scrutinised, a summary of the evidence considered, a list of the participants involved in the review or scrutiny; and an explanation of any recommendations on the matter reviewed or scrutinised.

9.5	If the joint committee makes recommendations to the NHS body and the NHS body disagrees with these recommendations, such steps will be taken as are "reasonably practicable" to try to reach agreement in relation to the subject of the recommendation.
9.6	If the joint committee does not comment on the proposals, or the comments it provides do not include recommendations, the joint committee must inform the NHS body as to whether it intends to exercise its power to refer the matter to the Secretary of State and, if so, the date by which it proposes to do so.
9.7	In the event that the joint committee refers the matter to the Secretary of State the report made will include:- • an explanation of the proposal to which the report relates; • the reasons why the joint committee is not satisfied; • a summary of the evidence considered, including any evidence of the effect or potential effect of the proposal on the sustainability or otherwise of the health service in the area; • an explanation of any steps taken to try to reach agreement in relation to the proposal; • evidence to demonstrate that the joint committee has complied with arrangements for appropriate notification of timescales for its decision to refer; • an explanation of the reasons for the making of the report; and • any evidence in support of those reasons.
9.8	The joint committee may only refer the matter to the Secretary of State:- • in a case where the joint committee has made a recommendation which the NHS body disagrees with, when; i) the joint committee is satisfied that all reasonably practicable steps have been taken by the NHS body and the joint committee to reach agreement; or ii) the joint committee is satisfied that the NHS body has failed to take all reasonably practicable steps to reach agreement. • if the requirements regarding notification of the intention to refer above have been adhered to.
10.	**Quorum for meetings**
10.1	The quorum will be a minimum of 4 members with at least one from each of the participating authorities.

Norfolk and Suffolk
NHS Foundation Trust

Information from Norfolk and Suffolk NHS Foundation Trust

16 June 2022

Proposal: Mixed sex to single-sex Psychiatric Intensive Care Units (PICUs)

Norfolk and Suffolk NHS Foundation Trust is proposing to

- Designate Rollesby Ward in Norfolk and Lark Ward in Suffolk from mixed-sex PICU to single sex PICU wards.
- Review the implications of this change

Norfolk and Suffolk NHS Foundation Trust (NSFT), working together with the Norfolk and Waveney and Suffolk and North East Essex Integrated Care Systems, would like to consult health scrutiny committee members on this change. At this meeting the commissioners and NSFT will set out the rationale and its plans to:

- Gather feedback from staff, carers and service users
- Complete an equality impact assessment
- Complete a quality impact assessment

Overview

Norfolk and Suffolk NHS Foundation Trust (NSFT) is committed to providing patients who are most unwell with single gender accommodation. It helps to safeguard their physical, psychological and sexual safety and their privacy and dignity when they are often at their most vulnerable.

Psychiatric Intensive Care Units (PICUs) offer specific care for a small number of people in the population. Psychiatric Intensive Care is for service users who are in a heightened acute phase of a serious mental illness. There is an increase in risk for people when they are in this phase which does not allow the safe, effective support and delivery of care within a general acute mental health ward. PICU patients are usually detained under the Mental Health Act 1983. PICUs are smaller wards with less beds when compared to acute mental health wards. They have higher levels of staffing and are often locked. The National Association of PICUs state the standard length of stay in PICU should only be up to six weeks.

There is national clinical evidence that having single gender services in PICU services, particularly for women, is safer for service users. Links to evidence are at the end of this document.

In total between March 2021 and May 2022, there were 79 men and 28 women from Norfolk and Suffolk who needed PICU placement. Over that period, 37 men travelled from Norfolk to Lark Ward, with 42 from Suffolk. Of the women who needed a bed, 15 were from Suffolk and 13 from Norfolk. There is a national shortage of female PICU beds.

Commissioning and feasibility

NSFT has two PICUs – Lark ward in Suffolk and Rollesby ward in Norfolk, both of which have 10 beds. Rollesby ward has been shut for renovations since July 2021 following significant environmental damage. The Trust has 440 beds, including these two wards, for adults and older people.

Commissioners in Norfolk and Waveney and Suffolk have agreed to single-sex PICUs. This is not commissioned as specialised services, which are defined by NHS England as: “those provided in relatively few hospitals, accessed by comparatively small numbers of patients but with catchment populations of usually more than one million.”

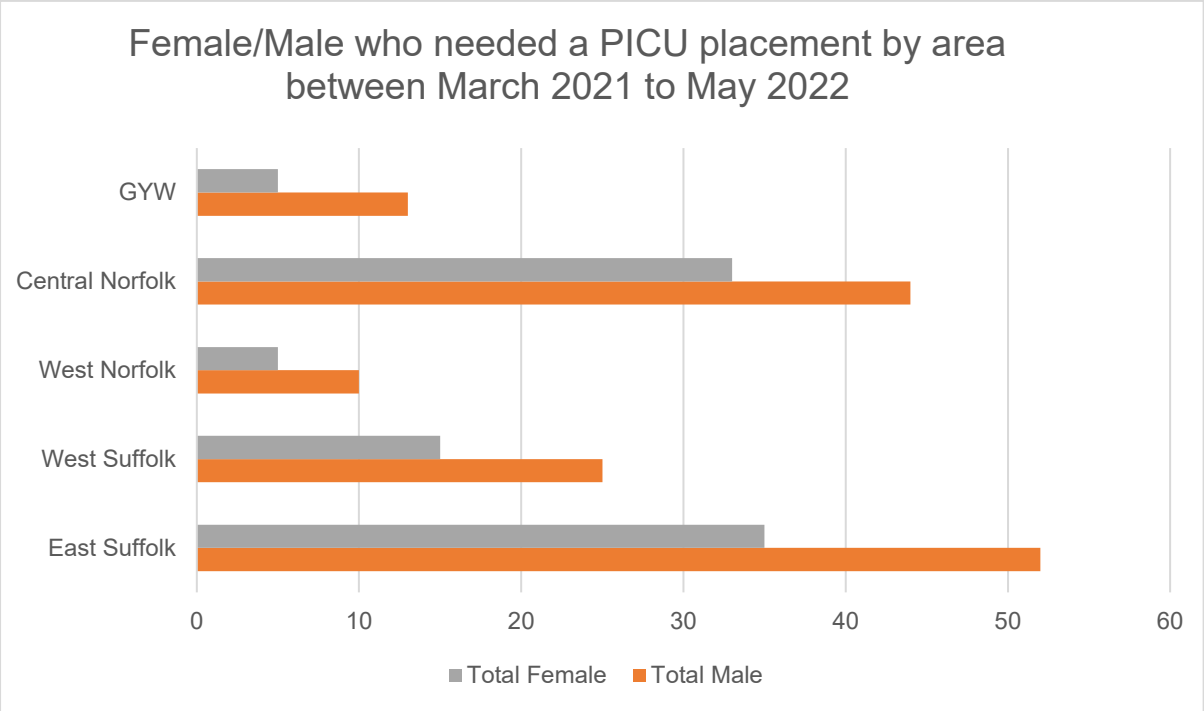
However, PICUs have fewer admissions than acute mental health wards. Demand is too low to demonstrate a need for two male and two female units. To do so would mean that there would be a financial and staffing impacts in both counties.

The staffing ratio is higher in a PICU than in an acute mental health ward. For example, a 10-bedded PICU needs six staff per shift. A 19-bedded acute mental ward needs five staff per shift. There is of course a greater number of staff on a PICU regardless of the number of beds which means four five-bedded wards would require more staff on duty that two 10 bedded wards.

PICU demand in Norfolk and Suffolk

Between March 2021 and May 2022 demand was on average 10.3 referrals per month for men who needed a PICU placement. Over that same time period, demand for women was on average 6.5 referrals per month. See table one.

Table one



In total between March 2021 and May 2022, there were 79 men and 28 women from Norfolk and Suffolk who needed a PICU placement.

This is a breakdown of those who needed a PICU bed by area:

- East Suffolk: 31 men and 14 women
- West Suffolk: 11 men and 1 woman
- North Norfolk and Norwich: 20 men and 9 women
- East Norfolk: 10 men and 2 women
- West Norfolk: 7 men and 2 women

Support for carers / family members.

When a person is being admitted, the matron of the PICU contacts their carers/ nearest relative to inform them what is happening and find out more information to support the individual. At that point we will discuss what contact they would like and how we can support them to make visits. We will make it clear then how to access financial support to visit their loved one. We also carry out a carers assessment to make sure they are well supported. We are looking at making the offer that people can take up clearer.

Travel and patient transport

NSFT acute wards are in King's Lynn, Great Yarmouth, Norwich, Bury St Edmunds and Ipswich. To compare with physical NHS care, it is normal to travel in cases where there is lower demand and specially trained staff.

Journeys for service users are carried out by specialist hospital transport, which is staffed by that provider. A person is assessed physically and mentally before they are transported. The person's needs are discussed with the transport providers and the receiving wards to ensure safety and risk management. This ensures people caring for that individual have all the information they need.

Impact on community and acute mental health ward teams

Admission from acute mental health wards is most common. People can be safely supported while waiting for transfer to a PICU by using low stimulus areas or seclusion. When people are ready to be discharged, they will go back to the same general acute mental health ward they were in or go to the closest bed to their home address or of their choosing.

This is extremely unlikely to impact on community mental health teams detrimentally. Community teams would be able to operate as they normally would with any acute mental health ward. A Mental Health Assessment would show if a person in the community needs a PICU placement. Any admissions from community would come to the NSFT's bed management team. Members of staff will be able to maintain contact with patients virtually. However, we will monitor this closely and act where needed to improve any issues community teams report.

Further information

The Trust has sought accreditation membership from the Royal College Psychiatric Quality Network PICU, supporting the Trust to learn from best practice.

Lark ward has been operating successfully as a male-only ward over the past year while Rollesby ward has been shut for renovations. We are currently recruiting for people to staff the Rollesby ward, with a phased re-opening from July 2023.

An equality impact assessment and a quality impact assessment are being carried out in preparation for scrutiny.

We engage with police and other agencies regularly and will ensure that any issues that this change might bring about will be addressed.

Evidence

Care Quality Commission. Sexual safety on mental health wards, 2018. https://www.cqc.org.uk/publications/major-report/sexual-safety-mental-health-wards

Musket, C. Trauma-informed care in inpatient mental health settings: A review of the literature. 2013 International Journal of Mental Health Nursing Australian College of Mental Health Nurses Inc.

National Collaborating Centre for Mental Health. Sexual Safety Collaborative: Standards and guidance to improve sexual safety on mental health and learning disabilities inpatient pathways. London: National Collaborating Centre for Mental Health; 2020.

NHS England and NHS Improvement (2019) NEW-Delivering_same_sex_accommodation_sep2019.pdf (england.nhs.uk)

For further information contact

Cath Byford, NSFT Deputy Chief Officer, at cath.byford@nsft.nhs.uk

Norfolk Health Overview and Scrutiny Committee

ACTION REQUIRED

Members are asked to consider the current forward work programme:-

- whether there are topics to be added or deleted, postponed or brought forward;
- to agree the agenda items, briefing items and dates below.

Proposed Forward Work Programme 2022

NOTE: These items are provisional only. The OSC reserves the right to reschedule this draft timetable.

Meeting dates	*Main agenda items*	*Notes*
14 July 2022	Children's neurodevelopmental disorders -waiting times for assessment & diagnosis – follow up to 15 July 2021 NHOSC Annual physical health checks for people with learning disabilities, Looked After Children and people with severe mental illness – to examine progress.	
8 Sept 2022	Health and care for adults with learning disabilities / autism - local health and social care partners' joint action following the recommendations of the Cawston Park Hospital Safeguarding Adults Review. Norfolk and Suffolk NHS Foundation Trust – action plan for improvement	

Information to be provided in the NHOSC Briefing 2022

Aug 2022 - **Cawston Park Hospital Safeguarding Adults Review** – update from Norfolk Safeguarding Adults Board on action underway to address the recommendations.

- **Overview of people's health in Norfolk** – annual update from Norfolk County Council Public Health

- **Menopause services** – A broad overview of available services, how these are accessed, and the agencies that are involved. An outline of how services are advertised or communicated to residents, and available data on service uptake.

Date TBC (Feb 23?) - **Prisoner healthcare services** -update on recovery of services from the pandemic.

NHOSC Committee Members have a formal link with the following local healthcare commissioners and providers:-

Norfolk and Waveney CCG	-	Chair of NHOSC (substitute Vice Chair of NHOSC)
Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust	-	Julian Kirk (substitute Alexandra Kemp)
Norfolk and Suffolk NHS Foundation Trust (mental health trust)	-	Brenda Jones (substitute Lucy Shires)
Norfolk and Norwich University Hospitals NHS Foundation Trust	-	Dr Nigel Legg
James Paget University Hospitals NHS Foundation Trust	-	Daniel Candon
Norfolk Community Health and Care NHS Trust	-	Emma Spagnola

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Norfolk Health Overview and Scrutiny Committee 12 May 2022

Glossary of Terms and Abbreviations

ACWY	A meningitis vaccination, protecting against 4 strains of bacteria
AGP	Aerosol generating procedure (in dentistry)
ACCT	Assessment, care in custody and teamwork – a training process for Prison Officers
CCG	Clinical Commissioning Group
CDS	Community Dental Services – an employee owned social enterprise community interest company providing clinical dental and Oral Health Promotion services
CIP	Cost Improvement Programme
CQC	Care Quality Commission – the independent regulator of health and social care in England. Its purpose is to make sure health and social care services provide people with safe, effective, high quality care and encourage care services to improve.
CWT	Cancer waiting time
DART	Drug, alcohol and related treatment
DM01	A monthly collection of diagnostics waiting times and activity
ED	Emergency Department
EEAST	East of England Ambulance Service NHS Trust
ENT	Ear, nose & throat
EPS	Electronic prescription service
eRS	Electronic referral services – for hospital or clinic appointments
FLO	Family Liaison Officer
HCRG	New brand name for Virgin Care from December 2021. An independent provider of healthcare services. Owned by Twenty20 Captial
HJIP	Health & Justice Indicators of Performance
HJIS	Health & Justice Information System
HMIP	Her Majesty's Inspectorate of Prisons
HMP	Her Majesty's Prison
HMPPS	Her Majesty's Prison and Probation Service
HWN	Healthwatch Norfolk
IAPT	Improving Access To Psychological Therapies
IMB	Independent Monitoring Board - every prison is monitored by an Independent Monitoring Board (IMB) appointed by the Secretary of State from members of the community in which the prison is situated. They are required to report annually on how well the prison has met the standards and requirements placed on it.
IQIP	Integrated Quality Improvement Plan

KPI	Key Performance Indicator
LD	Learning disability
MH	Mental health
MMR	Measles, mumps, rubella
NHSE&I EoE	NHS England and NHS Improvement, East of England. One of seven regional teams that support the commissioning services and directly commission some primary care services and specialised services. Formerly two separate organisations, NHS E and NHS I merged in April 2019 with the NHS England Chief Executive taking the helm for both organisations.
NSFT	Norfolk and Suffolk NHS Foundation Trust
OT	Occupational Therapist
PDS	Personal Demographics Service – the national electronic database of NHS patient details
PGD	Prison Group Director
PICU	Psychiatric Intensive Care Unit
PPG	Practice Plus Group – and independent provider of health care services formerly known as Care UK. Rebranded in 2020.
Prison-NOMIS	Prison National Offender Management Information System
PSO	Prison Service Order
QEH	Queen Elizabeth Hospital, King's Lynn
RAAC	Reinforced autoclaved aerated concrete
RGN	Registered General Nurse
RI	Recovery Inside – service provided by Phoenix Futures. A substance misuse therapy service for prisoners
RLDN	Registered Learning Disability Nurse
RMN	Registered Mental health Nurse
RTT	Referral to treatment (waiting time)
SOC	Strategic Outline Case
SOF	System Oversight Framework
SSV	Short scrutiny visit
Td/IPV	Vaccine protecting against tetanus, diptheria and polio
TWW	Two week wait (a cancer waiting time target)
UEC	Urgent and emergency care
VTE	Venous thromboembolysim – the disease process relating to blood clots that form within veins
YOI	Youth offenders institute