

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Minutes of the meeting held at County Hall
on 8th September 2022 at 2pm

Members Present:

Cllr Daniel Candon	Norfolk Health Scrutiny Committee
Cllr Jessica Fleming	Suffolk Health Scrutiny Committee
Cllr Brenda Jones	Norfolk Health Scrutiny Committee
Cllr Robert Kybird	Norfolk Health Scrutiny Committee
Cllr Margaret Maybury	Suffolk Health Scrutiny Committee
Cllr Debbie Richards	Suffolk Health Scrutiny Committee
Cllr Keith Robinson	Suffolk Health Scrutiny Committee
Cllr Alison Thomas (Chair)	Norfolk Health Scrutiny Committee

Also Present:

Cath Byford (item 7)	Deputy Chief Executive Officer and Chief People Officer – Norfolk & Suffolk NHS Foundation Trust (NSFT)
Tricia D’Orsi (all items)	Director of Nursing – Norfolk & Waveney Integrated Care Board
Andrew Kelso	Medical Director NHS Suffolk and North East Essex Integrated Care Board
Ronnie Torkornoo	Lead Nurse Acute Operational Lead East - Norfolk & Suffolk NHS Foundation Trust
Nicky Shaw	Lead Nurse North Norfolk & Norwich - Norfolk & Suffolk NHS Foundation Trust

Online:

Dan Dalton	Consultant Psychiatrist - Norfolk & Suffolk NHS Foundation Trust
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Officers:

Jonathan Hall	Committee Officer
Peter Randall	Democratic Support and Scrutiny Manager

1 Apologies for Absence

- 1.1 All members were present.

2. Declarations of Interest

- 2.1 Cllr Maybury declared a personal interest in that her late husband suffered from Alzheimer's disease and she was classified as a carer, although not within NSFT's remit.

3. Urgent Business

- 3.1 There were no items of urgent business.

4. Chair's Announcements

4.1 The Chair had no announcements.

5 Norfolk and Suffolk NHS Trust Proposals for the redesignation of Psychiatric Intensive Care Units (PICUs) in Norfolk and Suffolk

5.1 The Committee received evidence in person from representations from Norfolk & Suffolk NHS Foundation Trust: Cath Byford, Deputy Chief Executive and Chief People Officer, Ronnie Torkornoo, Lead Nurse Acute Operational Lead East Suffolk, Nicky Shaw, Lead Nurse North Norfolk and Norwich and online from Dan Dalton, Consultant Psychiatrist. NHS Suffolk and North East Essex Integrated Care Board: Andrew Kelso, Medical Director. Norfolk and Waveney Integrated Care Board: Tricia D’Orsi, Director of Nursing.

5.2 The Chair afforded the opportunity for a member of the public, Anne Humphrys to address the meeting. Anne provided comment from her position as an independent advocate for families of children and young people with Special Educational Needs and Disabilities, and as a carer herself. A full transcript of Anne’s comments are appended to these minutes at **appendix A**.

5.3 In response to Anne Humphrys’ comments Cath Byford, Deputy Chief Executive and Chief People Officer advised that:

- The £700k capital spend on Rollesby Ward was required as the ward had been extensively damaged. If this expenditure had not gone ahead the ward would have had to close. The refurbishment was not gender specific.
- The Norfolk HOSC had previously agreed with Dan Dalton and Amy Eagle from NSFT in the autumn of 2021 regarding the due diligence required relating to the proposals for the redesignation of Psychiatric Intensive Care Units (PICUs) in Norfolk and Suffolk.

5.4 The Chair referenced that, although Norfolk HOSC was aware of the proposals in Autumn 2021 it wasn’t until May 2022 that a formal approach was made and a very quick decision was demanded by NSFT as to whether the proposal constituted a substantial variation in service.

5.5 The Committee received the annexed report (5) from Suffolk and Norfolk scrutiny officers, which provided details of NSFT’s proposals to support sexual safety of individuals on the Psychiatric Intensive Care Units (PICUs) by changing Rollesby ward in Norfolk and Lark Ward in Suffolk from a mixed sex PICU ward to a single sex PICU ward.

5.6 The report submitted was taken as read and during the ensuing discussion the following points were noted:

- The Trust had no plans to offer unoccupied beds in PICUs to out of area placements to provide an income. The hope was to run the PICUs at 85% capacity to allow for sudden spikes in demand if need arises. Alternative concerns were raised by some councillors that this meant that NSFT would not be able to offer support to neighbouring counties who might need additional capacity, similar to the issues faced by the current system in Norfolk and Suffolk. A bed at a PICU is seen as a last resort for patients and it is hoped that demand can be controlled by early intervention on a patient’s pathway.
- PICUs offer support to relatives and carers and this support is key in providing services to patients. The Trust may have to look at supporting travel costs for families as part of the overall proposals.
- Currently no PICU is available for female patients within the Trust’s care. This service is provided by placing patients out of area.

- Demand for PICU beds was difficult to ascertain as there was only data for male patients as female patients are placed out of area and this in itself meant the service was sometimes not taken up. In addition, out of area placements often resulted in longer stays and interfacing with patients made assessment of need more difficult. Some women were also placed within acute wards if they did not wish to be placed out of area.
- The PICU wards would help develop a pathway of care to assess needs for men and women as often complexities were more acute for women.
- There was acknowledgment that the data provided in the report was complex and only allowed assessment of what happens currently rather than providing absolute direction for the shaping services for the future.
- If services such as PICUs are available locally, patients tend to engage early and early intervention often results in shorter stays for patients.
- PICUs are intended to provide support to working age adults; conditions more commonly experience in later life, such as dementia, require a different approach. Family support and contact is vital for patients in a PICU environment, and that female patients often needed support with their children as they tended to be of a younger age when admitted to a PICU.
- Woman and men admitted to a PICU ward often had similar needs but required different approaches. Female patients had often been subject to sexual or violent abuse and required a safe secure environment to receive support and treatment. This approach justified the need for single sex wards which was acknowledged by the committee.
- Single sex wards could also deliver specialist services for each gender in a better more inclusive way. Recruiting to single sex wards was often easier if a clinician had a preference or experience of working with a particular gender. Ensuring a patient's dignity was essential and single sex wards provided a better service to enable this.
- Transgender patients would be free to choose what PICU they were admitted to, subject to a risk assessment being undertaken.
- All PICUs had separate bedrooms with lockable doors to add privacy and dignity to the environment.
- It was acknowledged that the consultative engagement exercise by NSFT involved very few patients and carers and this was an area that required improvement. System working and co-production were both key elements to getting service improvements for the future.
- Although the data was complex it did reflect the proposal to have a male PICU in Suffolk and a female PICU in Norfolk.
- Both Norfolk Healthwatch and Suffolk Healthwatch had raised the issue that greater consultation with patients, their families and carers were required before the proposals were considered.

6.4 The Chair concluded the discussion and the committee **agreed** that:

- Rollesby Ward (female PICU) should be allowed to open as soon as possible.
- A comprehensive communication exercise should be undertaken by NSFT to explain how these proposals would affect patients and their families. Feedback should be encouraged so that NSFT can ascertain what issues would arise from the proposals and how these can be best overcome to make the changes successful. NSFT would return to the committee with the outcomes of this exercise in early 2023.
- It should be acknowledged that currently there was no provision for female patients in either county and these proposals did provide a more local service for women than out of area placements.

- NSFT would undertake a robust evaluation of the changes and report back to the committee after a period of six months from the opening of Rollesby Ward. It was anticipated that this meeting would take place in June/July 2023.

6.5 The Chair thanked all members and NSFT / ICB colleagues for attending and closed the meeting.

Alison Thomas Chair
Health and Overview Scrutiny Committee

The meeting ended at 3.43pm



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