

# NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH on Tuesday 28 June 2022

#### Present:

Cllr Alison Thomas (Chair) Norfolk County Council

Cllr Daniel Candon Great Yarmouth Borough Council

Cllr Penny Carpenter Norfolk County Council
Cllr Emma Corlett substitute for Cllr Norfolk County Council

Brenda Jones

Cllr Alexandra Kemp Borough Council of King's Lynn and West Norfolk

Cllr Julian Kirk Norfolk County Council

Cllr Nigel Legg South Norfolk District Council

Cllr Richard Price

Cllr Sue Prutton

Cllr Robert Savage

Cllr Julie Brociek-Coulton

Norfolk County Council

Norfolk County Council

Norwich City Council

**Co-Opted Members** 

Cllr Edward Back Suffolk Health Scrutiny Committee

#### Also Present in person:

Peter Randall Democratic Support and Scrutiny Team Manager

Nicola LeDain Committee Officer

Cath Byford Deputy Chief Executive Officer, Norfolk and Suffolk Foundation

Trust (NSFT)

Dan Dalton Chief Medical Officer, NSFT

## 1. Apologies for Absence and details of substitutes

1.1 Apologies for absence were received from Cllr Lucy Shires and her substitute Cllr Robert Colwell, Cllr Robert Kybird and Cllr Brenda Jones (substitute Cllr Emma Corlett), Cllr Barry Duffin and Cllr Keith Robinson.

#### 2. Minutes

2.1 The minutes of the previous meeting held on 12 May 2022 were agreed by the Committee and signed by the Chair as an accurate record of the meeting.

#### 3. Declarations of Interest

3.1 Dan Dalton informed the Committee that his intention moving on from his current post was to work as a clinician in the psychiatric wards. Although not conflictual, he did have an interest in the outcome of the discussion today around single gender wards.

### 4. Urgent Business

- **4.1** There were no items of urgent business.
- 5. Chair's Announcements
- **5.1** The Chair had no announcements.
- 6. Establishment of Joint Health Overview and Scrutiny Committee (JHOSC) with Suffolk County Council
- The Committee received a report which outlined the terms of reference for the Joint Health Overview and Scrutiny Committee and provided Members with a briefing paper regarding a substantial variation to the provision and commissioning of Psychiatric Intensive Care Units (PICU) across Norfolk and Suffolk.
- The Chair outlined a proposal for the membership with representation from County, District and of the different areas of the county. The following names were suggested; Cllr Alison Thomas, Cllr Daniel Candon, Cllr Brenda Jones, Cllr Robert Kybird with substitutes being Cllr Penny Carpenter, Cllr Emma Spagnola. The date of the meeting would be agreed. If names needed to change due to availability, then further proposals would be brought forward.
- 6.3 The expectation was that the Norfolk HOSC members would be able to access the agenda and reports of the joint HOSC, and the Chair clarified that she would welcome and appreciate any input and comments from other members.
- **6.4** It was clarified that the JHOSC would be able to make recommendations.
- Psychiatric treatment was a short stay service primarily for intensive treatment for those that were acutely ill with a mental illness. Generally, the criteria for someone needing the treatment was that they risked absconding from hospital, or presented a risk of harm to others and required the more secure environment. There was a common factor of the treatment for both men and women such as the structured activity, but there was also substantial difference in the treatment. Women were also amongst the fewer that needed psychiatric intensive care, and most places would not offer it because of the specialist treatment that was needed. Recent data had suggested that the number of women that needed the service was not enough to run the unit, there was not enough staff to provide the specialist and it was not sustainable.
- 6.5.2 There were currently 10 beds in the Lark Unit in Suffolk for men and this would meet the need for those men across Norfolk and Suffolk. The disadvantage of the Suffolk PICU had been that it had not been able to outreach as much as it could have, and it was hoped that when both new PICUs were working, both would be able to offer early intervention support to the systems.
- 6.5.3 The provision for those who don't present themselves as men or women would have the choice to the environment which they felt best suited their preferences. There would be a clinical decision to ensure that this was done as safely and as appropriately as possible.

- 6.5.4 Some Members felt that it was disappointing that this had come to the HOSC late, as it was raised late 2021 that this could be a substantive change. The delay had been due to other priorities with the NSFT over the past 6 months, but staff felt that this was discussed as openly and transparent as possible.
- 6.5.5 Members wanted more information behind the rationale for commissioning the same number of beds for men and women. Data showing bed days could be easier to understand when the need seems so drastically different between men and women. The Committee also wanted information about what had been included in the business case for beds. Women had been sent out of area prior to Rollesby closing due to the mixed environment and they were not receiving the most effective care.
- 6.5.6 The Chair clarified that her and the vice chair had met with representatives from NSFT early May when this had been raised as a substantive change, but it would not be rushed and would be scrutinised as effectively as possibly. If that conversation had been had earlier
- With regards to page 24, the phasing of the opening of Rollesby Ward should be July 2022 not July 2023 as in the report. The phased opening was due to recruitment and the practicalities of safe clinical practice. The delays were acknowledged, and it was fair that HOSC would be not rushed and any information needed would be provided. The EIA and IA were underway and would be provided when completed. When Rollesby was re-opened, it would be run safely pending further conversations.
- **6.5.8** Sexual harm or the fear of it by patients due to previous sexual trauma was one of the rationales behind having single sex wards.
- 6.5.9 It was clarified that the Lark Ward was based at Ipswich Hospital and the Rollesby Ward was at Hellesdon Hospital site.
- 6.5.10 The Committee wanted information regarding what other places had been considered before making this decision, to give more localised treatment. It was explained that the physical environment that the specialised psychiatric wards treatment was given was substantially different from that of a 'normal' hospital ward' and therefore it was a building challenge as well.
- 6.5.11 The process had started of developing the skills for the staff who would be working on Rollesby. There seemed to be a real appetite for working in a specialised environment and it would be easier to recruit and retrain those working there. There would need to be a diverse approach to the staffing, not just nurses but other professionals as well. There was concern that there was a support package around the staff working in that environment and with those patients. It was important to make sure that there was enough staff and to make sure there was enough rest, rotation and psychological support. The committee would like to see more detail around staffing and the recruitment, retention and support of those staff.
- The chair summarised the points made and the areas of information that the JHOSC would like to see at the meeting.
  - Commissioning of equal number of beds across the trust as a whole
  - Numbers of bed days as well as length of stays
  - Benchmarking against other provisions in country
  - Areas around business case and plans for empty beds on the Rollesby Ward

- Detailed engagement with service users, families (inc. cost of travelling to allude isolation), wider public in Norfolk and evidence of engagement with staff and the impact
- An understand of vacancy rates and impact on the wards
- The impact of the closure of Rollesby
- The challenges of moving patients in crisis and how would it feel for ambulance service and police service
- · Options appraisal for other areas

#### 6.7 The Committee;

- 1. **APPROVED** the Terms of Reference establishing a joint scrutiny arrangement between Suffolk and Norfolk County Council
- 2. **APPOINTED** the following Members 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.
  - Cllr Alison Thomas
  - Cllr Brenda Jones
  - Cllr Robert Kybird
  - Cllr Daniel Candon
  - Cllr Penny Carpenter (sub)
  - Cllr Emma Spagnola (sub)
- 3. **SUPPORTED** the work of the proposed JHOSC through a public scoping exercise and offered suggested key lines of enquiry for the JHOSC to consider (as outlined in 6.6).
- 4. **CONSIDERED** what additional information is required in advance of a formal public meeting to support effective and informed scrutiny and consultation.

## 7. Forward Work Programme

- 7.1 The Committee received the report from the Scrutiny Support Manager outlining the work programme for the period July 2022 to February 2023.
- 7.2 The chair highlighted that the next meeting was 14 July 2022 and asked if apologies were to be given, then if a substitute could be arranged from the list of appointed substitutes on the paperwork in good time.
- 7.3 With regards to the annual physical checks item at the July meeting, a request was made that the data was available in the paper and was broken down by each surgery across Norfolk
- 7.4 The chair also encouraged members of the committee to let her know if there was anything specific that they wanted raised in relation to the upcoming briefing around menopause.
- **7.5** The Committee **AGREED** the forward work programme.

#### Meeting concluded at 11.22am

Cllr Alison Thomas, Chair



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