

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH  
On 16 April 2015**

**Present:**

Mr C Aldred	Norfolk County Council
Mr R Bearman	Norfolk County Council
Mr B Bremner	Norfolk County Council
Mr M Carttiss (Chairman)	Norfolk County Council
Michael Chenery of Horsbrugh	Norfolk County Council
Mr D Harrison	Norfolk County Council
Mrs M Somerville	Norfolk County Council
Mrs S Weymouth	Great Yarmouth Borough Council
Mr A Wright	King's Lynn and West Norfolk Borough Council

**Substitute Member Present:**

Miss J Virgo for Mrs J Chamberlin

**Also Present:**

Michael Scott	Chief Executive, Norfolk and Suffolk NHS Foundation Trust
Debbie White	Director of Operations Norfolk and Waveney, Norfolk and Suffolk NHS Foundation Trust
Marcus Hayward	Locality Manager West Norfolk, Norfolk and Suffolk NHS Foundation Trust
Amanda Ellis	Chief Inspector, Norfolk Constabulary
Maureen Begley	Commissioning Manager, Integrated Mental Health Learning Difficulties Team, Norfolk County Council
Norman Smith	North Norfolk District Councillor. He established Norfolk Suicide Bereavement Support Group and Lifeline (a 24 hour telephone helpline for people in distress).
Terence O'Shea	Campaign to Save Mental Health Services in Norfolk and Suffolk
Clive Rennie	Integrated Commissioner
Michael Ladd	Chairman of Suffolk Health Scrutiny Committee
Chris Cobb	Director of Medicine and Emergency Services, Norfolk and Norwich University Hospitals NHS Foundation Trust
Dr Helen May	Associate Medical Director for Emergency Care, Norfolk and Norwich University Hospitals NHS Foundation Trust

Suzie Robinson Southey	Consultant Nurse, Emergency Care, Queen Elizabeth Hospital, King's Lynn
Mark Henry	Interim Director of Operations, James Paget University Hospitals NHS Foundation Trust
Barry Pinkney	Service Manager, Emergency Division, James Paget University Hospitals NHS Foundation Trust
Dr Donna Wade	A&E Consultant, James Paget University Hospitals NHS Foundation Trust
Chris Walton	Head of Democratic Services
Maureen Orr	Democratic Support and Scrutiny Team Manager
Tim Shaw	Committee Officer

## **1 Apologies for Absence**

Apologies for absence were received from Mr J Bracey, Mrs A Claussen-Reynolds, Mrs J Chamberlin, Mr R Kybird, Dr N Legg and Mrs C Woollard.

## **2. Minutes**

The minutes of the previous meeting held on 26 February 2015 were confirmed by the Committee and signed by the Chairman.

## **3. Declarations of Interest**

There were no declarations of interest.

## **4. Urgent Business**

There were no items of urgent business.

## **5. Chairman's Announcements: Mr John Bracey, Mr Tony Wright and Mrs Shirley Weymouth**

- 5.1** The Chairman paid tribute to the significant contribution that Mr John Bracey and Mr Tony Wright had made to the work of the Norfolk Health Overview and Scrutiny Committee during their many years of service on the Committee. The Chairman said that Mr Bracey and Mr Wright were due to retire as Councillors before the next meeting of the Committee. Mr Wright had served on the Committee since its inception in 2002 and Mr Bracey had served on the Committee since 2005. They had both served as Members on many health scrutiny working groups and Mr John Bracey had served as a former Member of the Great Yarmouth and Waveney Joint Health Scrutiny Committee.

The Chairman expressed appreciation for the wise advice he had personally received from both Councillors during the time that they had been his Vice-Chairman; Mr Bracey (2009- 2014) and Mr Wright (2014-2015).

- 5.2** The Chairman also congratulated Mrs Shirley Weymouth on becoming Mayor Elect of Great Yarmouth Borough Council; Mrs Weymouth would be unlikely to serve as a Member of the Committee during her year as Mayor.

**6 Mental health services provided by Norfolk and Suffolk NHS Foundation Trust**

- 6.1** The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to an update from Norfolk and Suffolk NHS Foundation Trust (NSFT) on the effects of changes to services in the 2012-16 Service Strategy and action to address the findings of the Care Quality Commission's latest inspection report.

- 6.2** The Committee received evidence from Michael Scott, Chief Executive, Norfolk and Suffolk NHS Foundation Trust, Debbie White, Director of Operations Norfolk and Waveney, Norfolk and Suffolk NHS Foundation Trust, Marcus Hayward, Locality Manager West Norfolk, Norfolk and Suffolk NHS Foundation Trust and Amanda Ellis, Chief Inspector, Norfolk Constabulary. The Committee also heard from Norman Smith, a North Norfolk District Councillor (Mr Smith had established Norfolk Suicide Bereavement Support Group and Lifeline, a 24 hour telephone helpline for people in distress) and Terence O'Shea, Campaign to Save Mental Health Services in Norfolk and Suffolk.

- 6.3** In the course of discussion the following key points were made:

- It was pointed out that in the first four months of 2015 there had been a considerable overall increase in the number of referrals to the NSFT (via centralised Access and Assessment Services). This had resulted in higher caseloads, and in increased NSFT waiting times, and more pressure on multi –disciplinary community mental health services that supported people at home.
- The high referral rate for mental health services had reduced NSFT's capacity to provide ongoing monitoring and crises prevention.
- At the same time as there had been an increase in demand for its services the funding for NSFT services had continued to decline in real terms.
- The NSFT continued to press for additional funding from the CCGs for mental health services.
- The new centralised Access and Assessment service, which was a significant part of the NSFT's 2012-16 Service Strategy, was due to be decentralised by June 2015.
- The NSFT had recently opened Thurne Ward at the NNUH with 12 additional short stay assessment beds.
- During the week that preceded the Committee meeting, staffing levels on Thurne Ward had increased and the ward had now achieved full capacity.
- With the opening of Thurne Ward, the NSFT was close to achieving the total number of in- patient beds that were required in the central Norfolk area.
- In response to questions, it was pointed out that the NSFT had a strong relationship with the Norfolk Constabulary through the work of an initiative at Wymondham where the first integrated Mental Health Team in the country was established in the Police Control Centre from 8 am to 10 pm seven days a week. The witnesses said that the Police Control Centre had close links with mental health liaison services at A&E departments at the NNUH

and at the QEH, as well with the Ambulance Control Room, where a limited mental health nursing support service was available until 2 am.

- The NSFT also worked closely with MIND and Relate. The MIND crisis line was open 24 hours a day, 7 days a week.
- It was pointed out that the QEH was reviewing its liaison arrangements with the Police in the light of the initiative that had been taken in the central Norfolk area.
- Mental health staff in the King's Lynn area had a case load of between 10 and 15 cases with a mixture of case severity.
- Research had shown that more people with mental health issues attended A&E at the QEH than attended A&E at the other two acute hospitals in Norfolk. Most of those who visited the QEH with mental health problems lived within a 5 mile radius of the hospital.
- The NSFT had put together an action plan to address the issues raised in the CQC report and most of those issues that related to physical environmental constraints had been resolved.
- A payment by results policy had not been introduced for mental health services and it was unlikely for such a policy to be introduced in the future.
- NSFT staff sickness and staff recruitment rates had improved significantly in recent months but staff retention within the NSFT remained an issue to be resolved.
- Given that the NSFT was required to increase its staffing levels to maintain safe services, the NSFT was continuing to employ qualified nursing staff. In the last 12 months the NSFT had taken on some 225 new clinical staff.
- In recent years there had been significant pressure on adult acute beds in central Norfolk, with high levels of out-of-area placements. This had reached its peak in October 2014 when managerial changes to mental health social care had led to a temporary disruption in the service available to people who were supported in the community. Since that time there had been a significant fall in the number of out of county placements to between 5 and 9 out of county placements at one point in time. Most of the patients who were placed out of county were placed in Essex and Hertfordshire but there were a few cases of placements much further afield in the country. A private ambulance service was contracted to provide transport from Norwich for out of county placements.
- The witnesses said that while mental health patients were not always seen by mental health staff as often as they should be, all such patients were allocated a named care co-ordinator and given the telephone numbers for MIND and the NSFT crisis support line.
- Mr Norman Smith, a North Norfolk District Councillor who had established the Norfolk Suicide Bereavement Support Group and Lifeline, a 24 hour telephone helpline for people in distress, explained the work of this crisis support group and how it sought to provide support to those living in the community.
- Mr Terence O'Shea, from the Campaign to Save Mental Health Services in Norfolk and Suffolk said that the Campaign had identified what it regarded as a number of significant shortcomings in the operation of the NSFT which it considered were not being adequately addressed but was finding it difficult to engage with the management of the NSFT.
- It was pointed out that the opening of 12 beds in Thurne Ward would be offset by the closure of beds at Carlton Court but NSFT expected that investment in community mental health services would reduce the demand for acute mental health assessment beds. The Trust aimed for zero out of area placements (except for those who required specialist services).

**6.4** The Committee noted the information contained in the report from the NSFT.

**6.5** The Committee **agreed** to continue with the planned scrutiny of West Norfolk CCG's consultation on 'Changes to mental health services in west Norfolk (development of dementia services)' on 16 July 2015 and to look at the mental health service implications of 'Changes to services arising from system wide review in West Norfolk' when the CCG reported to the Committee on that subject on 28 May 2015.

## **7 Service in A&E following attempted suicide or self-harm episodes**

**7.1** The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to a report from Norfolk and Norwich University Hospitals NHS Foundation Trust, James Paget University Hospital NHS Foundation Trust, Queen Elizabeth Hospitals NHS Foundation Trust and Norfolk and Suffolk NHS Foundation Trust on the protocols used when patients who had attempted suicide or self-harm arrive in A&E.

**7.2** The Committee received evidence from Michael Scott, Chief Executive, Norfolk and Suffolk NHS Foundation Trust, Chris Cobb, Director of Medicine and Emergency Services, Norfolk and Norwich University Hospitals NHS Foundation Trust, Dr Helen May, Associate Medical Director for Emergency Care, Norfolk and Norwich University Hospitals NHS Foundation Trust and Suzie Robinson Southey, Consultant Nurse, Emergency Care, Queen Elizabeth Hospital, King's Lynn, Mark Henry, Interim Director of Operations, James Paget University Hospitals NHS Foundation Trust, Barry Pinkney, Service Manager, Emergency Division, James Paget University Hospitals NHS Foundation Trust and Donna Wade, A&E Consultant, James Paget University Hospitals NHS Foundation Trust. The Committee also heard from Norman Smith, a North Norfolk District Councillor.

**7.3** In the course of discussion the following key points were made:

- Witnesses from each of Norfolk's acute hospitals and from the NSFT explained the protocols and procedures used by A&E departments and the NSFT in circumstances of attempted suicide or self-harm.
- They said that no patient who was discharged from one of Norfolk's acute hospitals following attempted suicide or self-harm left hospital without a support plan having first being put in place.
- They also said that the A&E departments had jointly agreed protocols to ensure that patients who had attempted suicide or self-harm were discharged to a safe environment.
- It was pointed out that the JPH did not have a seven day a week liaison service but relied on a mental health liaison practitioner who supported the work of the JPH on a Monday to Friday basis.
- There was a small seven day a week liaison service provided to the NNUH although at weekends and out of hours this service was reduced.
- A small liaison service was available at the QEH from 8am to 11 pm, seven days a week.
- Nursing staff at the NNUH received training about attempted suicide and incidents of self-harm within 6 months of their appointment. This training was then updated on a yearly basis. Doctors at the NNUH received four monthly updates on self-harm issues. Training on how to deal with patients with mental health issues was also provided to security staff at the hospital.
- The acute hospitals and the NSFT had similar managerial plans and risk assessments for dealing with patients with a history of self-harm.

- Young people were not discharged from hospital without an assessment by a specialist. After-care programmes of support were in place for both children and adults with mandatory follow up in the week following discharge from hospital.
- The support available from charities to ex-military personnel following attempted suicide or self-harm was usually of a very high standard.
- The witnesses said that training for nurses on mental health issues was provided at the QEH in a similar way to that at the NNUH. The training of nurses at the JPH was usually undertaken on a one to one basis and made available to doctors at the JPH every two months.
- The witnesses believed that cases of attempted suicide and self-harm were no higher in Norfolk than they were elsewhere in the country. However, the number of cases throughout England had increased in recent years.
- The number of admissions to hospital in Norfolk as a result of self harm was higher than the England average.
- Mr Norman Smith, a North Norfolk District Councillor (Norfolk Suicide Bereavement Support Group and Lifeline, a 24 hour telephone helpline for people in distress) explained the work of this crisis support group in supporting people following attempted suicide and episodes of self-harm.

**7.4** The Chairman said that he was grateful to Mrs M Somerville and Ms S Bogelein for having asked for the subject of attempted suicide and episodes of self-harm to be added to the Committee's forward work programme.

**7.5** The Committee **agreed** to ask Norfolk & Suffolk NHS Foundation Trust and the three acute hospitals to provide an update report in 12 months.

## **8 Forward work programme**

**8.1** The proposed forward work programme was **agreed** with the addition of an update on 'Service in A&E following attempted suicide or self-harm episodes' in April 2016.

**Chairman**

The meeting concluded at 12.40 pm



**If you need these minutes in large print, audio, Braille, alternative format or in a different language please contact Tim Shaw on 0344 8008020 or 0344 8008011 (textphone) and we will do our best to help.**