

The board were asked six questions ahead of the meeting, some of which were answered at the meeting, others received written responses. All of these can be found below:

Question 1: Are the ICB aware of the extremely long delays currently being experienced by our residents in accessing social care assessments. Local residents are waiting between 6 -12 months for the initial assessment then a further 10 weeks for the financial assessment. This is not acceptable in our view. What actions are you intending to take to resolve this and in what timescale?

Both those needing support and their families and carers are being let down and going into crisis before any help is forthcoming. Day care provision is also struggling to be sustainable as people are not being referred for care packages

In addition only digital applications can be made and there is no means to follow up your case.

The health and social care system is under significant pressure – and this stretches across both NHS services and adult social care services.

There is really high demand for adult social services and as a result some people are having to wait longer than we would like, although the most urgent cases are always prioritised, and we do our best to prevent families from coming into crisis. We went through a period of intense pressure where we asked people whose needs were not urgent to use our on-line referral but Norfolk County Council's lines are open so people can ring us and speak with us, and we would encourage people to do this.

It will take us some time to work through the holding lists and backlogs of work – but we are doing everything we can to offer people the best support we can. We are putting extra effort into recruiting more social workers, and care workers for providers.

Question 2: For some considerable time now local pharmacies have been regularly closing due to a lack of pharmacists.

This has deteriorated to the extent now where Sheringham regularly has no access to a pharmacy as they are all closed. Particularly on Saturdays.

Access to medication and advice is being restricted through closure.

Patients are directed via NHS advice to their pharmacist who is declining or closed due to capacity. The GP refuses to see them as it is a pharmacy matter.

What plans are in place to resolve this? When do the Board see this resolving?

At the moment, NHS England is currently responsible for commissioning pharmaceutical services rather than the ICB, although this responsibility is expected to transfer to the ICB on 1 April 2023.

There are significant workforce issues, nationally but particularly in Norfolk and Waveney. We have over 180 community pharmacies and about a third of them don't have a permanent pharmacist and have to rely on locums. This can sometimes lead

to short notice closures, which we appreciate can be difficult and frustrating for people, particularly for those who can't plan ahead and need medication or advice urgently.

We know that people can be left in a difficult situation. Some people will be able to plan ahead and can make sure that they don't leave themselves short of medication, but for those that can't, this can mean they need to travel to a neighbouring town to get help.

We are already working on several initiatives to increase our pharmacy workforce, although the results of much of this work won't be immediate, for example we are liaising with NHS England's regional team on recruitment of pharmacists from abroad. Together with NHS England, we will continue to work with local pharmacies to tackle this problem.

Question 3: In November 2015 as part of the "Shape of the System" consultation, the former Great Yarmouth and Waveney CCG decided to close community hospitals and develop out of hospital teams along with commissioned beds with care. In November 2017 the CCG approved a new clinical model Out of Hospital service.

5 years on, has a review of the above strategy in the GYW locality been carried out by this ICB?

In particular in regards to the area of Halesworth, has the former CCG pledges it made to this community been fulfilled? Is it served by a dedicated Out of Hospital team? Are NHS funded beds with care available in the immediate vicinity? And is it well served by outreach services?

Over the past five years, out of hospital services have changed in line with the 'Shape of the System' consultation and the decisions made by NHS Great Yarmouth and Waveney CCG. As the CCG did, the ICB believes it is better to invest in local health and care services to keep people safe and cared for in their own beds at home. We know that people prefer to be cared for at home – they tell us this – and that people can easily decline or 'decondition' in hospital, and this is just as true in a community hospital as it is in an acute hospital.

There is a dedicated out of hospital team. The service was reviewed towards the end of 2018 by the CCG and the findings were positive. The outcomes were presented at the Great Yarmouth and Waveney Joint Health and Scrutiny Committee.

We have continued to develop how services work together to care for people since then. In 2019 a new contract was agreed based on the Primary Care Home model, which gives us even greater flexibility about how our resources are used and teams work together.

In terms of local services and beds, the facilities at Beccles Hospital were upgraded in 2016/17. The hospital is an intermediate care unit with in-patient facilities for those requiring medical care or therapy that does not require acute care in a general hospital.

In terms of beds, Beccles had a significant amount of funding to upgrade its facilities to improve the intermediate care it provides. There are currently 16 commissioned beds, with two surge beds, as well as six specialist palliative care beds. These beds are for all Great Yarmouth and Waveney residents.

In addition, there are eight beds with care (plus one surge bed) at All Hallows for patients who may be unsafe to remain or return home and require a period of rehabilitation. Support is provided by staff from East Coast Community Healthcare CIC, which includes therapists, who work with patients to enable them to return home.

Question 4: As part of the consultation it was agreed by the CCG governing body to close the Patrick Stead Hospital, Halesworth which provided 12 inpatient beds along with various outpatient services and redevelop a smaller existing building on site (Rayner Green Resource Centre) to provide some of these outpatient services. Thereby declaring the Hospital building surplus to requirements by the CCG.

Since that time, at least 600 dwellings in Halesworth have been approved planning permission some currently under construction along with a separate Care home with extra care apartments and a separate 53-unit retirement living development. With the Cutlers Hill Surgery on the same site as the above, which the ICB has recently stated is at maximum registration capacity due to its physical size and its medical capacity.

Has this future impact been fully assessed and impact on the services locally by the ICB with the disposal and change of use of Patrick Stead Hospital to housing? This is a one off site its locality with no outside capacity on its boundary to facilitate new build or associated parking to Cutlers Hill Surgery. Does it endorse the disposal, from the decision made by the former CCG in 2015? Could the Patrick Stead Hospital not be suitable for mixed use?

What is the ICB doing to support Cutlers Hill Surgery with the proposed expansive increase in patient numbers on its list?

The ICB remains of the view that it was the right decision to dispose of the old community hospital. £819,000 was invested in developing the Rayner Green facility, which now provides the capacity for the community services previously housed in the physio building and Patrick Stead Hospital.

The ICB is working with the practice to support them, they provide fantastic services to their population and perform well. We know they are very valued by the community.

The practice is currently doing some internal works to improve capacity within the surgery and we are working with them to develop future options for expansion as necessary for their population. This includes working with the practice to explore capital sources that could be used to fund potential future estates schemes.

In addition, it is worth noting that GP practices across Norfolk and Waveney are now working much closer together than they have in the past. By having four or five

practices work together in what's called a Primary Care Network, or PCN for short, they are much more resilient, can share resources and are more able to provide the level of care they want to and which people should expect.

Cutlers Hill Surgery is part of the South Waveney PCN, which also involves Beccles Medical Centre, Bungay Medical Centre, Longshore Surgeries and Solebay Health Centre. We know the population of South Waveney is growing, people are generally living longer and the type of care that people need is changing. By working as a network, the five practices are all benefitting and are all better placed to respond to the changing needs of their local communities.

Question 5: For many years, Norfolk County Council has commissioned an Information, Advice and Advocacy Service from the VCSE sector to support local people with a wide range of issues that affect their quality of life. This is an accredited service supporting both health & social care professionals and residents. There are around 160K people in Norfolk & Waveney living in areas categorised as the most 20% deprived in England, and where support is not available, the negative impacts on their health, care and life expectancy is all too clear - the recent example in Rochdale of unhealthy housing is a timely reminder of this.

The Norfolk Community Advice Network (NCAN) delivers this contract, and has recently reported continued, unprecedented levels of referrals. These are out of step with the commissioned service volumes as these are based on historical numbers. For an example from my own organisation, calls to Age UK Norwich are 31% higher than the same period in 2021, prior to our normal winter spike, meaning growing waiting times for support, increasingly the likelihood of health or care crisis. Some NCAN members are not currently able to take referrals.

Information from the ICS networks shares that other UK areas recognise the crucial nature of accredited information & advice as part of their prevention and anticipatory care strategies, and they have invested to up-scale this. Are there any plans for Norfolk & Waveney to follow these examples?

The Better Care Fund (BCF) now contains funding for a range of information, advice and advocacy support across ICB and local authority commissioning, including services for specific themes (care navigation, Information Advice and Advocacy Services) and specific needs (carers and mental health). There is strategic commitment from our ICS to further review our ambition for the BCF and the range of community-based support it offers.

We recognise the extended pressures that the sector is facing this winter. As such partner are supporting with putting in place a range of measures to try to manage demand on the sector, and make sure that residents get the correct support, as early as possible. A package of support including: £7.7m in Household Support Funding for people in financial hardship, a tailored communications approach to direct people to the right support, £220,000 for warm spaces, £500,000 for Community food hubs

and an additional £475,000 for the 18 months to 31st March 2023 to support additional advice sector capacity.

As an ICS, it is important we continue to challenge ourselves as to whether we have the right level of investment in advice support, consider what options we have and work to make improvements. We must also acknowledge the significant national and contextual challenges placing specific pressure on our population, including regarding the cost of living. Importantly, an integrated approach can support better access and improvement and help to ensure we are using the right resource at the right time.

Question 6: I wanted to ask a question regarding an update on the MSK transformation process please. I am a physiotherapist working at the Norfolk and Norwich Hospital. Along with my colleagues (an Occupational Therapist and a Consultant Rheumatologist) we have been working for the last 9 months on a scoping exercise of services which will lead to recommendations for the provision of care for people living with a diagnosis of fibromyalgia. We are keen to hear from anyone at ICB/ICS level about where the MSK transformation has got to as we have had no information through our usual channels of communication, and we are not sure who is leading on this. We hope to be able to help future plans with our document and with the knowledge we have now about the MSK services in Norfolk.

Thank you for your recent question regarding MSK transformation plans for Norfolk and Waveney, which was acknowledged at our recent board meeting. As promised, I am issuing you a response in writing as below.

The MSK Steering Group has led a service redesign process, with two clinicians from the Norfolk and Norwich and a Rheumatology Nurse Lead from the Queen Elizabeth Hospital. We are delighted to confirm the initial phase of service design phase is now complete. A new Senior Programme Manager came into post earlier this month, who will be tasked with implementing this change and moving forward multiple key areas of transformation.

We did not specify a specific approach to fibromyalgia during the service redesign as many of the issues encountered are common to multiple different groups. We have heard strong anecdotal evidence of a group of patients with fibromyalgia whose needs are not currently met as well as we'd like at present, sometimes bouncing between multiple different specialties and struggling with slightly confusing routes into our services.

We recognise there are many areas left to tackle, such as confusing referral routes, the need to improve patient information and more flexible follow-up arrangements were common to many other parts of MSK.