

Questions from the public

Four questions were received ahead of the meeting, the queries and answered are on the following slides:

Question 1: North Norfolk's high proportion of older people and rurality combined with our move to home care has increased demands on home carers while not addressing hospital discharge and re-admission issues. The closure of Benjamin Court while exacerbating the issue has provided information and evidence of need.

Would the ICB consider collating this evidence and exploring the potential of gaining government funding to establish a NHS Health Care Centre supporting in patient reablement and community resource.

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Question 1 (contd): In the past, WINN Wellbeing in North Norfolk Charity gained NHS support and 6 years funding enabling the establishment of a health and wellbeing hub working in partnership with NHS, Voluntary and Community Sectors.

The loss of funding led to the loss of this partnership model which included Teenage Pregnancy Advice and Control, Breastfeeding, Bluesbuster Courses to counteract depression, Weight management, Workshops: As requested, Access to information and support, IT and computer access, About With Friends (group for special needs), Women Against Violence and Entrapment (WAVE), Volunteer Opportunities, Groups and activities e.g. bowling, outings, rambling, Speakers, Referrals and signposting.

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Answer 1: We know that the combination of having a high proportion of older people and the rurality of the district does create particular challenges for providing public services in north Norfolk, including health services. Our view is that the solution to overcoming these challenges is different parts of the public sector, voluntary organisations and others working together. So, we are supportive of looking for opportunities for partnership working and for seeing how we can make the best use of our collective resources.

Using Benjamin Court as a health hub or a space to support carers were both ideas put forward through the recent engagement exercise. While these were not feasible, we are committed to continuing to work with Norfolk County Council, carers organisations and others to see what more can be done to support carers. And we will continue to keep under review the services available in north Norfolk, and if other opportunities arise to invest in services, such as through a government initiative, we will explore them.

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Question 2: Independent research shows that the cost of delayed discharges in Norfolk and Waveney was almost £11 million in September 2024 alone, and that lack of post hospital discharge facilities is by far the biggest reason for delayed discharges. In spite of this, the ICB claims it is ‘not financially viable’, and so have decided to permanently close a facility providing post-discharge care. The ICB also says that Benjamin Court does not meet the ICB’s ‘model of care’.

Can the ICB provide evidence to confirm that an alternative model of care is as effective, and cost efficient as Benjamin Court Reablement Unit? The Healthwatch survey commissioned by the ICB showed a huge majority in favour of reopening Benjamin Court for post-hospital reablement and rehabilitation. If it can be demonstrated that there is still a strong need for inpatient post-hospital reablement in North Norfolk, as well as a sound financial case, will the ICB revisit the decision to close Benjamin Court?

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Answer 2: The recent engagement exercise highlighted that the services that have been provided from Benjamin Court in the past were highly valued by the local community. We do have evidence though to show that the alternative model of care is more effective and more cost efficient than the service that was provided at Benjamin Court.

Norfolk County Council provided reablement care from Benjamin Court until June 2023 when they moved to caring for people in their own homes instead. The council has provided an update on the Norfolk First Support service which provides the care and the impact that providing reablement in people's homes has had.

The change to supporting people in their own homes has meant that Norfolk First Support has been able to care for more people in North Norfolk. In July 2024, 213 people in North Norfolk started to receive care from Norfolk First Support, compared to 163 in July 2023. This marks a c.30% increase, and is part of a wider rise in the number of people receiving care from the service across Norfolk over the last two years (from a baseline of c.5,000 to achieving a target of c.8,000 county-wide).

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Answer 2 (contd): The service is making a real difference to people by being provided at home. 39% of people receiving home based reablement have been fully reabled, compared with 13% when bed-based reablement was delivered at Benjamin Court. By refocusing the service so that it is home based, more people are being helped to be independent. Given that the service is now helping more people and is proving to be more effective at fully reabling people, the council intends to continue providing and investing in reablement care in people's homes.

We have no plans to look again at the case for reopening Benjamin Court, and in line with our response to the Healthwatch Norfolk report, we have returned the site to NHS Property Services.

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Question 3: In view of increasing demand from elderly patients and the chronic lack of medical facilities and difficult instant access for many patients to see their GPs, we continue to think a general ultra care injuries unit with an NHS referral community hub would be beneficial to the North Lowestoft Community particularly as it was promised in concluding of the consultation to close Lowestoft Hospital.

We believe it would relieve pressure on the JPUH as the Beccles intermediate facility does as a result of the investment which took place some years ago. From our previous correspondence, you know that there is land and a placement readily available at the former Lowestoft Hospital estate that the proprietor, Mr Daniel Shreeve, wishes to provide in negotiation with the JPUH and NWICS as part of the overall vision for preventative care with hospice support, to include reablement and rehabilitation on discharge from acute hospitals along with related community and charity projects with additional housing on part of the site in Alexandra Road.

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Question 3 (contd): with related community and charity projects with additional housing on part of the site in Alexandra Road.

We are sure that the people of Lowestoft would like to know if the Boards of James Paget University Hospital and Norfolk & Waveney Integrated Care System are willing to urgently explore this idea by negotiating with Mr Shreeve so as to take the opportunity to unlock the potential medical benefit of this central site for the 35,000 residents who live in north Lowestoft or with the advent of the new third crossing bridge, making communications easier between north and south as a medical hub for the rising population of Lowestoft's which now stands at about 70,000.

Will you now work constructively with Mr Shreeve or are you waiting for him to default on his overage clause in acquiring the property?

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Answer 3: Thank you for your question. We agree it is important to further invest in local health and care services, and to shift from caring for people in our hospitals to caring for people in the community and in their own homes, where we can.

Lowestoft residents have seen a significant shift in the way they can access health care services over the past ten years, including some services previously delivered from the former hospital site now being delivered in general practice. Appointments are also now available in general practice with physiotherapists, mental health practitioners, enhanced recovery workers, health and wellbeing coaches and social prescribers.

In addition, the GP practices in Lowestoft work together to provide services in what is known as a Primary Care Network, or PCN. The Lowestoft PCN provides access to enhanced services including tele-dermatology, minor surgery, minor injuries and point of care testing, which are over and above what is covered in the General Medical Services contract. Maternity and health visiting teams also deliver services from various locations across the PCN, including GP practices.

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Answer 3 (contd): Investment is being made to improve primary and community care in Lowestoft. For example, work is ongoing to look at the potential relocation of the Bridge Road Surgery to a significantly bigger premises at Woods Meadow. Capital funding is limited and so we want to use the opportunity arising from the relocation of the surgery to also deliver a hub – this will enable us to get the best value for money from our budget. We are focused on progressing this development; Lowestoft Hospital does not form part of our plan. More detailed information about the Bridge Road Surgery will be shared as the business case is developed and through the planning process, but the new site could potentially be almost double in size, opening-up opportunities to provide a greater range of services in much more modern premises to people living in Lowestoft.



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Question 4: Since the Norfolk and Waveney ICS was established there have been NO meetings in Waveney and Gt Yarmouth area. Could this be amended in going forward as a matter of public accountability and health community engagement?

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Answer 4: The ICB Board did hold one of its first public meetings at Great Yarmouth Town Hall in November 2022 and we look forward to returning to the Great Yarmouth and Waveney area for a future meeting. While we recognise that there are some people who are not able to access online meetings, for those that can we hold half of our public meetings on MS Teams and they are open to people from across Norfolk and Waveney to attend.

Questions from the public

Question 5: Are the ICB able to forecast what effect the government winter fuel allowance loss will have on hospital admissions this coming winter?

Answer 5: We do not have forecasts about the specific impact on hospital admissions locally or the NHS more widely. Evidence does show that cold homes exacerbate circulatory, respiratory and mental health problems across all age groups. Locally over the last few years we have been working increasingly closely as a system to address the wider determinants of health, including housing. For example our winter communications campaign this year includes a focus on encouraging uptake of pension credit.