

Overview & Scrutiny Committee



Please contact: Democratic Services

Please email: democraticservices@north-norfolk.gov.uk

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Tuesday, 1 April 2025

A meeting of the **Overview & Scrutiny Committee** of North Norfolk District Council will be held in the **Council Chamber - Council Offices** on **Wednesday, 9 April 2025** at **9.30 am**.

At the discretion of the Chairman, a short break will be taken after the meeting has been running for approximately one and a half hours

Members of the public who wish to ask a question or speak on an agenda item are requested to notify the committee clerk 24 hours in advance of the meeting and arrive at least 15 minutes before the start of the meeting. This is to allow time for the Committee Chair to rearrange the order of items on the agenda for the convenience of members of the public. Further information on the procedure for public speaking can be obtained from Democratic Services, Tel: 01263 516108, Email: democraticservices@north-norfolk.gov.uk.

Anyone attending this meeting may take photographs, film or audio-record the proceedings and report on the meeting. Anyone wishing to do so must inform the Chairman. If you are a member of the public and you wish to speak on an item on the agenda, please be aware that you may be filmed or photographed.

Please note that Committee members will be given priority to speak during the debate of agenda items

Emma Hallums
Democratic Services Officer

To: Cllr N Dixon, Cllr S Penfold, Cllr P Bailey, Cllr M Batey, Cllr J Boyle, Cllr C Cushing, Cllr A Fletcher, Cllr M Hankins, Cllr P Heinrich, Cllr V Holliday, Cllr N Housden and Cllr L Vickers

All other Members of the Council for information.

Members of the Management Team, appropriate Officers, Press and Public



**If you have any special requirements in order
to attend this meeting, please let us know in advance**

If you would like any document in large print, audio, Braille, alternative format or in a different language please contact us

Corporate Directors: Nick Baker and Steve Blatch
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A G E N D A

1. TO RECEIVE APOLOGIES FOR ABSENCE

2. SUBSTITUTES

To be notified at the meeting of any substitutions.

3. PUBLIC QUESTIONS & STATEMENTS

To receive questions / statements from the public, if any.

4. MINUTES

(Pages 1
- 6)

To approve as a correct record the minutes of the meeting of the Overview and Scrutiny Committee held on 12th March 2025

5. ITEMS OF URGENT BUSINESS

To determine any other items of business which the Chairman decides should be considered as a matter of urgency pursuant to Section 100B(4)(b) of the Local Government Act 1972.

6. DECLARATIONS OF INTEREST

(Pages 7
- 12)

Members are asked at this stage to declare any interests that they may have in any of the following items on the agenda. The Code of Conduct for Members requires that declarations include the nature of the interest and whether it is a disclosable pecuniary interest.

7. PETITIONS FROM MEMBERS OF THE PUBLIC

To consider any petitions received from members of the public.

8. CONSIDERATION OF ANY MATTER REFERRED TO THE COMMITTEE BY A MEMBER

To consider any requests made by non-executive Members of the Council, submitted to the Democratic Services Manager with seven clear working days' notice, to include an item on the agenda of the Overview and Scrutiny Committee.

9. RESPONSES OF THE COUNCIL OR THE CABINET TO THE COMMITTEE'S REPORTS OR RECOMMENDATIONS

(Pages
13 - 14)

To consider any responses of the Council or the Cabinet to the Committee's reports or recommendations.

An extract from the Cabinet minutes of 3rd March is attached setting out Cabinet's response to recommendations from the Overview & Scrutiny Committee.

10. REPORTS FOR CONSIDERATION

(1) UK SHARED PROSPERITY FUND AND RURAL ENGLAND PROSPERITY FUND REVIEW AND UK SHARED PROSPERITY FUND TRANSITION YEAR 2025-26

Recommendation: that the Committee considers the evaluation report and makes any observations on the delivery of the programme and its outputs/outcomes to Cabinet.

(2) NORFOLK & WAVENEY INTEGRATED CARE BOARD CONSULTATION ON CHANGES TO THE OUT OF HOURS GP SERVICE, NORWICH WALK-IN CENTRE AND VULNERABLE ADULTS SERVICE (Pages 15 - 82)

Recommendation: The Overview and Scrutiny Committee is invited to discuss and comment on the proposals outlined in the Norfolk and Waveney ICB public consultation documents, with the Committee's views forming the Council's corporate response to the consultation.

11. NHOSC 20 MARCH 2025 (Pages 83 - 84)

WORK PROGRAMMES

12. THE CABINET WORK PROGRAMME (Pages 85 - 90)

To note the upcoming Cabinet Work Programme.
Please note that the work programme is subject to change and the latest version can be viewed here: [Home | Cabinet work programme](#)

13. OVERVIEW & SCRUTINY WORK PROGRAMME AND UPDATE

To receive an update from the Scrutiny Officer on progress made with topics on its agreed work programme, training updates, Action Tracker and to receive any further information which Members may have requested at a previous meeting.

To consider feedback from the Self-Assessment Question Set.

14. EXCLUSION OF THE PRESS AND PUBLIC

To pass the following resolution, if necessary:

"That under Section 100A(4) of the Local Government Act 1972 the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraph _ of Part I of Schedule 12A (as amended) to the Act."

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Minutes of the meeting of the Overview & Scrutiny Committee held on Wednesday, 12 March 2025 in the Council Chamber - Council Offices at 9.30 am

Committee Members Present:

Cllr N Dixon (Chairman)	Cllr S Penfold (Vice-Chairman)
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Cllr M Hankins	Cllr J Boyle
Cllr Fitch-Tillett	Cllr A Fletcher
Cllr Neatherway	Cllr P Heinrich

Members also attending:

Cllr. Lucy Shires	Portfolio Holder for Finance, Estates and Property Services
Cllr. Wendy Fredericks	Deputy Leader and Portfolio Holder for Housing & People Services

Officers in Attendance

Steve Hems - Director for Communities Customer Services

264 APOLOGIES

It was noted that Councillors Bailey, Batey, Cushing, Holliday and Housden had tendered their apologies for absences for today's meeting.

265 SUBSTITUTES

It was noted that Councillors Fitch-Tillett and Neatherway were attending as substitutes to fill the vacancies created by the apologies.

266 PUBLIC QUESTIONS & STATEMENTS

None received.

267 MINUTES OF THE MEETING OF THE OVERVIEW AND SCRUTINY COMMITTEE HELD ON 12TH MARCH 2025.

The minutes were agreed subject to the following amendment.

MINUTE 258 - CORPORATE PLAN 2023-27 ACTION PLAN – TO END OF QUARTER 3 –31 DECEMBER 2024

The Committee agreed the minutes and authorised the Chairman to sign them once the following amendment be made:

Delete:

“Ask that the Cabinet undertakes a review of the available options to:

- a) analyse the reasons why mobile phone mast applications fail.
- b) develop a map of signal "not spots" from data gathered by the current surveying program.
- c) support providers to improve mobile signals strength, evaluate how it communicates its actions regarding this issue to both residents and businesses."

Insert:

"Ask that the relevant Portfolio Holders and Directors review options to improve mobile signal hotspots/not spots and the reasons why mast applications fail and communicate its actions to residents and businesses."

268 ITEMS OF URGENT BUSINESS

There were no items of urgent business.

269 DECLARATIONS OF INTEREST

There were no declarations of interests were received at the meeting.

270 PETITIONS FROM MEMBERS OF THE PUBLIC

None received.

271 CONSIDERATION OF ANY MATTER REFERRED TO THE COMMITTEE BY A MEMBER

None received.

272 RESPONSES OF THE COUNCIL OR THE CABINET TO THE COMMITTEE'S REPORTS OR RECOMMENDATIONS

None received.

273 CORPORATE PLAN ACTION PLAN FOR THE PERIOD APRIL 2025 – MARCH 2026

The Committee received a report that invited to Members comment on the 2023 – 2027 Corporate Plan Action Plan for the period April 2025 – March 2026 that had been presented to Cabinet on 3rd March 2025 for approval.

Questions Responses and Discussion

The mains points of the discussion maybe summarised as follows:

The Committee:

- ❖ **Noted** that the actions detailed in the Action Plan have been developed in support of the five themes in the adopted Corporate Plan recognising the increasing pressure on the Council's budget, the moves towards establishing a Combined Authority for Norfolk and Suffolk under the Government's English Devolution programme and proposed Local Government Reorganisation which will change the context in which the District Council operates and works over the next three years, alongside continuing to maintain service delivery for the district's residents until any proposals for new unitary councils in Norfolk have been agreed.
- ❖ **Noted** that the actions proposed seek to balance the capacity of the organisation to deliver, taking into account the staff and financial resources available to the Council, the need to focus on supporting the transition of services into any new unitary council(s) and the potential to access external funding or partnership resources, with the aspirations laid out in the Corporate Plan.
- ❖ **Noted** that has been recognised that there is some degree of choice and prioritisation as to the actions proposed for delivery in the period April 2025 – March 2026, although perhaps less compared to previous years given the need to create capacity to respond to and engage with the process of local government reorganisation across the County.
- ❖ **Agreed** that sound management of the authority's staff, property and financial resources to deliver projects and initiatives that will support improved service delivery and positive outcomes aligned to the previously agreed Corporate Plan themes and seeks to position North Norfolk's residents, communities and businesses strongly in the context of any proposals to establish a Norfolk and Suffolk Combined Authority through the English Devolution proposals and any related programme of local government reorganisation in Norfolk which seeks to replace the existing two-tier County and District structure of local government with unitary councils.
- ❖ **Noted** the budget to support the longer-term work being undertaken to develop the defence against flooding and erosion had been increased by an additional £150,000.
- ❖ **Agreed** that it is important that the Corporate Plan **(i)** provides a clear direction for what it is doing and why they are doing it; **(ii)** must set out what the Council goals are to achieve in addition to the provision of those core statutory services; and **(iii)** provides the framework for evaluating the Council's performance.

In conclusion the Committee:

The Chairman **Moved** and Overview and Scrutiny committee **RESOLVED** to:

1. approve the Corporate Plan Annual Action Plan for 2025/26 that had been presented to Cabinet on 3rd March 2025.

274 BUDGET MONITORING P10 2024-2025

The Committee was asked to review and comment on the Budget Monitoring

P10 2024-2025 that had been presented to Cabinet on 3rd March 2025 for approval.

Questions Responses and Discussion

A summary of the mains points of the discussion is set out below:

The Committee:

- ❖ **Understood** that this report provided an update on the Council's financial performance and projected full year outturn position for 2024/25 for the revenue account, capital programme and reserves statement as at the end of January 2025.
- ❖ **Noted** that as of 31 January 2025, after adjusting for all known variations and full year forecasting by service managers the General Fund projected surplus was £0.048m for the full year 2024/25.
- ❖ **Decided** that the annual budget process is probably the single biggest, most complex exercise that the Council undertakes as part of its annual cycle.
- ❖ **Acknowledged** that effective in-year monitoring is not about looking at numbers; it's about understanding the financial health of the Council in real-time and identifying potential challenges or opportunities.
- ❖ **Agreed** that getting this process right is vital to the Council's success and contributes significantly to what it achieves for the communities that it seeks to serve.
- ❖ **Recognised** that without a sustainable budget supporting long-term financial resilience other plans and aspirations may well founder.
- ❖ **Noted** that the net cost of services full year forecast position is an underspend of £0.734m. This is the net figure after adjusting for savings in staffing and professional fees, some of which were to be funded from reserves. Where these savings have occurred there has also been an equal adjustment made to the use of reserves so that the Council is now forecasting a use of reserves of £4.090m rather than the budgeted £4.491 i.e. a saving of £0.401m in the use of earmarked reserves.
- ❖ **Noted** the main reasons for the Corporate Leadership/Executive Support pf £0.241m underspend is as follows **(1)** £0.147 in Employee Costs related to reductions in contracted hours and having vacant posts where there has been staff turnover; and **(2)** £0.076m in supplies and services including printing and publication expenditure.
- ❖ **Noted** that there will be a recommendation that full Council approve an increase the 2024/25 capital budget for the Mundesley Coastal Defence scheme from £6.206m to £7.637m, following the award of additional grant funding from the Reginal Flood & Coastal Committee and the Environment Agency to fund inflationary costs to the project over its lifetime.
- ❖ **Noted** that the Council is awaiting the outcome of a bid to the Regional Flood & Coastal Committee from NNDC for £0.750m to both replace the previous £0.250m contribution from Anglian Water that will not be forthcoming and to seek additional funding to cover the costs towards

- reducing the risk of coastal erosion.
- ❖ **Noted** that the total capital expenditure for 2024/25 as at period 10 was £22.321m compared to an updated full year capital budget of £39.740m, leaving £17.419m to be spent by the year end.
- ❖ **Noted** an increase the 2024/25 capital budget for the Cromer Coastal Defence scheme from £10.106m to £10.250m. This is covered by additional grant from the Environment Agency to fund inflationary costs over the project's lifetime.
- ❖ **Noted** the swing in the General Fund Revenue Budget and Capital Programme that is due to a large underspend of over £0.7m on employee costs, some further significant savings on supplies and services, improvements in income levels for both services and investment.
- ❖ **Noted** that officers had worked extremely hard to address the financial position and many teams have held vacancies to generate the employee savings, and this had put pressure on the existing workforce and service delivery.

The Chairman Moved and Overview and Scrutiny committee **RESOLVED** to

1. **Note** the contents of the report and the current forecast year end position.
2. Continue to **scrutinise** the work to minimise the risk of a General Fund revenue deficit for 2024/25.
3. **Note** that approval will be sought from full Council to make all the changes to the Capital Programme as laid out in paragraph 5.5 of the report.

275 THE CABINET WORK PROGRAMME

The Committee received and considered a programme setting out the current work programme of the Councils Cabinet.

Accordingly, the Chairman **MOVED** and Overview and Scrutiny committee **RESOLVED** to note the current work programme of the Councils Cabinet.

276 OVERVIEW & SCRUTINY WORK PROGRAMME AND UPDATE

The Democratic Services (Scrutiny) Officer advised the Committee that there had been a change to the workplan since the last meeting. The changes were summarised as follows:

1. Consideration of the Council's People Strategy had been deferred to May 2025.
2. UK Shared Prosperity Fund (UKSPF) Report 2024/25 programme evaluation and programme for 2025/26 would be considered in April 2025.
3. The future of health services in Norfolk and Waveney to be considered in April **e.g.** potential changes to the GP Out of Hours Service, GP practices, the Norwich Walk-In Centre, and the Vulnerable Adults

- Health Inclusion Hub in Norwich,
4. Crime & Disorder Update to invite the PCC to discuss their plans for North Norfolk in either June or July 2025.

The Chairman **MOVED** and Overview and Scrutiny committee **RESOLVED** to that the revised committee's work plan be agreed.

277 ACTION TRACKER

The Committee received and noted an update from the Scrutiny Officer on progress made with topics within its action tracker. A summary of key points discussed is set out below:

1. The Director of Resources to produce a timetable in consultation with the Scrutiny officer for the Committee out the key events as the budget is developed throughout the year such as which committee meetings it will be reported to and periods of public consultation.
2. Peer Review –Action Plan considered at the January 2025.
3. Food Waste – The outcome on the financial allocation and the anticipated capital costs that the Council would incur in relation to food waste collection – Update required.
4. Water Summit – Seek clarification of the outcome of the East of England Water Summit.
5. East of England Ambulance Service NHS Trust – Requires updating.
6. North Walsham High Street Heritage Action Zone initiative – Awaiting report from the Portfolio Lead Member on the development of a Toolkit.
7. Budget Monitoring – Update on the Governance, Risk and Audit Committee consideration of the Council's Treasury Management Strategy.
8. Homelessness Task and Finish further update in July 2025.

278 MEMBER DEVELOPMENT CHECK LIST

The Committee received and noted a Member Development Check List.

279 EXCLUSION OF THE PRESS AND PUBLIC

The agenda circulated contained no exempt/confidential business and there was therefore no requirement to exclude the press and public to allow for its consideration.

The meeting ended at 11.30 pm.

Chairman

Registering interests

Within 28 days of becoming a member or your re-election or re-appointment to office you must register with the Monitoring Officer the interests which fall within the categories set out in **Table 1 (Disclosable Pecuniary Interests)** which are as described in “The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012”. You should also register details of your other personal interests which fall within the categories set out in **Table 2 (Other Registerable Interests)**.

“Disclosable Pecuniary Interest” means an interest of yourself, or of your partner if you are aware of your partner's interest, within the descriptions set out in Table 1 below.

"Partner" means a spouse or civil partner, or a person with whom you are living as husband or wife, or a person with whom you are living as if you are civil partners.

1. You must ensure that your register of interests is kept up-to-date and within 28 days of becoming aware of any new interest, or of any change to a registered interest, notify the Monitoring Officer.
2. A ‘sensitive interest’ is as an interest which, if disclosed, could lead to the councillor, or a person connected with the councillor, being subject to violence or intimidation.
3. Where you have a ‘sensitive interest’ you must notify the Monitoring Officer with the reasons why you believe it is a sensitive interest. If the Monitoring Officer agrees they will withhold the interest from the public register.

Non participation in case of disclosable pecuniary interest

4. Where a matter arises at a meeting which directly relates to one of your Disclosable Pecuniary Interests as set out in **Table 1**, you must disclose the interest, not participate in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a ‘sensitive interest’, you do not have to disclose the nature of the interest, just that you have an interest. Dispensation may be granted in limited circumstances, to enable you to participate and vote on a matter in which you have a disclosable pecuniary interest.
5. Where you have a disclosable pecuniary interest on a matter to be considered or is being considered by you as a Cabinet member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it

Disclosure of Other Registerable Interests

6. Where a matter arises at a meeting which **directly relates** to one of your Other Registerable Interests (as set out in **Table 2**), you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a ‘sensitive interest’, you do not have to disclose the nature of the interest.

Disclosure of Non-Registerable Interests

7. Where a matter arises at a meeting which **directly relates** to your financial interest or well-being (and is not a Disclosable Pecuniary Interest set out in Table 1) or a financial interest or well-being of a relative or close associate, you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.
8. Where a matter arises at a meeting which **affects** –
 - a. your own financial interest or well-being;
 - b. a financial interest or well-being of a relative, close associate; or
 - c. a body included in those you need to disclose under Other Registrable Interests as set out in **Table 2**

you must disclose the interest. In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied

9. Where a matter **affects** your financial interest or well-being:
 - a. to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
 - b. a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

10. Where you have a personal interest in any business of your authority and you have made an executive decision in relation to that business, you must make sure that any written statement of that decision records the existence and nature of your interest.

Table 1: Disclosable Pecuniary Interests

This table sets out the explanation of Disclosable Pecuniary Interests as set out in the [Relevant Authorities \(Disclosable Pecuniary Interests\) Regulations 2012](#).

Subject	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain. [Any unpaid directorship.]
Sponsorship	Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract made between the councillor or his/her spouse or civil partner or the person with whom the

	<p>councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council —</p> <p>(a) under which goods or services are to be provided or works are to be executed; and</p> <p>(b) which has not been fully discharged.</p>
Land and Property	<p>Any beneficial interest in land which is within the area of the council.</p> <p>'Land' excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (alone or jointly with another) a right to occupy or to receive income.</p>
Licenses	<p>Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer</p>
Corporate tenancies	<p>Any tenancy where (to the councillor's knowledge)—</p> <p>(a) the landlord is the council; and</p> <p>(b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.</p>
Securities	<p>Any beneficial interest in securities* of a body where—</p> <p>(a) that body (to the councillor's knowledge) has a place of business or land in the area of the council; and</p> <p>(b) either—</p> <p>(i) the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or</p> <p>(ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were</p>

	spouses/civil partners has a beneficial interest exceeds one hundredth of the total issued share capital of that class.
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* 'director' includes a member of the committee of management of an industrial and provident society.

* 'securities' means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

Table 2: Other Registrable Interests

You have a personal interest in any business of your authority where it relates to or is likely to affect:

- a) any body of which you are in general control or management and to which you are nominated or appointed by your authority
- b) any body
 - (i) exercising functions of a public nature
 - (ii) any body directed to charitable purposes or
 - (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union)



Extract – Cabinet Minutes – 03 March 2025

RECOMMENDATIONS FROM OVERVIEW & SCRUTINY COMMITTEE

The Chairman, Cllr N Dixon, said that there were two matters to report on:

- a) Homelessness Task & Finish Group - the following recommendations were made to Cabinet:

That the:

1. the Portfolio Holder for Housing & People Services writes to central government, setting out the situation in North Norfolk regarding the private rental sector reducing housing stock levels and the key reasons for the withdrawals and asks central government for action to address the progressive stock loss and help this Council retain and even grow private sector stock levels; and
2. Committee should receive a further report on this subject in July 2025 to coincide with the pre scrutiny of the homeless strategy.

The Chairman said that there were three key points:

- To incorporate any benefits from the council tax second homes premium such as investing in the prevention of homelessness, forming partnerships, refurbishing homes etc.
- Working more proactively with partnership organisations
- Need to incorporate, where possible, timelines to the streams of work that were in progress.

- b) Corporate Plan Action Plan 2024/2025 – the following recommendations were made:

Mobile Phone coverage:

- analyse the reasons why mobile phone applications fail,
- produce a map of mobile phone 'not spots' and support providers to improve mobile signal strength
- evaluate how the Council communicates its actions regarding the above to residents and businesses.

Cllr J Boyle said that, on looking at the second recommendation, she believed that it should read as 'the Portfolio Holder and relevant Director to review options to improve mobile signal 'hot spots', 'not spots' and the reasons why mobile mast applications fail and communicate actions to residents and businesses'.

Cllr Dixon said that the Overview & Scrutiny Committee had not confirmed the recommendations yet as the minutes for this meeting had not been approved and he proposed that the second item should be deferred until the Committee had reviewed it.

The Chairman thanked Cllr Dixon and said that the first item would be taken forward and the second one deferred.

Cllr W Fredericks, Portfolio Holder for Housing, responded to the recommendations from Homelessness Task and Finish Group. She said that she was happy to accept them and any other actions agreed by the Overview & Scrutiny Committee. She went on to say that she had attended the Overview & Scrutiny Committee meeting and responded to all the matters raised and that the Housing Team was working hard to do everything that they could to reduce homelessness.

Cllr J Toye, Portfolio Holder for Sustainable Growth, said that he was happy to support the recommendations regarding mobile phone coverage, but would suggest that if the Overview & Scrutiny Committee was supportive, that the Council looked at the wider picture and considered all of the relevant factors that could support improvement in this area.

It was **RESOLVED** that the:

1. the Portfolio Holder for Housing & People Services writes to central government, setting out the situation in North Norfolk regarding the private rental sector reducing housing stock levels and the key reasons for the withdrawals and asks central government for action to address the progressive stock loss and help this Council retain and even grow private sector stock levels; and
2. Committee should receive a further report on this subject in July 2025 to coincide with the pre scrutiny of the homeless strategy.

NORFOLK AND WAVENEY INTEGRATED CARE BOARD CONSULTATIONS ON CHANGES TO THE OUT OF HOURS GP SERVICE, NORWICH WALK-IN CENTRE AND VULNERABLE ADULTS SERVICE	
Executive Summary	<p>The Norfolk and Waveney Integrated Care Board is undertaking a public consultation on possible changes to the Out of Hours GP Service (which at present has bases in Fakenham and North Walsham); the Norwich Walk-In Centre and Vulnerable Adults Service.</p> <p>As a key local stakeholder the District Council is invited to comment on the options detailed in the consultation documents – the end date for comments being 27th April 2025.</p>
Options considered	The Committee is invited to review and comment upon the service reconfiguration proposals detailed in the Integrated Care Board's consultation documents as they relate to possible future service changes in North Norfolk.
Consultation(s)	In this matter the District Council is a local stakeholder in respect of a consultation being undertaken by the Norfolk and Waveney Integrated Care Board
Recommendations	The Overview and Scrutiny Committee is invited to discuss and comment on the proposals outlined in the Norfolk and Waveney ICB public consultation documents, with the Committee's views forming the Council's corporate response to the consultation.
Reasons for recommendations	To speak up for the retention of public services across the extensive rural geography of North Norfolk, so that our residents are not unduly disadvantaged in being able to access services, in this case, primary health care services, relative to the wider population.
Background papers	<p>Norfolk and Waveney Integrated Care Board consultation documents attached as appendices to this report.</p> <p>Appendix 1 – Changes to General Practice consultation Appendix 2 – GP Out of Hours data pack Appendix 3 – Norwich Walk-in Centre data pack Appendix 4 – Vulnerable Adults Service consultation</p>

Wards affected	All
Cabinet member(s)	Cllr Liz Withington, Cabinet portfolio holder for Health and Wellbeing
Contact Officer	<p>Steve Blatch, Chief Executive Email:- steve.blatch@north-norfolk.gov.uk Tel:- 01263 516232</p>

Links to key documents:

Corporate Plan:	<p>Theme:- Developing our Communities</p> <p>Objectives:-</p> <p>Promote health, wellbeing and independence for all; and Increase Accessibility and Inclusion for All</p> <p>Action:-</p> <p>With local partners we will continue to lobby for the retention and development of innovative health and social care facilities for older people in the District, including the re-opening of the Benjamin Court NHS asset in Cromer, reflecting the district's aged demographic – the oldest average age in the country. (Retained and carried forward as an amended action from the 2024/25 AAP.)</p>
Medium Term Financial Strategy (MTFS)	No direct impact on the Council's budget or Medium-Term Financial Strategy
Council Policies & Strategies	Corporate Plan objectives of advocating for the provision of good quality public services for the district's residents

Corporate Governance:	
Is this a key decision	No
Has the public interest test been applied	Yes – there is no private or confidential information to be considered by this report.
Details of any previous decision(s) on this matter	N/A

1. Purpose of the report

- 1.1 This report invites the Overview and Scrutiny Committee to review and comment upon proposals outlined as the basis for consultation by the Norfolk and Waveney Integrated Care Board with respect to possible changes to the Out of Hours GP Service (which at present has bases in Fakenham and North Walsham), the Norwich Walk-In Centre and Vulnerable Adults Service.
- 1.2 Any comments made by the Overview and Scrutiny Committee will form the Council's formal response to the consultation process.

2. Introduction & Background

- 2.1 On 3rd March 2025 the District Council was invited (along with other key local stakeholders and the general public) by the Norfolk and Waveney Integrated Care Board to comment on proposals made through a formal consultation process to potential changes to the Norfolk and Waveney Out of Hours GP Service (which at present has bases in Fakenham and North Walsham); the

Norwich Walk-In Centre and Vulnerable Adults Service. The consultation runs until 27th April 2025.

- 2.2 Details of the consultation (four documents) are attached as an appendix to this report for members information.
- 2.3 With previous commitments to developing the Council's response to proposals for Devolution and Local Government Reorganisation, officers have had limited time to consider and prepare a draft response to this consultation by the Integrated Care Board and so the consultation documents are provided in full, with the Committee invited to comment in respect of the proposals being considered.

3. The consultation proposals:-

3.1 Out of Hours GP service:-

- 3.1.1 The Norfolk and Waveney Out of Hours GP service includes elements of the service being delivered from bases at Fakenham and North Walsham.
- 3.1.2 Information provided in the consultation documents suggest that the numbers of patients seen at the Fakenham base have dropped significantly in recent years – although no contextual data is provided to allow an understanding of why presentations have dropped so significantly (ie have there been times when through staff shortages or other reasons the service hasn't been available for people to be referred to) – however based on the numbers of people being referred to the Out of Hours service at Fakenham it is proposed that in future this service is withdrawn altogether.
- 3.1.3 At North Walsham, patient numbers accessing the Out of Hours service have also reduced in recent times, but not to a significant degree, and the options outlined at North Walsham in the consultation documents propose retaining the service but operating over different (reduced) hours.

3.2 Norwich Walk-In Centre:-

- 3.2.1 The consultation documents consider the possible closure or reducing the opening hours of the Norwich NHS Walk-In Centre, with the costs saved being reinvested in primary care services across Norfolk and Waveney.
- 3.2.2 The data pack providing information on patient numbers and origin for the Norwich Walk-In Centre suggest that a small number of North Norfolk residents access the current service and may therefore be inconvenienced if the service was to close or operate on reduced hours, possibly placing demands on other elements of the NHS – ie community pharmacies through the Pharmacy First programme where North Norfolk residents already appear to be disadvantaged through a number of pharmacies operating on reduced hours because of recruitment challenges; Out of Hours GP service (which itself is being considered for service changes as detailed at para 3.1 above) or Minor Injuries or A&E presentations or calls to the ambulance service. It also isn't stated within the consultation documents how any monies saved through the closure or reduced hours operation of the Norwich Walk-In Centre might be distributed to GP practices and whether any of these funds might be redirected to GP practices in North Norfolk.

3.3 Vulnerable Adults Service:-

- 3.3.1 The Vulnerable Adults service is based in Norwich and provides enhanced primary medical support to people with a complex range of needs. It operates between 9am-5pm, Monday to Friday and aims to address health inequalities by bringing together specialist healthcare professionals to provide inclusion health services to individuals and groups who might otherwise find it difficult to access primary care services through being socially excluded and likely to experience stigma and discrimination, live chaotic lives and typically experience multiple overlapping risk factors for poor health. Many people using the service are homeless and their experiences frequently lead to barriers in access to healthcare and extremely poor health outcomes. The service provides targeted inclusion health services on a short-term basis, usually up to six months after which service users are then integrated back to one of the 20 nominated Inclusion Health Practices in Norwich to ensure a supported transition and to plan for their ongoing needs. Inclusion health communities elsewhere in Norfolk and Waveney (as well as in Norwich) are supported by GP practices and other health and care services.
- 3.3.2 Given the focus of the Vulnerable Adults Service, it is not thought that any changes to the service would have significant impact on residents or communities in North Norfolk.

4. Corporate Priorities

- 4.1 North Norfolk District Council delivers services to and supports local residents and communities across an extensive rural geography of more than 360 sq miles. Whilst the challenges of financing and delivering public services to dispersed rural communities are recognized by the Council, the authority believes that the district's residents should not be unreasonably disadvantaged in being able to access public services – particularly health services, because of the issue of rurality.
- 4.2 The North Norfolk District has one of the oldest age profiles in the country and previously Professor Sir Chris Whitty commented in his 2023 annual report "Health in an Ageing Society" that health services needed to adapt in places like North Norfolk to meet the specific needs of this community – who, with increasing age, are likely to find it difficult in being able to access services independently through being unable to drive and are therefore dependent on public transport, family, friends and neighbours or patient or community transport to access health services. In this respect changes to the Out of Hours GP service and the Norwich Walk-In Centre could see greater demand placed on the Ambulance Service and A&E presentations and admissions could disadvantage North Norfolk residents and have unintended consequences on other parts of the health system.
- 4.3 The Council therefore has a legitimate role in speaking for its local communities in respect of possible service changes in the district by health partners.

5. Financial and Resource Implications

- 5.1 There are no direct costs to the District Council in responding to this consultation.

6. Legal Implications

- 6.1 It is not considered that there are any legal issues for the District Council by this report.

7. Risks

- 7.1 It is not considered that there are any significant risks to the council from this report.

8. Net Zero Target

- 8.1 There are no Net Zero issues arising for the District Council from this report.

9. Equality, Diversity & Inclusion

- 9.1 This report invites comments from the District Council as a stakeholder on future service delivery changes by another local public service provider. There are no direct equality, diversity or inclusion issues arising from this report for the District Council – it will be for the Norfolk and Waveney Integrated Care Board to undertake an Equality Impact Assessment in respect of each of the options detailed within the consultation document.

10. Community Safety issues

- 10.1 There are no community safety issues arising from this report.

11. Conclusion and Recommendations

The Overview and Scrutiny Committee is invited to discuss and comment on the proposals outlined in the Norfolk and Waveney ICB public consultation documents, with the Committee's views forming the Council's corporate response to the consultation.

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Your views on changes to general practice services in Norfolk and Waveney

Background

NHS Norfolk and Waveney Integrated Care Board (the ICB) plans and buys healthcare services for the local population. We spend about £2.5 billion of public money on health services every year in Norfolk and Waveney.

We always want to make sure that as much of our budget as possible is spent on frontline care, so we are always looking at ways we can improve people's health and work more efficiently. This year we expect to make about £150m of efficiencies by changing how we work and what we do.

However, despite this, the financial position of the NHS is incredibly challenging, both locally and nationally. Next year we have a gap of c£280m in our budget for local health services. There are a range of factors that are affecting our finances. These include:

- The recent period of higher inflation which has made the equipment and supplies we buy more expensive.
- It is great that people are living longer and we all welcome that, however, as we age, people are more likely to have multiple health conditions and so naturally need more treatment from the NHS.

We know that other public services and the voluntary, community and social enterprise sector are facing similar challenges with their finances too. We will continue to work with partner organisations to join-up services, improve care and make services more sustainable.

We will do everything we can to make efficiencies to protect services. However, given the scale of the challenge, we must make savings, and this will mean making changes to some services. Ultimately, we have a budget and we cannot spend more than that.

We have developed some options about how we could use public money differently and we would like to hear what local people think of them. The options relate to:

- The GP Out of Hours Service that covers Norfolk and Waveney.
- GP practices and the Norwich Walk-In Centre.

Section 1: The GP Out of Hours Service

What is the GP Out of Hours Service?

The GP Out of Hours Service provides patients with urgent access to general practice services when GP practices are closed (6.30pm – 8am, Monday – Friday, and all day Saturdays, Sundays and public holidays). The service does not provide routine care; it is for people needing urgent treatment. The service is accessed by contacting NHS 111.

If people contact NHS 111 out of hours and their health needs could be met by the GP Out of Hours Service, they will be offered either:

- Advice over the phone (via the Clinical Assessment Service).
- A face-to-face appointment at a base with a clinician.
- A home visit by a clinician.

There are nine bases that the GP Out of Hours service uses across Norfolk and Waveney, where people can be seen face-to-face. The bases have different operating hours; here are the current operating hours:

Opening Times	King's Lynn	Norwich	Great Yarmouth	North Walsham	Thetford
Monday	18:30-08:00	18:30-08:00	18:30-08:00	18:30-08:00	18:30-08:00
Tuesday	18:30-08:00	18:30-08:00	18:30-08:00	18:30-08:00	18:30-08:00
Wednesday	18:30-08:00	18:30-08:00	18:30-08:00	18:30-08:00	18:30-08:00
Thursday	18:30-08:00	18:30-08:00	18:30-08:00	18:30-08:00	18:30-08:00
Friday	18:30-08:00	18:30-08:00	18:30-08:00	18:30-08:00	18:30-08:00
Saturday	08:00-08:00	08:00-08:00	08:00-08:00	08:00-08:00	08:00-08:00
Sunday	08:00-08:00	08:00-08:00	08:00-08:00	08:00-08:00	08:00-08:00

Opening Times	Beccles	Lowestoft	Fakenham	Dereham
Monday	18:30-08:00	18:30-00:00		
Tuesday	18:30-08:00	18:30-00:00		
Wednesday	18:30-08:00	18:30-00:00		
Thursday	18:30-08:00	18:30-00:00		
Friday	18:30-08:00	18:30-00:00		
Saturday	08:00-22:00	08:00-08:00	08:00-20:00	08:00-20:00
Sunday	08:00-22:00	08:00-08:00	08:00-20:00	08:00-20:00

These opening hours have mainly remained the same since 2015, however the number of people needing to go to a base has reduced over time. Overall, the number of people being seen at the bases for the GP Out of Hours Service has fallen from c55,000 in 2019 to c39,000 in 2024.

This table shows the number of visits to each base in 2019 and 2024:

Base	2019	2024
Beccles	3,790	1,966
Dereham	1,769	487
Fakenham	842	29
Great Yarmouth	9,508	9,944
King's Lynn	11,890	9,271
Lowestoft	4,283	619
North Walsham	5,287	2,271
Norwich	14,169	13,039
Thetford	3,419	1,503
Total	54,957	39,129

At the same time, there has been an increase in the number of people who have contacted NHS 111 and have been helped over the phone, from c61,000 people in 2019 to c71,000 people in 2024. These are people that have not needed to go to one of the GP Out of Hours bases or needed a home visit.

There is more information about the number of people using each base in our data pack. The data pack is available on our [website](#).

What options are we considering for the GP Out of Hours Service?

We have reviewed how much each of the bases are used by the GP Out of Hours Service. With fewer people needing to attend the bases for face-to-face appointments, we have developed a set of options for reducing the number of bases. These are described in detail below.

For all the options, the biggest impact would be that some people would have to travel further if they were clinically assessed as needing a face-to-face appointment. We recognise that this would make it harder for some people to be seen, particularly for people that do not drive, have limited access to public transport or have lower incomes.

There would continue to be a home visiting service for people who are clinically assessed as needing a home visit.

We have drafted an Equality Impact Assessment which looks at the potential impact on different groups of people and what we could do to mitigate the impact. The draft Equality Impact Assessment is available on our [website](#).

The three options would deliver savings of between c£75,000 and c£120,000. The savings would be the result of the reduction in rent for the bases. There would not be a reduction in the number of clinicians seeing patients but there would be a reduction in the number of bases and the operating hours of some bases.

Option A – Reduce the number of bases for face-to-face appointments from nine bases to five bases during the week and six bases at the weekend.

- Keep the opening hours the same for King's Lynn, Norwich, Great Yarmouth, North Walsham and Thetford.

- Close Lowestoft during the week. Keep Lowestoft open on weekends but change the opening hours so that it closes at 16.00 instead of 20.00.
- Close the bases in Beccles, Dereham and Fakenham.

Option A – Reduce the number of bases for face-to-face appointments from nine bases to five bases during the week and six bases at the weekend.						
Opening Times	King's Lynn	Norwich	Great Yarmouth	North Walsham	Thetford	Lowestoft
Monday	18:30-08:00	18:30-08:00	18:30-08:00	19:00-24:00	19:00-24:00	
Tuesday	18:30-08:00	18:30-08:00	18:30-08:00	19:00-24:00	19:00-24:00	
Wednesday	18:30-08:00	18:30-08:00	18:30-08:00	19:00-24:00	19:00-24:00	
Thursday	18:30-08:00	18:30-08:00	18:30-08:00	19:00-24:00	19:00-24:00	
Friday	18:30-08:00	18:30-08:00	18:30-08:00	19:00-24:00	19:00-24:00	
Saturday	08:00-08:00	08:00-08:00	08:00-08:00	08:00-22:00	08:00-22:00	08:00-16:00
Sunday	08:00-08:00	08:00-08:00	08:00-08:00	08:00-22:00	08:00-22:00	08:00-16:00

This option would save c£75,000 per year from April 2026.

Option B – Reduce the number of bases for face-to-face appointments from nine bases to three bases during the week and six bases at the weekend.

- Keep the opening hours the same for King's Lynn, Norwich, Great Yarmouth.
- Close North Walsham, Thetford and Lowestoft during the week.
- Keep North Walsham and Thetford open on weekends but change the opening hours so that it closes at 22.00 instead of being open all night until 08.00.
- Keep Lowestoft open on weekends but change the opening hours so that it closes at 16.00 instead of 20.00.
- Close Beccles, Dereham and Fakenham.

Option B – Reduce the number of bases for face-to-face appointments from nine bases to three bases during the week and six bases at the weekend.						
Opening Times	King's Lynn	Norwich	Great Yarmouth	North Walsham	Thetford	Lowestoft
Monday	18:30-08:00	18:30-08:00	18:30-08:00			
Tuesday	18:30-08:00	18:30-08:00	18:30-08:00			

Wednesday	18:30-08:00	18:30-08:00	18:30-08:00			
Thursday	18:30-08:00	18:30-08:00	18:30-08:00			
Friday	18:30-08:00	18:30-08:00	18:30-08:00			
Saturday	08:00-08:00	08:00-08:00	08:00-08:00	08:00-22:00	08:00-22:00	08:00-16:00
Sunday	08:00-08:00	08:00-08:00	08:00-08:00	08:00-22:00	08:00-22:00	08:00-16:00

This option would save c£75,000 per year from April 2026.

Option C – Reduce the number of bases for face-to-face appointments from nine bases to three bases.

- Keep the opening hours the same for King's Lynn, Norwich, Great Yarmouth.
- Close North Walsham, Thetford, Lowestoft, Beccles, Dereham and Fakenham.

Option C – Reduce the number of bases for face-to-face appointments from nine bases to three bases.			
Opening Times	King's Lynn	Norwich	Great Yarmouth
Monday	18:30-08:00	18:30-08:00	18:30-08:00
Tuesday	18:30-08:00	18:30-08:00	18:30-08:00
Wednesday	18:30-08:00	18:30-08:00	18:30-08:00
Thursday	18:30-08:00	18:30-08:00	18:30-08:00
Friday	18:30-08:00	18:30-08:00	18:30-08:00
Saturday	08:00-08:00	08:00-08:00	08:00-08:00
Sunday	08:00-08:00	08:00-08:00	08:00-08:00

This option would save c£120,000 per year from April 2026.

Section 2: GP practices and the Norwich Walk-in Centre

The amount of money that GP practices receive per patient varies considerably across Norfolk and Waveney, from £94 to £217 per patient. How much each GP practice receives is largely decided nationally, based on the [‘Carr Hill’ formula](#).

We have been exploring ways we could invest more money into GP practices to provide additional capacity in our lowest funded practices, and to help close the gap between GP practices that receive the most money per patient and those that receive the least.

We do not have additional money to invest, so this means that we would need to use our existing funding differently. With the contract for the Walk-in Centre in Norwich coming to an end in March 2026, we have developed some options about how we could use the funding for that service differently.

What is the Norwich Walk-in Centre?

The Norwich Walk-in Centre provides general practice services, including the treatment of minor illnesses and injuries.

- Anyone can use the service; you do not have to be registered with a GP practice or registered with the NHS at all. People do not need to make an appointment in advance to use the service.
- The Walk-in Centre treats people who are ill or injured. But unlike a GP practice, the Walk-in Centre does not provide ongoing care to people.

Who uses the Norwich Walk-in Centre, when and what for?

The Walk-in Centre provides approximately 6,000 appointments per month. To put that in context, in 2024 there was an average of 624,300 GP practice appointments, per month across Norfolk and Waveney.

The busiest times for the Walk-in Centre are weekends, specifically early Saturday and Sunday mornings. From Monday to Friday, there is a peak in attendances between 09:00 and 11:00, with numbers gradually decreasing throughout the day.

Here is some information about who uses the service:

- The Walk-in Centre is used mainly by people living in or near to Norwich as it provides convenient access.
- Most people (65%) using the Walk-in Centre are registered with one of the 22 Norwich GP practices. Of these, 8% are registered with the Norwich Health Centre, which is located in the same building as the Walk-in Centre.

Here is some information about what people use the Walk-in Centre for:

- Data shows that most people use the Walk-in Centre for general health issues like chest infections and suspected urinary tract infections. These are the sorts of conditions that could be treated by GP practices, and some could be treated by community pharmacies.

- A minority of people use the Walk-in Centre for minor injuries or issues that need onward referral to hospital emergency care.

There is more information about who uses the service, when and what for in our data pack, which can be found on our [website](#).

An Equality Impact Assessment, which looks at the potential impact on different groups of people and what we could do to mitigate the impact, can also be found on our [website](#).

How does the Walk-in Centre fit with other health services?

There are close links between different health services, so when we are considering making a change to one service it is important we think about the links with other services. National and local policies also change over time, so as part of considering the future of the Walk-in Centre, we have looked at what changes have been made to other health services recently.

General practice

The Walk-in Centre provides general practice services and was set-up to provide convenient access to care at different times of the day. Since it was established, there has been a change in national policy with the introduction of 'Enhanced Access', which means that GP practices now offer more appointments earlier and later in the day than they used to, and on Saturday mornings.

We know that in some parts of Norfolk and Waveney people find it harder to get an appointment at their GP practice. Some members of the public have told us that they use the Walk-in Centre when they need an appointment on that day, and they cannot get one at their GP practice.

GP practices in Norfolk and Waveney are offering more appointments than ever before, however they are under pressure. One of our priorities is to support GP practices to ensure their services remain resilient and can care for their patients in a timely way, even if staff members are off ill or on leave.

Community pharmacies

In January 2024 we introduced [Pharmacy First](#), which means that community pharmacies can now treat patients for seven common conditions that they couldn't previously.

Pharmacists can provide advice and NHS-funded treatment, where clinically appropriate, for seven common conditions within certain age ranges, including:

- Earache for all adults and children aged 1 to 17 years.
- Infected insect bites for all adults and children aged 1 year and over.
- Impetigo for all adults and children aged 1 year and over.
- Shingles for adults aged 18 and over.
- Sinusitis (sinus infection) for adults and children aged 12 years and over.
- Sore throat for adults and children aged 5 years and over.

- Uncomplicated Urinary Tract Infections (UTIs) in females aged 16 to 64 years.

In the six months between July and December 2024, the following people that went to the Walk-in Centre in Norwich could now have gone to a local pharmacy:

- 997 women under 65 with a suspected urinary tract infection.
- 1,258 people aged 5 years old and above with tonsillitis or a sore throat.
- 129 children and young people under 18 with an ear infection.

Urgent and emergency care services

The Walk-in Centre provides general practice services and only a minority of people use it for minor injuries or issues that need referral to hospital emergency care. When GP practices are closed, it is the GP Out of Hours Service that treats people that need an urgent primary care appointment.

What options are we considering?

Option A – Close the Norwich Walk-in Centre and spend £1.5m more on GP practices across Norfolk and Waveney, using a fairer funding formula.

One option we are considering is closing the Norwich Walk-in Centre and then investing £1.5m in GP practices across Norfolk and Waveney using a fairer funding formula. This would help to close the gap between the GP practices that receive the most money per patient and those that receive the least.

The fairer funding formula would invest money in the GP practices serving the patients with the greatest need. We know that health and social need is greater in poorer areas. However, GP practices in deprived parts of England receive on average 9.8% less funding when you take into account the needs of their patients, than practices in more affluent areas.

This is how it would work:

- We would agree a fairer funding formula to invest the £1.5m to provide additional capacity in our lowest funded practices.
- The GP practices that would receive the money would mostly be in our urban centres, so we would expect to invest further in King's Lynn, Thetford, Norwich, Great Yarmouth and Lowestoft GP practices.
- In return, we would ask the GP practices to focus on addressing specific conditions that their patients are more likely to experience, for example heart disease, diabetes and respiratory disease, and to increase access to appointments where necessary.
- We would invest this funding for an initial three-year period and conduct a formal evaluation to see what impact it has. We would monitor the progress throughout the three-year period and adjust the plans for each GP practice involved each year if needed.

What would this mean for patients?

- If we closed the Walk-in Centre, people would need to use other primary care services, such as their GP practice or local pharmacy. For urgent care in the evenings and at weekends, they would need to contact NHS 111 to get an appointment with the GP Out of Hours Service.
- This may impact patients in and around Norwich that have more chaotic lives or who struggle to make or attend pre-booked appointments.
- We would expect improved health outcomes for patients of the GP practices given the additional funding. We would expect that the additional funding would help to prevent some people from developing health conditions, and it would treat other people earlier before their condition got worse.
- This approach would have benefits for patients across Norfolk and Waveney, not just those served by the GP practices that would be given the additional funding. For example, by preventing people from getting ill and treating people early, fewer people would end up needing emergency care provided by the ambulance service and our hospital emergency departments.

What would this mean for GP practices?

- GP practices that currently receive less funding per patient would receive more money to consider specific conditions and to improve access. We would expect the funding to help build the resilience of these GP practices so that they can care for their patients in a timely way.
- No GP practices would lose any funding; this option would provide additional funding to some GP practices.
- There would be additional requests for appointments at some GP practices. Most people (65%) using the Walk-In Centre are already registered with one of the 22 Norwich GP practices, so they would be more likely to be impacted. At the same time, GP practices in Norwich would also be likely to receive additional funding too through the fairer funding model.

The Walk-in Centre currently costs c£1.78m per year (for 2025/26). This option would save c£280,000 per year from April 2026.

There is more information about the [funding of general practice](#) if you would like more detail.

Option B – Keep the Norwich Walk-in Centre open but reduce the opening hours and spend £750,000 more on GP practices across Norfolk and Waveney, using a fairer funding formula.

The other option we are considering is keeping the Walk-in Centre open but reducing the opening hours from 12 hours per day to four hours per day. The Walk-in Centre would open in the morning. This would match when the Walk-in Centre is currently at its busiest.

We would also invest £750,000 in GP practices across Norfolk and Waveney using a fairer funding formula. This would help to close the gap between the GP practices that receive the most money per patient and those that receive the least.

What would this mean for patients?

- When the Walk-in Centre was closed, patients would need to use other health services, such as their GP practice, local pharmacy or NHS 111 (which can book appointments with the GP Out of Hours service).
- We would expect improved health outcomes for patients of the GP practices given the additional funding. We would expect that the additional funding would help to prevent some people from developing health conditions, and it would treat other people earlier before their condition got worse.
- This approach would have benefits for patients across Norfolk and Waveney, not just those served by the GP practices that would be given the additional funding. For example, by preventing people from getting ill and treating people early, fewer people would end up needing emergency care provided by the ambulance service and our hospital emergency departments.

What would this mean for GP practices?

- There may be additional requests for appointments at some GP practices. Most people (65%) using the Walk-In Centre are already registered with one of the 22 Norwich GP practices, so they would be more likely to be impacted. At the same time, GP practices in Norwich would also be likely to receive additional funding too through the fairer funding model.
- GP practices that currently receive less funding per patient would receive more money to help people with specific conditions and to improve access. We would expect the funding to help build the resilience of these GP practices so that they can care for their patients in a timely way.
- No GP practices would lose any funding; this option would provide some additional funding to some GP practices.

The Walk-in Centre currently costs c£1.78m per year (for 2025/26). This option would save c£280,000 per year from April 2026.

Our consultation

Before any decision can be made about what to do next with these services, we want to hear what you think about the options we are considering.

We know that making decisions about changing how we provide services is important and we take these decisions seriously.

To help us make a decision, we'd like people to tell us what impact the options would have on them.

We are working with Healthwatch Norfolk who are gathering the views of local people.

Who are we consulting with?

- People across Norfolk and Waveney, including users of these services, their carers and advocates.
- The organisations and staff who currently provide these services and other professionals who signpost to these services.
- Norfolk County Council's Health Overview and Scrutiny Committee.
- Suffolk County Council's Health Overview and Scrutiny Committee.
- Local organisations who provide NHS services to people registered with Norfolk and Waveney.
- Local stakeholders, such as MPs, local councillors and local councils.
- Local voluntary and charitable organisations and their users.
- Norfolk and Waveney Local Representative Committees.

When are we consulting?

Our consultation will run for eight weeks, beginning at 15.00 on 3 March and closing at 23.59 on 27 April 2025.

How you can have your say

- **Online:** Complete our [online survey](#).
- **In person:** You can share your views with the Healthwatch Norfolk team at any of their below sessions:
 - 5 March 2025 – Carers coffee morning, Cromer Hospital, 10.00-12.00
 - 6 March 2025 – North Walsham Salvation Army, 10.00-12.00
 - 7 March 2025 – Alive Foodbank, Norwich, 10.00-12.00
 - 11 March 2025 – Holt Library, 10.30-12.00
 - 20 March 2025 – Norfolk and Norwich University Hospital, 10.00-12.00

- 22 March 2025 – Family Voice Conference, John Innes Centre, Norwich, 9.00-3.30
- 25 March 2025 – Wymondham Library, 10.00-12.00
- 26 March 2025 – Cuppa Care, Erpingham Village Hall, 10.00-12.00
- 27 March 2025 – Sheringham Salvation Army, 10.00-1.00
- 2 April 2025 – Carers coffee morning, Cromer Hospital, 10.00-12.00
- 3 April 2025 – Roundwell GP Surgery, Norwich, 10.00-12.00
- 3 April 2025 – Aylsham Healthy Town, Aylsham Market Place, 10.00-1.00
- 4 April 2025 – Alive Foodbank, Norwich, 10.00-12.00
- 8 April 2025 – Holt Library, 10.30-12.00
- 9 April 2025 – Cuppa Care at Northrepps Village Hall, 10.00-12.00
- 10 April 2025 – Community Matters Cafe, Cromer Methodist Church, 10.30-12.00
- 11 April 2025 – Roots Community Cafe, Wymondham, 10.00-12.00
- 15 April 2025 – Vision Norfolk coffee morning, Black Swan, North Walsham, 10.00-12.00
- 16 April 2025 – Roys of Wroxham, 10.00-12.00
- 17 April 2025 – Cromer Hospital, 10.00-12.00

The ICB is also holding the following drop-in sessions:

- 31 March 2025 - Assembly Room, King's Lynn Town Hall, 14.00-16.00
- 1 April 2025 - The Forum in Norwich on Tuesday, 17.30-19.00
- 4 April 2025 - The Olive Centre in Lowestoft, 10.00-12.00

In addition to this, we will work with the voluntary, community and social enterprise sector to gain feedback from vulnerable people and people living in more deprived communities.

- **Post:** Paper copies are available on request. If you would like one, please email: nwicb.contactus@nhs.net or call 01603 595 857.

Send your completed paper copy to NHS Norfolk and Waveney ICB, County Hall, Martineau Lane, Norwich, NR1 2DH.

If you would like this document or survey in large print, another language or an alternative format, please contact NHS Norfolk and Waveney ICB. You can contact the ICB by:



Writing to NHS Norfolk and Waveney ICB, County Hall, Martineau Lane, Norwich, NR1 2DH.



Emailing: nwicb.contactus@nhs.net



Calling: 01603 595 857

We will need to receive your consultation feedback by 23.59 on 27 April to ensure we can include it in the final report. Please account for this with any postal feedback.

How will the final decision be made?

We will publish the full consultation feedback report on our [website](#).

We will share the findings of the consultation with the ICB Board and with the Norfolk and Suffolk Health Overview and Scrutiny Committees.

Taking the feedback into account, the ICB Board will then make a decision when they meet in June 2025. This meeting will be held in public so that people can attend, listen and ask questions of the Board if they would like to. Meeting dates, details and papers will be available in advance on our website.

Key dates

Activity	Date
Consultation around proposed options.	15.00 on 3 March 2025 – 23.59 27 April 2025.
Feedback reviewed and consultation report produced.	27 April 2025 – June 2025.
Propose final recommendation for decision at the ICB Board and publish report.	Meeting in June 2025. Date TBC.
Planning and preparation period following decision.	June 2025 – 31 March 2026.

Consultation questions

Feedback form: Have your say on proposed changes to services in Norfolk and Waveney

Please answer the following questions around the GP Out of Hours Service and Norwich Walk-In Centre.

Responses to the consultation are being collected and analysed by Healthwatch Norfolk.

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather your views of health and social care services to ensure they are heard by the people in charge.

Healthwatch Norfolk will produce a report for NHS Norfolk and Waveney ICB about the responses to this consultation.

You can read Healthwatch Norfolk's full privacy policy on their [website](#).

Healthwatch Norfolk produce a newsletter about health and social care in Norfolk. If you'd like to receive this newsletter please leave your email address below:

Q1. Please tick all that apply to you.

I have personally used the GP Out of Hours Service in the last 12 months.	
I have supported someone else to use the GP Out of Hours Service in the last 12 months. e.g. friend, family, carer.	
I work at the GP Out of Hours Service.	
I have personally used the Walk-In Centre in the last 12 months.	
I have supported someone else to use the Walk-In Centre in the last 12 months, e.g. friend, family, carer.	
I work at the Walk-In Centre.	
I am responding on behalf of a local organisation (please state).	
Other (please state).	

GP Out of Hours Service

Q2. Option A – Reduce the number of bases for face-to-face appointments from nine bases to five bases during the week and six bases at the weekend.

If we decided to do this, what impact would it have on you?

Q3. Option B – Reduce the number of bases for face-to-face appointments from nine bases to three bases during the week and six bases at the weekend.

If we decided to do this, what impact would it have on you?

Q4. Option C – Reduce the number of bases for face-to-face appointments from nine bases to three bases.

If we decided to do this, what impact would it have on you?

Q5. Do you have any other suggestions about how the GP Out of Hours Service could operate in future?

If yes, please tell us about these by writing them in the box below:

Walk-in Centre

Q6. Option A – Close the Norwich Walk-in Centre and spend £1.5m more on GP practices across Norfolk and Waveney, using a fairer funding formula.

If we decided to do this, what impact would it have on you?

Q7. Option B – Keep the Norwich Walk-in Centre open but reduce the opening hours and spend £750,000 more on GP practices across Norfolk and Waveney, using a fairer funding formula.

If we decided to do this, what impact would it have on you?

Q8. Do you have any other suggestions about how the Norfolk Walk-in Centre could operate in future?

If yes, please tell us about these by writing them in the box below:

About you

We want to make sure that services are open and accessible and that our consultations are representative of the community we serve and the people that use our services. Please help us measure how far we are achieving this by answering the following questions.

Please note: You do not have to give us this information, but it will help us if you do. We will keep this information confidential and will not use it for any other purpose.

- 1. How old are you? (Please write the answer in the box below using numbers rather than letters)**

- 2. Are you ...? (Please tick one box only)**

Male ☐ Female ☐ Prefer not to say ☐

Prefer to self-describe, please state.

3. How would you describe your ethnicity?

Asian or Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background – please state.

Black, Black British, Caribbean or African

- ☐ Caribbean
- ☐ African
- ☐ Any other Black, Black British, or Caribbean background – please state.

Mixed or multiple ethnic groups

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed or multiple ethnic background – please state.

White

- ☐ English, Welsh, Scottish, Northern Irish or British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Roma
- ☐ Any other White background – please state.

Other ethnic group

- ☐ Arab
- ☐ Any other ethnic group – please state.

4. What is your first language? For example, English.

- ☐ English
- Other – please state

5. Would you describe yourself as having a sensory disability (affecting your sight or hearing), physical disability, learning difficulty or long-term illness? Please tick one box only.

Yes ☐ No ☐ Prefer not to say ☐

6. Where do you live? Please provide the first part of your postcode (e.g. NR4) or leave this blank if you have no fixed abode.

7. Do any of the following apply to you? Please tick all that apply.

- ☐ I'm a carer
- ☐ Someone cares for me

- ☐ I have a long-term condition
- ☐ I have a disability
- ☐ None of the above
- ☐ I prefer not to say

8. Where did you hear about this survey?

- ☐ GP website
- ☐ Healthwatch Norfolk Event
- ☐ Healthwatch Norfolk Newsletter
- ☐ Healthwatch Norfolk Website
- ☐ News (website / radio / local newspaper)
- ☐ Search Engine (e.g. Google)
- ☐ Social media (e.g. Facebook / Instagram / X)
- ☐ Through a friend or co-worker
- ☐ YouTube
- ☐ Other (please specify):

Personal information, confidentiality and data protection

Thank you for taking the time to share your views.

Healthwatch Norfolk, on behalf of NHS Norfolk and Waveney ICB, will process any personal information we receive from you in line with the Data Protection Act 1998. This means that we will hold your personal data and only use it for the purpose for which it was collected, being this consultation.

We will also, under normal circumstances, not pass your personal data on to anyone else. However, we may be asked under access to information laws to publish or disclose some, or all, of the information you provide in response to this consultation, including any personal information. We will only do this where such disclosure will comply with such relevant information laws which include the Freedom of Information Act 2000, the Data Protection Act 1998 and the Environmental Information Regulations 2004.

You may wish to keep a copy of your response to our consultation for your own records.

Appendix A: Previous engagement

In 2023, we carried out a consultation on the future of general practice services in Norwich, including the Norwich Walk-in Centre, Vulnerable Adults Service – Inclusion Health Hub, and the GP Practice at Rouen Road. This consultation was undertaken when the contract for these services was due to expire in March 2024.

You can read the [full consultation report](#) on our website.

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Improving lives **together**

Norfolk and Waveney Integrated Care System



Norfolk and Waveney

GP Out of Hours Service data pack

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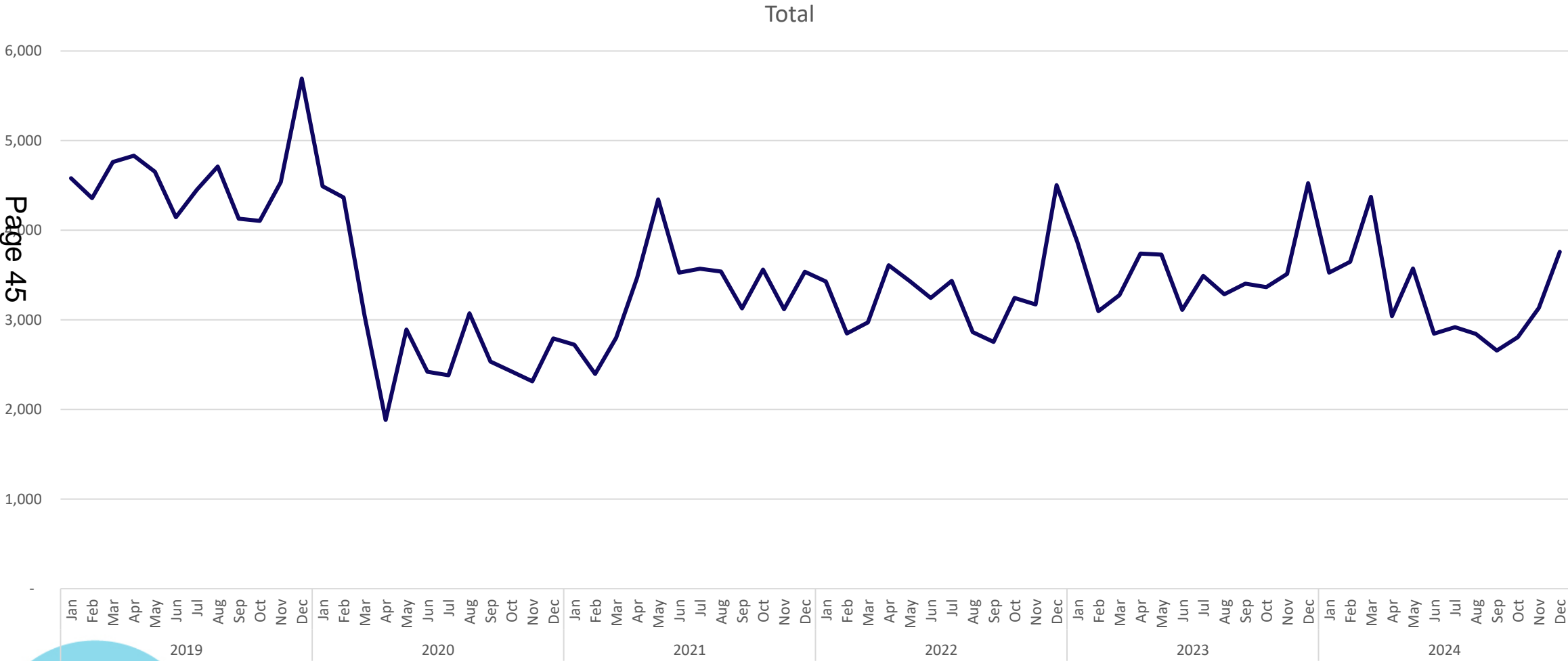
February 2025

Overall base activity 2019 -2024 for the GP Out of Hours service

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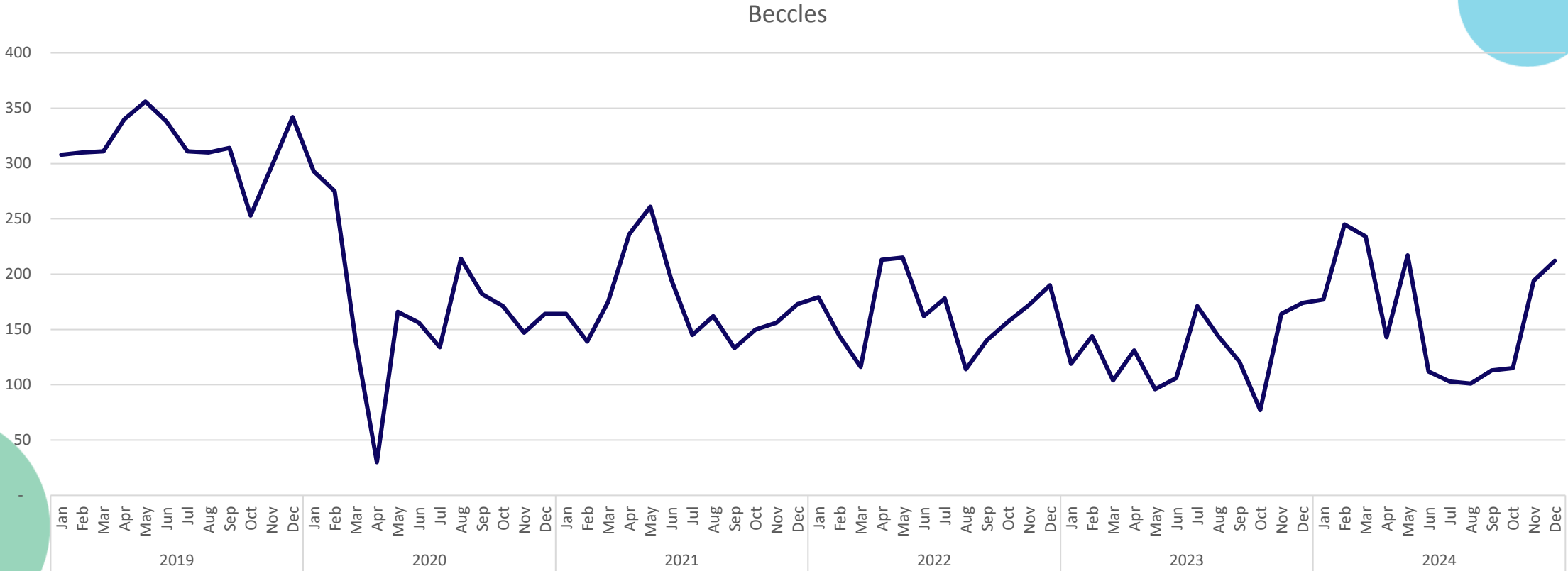
Base	2019	2020	2021	2022	2023	2024	Total
Beccles	3,790	2,071	2,089	1,980	1,551	1,966	13,447
Dereham	1,769	972	1,395	1,323	1,643	487	7,589
Fakenham	842	250	98	159	88	29	1,466
Great Yarmouth	9,508	6,734	8,808	10,111	10,976	9,944	56,081
King's Lynn	11,890	7,207	8,214	8,870	9,412	9,271	54,864
Lowestoft	4,283	2,357	1,710	886	684	619	10,539
North Walsham	5,287	3,087	3,454	2,988	3,188	2,271	20,275
Norwich	14,169	10,174	11,943	12,237	13,564	13,039	75,126
Thetford	3,419	1,762	2,004	949	1,297	1,503	10,934
Total	54,957	34,614	39,715	39,503	42,403	39,129	250,321

Overall base activity 2019-2024 for the GP Out of Hours service



Beccles Out of Hours Base 2019-2024

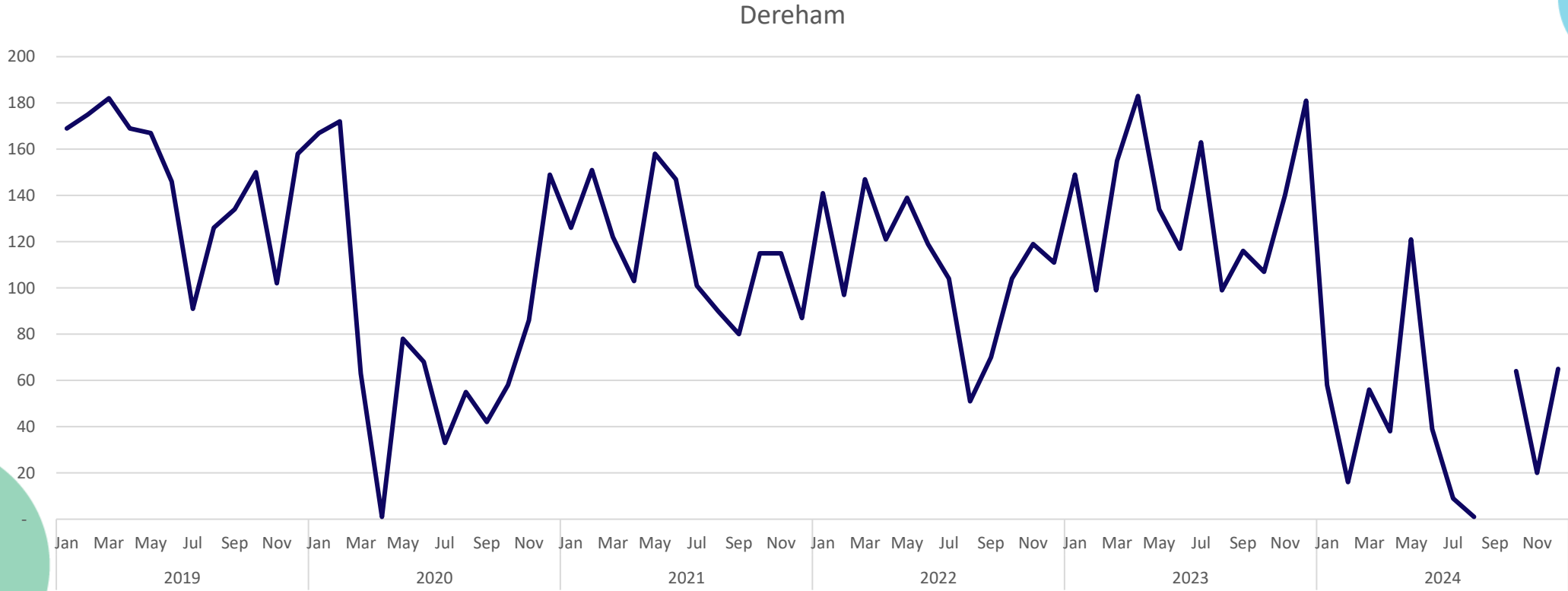
- Beccles



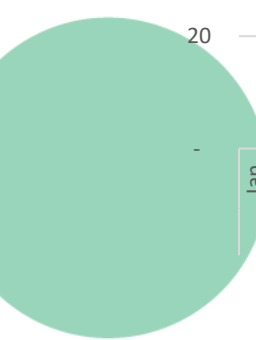
Dereham GP Out of Hours Base 2019-2024

Dereham

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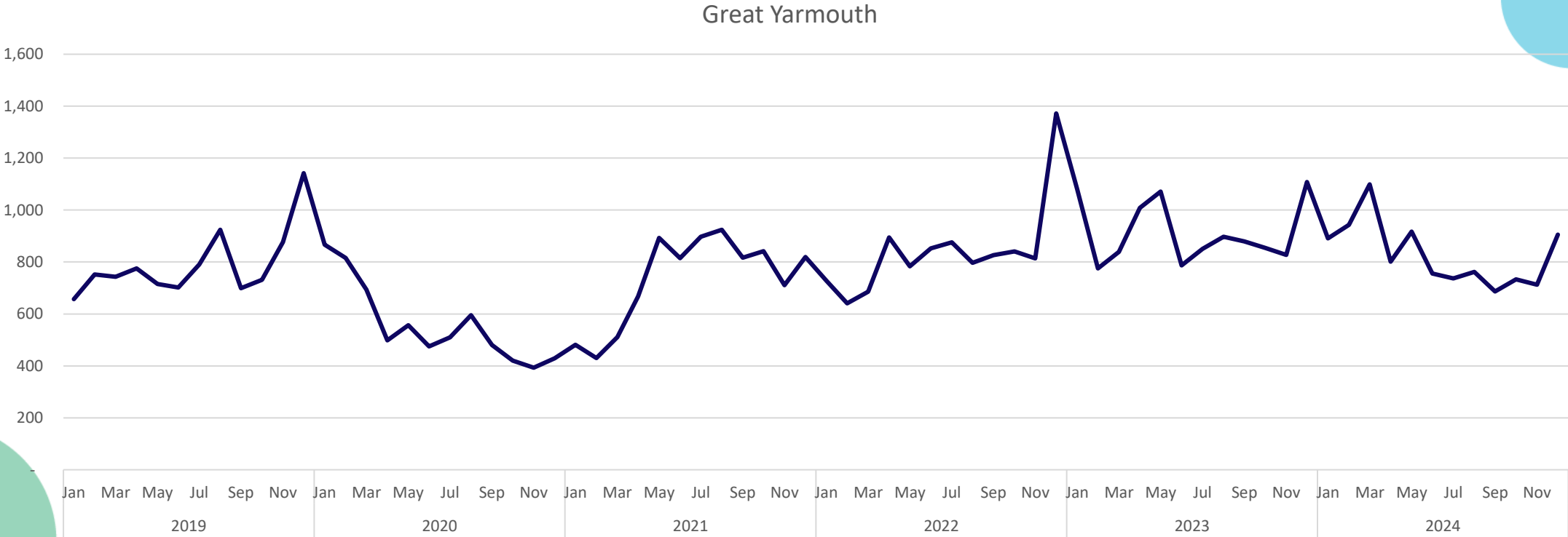
Fakenham Out of Hours Base 2019-2024



Great Yarmouth Out of Hours Base 2019-2024

- Great Yarmouth

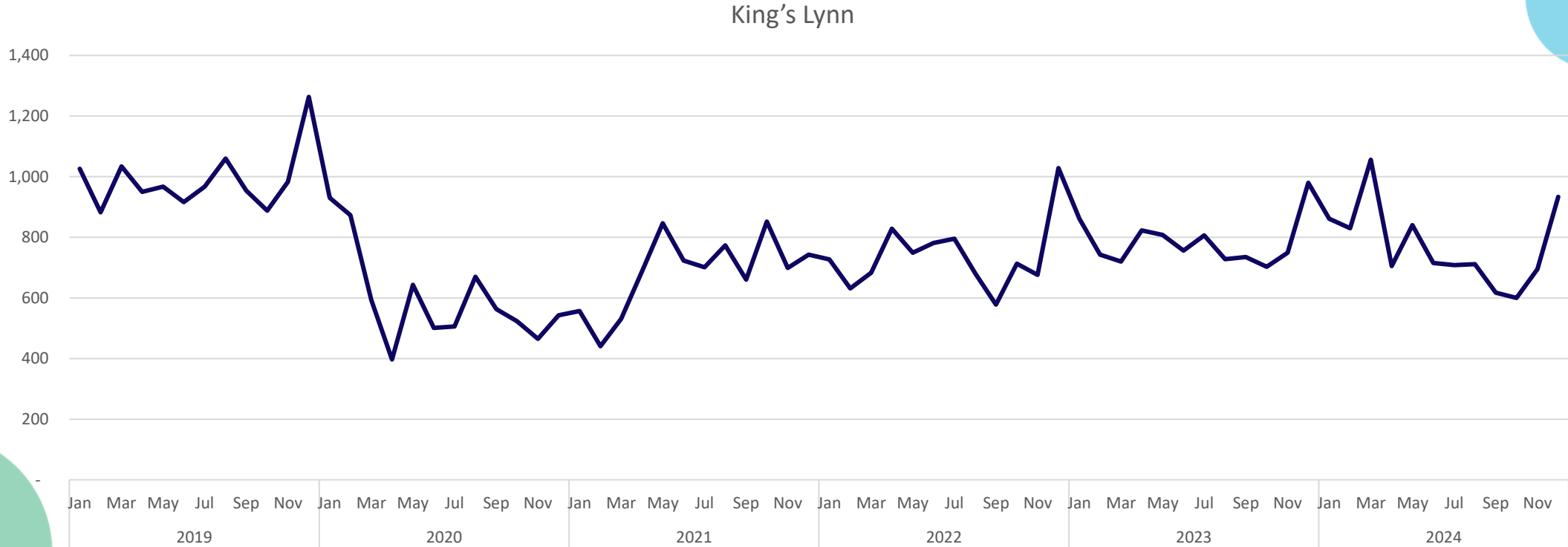
Page 49



King's Lynn Out of Hours Base 2019-2024

- Kings Lynn

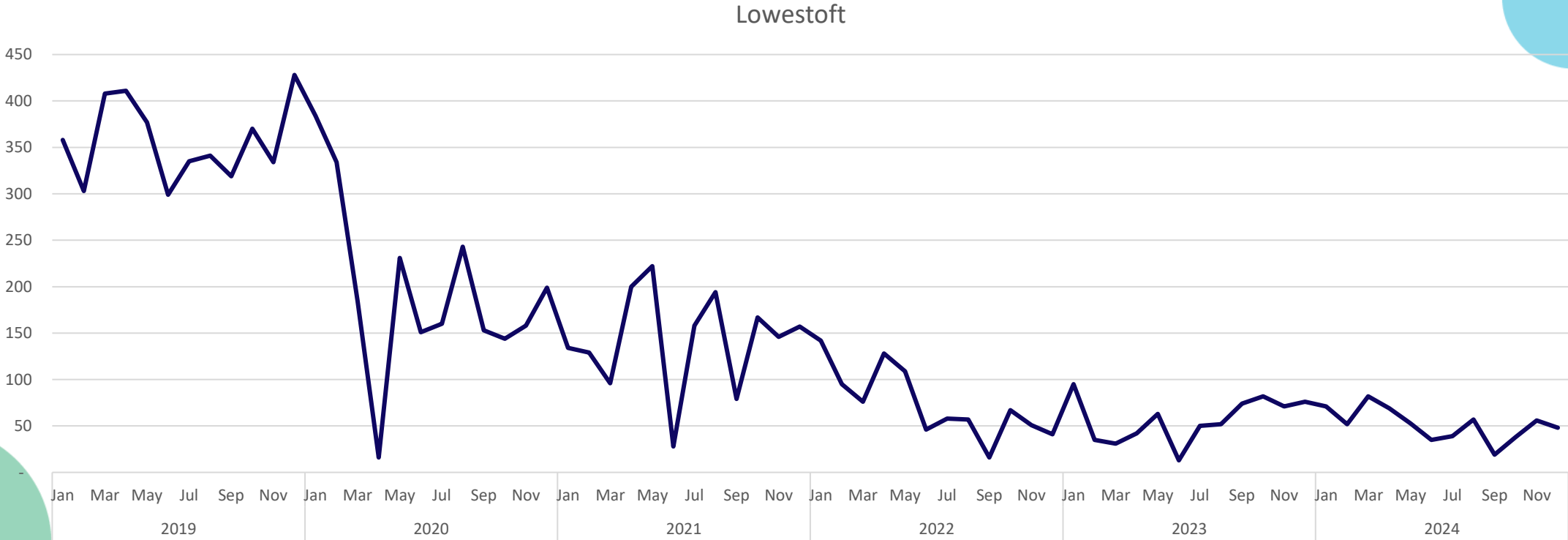
Page 50



Lowestoft Out of Hours Base 2019-2024

- Lowestoft

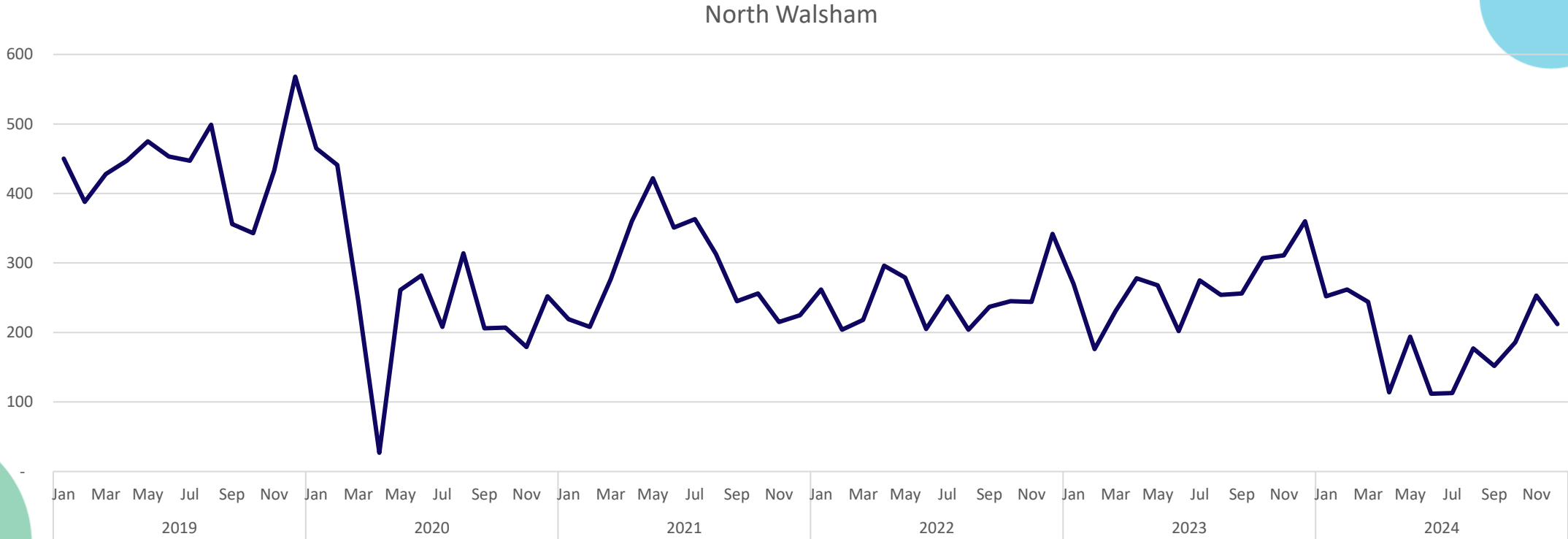
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North Walsham Out of Hours Base 2019-2024

- North Walsham

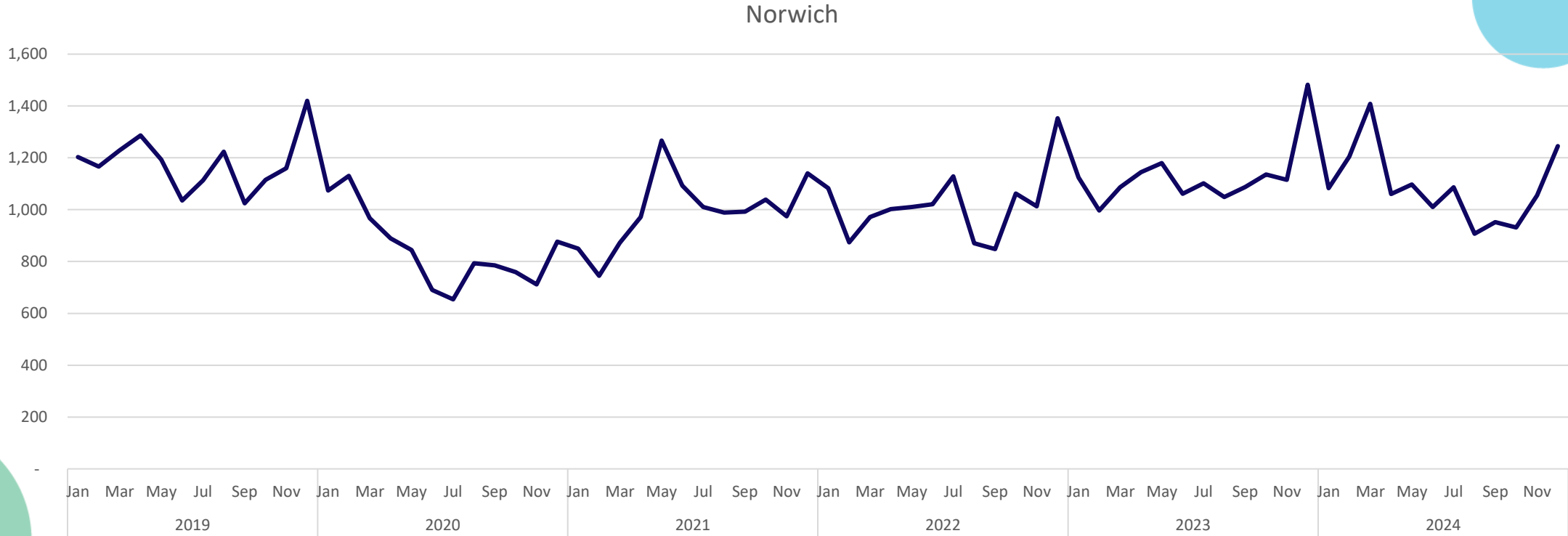
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Norwich GP Out of Hours Base 2019-2024

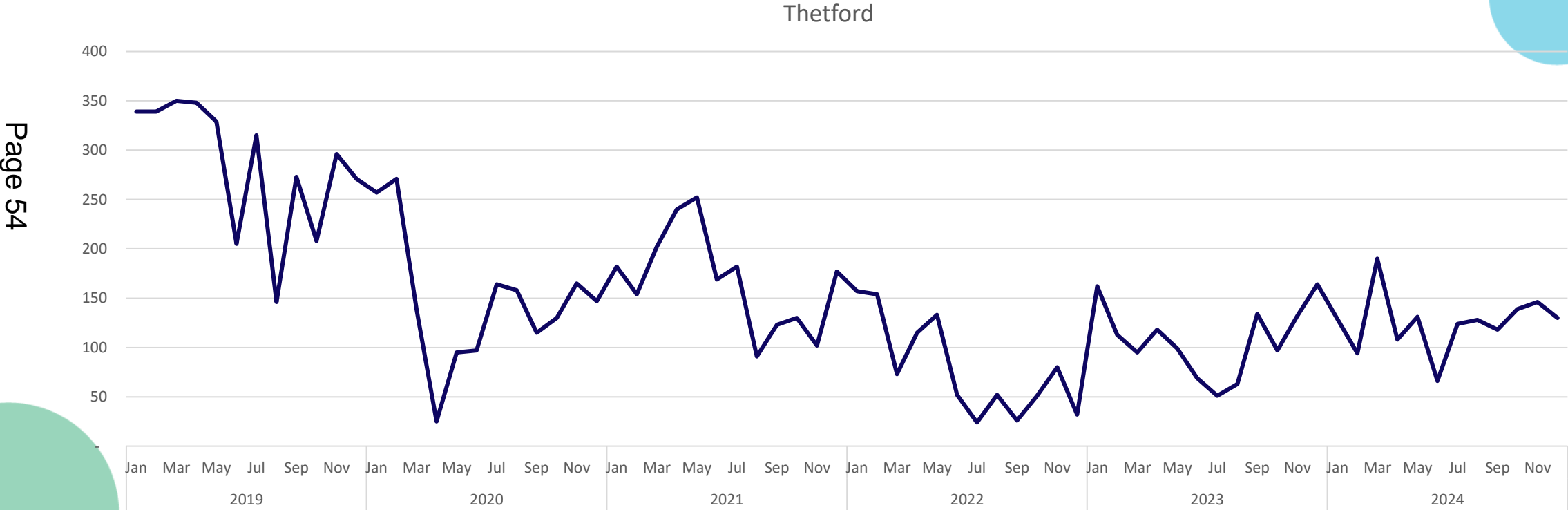
- Norwich

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Thetford GP Out of Hours Base 2019-2024

- Thetford



Overall activity that been triaged by NHS111/GP OOH 2019-2024

This table shows there has been an increase in the number of people that have called NHS 111 and have been helped over the phone. These people have not needed to go to one of the GP Out of Hours bases or needed a home visit.

Year	2019	2020	2021	2022	2023	2024	Total
Sum of triage activity	60,531	65,987	67,592	63,471	60,585	70,744	388,910

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Norwich Walk-in Centre data pack

February 2025

Norwich Walk-in Centre: Key Insights

Location and travel time

- Centrally located in Norwich, reachable within **60 minutes by car** for most of Norfolk and Waveney.
- **Public transport access** is within 60 minutes for most of Norwich, including its **20 most deprived communities**.
- Access within 60 minutes by **public transport is limited on a weekday morning**, but **weekend afternoons/evenings** offer better access.

Attendance trends

- Monthly visits in **2024 range from 5,300 to 7,300**, which is slightly lower than 2023.
- The proportion of people that use the Walk-in Centre and then attend the Emergency Department within 24 hours has been decreasing.

User profile

- Visitors are **younger** than the overall Norfolk and Waveney population.
- There are more **female and working-age** visitors.
- People from **deprived communities** and **people with 4+ long-term health conditions** are **slightly more likely** to use the Walk-in Centre.

Peak times

- **Busiest days:** Saturday, Sunday and Monday.
- **Peak hours:**
 - **Weekdays:** 9:00 – 11:00 AM.
 - **Weekends:** Early Saturday and Sunday mornings.

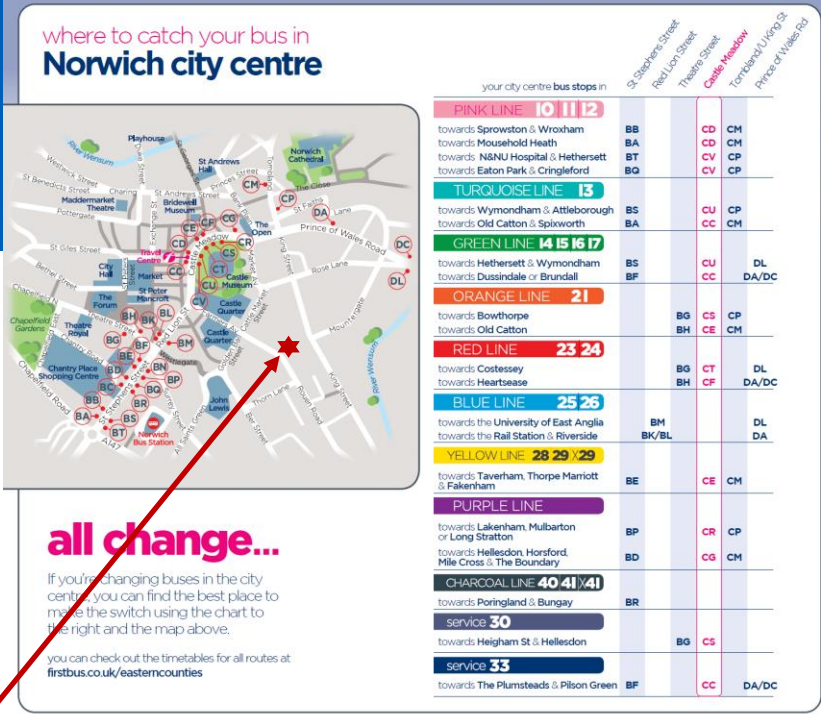
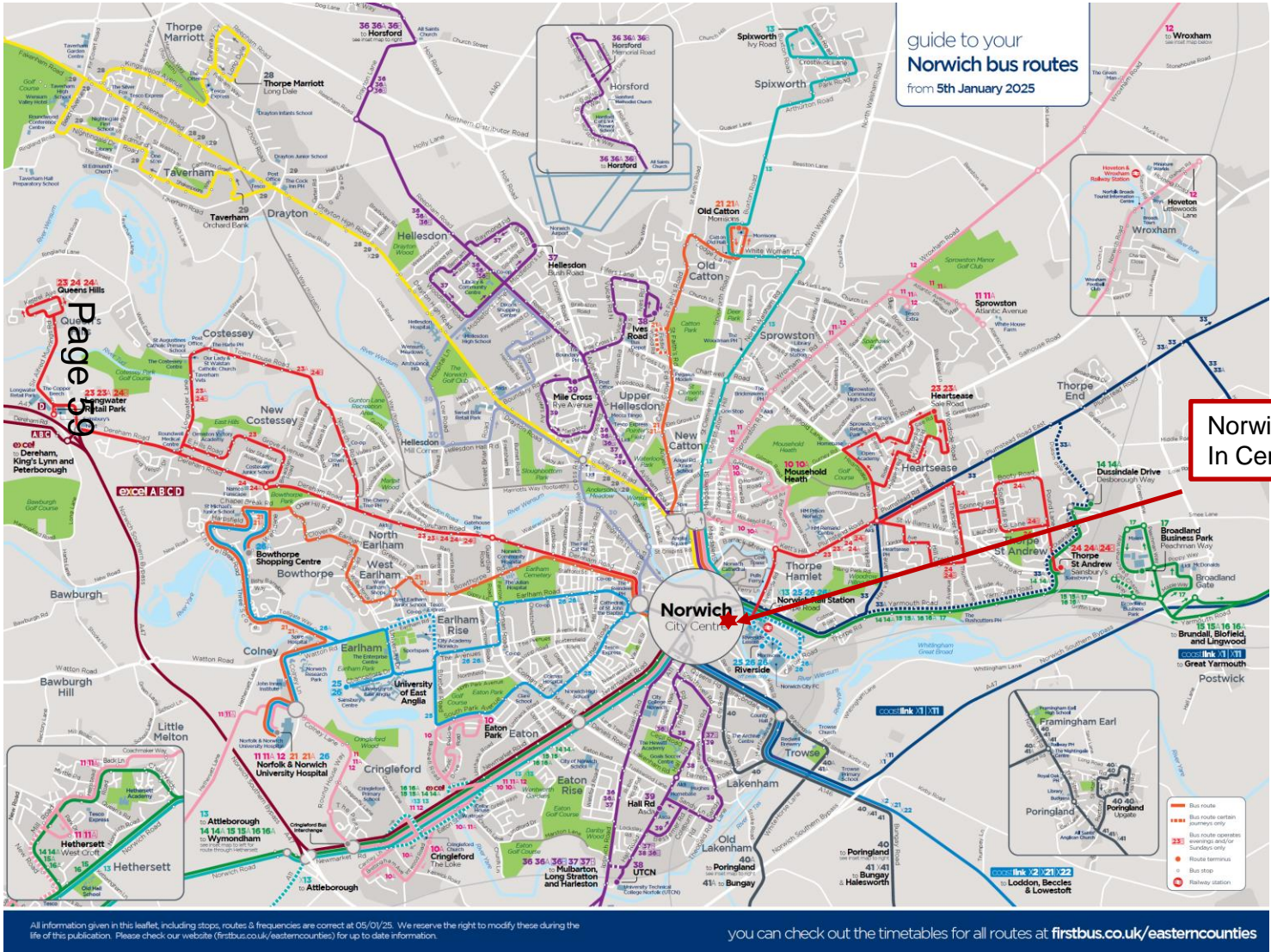
Geographical trends

- **People living near the Walk-in Centre** are **more likely to use the service**.
- Highest attendance rates from people living in **Norwich city centre, Thorpe Hamlet, Heartsease, Lakenham and Earlham**.

Top reasons for attendance

- The **top 10 reasons** account for **25% of visits**, including: **chest infections, possible urinary tract infections (UTIs), tonsillitis, sore throat, dental abscesses, ear infections and wound dressing**.
- Most common outcomes: **prescriptions, advice, or no further action**.

Bus routes into and around Norwich

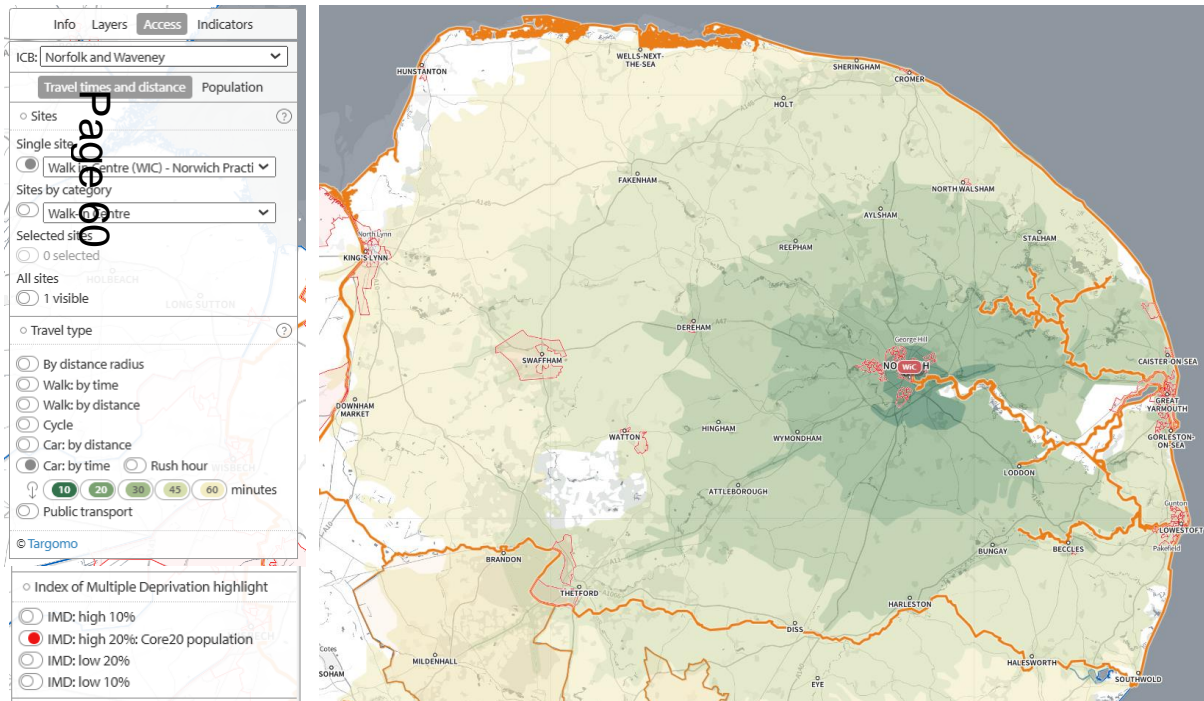


Bus services mostly provided by First Bus
https://www.firstbus.co.uk/sites/default/files/public/maps/Norwich_Network_Map_Web_01-25.pdf

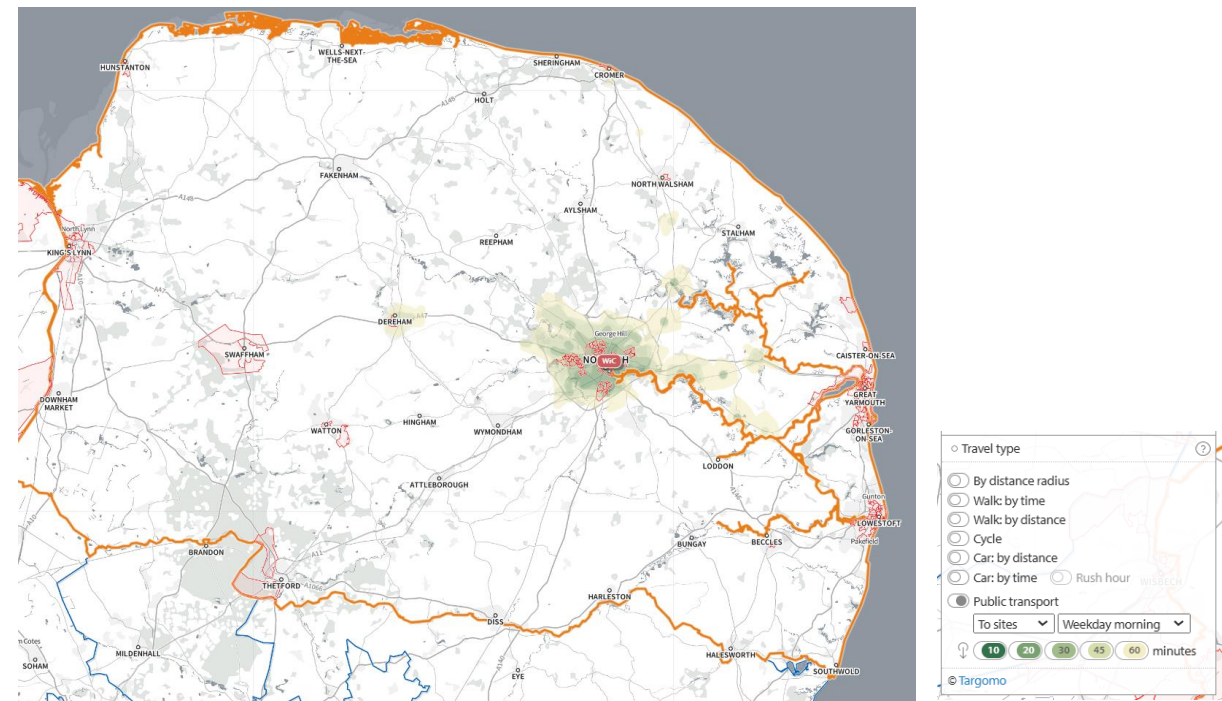


Travel time analysis

Travel time analysis shows that nearly all of Norfolk and Waveney can access the Norwich Walk-in Centre within 60 minutes if using a car. Access within 60 minutes by public transport is more limited on a weekday morning.



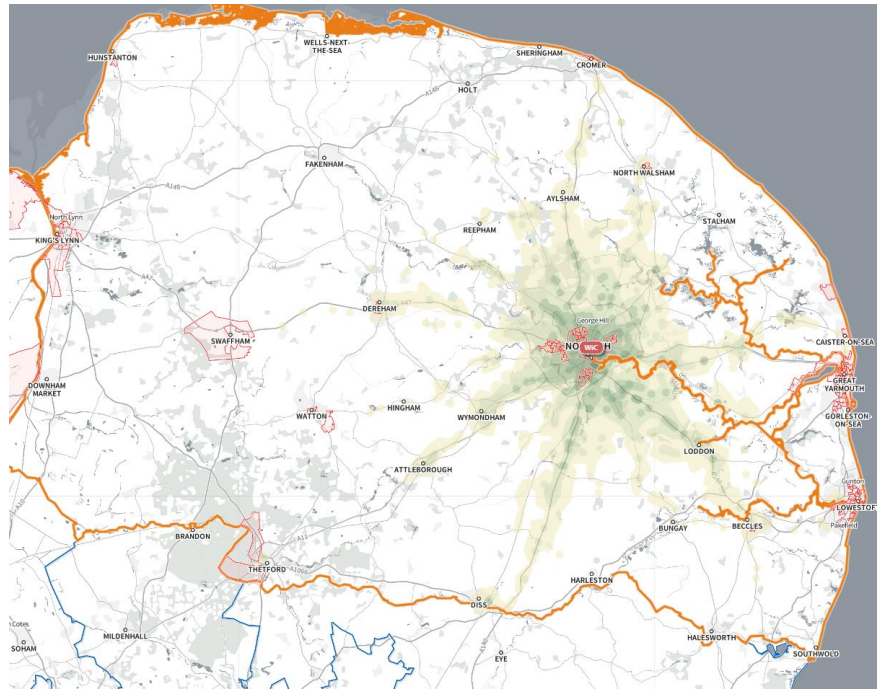
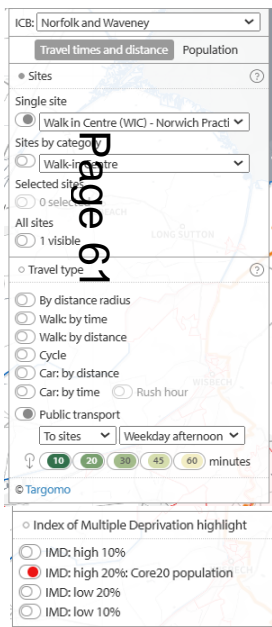
Drive time



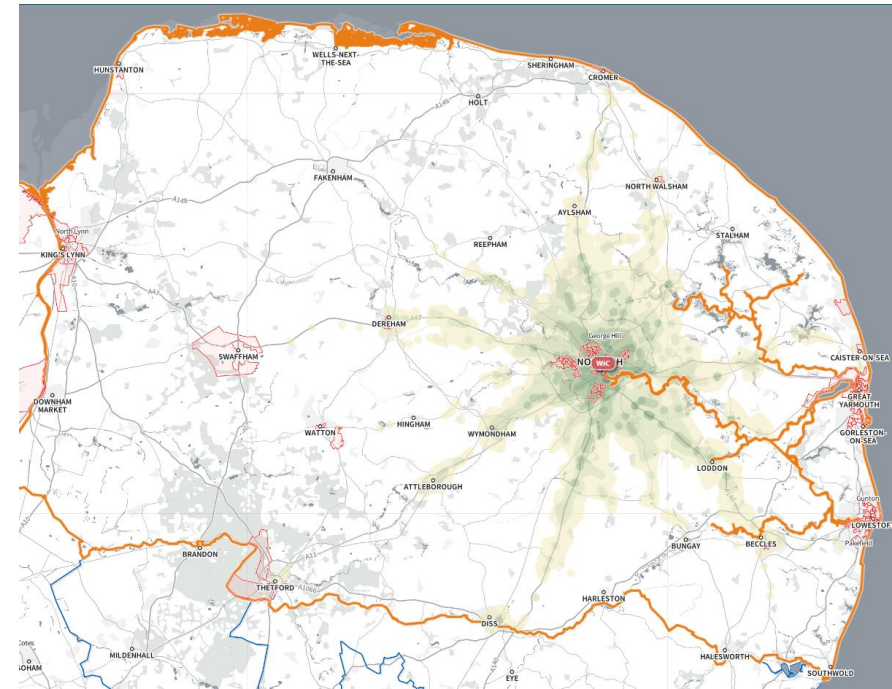
By public transport – weekday morning

Travel Time Analysis: Weekday Public Transport

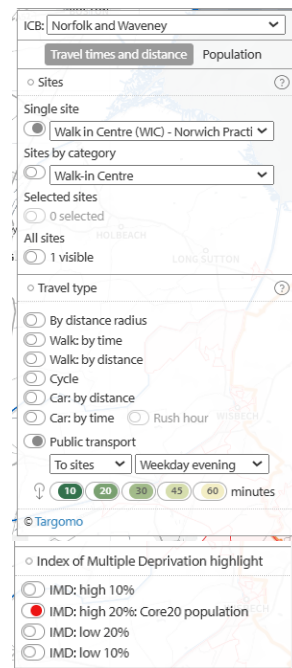
These maps highlight the public transport travel times to the Norwich Walk-in Centre for weekday afternoons and evenings. Travel time for most of Norwich and the surrounding area is within 60 minutes, this includes the most deprived communities in Norwich.



Weekday Afternoon

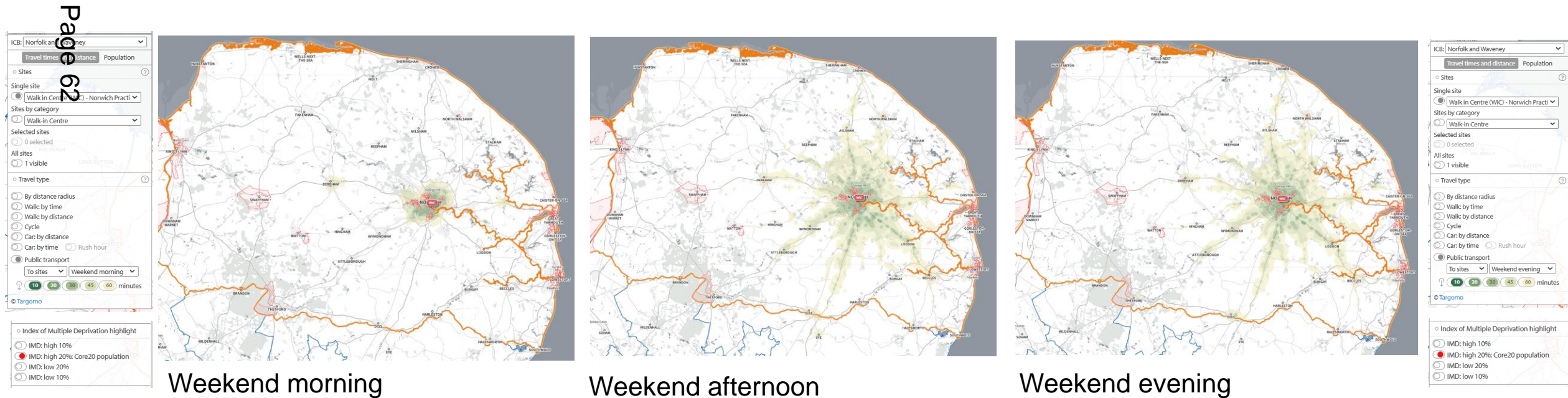


Weekday Evening



Travel Time Analysis: Weekend Public Transport

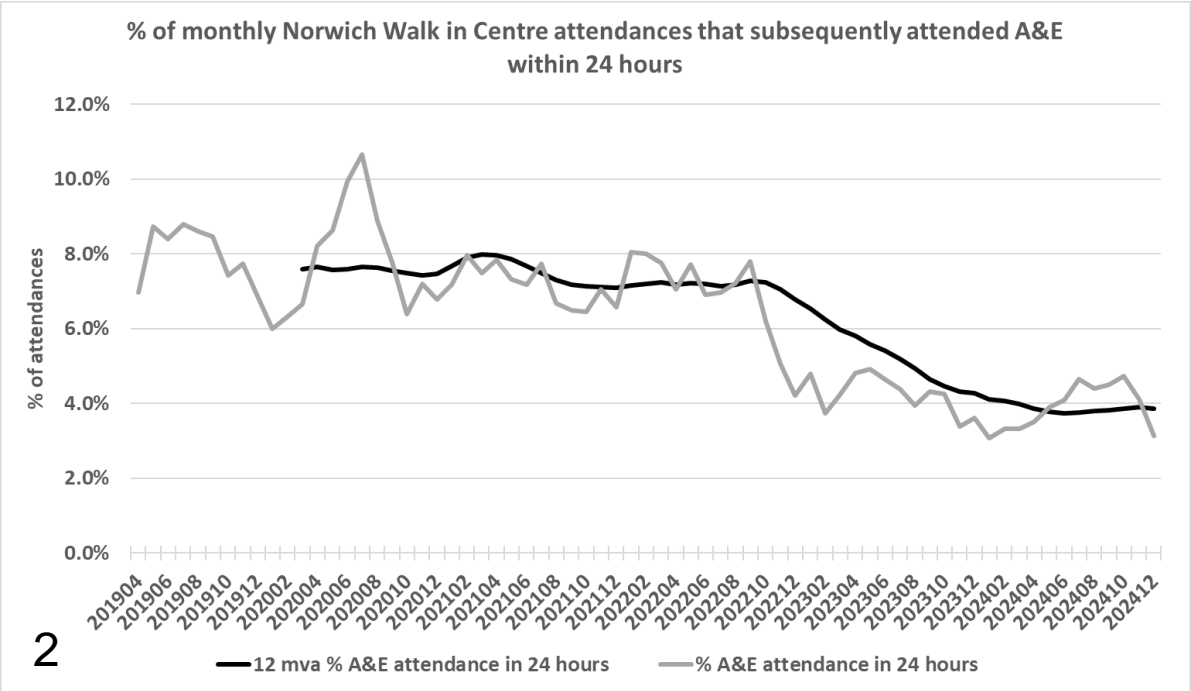
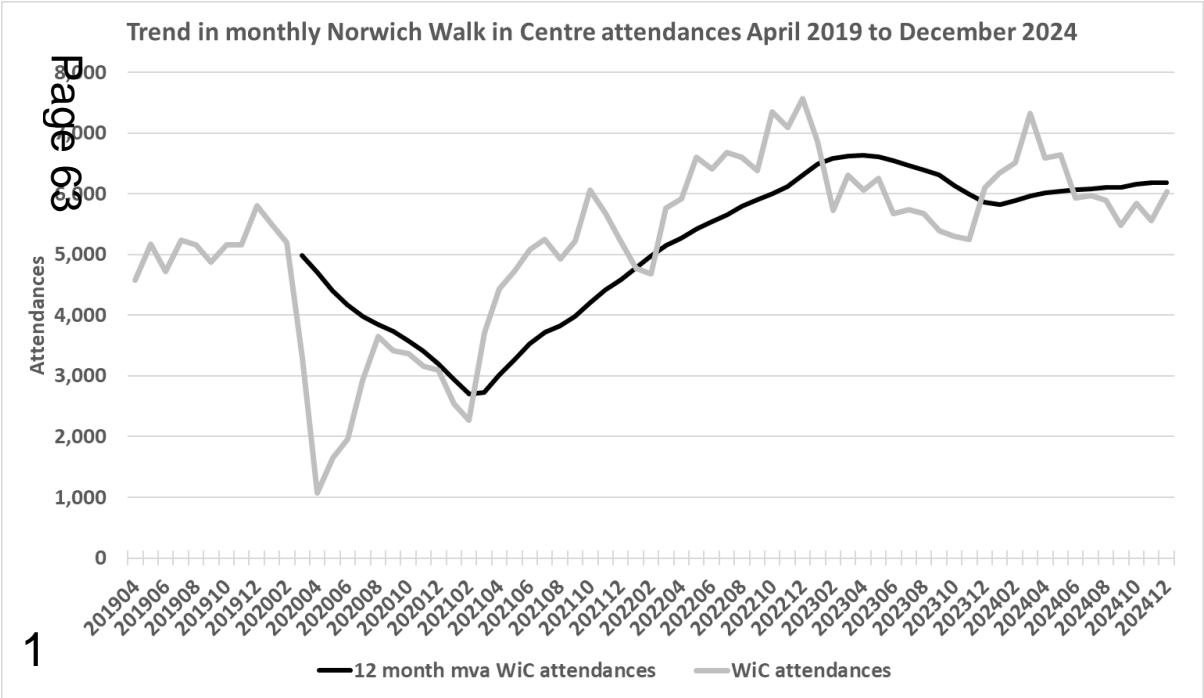
A similar picture is seen for public transport travel times to the Norwich Walk-in Centre at weekends. Access in the mornings outside of Norwich is relatively limited within 60 minutes. However, for weekend afternoons and evenings, travel time for most of Norwich and the surrounding area is within 60 minutes. This includes all the most deprived communities in Norwich.



Attendance Trends

The trend in monthly attendances to the Norwich Walk-in Centre shows that for 2024 there have been between 5,300 and 7,300 attendances per month, which is slightly lower than for 2023.

The proportion of people that use the Walk-in Centre and then attend the Emergency Department (A&E) within 24 hours has been decreasing.



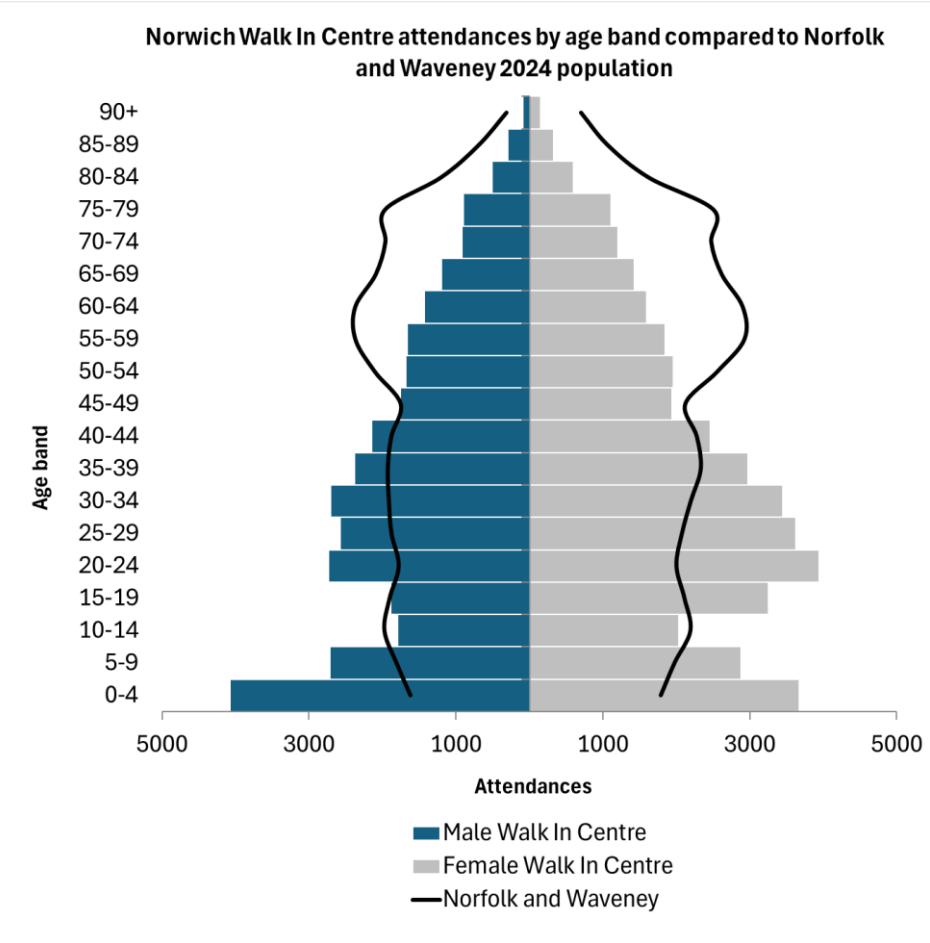
User Profiles

The profile of the users of the Walk-in Centre in 2024 is younger than the Norfolk and Waveney profile.

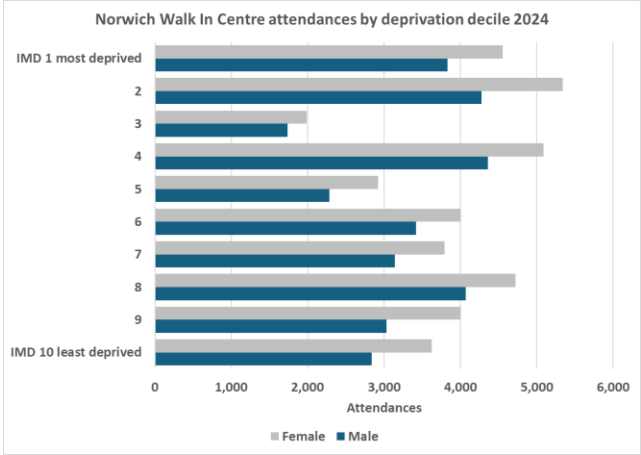
Attendances are higher for females, the younger age bands and working age.

People from deprived communities and people with 4+ long-term conditions are slightly more likely to use the Walk-in Centre.

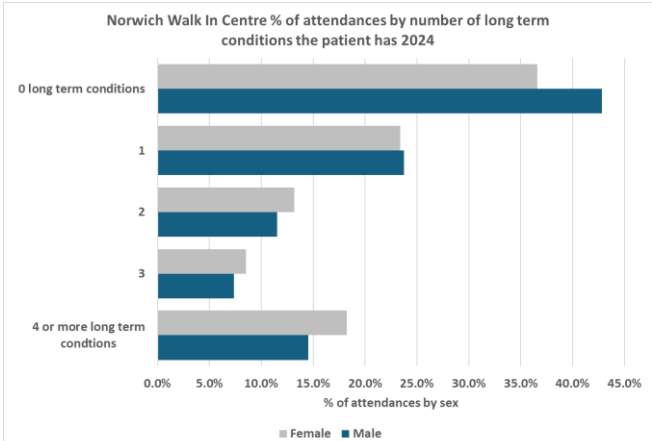
Number of attendances by age band



Attendances by deprivation decile
Deciles 1 and 2 are core 20 most deprived



% of attendances by number of long-term conditions the person has



Usage Times

The busiest times of the week for Norwich Walk in Centre are early Saturday and Sunday mornings.

From Monday to Friday there is a peak in attendances between 09:00 and 11:00 and then attendances gradually reduce through the day. Saturday, Monday and Sunday are the busiest days.

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Day / Hour	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	Total
Monday	1.0%	1.0%	1.7%	1.7%	1.6%	1.3%	1.1%	1.2%	1.2%	1.2%	1.0%	0.6%	0.3%	0.2%	15.2%
Tuesday	1.1%	0.8%	1.7%	1.5%	1.4%	1.2%	1.1%	1.0%	1.0%	1.1%	0.9%	0.7%	0.4%	0.2%	14.0%
Wednesday	0.9%	0.7%	1.4%	1.4%	1.3%	1.2%	1.1%	1.0%	1.0%	1.1%	1.0%	0.9%	0.4%	0.2%	13.3%
Thursday	0.9%	0.8%	1.3%	1.3%	1.3%	1.1%	1.0%	0.9%	0.9%	1.0%	0.8%	0.8%	0.5%	0.2%	12.9%
Friday	1.0%	0.8%	1.4%	1.4%	1.3%	1.2%	1.0%	1.1%	1.0%	1.1%	1.0%	0.7%	0.4%	0.2%	13.7%
Saturday	1.9%	1.3%	1.7%	1.7%	1.6%	1.4%	1.3%	1.2%	1.1%	0.9%	0.8%	0.6%	0.4%	0.2%	15.9%
Sunday	1.8%	1.3%	1.7%	1.6%	1.5%	1.4%	1.0%	1.0%	0.9%	0.8%	0.7%	0.6%	0.5%	0.2%	15.0%
Total	8.5%	6.7%	10.8%	10.6%	10.0%	8.8%	7.6%	7.4%	7.1%	7.3%	6.1%	4.9%	2.9%	1.4%	100.0%

Reasons for Attending

Based on the last six months of coded attendances, analysis shows that the top 10 reasons for attendance account for over 25% of all attendances. These include chest infection, possible UTI, tonsillitis, sore throat, dental abscess, ear infections and wound dressing. The most common outcomes were a prescription, no further action or advice.

- In the six months July 2024 to December 2024:
- There were about 34,800 attendances
 - Of these about 28,200 attendances were coded
 - Of these the top 10 reasons accounted for 7,207 attendances

Diagnosis	Count of diagnosis
(XE0Xs) Chest infection	1750
(XaFqt) Suspected urinary tract infections (UTIs)	1442
(Xa1sb) Viral upper respiratory tract infection	733
(Xa7I0) Tonsillitis	702
(Xa7I4) Dental abscess	634
(XM0r1) Otitis externa (ear canal infection / inflammation)	489
(X70cl) Change of dressing	390
(Xa9zW) Sore throat	379
(XE2aC) Acute tonsillitis	349
(X00ik) Otitis media (middle ear infection)	339
Total	7,207

Source: Data Manager – Norwich Health Centre

For these attendances the most common outcomes were:

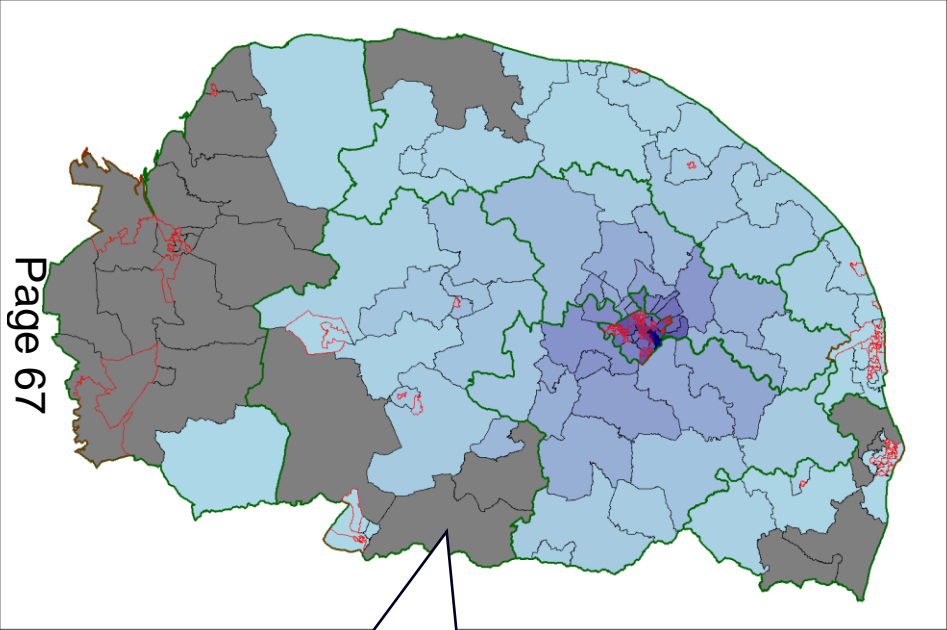
- A prescription
- No further action
- Advice

Outcome	Count of outcome
Prescription	2,132
No Further Action	1,787
Advice	1,488
Plan	840
Treatment Given	302
Referral To Primary	160
Emergency	109
Referral To Secondary	30
Medication Requested	23
Dressing Given	22
Referral Seen By	19
Medication	17
Medication Review	11
Other (or blank)	267
Total	7,207

Where people come from

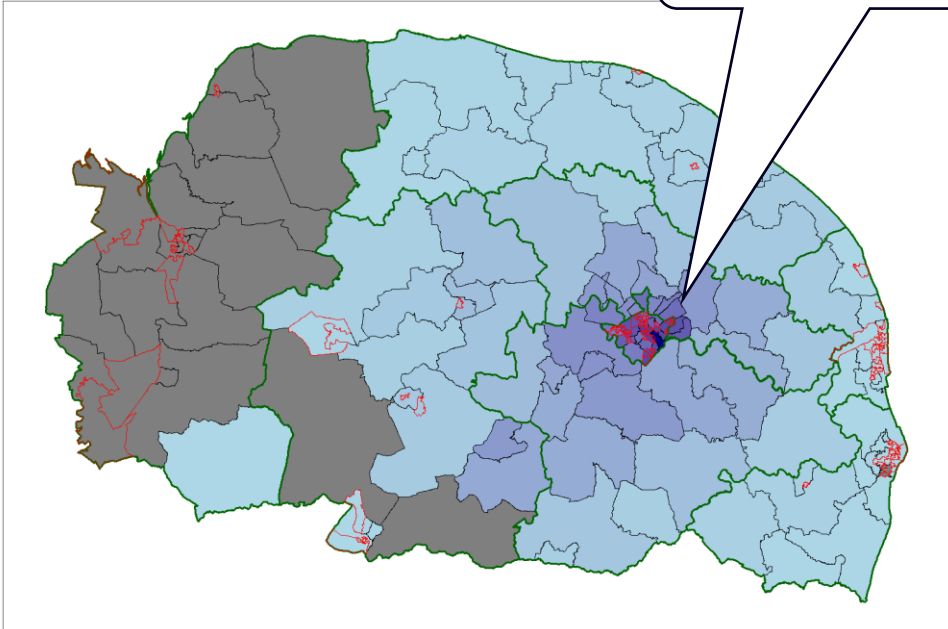
Attendance rates are higher for those communities closer to the Norwich Walk-in Centre. The highest attendance rates are for those who live in Norwich city centre, Thorpe Hamlet, Heartsease, Lakenham and Earlham.

Norwich Walk in Centre attendance rates for males
September 2023 to August 2024



Source: Data Hub and JH grouper data

Norwich Walk in Centre attendance rates for females
September 2023 to August 2024

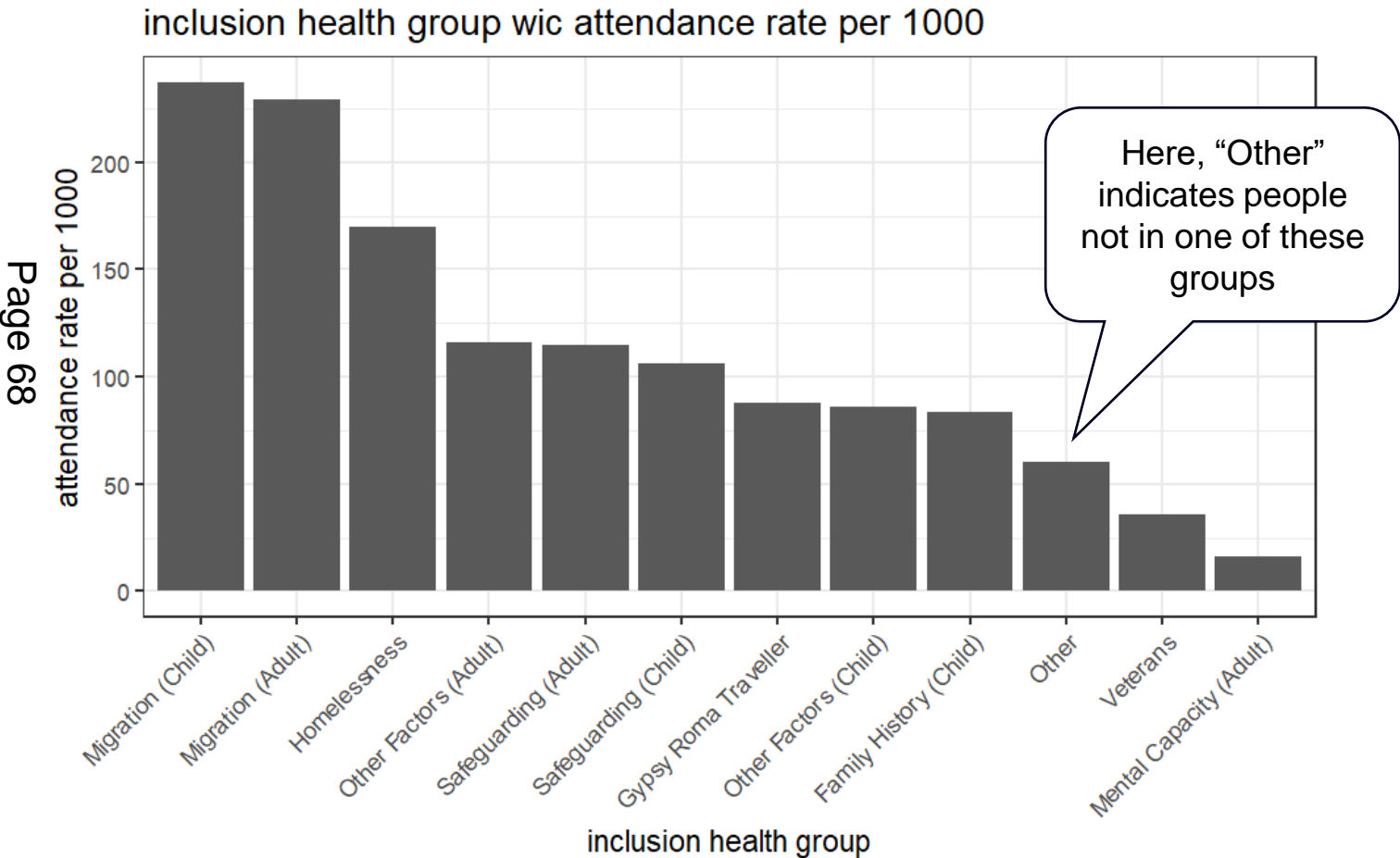


Source: Data Hub and JH grouper data

Rank of attendance rate	Male	Female
1	City Centre East	City Centre East
2	City Centre West	City Centre West
3	Thorpe Hamlet & Mousehold South	Thorpe Hamlet & Mousehold South
4	Heartsease & Pilling Park	Lakenham & Tuckswood
5	Earlham	Heartsease & Pilling Park

Usage by Health Inclusion Groups

We can use our linked dataset to understand usage of the Walk in Centre by Inclusion Health Groups. Inclusion Health Groups generally use the Walk in Centre at a slightly higher rate (per 1,000 patients per year) than patients not in one of these groups.



Inclusion Health groups include:

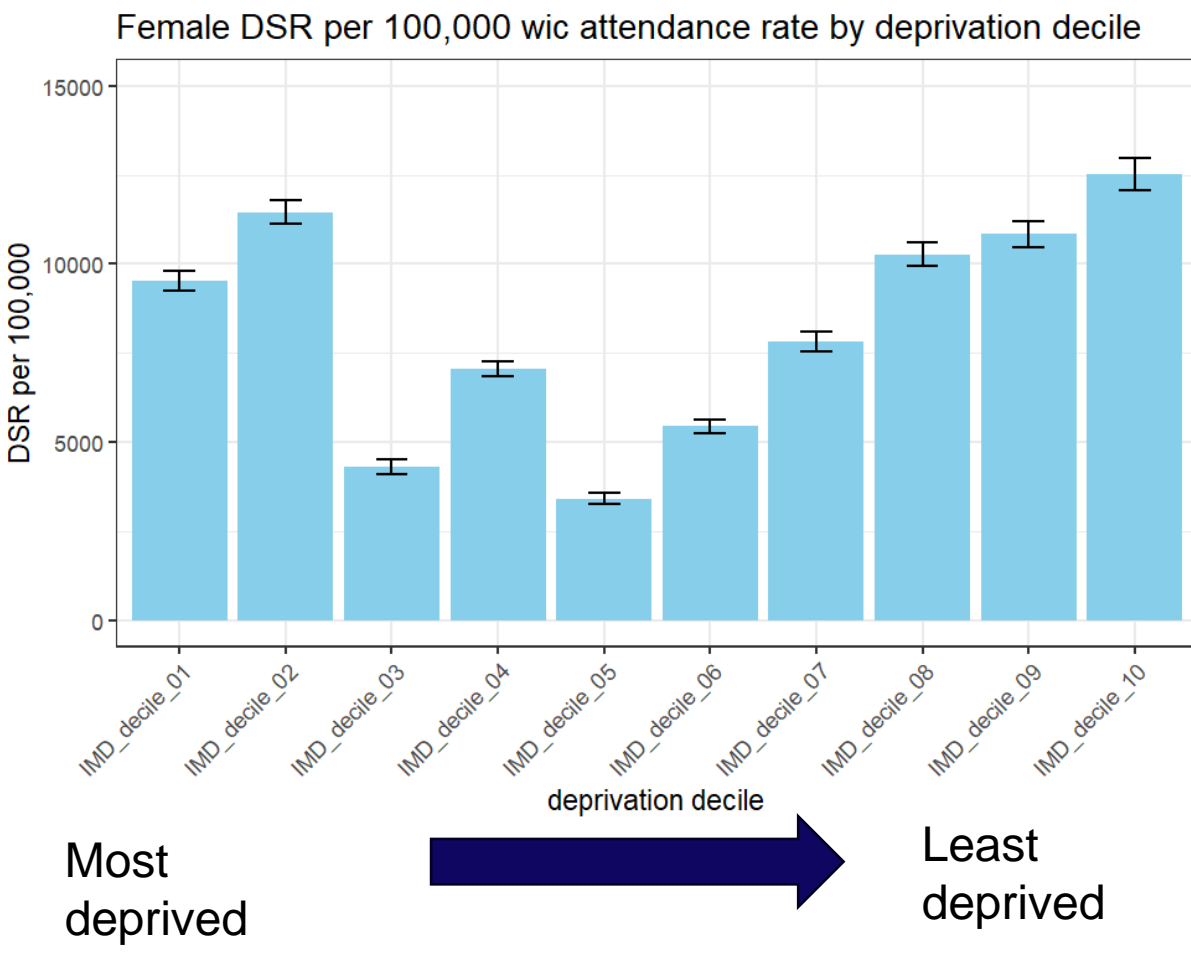
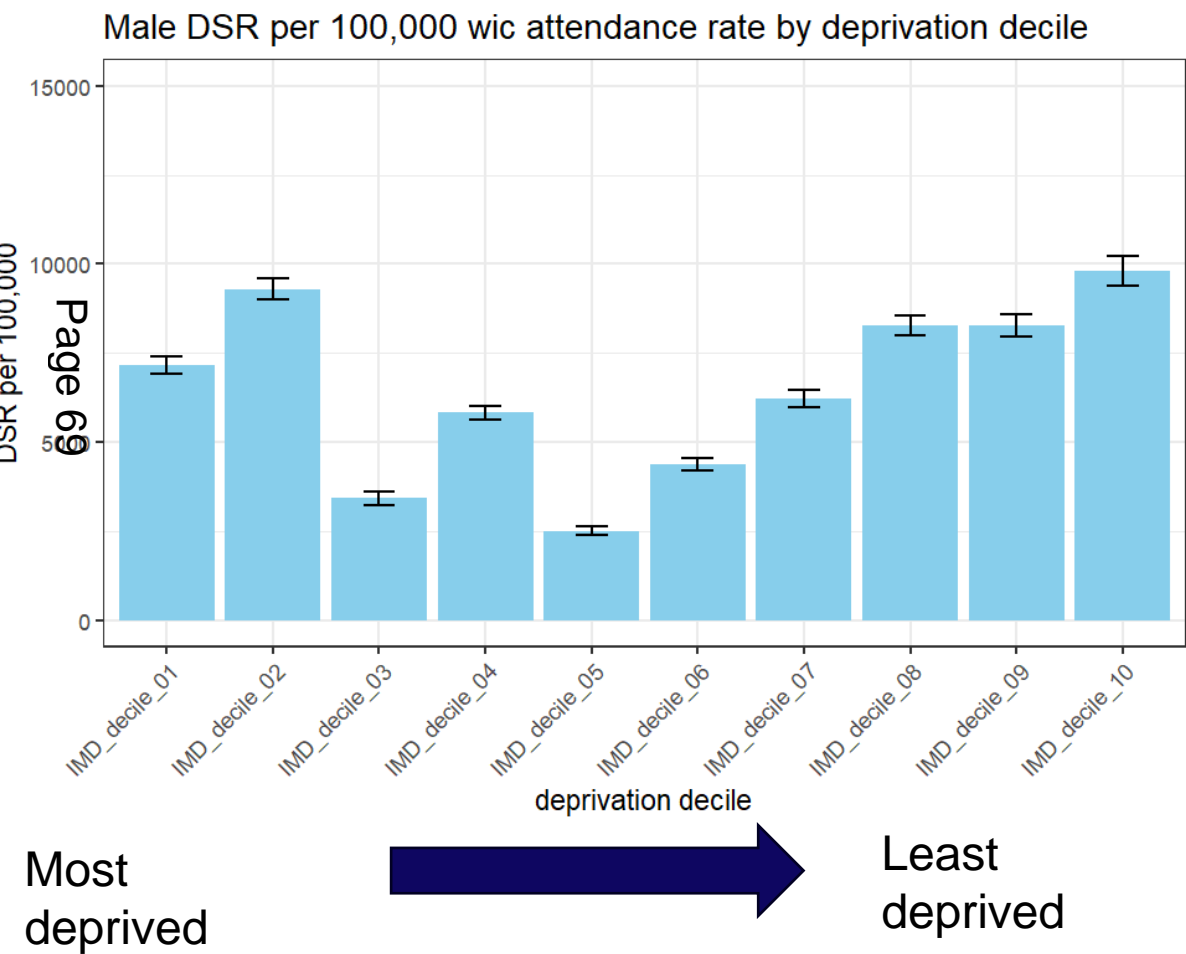
- Identified as homeless
- People staying temporarily with friends and relatives who do not have a permanent address / sofa surfer's
- Rough / street sleepers
- Hostel or night shelter residents
- Asylum Seekers, refugees and forced migrants (excluding those specifically covered by other national schemes)
- Sex workers
- Gypsies, Travelers and Roma's, excluding settled communities
- Liveaboard- those living aboard boats.
- Those involved in the criminal justice system

Inclusion health is a term used to describe people who are socially excluded, typically experience multiple overlapping risk factors for poor health (such as poverty, violence, and complex trauma), experience stigma and discrimination, and are not consistently accounted for in electronic records (such as healthcare databases). These experiences frequently lead to barriers in access to healthcare and extremely poor health outcomes.

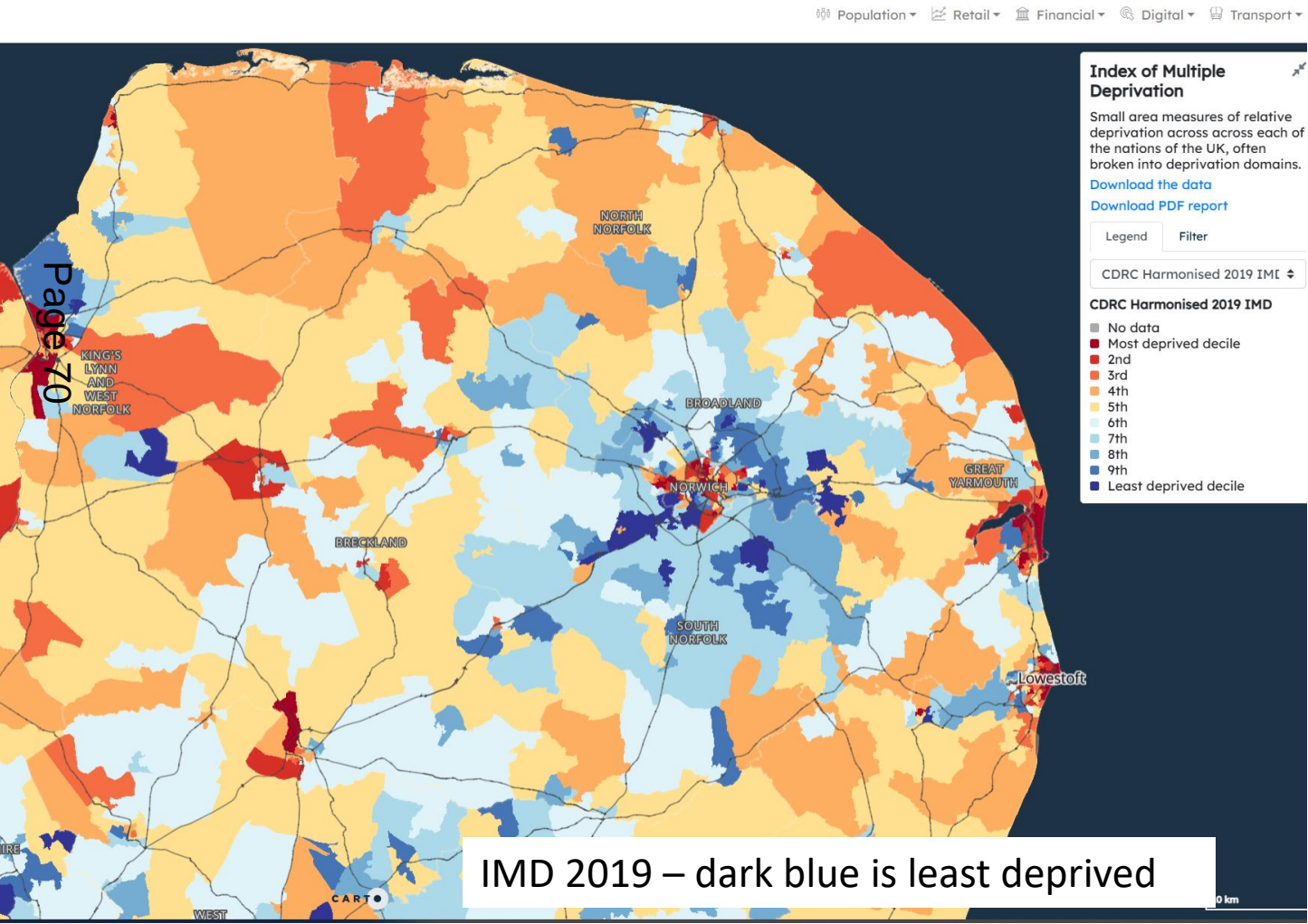
People belonging to inclusion health groups frequently suffer from multiple health issues, which can include mental and physical ill health and substance dependence issues. This leads to extremely poor health outcomes, often much worse than the general population, higher mortality rates, and it contributes considerably to increasing health inequalities.

User Age and Sex

When we standardise for age and sex, we see that the attendance rate by deprivation decile is generally higher for females and highest for patients in the least deprived deciles.



User Deprivation



When we look at the distribution of deprivation across Norfolk and Waveney, we see that the least deprived generally live in or closer to Norwich. There are significant numbers of people experiencing deprivation in Norwich but also further away in GY, KLWN, Lowestoft and Thetford. We might expect that the rates of attendance at the Norwich Walk in Centre would be higher for the least deprived.

District	Most deprived decile 1 Core 20	Most deprived decile 2 Core 20	Other deciles	Core 20 Population
Breckland	2,500	12,300	126,500	14,700
Broadland	0	0	131,900	0
Great Yarmouth	26,900	12,800	59,500	39,700
KLWN	12,100	11,200	127,900	23,300
North Norfolk	0	2,800	102,400	2,800
Norwich	27,400	28,100	86,700	55,500
South Norfolk	0	0	143,100	0
Waveney	16,000	11,800	90,700	27,900
Norfolk and Waveney	84,900	78,900	868,800	163,800
England	5,603,900	5,697,200	45,249,000	11,301,100

https://www.norfolkinsight.org.uk/wp-content/uploads/2022/02/Core20_populations.pptx

Tell us your views on the Vulnerable Adults Service Health Inclusion Hub

Background

NHS Norfolk and Waveney Integrated Care Board (the ICB) plans and buys healthcare services for the local population. We spend about £2.5 billion of public money on health services every year in Norfolk and Waveney.

We always want to make sure that we are getting the best value for the public money that we spend. We have developed some options about how the Vulnerable Adults Service Health Inclusion Hub could be run in future, and we would like to hear what local people think of them.

What is the Vulnerable Adults Service Health Inclusion Hub?

The service is based in Norwich and provides enhanced primary medical support to people with a complex range of needs. It operates between 9am-5pm, Monday to Friday. It aims to address health inequalities by bringing together specialist healthcare professionals to provide inclusion health services and an asylum seeker and refugee service.

Inclusion health services are for people who are socially excluded and likely to experience stigma and discrimination, live chaotic lives, typically experience multiple overlapping risk factors for poor health, and are not consistently accounted for in electronic records. Many people using the service are homeless and their experiences frequently lead to barriers in access to healthcare and extremely poor health outcomes.

The team provides targeted inclusion health services on a short-term basis, usually up to six months. Service users are then integrated back into GP practices in Norwich to one of the 20 nominated Inclusion Health Practices to ensure a supported transition and to plan for their ongoing needs.

Inclusion health communities elsewhere in Norfolk and Waveney (as well as in Norwich) are supported by GP practices and other health and care services.

What options are we considering for the future of the Vulnerable Adults Service Health Inclusion Hub?

We have developed two options, and these are described below. We have also drafted an Equality Impact Assessment which looks at the potential impact on different groups of people and what we could do to mitigate the impact. The draft Equality Impact Assessment is available on our [website](#).

Option A – Continue to provide the service from its current base in Norwich.

One option we are considering is to continue to run the service from the same building in Norwich.

What would this mean for people who use the service?

- The service would continue to care for vulnerable adults in Norwich / those that can access a central Norwich service, including homeless people, sex workers, those with drug and alcohol dependence and asylum seekers.
- Inclusion health groups elsewhere in Norfolk and Waveney would continue to receive the same support from general practice and other health and care services as they do now.

The Vulnerable Adults Service costs c£446,000 per year (for 2025/26), which is a reduction of c6% from 2024/25. This option would not deliver a further saving.

Option B – Create a team that goes to different communities across Norfolk and Waveney to provide the service and close the base in Norwich.

One option we are considering is creating a team that goes to different communities across Norfolk and Waveney. The service would use an outreach model to care for vulnerable adults across Norfolk and Waveney. The team could either use a specialist vehicle, such as a bus that goes to different communities, or the team could go to community venues and hostels. Either way, we would ensure that the service was provided in a space that was suitable for clinical care.

What would this mean for people who use the service?

- The service would care for vulnerable adults across Norfolk and Waveney, not just those in Norwich.
- Overall, the service would deliver a similar volume of interventions, however there would be less regular access for people living in Norwich.

The Vulnerable Adults Service costs c£446,000 per year (for 2025/26), which is a reduction of c6% from 2024/25. Until further scoping has been undertaken, it is not possible to confirm if this option would deliver further savings.

Our consultation

Before any decision can be made about what to do next with this service, we want to hear what you think about the options we are considering.

We know that making decisions about changing how we provide services is important and we take these decisions seriously.

To help us make a decision, we would like people to tell us what impact the options we are considering would have on them.

We are working with Healthwatch Norfolk who are gathering the views of local people.

Who are we consulting with?

- People across Norfolk and Waveney, including users of this service, their carers and advocates.
- The organisations and staff who currently provide this service and other professionals who signpost to this service.
- Norfolk County Council's Health Overview and Scrutiny Committee.
- Suffolk County Council's Health Overview and Scrutiny Committee.
- Local organisations who provide NHS services to people registered with Norfolk and Waveney.
- Local stakeholders, such as MPs, local councillors and local councils.
- Local voluntary and charitable organisations and their users.
- Norfolk and Waveney Local Representative Committees.

When are we consulting?

Our consultation will run for eight weeks, beginning at 15.00 on 3 March and closing at 23.59 on 27 April 2025.

How you can have your say

- **Online:** Complete our [online survey](#).
- **In person:** You can share your views with the Healthwatch Norfolk team at any of their below sessions:
 - 5 March 2025 – Carers coffee morning, Cromer Hospital, 10.00-12.00
 - 6 March 2025 – North Walsham Salvation Army, 10.00-12.00
 - 7 March 2025 – Alive Foodbank, Norwich, 10.00-12.00
 - 11 March 2025 – Holt Library, 10.30-12.00
 - 20 March 2025 – Norfolk and Norwich University Hospital, 10.00-12.00
 - 22 March 2025 – Family Voice Conference, John Innes Centre, Norwich, 9.00-3.30
 - 25 March 2025 – Wymondham Library, 10.00-12.00
 - 26 March 2025 – Cuppa Care, Erpingham Village Hall, 10.00-12.00
 - 27 March 2025 – Sheringham Salvation Army, 10.00-1.00
 - 2 April 2025 – Carers coffee morning, Cromer Hospital, 10.00-12.00
 - 3 April 2025 – Roundwell GP Surgery, Norwich, 10.00-12.00
 - 3 April 2025 – Aylsham Healthy Town, Aylsham Market Place, 10.00-1.00

- 4 April 2025 – Alive Foodbank, Norwich, 10.00-12.00
- 8 April 2025 – Holt Library, 10.30-12.00
- 9 April 2025 – Cuppa Care at Northrepps Village Hall, 10.00-12.00
- 10 April 2025 – Community Matters Cafe, Cromer Methodist Church, 10.30-12.00
- 11 April 2025 – Roots Community Cafe, Wymondham, 10.00-12.00
- 15 April 2025 – Vision Norfolk coffee morning, Black Swan, North Walsham, 10.00-12.00
- 16 April 2025 – Roys of Wroxham, 10.00-12.00
- 17 April 2025 – Cromer Hospital, 10.00-12.00

The ICB is also holding the following drop-in sessions:

- 31 March 2025 - Assembly Room, King's Lynn Town Hall, 14.00-16.00
- 1 April 2025 - The Forum in Norwich on Tuesday, 17.30-19.00
- 4 April 2025- The Olive Centre in Lowestoft, 10.00-12.00

In addition to this work, we will visit the Vulnerable Adults Service to speak directly with service users and staff and gather their views.

- **Post:** Paper copies are available on request. If you would like one, please email: nwicb.contactus@nhs.net or call 01603 595 857.

Send your completed paper copy to NHS Norfolk and Waveney ICB, County Hall, Martineau Lane, Norwich, NR1 2DH.

If you would like this document or survey in large print, another language or an alternative format, please contact NHS Norfolk and Waveney ICB. You can contact the ICB by:



Write to NHS Norfolk and Waveney ICB, County Hall, Martineau Lane, Norwich, NR1 2DH.



Emailing: nwicb.contactus@nhs.net



Calling: 01603 595 857

We will need to receive your consultation feedback by 23.59 on 27 April to ensure we can include it in the final report. Please take into account for any postal feedback.

How will the final decision be made?

We will publish the full consultation feedback report on our [website](#).

We will share the findings of the consultation with the ICB Board and with the Norfolk and Suffolk Health Overview and Scrutiny Committees.

Taking the feedback into account, the ICB Board will then make a decision when they meet in June 2025. This meeting will be held in public so that people can attend, listen and ask questions of the Board if they would like to. Meeting dates, details and papers will be available in advance on our website.

Key dates

Activity	Date
Consultation around proposed options.	15.00 on 3 March 2025 – 23.59 27 April 2025.
Feedback reviewed and consultation report produced.	27 April 2025 – June 2025.
Propose final recommendation for decision at the ICB Board and publish report.	Meeting in June 2025. Date TBC.
Planning and preparation period following decision.	June 2025 – 31 March 2026.

Consultation questions

Feedback form: Tell us your views on the Vulnerable Adults Service Health Inclusion Hub

Please answer the following questions around the Vulnerable Adults Health Inclusion Hub.

Responses to the consultation are being collected and analysed by Healthwatch Norfolk.

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather your views of health and social care services to ensure they are heard by the people in charge.

Healthwatch Norfolk will produce a report for NHS Norfolk and Waveney ICB about the responses to this consultation.

You can read Healthwatch Norfolk's full privacy policy on their [website](#).

Healthwatch Norfolk produce a newsletter about health and social care in Norfolk. If you'd like to receive this newsletter please leave your email address here:

Q1. Please tick all that apply to you.

I have personally used the Vulnerable Adults Service in the last 12 months.	
I have supported someone else to use the Vulnerable Adults Service in the last 12 months, e.g. friend, family, carer.	
I work for the Vulnerable Adults Service.	
I am responding on behalf of a local organisation (please state).	
Other (please state).	

Q1. Option A – Continue to provide the service from its current base in Norwich.

If we decided to do this, what impact would it have on you?

Q2. Option B – Create a team that goes to different communities across Norfolk and Waveney to provide the service and close the base in Norwich.

If we decided to do this, what impact would it have on you?

Q3. Do you have any other suggestions about how the Vulnerable Adults Service Health Inclusion Hub could operate in future?

If yes, please tell us about these by writing them in the box below:

About you

We want to make sure that services are open and accessible and that our consultations are representative of the community we serve and the people that use our services. Please help us measure how far we are achieving this by answering the following questions.

Please note: You do not have to give us this information, but it will help us if you do. We will keep this information confidential and will not use it for any other purpose.

1. How old are you? (Please write the answer in the box below using numbers rather than letters)

2. Are you ...? (Please tick one box only)

Male ☐ Female ☐ Prefer not to say ☐

Prefer to self-describe, please state.

3. How would you describe your ethnicity?

Asian or Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese

- ☐ Any other Asian background – please state.

Black, Black British, Caribbean or African

- ☐ Caribbean
☐ African
☐ Any other Black, Black British, or Caribbean background – please state.

Mixed or multiple ethnic groups

- ☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ Any other Mixed or multiple ethnic background – please state.

White

- ☐ English, Welsh, Scottish, Northern Irish or British
☐ Irish
☐ Gypsy or Irish Traveller
☐ Roma
☐ Any other White background – please state.

Other ethnic group

- ☐ Arab
☐ Any other ethnic group – please state.

4. What is your first language? For example, English.

- ☐ English
Other – please state

5. Would you describe yourself as having a sensory disability (affecting your sight or hearing), physical disability, learning difficulty or long-term illness? Please tick one box only.

Yes ☐ No ☐ Prefer not to say ☐

Where do you live? Please provide the first part of your postcode (e.g. NR4) or leave this blank if you have no fixed abode.

6. Do any of the following apply to you? Please tick all that apply.

- ☐ I'm a carer
☐ Someone cares for me
☐ I have a long-term condition
☐ I have a disability
☐ None of the above
☐ I prefer not to say

7. Where did you hear about this survey?

- ☐ GP website
- ☐ Healthwatch Norfolk Event
- ☐ Healthwatch Norfolk Newsletter
- ☐ Healthwatch Norfolk Website
- ☐ News (website / radio / local newspaper)
- ☐ Search Engine (e.g. Google)
- ☐ Social media (e.g. Facebook / Instagram / X)
- ☐ Through a friend or co-worker
- ☐ YouTube
- ☐ Other (please specify):

Personal information, confidentiality and data protection

Thank you for taking the time to share your views.

Healthwatch Norfolk, on behalf of NHS Norfolk and Waveney ICB, will process any personal information we receive from you in line with the Data Protection Act 1998. This means that we will hold your personal data and only use it for the purpose for which it was collected, being this consultation.

We will also, under normal circumstances, not pass your personal data on to anyone else. However, we may be asked under access to information laws to publish or disclose some, or all, of the information you provide in response to this consultation, including any personal information. We will only do this where such disclosure will comply with such relevant information laws which include the Freedom of Information Act 2000, the Data Protection Act 1998 and the Environmental Information Regulations 2004.

You may wish to keep a copy of your response to our consultation for your own records.

Appendix A: Previous engagement

In 2022, we gathered feedback from vulnerable adults and those with additional needs about their experiences using the Vulnerable Adults Service in Norwich.

You can read the [full engagement report](#) from this engagement on our website.

In 2023, we carried out a consultation on the future of general practice services in Norwich, including the Norwich Walk-in Centre, Vulnerable Adults Service – Inclusion Health Hub, and the GP Practice at Rouen Road. This consultation was undertaken when the contract for these services was due to expire in March 2024.

You can read the [full consultation report](#) on our website.

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Norfolk Health Overview and Scrutiny Committee meeting 20th March 2025 (NHOSC)

The Committee met to discuss two topics.

Norfolk and Suffolk NHS Foundation Trust's (NSFT) Improvement Plan Update

NSFT has recently come out of special measures and regularly report to the NHOSC committee.

The trust is building from the learning from deaths program. There has been a recent staff survey with results still being analysed. A Crisis Resolution pathway from A&E and hospital discharge is being developed. Patient and family responses have been more positive since the last report. A Patient Experience Officer has been recruited to interface with service users and carers.

There appears to be a great willingness to move forward on the journey with more openness and transparency. They remain keen to get all staff on board with new pathways to reduce staff turnover and improve services.

There are impending NHS cuts, but the Trust were confident this could be made by efficiencies in the service such as reducing bank staff and updating procedures.

Norfolk and Waveney Hospitals Group Model of operation

The new model of the three acute hospitals (James Pagett, Queen Elizabeth and the Norfolk and Norwich) is not a merger.

The hospitals are keen to preserve the ethos of a strong base in the community each hospital serves. Each Trust will maintain its own legal autonomy with its own Council of Governors together with a Managing Director who will be a full member of the board. An interim Group Chair will be appointed in March and a CEO in April.

There were plans to introduce a university status. There was a desire to look to provide more services locally.




The four main opportunities for collaboration are:

- a. Transform health services based on the needs of patients and population
- b. Deliver high quality outcomes building on combined knowledge, skills and experience
- c. Achieve greater sustainability by working at scale

There were concerns raised if staff would be expected to work at all hospitals due to the rurality. Many questions were asked about the way forward, but we were reassured the hospitals will remain separate, uniting to pool ideas, buying capacity and improve sustainability.

The NHOSC Committee met separately to discuss the proposed changes to the Norwich Walk in Centre and the survey that is currently being undertaken. The Committee and Healthwatch expressed their concern that there would be profound consequences of changing this service.






Moving forward they will be keeping a close eye on the progress of the changes to this vital service.

Cabinet Work Programme – March to July 2025					
Committee	Meeting	Report title	Cabinet member	Corporate Plan theme	Decision details
06 May 2025					
Cabinet	06 May 2025	Asset Management Plan	Lucy Shires <i>Renata Garfoot Estates & Asset Strategy Manager</i>	Investing in local economy & infrastructure	FC approval required – Policy Framework
GRAC (tbc)	26 March 2025				
Council	May / July	Lease Renewals at Rocket House Building, Cromer	Lucy Shires <i>Renata Garfoot Estates & Asset Strategy Manager</i>	Investing in local economy & infrastructure	
Cabinet	31 March 2025				May contain exempt information 
Cabinet	06 May 2025	Cedars, N Walsham	Lucy Shires <i>Renata Garfoot Estates & Asset Strategy Manager</i>	Investing in local economy & infrastructure	May contain exempt information 
Cabinet	06 May 2025	Donkey Shelter, Cromer	Lucy Shires <i>Renata Garfoot Estates & Asset Strategy Manager</i>	Investing in local economy & infrastructure	 May contain exempt information
Cabinet	06 May 2025	Public Toilet transfers	Lucy Shires <i>Renata Garfoot Estates & Asset Strategy Manager</i>	Investing in local economy & infrastructure	May contain exempt information



Key Decision – a decision which is likely to incur expenditure or savings of £100,000 or more, or affect two or more wards. (NNDC Constitution, p9 s12.2b)


* Schedule 12A of the Local Government Act 1972 (As amended by the Local Authorities (Access to Information) (Exempt Information) (England) Order 2006)

Committee	Meeting	Report title	Cabinet member	Corporate Plan theme	Decision details
Cabinet	06 May 2025	Housing Benefit Overpayment Policy	Wendy Fredericks <i>Trudi Grant Benefits Manager</i>	A Strong, responsible and Accountable Council	May slip to June
Cabinet	06 May 2025	Property Enforcement Updates	Cllr A Brown <i>Martyn Fulcher Director for Place and Climate Change</i>	A Strong, responsible and Accountable Council	 Reports regarding property transactions may contain exempt information
Cabinet	06 May 2025	FLASH – Framework agreement <i>May slip to July</i>	Cllr L Withington <i>Steve Hems Director for Communities</i>	Investing in local economies and infrastructure	 May contain exempt information
Cabinet	06 May 2025	Grant Funding confirmation	Cllr A Varley <i>Kate Rawlings Climate & Env Policy Manager</i>		
June 2025					
Cabinet	02 June 2025	Lease renewals – Cromer Admin Office	Lucy Shires <i>Renata Garfoot Estates & Asset Strategy Manager</i>	Investing in local economy & infrastructure	 May contain exempt information
Cabinet	02 June 2025	Lease renewals – Fakenham Connect	Lucy Shires <i>Renata Garfoot Estates & Asset Strategy Manager</i>	Investing in local economy & infrastructure	 May contain exempt information



Key Decision – a decision which is likely to incur expenditure or savings of £100,000 or more, or affect two or more wards. (NNDC Constitution, p9 s12.2b)




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Cabinet Scrutiny	02 June 2025 11 June 2025	Corporate Plan progress Q4 2024/25	Cllr T Adams Steve Blatch Chief Executive	A Strong, responsible and Accountable Council	Could go to pre- scrutiny
July 2025					
GRAC	03 June 2025	Treasury Management Annual Report 2024/2025	Cllr L Shires Tina Stankley Director of Resources	A Strong, responsible and Accountable Council	
Cabinet	07 July 2025				
Council	23 July 2025				
Committee	Meeting	Report title	Cabinet member	Corporate Plan theme	Decision details
Cabinet	07 July 2025	Debt Management Annual Report 2024/2025	Cllr L Shires Sean Knight Revenues Manager	A Strong, responsible and Accountable Council	
Council	23 July 2025				
Cabinet	07 July 2025	Out-turn report 2024/2025	Cllr L Shires Tina Stankley Director of Resources	A Strong, responsible and Accountable Council	
Scrutiny	16 July 2025				
Council	23 July 2025				
Cabinet	07 July 2025	Property Disposal Programme	Lucy Shires Renata Garfoot Estates & Asset Strategy Manager	A Strong, responsible and Accountable Council	 May contain exempt information



Key Decision – a decision which is likely to incur expenditure or savings of £100,000 or more, or affect two or more wards. (NNDC Constitution, p9 s12.2b)


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Cabinet	07 July 2025	Local Plan - approval	Cllr A Brown <i>Iain Withington Acting Planning Policy Manager</i>	<i>Meeting Local Housing need</i>	
Full Council	23 July 2025				
Future Items – Dates to be confirmed					
Cabinet		Former Shannoeks Hotel site, Sheringham	Cllr L Shires, A Brown <i>Russell Williams AD for Planning & Enforcement</i>	<i>A Strong, responsible and Accountable Council</i>	May contain exempt information
Cabinet		Property Transactions Marrams Bowls Club	Cllr Lucy Shires <i>Renata Garfoot Estates & Asset Strategy Manager</i>	<i>A Strong, responsible and Accountable Council</i>	 Reports regarding property transactions may contain exempt information
Cabinet		Waste Reforms	Cllr C Ringer <i>Steve Hems Director for Communities</i>	<i>Our Greener Future</i>	
Cabinet		North Lodge Park, Cromer	Cllr L Shires <i>Renata Garfoot Estates & Asset Strategy Manager</i>	<i>A Strong, responsible and Accountable Council</i>	 May contain exempt information



Key Decision – a decision which is likely to incur expenditure or savings of £100,000 or more, or affect two or more wards. (NNDC Constitution, p9 s12.2b)

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Cabinet		System Procurement	Cllr L Shires Sean Knight Revenues Manager	A Strong, responsible and Accountable Council	 May contain exempt information
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Key Decision – a decision which is likely to incur expenditure or savings of £100,000 or more, or affect two or more wards. (NNDC Constitution, p9 s12.2b)

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