

## **Health Overview Select Committee Meeting Thursday 15 January 2026**

The Chair, Cllr Brenda Jones, gave an update on issues related Speech and Language Therapy SaLT as they had received an update from the Department for Health and Social Care and the Department for Education (see appendix A). She also discussed the Integrated Care Board's (ICB) decision to award a contract in respect of the Vulnerable Adult Service in Norwich.

### **Eastern Pathology Alliance (EPA) Weekend Pathology Testing**

The Committee discussed the decision by the ICB to cease weekend pathology testing for GP Practices within Norfolk and Waveney. The ICB and the Norfolk and Norwich Hospital (NNUH) highlighted that the overall spend on pathology and processing routine samples was increasing. Weekend testing was introduced in 2022 but not formally commissioned. An impact assessment concluded that removing the service would impact on convenience and not impact on urgent testing. However, feedback detailed there had been a negative impact on people of working age and those who needed a carer or relative to bring them to medical appointments, going against the aim to make services more accessible. The ICB was reviewing the impact of the removal of the service.

Representatives of East Norfolk Medical Practice spoke on this item. Concerns were raised about the ICB's decision making process and questioned if the impact on deprived communities had been considered. Saturday appointments were well used and improved access to services for many. They felt the decision was in contravention of commitments made to deprived communities and reducing the health inequalities gap. No explanation had been given of how the decision had been made upon cancelling the service, with seemingly no discussion with patient groups.

It was noted that working-age people could find it difficult to access GP appointments during the week. The definition of "normal working hours" was challenged as many in Norfolk worked in hospitality which had variable working hours.

The NNUH stated that removing weekend testing would not impact blood testing as blood taken on a Friday would be processed the same day. The ICB reported some practices took a higher number of tests at weekend than others but that did not reflect number of patients as patients could have more than one sample taken. Volumes of testing had increased each year giving lab staff a 35% increase in workload at the weekend. Labs felt they could provide a sufficient service at weekend. There are currently 4 community diagnostic centres in Norfolk, but financial constraints meant providing more was challenging.

The ICB confirmed this was a financially driven decision and not focussed on improving access. They agreed that the wider impact of ill health needed to be considered, including financial, prevention and bringing care closer to communities, as well as improving access to public transport. There was discussion to the clinical impacts on those not able to attend appointments, such as reduced monitoring of diabetes and cardiovascular disease. The impact on working people was also discussed. Although Equality Impact Assessments had been carried out, there had been more impact seen than first anticipated. The ICB agreed that patients should be involved more in decisions like this.

The ICB agreed to respond to the Committee as to how the Equality Impact Assessment process could be improved. A review of the removal of weekend testing was in process with it being hoped an agreement could be reached by the end of February 2026.

Having reviewed and commented on the report, the Health Overview Select Committee **NOTED** the report and made the following recommendations:

- that the committee receive a report to scrutinise the wider impact on working age adults of accessibility to services.
- that the ICB work with Healthwatch to look at the ICB Equality Impact Assessment process and how it considered the impact on populations and then report back to the Committee.
- that a report was brought to Committee on the approach taken by the ICB to consult with patients and healthcare providers.
- that HOSC write to Cllr Graham Plant, the Cabinet Member for Highways, Infrastructure and Transport, to ask him to carry out a review of bus travel links to health centres and hospitals and how this could be improved

### **Palliative and End of Life Care Update**

The Committee received a report from the ICB on palliative and end of life care. A review had been carried out to understand what services were already available, where, and how they were working; a separate Marie Curie survey had found provision was inconsistent and variable, especially access to specialist palliative care beds. Deprived areas often had worse access to specialist palliative care.

The ICB stated there was a focus on upskilling the generalist workforce work so there was more joined up care. Work had been done to improve and standardise care and tackle poor integration. So far, kits had been introduced into GP systems to support provision of palliative care services, the number of medicines available out of hours had been increased and workforce training was being provided. Carers and service users had been invited to workshops to provide feedback. “No Barriers Here” training had been introduced to help healthcare providers have conversations with people about death.

It was noted by the Committee there was a gap in services available in North Norfolk and it was important to improve access to families to be with their loved ones in their last days. The ICB agreed that more was needed to support care at home but there was a discrepancy in service across the county. The importance of dignity was emphasised.

Although it was highlighted that a shortfall in specialist beds existed, the ICB said it was important to maximise what was already available and then review what additional provision might be needed. It was pointed out that providing improved care for people dying at home could have a potential cost benefit compared with specialist palliative care and repeated admission to hospital. The out of hours service had been involved in the work so far and it was hoped that specialist care would be involved in triaging 111 and 999 calls.

The ICB agreed the Marie Curie findings would be included in any review, as well as best practice from other areas. When asked if the ICB or Norfolk and Suffolk Foundation Trust (NSFT) would be involved in similar studies to that of other areas, such as drug trials to support carers with anxiety and depression, the ICB confirmed that the NNUH was involved in a study to look at drug effectiveness in a wider range of patient cohorts.

The ICB were asked to work with the voluntary sector to co-produce work related to preparing for the assisted dying bill, if it was passed by government.

Having reviewed and commented on the report, the Health Overview Select Committee **NOTED** the report and made the following recommendations:

- That the Committee receive a briefing note from the ICB setting out details of the hospice bed expansion plan, assistance available for carers in the palliative care process, place level data including access to palliative care beds, out of hours response times and the core 25 plus outcomes.

### **Norfolk Medicines Support Service**

The Committee received a report detailing the planned closure of the Norfolk Medicines Support Service (NMSS) from 31 March 2026, following a review that found the service's model outdated and not integrated with current NHS systems. The funding for the service had been removed by Norfolk County Council and was due to stop at the end of March 2026.

A transition plan was being developed with patients, providers and primary care to ensure that all patients currently using the service would be offered a medicines review, an assessment of their needs and assessment of eligibility for other support, such as home delivery of medication or compliance aids. This would be provided to the Committee. Many areas in the country did not provide a medicine support service because it could be provided in more effective ways, such as a structured medicines review, and therefore having effective transition plans were important.

There was recognition that a medicine support service would not be required if the processes in place by primary care professionals were effective.

The importance of regular medication reviews was discussed, and it was decided they would be carried out by a clinical pharmacist alongside carers if appropriate. It was possible for patients to order dosette boxes online, but it was pointed out that not all patients had access to the internet to do so or had the digital literacy to order medications in this way. The Committee was reassured that interim plans would be put in place if needed and if assessment showed that someone required a dosette box this could be arranged.

Feedback from provider of the service was that there was a high level of satisfaction, so as good a service or better would need to be provided. Individual assessments of service users would identify ongoing needs and support which could be provided. There was concern that the assessment of service user needs could highlight new social care needs; and this should be highlighted to social care teams.

A Committee Member suggested that an assessment of capacity of community healthcare providers to pick up the additional work should be carried out.

A Committee Member suggested that a full investigation should be carried out into who this change will affect.

Having reviewed and commented on the report, the Health Overview Select Committee NOTED the report and made the following recommendations:

- That detailed information be provided to the Committee on the planned approach, assessment of capacity, data on frequency of medicine review schedules, and clarification on the decision-making process at Norfolk County Council to withdraw the funding.
- That the Committee highlight this topic to the appropriate Norfolk County Council committee and share the discussion held today.

### **Appointment of Link Member to Norfolk and Suffolk Foundation Trust**

The Committee agreed to appoint Cllr Dr Victoria Holliday as link Member for NSFT for HOSC.

### **Forward Work Programme**

The ICB's contract award decision for the Vulnerable Adult Service in Norwich was being considered for call-in to the Secretary of State for Health and Social Care.

It was agreed that the Committee request a report on the matter raised through the call-in process and discuss in March. Concerns were raised about the decision to change the provider of the walk-in centre, health centre and vulnerable adults service to a non-local provider with poor CQC ratings. The Committee was told that a request to call-in had been submitted. This would be part of the report.

The Committee discussed the forward work programme.

The following briefing papers were agreed:

- briefing paper on the decision-making processes of the ICB
- briefing report on how winter demand has been dealt with in comparison with previous years
- briefing on the East of England Ambulance Service response and handover times
- information on over 40s health checks
- briefing paper about the out of hours and 111 services

It was suggested the scheduled report on autism covered neurodiversity more broadly.

The Committee agreed the Forward Work Programme with the addition of the following reports:

- Report to scrutinise the wider impact on working age adults of accessibility to services
- Report on the approach taken by the ICB to consult with patients and healthcare providers
- Report on the ICB's Equality Impact Assessment process
- Report on the matter raised through the call-in