

Norfolk Healthwatch consultation on behalf of the Norfolk and Waveney Integrated Care Board

Proposals for the future use of the NHS-owned Benjamin Court facility, Cromer – Submission on behalf of North Norfolk District Council

Norfolk Healthwatch is conducting a consultation on behalf of the Norfolk and Waveney Integrated Care Board over the future use of the NHS owned Benjamin Court facility in Cromer. This submission presents the position of North Norfolk District Council as to the future use of this facility.

Benjamin Court was built in the early 1990s to provide an in-patient bed facility for people in North Norfolk who were medically fit for discharge from the acute hospital in Norwich and needed time and support for convalescence, reablement and rehabilitation. The facility was also able to offer respite and palliative care.

The facility was purpose-built as a self-contained unit with 36 ensuite rooms of clinical standard (arranged across two “wings” - one for reablement and rehabilitation and the second for respite and palliative care) with nursing stations, consultation and therapy rooms, day room and kitchen facilities. The kitchen facility was also able to provide meals for an adjoining sheltered / supported housing development.

The facility was operated by the NHS until 2014, when responsibility for the provision and operation of services at Benjamin Court transferred to Norfolk County Council Adult Social Services as a reablement (social care) facility. However, the facility closed in June 2023 when the County Council decided to move to a home care model of reablement support and care. The Benjamin Court facility has therefore effectively been “mothballed” and has stood empty since June 2023 – at the same time as which there have been acute pressures at the Norfolk and Norwich Hospital with extended handover times from ambulances to A&E, long A&E wait times, corridor care and over 200 beds at the hospital occupied by patients medically fit for discharge but who do not have the support at home to be able to leave hospital for their rehabilitation and convalescence – particularly after strokes, slips, trips and falls.

The North Norfolk District has one of the eldest demographics in the country, with 33.4% of the district’s population (34,900 individuals) being over 65 compared to a Norfolk average of 25% and an England average of 18.4% (2021 Census and LG Inform). The district is a popular area for retirement such that it is anticipated that the number of older people in the district will grow further in the years to come. The North Norfolk Local Plan has also proposed that the district accommodates a further 10,000 new homes in the period to 2036, meaning that both the district’s total population and percentage of older people is anticipated to grow further creating additional demand for and requiring provision of new health services, including specialist older peoples’ services in long-term and chronic condition management as well as living well preventative ageing services, in the future.

The issues of North Norfolk’s aged and ageing population was recognised by the Chief Medical Officer, Professor Chris Whitty, in his 2023 annual report “Health in an Ageing Society”, in which he specifically mentioned North Norfolk and made recommendations that action be taken to provide more services for older people in order to improve their quality of life and prioritise service improvements and development in areas with the fastest growth in numbers of older people.

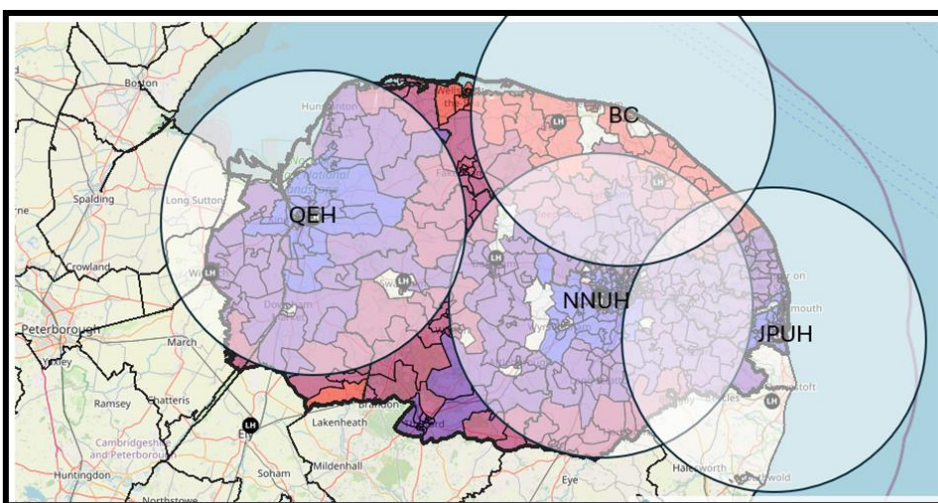
The permanent closure or loss of the Benjamin Court facility as an NHS reablement and rehabilitation, respite and palliative care facility is therefore contrary to the conclusions of and recommendations made by the Chief Medical Officer, Professor Chris Whitty, who, stated:-

“For policymakers, the biggest concern I have is that government and professional bodies have not recognised the degree to which the population living in older age is concentrating geographically in the United Kingdom in general, and England specifically. The great majority of people move out of cities and large towns before older age, concentrating geographically in coastal, semi-rural or peripheral areas, often with relatively sparse services and transport links. Manchester, Birmingham and London will age very slowly but areas such as Scarborough, North Norfolk or the south coast are going to age rapidly and predictably. Providing services and environments suitable for older adults in these areas is an absolute priority if we wish to maximise the period all older citizens have in independence. The provision of health and social care also needs to be concentrated in these areas.”

The apparent lack of resources to operate Benjamin Court is disappointing in the context of Chris Whitty's comments and doesn't seem to reflect the needs of North Norfolk's population and communities, either now or into the future.

North Norfolk District Council recognises and appreciates that its population is principally served by the Norfolk and Norwich University (acute) Hospital (NNUH) Trust, with some communities and residents at the eastern and western ends of the district served respectively by the James Paget Hospital in Gorleston and Queen Elizabeth II Hospital in Kings Lynn, both of which are ageing structures and facilities identified for replacement in future years and might therefore see pressure on existing capacity during new build work / redevelopment programmes.

The Council recognises that the NNUH is a large, modern hospital (opened in late 2001) providing regional and specialist A&E, surgical and condition management services serving a population of some 600,000 people across a large part of central Norfolk including the Greater Norwich urban area and the rural areas of Breckland, Broadland, North Norfolk and South Norfolk. The NNUH is some 26 miles by road from Cromer and further from communities along the remote, rural North Norfolk Coast meaning ambulance response and journey times for cardiac and stroke calls are long compared to national comparisons and performance standards. It takes an average of 53 minutes to travel from large parts of North Norfolk to the NNUH, meaning that out of all the Local Authority Districts in England, North Norfolk has the highest average journey time to an acute hospital in England.



Source: Department for Transport (2019) Average time to hospital by car (10240), LG Inform

This, to some extent, is acknowledged and accepted by local communities recognising the extensive geography and settlement hierarchy of Norfolk, but is something communities and residents find particularly difficult when it comes to visiting and supporting family members whilst they are in the Norfolk and Norwich hospital, to which access is difficult and costly by private transport (journey time, cost of fuel and parking) or by public transport involving journeys by train and bus or a minimum of two buses requiring travel into the centre of Norwich from the coast and then out to the hospital. This is compounded if treatment involves long hospital stays whilst care needs and packages are assessed resulting in delayed discharge even when patients might be medically fit for discharge.

The District Council acknowledges that the Norfolk and Waveney ICB is developing a new 48-bed reablement facility at the Norwich Community Hospital (due to open in June 2024, but delayed until October 2024) at a cost of £19.2million which will relieve pressure on the NNUH. However, these beds are still in the Norwich urban area, remote from North Norfolk, requiring changes of train / bus connections at some considerable inconvenience to partners and family members supporting a patient's recovery which would be much easier in a community-based setting such as Benjamin Court in Cromer. Further, the District Council understands that in recent times the intermediate care facilities and beds at Kelling Hospital, Holt and North Walsham Hospital have been under significant pressure, suggesting that there is a real need for the capacity which exists at Benjamin Court to be re-opened and operated as an NHS facility both in the immediate and longer terms.

Cromer is centrally located on the North Norfolk Coast, is well served by local bus and rail services and is a centre of local employment and services for a large rural hinterland. Significantly, the town has an outpatient facility of the NNUHT providing a Minor Injuries Unit, wide range of diagnostic and outpatient services, cataract surgery, dialysis and cancer services in the modern Cromer Hospital facility. Although the Benjamin Court facility is on a separate site to the Cromer Hospital, there are other NHS services and infrastructure provided in the town in addition to the primary care services provided by the Cromer Medical Practice, which would be able to provide professional "support" or an NHS nursing / healthcare community in Cromer in support of services provided and staff employed at Benjamin Court.

It is well-documented that older people, often with multiple chronic conditions (multi-morbidity), attend medical appointments more frequently than the wider population and the development of an innovative integrated older persons' health care facility at Benjamin Court in the spirit of Professor Whitty's recommendations presents a unique opportunity for North Norfolk and the Norfolk and Waveney ICB to ask the Department of Health and Social Care to support a pilot project, perhaps over five years, in the development of older persons health practice. This would be close to the North Norfolk population, rather than such residents having to make repeated visits to the NNUH acute hospital. For those residents requiring acute or longer-term care at home, the re-opening of Benjamin Court as a step-down facility for patients requiring reablement / rehabilitation support close to home where partners, neighbours and family members can support recovery and independence, respite care for people with long-term conditions supported by partners / family carers, and palliative care close to home, would be hugely welcomed. The Save Benjamin Court campaign, including partners and family members of patients looked after at Benjamin Court in the past and staff of the Benjamin Court facility, enjoys strong local support from people who speak passionately about the quality of service and care provided at Benjamin Court and of the "softer" benefits and outcomes of family members supporting patients through extended visiting arrangements in a way which is just not possible in a busy acute hospital with traditional wards (multiple beds) compared to the private single ensuite rooms which exist at Benjamin Court.

According to research undertaken by The Kings Fund delayed hospital discharges in England cost £1.7billion in 2022/23 and are rising by 9.1% per annum. In Norfolk the District Council understands that it is estimated that the three acute hospitals would save a £60 million per year by caring for discharged patients in non-acute hospitals. Retaining Benjamin Court as a non-acute hospital facility would therefore save NHS Norfolk and Waveney up to £6 million a year (NHS Norfolk and Waveney ICB; Department of Health and Social Care; & NHS North Norfolk Clinical Commissioning Group based on figures for 2023/24).

In this respect, the Council does not understand why the health system in Norfolk seems unable or unwilling to provide such services from the mothballed Benjamin Court facility which, with very modest expenditure to bring the building back into use, could be achieved quickly, relieving pressure on the acute hospitals in Norfolk, all of which are recording high numbers of patients who are medically fit for discharge and “no longer meet the criteria to reside” thereby freeing up acute beds for patients in clinical need and reducing delays and pressures in A&E, corridor care and ambulance handover times, creating pressure elsewhere in the local health system – particularly ambulance availability and response times across much of North Norfolk.

Further, it is understood that Norfolk has one of the most centralised health systems in England with many acute, diagnostic and chronic condition management services concentrated in the Greater Norwich area requiring patients from rural parts of the County, including North Norfolk, incurring the cost and inconvenience of having to travel to access such services rather than a more dispersed arrangement of service provision as is perhaps seen in other rural areas of England such as in Cumbria, Devon, Northumberland and North Yorkshire where community hospitals and reablement and rehabilitation and older persons services appear to have been retained at a more local level than is the case in Norfolk.

Even today (17th July 2024) at a meeting of the Council’s Overview and Scrutiny Committee a representative of the East of England Ambulance Service Trust (EEAST) commented on the pressures which existed for the ambulance service through delayed handovers in the acute hospital system and how the opportunity to assess some elderly patients and take them to community-based services rather than acute A&E facilities would deliver positive service outcomes for patients, ambulance staff and the wider ambulance response performance.

The proposed permanent closure or loss of the Benjamin Court facilities therefore goes against the principles of patients being at the heart of everything the NHS does; places elderly and vulnerable residents at a disadvantage in being able to access reablement, rehabilitation, respite and palliative care services – in terms of independence and cost; and represents the loss of another service to rural communities in North Norfolk alongside banking services, dental services, pharmacy services and the availability of affordable housing – all of which are contributing to the fundamental change in the structure and viability of communities across rural North Norfolk.

For all of the above reasons, North Norfolk District Council would ask that Norfolk Healthwatch and the Norfolk and Waveney ICB support the re-opening of the “mothballed” NHS owned Benjamin Court facility in Cromer for reablement and rehabilitation care as part of service improvements for older people in North Norfolk, bringing hospital services closer to our local community and increasing capacity at Norfolk’s acute hospitals.

The District Council has written in this regard to the Rt. Hon. Wes Streeting MP, Secretary of State for Health and Social Care advising him of the opportunity presented by the Benjamin Court facility to reduce pressures in Norfolk's acute hospital sector and in perhaps piloting approaches to the provision of health services for older people recognising the aged demographic of North Norfolk.

Statement prepared by:-

Steve Blatch, Chief Executive, North Norfolk District Council

17th July 2024