

Joint Health and Wellbeing Strategy (JHWS)

Engagement Feedback Report

October 2018



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1. Purpose of report

This report details the feedback from a period of engagement undertaken from July to September 2018 that sought the views of people in Northumberland on the draft Joint Health and Wellbeing Strategy (JHWS).

2. Executive summary

The draft JHWS 2018 – 2028 is an aspirational plan which sets out how NHS Northumberland Clinical Commissioning Group (CCG) and Northumberland County Council (NCC) will work together to improve the overall wellbeing and health of Northumberland residents and reduce inequalities over the next ten years.

The document has been produced jointly by the CCG and NCC and, once formally approved, it will be a key pillar of the NCC Health and Wellbeing Board's future considerations. It should be a pivotal reference document for all commissioners and provider when developing healthcare in Northumberland.

A two-month period of engagement was launched in July with a JHWS survey which gathered a total of 392 responses and over 1,000 comments. An online survey was uploaded onto NCC's website, a link was also provided on the CCG's website and it was promoted on both organisations' social media. There was also a paper version that was promoted in one practice in each of the four CCG Northumberland localities. CCG staff engaged with patients at Union Brae in Berwick, Burn Brae Medical Group in Hexham, Seaton Park Medical Group in Ashington and Railway Medical Group in Blyth.

A series of focus groups for Northumberland residents took place in Northumberland Hall in Alnwick, North locality, Morpeth Town Hall in Central locality, Hexham Abbey in West locality and Isabella Community Centre in Blyth Valley locality. Approximately 25 people attended the focus groups in total.

The independent consumer champion Healthwatch Northumberland shared the draft JHWS strategy with its networks including some harder to reach groups through which are detailed in this report.

A short briefing and questionnaire were also shared with all 42 GP practices who fed back via email although only two responses were received which can be found in Appendix 9.

The feedback from the survey and focus groups detailed below will help to shape the final JHWS which is due to be published later this year.

3. Promotion of the engagement exercise

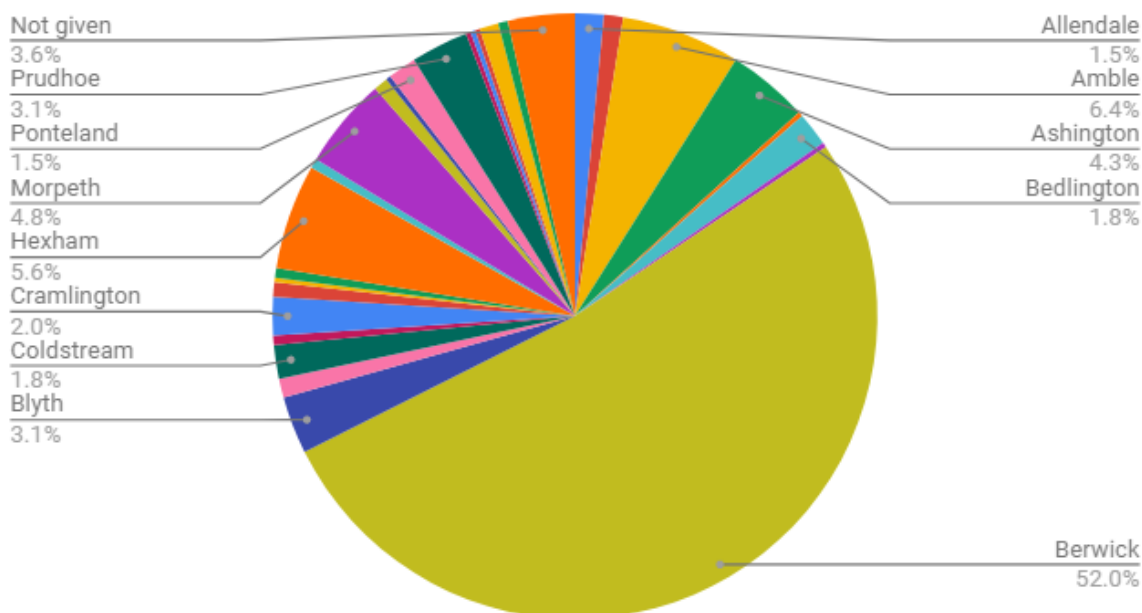
The engagement sessions were promoted in the local press, through social media, NCC and the CCG's websites and My NHS; a database of people with an interest in NHS matters who are routinely involved in engagement activities. At the start of the engagement exercise a bulletin including details of the survey and focus groups was sent to partner organisations and the community and voluntary sector. The GP briefing and short questionnaire was discussed at locality meetings with GPs and practice managers and circulated via the Locality Bulletin and locality managers direct to practices.

4. Joint Health & Well-being Strategy Survey – Results

The Joint Health and Wellbeing Strategy Survey launched in July and ran until the end of September 2018; 392 responses were received. Additionally there were a further 1,000 comments in the free text sections of the survey which asked for suggestions for themes and priorities which people felt should be included. The results, broken down by each question, are below:

This survey was open to anyone who lives or works in Northumberland and respondents were asked to confirm their postcode, which most did. See Appendix 1 for full list.

Responses by Town



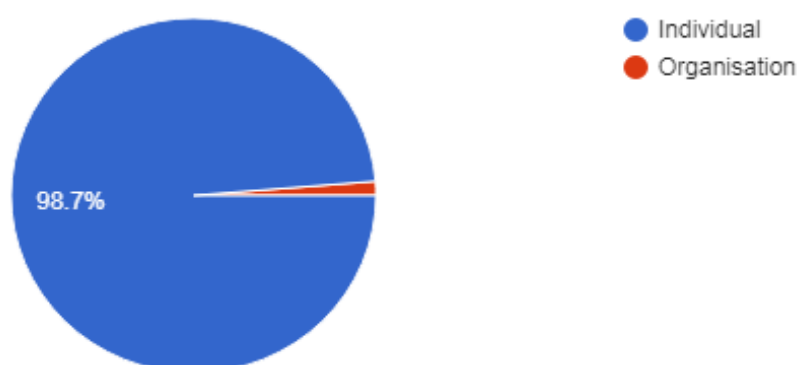
A disproportionately large percentage of respondents were from Berwick: 52% (this figure does not include numbers from areas immediately around Berwick which would increase this figure).

A small proportion of respondents (3.6%) did not give a postcode - these are from hand-written surveys that were collected at events run by staff so are considered valid and therefore have been included.

Respondents were asked if they were answering as an individual or on behalf of an organisation. There were 392 responses to this question.

Are you answering as an

392 responses



Individual = 98.7% On behalf of an organisation = 1.3%

Respondents were asked to give the name of their organisation and five responded with the following:

Northumberland CVA x1

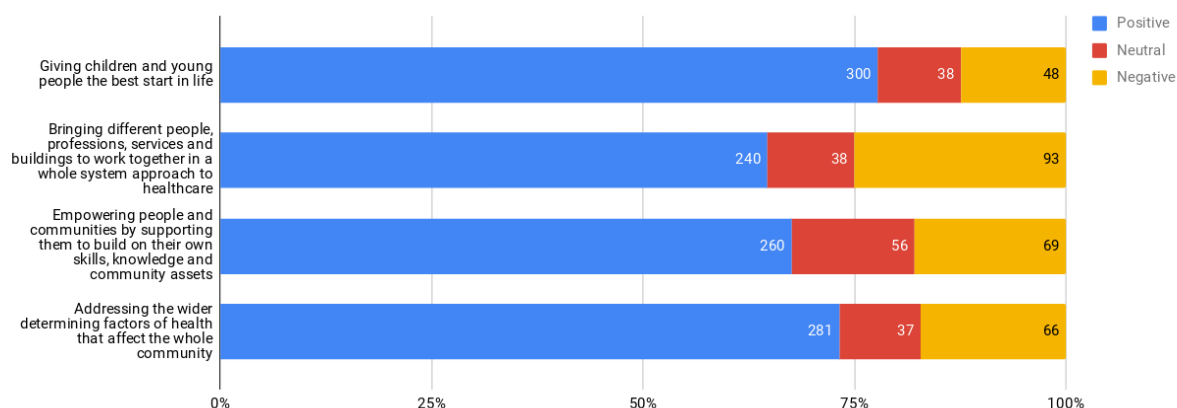
Northumberland VCS Assembly x1

PPG x 3 (1 in Rothbury PPG, 2 in Railway Medical PPG in Blyth)

4.1. Over-arching themes of the JHWS

Respondents were asked to what extent they agreed that the Health and Wellbeing Board had chosen the right themes to focus on for the next 10 years. See below.

To what extent do you agree that the Health and Wellbeing Board has chosen the right issues to focus on for the next 10 years?



Respondents were asked whether anything else should be an overarching theme for the Health and Wellbeing Board over the next 10 years. There were 222 responses. See Appendix 2 for full list.

The range of respondent suggestions are summarised below. The themes are broadly ranked in order of the number of comments submitted for each.

Berwick

There were a significant number of comments concerning Berwick which included a new hospital in Berwick, an over emphasis on primary care rather than secondary care, a lack of healthcare facilities in Berwick, not joining health with leisure, outpatient appointments in Berwick, increased healthcare provision in the town, and not having to travel miles for healthcare.

Education and Empowerment for prevention

Many people felt that educating children and their families at an early stage was a key issue to adopting a preventative approach. For example education about healthy lifestyles, including diet and exercise, would ultimately help towards reducing obesity. Doing this from as early as nursery age was highlighted. Focusing on preventative measures rather than having a reactive model to treat people when they become ill was felt to be beneficial, in particular with addictive behaviours to drugs and alcohol.

Distance to Travel and Equitable Access to Services

There were a number of comments relating to equity of good healthcare services for all residents of Northumberland no matter where they live and what their financial means. Investment in small rural hospitals and rural services was highlighted a number of times, with a high number of comments in relation to Berwick specifically and some from Coquetdale.

Mental Health

Mental health was mentioned many times with a particular focus on support for young people from 16-25 and an increase in the number of consultants.

Generational Healthcare and Support

This was touched on specifically for younger people in the form of community hubs to offer mentoring, and also older people's provision with specific support for them by a named GP and support for dementia care.

Sustainability of Healthcare

A few comments focused on staffing including GPs, nurses and medical staff. It was suggested that financial and practical support should be provided to ensure the sustainability of GP practices. Considering the distribution of GPs to ensure good coverage and support for patients was also highlighted. Key roles working across health, social and mental healthcare were also raised to ensure joined up care and investing in healthcare.

Public Transport

Transport was mentioned in particular buses and the importance of having accessible routes across Northumberland for use by all people of ages, especially in more rural areas. Effective sharing of timetables was also highlighted.

Carers

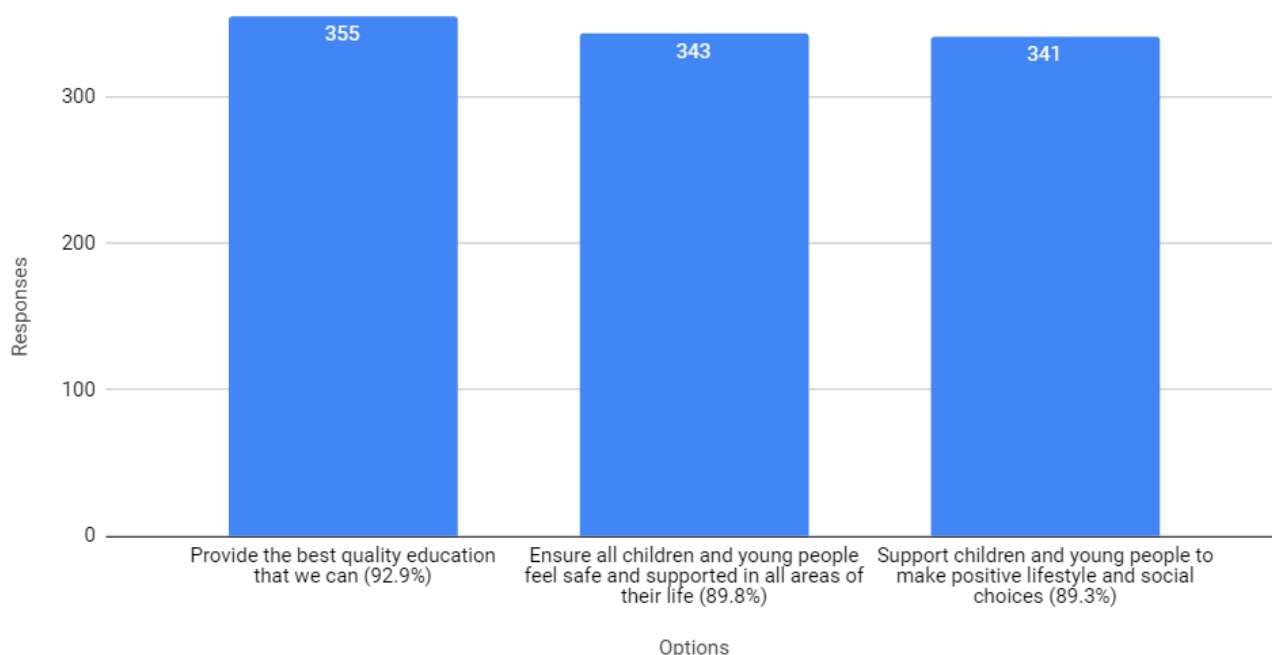
Some comments highlighted the support available for carers including the carer's assessment and access to healthcare.

4.2. Priorities under each theme

This section explored the priorities which are set out under each of the four themes. It asked people to firstly tick the priorities which they agreed with; the results are shown in the blue charts which depict the number of responses which agreed with each priority. Secondly, in the free text section of the survey, people were asked if they considered that there were any additional priorities that should be included.

Theme 1 – Giving children and young people the best start in life.
Respondents were asked whether they agreed with the priorities under Theme 1 - see below.

Aim: All children and young people are happy, aspirational and socially mobile



Respondents were then asked to respond with any other priorities for Theme 1 that they believed should be included. 142 respondents gave an answer. See Appendix 3 for full list.

The range of respondent suggestions are summarised below. The themes are broadly ranked in order of the number of comments submitted for each.

Berwick

The same comments made in previous questions were raised again. They included comments about a new hospital, a lack of healthcare facilities, increased healthcare provision in the town and, not having to travel hundreds of miles for healthcare.

Education in Northumberland

The majority of comments related to education centred on what changes were being made to address low educational standards in Northumberland to make improvements for future generations. Support for children and young people with Special Educational Needs (SEN) was raised numerous times, and speech and language support was also identified as being a key element of a child's development. Rescuing Berwick Academy was also highlighted by Berwick residents. Comments also highlighted the importance of life skills such as cooking, budgeting being part of the curriculum and supporting more choice around education for parents including home schooling.

Role of parents/wider family

Many comments highlighted the importance of a whole family approach rather than supporting children in isolation, to effect positive change. Sharing health promotion information with parents and the support available for their children was suggested. Parents have a role to play in the healthcare for future generations.

‘Too general’

Some people felt that the overall theme and priorities were too general to comment on and needed to be more specific.

Career opportunities in Northumberland

There were a small number of comments relating to career opportunities in Northumberland and the need to encourage young people to stay in the county and give back to the community. Also volunteering opportunities for young people were raised.

Mental and emotional resilience support

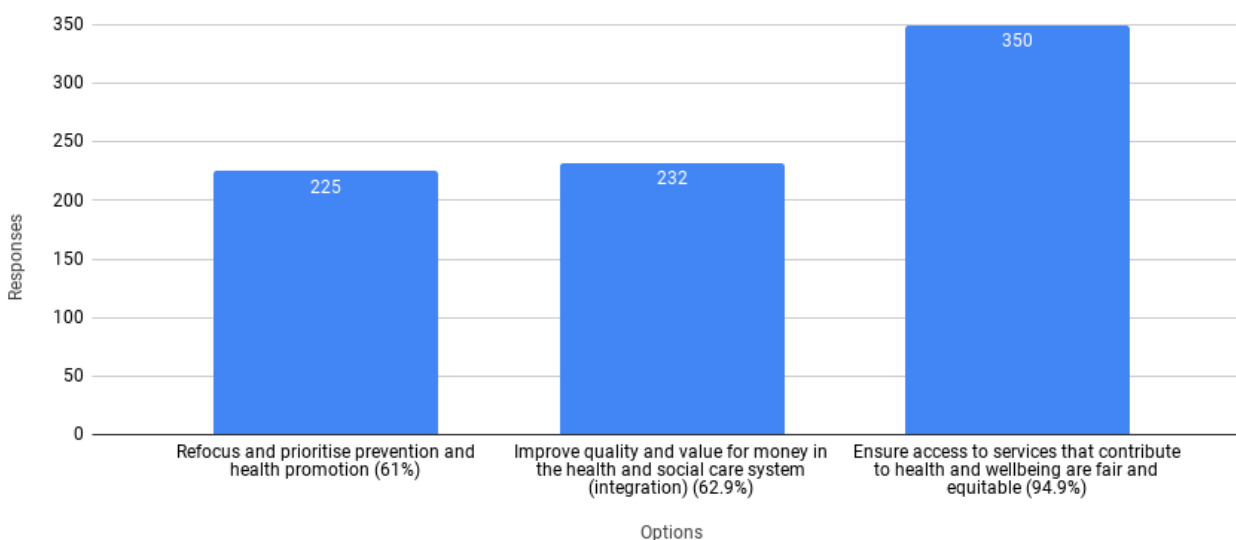
Mental health was mentioned frequently as a standalone theme with comment that there should be support provided to those who are being bullied.

Digital impact and protection for children and young people

There were some further comments about educating young people about digital awareness and protecting them from the negative impact it has - for example about their self-image.

Theme 2 – Whole system approach to health and care. Respondents were asked whether they agreed with the priorities under Theme 2.

Aim: To maximise the value and sustainability of public services for improving the health of the people of Northumberland and reducing health inequalities



Respondents were then asked if there were any other priorities for Theme 2 that they felt should be included. There were 166 responses. See Appendix 4 for full list.

The range of respondent suggestions are summarised below. The themes are broadly ranked in order of the number of comments submitted for each.

Berwick

Berwick comments included a new hospital, improving secondary care, a lack of healthcare facilities, not joining health with leisure, outpatient appointments, increased healthcare provision in the town, better social care and not having to travel hundreds of miles for healthcare.

Fair and Equitable Access

Ensuring all communities in Northumberland have access to health and wellbeing resources and services whether people live in urban or rural settings. Everyone should have access to all available healthcare services.

The Role of Community

Strengthen community relationships and utilise communities and their assets to support local prevention and promotion. Ensuring communities are involved in co-design and co-production in the planning and delivery of services engaging communities, the voluntary and community sector and stakeholders. Engaging the voluntary and community sector and the private sector to develop a social framework was also highlighted.

Standardised systems

Standardising systems, including Information Technology, to enable integrated working including across acute, primary, community and social care services and integrating commissioning of health services and social care were some of the suggestions for new priorities. Having one shared governance structure across health and social care to reduce duplication.

Digital Technology

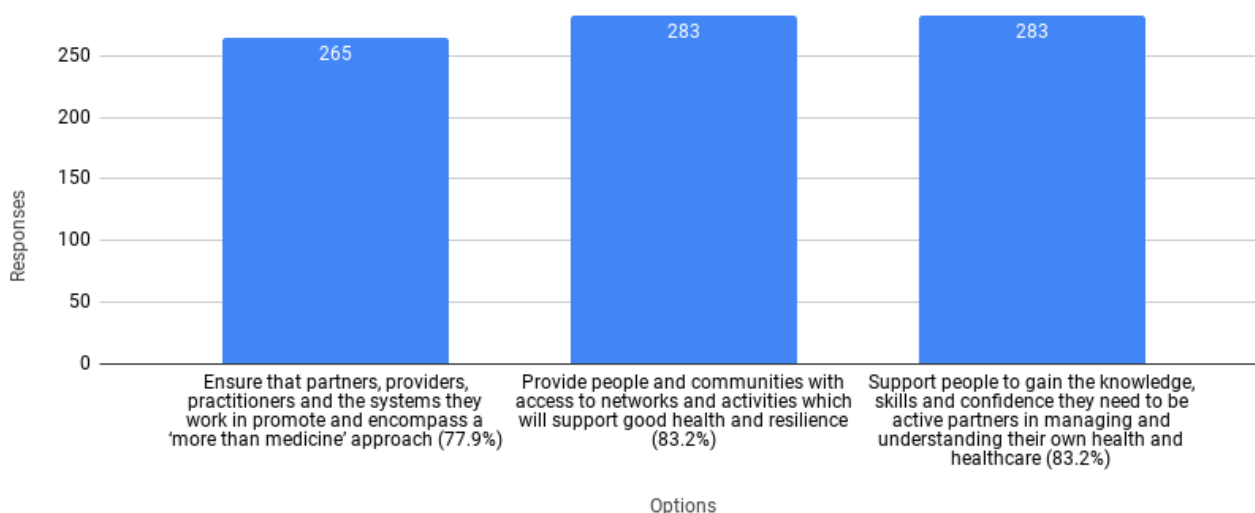
There were some differing views on the role digital technology has to play. Comments varied from highlighting that digital technology should be used, to ensuring that the minimum time was spent on digital devices, and the need for good access through mobile phone signal and broadband.

GP Services

Having sustainable GP services including retaining staff and using diagnostic tests to save lives and money in the long run, preventing a burden on A&E and hospitals.

Theme 3 – Empowering People and Communities. Respondents were asked whether they agreed with the priorities under Theme 3. See below.

Aim: People and communities in Northumberland are listened to, involved and supported to maximise their wellbeing and health



Respondents were then asked if there were other priorities for Theme 3 that they felt should be included. 136 people responded. See Appendix 5 for full list

The range of respondent suggestions are summarised below. The themes are broadly ranked in order of the number of comments submitted for each.

Berwick

Priorities suggested for theme 3 were the same as those put forward in previous questions with most comments relating to the town of Berwick being isolated. They include a new hospital for Berwick, making sure Berwick has the same services as Alnwick and Hexham, A&E, maternity unit, listening to the people of Berwick and increasing services in Berwick.

Community Outreach Health and Wellbeing Initiatives

A significant number of comments highlighted ideas for initiatives in the local community to improve people’s health and wellbeing. These included utilising rural hospital buildings to deliver health and wellbeing initiatives to ensure they remain open, harnessing and nurturing community togetherness to combat isolation and using transport to enable schemes like this. Some comments related to educating people to look after their own health by adopting a healthier lifestyle, funding activities in communities to enable healthy choices, and ensuring individuals have a voice in identifying their needs. Ideas included fitness programmes, subsidised gym membership, funding Slimming World, GP referral schemes, and affordable sports

activities. There were a number of suggestions for further education on the role of convenience food in causing obesity and the value of eating fresh food.

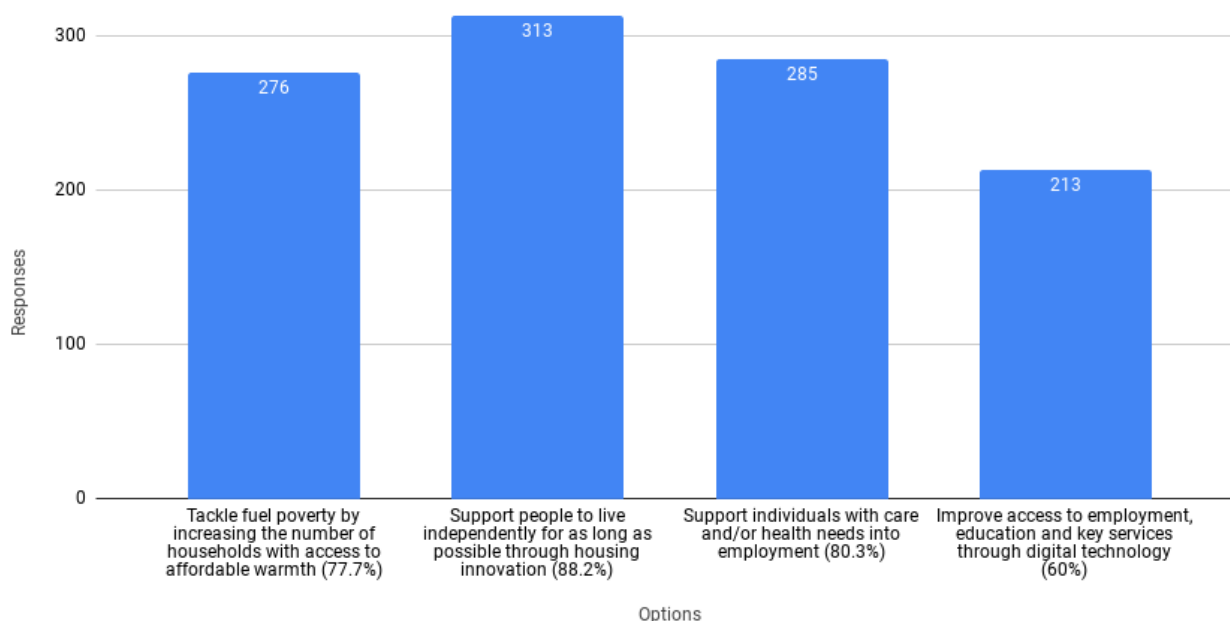
Mental Health

A small number of comments mentioned mental health and joining up communications between mental health services and less cancelling appointments.

Theme 4 – Tackling some of the wider determinants of health. Respondents were asked whether they agreed with the priorities under Theme 4.

- Tackle fuel poverty by increasing the number of households with access to affordable warmth
- Support people to live independently for as long as possible through housing innovation
- Support individuals with care and/or health needs into employment
- Improve access to employment, education and key services through digital technology

Aim: People’s health and wellbeing is improved through addressing wider determining factors of health that affect the whole community



Respondents were then asked if there were any other priorities for Theme 4 that they felt should be included. 120 people responded. See Appendix 6 for full list.

The range of respondent suggestions are summarised below. The themes are broadly ranked in order of the number of comments submitted for each.

Berwick

The same comments which have been made in previous questions were raised again. The comments included a new hospital in Berwick, a lack of healthcare facilities in Berwick, not having to travel hundreds of miles for healthcare.

Transport

Transport was highlighted as an enabler to community inclusion and good health. Improving transport links in rural communities was felt to be important for accessing employment, services and social networks. It is also an enabler for equitable access to services and support.

Employment Opportunities

A key priority which was put forward a number of times was creating additional employment opportunities to engage communities, specifically the importance of supporting people back into work after sickness and retaining employees with health needs was mentioned, along with employing young people to encourage them to stay in local communities, and offering work opportunities to carers. The issue for disabled people being pressured back into work by the Department for Work and Pensions was also mentioned.

Accommodation to Support Communities

Accommodation was repeatedly highlighted as a priority support area for all members of the community. It was felt that more homeless accommodation was needed, an increase in affordable rental accommodation for young people, and community housing for the elderly or disabled to live independently.

Carers Support

Support for carers was put forward by some people as a priority with further ideas including improving the recognition of unpaid carers and their health and wellbeing and carers and carer support workers to assist in work around better health in the home.

Consumption and Waste

There were a small number of comments suggesting a reduction in the use of plastic in the workplace and also reducing food waste.

Digital Technology

This theme was raised again with differing views on the emphasis which should be put on digital technology, comments stated not everyone has been brought up with an Ipad and Iphone.

Respondents were asked if they had any further comments to make (specifically were there any other themes missing)? 135 people responded. See Appendix 7 for full list.

Berwick

As in previous questions, the same pattern of responses covering the same issues has been made.

Transport

This has emerged as a key theme which impacts on all other aspects of health. Comments included; highlighting that any closures of rural services had meant a trend towards centralised provision and a need for transport to access this. Transport to hospital and healthcare appointments was mentioned.

Equity in access to services

Some comments referenced equal access to health provision highlighting the centralisation of service provision, and a reduction in services in rural towns such as Hexham and Berwick.

Mental Health

Mental health was highlighted repeatedly as a theme for the JHWS. The comments highlighted a focus on young people, and shorter waiting times for appointments.

5. Focus groups

A series of focus groups for Northumberland residents took place in each locality - Northumberland Hall in Alnwick, North locality, Morpeth Town Hall in Central locality, Hexham Abbey in West locality and Isabella Community Centre in Blyth Valley locality. Approximately 25 people attended the focus groups in total.

A case study scenario was discussed for each theme to encourage the groups to think about the issues facing each character and what might help them. This encouraged free debate and culminated in whether the groups felt that the themes and priorities were right.

The attendees were also invited to complete the JHWS survey which they did.

The main feedback to come from the focus groups related to the priorities. Full feedback can be found in the Headline Analysis section and Appendix 8.

6. Healthwatch

Healthwatch Northumberland (HWN) promoted the JHWS Survey in August newsletters, both e-version and hard copy, and it ran as a news article on the HWN website, along with Facebook and Twitter posts. HWN also shared the CCG's posts on social media.

HWN took hard copies of the JHWS survey to Children's Centres in Ashington and Bedlington and the Bellingham Show. They also discussed the survey at a SEND (parents with disabled children network) meeting, Action on Hearing Loss Group, Living Well Beyond Cancer Network and Glendale Mental Health Forum.

A link to the online survey was sent to the Ageing Well Network which is in the middle of its 'Winter Warmer' community events and HWN engaged with people at an event in Prudhoe.

The survey was shared as much as possible but given the short timescales, and the fact that the engagement was during the summer holidays, no specific groups were held by HWN to discuss the JHWS Survey. The CCG extended the engagement to the end of September which allowed more time to include the meetings mentioned above. HWN also felt that the document was more 'concept' driven at this early stage and consequently there was no specific feedback.

7. **Headline Analysis**

The JHWS survey received a strong response with close to 400 respondents. The comment 'I think that this is the best designed local government survey that I have seen – well done' was particularly pleasing.

In analysis of the survey responses it was clear that a disproportionately large percentage of respondents were from Berwick: 52% (this figure does not include numbers from areas immediately around Berwick which would increase this figure.) The main themes which were highlighted were a new hospital for Berwick, services closer to the town, less distance to travel for healthcare and more local health provision. When not talking specifically about the new hospital, the general feedback from Berwick echoed that of the wider population of Northumberland. However, it has to be assumed that the recent discussions about Berwick Infirmary had a negative effect on the content of some of the responses.

The remaining 48% of respondents were individuals rather than organisations from across the county including Prudhoe, Ponteland, Morpeth, Hexham, Cramlington, Coldstream, Blyth, Allendale, Amble, Ashington, and Bedlington. The organisations which did respond were Patient Participation Groups belonging to GP practices and community voluntary sector organisations.

'Giving children and young people the best start in life' was the most popular theme with over 75% of respondents in agreement. This was followed by 'addressing the wider determining factors of health that affect the whole community' with close to 75% of respondents in agreement. 'Empowering people and communities by supporting them to build their own skills' ranked third with approximately 70% of respondents in agreement. 'Bringing different people, professionals, services and

buildings to work together in a whole system approach to healthcare' scored less favourably than the others, with less than 70% in favour and more negative scores. This could be as the theme is very broad and doesn't necessarily garner as much understanding. The majority of respondents agreed with the themes identified in the draft JHWS.

The majority of people agreed with the priorities set out under each theme.

The priorities set out under Theme 1 'Giving children and young people the best start in life' were the most popular with 89% to 93% of respondents in agreement.

However, the priorities for Theme 2 'Whole system approach to healthcare' garnered a less enthusiastic response with between 61% and 62% at the lower end to 94% at the top. This could be because 'refocus and prioritise prevention and health promotion' and 'improve quality and value for money in the health and social care system (integration)' are quite strategic and may not have translated clearly. Once again the recent discussions surrounding the co-location of health and leisure facilities in Berwick may have led to the submission of a number of negative responses to this question.

The priorities associated with Theme 3 'Empowering People and Communities' drew an enthusiastic response from respondents with agreement ranging from 77% and 83%.

The priorities associated with Theme 4 'Tackling some of the wider determinants of health' priorities drew between 77% and 88% of responses in agreement, however the lowest score of 60% was for 'improve access to employment, education and key services through digital technology'. Concerns about the use of digital technology were highlighted. Whilst it was considered to be an enabler to modern healthcare and many associated determinates, not everyone is able to use it.

A range of themes came out of the questions asking people to consider what they felt should be included in the priorities and overarching themes. The strongest themes were 'fair and equitable access to services'; 'increased mental health support'; and 'transport'.

Whilst 'fair and equitable access to services' is a priority which sits under Theme 2, 'increased mental health support' could be reflected more clearly in the JHWS when referring to people's health so it is clear this means both physical and mental health. The feedback on transport is strong and suggests it as a potential part of Theme 4 'the wider determinants of health'.

8. Conclusion

The engagement feedback on the JHWS is on the whole favourable with the majority of responses and comments in support of the four overarching themes identified in the strategy and priorities which sit beneath them.

The comments have given valuable information on how the respondents view the content of the JHWS and the ideas and views will help to inform the work which will be taken forward once the final strategy is agreed.

9. Appendices

Appendix 1 - Postcode Breakdown of Respondents

Postcodes	
Town	Response s
Allendale	6
Alnwick	4
Amble	25
Ashington	17
Beadnell	1
Bedlington	7
Belford	1
Berwick	204
Blyth	12
Choppington	4
Coldstream	7
Corbridge	2
Cramlington	8
Eyemouth	3
Haltwhistle	1
Heddon-on-the-Wall	2
Hexham	22

Kielder	2
Morpeth	19
Newbiggin	3
Otterburn	1
Ponteland	6
Prudhoe	12
Seaton Sluice	1
Stamfordham	1
Stocksfield	1
Wooler	4
Out of county	2
Not given	14

Appendix 2

Should anything else be a priority for the Health and Wellbeing Board over the next 10 years?

222 responses

Nos.	Comments
1	24 hour care for Berwick
2	A better hospital for Berwick
3	A Better hospital for Berwick
4	A better hospital for Berwick
5	A better hospital for Berwick
6	A better hospital for Berwick with doctor available 24/7 and upgraded ambulance service.

7	A better hospital service for Berwick Upon Tweed
8	A better provision of health care including an A&E at Berwick.
9	A decent hospital for Berwick. It's a disgrace that we have to travel for miles to get healthcare.
10	A decent hospital with decent services for Berwick upon Tweed
11	a doctor led martinity unit should be in place at Berwick not like what me have now also a proper children's unit to support family's with children with need rather than traveling to Newcastle witch is costly for family and days of work need to be taken to get to appointment's during the week days
12	A fit for purpose hospital in Berwick.
13	A full service as promised !!
14	A fully working hospital in Berwick
15	A hospital for Berwick uon Tweed as detailed in the 2014/5 report #Berwickdeservesabetterhospital
16	A hospital for Berwick with all the services we deserve not a joint health system just a stand alone hospital
17	A new Hospital building at Berwick-upon-Tweed.
18	A new hospital for Berwick upon Tweed.We need this ASAP for EVERYONES benefit
19	A new hospital in Berwick
20	A new hospital is required in Berwick with improved and increased facilities and services, instead of the reduced facilities ans services which are being proposed.
21	a new hospital to deliver the existing services and room for expansion in Berwick
22	A proper A&E facility for Berwick and North Northumberland
23	A proper consideration of the problems of remote areas.
24	a proper hospital for Berwick not a joke you are proposing.Getting rid of people in your organisation that comes up with stupid ideas.
25	A proper hospital for Berwick-Upon-Tweed NOT a waiting room for Cramlington

26	A proper hospital service and doctors available to cater for emergencies rather than having people travel a round trip of 120 miles for treatment.
27	A stand alone hospital for Berwick-Upon-Tweed
28	A standalone Hospital for Berwick along with the services that have been bled away over the years.
29	Ability to develop more strategies to cope with the elderly people in Tynedale. Hexham General Hospital needs its over-night coverage improved and retained.
30	Access to doctor
31	Access to inpatient beds in community hospitals in rural areas is necessary sometimes. Please look to bring these back.
32	Access to services locally, avoiding the necessity to travel long distances.
33	Acknowledgement of the rising issue of the effects of mental health in order to decrease stigma and how to improve mental health services.
34	Actually considering the wellbeing of the people of Berwick, and listening to, and acting on, OUR opinions.
35	Actually having a fully functional hospital in Berwick
36	Address problems with lack of care providers for adult social care
37	Adequate healthcare services for Berwick and the north of the county
38	Adequate provision for those living many miles away from Emergency hospital. Weekend and evening surgery times. Easier access to getting Dr. appointments.
39	Aged care
40	All approaches need a skill mix not one prescriptive delivery of services. Different professions / knowledge must be able to communicate and share their skills / knowledge / info.
41	Allow for outpatient appointments in all specialties in Berwick Infirmary. Allow for sufficient beds at Berwick Infirmary for immediate post-operative and palliative care so that patients, relatives and friends don't have to consistently travel round trips of over 100 miles
42	An A&E in Berwick upon Tweed

43	An improved hospital in Berwick upon Tweed.
44	Anything which changes the mind-set of both health & social care professionals to think about promoting health & well-being rather than dealing with sickness and ill-health.
45	Application of support , access to health care , carer assessment for Single Male Parents's / Carer's
46	Being able to see a GP quicker if necessary.
47	Being able to see Doctors in Berwick rather than having to travel the County. A&E in Berwick.
48	Berwick
49	Berwick Hospital
50	Berwick infirmary to be updated
51	Berwick needs a hospital that is fit for purpose, what was promised years ago. An A&E department and services so we don't need to travel. The hybrid model, combined with a sports centre, is not what we were promised. The site is too small, it's on a dangerous roundabout and I believe a coach park is to be sited there too.
52	Better emergency care and recovery care for the north of the county
53	better emergency resouces for north Northumbeland
54	Better healthcare in North Northumberland, reduce distances people have to travel.
55	Better provision for Berwick - a proper hospital with proper services like we used to have - NOT a glorified leisure centre.
56	Better services for rural locations. Transport and prescription fees.
57	Bringing services back to Berwick Upon Tweed as promised in the 2014 proposal, Making anyone young an old travel a 120 mile round trip for a 5 -15 minute appointment that could as easily be done on our own doorstep is ridiculous in this day and age. There is no thought gone into patients an patients family health and well being, the stress imposed upon them first going for the appointment, an then add on the 120 mile round trip coupled with the time it takes all tolled could be in an excess of six hours. People have to take time off work to take friends and family be cause the access to patient transport isn't always there.
58	Building a fit for purpose hospital for Berwick upon Tweed and ensuring that we receive all the services promised in the 2014 consultation document

59	Building a fit for purpose stand alone Hospital for Berwick upon Tweed area
60	Building a proper hospital in Berwick so people do not have to travel for over an hour for treatment, short appointments etc. we are totally ignored and feel that we are considered second class citizens because we live so far from Newcastle!
61	Care provision
62	Community beds for rehabilitation and end of life are needed in Coquetdale as the top priority
63	Community care
64	Consideration of the ageing population, including dementia and end of life care
65	Continuing to work with SHORT TERM SUPPORT SYSTEM. It is a wonderful service that gets people back home quickly thus saving money and helps with recovery both physically and mentally.
66	Critical care in Berwick
67	Definitely, a stand alone hospital with facilities that young and old can access without the stress of traveling 50+ miles putting stress on them financially and emotionally, getting into trouble for taking time off school and work, also stop elderly from being discharged from Cramlington at 2am in the morning facing a nightmare journey home adding stress to an already unwell person. I could go on and on but not enough space!
68	Delivering effective healthcare and essential clinical services to the most northerly parts of the county - Berwick
69	Delivering what was promised in terms of services and facilities to Berwick upon Tweed in 2014
70	Development of online consultations, especially for elderly and housebound
71	Diagnosing intended high lipid conditions to prevent premature cardiovascular disease in families.
72	Efforts should be made to ensure provision is equitable across the county, why should some areas have better care and better survival chances than others.
73	Elder population

74	<p>Elderly Care / dementia support.</p> <p>Preventative measures to keep people healthy rather than a reactive model that waits until people are ill</p> <p>I volunteer and work with many people who have alcohol, drug dependency and cannot cope with life. Many have no hope and nothing to look forward to. They escape through their addiction. Putting a plaster on this will never reduce or address the causes and will continue to be a rising cost for health and society.</p>
75	Elderly care.
76	Elderly Population, minimal transport links, no a and e in Berwick and a substandard ambulance service
77	<p>Emergency care for rural communities like Berwick upon tweed</p> <p>65 miles to A&E is unacceptable for a population of 13000 people swelling to 20000 + during the tourist months</p>
78	employment prospects for non skilled personel
79	Enabling older people to maintain a healthy lifestyle and taking responsibility for managing all aspects of their health.
80	encouragement and education in healthy lifestyles (empowerment I guess)
81	Ensure that all residents in Northumberland have access to excellent health are without having to travel hundreds of miles
82	Ensure that all residents in Northumberland have access to excellent health are without having to travel hundreds of miles
83	Ensuring a cradle to grave approach in health & wellbeing is delivered
84	Ensuring any / all services are accessible to all and widely advertised.
85	Ensuring equal medical services are available in Berwick and North Northumberland as they are in the South of the region.
86	Ensuring rural/ semi rural areas have access to healthcare facilities such as outpatients, pre ops checks, follow up appointments urgent care A 120 MILE ROUND TRIP TO ACCESS FOR A 10 Minute appointment is not conducive to the health and well being of people living in Berwick upon Tweed
87	Ensuring that Berwick-upon-Tweed has fit and proper services hospital and leisure centre not

	necessarily on same site
88	Ensuring that rural communities are served well. Keeping as many services as possible at Hexham, particularly the hospital.
89	Ensuring the support continues over the required period of time. Care of the elderly a top priority.
90	Ensuring there is hospital access within a realistic mileage. More investment in smaller hospitals eg Hexham
91	Equality in accessibility of services across rural environments.
92	Equality of services for all Northumberland not just Wansbeck, Blyth area
93	Establishing care manager/keyworker roles that co-ordinate all aspects of care across social, medical, mental health, long term needs with small enough case loads to meet frequently with their clients and really get to know them and their needs - this should also be same for adults and children. Families with children with additional needs should be allocated a care manager - often this falls down to paediatrician who has limited time. This role could help to address psychological impact of having a child with disabilities and helping people through the myriad of services there are. Benefit being health promotion and wellbeing of parents, consistency across services and ease safeguarding information sharing.
94	Expansion capability for Berwick's new hospital and faster build than that proposed
95	Explicit commitment to addressing inequality through a systematic approach to the use of resources for those who need them most.
96	Fair access to services in a rural area
97	Fair distribution of facilities to cover all areas, including Berwick.
98	Faster access to mental health services / talking therapy across the life course
99	Fighting obesity
100	Focus on ensuring services are delivered close to home. Berwick is currently experiencing situation where current hospital services are being cut or transferred to other facilities some up to 100 miles away one way. This if a non driver can involve round trips of 7hrs plus. Sometimes for a 5 minute consultation.
101	Fully functional A&E dept in Berwick Upon Tweed. We have poor road links to a major hospital 60 miles away. Other areas of the county, Hexham (smaller pops than Berwick has an A&E, Alnwick, again 30 ish miles from a major hospital had more facilities than Berwick.

	Why is this fair is just?
102	Fully functioning A&E services and more ambulances in Berwick Upon Tweed!
103	Geographical location of services, i.e. at Berwick
104	Getting more doctors and nurses staffing dreadful now.
105	Giving berwick a proper hospital and not expecting Berwick residents to travel 50 miles to the nearest A&E putting Berwick residents lives at risk. Listen to what local communities want and need.
106	Giving Berwick residents the services they need to ensure that they have a full and healthy life.
107	Giving local people a say in how services should be configured
108	Have more services locally !
109	Having community hospital heads for rehabilitation and end of life in Coquetdale.
110	Healthcare services should be more accessible for rural communities
111	Help with independence and supported living for people like me with disabilities
112	Helping disabled people into worthwhile job situations
113	Hospital and services have got to be made EQUAL to similar Community Hospitals in the county. All services as promised in the NHFT 2014 Outline Business Case for Berwick Infirmary MUST delivered. The people of Berwick and District feel ,justifiably, that they have been 'abandoned' whilst Alnwick appears to have been 'gifted' with all of the services which Berwick has had removed. It is grossly unfair that because Berwick ,and I quote from the said 2014 Business Case, 'Is the most isolated Community Hospital within Northumberland Healthcare NHS Foundation Trust, we the people who live here are being denied access to essential services enjoyed by others.
114	Hospital for Berwick to serve the purpose of the community ,to listen and take regard of the wishes.
115	How information
116	I think medical cover for those living abroad and return to our NHS should be stopped. I work for DWP and we regularly come across this issue. Why should they possibly get priority over

	residents of the UK who may need it more.
117	Implement the 2014 plan for the infirmary in bad weather and winter peak times to stop bed blocking. Local hospitals need to be fully operational in all senses as it is impossible to rely on Cramlington and Wansbeck they are too far away.
118	Improve arrangements for transfer between different elements of health and social care (eg bed blocking in acute hospitals could be remedied by 'convalescent' beds).
119	Improve services for Berwick hospital.
120	Improving Doctors' offices and bringing a hospital in Berwick. Improving schools.
121	Improving quality of information available to public for self help and signposting purposes
122	Improving the accessibility of healthcare services
123	Improving the road system between Berwick and hospitals in Newcastle area.
124	In preference to provide the above local services need investment all be recognised by the wider county
125	In-patient beds closer to where they are needed especially for the elderly and for end of life care
126	Increasing needs of older people including local access
127	It seems mental health is going to be a big factor. I want to protect my kids from having mental health problems.
128	It would be nice to have a link to the JSNA so we know what you are on about. This question is loaded in that nobody can really disagree with these. It's what the consequences of these brilliant ideas are that matters. For example, the second question is obviously to do with the hospital/sports centre proposal. In principle, nothing wrong with it particularly but in reality it is an extremely bad proposal as it reduces services for both bodies.
129	Joined up care for PTS in Primary, Community and Secondary care including one computer system!
130	Keep health services local. Give more services to local hospitals and health centres. Stop stripping services from local hospitals.
131	Length of time and mileage for emergency care. Basic procedures should be done locally. Palliative care beds to be local to provide for the best end of life care, close to family. So

	important.
132	Local Community run hospitals
133	Local facilities not being eroded as now
134	Local healthcare for local people. Equal access to healthcare for the whole county.
135	LOCAL hospital. Don't want a 120 mile trip if I need healthcare!
136	Local services
137	Look at the distribution of GPs
138	Making music together supports team work
139	Making sure adequate services are available closer to areas to are out with of the 'Golden hour'
140	Making sure geographical locations do not discriminate against people with regards to medical care . Berwick falls into this category. Being fair- why should some have to travel over 60 + miles to reach a hospital for A+E and routine appointments?
141	Making sure patients don't have to travel more than 15minutes for vital health services.
142	Mental Health
143	Mental health
144	Mental health
145	Mental health
146	Mental health in young people and young adults.
147	Mental health needs more consultants and needs a lot more attention payed to this issue
148	Mental health service in particular for ages 16-25
149	More GPs and nurses and less administrators.
150	More services at a local hospital in Berwick upon Tweed

151	More support to those dealing with medical issues in the home (carers). Sometimes bringing buildings together reduces services.
152	New hospital facilities in Berwick
153	New separate hospital for Berwick upon tweed
154	New stand alone hospital
155	New stand-alone hospital with all facilities for Berwick-upon-Tweed.
156	None or decreasing mental health provision in Berwick. For example, Austism / Asperger's support from Northgate Hospital.
157	Not closing the 10 bed ward in Rothbury Hospital
158	not expect everyone to have to travel from Berwick to Newcastle all the time
159	Not making people from berwick travel 60 miles in an emergency
160	Not neglecting more rural populations
161	Old age health care issues making old people more integrated into the community and have easy central access to services they need.
162	People being able to access treatment and services locally not travelling for hrs whilst undergoing treatment. Which causes huge distress and pain in some cases.
163	People who support relatives need more support and help from services.
164	Pollution and environmental well being, including food products and safe farming practices: We become what we eat and drink and breathe.
165	Preventative medicine / health issues.
166	Prevention and education for future years
167	Priority is good secondary care in areas where there is inequality. Ie Berwick upon tweed
168	Proper hospial facilities for Berwick including end of life provision
169	Proper hospital for Berwick ,not a glorified health centre !!!
170	Provide a separate hospital for Berwick and the services restored that have been transferred

	elsewhere
171	Providing a fully functioning Hospital with A&E for Berwick and scrap the stupid dual function idea
172	Providing a new hospital for Berwick upon Tweed as per the 2014 blueprint.
173	Providing Berwick with a hospital that genuinely meets the needs of its residents, including an A&E department.
174	Providing fit for purpose services and facilities that allow people to be treated without having to make 120 mile round trips. Following the business plan proposed for Berwick upon tweed as published in 2014/15
175	Providing high quality care at a local level.
176	Providing more local services to the Berwick area and building the new hospital.
177	Providing services locally, not 60 miles away
178	Provision of community hubs for young people-perhaps run by young people- with access to mentoring/counselling under one non judgmental roof- to improve their confidence and give them a 'place ' in our communities-to make them feel valued and worthwhile. For far too long my community has focused on the elderly and the community provision for them. If we don't make the community work for our young people then the community dies.
179	PUBLIC TRANSPORT, particularly buses, which account for most of the public transport journeys undertaken, and by the greatest number and widest range of people, but possibly mostly those who are at the greatest risk of isolation, and are the last resort for so many of our ever-aging population to be able to retain what they would regard as an independent lifestyle amongst their friends, family, and accustomed community and environment, DOESN'T SEEM TO FIGURE IN THE PRIORITIES FOR THE WIDER DETERMINANTS, but I would say that bus travel cuts across all four themes of this strategy, and if it was ADDRESSED FULLY AND EFFECTIVELY, COULD MAKE A MASSIVE DIFFERENCE to health and wellbeing in the lives of many individuals, and even more in how health and wellbeing could be addressed and fitted into the way that ALL communities work for their residents. e.g.
180	Publicising where people can get information from one point not from several organisations.
181	Raising awareness and providing more funding for chronic mental health.
182	Reducing obesity / improving eating habits / encourage people to exercise
183	Scrutiny of CCG and Northumbria Healthcare NHS Foundation Trust over the CCG's plans to

	withdraw funding/ commissioning of community hospital beds and services.
184	Scrutiny of NHCT erosion of community hospital services
185	Services equal to the rest of the county for people who live in Berwick upon Tweed,
186	Services need to be easily accessible. If a lot of time to travel is needed to access services that's no good.
187	Services strengthened in Berwick upon Tweed and other isolated rural areas. Improved joint working across services and borders in Scotland and Cumbria. Better information Faster diagnosis for long term conditions -it takes too long
188	Stop abandoning people in Berwick and surrounding areas. Move outpatient clinics and minor surgery back to Berwick to save residents having to take (often unpaid) time off work to travel to inaccessible hospitals in South Northumberland. It's actually easier for us to get to Newcastle or Edinburgh! People from the south of the county could travel north, for example, for scans, instead.
189	Stop focus on primary care at expense of hospital care
190	Support for GPs and other medical staff / professionals, financial and practical to avoid total collapse of GP service in this town.
191	Supporting access to local hospital beds for non acute non emergency care in rural areas - Rothbury - for people who live an hour or more away from the major hospitals.
192	Supporting people who are less able to utilise facilities which could enable them to have better health and mental wellbeing.
193	Tackling disadvantage through health and well-being. Health and social care with emphasis on the vulnerable (elderly, for example). Self-reliance - key skills, eg food and nutrition, preparation and cooking of healthy foods to a budget. Protection of Hexham hospital as an excellent service and care provider in local community (Tynedale).
194	Tackling social isolation for older people.
195	Taking health education into schools, workplace etc. Consider funding weight reduction groups for patients to access
196	Td15 hospital and paediatric docs 24/7

197	Technically within 'wider determinants' but a genuine approach to reducing economic disadvantage, including by challenging austerity.
198	That people in Berwick upon Tweed get the hospital they were promised and don't have to wait another 10 years. This hospital needs to offer a full range of service to reduce the need to travel 120mile round trip to access procurers that were once available at our local Infirmary. The staff at the Berwick MIU should be give the ability to treat more of the people that attend the dept instead of transferring them to Cramlington
199	The aging poulation
200	The correct facilities at the new hospital.To do the same things the hospital done back in 2014
201	The Elderly - their care and place in the community has been diminished over the years. Each person over the age of 75 ought to have a proper old fashioned type relationship with a particular doctor, someone who will take the time to get to know them and respond to their needs physic, emotional and mental. The elderly ought not to be subjected to the ridiculous appointments system operating in most GP surgeries and there ought to be someone who is aware of an elderly persons absence from the surgery over a prolonged period of time. The elderly person's doctor ought to really care about the whole individual.
202	The fact that for North Northumberland the hospitals for emergency care are over one hours journey away.
203	The military charter should be invokled and mental health in the community addressed, which at present is non-existent in Berwick at present.
204	The only factor that matters to me is a Hospital in Berwick that serves the people that need it with the services they need.
205	The reality of time and distance rural patients have to travel for health care. Also to utilise local beds and prevent bed blocking.
206	There is a higher % of elderly in North Northumberland already identified in a report from 2006 indicating an ever increasing total for this area (copy given to one of the presenters at the Swan Centre Public meeting) As such there will be, as well as an increase of chronic disease management issues, also an increase in dementia associated issues requiring support.
207	There should be more services available at Berwick Upon Tweed doing a 120 miles for a 10 min apointments is wrong and more so if you don't drive.

208	To enable people to be responsible for their health and wellbeing by starting at an early age the importance of how exercise, good diet and the disadvantages of drugs , alcohol and smoking. We need to promote health. We are always being told that the population is less healthy. I am a firm believer that individual needs to take responsibility for the health and wellbeing and this should be encouraged at the most earliest opportunity in life for example in nursery where children are at an impressionable age. Too many people look for 'excuses' as a crutch to defend their lifestyle. Education in schools should include the real facts about unhealthy life style .
209	To ensure that every residen or tourist to Northumberland has access to first class medical care without having to travel over 60 miles to get it. That no resident or tourist should have to recuperate 50+ miles away from their home, family and friends because services are being cut.
210	To provide Quality services to patients without having to endure 120 mile trips for 1/ a scan, 2/pre op exam,3/sighn a consent form, ETC, ETC.
211	To reconsider the plans for the hospital in Berwick. Keep it where it is.

212	<p>Whilst I agree these are important issues, providing an emergency hospital in Berwick should be a priority and be on the list. The number of people moving to the County and the increasing number of visitors will lead to an increased demand for an adequate accessible healthcare provision.</p> <p>Consideration must be given to the following under the overarching theme of tackling the wider determinants:</p> <p>With a forecast rise in the Old Age Dependency (OAD) ratio it is impractical at this planning stage to engineer long travel distances for the patients, visitors and healthcare professionals, not to mention the environmental impact due to an increase in the number of vehicle movements.</p> <p>Longer Ambulance travel and turnaround times affects the crews ability to meet their response performance indicators and reduces their availability for other incidents. Additionally, there is an impact on the “golden hour” concept which is the period of time following a traumatic injury during which there is the highest likelihood that prompt medical and surgical treatment will prevent death, the distance from Berwick to Cramlington A and E is 60 miles, factor in the time to respond to the incident, treatment at scene then travel to Cramlington, despite the best efforts of the emergency responders, the golden hour will not be made.</p> <p>The Air Ambulance would affect these times, subject to it being available.</p> <p>With reference to the Northumberland Demographic Analysis 2017 it is forecast that by 2031 there will have been a significant shift in the shape of the age profile, with those born in the 1940s, 1950s and 1960s moving into the oldest age groups, creating an increased imbalance between those aged 65+ and those in the younger age-groups. This is reflected in the OAD ratio, which is projected to increase from 31.5 in 2011 to 58.1 by 2031. This means that the 65+ population will be equivalent to 58.1% of those aged 16–64 by 2031, compared to 31.5% at the start of the plan period.</p> <p>At a regional and national level, the proportion of the older age groups is also expected to increase over the 2011–2031 period, however at a lower rate than that estimated for Northumberland. In the North East, the 65+ population in 2011 was equivalent to 26.4% of the 16–64 age population. By 2031, this is expected to increase to 41.3%, higher than that expected at national level (36.5%).</p>
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With reference to NHS digital news (November 2016) patients aged 65 to 69 so called "baby boomers" made up the single largest group of patients with some 1.3 million admissions in 2015-16. The report "Hospital Admitted Patient Care Activity 2015-16" shows that the average age of hospital patients has been rising steadily for many years. Between 2005-06 and 2015-16, the number of admissions for patients aged 44 and under increased by less than 9 per cent (from 5.8 million to 6.3 million) whilst for patients aged 45 and over it increased by nearly 44 per cent (from 6.9 million to 9.9 million).

Responsible statistician at NHS Digital, Jane Winter, said:

"The number of admissions to hospital has been rising steadily for over a decade now. Admissions in 2015-16 were the highest on record and over the last ten years have risen at a faster rate than the population increase. For example, the number of 65 to 69 year olds has increased by 34 per cent in the past ten years, with corresponding hospital admissions growing by 57 per cent."

Patients aged 65 to 69 made up the single largest group of hospital admissions, when broken down into five year age bands, with the exception of age 0 to 4, which includes babies born in hospital.

An increase in internal migration flows into Northumberland results in the highest population growth under the demographic scenarios. The increased annual migration and subsequently a higher population change over the 2011–2031 plan period, results in a higher average annual dwelling growth requirement.

Future demographic change in Northumberland is associated with a substantial shift in the age structure of the County's population, with a large uplift in its OAD, an increasing imbalance between its core labour force ages (16–64) and older age groups (65+).

These changes to the age structure of the population will have an important impact upon Northumberland's ability to sustain its labour force under current economic participation and commuting conditions.

With reference to the Housing and economic growth options Findings report (June 2018) While the changes are primarily focused on housing, there are some shifts on economic development policy of particular relevance to Northumberland. There are now cross-references to the Government's Industrial Strategy (2017), and also the need for greater integration between planning policy and economic development strategies, particularly Local Industrial Strategies with a 'clear economic vision'. This goes on to state that planning

policies should:

- set criteria, or identify strategic sites, for local and inward investment to match the strategy and to meet anticipated needs over the plan period (including making provision for clusters or networks of knowledge driven, creative or high technology industries)
- seek to address potential barriers to investment, such as inadequate infrastructure, services or housing, or a poor environment
- be flexible enough to accommodate needs not anticipated in the plan, allow for new and flexible working practices (such as live-work accommodation), and to enable a rapid response to changes in economic circumstances'

213	working to solve health issues before the system is overloaded when the issues become serious illness
214	Workplaces; Rural access to healthcare
215	Yes
216	Yes - Equal healthcare facilities for NORTH northumberland
217	Yes a better hospital for berwick with services
218	yes a hospital that is fit for purpose now and in the future
219	Yes, a fit for purpose hospital in Berwick which has the ability to grow, also give Berwick hospital back the services it has lost over the last few years.
220	Yes. The hospital services that have been stripped from Berwick upon Tweed should be reinstated and improved upon.
221	Yes..providing proper health care services so people don't have to put their lives at risk travelling 120 miles for routine appointments and procedures.
222	Young clinics - health questions

Appendix 3

Are there any other priorities for Theme 1 that you believe should be included?

142 responses

Nos.	Comments
1	To ensure each child has the same equal opportunity to accessible healthcare across the region.
2	(1) Best start in life, including Sure Start (2) Reducing child poverty. Also, regarding 'best education', Northumberland has a v poor record - what will be different this time?
3	[Berwick?] seems too far for decision makers to be bothered with! Good start ([surestart]?) Rubbish finish at Berwick High School. Good words - that my not be REALISED.

4	3rd one
5	A cafe with an affordable healthy menu in the swancentre in berwick for a safe space for you people and families to use after activities!
6	A child who can have treatment for ailments such as eczema should be treated I;their home town not 50+ miles away, this only exasperates the anxiety for the child
7	A drop-in surgery. Q&A.
8	A fit for purpose hospital in Berwick Upon Tweed so if accidents happens or a child has complex needs they can be addresses locally , not 120 mile round trip to get a feeding tube changed !
9	A hospital that actually treats children and doesn't send them 60 miles away purely because of their age!
10	Acres to hospital care on there for step,so time off from school can be kept to a minimum.
11	Action for the education for young people of Berwick area failing Academy
12	Adequate support for our children to attain the best possible educational outcome
13	Agencies working together as efficiently as possible to achieve the aims.
14	all children are equal that includes clever children from all walks of life
15	All of these are at risk if a close member of their family was in hospital over 60 mile away !!!
16	Another example below would be co-ordinating public and voluntary provision, eg stay and plays and youth groups run by local church volunteers.
17	Better access to further education for the far north of the county
18	Better facilities fir children to learn in and not run down leaking schools
19	Better travel links in outline areas
20	Broader concept of education so that there is improved support for SEND

21	Build emotional resilience (from conception throughout childhood) - e.g. a focus on support and training for staff so they can identify and provide support much earlier.
22	Care about the community they live in
23	Child safeguarding.
24	children in Berwick need more choices available to them instead of travelling 120miles round trip everyday.
25	Children shouldn't die at the side of the road after an RTI because they have had to wait too long for an ambulance.
26	Children with learning disabilities need ore help with being diagnosed earlier.
27	Children's area in ward separate from adult patients.
28	Develop self esteem and confidence Also respect for themselves and others.
29	Diet, fitness
30	Digital awareness to address self image issues
31	Do not build new buildings on current football pitches that children from neighbouring council estates use and don't need to pay for. Return Academy high schools back to state ones and do not neglect obviously failing schools.
32	Don't let them die because the have to travel 1hour because of a lack a&e
33	Early intervention when things go wrong
34	Easier access to services.
35	Educate about life choices that affect health ie food, exerise, drugs,alcohol.
36	Educate parents to take responsibility
37	Education on parenting, cooking, budgeting in schools.

38	Education- I haven't ticked this as I assume you actually mean schooling and I don't necessarily agree that school is the best route to education for all children and young people. I would like to see the county adopt an approach which would give families a greater choice in how they educate their children and young people. Supporting those families who opt to home school would be a huge step forward, allowing parents the right to choose and enabling discussions without prejudice.
39	Encourage parents to engage positively with education providers.
40	encourage voluntary work for senior school students which i feel would encourage students to feel valued and an aim in life
41	Ensure all children have play opportunities to learn, develop and thrive.
42	Ensure appropriate support and range of services for children and families with additional needs such as learning disabilities
43	Ensure children and young people have access to activities out of school to develop social skills and dealing with life.
44	Ensure education systems are tailored to the local community. Eg if 3 tier system works, then keep it.
45	Ensure educators know that some children need extra 'nurture' and why, ie PPT children
46	Ensure pupils and schools are properly funded
47	Ensure SEND pupils have adequate in class support in all educational settings
48	Ensure that children with Special Educational Needs and Disabilities have an appropriate level of support Treat them nearer their homes avoiding the need to miss days of their education.
49	Ensure that education is not sub standard
50	Ensure that quality education standards are provided at Berwick Academy which have been sadly lacking for years
51	Ensure that those providing the education are trained properly and adequately supported in their roles especially older experienced highly

	qualified teachers who are being bullied out of their jobs.
52	Ensure that we have targeted a development strategy to ensure we have skilled people who can provide this support in our areas
53	Ensure there are viable career options that keep our YP in county and able to give back to their communities
54	Ensure there is suitable and relevant healthcare support and provision for young people in the most northerly part of the county - Berwick.
55	Ensure they know where to find help and also how to help themselves
56	Ensuring needs of young people are fully understood and addressed flexibly as they leave children's services and move to adult services
57	Facilitate further educational opportunities too.
58	Give kids in Berwick Upon Tweed a better hospital for their future and future generations. They are at present being badly let down. Very little provision for special beds children. Especially those with behaviour problems or mental health issues.
59	Give young people a place and standing in the community
60	Good parenting classes
61	Happy with this.
62	Have local access to healthcare. Remove transport costs for over 16's - this should be provided free for education purposes
63	Health- how can travelling 120 miles on a return trip for a 10 minute blood test be beneficial to Children? Missing hours of school, seeing parents stressed? One e.g. of many I could give. Suggest you go to @abetterhospitalforBerwick and read the 100s is stories that affect the medical health if families in Berwick.
64	Healthy eating so everyone can be fit and healthy
65	Healthy food choices
66	Help protect young people from negative aspects of social media

67	I thanks no the parents should also be supported and kept advised on what is available to young people, without support at home the guidance through their young lives could be affected.
68	Improve the standard of teacher training and childcare courses the quality of some students entering the profession is dismally poor. I have despaired when working with students whose literacy and numeracy skills are so poor they have no place teaching children. Review the pupil premium, it doesn't work. Ensure TAs employed to work with children with SEN are properly trained not just a body to tick a box often to control behavioural issues.
69	Improved mental health services
70	Include their parents in educating to a healthier future
71	Incorporate the whole family.
72	Increased intervention for parents with problems with substance abuse to protect their children
73	Investment in the infrastructure to address shortfalls for years that have led to no investment opportunities from outside parties in Berwick upon tweed
74	It's the parents that could be the barrier
75	Let children be children there is too much pressure on kids and they seem to grow up too soon.
76	Life skills (money management & budgeting, cooking healthy meals, DIY skills). More 'clubs' to keep children active (eg sports, walking groups, etc).
77	Lobby government for a better financial deal for rural schools.
78	LOCAL hospital who are able to treat children
79	look at the distances some children have to travel for the most basic of care, removing a child with an ongoing condition from education every time they need a appointment is not giving them the best start in life. provision to cover these things in rural/distant areas should be covered within your overall plan.
80	Make sure all children and young people are aware of every conceivable career path, inform them about what they need to do to pursue them and

	provide them with support and every possible opportunity to do so.
81	Making sure that none the things that children use are cut when building a new leisure centre . More funding for schools so make sure all is needed for good education for all.
82	Maternity Care
83	Mental health assessments take too long. Much more help needed. North Northumberland has the most educational needs. (lowest education results in the country)
84	Mental health in young people
85	Mental health issues
86	Mental health support around the issue of bullying.
87	Mental health well being of children
88	Monitor how pupil premium money is being spent.
89	More education in schools to give children a more positive outlook on life.
90	more facilities for Special Needs kids
91	More facilities for young kids and toddlers (eg park equipment). More drop in play sessions for toddlers. More pre-school - in Blyth only Surestart Isabella (what a hoot).
92	More speech and language support in a school setting available to children especially in early years to pick up any difficulties they may have for early intervention as this is vital in all areas of the curriculum for children
93	Most common medical services available within 20 miles of their home. Maximise ability to be born in their home town. Rescue Berwick Academy. Ensure youth services are properly funded. Ensure child and adolescent mental health services are properly funded for crisis intervention - reduce waiting times. Reduce caseload for individual social workers.
94	No

95	Opportunity.
96	Parental education vital. Early intervention for children / families in crisis. Reduce number of 'excluded' children, aim at improving social skills and ??? improving health in general.
97	Parenting skills and responsibilities
98	Physical exercise
99	Promote too class leisure facilities to encourage excercise
100	Promotion of diet and nutrition for children and young people.
101	Prompt treatment of mental health issues - good communication between agencies.
102	Provide a local health care service to insure that all young peoples health issues can be dealt with at their local hospital
103	Provide a wider range of support for parents of pre-school children at the childrens centres
104	Provide best quality education and raise aspirations of our young people
105	Provide critical care in North Northumberland so that children have the best possible start in life.
106	Provide real life skills education for all children. For example, budgeting
107	Providing as many and varied opportunities as possible.
108	Providing proper medical facilities in Berwick Upon tweed. Lives being put at risk by inadequate hospital and lack of ambulances.
109	Re-implement nurses going into schools.
110	Remove the Border for these facilities so that they are local and not just a political divide.
111	Return Berwick academy to council control and build a fit for purpose high school in Berwick

112	<p>Review social aspect. Support families. Use volunteers.</p> <p>Comments ref Aim 1) Lifeskills, personal / social responsibility; Parental responsibility.</p> <p>Comments ref Aim 2) Parental involvement? Positive role model.</p>
113	<p>Stop forcing sick children in Berwick to have to miss whole days off school and travel the length of the County for 5 minute medical appointments.</p>
114	<p>Support and training with parents and families particularly in the most deprived areas of the county in relation to healthy lifestyles, educational support to ensure above priorities can be achieved</p>
115	<p>Support families from birth, provide access to childcare to allow parents to return to work, education or training.</p> <p>Provide support for children with additional needs to access education and life skills training, enabling social, emotional and health gains.</p>
116	<p>Support for children with physical or mental disabilities in and around school. For example they may not be aspirational in or outside of school, because they're lonely, as their condition restricts their social mobility. So having extra support through perhaps social groups of people who have similarly restricting conditions could help them to make friends and learn to cope with their disability. Therefore giving them that social mobility which would lead to better achievement in school. Also making it easier and quicker for schools to offer support to students with special needs. So support is put in place from day one, where it can be made use of most, rather than being put in place too late.</p>
117	<p>Support for new parents</p>
118	<p>Support for young people with mental health issues</p>
119	<p>Support policy with local initiatives</p>
120	<p>Support schools, nurseries and children and young peoples groups in addressing the evwr growing complex health needs of children and young people.</p>
121	<p>Support services for more specialist needs such as autism, etc.</p>
122	<p>Sure Start support was excellent.</p>

123	Tackling the nefarious influences of social media and fast food on young people and families.
124	take back control of berwick academy
125	Teach wider aspects of education (such as cooking / shopping / diet / alcohol) as they impact on health & well-being as well as economics.
126	The dangers of taking drugs that harm people and become addicted to them.
127	The theme is too broad to be meaningful.
128	there should be more provision for children with disabilities
129	This is SO general as to be not worth commenting. It is just commonsense.
130	To ensure a non judgemental approaches , inclusion for equality in all approaches to carers (especially male) and family members
131	To ensure ALL children in Northumberland have access to first class medical care without having to travel 60+ miles to do so.
132	To ensure that young people can access the services they need to enable positive change, in a timely and individually assessed process
133	To improve children's life chances.
134	To provide excellent nursery provision from birth to first school for all, adequate support for those who need assistance to achieve the best education possible within mainstream schools.
135	<p>To support children in isolation is not always effective. Whole family approaches need to be taken. For example a child can be educated about healthy eating and obesity but will be unable to affect change if parents only buy fizzy drinks, take away meals and snack foods.</p> <p>As a retired teacher I am well aware that we are not providing the best quality education. The present drive toward measurable outcomes and testing is not developing the individual child. It creates children who fail, many who are alienated by a 'one size fits all' type of education. Children are the greatest resource we have as a country, yet our system sees fit to waste those who are simply not good at or engaged in an exam based process.</p>

136	Transport - see my answer to first question - none of this is any use unless children can get to activities regardless of income, but school transport isn't based around after school and weekend activities
137	Try and get all children a good breakfast and lunch in case their families can't afford to do so.
138	Unless there is a medical reason children should be controlled by parents and not the medical fraternity
139	Work with schools to promise and improve the emotional well-being.
140	Yes ok work with schools but..... EDUCATE SOME OF THE PARENTS FIRST!! Many parents seem to think that society should do everything for them. Education re behaviour, health etc should start at home but sadly in lots of cases it is seen as a low priority. Sad to say I feel that some of these families will never change.
141	Yes. Children should not be afraid of having to travel 60 miles to a hospital when they could go to Berwick upon Tweed hospital. Missing school for a ten minute appointment at a hospital 60 miles away is not good for the children of Berwick upon Tweed
142	Youngsters need more evening groups.

Appendix 4

Are there any other priorities for Theme 2 that you believe should be included?

166 responses

Nos	Comments
1	24 hour health care local to our homes
2	7 days access to GP services
3	A better hospital for Berwick
4	A hospital that can provide services for Berwick instead of having to travel especially for older people who are not in good health already then have to travel 100+miles round trip for health care
5	A new hospital for Berwick upon Tweed.We have to travel 70 miles to be seen by anyone, including accident and emergency
6	A proper hospital for Berwick
7	A&E at Berwick.
8	ABOVE ALL no one should have to endure the debilitating cumulative effects of long term stressful travelling required to access healthcare services. This is a BIG issue for Berwick Deserves a Better Hospital! SERVICES NEED TO BE LOCAL!!!
9	Access to community hospital beds for rehabilitation is essential in the rural areas. Please bring these back.
10	Access to services will not be fair and equal when residents of Berwick have to travel 70 miles for appointments that could be had locally
11	Actually listen to the childs own voice , consistent expressed wants and wishes
12	Again access to more health facilities independent for a sports centre which should be created as a stand alone facility.
13	Again too vague but integration is vital. Less paperwork and reporting more action. ensure those without access to new technology do not get

	left out.
14	Again, this all sounds good but it just isn't the case is it? For a start, Berwick has an ageing population higher than the rest of Northumberland and so for many, its a bit late to be thinking of "prevention". Secondly, our services are constantly being reduced year on year leaving us "picking up the tab" by having to spend about £20 a trip and taking a day off work to see somebody for 5 minutes. No one else in Northumberland has to go to such lengths (literally). Hardly fair or equitable.
15	Agree with integration of electronic systems - currently different trusts use different systems which is a real shame! As previous statement having care manager roles who look after physical and mental health needs in a more coordinated manner with smaller caseloads to be sole point of contact.
16	All commonsense BUT how about providing a proper health service to the people of Berwick on a par with that enjoyed by those living in Alnwick (a smaller town) and Morpeth
17	All great but aim to work more with non-profit organisations.
18	All parents / voluntary workers to undertake some form of safeguarding training (online?) through Educare.
19	All these are unarguable but how do we achieve them? Fairness, equitability are desirable but seldom achievable!
20	An A&E for berwick upon tweed
21	Appointment system needs looking at impossible to book ahead for non-urgent appointments. Urgent appointments are very good.
22	As part of 3rd point, working to ensure the continuation of essential services in the most rural areas such as Upper Coquetdale. Technology use - yes - but no good where we havd no mobile phone coverage and extremely poor broadband
23	At present the lack of hospital facilities in Berwick, and the proposed joint centre for health shows absolute disregard for the people of Berwick and highlights inequality in services

24	Attempts to hybridise services are not always a good thing. Combining a hospital with a commercial entity such as a leisure centre as planned for Berwick is not the same thing as integrated health and social care.
25	Awareness of cross infection from leisure to medical: leisure CTR good for rehab.
26	Berwick residents pay a premium for health care as we have to pay to travel over 130 miles for X-rays and ct scans. Surely this is not equality.
27	Better access to services in the far north of the county. In the south of the county it is far easier for these people to use the better and bigger services in Newcastle
28	Better Hospital for Berwick upon Tweed
29	Better social care. Very lacking in Berwick solely due to lack of trained staff and under unemployment. Technology does not talk to people and address problems.
30	Build fit for purpose hospitals to include equally fair and equitable services
31	By not having to travel miles for healthcare appointments.
32	CHOICE in how and where a person with specific needs is housed/homed without it being cost dependent. In all my dealings in recent years in this area, the only focus has been "which placement is most cost effective" and not, as it ought to be "Which placement is actually best for and preferred by the client"
33	Closer availability of these services in rural and Berwick upon Tweed.
34	Community beds for rehabilitation and end of life are needed in Coquetdale
35	Contact with people cannot be replaced by digital solutions
36	Continue work to ensure care professionals can access electronic patient records from wherever they work in the system this will lessen staff frustration.

37	Critical care in Berwick
38	Cross sector working with open sharing information
39	Current plans do not ensure fair and equitable access to services for the people of North Northumberland. A cross border approach is needed. The border lands are a defined area.
40	do not forget Berwick-upon-Tweed! We have lost a lot more services than anyone else in Northumberland. Value for money is not the priority, actually giving a service is!
41	Do not use private profit making companies.
42	Do whatever is possible to reduce travel for results, etc.
43	Easy access to a hospital within our community, not 50/60 miles away. Reduce stress and economic pressures on patients and their families
44	Elderly patients should not have to travel over an hour away from home for simple procedures.
45	Encourage people to have healthier lifestyles to reduce burden on NHS from avoidable health issues, so that those with UNAVOIDABLE health issues can be treated without delay
46	Engage with VCS and communities in development of social value framework. A whole system approach should include the voluntary and community sector, communities and private sector as well as the public sector.
47	Ensure access to services are fair & equitable - at the present moment they are not in Berwick where the community is classed as third class when it comes to hospital services and medical care. Nearest A&E is an hour's drive away on minor road - minor procedures cannot be done at local hospital - travel over an hour to attend out patient appt - disgraceful service
48	Ensure appropriate services provided locally
49	Ensure co-design and co-production in the planning and delivery of services engaging local communities, VCS and other stakeholders. (A whole system approach goes beyond the public sector)

50	Ensure money is spent well in the delivery of events
51	Ensure people have access to the health services they require without having to make lengthy road trips which increase the levels of anxiety they may be already experiencing. Ensure that the number of hospital beds in Berwick for example are available to those who need them and people are not isolated 60 miles from home.
52	Ensure people in rural areas can access good health education, ie transport (free/funded)
53	Ensure service provision is extended across the county to ensure those living in rural locations and a distance from main health provision are offered localised solutions.
54	Ensure that access to services is truly equitable - providing Berwick with a hospital woefully lacking in essential services, too far from other hospitals in genuine emergencies as well as in cases where long term care is necessary is wholly unacceptable.
55	Ensure that everyone has access to all the services available and that everyone is aware what is available to them.
56	Ensure that people in the most northerly part of the county (Berwick and surrounding areas) are not required to travel a minimum 70-mile round trip for basic clinical service provision such as endoscopies and pre-ops
57	Ensure that services work closely together to obtain a full picture of a person's health needs.
58	Ensure that the minimum of time is spent using technology.
59	Ensure that there is equality of provision across Northumberland. Berwick-upon-Tweed desperately needs the leisure centre renovated or replaced
60	Ensure that working Carers are supported and enabled by their employers, improved Carers rights, without prejudice
61	Ensure the town has access to the adequate services it needs
62	Ensure the vulnerability of the population of Berwick upon Tweed and

	area is taken into account i.e. 60 miles to nearest A&E
63	Ensuring rural communities have access to health & wellbeing resources to create a preventative approach with benefit of strengthening community relationships
64	Ensuring that healthcare is easily accessible and available to everybody, and not forcing people to travel 50-60 minutes to reach a hospital with an a&e department.
65	Equality for the people of Berwick having services in the town an not having to travel to Alnwick,wansbeck,RVI,Freeman,cramlington or even take lane or Hexham.
66	<p>Equality- there is a huge disparity in how the people who live in the North of the country especially Berwick and surrounding area can access hospital care. Services have already been removed and families are travelling great distances to get treatment often in great distress.</p> <p>Elderly patients are refusing cancer treatment because of the horrible journeys they have to endure. Unbelievably unfair.</p>
67	Equity and equality are two very different things. People living in Berwick have no equity. We are expected to travel 120 mile round trip to a major hospital . You done give us the services in our local hospital that allow us to have equity with residents living south of the county of Northumberland .
68	Fair an equal inclusion would include not making patients travel long distances to be seen or treated. Reinstall the business plan for Berwick stand alone hospital as per 2014/15 plan
69	Fair and equitable doesn't mean all the services centred in the south of the county . Life exists north of Alnwick you know .
70	Financial help is overlooked by services.
71	Forget this pointless integration. Provide quality healthcare and spend money wisely, instead of on silly flagship projects where vast sums of money are actually received by contractors and planners who live elsewhere in the UK.

72	Getting access would be a good start
73	Give local hospital beds back to communities.
74	give us the services we need
75	Golden Hour' for emergency care - Berwick needs better provision. Patient records need to work for Newcastle (or Borders) Hospitals as well as across Northumberland
76	Good aims - action needed. Ensure the 3% social care increase in Council Tax is accountable and spent as intended.
77	GP services are in crisis. Diagnostic tests are not being done which would save lives and money in the long run. Healthcare professionals are leaving their jobs at surgeries due to their inability to properly care for patients under the current regime. The burden is being displaced to crisis care at A&E and hospitals. My Dad had a completely unnecessary heart attack due to failure of GP services to run diagnostic tests following SIX VISITS to the GP over a year with the same complaint.
78	Having the facilities to access
79	Having the services available for people who need them when they need them which will reduce bed blocking, delayed discharges etc.
80	Health provision in Berwick is not fair at the moment and is set to worsen. Berwick deserves better than is being planned.
81	Healthcare in Berwick..hospital and maternity unit
82	Hospital facilities in Berwick upon ~Tweed

83	<p>I don't know about the first two priorities - the way that they are worded could make them a carte blanche for anything. Above all, rural people should not be discriminated against by having any more services withdrawn from the communities where they have been living and working with family and friends all of their lives. THEY CERTAINLY SHOULDN'T BE UNDER ANY MORE PRESSURE THAN THEIR MORE URBAN COUNTERPARTS ARE TO MOVE TO FOLLOW SERVICES WHICH ARE BEING WITHDRAWN FROM THEIR COMMUNITIES, not least because this increases the risk of isolation and loneliness in later life when family and friends are also getting older and might have difficulty in travelling to see them and involve them in their lifelong networks. Each community should have an equal opportunity to have sheltered housing located in it to enable its local inhabitants to stay living as part of their community.</p>
84	<p>I live in Berwick Upon tweed. We are not equal to the rest of the county. You've just yesterday announced bed space at our infirmary is to be reduced to 16. You are manipulative in you stats. Making patients travel to Cramlington and Alnwick for procedures that could be carried out here. Making Alnwick look</p> <p>Busy and Berwick look like it isn't being used. We have as much right as anyone to medical facilities. We don't even have a doctor I'm pir town between midnight and 8 in the morning. There is no equality for us. Only inequality with the rest of the county.</p>
85	<p>I think two of the points listed below should be priorities:</p> <p>Continue work to ensure care professionals can access electronic patient records from wherever they work in the system.</p> <p>~ Make better use of existing and emerging technology and digitalisation to improve access to, and the quality of health and social care.</p>
86	<p>If Leisure & fitness facilities were more affordable we would use them more.</p>
87	<p>If you are to ensure fair and equitable access to health services how can you justify people in Berwick having a smaller hospital than the smaller populations in Hexham or Alnwick. This is not fair and so</p>

	should be a priority.
88	Improve local access to health care
89	Improved and faster diagnosis for long term and complex conditions - the quicker the diagnosis the faster people receive correct treatment and are able to maximise independence - less reliant on services
90	In order to get value for money in health and social care system - should be less managers!
91	In order to keep older people independent provide local facilities for primary and recovery health care
92	Include a day hospital in the new hospital where people living alone can get access to company , activities & services eg chiropodist, hairdresser, dentist.
93	Increase in services not a decrease . Stop outsourcing services to unsuitable venues
94	Integrate commissioning of health services and social care
95	Integrated health and social care yes. Integrating leisure into secondary care hospitals? Definitely not.
96	Integrated services should include A&E for those in rural communities like Berwick
97	Integration and consistency of care are key-listening is paramount. all sectors need to be on board and on the same page. Flexibility and accessibility to front line health care goes a very long way to promote general well being.
98	It makes no difference whether there is a whole system approach in berwick with a joint space! The issue is, the medical services that we have available are ridiculously limited as it is and look to be cut even further with the new plans! At the very least funding for better/quicker transport systems between here the hour long journey to the nearest "hospital"!
99	Listen to the people involved - too many professionals don't listen to what they are being told but go along with their own version of matters

	regardless.
100	LOCAL hospital so we don't have to travel 120 miles for healthcare.
101	Local services and Golden Hour importance
102	Localised health care
103	Make access to fitness facilities affordable and accessible for all
104	Make sure all health care services get it right first time and not lead to further complications.
105	make sure we are not forcing people out of the community they live in to be 60 miles away when ill or dieing
106	Making every contact count (MECC) should be embedded
107	Mental health
108	Mental health should be prioritised. Included in this holistic approach to life. Promote training in all aspects of health and well-being.
109	More access to existing facility's in/from rural locations
110	more conferencing with drs from Berwick to newcastle
111	More funding for servicess. NHS is admired around the world.
112	More services need to be deliver locally (Berwick)
113	More services should be available in Berwick
114	More services to be available at Berwick Infirmary rather than travel 120 miles round trip, or even more.
115	More support for people that have special needs and anxiety, etc.
116	My personal opinion is that, much as I don't like saying this, the people who would most benefit from advice re lifestyle will be the very ones who will not listen to or will disregard advice and carry on living as they want to live.

117	Need clarity between prevention and well being and access to secondary care, these are two different things
118	Not entirely sure that the first is always do-able given economic constraints in many people's lives and 'choices' large sections of the population are having to make to earn a living - often these lines of work are not health-promoting.
119	Not proposing a joint Hospital and Leisure centre as at present. Improving health is important but so is treating existing conditions, especially where elderly care is concerned. Ensure older people do not have to travel long distances for minor procedures ie endoscopy, which could be carried out here in Berwick
120	Once again - this does NOT include NORTH Northumberland - unless you travel
121	Only moving buildings together when it does NOT make access harder for patients Particularly for older people.
122	poorer health can be the stress of not having good health services in berwick. Sports centre and hospital are separate things and should be classed as such
123	Prevention and health provision should be focused in schools.
124	Proactive and accessible exercise, fitness and social contacts.
125	Proper facilities in Berwick
126	Provide a health service that cares about its patients, so that people can get the care they need at their local hospital and not have to spend time and money travelling 120 miles while ill and stressed...
127	Provide access to healthcare locally and ensure rural communities do not have to travel hundreds of miles for healthcare.
128	Provide high quality care to all areas of the county.
129	Provide more local services
130	Provide more local services

131	Provide the same quality of health care in the north of Northumberland as they have in the south .
132	Reduce duplication of work across health and social care. Have one shared information governance structure to allow fast appropriate access to information
133	Reducing health inequalities, People in Berwick have a 60 mile journey to Cramlington, not much less to Wansbeck and slightly more to North Tyneside, many follow up appointments could be dealt with at Berwick, especially if we had a new hospital.
134	Refocusing and prioritising prevention and health promotion is a long term strategy. Essential health care and access to good and timely secondary services must not suffer whilst the change is taking place!
135	Retention of local services in Berwick stop making us travel 100 miles for blood tests, answer questions etc.
136	Return services to local hospitals - false economy to have people travelling miles for routine healthcare
137	See page 4
138	Sending people miles for health care in emergency is not the people of Berwick getting access to decent health care
139	Services and facilities should be available in local communities.
140	Social care and prevention of isolation are important.
141	Social care in north Northumberland is inadequate and none existent as a result short term support end up covering long term need up to a year therefore people who truly do need stss for rehabilitation and enabling do not get it as there is no capacity to take these cases on
142	Standardising IT systems for acute, community, primary and social care services
143	Stop closures of hospital beds in rural communities
144	stop making ill people travel 120 round trip appointments/ treatments!

145	Stop the jargon and meeting and support the health staff. The local community need local facilities as the costs and stress of the travelling makes matters worse.
146	Suitable provision when considering the buildings being used to deliver health/social care. Please assure that provision in north Northumberland is equally as suitable as other areas of Northumberland, for example consider the growing population in Berwick upon tweed when reevaluating health provision, also consider a suitable, purpose built health centre that the local population can afford to access. Electronic patient record is actually less important than suitable buildings. We have survived from the introduction of the nhs to present day without worrying about electronic records, and as we are many years away from joint record across the health spectrum I feel it is far more important that we concentrate on a suitable delivery of health care, especially secondary health care at the present time.
147	Teach more in schools, make good use of the resources we already have
148	That you provide these services to all areas of your remit including North Northumberland.
149	The length of Tavel time
150	The new hospital in Berwick to be built soon.
151	The provision is certainly not equitable. If you live in Berwick you have much less chance of surviving a stroke or heart attack as 'the golden hour' for treatment is barely possible considering how far we are from Cramlington and the problems of the A1 means transport is pressured to reach patients in time!
152	There needs to be a clear commitment to increasing investment in prevention through a transparent target (e.g. what % of resources are currently spent on prevention?). Measures need to be evidence based.
153	To ensure ALL residents and visitors to Northumberland have access to first class medical care without having to travel 60+ miles to do so. To ensure enough beds are available at local hospitals to allow patients to recuperate close to home instead of 50+ miles away.
154	To give the people of Berwick equal rights of a hospital and services

	that have previously been eroded.
155	To think of the whole family and not just the person who is sick.
156	Travelling a far distances to obtain treatment or see a Doctor does not contribute to health and wellbeing. It does the exact opposite- causes anxiety and distress . 100's of people in Berwick suffer this every week.Cancer sufferers and the elderly are particularly affected.
157	Try to get people into work by helping them
158	Unfortunately integration in social health often leads to cuts in staff and expecting those with skills in one to also be suited in fields they are not trained for.
159	Use digital technology
160	Use money wisely and not waste on short-term political gain. Allow capital funds to be used where appropriate and not on unnecessary flagship schemes where local tradesmen and designers are locked out of bidding and completing work so all contracts are no longer carried out by remote operators.
161	Utilise (and resource) communities and their assets to support local prevention and promotion.
162	Value for money should not mean that services are cut and that people in Berwick get less services than Alnwick and Hexham
163	We have access to very little as we are 60 miles to our nearest major hospital . Very little in the way of spointkebts that are available locally to Berwick. Little support for Children with special educational needs. Many appointments or suppprt are at Alnwick or further down the county.
164	Where we live means most of our appointments are too far away. I.e.50 to 60 miles !
165	Yes - none of the above tackle the underlying wider determinants of poverty

166	Yes. The hospital facilities that have been stripped from Berwick upon Tweed should be reinstated but to a higher level. The distance to hospitals in Wansbeck and Cramlington and Newcastle are too great to ensure that the safety and well being of our Berwick upon Tweed residents is paramount. We deserve a better hospital, now.
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Appendix 5

Are there any other priorities for Theme 3 that you believe should be included?

136 responses

Nos	Comments
1	A lot of this is patronising. All we need is access to proper health care, when we need it which acknowledges our post codes - often totally ignored when appointments are made.
2	A new hospital in Berwick upon Tweed, with improved medical treatment, without a 120mile journey, involving emotional and financial strain of one of the lowest paid communities in Britain
3	A stand alone sports facility and independent health provisions.
4	Access to LOCAL facilities. Not a 120 mile trip.
5	Access to local healthcare reduce number of people travelling hundreds of miles to access basic healthcare that has been provided locally for 100 years.
6	access to more services in Berwick. For example having a breast cancer nurse specialist to save 130 mile round trip to get help after surgery.
7	Acknowledge the challenges of rurality.
8	Actively encourage people to be responsible for their health and wellbeing
9	Actually listen to the people of Berwick-Upon-Tweed instead of fobbing them off with cheaper options.
10	Additional mental health professionals to support the community, those with needs and their families
11	Administrators must realise that people living remotely are important and make allowances so that they can be seen locally, or in worst situations, be seen at sensible times, such as after 10am and ensure transport links are improved substantially.

12	Again all great but while planning schemes like the proposed Berwick hospital/leisure centre, don't lose sight of need for future hospital growth or use it as a way of papering over hospital cuts and need for unnecessary and potentially dangerous journeys to distant hospitals.
13	Again back to education and retention of affordable sports activities
14	Again ensure that these networks and activities are available in the local community and not entailing a 120 MILE ROUND TRIP which is expensive time consuming and worrisome.
15	Agree in principal but the 'more than medicine' approach will be hard to implement especially in GP surgeries. It is hard enough to get an appointment without GP time being taken up by this.
16	Agree with the above but if people need treatment they should not have the stress of long distant travel at difficult times
17	All good except for one tiny detail. You don't listen to the people. A proper consultation with the public entails taking their views and LOCAL KNOWLEDGE and creating a plan that takes these views seriously. Instead, yet again, NCC's idea of public consultation amounts to, "We've decided what we are going to do and now we want you to agree with us, and we'll let you decide what colour the windows and doors are." NCC: you are fooling nobody!
18	All services should be provided within the public or not for profit sectors.
19	Also make sure that Berwick has the same services and access to urgent health care as Alnwick and Hexham and more than them if anything as Berwick is too far from Cramlington and Wansbeck for people to travel to appointments
20	Although I agree with all of the above, if the powers that be continue to make demands of an already exhausted and dwindling health professional group, we will continue to fail to offer a quality health care package. Please consider staff members when making unattainable promises to the general public. Stop expecting voluntary groups to underpin health provision, and stop expecting family members to sacrifice their lives to care for loved ones when the outcome will actually lead a deterioration of their health!!!
21	An overall wellbeing approach to healthcare with local advisors

22	As I previously stated you will be 'fighting a losing battle' with some people
23	As long as you're not putting the onus on the individual to care for themselves to save money.
24	Be honest when consulting people. Do not paint glowing picture when truth is services are far from being this
25	Beds in local hospitals for those who need care after major treatment at Cramlington, Newcastle etc. before care plans on the home are suitable. Helps greatly for recuperation, visitors etc.
26	Behaviour change approaches take a vast amount of resource input initially.
27	Berwick is a long way from anywhere! Don't [???] Berwick - isolated.
28	Berwick upon Tweed deserves at least the 12 weeks consultation before the plans for a leisure/health centre are approved.
29	Besides hearing about these things, some people, especially the elderly and vulnerable, sometimes need inpatient community beds. Please do not just dismiss this.
30	Better Hospital for Berwick upon Tweed
31	Build a better hospital in Berwick
32	Build a proper hospital in Berwick
33	Build sustainability in everything we do so when time limited funding ends - innovative projects continue
34	Clear direction to services important.
35	Communities should be listened to and their problems and concerns be investigated. Also payment for travel costs should be covered by nhs as healthcare is supposed to be free
36	Depends on mental ability, if people don't have it then ??? support.
37	Developing knowledge of the appropriate services to call / visit when needing care (teaching people to call 111 instead of 999 to decrease congestion on A&E if their problem isn't life threatening).

38	Difficult getting access so you just give up
39	DIY Health?
40	Do not agree with hospital and sports stadium together we have an adequate sports centre. We need an effective hospital.
41	Do not expect patients to pay dearly for prescribed access to leisure centre.
42	Do not simply farm out the services, we need professionals, specialists and support! A Gp cannot do a consultants job, stop trying to make this happen! I want to go to a hospital in my home town to see a consultant/specialist in a particular field!
43	Educate people to look after their own health by adopting healthier lifestyles
44	Empowering people rather than dictating and monitoring / preaching
45	encourage more LOCAL support groups
46	Ensure individuals have a voice in identifying their needs and priorities
47	Ensure services are available instead of having to travel in excess of an hour for appointments. This brings a lot of stress to families having to give up days off for elderly/disabled relatives who can't drive. Dementia patient's struggle with change and are too exhausted to communicate by the time they are reviewed
48	Ensure that effort isn't wasted by having them die on the way to the nearest a&e (1hour away)
49	Ensure that medicine is accessible to all
50	Ensure that there is support for people to access even when it appears they are better.
51	Ensure there are rehabilitation beds and end of life beds in rural areas like Coquetdale.
52	Ensure there is two way policies for communication and action. This is not what happens currently
53	Ensure this includes outreach, utilise hospitals like @hexham @haltwhistle @Morpeth to ensure these buildings remain open and can deliver useful

	health & wellbeing initiatives
54	Ensure transport links assist in the above. Access to social groups on a more regular basis (eg weekly).
55	Ensuring people can access equitable health and social care without the need to travel long distances basic services should be available locally not regionally
56	Equal healthcare services for all parts of the county - this MUST include Berwick !
57	Extra clinics to combat loneliness .. life coaches for older generation.
58	Facilities and services available locally and not centred miles from users homes.
59	Focus on older people and access to services
60	Fund fitness programs or subsidised gym membership.
61	Give funding for obese people to attend slimming world classes in Northumberland
62	Give us better medicine care close to home.
63	Giving back the services that hav been stripped away over the years
64	Giving someone a gym membership won't make them eat less. Telling someone to stop smoking won't make them stop smoking. Education starts in school. Change takes time. Starts this young and it will grow as children grow.
65	Have a stand alone Hospital within easy access to all family's , young and old. If there heath is looked after from childhood 5hey will in turn be healthy adults
66	Health needs should be local and accessible

67	<p>I am supportive of the basic thrust of this. I am involved as a volunteer involved in supporting and signposting people. In the last 5 years funding for the paid and voluntary services has declined massively. Many agencies that previously received referrals have disappeared or do not have the funding to accept new referrals. Some now only offer minimal support.</p> <p>The strategy sounds good but I fear that implementation without a real focus and substantial funding will be paying lip service and not address the massive problems that we are currently witnessing.</p>
68	<p>I tick the above but 'active partners in managing and understanding their own health and healthcare' must not result in a reduction of essential clinical services particularly in Berwick where travel times are incredibly detrimental to health. We must have proper clinical services as well as 'people powered' wellbeing.</p>
69	<p>I understand this to be the introduction of "social prescribing" which is all well and good if you have the correct supporting agencies or organisations in place that have the experience in sign posting clients as well as having the right auditing and monitoring procedures in place.</p>
70	<p>I would refer back to my answer on the previous page. Good luck in trying to change some people's way of life! There will be lots of 'Yes Sir' /No Sir' but alas I fear old habits die hard with many, many people.</p>
71	<p>Identifying and harnessing the value that the VCS can bring to Health & Wellbeing</p>
72	<p>if we were listened to you would not need this survey, you have been told by everyone we want a proper hospital</p>
73	<p>Improve communication between departments. Include all aspects of mental health.</p>
74	<p>Improve communication between the public and the professionals</p>
75	<p>Individuals and communities have a voice in identifying their needs and priorities - connecting people and creating community</p>
76	<p>Information should be given from one central point and support given for carers to have access as well as the 'sick' person.</p>
77	<p>It all very well supporting and educating but if there is no where to go on from this what is the point for example day hospitals support groups with</p>

	long term conditions
78	Listen to local communities re hospital bed closures
79	Listen to people and act on it. The rest is just words and meaningless.
80	Listen to the locals
81	Listen to the people of Berwick and build us the promised hospital
82	Listening to the people affected
83	Listening to what people in individual areas are saying. You cannot treat places like Berwick in the same way as areas 2 minutes away from big hospitals like Wansbeck and Cramlington (which are also very near to Newcastle and it's excellent hospitals) Stop lumping us all together Start listening.
84	Local amenities are needed
85	Local bases, eg Rothbury, Berwick, etc - must provide this.
86	Look at building community togetherness among the residents to try and combat isolation.
87	Make sure it all happens in a locally easily accessible context.
88	Many of these are accessed via computers - there is no reliable coverage in this area - the towns are fine but outlying areas are still in the dark ages.
89	Mental health
90	Mental Health services need to improve to long waiting times and the quality of services need to improve to many appointments getting canceled at short notice .
91	more focus on overweight and connection with convenience foods
92	More mental health access and dr surgeries where you don't have to wait 2-3 weeks to see a dr because of telephone consultation which don't work then patients give up trying and don't get the support they need.
93	nobody listens to the people of berwick

94	None of these are done sufficiently in the berwick community
95	None of this works without equal access to transport - see my answer to first question for general points and 12 practical suggestions to promote participation and equality
96	Not having to travel 60miles to a hospital
97	Patients shouldn't be made to feel that exercise solves everything and it's their fault for getting ill or old.
98	People are not listened to in Berwick we have been forgotten about we need an A&E and a 24hour maternity unit
99	People in Berwick are not being listened to regards healthcare at present. You have failed to provide the promised new hospital two years ago and have wasted money on consultation exercises when we have given our views already
100	People in Berwick are not being listened to regards healthcare at present. You have failed to provide the promised new hospital two years ago and have wasted money on consultation exercises when we have given our views already
101	Pretending to listen to people is a cop out. Acting on what they want is imperative.
102	Priorities are ok but should not be at the expense of access to timely secondary care.
103	Proper facilities in Berwick- it serves a wide catchment
104	Provide a full range of medical services locally in Berwick upon Tweed
105	Provide proper health care facilities and support GP services. That's why people are getting ill. If you don't shout loud enough or have enough medical knowledge to know what's going on, you end up in hospital or dead. It's a disgrace. Don't try and pass it off as people not looking after themselves. They need proper primary care, diagnosis and treatment, not just 5 minutes and a prescription for random pills which probably do more harm than good.
106	Provide the facilities for the future, which have the capacity to be extended

107	Providing access to emergency health care within the 'golden hour'
108	Re instate support that has been taken away
109	Ref point 2: access [equal to / unequal to] effectiveness - re-word? ["Provide people and communities with access to networks and activities which will support good health and resilience."]
110	Save having to travel 140 miles round trip for a 5 minute appointment which could be held at Berwick or via a link in local hospital.
111	See page 4
112	Stop cutting existing services. Encourage people to take up opportunities such as GP referral scheme
113	Stop developing strategies and put money and effort into enabling healthy choices and activities to be encouraged and available in education and communities.
114	Stop fast food takeaways and promote healthy fresh food shops. Keep prices down for access to sports centres. Promote sustainable transport cycling walking
115	Stop removing vital services Enable people to be treated closer to home Driving 60 miles home after having chemotherapy is unacceptable Berwick needs a chemotherapy unit that operates more than 1 day a week
116	There should be more clarity in these aims about how people are listened to. They are doing to aims, and not doing with...
117	There's nothing about listening to the communities
118	These are typical surveys, designed to put the average person off completeling by not being straight forward to read by average people like myself
119	These three will be difficult. However provided qualified and sufficient staff are provided that is the way forward

120	This is gobbledegook! If it is referring to putting hospitals in leisure centres Berwick doesn't want it! There is no point - this is a very low wage area. The reason people don't use the leisure centre is because they can't afford it - even at a reduced rate. Exercise doesn't need to be in a leisure centre there are plenty of ways of exercising for free.
121	This item is one where it is obvious that the Community is definitely not being listened to. The "holistic" approach would be admirable if the basics were included first. North Northumberland has been cast off by both NCC and the CCG.
122	<p>This should be a priority as it's important to encourage young people and children to develop life skills as they will benefit from it the most.</p> <p>~ Work with schools, the voluntary sector and Local Authority departments to identify and develop intergenerational approaches to developing life skills in young people</p>
123	This, in particular, needs to be explicitly targeted proportionately to those most in need - this needs a robust outcome measure which is transparent.
124	To ensure residents and visitors to ALL of Northumberland have access to first class medical care without having to travel 60+ miles to do so. To ensure local hospitals are fit for purpose and have room for expansion. No one wants to be 50+ miles away from their family and friends to recuperate.
125	Treating people locally will help with health and wellbeing! Travelling for hours to your 'local' hospital is stressful!
126	<p>Understand that it is not just physical activities that help and the fact that buying a McDonald's is cheaper than buying salad items. Or buying a chocolate bar is cheaper than fruit! Some families are in severe poverty with food banks running low.</p> <p>Actually listen to the communities when they oppose something don't just ignore them and hope they go away.</p>
127	Use of facilities to assist in further ?? eg for nurses / medical staff.
128	We are not being listened to regarding our new hospital, nobody wants a joint venture with a sports centre. We want a hospital fit for purpose!

129	We have no 'Well Woman' or dietician access anymore in our surgeries, this would help us manage our health easier & detect problems earlier
130	We need local access to experts, not relying on our own sometimes lacking knowledge
131	Yes, give us better access to healthcare facilities to bring us up to the standard of Alnwick for example. No one ever seems to consider distances when talking about this. It's nongood encouraging people to manage their own health if there are no professional services nearby.
132	Yes, the last priority suggests that all is in people's individual control - environmental change (including increasing income) needed to tackle inequalities
133	Yes. People know how to stay healthy, they do not need expensive leisure centres that very few can afford to access. But, we do need a hospital that is fit for purpose and that can be expanded if needed in the future. We do not need a leisure/health centre.
134	You can bleet on as much as you like about healthy lifestyle. People who won't use a gym are unlikely to use one just because you have suggested it. A Better Hospital For Berwick.
135	You don't listen to the feedback you get from Berwick so how will this change things?
136	You need to listen to the voices of people who wish to maintain and develop their own local care systems. Particularly in the more remote parts of Northumberland.

Appendix 6

Are there any other priorities for Theme 4 that you believe should be included?

120 responses

Nos	Comments
1	Access to children behaviour specialist separate education and support services for these [autism, etc].
2	Action to address child poverty needs to be a priority. Actions could include poverty proofing schools support for citizens advice so people are appropriately supported to access any support they are entitled to (and in particular to navigate the universal credit system).
3	Actions speak louder than words
4	Adequate medical services to support a community which is larger than Alnwick or Hexham, a population which increasing significantly during the summer months due to a large influx of tourists.
5	Adult education is all within working hours. Promote forest school / beach school clubs for kids. Give all employees a knife fork and spoon in their induction so single use plastics are not used in canteens
6	Affordable childcare to enable more carers with children/ single parents to become employed.
7	Again, technology does not always work, unless people have been bought up with these skills it is of no use in a community of middle to elderly, unless it is a mobile phone. To train people for employment is an excellent idea, it should be mandatory for job seekers to attend lessons to learn skills not let them please themselves.
8	All new houses built are energy efficient and capable of recycling waste water for gardening use.
9	All of them and we need better than we are getting niw
10	An older population in the more rural areas need support in terms of access to local care systems. This includes better transport and digital systems. In parts of the community we are still suffering 'power cuts' something which should not occur. When they do occur the whole basis

	of digital support and communication disappears.
11	Berwick has substandard transport links, minimal new social housing, failing schools, hospital that is barely coping with seasonal fluctuation, our largest employer has closed our high street is declining rapidly and all of this for extortionate rates!!! The entire way Berwick-upon-Tweed and it's surrounding population needs addressed in depth, we are being failed entirely!!!
12	Better ambulance service for Berwick
13	Better facilities in Berwick would help a lot of these.
14	Better funding for voluntary bodies
15	Build a proper hospital in Berwick
16	Care / carer support workers to assist in continued work to better health in the home.
17	Carer support to enable access to employment (rather than loss of job offers due to delay and non provision of help)
18	Catering for specific disabilities, e.g visual impairment, with appropriate methods
19	Community beds for rehabilitation and end of life are needed in Coquetdale
20	Community kitchens/healthy meals with exercise/dance to help develop schemes to address social exclusion, food waste and health
21	Community transport provision in rural areas to enable access to services, activities and employment, avoidance of loneliness and maintenance of independence - resilient, sustainable rural communities Connecting people and communities through networks and activities at a local level
22	Continuity of care from Health visitors. Have free access to health suites for elderly.

23	<p>Create additional employment opportunities.</p> <p>Provide sheltered and supportive workplace opportunities as a stepping stone toward employment. However Remploy type provision was killed, and many of the people who used this to give their life structure, meaning, dignity and a social life now have nothing.</p> <p>Be honest and recognise that some people will never be employable; mental health, age, illness, ability, unreliability etc. An alternative for this group should be a priority</p>
24	create more housing !!!
25	Critical care closer to home is critically important to allowing people to live independently in to later life.
26	Digital not easy for people not brought up with ipads and phones.
27	digital technology will be used instead of proper services in berwick
28	Do not put people in stressful and dangerous situations such as traveling a horrendous road of 120 miles while ill and its dark and snowing...this does not help anyones health and wellbeing
29	Educate people to prioritise their spending on improving their health not on material aquisition and fancy holidays they can ill afford
30	Employment in localities to keep young people in their community
31	<p>Encourage all employers to employ people on standard contracts-zero hour contracts are an abomination and virtual slave labour which does not give anyone the means to get housing etc.</p> <p>Genuine affordable rental homes for young people to become independent and useful members of the community-not low cost housing for sale-in this community we need 1 and 2 bedroom flats/apartments to give single people and young childless couples the opportunity to set down roots and stay in the community-there are adequate housing for single mums, and couples with children-again the young people have been overlooked</p>
32	<p>Ensure additional funding to allow for support in rural areas of deprivation as well as the urban SE</p> <p>Exploit our beautiful natural assets and build on attracting income</p>

33	Ensure adequate affordable housing is available with appropriate infrastructure, transport and encourage local businesses
34	Ensure social housing and locally affordable housing is available for local residents only, particularly in the north of Northumberland, and ensure local employment is not reliant on only tourism.
35	Fact no one checks for those over school age when they arnt being supported at college and manage to go a year with no income or Job career advisor did a crap job
36	Final point unclear? ["Improve access to employment, education and key services through digital technology."] This seems to pre-suppose that access to digital technology is universal. Does digital technology provide work or reduce the need for employees? Clearer definition required..
37	Fine, but it is all very theoretical unless properly funded!
38	Fuel poverty - please bear in mind the 120 mile round trip for a 3 minute scan that should be provided in Berwick
39	Fuel poverty a real issue in rural areas (subsidise changing to oil from solid fuel); and ability to travel (ie cost of car/fuel)
40	Get more people into work sort out problems of anti social behaviour
41	Give people better access to more services locally provided
42	Give us proper health services instead of reducing them every year .
43	Honesty from NCC,NHS and CCGS.
44	Housing Associations, eg Bernicia, do NOT allow a tenancy to transfer! For example, if a parent passes away their middle-aged child (40) has to move out - wrong!
45	I believe people need to feel part of a community, it helps people's well-being to feel like they belong, whether that's at work, education or at home, exclusion can be detrimental to people's health, so if it's possible for all those external elements to assist in helping people come together in their lives and help each other, then that's got to be a good thing. Social clubs for young people and evening activities for them are so important, rather than them feeling like there's nowhere for them to go

	and meet up.
46	I feel there is a point in the second where this is NOT good - patients are left at home who are NOT capable of coping. But in the North there is no other option!!
47	Improve access to nutrition advice in schools, workplaces and community groups to support those at risk of having poor diet
48	Improve home care
49	Improve the recognition of unpaid carers, health and well-being of unpaid carers, recognise the service they provide to enable the elderly to live within their own homes
50	Improve the town environment of places like Berwick upon Tweed .
51	Improve transportation for rural 'isolated' communities to enable residents to access employment / social networks etc.
52	Improving the transport infrastructure especially dualing the A1 to shorten journey times both north and south of the region. This would allow communities to move more freely around Northumberland enabling access to housing, education, employment and healthcare
53	Include those people who have no access to digital technology
54	Increase access to affordable homes within desirable areas- Morpeth for instance has seen a huge increase in the number of houses being built but non are what I would consider affordable. Rents and rates in these areas are also barriers to many people. If housing in certain areas is inaccessible for families due to cost then the choice of schools is lessened thus making the 'richer' children more privileged and keeping the 'poorer' children confined to schools which may not necessarily be the best for their needs. Small businesses in desirable towns are being pushed away because rates are too high thus innovation and creativity within the county is being stifled at an alarming rate, we ought to be encouraging new and small businesses into towns such as Morpeth and Alnwick to increase their uniqueness and maintain their market town feel.

55	Increase affordable housing stock and housing rental.
56	It's all just words. How about action?
57	Keeping people at home for longer - need to think beyond physical environmental and care alarms systems....need to think about social interaction befriending schemes - meaningful engagement in activity and support to access community.
58	Level playing fields for all of Northumberland! People should not be disadvantaged because of the geography
59	Living independently without adequate social care will be impossible given the cuts.
60	LOCAL COMMUNITY BASED
61	Local healthcare support, stop breaking up families too far to visit and support when hospitals are 120 round trip away.
62	Loneliness is a big factor for many people so social groups in each local area would be good or a befriend scheme that doesn't just cover the south east of the county of Northumberland but the whole of Northumberland
63	Make more health services/ procedures available locally . This would avoid the necessity of traveling long distances ,often on public transport & in many cases taking a whole day off work without pay to attend a 10 minute appointment . If an employee has to attend several such appointments it may affect their ability to retain their job.
64	Many older people ,who may want to access services will not have a computer and indeed will have no desire to move into the digital world.
65	Mental health provision that actually deals with the issues rather than the symptoms, and that listen to the needs of the patient.
66	Money is wasted on Fuel allowances, people in care homes do not need to have this, it should be means tested
67	more access to LOCAL healthcare not centralised
68	More community housing where elderly or disabled can live

	independently.
69	Not much good if you don't reach a hospital within the golden hour if you've had. Stroke. Only two ambulances covering out town. If they're both at Cramlington they at times don't return for 3/4 hrs. That's not equality that's a travesty!!
70	People on low incomes can't always afford Technology. More well off families are at an unfair advantage over poorer families. The average wages for people in Berwick are some of the lowest in the uk. This needs addressing as we travel huge distances to get to hospital appointments. Those not on benefits or living just above the bread line are worst affected.
71	People shouldn't feel abandoned by the health service, as they do when their concerns are ignored regarding the fact that emergency care is an hour away from where they live.
72	People's health and well-being will be greatly improved with access to a local fully functioning hospital!
73	Please get real when considering the above. I am always angry when voluntary sectors are expected to offer services that should actually be carried out by experienced, qualified and paid individuals. Although all of the above makes for good reading, it will not be easy to achieve
74	Please just concentrate on providing health services. There's little enough money in that as it is without spending it elsewhere.
75	Poor families and elderly don't but always use technology.
76	Provide a better hospital for Berwick-Upon-Tweed
77	Provide better LOCAL healthcare
78	Provision of 'lower level' missing care in community to release hospital beds for patients who have no support at home for short-term support.
79	Reduce the travel for people in Berwick by offering more services at Berwick hospital similar to the hospital at Hexham

80	<p>Remember for that last point, (Improve access to employment, education and key services through digital technology). To make sure people can still access these services, just as easily, through other ways besides digital technology, as not everyone has easy access to it.</p> <p>I also agree with all the suggestive other points, especially these two:</p> <p>~ Support residents with caring responsibilities to sustain employment or return to the labour market</p> <p>~ Use Voluntary and Community Sector partnership to support residents with multiple-barriers to work (including health conditions) towards employment</p>
81	<p>Remember some do not have access to digital technology or the ability to use this.</p>
82	<p>Remember there is still a large part of the community - especially those who have more barriers (financial / skills) - who are not digital - this is not always related to age either.</p>
83	<p>Review people on benefits to stop them claiming my hard earned money and get a job. Use the saved benefit money for those services like NHS.</p>
84	<p>See page 4</p>
85	<p>Services through digital technology is important however is it more important especially for lonely people to be able to communicate with human beings. Computers cannot do the same service.</p>
86	<p>Some disabled people are unable to work and are pressurised into doing so by the DWP. THIS IS WRONG</p>
87	<p>Something to do with the necessity for food banks.</p>
88	<p>Support all the above along with a much Better hospital for Berwick upon Tweed</p>
89	<p>Support communities and families/friends to support people to live independently and without isolation , innovation in housing a lone will not</p>

	resolve the issue of an elderly, isolated population.
90	Support employers to successfully engage/retain individuals with health needs
91	Support local transport initiatives in rural areas e.g. the Spirit Bus in Upper Coquetdale. Ensure a greater number of charge points for electric cars. If no public transport and no petrol stations it's hard to get to work!
92	Support people's health and welfare by providing services in their home Town not 60 miles away
93	Support the campaign for fairness for women who are having to wait an additional 6 years for their pension which is detrimental to the health and well being of these women especially in the light of the report this week which states that life expectancy is no longer increasing SUPPORT 50+ WOMEN WHO ARE HAVING TO WORK UNTIL THEY REACH 66+ BEFORE RECEIVING THEIR PENSIONS
94	Support to live independently also requires access to support, services , transport particularly in rural areas to avoid isolation and loneliness - a whole system approach
95	Support your own Northumberland council employees who have left their posts due to work related stress
96	Supporting individuals into work should not mean people who have difficulties are forced to work or have benefits stopped when they are unable to work.
97	Supporting the carers
98	Tackle failing high schools and sort out why so many people are sending their children across the border to Scotland to be educated. Scottish Borders council are obviously doing something you're not.
99	Tackle the drug culture don't want a job type of people that are dragging everyone down
100	Tell them about the amazing a&e you've built in Berwick on Facebook

101	That people with mental health problems and other disabilities have access to the appropriate healthcare facilities and support and are properly assessed so that they are not penalised for being ill or forced to work when they are not able.
102	The aim of promoting some facilities to provide health and "well being" services is little more than play on words to reduce costs. As an example Berwick upon tweed could easily integrate some service between its new hospital and leisure regardless of there respective locations, A good hospital and good leisure centre on separate sites will offer more combined service than a poor hospital in the same building as a poor leisure centre.
103	The pressures applied by yourselves in management is counter-productive as the front line staff are not being supported. The inadequacies of the IT systems have been proved again and again, this is a tool not any more than that.
104	The third option above has a glitch cannot press. Better education on prevention and healthy eating.
105	There are still older people and families who are forced to choose between warmth and food. They are the hidden underbelly of society today.
106	There should be joined-up thinking between the health and social services. Beds can then be freed up.
107	Theres not enough jobs for people. Should Carers not be given the option to care as a job for the person they look after. Not all carers want to give up there caring role, others would have to be paid to look after the individual. Also i would have preferred to care for my child instead of working and paying others to look after her.
108	This is getting a bit much and full of flowery language and expressions!!
109	To become more realistic about what people with disabilities can and cannot do
110	To ensure residents and tourists in ALL areas of Northumberland have access to first class medical care instead of having to travel 60+ miles to do so.

111	To tackle social isolation by improving availability and affordability of transport.
112	<p>Transport - Working very closely with Roads Streets and Transport dept and NEXUS should absolutely be a priority to allow equal inclusion of most people in most things - see my answer to first question.</p> <p>Also - work with employers to reduce impact of hard floors on people's joints, which often renders them virtually immobile and excluded from exercise and social inclusion in later life.</p> <p>Work with businesses to reduce stressful and damaging accumulations of multiple noise sources for both employees and customers - some people have told me that they won't even shop in Morpeth because of this.</p> <p>Introduce "healthier swap" advice points in or near food outlets if they can be persuaded - many people might be amenable to such help and advice on products at the point of purchase, and retailers might actually be able to take more money because healthier foods tend to be more expensive.</p>
113	Transport to current secondary healthcare is woeful.
114	We have very little full time employment in Berwick investment for the young people
115	We need more homeless accomodation, especially for young people in Berwick upon tweed
116	While all these issues are very important to the community these should have nothing to do with our health services. And have there own department run by the council
117	Work with employers to have innovate policies for 'return to work' so that people can have shared return to work if they have had periods of sickness, work with SMEs to raise awareness of the impact of sickness in the workplace.

118	Work with employers, retailers and hospitality providers to promote and make 'normal' healthy life choices.
119	Yes, none of the above tackly the root causes - income inequality, austerity policies etc
120	You can't improve access to employment if the jobs are not there to begin with or there isn't suitable transport to reach jobs further afield.

Appendix 7

Have you any further comments to make (specifically are there any other themes that are missing)?

135 responses

Nos.	Comments
1	14000 + people can't be wrong . It's a basic national service
2	A better hospital for Berwick
3	A complete range of medical facilities on site in Berwick
4	A fit for purpose hospital in Berwick is missing. In the summer our population triples. Residents are travelling for over an hour to attend 3 minute appointments - often having to take annual leave from work.
5	A frustrating questionnaire as the themes are all laudable and aspirational but far too little detail on how they actually would be met and financed
6	A large town like Berwick needs appropriate access to hospital and healthcare services. We should not suffer due to our geographical location.
7	A more specific approach to support, prevention and treatment for addictions, meaning drink and drugs, etc.
8	Access for all
9	Access to affordable transport for those who need access to work. Bring the metro into Blyth and cramlington to boost access and bring employment into Northumberland
10	After emergency surgery at Cramlington which was very good I was however moved to north Tyneside to recover. For someone from Berwick north Tyneside is too far away for visitors to have the time and afford to visit family in hospital which is an essential part of recovery and mental health. Being alone in hospital is not nice when so far from home.

11	Berwick is part of Northumberland NOT Scotland. Berwick deserves to be treated as an equally important town in the county, which it is not at the moment. Also provision of some services in Berwick need to take into account how much the population swells in the holiday season when the camps are full - especially for healthcare provision - don't just count the static population.
12	Berwick needs a secondary services hospital. We do not want a combined leisure and hospital facility. We want you to stop taking health care facilities away from Berwick
13	Berwick needs a secondary services hospital. We do not want a combined leisure and hospital facility. We want you to stop taking health care facilities away from Berwick
14	Berwick Upon tweed has been asset stripped for decades healthcare wise. We want what residents in the south of the county have. Access to more medical facilities closer to home. Palliative care beds ok our local hospital , staff trained to deal with emergencies. At present there is far too much reliance on paramedics. Do they train as midwives? You are putting lives at risk and putting added pressure on ambulance services.
15	Berwick urgently needs an A&E department but what we had was taken away from us...my father suffered a sever stroke but an hour and 20 mins for an ambulance to arrive! Then 60 mins to hospital! The crucial golden was lost....Berwick elderly population have no chance of the care they deserve in an emergency...same for the amazing 24 hour maternity unit that was taken away from us...if you go into labour after 6pm you have to rely on oncall midwives and wait for them to arrive.... again the ambulance service is shocking....my labour took a bad turn and I needed to be ambulanced to hospital....they requested the 8 min emergency response and 45 mins later the ambulance arrived then again an hours drive to the hospital.....Berwick should ask to become part of Scotland then someone might care about us and not forget we even exist!!
16	Better access to clinics at hospital services can easily be provided at Berwick but there seems a lack of focus from staff on south of county to support this utterly ridiculous that patients have to travel 120 mile trip for a 5 minute appt because a consultant won't travel
17	Better hospital/Services for Berwick upon Tweed
18	Bring back the hospital services to Berwick upon Tweed

19	Build a better hospital for Berwick as previously promised
20	Build a proper hospital in Berwick
21	Can not stress high enough how important a new hospital for Berwick is, especially with other units more than 40 miles away. 'Golden hour'!!!
22	Centralisation of resources is not always beneficial the parity of services in Northumberland is poor.
23	Decisions are made in the south of the County. It's time that the deciders looked and listened to the public / taxpayers. It's time the decision makers told the truth about money and accepted that sometimes their perception of value is different from those who actually need the care. Moving healthcare facilities further and further away from us and wasting money on vanity projects is obscene and capital should be switched to expenditure on expanding services instead.
24	Depletion of services in Berwick Infirmary making residents trail on the substandard A1 . The powers the B nameless faces making decisions that greatly effect the people of Berwick ignoring the wishes and common sense of Berwick people.
25	Don't neglect rural areas. A 120 mile route for a hospital appointment is unacceptable
26	Eliminating stress and worry surrounding hospital treatment and making people living in the furthest corners of the County to feel they are not forgotten and thst they are getting an equal chance of good treatment. In Berwick for example we are bombarded with the importance of the ' golden hour' but know the reality is people might not make it because the ambulance is at the wrong end of the A1 and we have a journey of well over an hour to reach A&E.
27	Encourage employers to have more flexible working.
28	Equal access to health provision throughout the county
29	Everything MUST be done at the level of local communities to ensure ease of access and STOP unnecessarily and unacceptably long journeys.
30	Expansion of health visitor provision for 'at risk' families

31	Get on and do it . Too much spent on looking at how to do it. Too much money spent on too many managers
32	Halt the plans for a combined leisure centre /hospital. It will not meet the needs of this town. You are slowly giving us a death sentence!! Reconsider and engage with the public. We shouldn't be penalised because of our post code.
33	Happy with focus on prevention but also need for appropriate level of specialist support. Transport a huge issue for population of Northumberland as local services are closing in rural areas and the trend is towards more centralised provision.
34	health & Well-being of the people of berwick-upon-tweed
35	Healthcare is most effective when provided locally. Berwick upon Tweed needs a hospital with far more services than is currently provided. Services have. Even eroded over the last few years.
36	Hospital amenities being more accessible
37	I believe that from a health and well-being point of view the priorities are reasonable, however in the case of Berwick-Upon-Tweed this is being offered as an alternative to access to equitable secondary care. This is NOT acceptable
38	I feel it is important to tackle cause of health issues by education and lifestyle awareness as much as providing treatment programmes.
39	I oppose privatisation of health care and social care. These are significant features of a functioning society and should not be for profit.
40	I recently moved to Berwick and one of many reasons was the promise of a new hospital with provisions that have steadily been cut and eroded in the time since I made the decision. I care for and live with my 92-year-old mother while running a small retail business, and we are very reliant on the great GPs at Well Close and the services at the infirmary, where my mother gets physiotherapy for severe arthritis and a healing broken arm (we were sent unnecessarily to Wansbeck to have the cast removed). All the aims stated here are admirable, but amount to no more than 'management-speak' unless they are funded. What you could do is not necessarily the same as what you will be able to do, and it all feels very precarious for the people of Berwick at the moment. There are some really harrowing stories on the campaign Facebook page 'A Better

	Hospital for Berwick', and I suggest you read some of them, particularly those involving cancer patients, mothers who have lost pregnancies, and children with life-limiting illnesses.
41	I think that this is the best -designed local government survey that I have seen - well done.
42	I'd like not to have to be seriously considering moving my young family out of the area because health care provision is so dangerously bad in the Berwick area.
43	Implement the 2014 scheme and make use of the departments and provisions already at Berwick, Rothbury, etc including those that have been mothballed instead of wasting money on management follies and repeated surveys of buildings and the paper kind.
44	Improve social facilities for disabled children as there are none in my area and we travel a 60 mile trip to provide our son with a Saturday club. Berwick is a forgotten town. NCC thinks Northumberland ends at Alnwick!
45	improving cycle routes , encouraging people to get out of their cars , improving the 'feel' of towns like Berwick . It feels run down and often dirty and depressing in the centre .A decent well staffed local hospital for end of life care and people recovering from surgery . Keep improving GP services

46	<p>Improving services for children with additional needs, creating local provision to meet those needs and local housing options for individuals with additional needs as they become adults.</p> <p>Improve dementia services, particularly in rural areas to enable those with dementia and their families to live independently and well for as long as possible.</p> <p>Ensure Northumberland is not reliant on tourism in the north of the county and support local businesses to offer year round opening (as many shops in for example Seahouses close over the winter months).</p> <p>Create residents parking only areas in all NCC car parks particularly in Alnwick etc so that local residents who work can actually access parking bays during the summer.</p> <p>Take an overall view of tourism in Northumberland to ensure 'overtourism' does not become even more of a problem. Remember whilst tourists bring in money - we deserve to have a quality of life in our home county too!</p> <p>Ensure local residents are not made to pay for local amenities such as Druridge Bay County Park (boat launching).</p>
47	<p>In Berwick we are frequently sent to Ashington or Newcastle to access healthcare and clinical services (120-mile round trip) that need to be provided in Berwick. Essential health and clinical service-provision must be an essential part of any hospital plan for Berwick and an essential plan for GP-referral to be Berwick-centric</p>
48	<p>In my experience more support is required for people living with Alzheimers (in the home).</p>
49	<p>Include physical and mental health in all aspects.</p>
50	<p>Increasing services in those areas that are currently lacking.</p>
51	<p>Is Northumbria Healthcare NHS Foundation Trust planing to sell off assets under the government's scheme to financialy reward such sales? Is this the plan for Berwick Infirmary?</p>
52	<p>Joint leisure and hospital centres are not the way forward. Referrals to sports and leisure to help with certain health conditions is important however to have all under one roof will lead to cuts in services, patients feeling that information is not as confidential, people feeling they can't go</p>

	to either easily. It is better to have them at separate locations. If you had an embarrassing or v unhappy diagnosis it is hard enough walking through a surgery afterwards let alone a busy leisure centre
53	LA and the devolved north of tyne need to realise segregated cash for health, transport, education, etc makes it difficult for schemes and projects for example cycling projects benefits cross over all areas transport, education, health, environment but access to money pooled from all these areas is difficult.
54	Less paper, more action!
55	Listen and act on the knowledge of people who live in this area.
56	Listen to the community regarding their health needs and stop treating people as if they are stupid
57	Listen to what the population of the area consider is essential in respect of Hospital/Emergency care instead of creating tick in the box questionnaires to provide the responses you would like
58	Living in Berwick is hard !! We have poor job prospects. Young people leave. We rely upon a lot voluntary groups such as cancer cars to get patients to hospitals for appointments. We are badly served healthcare wise. In one hand you tell us you promote care closer To home. Who's home? Not ours!! On the other hand you make us travel 120 mile round trip to get a pre op assessment, a blood test or to be told test results. We lack palliative care, we lack provision after midnight (no Dr within 60 miles on duty) two ambulances, if they're both out of the area , at a major hospital 60 miles way what do we do. Yes we realise you move Ambulances around the county but at times, we wait for hours for an ambulance. If your son died on a pavement after an RTA because an ambulance took so long to reach him, how would you feel?? Angry? Sad? We as a community feel cheated and disgusted!!
59	Living in rural Northumberland with health problems costs a lot in time and money for patients and their families
60	Local access to basic healthcare in rural areas of the county which appears to be systematically being downgraded. Patients are expected to travel to the south of the county for basic medical tests & procedures which have historically been carried out in the Berwick hospital. As mentioned earlier, a day hospital for those elderly people who are being

	encouraged to live alone in their own homes. Loneliness is one of the most detrimental influences on health & well being.
61	Local healthcare for local people. Berwick deserves a better hospital.
62	Locally, in Berwick, we need a new hospital desperately, or at least easier access to services. Some people lose a day's wage travelling to Wansbeck for appointments that can last 10 minutes. More needs to be available locally. The GP surgeries also need to review how they manage patients with chronic conditions. I am supposed to see my GP every 4-6 weeks, but can wait up to 3 months as she only works part time and everyone wants to see her. It is of no benefit to me seeing someone who doesn't know my history. For acute problems, I am happy to see any GP but for my condition I need to see the same GP. Additionally, the Aqua Health class at the Swan Centre in Berwick has been moved to a time slot that most of the class aren't able to attend. If we are to take responsibility for our own health, at least make things accessible.
63	Main comment is (1) what will be different this time? and (2) no acknowledgement of the root cause wider determinants (particularly income inequality) and the likelihood of making any headway without combating austerity
64	making GP practices the hub for provision of all health and social care
65	Medical professionals on a rotation between berwick and busier A&E departments so they are up to date and confident in emergency care so it can be provided in berwick! As well as being able to provide routine appointments instead of having to travel the hour journey for appointments that last 10minutes! Funding for a transport system like the local cancer cars to get people to and from these appointments!
66	<p>MENTAL HEALTH ought to be a priority, often by the time a person has waited the length of time it takes from first point of contact with the counselling service to actually receiving a first appointment date mental state has deteriorated greatly and many people find that they can no longer face the appointment, for many more it is already too late and suicide has become the only solution to their problems.</p> <p>HEAD INJURY these services need improving and extending drastically,</p>

	they ought to be accessible by all regardless of age.
67	<p>Mental health support does not come across as a key priority.</p> <p>Under tackling the wider determinants the focus of activity seems to be around employability and does not include how rurality issues e.g. isolation, scarcity of public transport, access to services will be addressed.</p> <p>It is unlikely that anyone would disagree with the priorities identified, the issue is identifying how best these can be addressed and this requires co-design and co-production in planning and delivery.</p>
68	More ambulances and patient transport
69	More health services need to be delivered in Berwick hospital
70	More help for carers of loved ones living in the same house. Respite is not readily available and the needs of the carer ought to be given much more consideration .
71	More mental health support. Access to GP appointments. More joint Council / NHS engagement (eg neighbourhood meetings jointly).
72	Need to have an understanding of the relationship between economic, social and environmental health determinants and health outcomes at a local level, focusing on actions that will make a difference, collaborating and working with stakeholders at a local level.
73	Neglecting buildings owned or run by state-funded enterprises is criminal. Do not waste money when perfectly adequate existing buildings should be upgraded or modernised as and when necessary. Do not try to convince the public and employees of NCC and the NHS that policies are correct when they are obviously not. Listen to the public for a change, instead of trying to believe that you are always right.
74	No new leisure centre - staff there now cannot or do not want to help disabled people only fit healthy people.

75	Northumberland is poorly served by environmental planning that would encourage people to make healthier transport choices such as walking and cycling, especially for children going to school.
76	Nothing missing but I would like to see a more explicit reference to addressing inequality as a thread. People need to understand what this means - that those most in need should get the most resources.
77	Of course keeping people out of hospital should be a good thing - but you know - community beds are such a good idea for some elderly and vulnerable people in rural areas. Care at home can be put in place after a safe discharge. Please do reconsider this point. It is so cruel to decide we simply cannot have beds in rural areas.
78	People in Berwick have a strong sense of not being listened to with regard to Health and Wellbeing. We are frightened our babies will be born on the A1, we will die before the 1.5 ambulance gets us down the A1 in the ' Golden Hour ' especially if the road is closed (as often happens) We are frightened NCC has no regard for the reality of living in its most Northerly outpost. We are frightened we are being fobbed off with a joint leisure centre and glorified health centre ...when what we need is a MUCH IMPROVED stand alone hospital.
79	People in isolated areas should be provided with transport to ensure their wellbeing is in order, that no public transport or their isolation is no excuse for neglect by the authorities.
80	People need to be told the truth and should not be tricked into the fact that services are not required when figures are manipulated to suit government changes
81	Perhaps increase funding for the police force, as it would benefit communities in Northumberland which have higher crime rates, that have a direct affect on the residents wellbeing, and can affect their health. (For example drug dealing and abuse).
82	Please do not think that clumping numerous services in a small location is workable, patient groups will suffer both health and wellbeing wise if Berwick is left with a substandard secondary care and leisure provision. The number one goal of the strategy is to save money, and where I am a realist and know that there is not a bottomless pit of money to spend, please ensure that the people of Berwick are looked after as well as other populations in Northumberland. At this time that is not the case

83	Please provide a public consultation in our area like you have in Alnwick,Blyth, Hexham.
84	Please provide proper health care to North Northumberland, a joint leisure facility and hospital will not work to the advantage of the community.
85	Put yourself in our shoes - we are not 2nd hand citizens, local people deserve local services
86	Recognise the stress, the economic and mental stresses that travelling to hospitals 50/60 miles away has on on the families who support the sick and elderly within local communities.
87	Reduce waiting times so that patients can be treated more quickly and cost effectively
88	Regards below, I demand that you contact me. I will have prepared a long list of further questions that the community needs answers to. Failure to do so will demonstrate your lack of sincerity in "consultation".
89	Reopen the ward in Rothbury and Coquetdale Community Hospital
90	School buildings fit for 2018 and beyond
91	See my answers to question 1. The results of the Berwick consultations on the new hospital/sports centre have been fudged. This is not what we want. We want a stand alone hospital with A&E facilities and local services. We rely on 2 ambulances and gave a 120 round trip to A&E. It's not good enough.
92	See page 4
93	Services in Berwick are being completely ignored. The town is facing a health crisis with overstretched GP services unable to provide good care and the nearest treatment or diagnosis for most things being an hour away. We need a decent hospital urgently and proper funding for primary care.
94	Stop hospital and bed closure in rural Northumberland

95	Stop trying to inter grate services in GPS surgeries, they can't cope with what they have now, but want the money you offer so railroad these decisions through. Stop giving us a sub standard service, you try travelling from Berwick to Wansbeck for a 5 minute appointment without transport. Stop thinking you can cut our hospital service even further with the proposed joint hospital sports centre plan, we are a first aid station with palliative care as it is! Our Ambulance Service is at critical, we are dying no ambulance no hospital no services no transport! STOP BRUSHING US ASIDE!!!
96	Stopping the closure of hospital beds in local communities.
97	Surely should be more about Health!
98	That people in Berwick upon Tweed get the hospital they were promised and don't have to wait another 10 years. This hospital needs to offer a full range of service to reduce the need to travel 120mile round trip to access procurers that were once available at our local Infirmary. The staff at the Berwick MIU should be give the ability to treat more of the people that attend the dept instead of transferring them to Cramlington Or Wansbeck. We are getting a third class offer of health care from the trust. This needs to be addressed. Listen to what the people of North Northumberland are saying. Rethink your plans for the integrated leisure / hospital. We want a stand alone infirmary on a site with room for expansion in the future that offers more services and better health care locally.
99	The CCG took us through a charade of consultation. If they listened, they did not act according to what they heard. Coquetdale people are tired of consultations where the outcome is predetermined and questions are biassed to get the required answers
100	the centralisation of services is to the detriment of many hard working people in rural Northumberland. I agree with self help but there are times when people need to see a doctor/specialist and this is becoming more and more difficult as services are pulled out of areas such as Hexham and Berwick.
101	The county lacks good quality and affordable care/nursing home facilities in particular the Morpeth area.
102	the hospital in Berwick is a shambles

103	The importance of fitness and mental health
104	The lack of facilities in the North. This is NOT an equal care system at all
105	The main concern for me is that even though I pay the same taxes as people living in the south of the county I receive a poorer level of healthcare because of the town I live in. I have had numerous situations where myself or a member of the family has felt isolated when in hospital in Wansbeck or Cramlington because it is so far for relatives to visit. I believe that elderly and unwell patients would live longer if they could be closer to home for much of their treatment. Many people just give up. We didn't get to say goodbye to one relative because it was too late by the time we were able to get transport to Wansbeck.
106	The new hospital that is planned should stand alone not integrated with leisure centre at Berwick upon Tweed we need better services for such a big town Anlwick seems to have no problem getting what they want.
107	The wider the network the less chance people have of getting help
108	There aren't any REAL themes here!
109	There needs to be facilities for people who are medically well and no longer need hospital but cannot manage at home and need a bit of time to get stronger confident for when people go home like a half way house that could be joint health and social care and depending on people financial status may pay for
110	This survey consists of very leading questions.
111	To also include family views when a persons capacity is under question , this does not happen currently.
112	Training of staff to know more about the geography of the area they work in. For e.g. a friend of mine has had to explain where Berwick is and the person has been surprised at how far that is from Hexham when an 8am appointment was being offered. You spend a lot of time saying you want to provide a joined up approach but knowing the area and having some regard as to distances would be a starting point. It is even worse to explain to someone making appointments as to where a small village is with transport links as much as 12 miles away.
113	Transport to hospitals SO far away. Less wasteful trips 65 miles EACH WAY. More conferencing calls. More clinics held in local areas eg

	Berwick Hospital
114	We are a forgotten community in Berwick upon Tweed. We have to travel approx 60 miles in any direction for any type of hospital. My husband has several health problems and we have to travel to Alnwick for a pre-op assessment, then either to Wansbeck or the Freeman for consultations and procedures. For another problem we have to go to BGH regularly and on to Edinburgh for further procedures. We NEED a secondary care hospital in Berwick ASAP and to have all the promises made in the past few years fulfilled
115	We are supposed to have a National Health Service with equal provision for all. This is not the case if you live in north Northumberland where round trips of 120 miles for a five minute appointment are the norm. And now we have even been told that no travel vaccinations are available and if you want one then go to Newcastle. Ridiculous!
116	We do not have a fully functioning hospital in our town and have to travel 2 hours for sometimes a five minute appointment . There are children and elderly dying on our streets waiting on an ambulance and have seen a huge rise in air ambulances being called out to our town that is now feeling secluded and unheard more and more. It is 2018 and we are living like it was the dark ages in a forgotten town .
117	We do not receive the same level of service that other towns receive. We should at least not to have to bare extra travel costs at all regardless of your income.
118	We have lost our hospital beds, we have no dentist, it can takes weeks to see individual doctor. This is not improvement, it seems that while you wish to centralise everything, have endless meetings to talk about everything under the sun. Here we are not feeling the benefit of all the chatter.
119	We have not seen any evidence of the council and the health authorities listening to local residents.
120	We need a stand alone facility at Berwick that has all he services promised in 2014
121	We need and demand what we were promised !!!

122	We need better services in berwick fact & a stand alone hospital, not this crazy idea they are running with at the moment & we need it on a site that is fit for purpose & with room to expand
123	We need less consultations and more actions.I have now filled in 5 surveys and attended numerous consultations over the past 5 years and nothing has changed
124	We need more joined up thinking amongst healthcare professionals and less of the 'ive ticked my boxes' approach if we want to improve life for everyone.☹️
125	We seem to be having further studies/consultations re: hospital care again for Berwick. Berwick must have adequate care as a population more than an hour away (56 miles) from Emergency is too far.
126	Why are you not holding an event in Berwick-upon-Tweed like you are doing in various locations towards the South of the region. One of the main themes is the modernisation of hospital facilities here in Berwick - a vast majority of the community are concerned that you do not listen to their wishes and they are left unheard on issues that are very close to them. We have a purpose built hospital in the centre of town with parking & public transport close by - surely it would be better to modernise the present location to enable it to provide services that it once did.
127	Why do we have to travel 140 mile round trip for a hospital appointment from Berwick
128	Why does north Northumberland always miss out inadequate schooling.... health care and travel
129	Why you tick people in berwick deserve to die on the a1 because you're too bad a t your jobs to realise we need an a&e
130	With regards to healthcare provision in Berwick upon Tweed I would like all the services and facilities promised to the town in 2014 delivered in an environment and location that allows for expansion. It is imperative that the town retains a hospital fit for purpose, a growing elderly population and future investment in North Northumberland through nursing and healthcare jobs (retained in the community)

131	yes this is the worst survey i have ever taken part in. Whoever sanction this needs sacked . we need proper health care in berwick. we have been told its ok to go to A and E in Cramlington it`s the best option, you have obviously never been in an ambulance travelling that distance desperate to see a doctor, you lie there thinking this is the end. Instead of meetings get in the back of an ambulance at three in the morning and travel down the A1. Then get someone to try and visit the next day if they do not have a car
132	Yes why is Berwick upon Tweed not receiving the medical service it need as promise din the 2014 report: A better hospital for Berwick upon Tweed is what we need!!
133	Yes. Berwick upon Tweed should have and deserves a functioning top class hospital.
134	You can't disagree with the things suggested - but will resources be available to do them across such a big rural county or will they be concentrated in the SE corner?
135	Young people and mental health

Appendix 8

Focus Groups

Case studies

Theme 1: Giving children and young people the best start in life

- Sarah is 28 and lives with her husband in Ashington
- She has a four week old baby boy, her third child
- She has a teenaged son and a 5-year-old daughter in reception class
- She is quite isolated at home as she doesn't have any family nearby to support her
- She is having trouble breast feeding her baby and is finding it hard
- She gave up smoking when she was pregnant but has had the odd cigarette
- She is on a limited budget and buys frozen food and sometimes uses food banks
- Sometimes her children miss school and she finds it hard to keep tabs on them

Theme 2: Adopting a whole system approach to health and social care

- Barry is 52 and is a full time carer for his partner who has MS
- He doesn't work and his income is benefits and carers allowance
- He has put on two stone from eating meals from his local chip shop
- He doesn't have time for himself and exercises infrequently
- Barry has been feeling low and he has never seen anyone about it
- He has had a heart attack and spent time in hospital

Theme 3: Empowering people and communities

- John Clark is a 50 year old man who has had lower back pain for the past year.
- He is finding it difficult to exercise and get out the house
- He is feeling generally miserable and unhappy and would like someone to talk to but is afraid of being seen as weak.
- He is drinking more alcohol than usual and this is having an effect on his finances. He is starting to worry about money and this is adding to his general unhappiness.
- John enjoys using the internet and has lots of friends online but struggles to meet people socially in person

Theme 4: Tackling the Wider Determinants of Health

- A financial services group who employ hundreds of staff have recently conducted an audit on their staff sickness levels across all areas.
- They have noticed that an increasing amount of staff who were unable to return to work have cited 'lack of wellbeing support' during their exit interviews.
- They have also noticed a large increase in the number of both short and long-term instance of staff sickness recorded as anxiety, depression or mental health illness which accounts for a quarter of sickness absence cases. The lost days are costing the company a substantial amount of money.
- The business is currently looking at its advertisement and recruitment costs which at the current level are seriously impacting upon the sustainability of the business.
- It has been suggested that investing in an overview of the company's policies, practice, support for staff, training and culture could unearth some key underlying factors associated with the increased levels of absence.
- The company's Chief Executive Officer is keen on participating in this assessment however a few of his senior management team say that the workplace is full of 'soft' employees and when demands rise the workforce is too weak to deal with this associated pressure.

Case Study Questions

1. What issues is the case study struggling with?
2. How do these issues impact on him?
3. What support could the case study have?
4. Are there any other areas of the case study's life that we could make a difference to?

Focus Groups feedback

Joint Health and Wellbeing Strategy 15th August 2018 Morpeth

Theme 1: Giving children and young people the best start in life

- Isolation, Low income, children's absence from school, at risk of depression, pressure to breastfeed
- Important to encourage Sarah to achieve one small thing at a time – give her hope – small successes (she gave up smoking once she can do it again)
Local Community needs to support her
- Community midwife/health visitor no longer exist – nightmare trying to find a contact number for a health visitor!
- Support in the home is essential
- Village Hall in the community should be utilised more
- Feel strongly that support should start in the home and build confidence – perhaps another mum could give advice/support? Who can assess her?
- Kids missing school – uneducated – the cycle will continue – we need to break the cycle
- Access to mother and toddler groups?
- Kids potential needs to be recognised in school – catch them early
- Kids gravitate to others like them – creates a community of likeminded people
- The Community should help by offering donations/time. The family needs to adopt a positive attitude and children should be encouraged to be independent.

Priorities:

Provide the best quality education that we can – all agreed

- What do you mean by Best Education, as it's not in schools best interest these days to retain under performers.
- Depends on the Academy and the area they are in.
- Classes in school which provide an opportunity to increase children's confidence eg Music/Drama/Home Economics are marginalised

Provide the best quality education that we can – all agreed

Ensure all children and young people feel safe and supported in all areas of their life – all agreed

Support children and young people to make positive lifestyle and social choices – the whole family should be supported because if the child doesn't receive equal support from their families it will all fall apart

Theme 2: Adopting a whole system approach to health and social care

Isolation, mental health, physical health/diet, no hope

Accessing benefits is difficult – people don't know what they are entitled to or where to go to ask

He should have a carers assessment. Doctor should signpost this to social services?

He won't know where to start looking for help – most info online

was there no follow up after his heart attack ?

These days when you get discharged from hospital you get a 6 week follow up appointment then nothing else. There's no joined up support

Services aren't talking to each other

He needs respite help – but where would his wife go ?

He probably feels guilty if he goes out and his pride won't allow him to ask for help.

The GP or health visitor needs to plant the seed

Every contact should count (GP/Care Manager)

There's an issue with appointments as it's one appointment = one issue GP's don't have time to look at the wider picture

There's a lack of awareness and communication – what is out there ?

He needs to take control and search for help – empower him to do that.

How would the NHS even know he exists?

We need to change peoples mindsets – preventative measures put in place

Improve quality and efficiency there's no budget or funding for self worth education

Funding is only for quantative rather than qualitative education / help

How does Joint 1 Call work? Can the OT refer to support planning? Signposting – every call should count!

Need to change the mindset of those working in care and community – an holistic approach is needed – not targeted.

Example, a patient was discharged form hospital and was given no information re community nurse or anyone else who could help

He's 52 – it seems there's more support for the very young or very old yet little for those in between

Communication / Awareness of what's out there is key. Directory of services?

Managed by a central organisation/ team so it is updated and relevant

Golden Guide – good source of info but where so you get it from?

Priorities:

Refocus and prioritise prevention and health promotion – all agreed

Improve quality and value for money in the health and (social) care system (integration) – all agreed

Ensure access to services that contribute to health and wellbeing are fair and equitable – all agreed and added that they need to be accessible (ie need to know where to find the services)

Theme 3: Empowering people and communities

Isolation/depression

Has he even seen a GP?

He misses his family

What is he going to do about it?

He needs to take control

Counselling might help

How does he find out who can help him?

Join a walking group – good for physical and mental health – he'll meet others like him

He needs motivation – communication and awareness of what's out there is essential

Volunteers – they are heavily relied upon and a huge asset to community groups for exercise and learning

There needs to be a central point of information for services/groups in the area

Staff in job centres, health centres etc need to be educated on the services available in their areas so they can signpost – and they need to be willing (or have the time) to identify the need and offer the information

Priorities: Ensure that partners, providers, practitioners and the systems they work in promote and encompass a 'more than medicine' approach – all agreed (needed to explain 'more than medicine' – might need to be worded differently)

Provide people and communities with access to networks and activities which will support good health and resilience. – all agreed

Support people to gain the knowledge, skills and confidence they need to be active partners in managing and understanding their own health and healthcare all agreed

Theme 4: Tackling the Wider Determinants of Health

The company should look at its employee approach and have policies and strategies in place

Attitude to work comes from the top

A lot of workplaces don't have resource for HR or Occupational Health

Changes are often not handled or communicated well in workplaces – causing stress to the workforce

Absenteeism affects the whole workforce

hold seminars for SME's to advise on supporting employees with health problems and managing sickness – Education 7 Support for SME's

Do employers know about access to work schemes?

Communication is key

Link people to the available services/places in their community where they can get help

Include rural communities

Support people to live independently for as long as possible through housing innovation – Agree

Support individuals with care and/or health needs into employment - Agree

Improve access to employment, education and key services through digital technology- Agree

IMPORTANT: Make the public document and priorities clear – eg avoid jargon

Joint Health and Wellbeing Strategy 16th August 2018 Blyth

Theme 1: Giving children and young people the best start in life

Needs support with basic parenting skills
Budgeting
Lifestyle choices
Family planning
Mental health will be affected with the stress
Schools need to start educating kids in basic housekeeping/budgeting/cooking/parenting & sex education (covering emotions and feelings not just the basics)
Catch them young before it's too late
Kids have no respect
Parent afraid of kids
Parents trying to be friends with their kids instead of being a parent
Where is the Health Visitor in all this ?
Could we not use community volunteers to help with young mothers
'Buddy' system linking a young mother with one who has lots of experience
Similar to adopt a granny system
Bring retired people together with young families
Education should include learning respect for others
The current benefits system does not incentivise people to find work
She needs to find help – lots of single mothers raise children and make sure they are clothed and get to school

Priorities

Provide the best quality education that we can - agree but this needs to include life skills education not just academic learning – and the life skills should be presented in a relevant way to today's youth – eg Apps
Ensure all children and young people feel safe and supported in all areas of their life - agree
Support children and young people to make positive lifestyle and social choices - agree – and also agreed the statement should include the whole family

Theme 2: Adopting a whole system approach to health and social care

Needs support
Respite
Should learn how to cook
Motivation to help himself
Day centre for his wife
What resources and money is available – how will he find out ?
What has the GP done? Has anyone flagged his lifestyle considering his recent heart attack?
Who cares for the carer?
Professionals are fir fighting – reacting instead of being proactive – not enough time / docs under pressure
Communication and awareness of local resources
Stands with info in local surgeries – people don't read them
The care professionals should be signposting
Where would people see information? Pharmacies?
There is a lack of continuation of care after discharge from hospitals
A more robust discharge system is required

Refocus and prioritise prevention and health promotion - agree (needed explanation – too much jargon)
Improve quality and value for money in the health and (social) care system (integration) - agree
Ensure access to services that contribute to health and wellbeing are fair and equitable - agree

Theme 3: Empowering people and communities

Needs support

Confidence issues

Mental health deterioration

Isolation

Anxiety

Men find it difficult to socialise and talk about issues

Use advertising campaigns to let them know its ok to need help

Men have become isolated over the years as local pubs have closed – many would use that as a way of release not necessarily to drink but to talk and socialise

Community centres should be used more

Big dependence on volunteers to run social groups

It's a community issue

Information is readily available in the surgeries – but people don't read it – they are there to see the doctor that's all they are thinking about

Be more inventive about communicating services and activities in the local community

Don't use Jargon – adopt a soft approach to signposting – use a private area in the doctors / pharmacy etc

Staff in surgeries etc should be more pro – active

More time and resources should be available for sign posting

GP's under pressure

Share information

Golden Guide is a good resource

Priorities: Ensure that partners, providers, practitioners and the systems they work in promote and encompass a 'more than medicine' approach. Agreed (explain more than medicine – lay person wouldn't know what that is)

Provide people and communities with access to networks and activities which will support good health and resilience. Agreed

Support people to gain the knowledge, skills and confidence they need to be active partners in managing and understanding their own health and healthcare Agreed

Theme 4: Tackling the Wider Determinants of Health

(As so much time was taken with the other 3 case studies this one was only discussed based on the statements below)

Support in the community will help people to live independently for longer

Status of having a job increases self worth and good mental health

Involve young people/unemployed in the community to help teach others how to use technology

Support people to live independently for as long as possible through housing innovation - agreed

Support individuals with care and/or health needs into employment agreed

Improve access to employment, education and key services through digital technology agreed

Engagement – JHWS –Hexham Abbey-17/08/2018

As there were only two attendees, rather than using a case study scenario approach, the themes and priorities were discussed directly with the attendees for their feedback.

Following introduction to JHWS, there was a point raised about lack of communication within NHS and that a more 'joined up' service would be very welcome, especially when it came to applying for benefits. Filling in multiple forms where repeated information required each time is not only time consuming but stressful for patient/carer.

There was a question about provision for the elderly in strategy, as concern about ageing population. The director of public health for Northumberland explained about intergenerational working, fuel poverty, maintaining independence and the 'more than medicine' approach.

There was positive feedback around attendance allowance but concern about closure of care homes. It was felt that people need extra support to live at home.

Children and Young People

Recognise importance of technology when educating children and young people but also must be mindful of negative effects. Worries about decline in mental health and link to social media and lack of reinforcement from parents on their phones all the time. Feel there should be more funding in education.

Whole System Approach

The comment was made that it was very de-motivating to keep telling separate organisations what the problem/issue was. So very welcome that this is being addressed in the strategy.

Felt Stop Smoking campaigns were clear and there had been big improvement in public awareness.

The point was made that it was important to work locally on these sorts of themes.

Empowering People and communities

There was a query about who would be responsible for linking assets, who would have a list of groups

LM explained about role of area co-ordinator and discussion around care navigators and support planners. The group had not heard of care navigators and suggested they should meet with patient participation groups at GP surgeries. It was agreed the idea of care navigation was a good one as GPs too busy with clinical matters to look at this type of sign posting.

One attendee felt it was important that the patient thoroughly understood their condition and treatment options. She had benefited from sign posting herself to Maggie's Centre where she appreciated the expert help all in one place.

Discussion around benefit to getting out and about and keeping busy to relieve anxiety.

Point was made that you can only empower people if you provide a route to it.

Wider Determinants

One attendee said that we should 'Give credit to people for caring.' Discussion around care planners and looking at whole person, including family circumstances. It was agreed that it would be great if there was one person or one place where you could go and someone could help you fill in all the forms or be available to talk to. The director of public health was asked how data would be gathered, for example on number of people with learning disabilities and she explained this data was available. This was followed by question on what sort of targets would be set. It was explained that after engagement process, groups responsible for areas of strategy would be responsible for setting targets.

JHWS

Alnwick

21/08/2018

Case study 1

Issues:

No support network

Isolated

Home with newborn

Partners support

Point of contact – advice and guidance

Food advice

Budget planning

HV link/midwife

Do the health visitors still visit people at home?

Yes - 0-19 programme HV and school nursing, still five basic checks – legislation

Issues of recruitment and retention – no

Geographical issues to train and live

HV and DN need to travel, they don't live locally

Urban situation – diff in North Northumberland

Middle child accept the baby

Support – who links with the school

Prevent truancy – know the dangers

Identification/time energy

Inclusive support for the teenager

Themes

Comparison SE and N & W closer links

Urbanisation versus rurality

Needs to be more granular approach

Budget/ frozen food/food bank

Learn to help themselves

School monitoring – national child measurement programme, three years of date

Priorities – agree

How well the strategy impacts this:

Needs to be family level

School will have stat resps Sep 2020
Wider health promotion
The right thing to the right level
Family focus
Don't rely on one areas solely
Integration
Intergeneration TV programmes are good for cooking

Case study 2

Issues:

Time for himself – respite
Not looking after himself – gender issue
Stress psychological
Health problems
Poverty, awareness, time
Crisis – might be getting there
Preventative
Holistic model – involve wife, husband, social, health support
Needs an assessment for wider care needs
Individuals support
Respite and support for Barry
Housing/transport
Review Barry's lifestyle
Carers allowance
Family/guilt
Alternative support
GP physical/emotional problems
Care navigation – who do they link in with
Consider chronic disability
SW health social worker (CATCH)
Professional balance
PPG help role – time/expertise/local relationship
Community locality groups – patient locality group, people/time/voluntary
MDT at the heart of the patients
Interagency – fit local services, flexible, patient centred
Self-support group
Peer to peer – much less intimidating
Heart attack – assessment on discharge
OT – review in the home
Assessment
Step down intermediate care
Payment for domestic – SW
Agency employers

Priorities – perfect

'Fair and equitable' is subjective
Access – what format, well educated, playing to lowest denomination
Relative – geography, separate Alnwick/Berwick

GAPS:

Communication, patient feedback
More than medicine – shift the focus

Use of volunteers, personal/ confidential data
Level of responsibilities
Cancer support
Appropriate boundaries between third sector and services

Case study 3

Issues:

Physical health – back house
Mental health
Alcohol support
Lack of exercise
Finance
Depression
Weight
Support:
Befriender/man with a dog
Address social isolation
Community support hub – place to meet
Communication/how
Youth club
Gender perspective – male/female psyche
PPG health/market stall – share event
Bell Vue – soup and sandwich
Age range older
Who – how – time and skill
What where how
Social interaction
Priorities – agree

Talked in general about Theme 4.

Looking at spraying fields / pesticides and harm this may cause to local residents
Digital technology priority - look at the harm 5g has on people as seen reports of 3g and 4g causing water to ripple
Housing – it is much more expensive for rent on private housing. It is hard to keep the standards up on social housing. Social housing brings the value down in some areas. Need to keep it to a minimum which is set out in the local plan. Beadnall and Seahouses have gone through this by keeping social housing to a minimum.

Appendix 9

A short briefing document including a questionnaire was issued to GPs and the questions and the responses can be found below.

- Is anything missing from the themes?
- Are there any priorities under each theme which we are missing?
- Are there any issues or further suggestions on the examples of how we plan on measuring progress?
- Any further comments?

Two GP practices responded with some feedback which is as follows:

- There should maybe be a focus on diet/learning to cook to enable the healthier and often more affordable lifestyle. We could measure progress by looking at obesity in children at screening ages.
- Other concerns about affordable housing is a lot more difficult to manage and there are concerns when some people are in houses with poor transport links impacting on their ability to get jobs and affecting their mental health. Transport is a massive concern in Northumberland.
- We have read the strategy and have no suggestions to make, it all seems comprehensive and appropriate.

Appendix 10

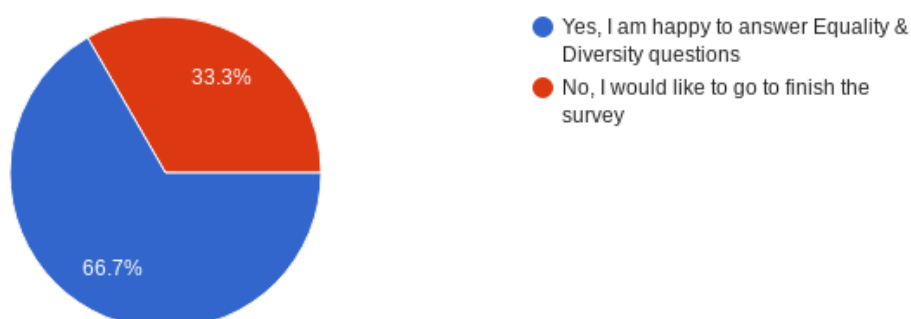
Equality and Diversity Information

Joint Health & Wellbeing Strategy Survey - 2018

Equalities Monitoring

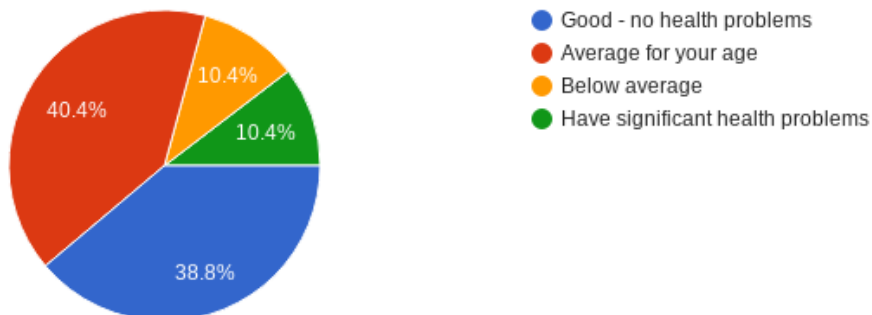
Would you be prepared to give us some information for Equality and Diversity monitoring? (All responses are anonymous)

384 responses



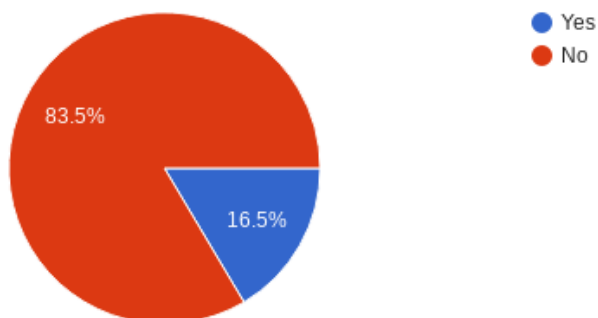
Do you consider your health to be:

260 responses



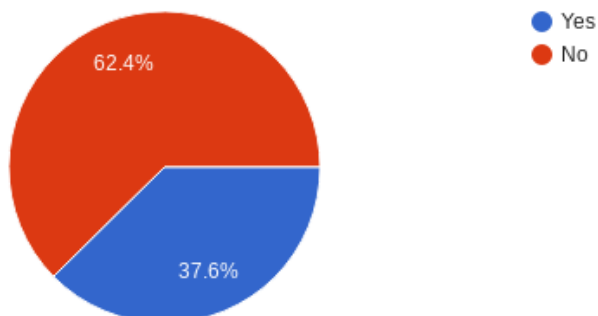
Do you consider yourself to have a disability?

255 responses



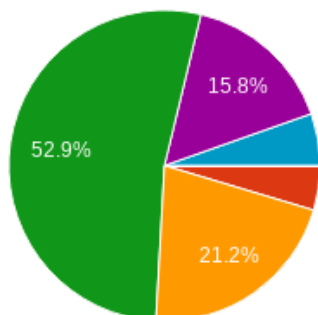
If yes, does this impact on your health?

101 responses



Age

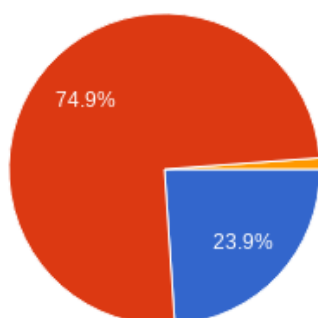
259 responses



- 0-15
- 16-24
- 25-44
- 45-64
- 65-74
- 75-84
- 85-89
- 90 and over

Gender

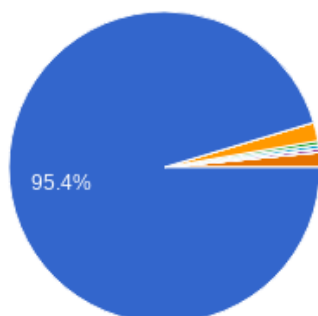
259 responses



- Male
- Female
- Prefer not to say

Ethnicity

259 responses

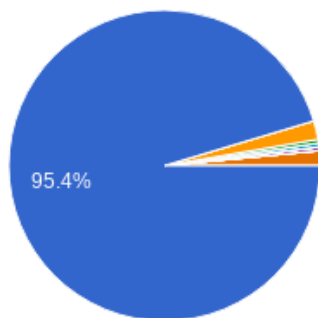


- White - British
- White - Irish
- White - Any other white background
- Mixed White & Black - Caribbean
- Mixed White & Black - White & Blac...
- Mixed White & Black - White & Asian
- Mixed White & Black - Any other mi...
- Asian or Asian British - Indian

▲ 1/2 ▼

Ethnicity

259 responses



- Asian or Asian British - Pakistani
- Asian or Asian British - Bangladeshi
- Asian or Asian British - Any other Asian background
- Black or Black British
- Black or Black British - Any other bla...
- Other Ethnic groups - Chinese
- Prefer not to say

▲ 2/2 ▼