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Northumberland County Council

Your ref:

Our ref:

Enquiries to: Andrea Todd

Email: Andrea.Todd@northumberland.gov.uk

Tel direct: 01670 622606

Date: 23 September 2021

Dear Sir or Madam,

Your attendance is requested at a meeting of the **HEALTH & WELLBEING OVERVIEW AND SCRUTINY COMMITTEE** to be held on **TUESDAY, 5 OCTOBER 2021 at 1.00 p.m.** in the **meeting space, Block 1, Floor 2 at County Hall, Morpeth, Northumberland NE61 2EF.**

Yours faithfully

Daljit Lally
Chief Executive

To Health and Wellbeing OSC members

Any member of the press or public may view the proceedings of this meeting live on our YouTube channel at <https://www.youtube.com/NorthumberlandTV>

Members are referred to the risk assessment, previously circulated, for meetings held in County Hall. Masks should be worn when moving around but can be removed when seated, social distancing should be maintained, hand sanitiser used regularly and members are requested to self-test twice a week at home, in line with government guidelines.



Daljit Lally, Chief Executive
County Hall, Morpeth, Northumberland, NE61 2EF
T: 0345 600 6400
www.northumberland.gov.uk



AGENDA

PART I

It is expected that the matters included in this part of the agenda will be dealt with in public.

1. APOLOGIES FOR ABSENCE

2. MINUTES OF PREVIOUS MEETING

(Pages 1
- 14)

Minutes of the following meetings of the Health & Wellbeing Overview & Scrutiny Committee, as circulated, to be confirmed as a true record and signed by the Chair:

- (a) 18 August 2021
- (b) 31 August 2021

3. DISCLOSURE OF MEMBERS' INTERESTS

Unless already entered in the Council's Register of Members' interests, members are required to disclose any personal interest (which includes any disclosable pecuniary interest) they may have in any of the items included on the agenda for the meeting in accordance with the Code of Conduct adopted by the Council on 4 July 2012, and are reminded that if they have any personal interests of a prejudicial nature (as defined under paragraph 17 of the Code Conduct) they must not participate in any discussion or vote on the matter.

NB Any member needing clarification must contact the Monitoring Officer at monitoringofficer@northumberland.gov.uk. Please refer to the guidance on disclosures at the rear of this Agenda letter.

4. FORWARD PLAN

(Pages
15 - 22)

To note the latest Forward Plan of key decisions. Any further changes to the Forward Plan will be reported at the meeting.

5. HEALTH AND WELLBEING BOARD

(Pages
23 - 36)

The minutes of the Health & Wellbeing Board held on 8 July 2021 and 12 August 2021 are attached for the scrutiny of any issues considered or agreed there.

6. COVID/WINTER PLAN

(Pages
37 - 54)

To receive a presentation from Northumbria Healthcare/CCG.

7. HEALTHWATCH REPORTS

(Pages
55 - 94)

To receive the following reports:-

(a) Healthwatch Northumberland Annual Report 2021

(b) Young People and Mental Health

(c) Care Homes, COVID-19 and beyond

8. REPORT OF THE SCRUTINY OFFICER

(Pages
95 - 102)

Health and Wellbeing OSC Work Programme

To consider the work programme/monitoring report for the Health and Wellbeing OSC for 2021/22.

9. URGENT BUSINESS

To consider such other business as, in the opinion of the Chair, should, by reason of special circumstances, be considered as a matter of urgency.

10. DATE OF NEXT MEETING

The date of the next meeting is scheduled for Tuesday, 2 November 2021 at 1.00 p.m.

IF YOU HAVE AN INTEREST AT THIS MEETING, PLEASE:

- Declare it and give details of its nature before the matter is discussion or as soon as it becomes apparent to you.
- Complete this sheet and pass it to the Democratic Services Officer.

Name (please print):
Meeting:
Date:
Item to which your interest relates:
Nature of Registerable Personal Interest i.e either disclosable pecuniary interest (as defined by Annex 2 to Code of Conduct or other interest (as defined by Annex 3 to Code of Conduct) (please give details):
Nature of Non-registerable Personal Interest (please give details):
Are you intending to withdraw from the meeting?

1. Registerable Personal Interests – You may have a Registerable Personal Interest if the issue being discussed in the meeting:

a) relates to any Disclosable Pecuniary Interest (as defined by Annex 1 to the Code of Conduct); or

b) any other interest (as defined by Annex 2 to the Code of Conduct)

The following interests are Disclosable Pecuniary Interests if they are an interest of either you or your spouse or civil partner:

(1) Employment, Office, Companies, Profession or vocation; (2) Sponsorship; (3) Contracts with the Council; (4) Land in the County; (5) Licences in the County; (6) Corporate Tenancies with the Council; or (7) Securities - interests in Companies trading with the Council.

The following are other Registerable Personal Interests:

(1) any body of which you are a member (or in a position of general control or management) to which you are appointed or nominated by the Council; (2) any body which (i) exercises functions of a public nature or (ii) has charitable purposes or (iii) one of whose principal purpose includes the influence of public opinion or policy (including any political party or trade union) of which you are a member (or in a position of general control or management); or (3) any person from whom you have received within the previous three years a gift or hospitality with an estimated value of more than £50 which is attributable to your position as an elected or co-opted member of the Council.

2. Non-registerable personal interests - You may have a non-registerable personal interest when you attend a meeting of the Council or Cabinet, or one of their committees or sub-committees, and you are, or ought reasonably to be, aware that a decision in relation to an item of business which is to be transacted might reasonably be regarded as affecting your well being or financial position, or the well being or financial position of a person described below to a greater extent than most inhabitants of the area affected by the decision.

The persons referred to above are: (a) a member of your family; (b) any person with whom you have a close association; or (c) in relation to persons described in (a) and (b), their employer, any firm in which they are a partner, or company of which they are a director or shareholder.

3. Non-participation in Council Business

When you attend a meeting of the Council or Cabinet, or one of their committees or sub-committees, and you are aware that the criteria set out below are satisfied in relation to any matter to be considered, or being considered at that meeting, you must : (a) Declare that fact to the meeting; (b) Not participate (or further participate) in any discussion of the matter at the meeting; (c) Not participate in any vote (or further vote) taken on the matter at the meeting; and (d) Leave the room whilst the matter is being discussed.

The criteria for the purposes of the above paragraph are that: (a) You have a registerable or non-registerable personal interest in the matter which is such that a member of the public knowing the relevant facts would reasonably think it so significant that it is likely to prejudice your judgement of the public interest; **and either** (b) the matter will affect the financial position of yourself or one of the persons or bodies referred to above or in any of your register entries; **or** (c) the matter concerns a request for any permission, licence, consent or registration sought by yourself or any of the persons referred to above or in any of your register entries.

This guidance is not a complete statement of the rules on declaration of interests which are contained in the Members' Code of Conduct. If in any doubt, please consult the Monitoring Officer or relevant Democratic Services Officer before the meeting.

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Agenda Item 2

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health and Wellbeing Overview and Scrutiny Committee** held in **The Cheviot Suite, Holiday Inn, Seaton Burn, Newcastle upon Tyne, NE13 6BP** on Tuesday, 18 August 2021 at 1.00 pm

PRESENT

Councillor J. Reid
(Chair, in the Chair)

COUNCILLORS

Bowman, L.	Humphrey, C.
Dodd, R.R.	Hunter, I.
Ferguson, D.	Nisbet, K.
Hill, G.	Wilczek, R.
Homer, C.R.	

CABINET MEMBERS

Horncastle, C.	Cabinet Member
Pattison W.	Cabinet Member
Riddle, J.	Cabinet Member
Sanderson, G	Cabinet Member

OTHER MEMBERS

Bawn, D.	Jackson, P.
A Dale	Jones, V.
C Dunbar	Oliver, N.
Dale, A.	Richardson, M.
Ezhichelvan, P.	Swinburn, M..
Flux, B.	Taylor, C
Hardy, C.	

ALSO IN ATTENDANCE

Angus, C.	Scrutiny Officer
Angus, K.	Executive Director of HR and Deputy Chief Executive
Bowers, H.	Democratic Services Officer
Bridges, A.	Communciations
Greally, R.	Democratic Services Assistant
Lally, D	Chief Executive
Masson, N.	Solicitor
McEvoy-Carr, C	Executive Director of Adult Social Care and Children's Services

Morgan, L.	Director of Public Health
Roll, J.	Head of Democratic Services
Taylor, M.	Business Development Director
Willis, J.	Executive Director of Finance (Section 151 Officer)

24. CHAIR'S INTRODUCTION

The Chair welcomed everyone to the meeting to consider the call in for the dissolution of the Council's partnership with Northumbria Healthcare and explained that members should only consider the recommendations (1) to (9) in the report to Cabinet dated 3 August 2021.

25. DISSOLUTION OF THE COUNCIL'S PARTNERSHIP WITH NORTHUMBRIA HEALTHCARE

The Chair explained the meeting procedure for the call in.

Councillor Jackson explained the concerns surrounding the dissolution of the partnership and the effect on the health and care to residents across the county. The relationship with the Health Care Trust was valued and hoped it would continue into the future. There had been a formal partnership with Northumbria Healthcare Trust for 10 years and the relationship had been excellent throughout that time.

He continued that the purpose of scrutiny was to examine Cabinet decisions and reasons and ensure the Council were open and transparent and acted in the best interests of the Council and residents in Northumberland.

He outlined the main considerations:

- Seamless care for residents
- Single assessment system with residents not being passed from one health care system to another
- Concentrate on care in the home, seen across the country as a lead in that area with Vanguard status
- He referred to a Council report of 2020, which stated that service levels of health and social care was likely to be beneficial to those with a long term disabling health condition, with coherent services from a range of support service over an extended period which Northumberland had excelled at
- Financial issues and the financial effect on the Council
- Governance issues which need to be explored
- Transfer of staff numbers
- Public reports were scant in detail and more details had been requested and not answered

Councillor Jackson continued that Corporate Service Scrutiny and the Chair of Northumbria Trust, Mr Alan Richardson, had made an open offer to have a discussion and now considered dissolution would be detrimental to services. He also referred to a statement from Northumbria Healthcare about extra costs, extra TUPE risks, and pension scheme and governance concerns that were very serious.

Regular meetings between Council and Trust had been cancelled regularly and not taken place since 2017. Board reporting had been reduced and infrequent with members being unable to explain reports and regular changes to management.

There had been no detail about risk and financial implications not been fully reported to Cabinet. Governance issues raised by NHCT had not been identified, and asked what confidence was there with other future partnerships.

He referred to the consultation taking place about the proposed partnership with Harrogate and District NHS Foundation Trust (HDFT) regarding the 0-19 public health services being transferred. His colleagues who had signed the report were not aware that there was another offer on the table.

He requested that Cabinet reconsider the decision in the best interests of the county.

The Chair sought clarification of which part of the recommendation was to be reconsidered and specifically to recommendation 9 in the Cabinet report of 3 August 2021.

Councillor Jackson clarified that a request was being sought to reconsider the decision report and the reasoning behind it.

Councillor Taylor stated that she had signed the call-in document as she had not been aware of the background of the report and felt she needed more information. Officers had reached out to her and after receiving information before the meeting, she would no longer be challenging the decision.

Councillor Bawn commented that Trust officers had been selective in reaching out to some members and not others and said that the Trust had hoped to work constructively to resolve issues and he urged members to think about the decision.

Councillor Homer stated that Cabinet had been asked to note the most appropriate viable option for adult social care functions was for them to be operated by the Council. She did not have confidence in that information because of costs and asked what financial information did Cabinet receive? She also referred to recommendation (h) in the report of the call-in decision regarding unnecessary costs and stated that these were unknown as there had been a discrepancy between financial information from Scrutiny and the Health Care Trust.

Councillor Hill stated that there had been no balanced approach and that she would have liked the Trust to have provided a response. She had no confidence in them, even though they were prepared to negotiate and referred to the process. She was unclear what was being called in as the decision had been made by the Trust.

The Chair advised that the call-in was a result of the decision of the Cabinet and not about a relationship breakdown between the Trust and the services offered by Council.

The Leader explained that the decision involved the most important people – clients, patients and staff. Scrutiny had a valuable role to play in Local Government and felt it was very important to hold the Executive to account as appropriate.

He referred to the letter circulated to members earlier which had indicated that there had been problems in 2017 and 2019. He had been Leader since October 2020 and if there had been previous issues these should have been picked up earlier. He had however, approached the Chair of Northumbria Healthcare NHS Foundation Trust who had informed him of issues, and he had also asked Councillors Jones and Dodd to meet with Council and Trust officers and Alan Richardson to discuss issues and how to resolve these and had requested a date for matters to be resolved. After two weeks, Councillor Sanderson had been informed by officers of the Trust that they had wanted to terminate the partnership without any formal notification to him as the Leader or Cabinet Members. The Council had to act quickly to ensure services continued and had been informed later by the Trust that they had wished to retain the 0-19 services and effectively it had been too late to repair any damage.

The Trust had stated at the scrutiny meeting that they wanted a meeting, but, regrettably the Chief Executive of the Trust, Chair, nor the Deputy Chair had attended and the meeting was held with three Board members. It had been asked at the meeting what had changed so dramatically and substantially to want to commence renegotiations and the answer he had been given was because the Trust had reflected on it. There was not felt to be a potential plan and therefore, negotiations could not be delayed just because the Trust "had reflected on it". Very important decisions had to be made, if there had been issues around evidence, then he requested to see that.

He also requested evidence regarding the noted finance issues; if more funding was required then it was not the Council's fault. The Trust gave notice to terminate the relationship with the Authority.

He continued that it was completely wrong to be judgemental about personalities and if there was proper evidence that there had been maladministration or inappropriate behaviour, again, he requested evidence.

He had wanted to continue with the consultation and assure patients and clients of the same, or a better level of care going forward.

Finally, Councillor Sanderson stated that the staff who were embroiled in the matter must not be forgotten and would personally see that the Council had behaved appropriately.

Jan Willis, Executive Director of Finance (Section 151 Officer) was in attendance virtually and informed members that Neil Bradley, Service Director was responsible for adult social care finance, currently jointly funded by the Council and the Trust and had been unpicking the financial implications in dissolving the partnership in conjunction with officers from the Corporate Finance team.

She referred to Recommendation (g) of the Cabinet report and stated that a significant amount of work done had been done to understand the implications and identify potential costs and potential savings to the Council, but that was not yet complete. She found it quite disturbing that a letter should suddenly materialise, which she had not been copied into which mentioned figures not previously discussed with any of her officers or herself. She stated that she was not in a position to give any assurances about the validity of figures in the latest email. She did not believe they presented a complete view of the financial position and that the Trust had cherry picked those areas where there were likely to be additional costs and had not factored in areas of savings. Those numbers had not

been discussed with her finance team or Neil Bradley. She did not think that the figures were reliable at the present time.

She outlined the areas where she saw additional costs, some of which the Council would have had to bear whether the partnership continued or not.

It had been recognised for some time that in order to address issues around equal pay, there would have to be some regrading of the adult social care social workers to bring them into line with social workers working in children's services. There would be significant costs associated with that, but that would have had to be done anyway and was not a financial consequence of the partnership ending.

A Direction Order would be issued allowing staff transferring back to the Council to remain in the NHS pension scheme. The Employer's Contribution Rate for the NHS pension scheme was increasing and transitional arrangements had been in place for the last three years. Under the transition arrangements, the 6.3% increase in the employer's rate was being funded centrally by the NHS and it was unclear whether those transitional arrangements would continue beyond the end of the financial year. If they didn't, then the that 6.3% increase would fall on employers. It was also unclear whether even if those transitional arrangements continued, notwithstanding that a Direction had been issued for Council staff to remain in the NHS pension scheme, the Council would benefit from the reduced rate as an Admitted Body. Clarity was being sought on this point. If the Council did bear those costs the contribution rate would come into line with the Council's Pension Fund.

The Trust had suggested that the Council would have to bear the cost of the IT licences if the partnership was devolved which would be in the region of £400,000 rather than £500,000, as suggested by the Trust, and again this had been known about for some time and she was satisfied the Council would have to bear those costs regardless.

What had not been mentioned by the Trust was that there would be some savings to the Council associated with the staff who would continue to be employed by the Trust, e.g. physiotherapists. There were a whole host of issues being worked through with the Trust finance team around capital asset valuations, leases and property.

With regard to the joint equipment service, in latest correspondence from the Trust it had been stated that there was a deficit of around £0.75m. This was new information that had not previously been flagged up by the Trust or the CCG. She was completely at a loss to explain where the figure had come from. If there was a deficit of this magnitude she would have expected Trust officers to have alerted the Council to this issue before now.

She was not able to give any assurance to the Committee about the reliability of the figures. She stated that there was every prospect that as officers continued to work through the figures that the final financial position would be very substantially different to that presented by the Trust and she urged the Committee to be extremely cautious about recommending action to the Cabinet on the basis of figures which had not been validated.

Councillor Oliver stated that they were unaware of what was going on and proper information had not been given to make a decision. When he first heard about this he had been a member of Cabinet and he had asked for detailed financial analysis and of the

impact on residents and users of services and staff. The Section 151 Officer still did not know the answer to those questions, and he asked how anyone could make a safe decision when they did not have the information to make those decisions. He had also asked questions in the last Scrutiny meeting about this and again had received no answer. He had also asked in Cabinet and had given the Council every chance and had been curious to find out the answer. As a result, he had asked the Trust those questions and he was mystified as to why the Council had made the decision to end the relationship, he felt that the Trust had been boxed into a corner as they did not have the proper information. There was a clear statement from the Chairman of the Health Trust that he made verbally in a Scrutiny meeting that he thought there was something worth saving. It wasn't a political party matter but a matter of doing right for the residents and users of the services in Northumberland. The Council should be doing everything in their power to try and save that service and he asked the Leader if he thought the service was worth saving and if he would demand that the Chair and Chief Executive of the Trust get around the table and salvage something from the situation. It was unknown what impact this would have on staff pensions, residents and service users and certainly on the finances of the Council.

The Leader stated that the decision had been made by the Trust and this had prolonged the agony to front line staff, members and officers. The matter was taking an inordinate amount of time, he would not change his mind and would support the decision made by Cabinet.

Councillor Pattison commented that her main focus was the health and wellbeing of Northumberland residents and staff. She explained that she had been fully briefed by The Director of Public Health and Executive Director of Adult Social Care and Children's Services who were excellent officers and her understanding was that the Trust had given six months' notice which meant that the Council had to act quickly.

It was possible that the Trust could have reversed their decision however, the Council could not take that chance and therefore she had taken advice from the Director of Public Health who had advised that it was the correct decision for the group to take and she was very happy to support the decision of Cabinet.

Councillor Nisbet was unhappy with the processes that the decision had gone through and that so many staff had been caught up. The report had been through the correct process and said she would support the Leader.

Councillor Hill stated that there were certain members of the Council and the Trust who had behaved inappropriately and would support the Cabinet.

Councillor Homer requested further clarity on the number of staff to be transferred and suggested that the Committee recommend that Cabinet go back to talk again to the Trust and explore again what opportunities there might be. She felt that there had not been a thorough assessment and moved a recommendation to Cabinet to take a step back and reconvene with negotiations. This was seconded by Councillor Humphrey.

Councillor Hunter stated that there were residents who need to be looked after. Staff had duty of care, and the Council should work with the information that they had and move forward as there was no certainty for the staff.

Councillor Ezhilchelvan added that at no point in time did Mr Richardson explain the cause for the U-turn and what it had done to the management of the Trust. He requested committee members to bear that in mind. The U-turn itself was not professional and the Trust had not given any clarity as to what they had done and how could the Council trust them?

Councillor Dodd stated that he had attended the meeting with Councillor Jones which the Leader had alluded to earlier and stated that they had done their level best at the meeting. He had retained the notes from the meeting and would retrieve them.

He referred to the processes of the Trust and felt they were wrong. They had asked the Trust what had gone wrong and what their version of events were. He had every confidence that the Council were given "Hobson's Choice" and the Trust had made the decision to go alone. The Council had to react quickly for staff and end users and fully supported Cabinet and the Leader. It was only a matter of days before the contract ran out.

Councillor Humphrey stated that information should have been made available at the first meeting and that had been his reason for signing the call-in document.

Councillor Dale had listened to the debate and stated that the Council should look forward to opportunities in the future. The services that were in place were excellent and this should be continued and moved forward.

The Chair explained what had been proposed and seconded, but that the call in was about the decisions that cabinet had made, i.e., putting in new arrangements for a service that Cabinet did not want to change. The Trust had been very selective with who they had shared information with, which should have been shared with everyone. Officers had had six months to pull a report together in order that the service could continue after September.

The Committee were informed that the usual procedure would be to vote on the call in and if it passed recommendation would be made to Cabinet and any recommendations that failed to get votes would be minuted.

Neil Masson, Solicitor clarified that there had been a proposer and seconder for the motion for the Council to take a step back and reconvene the negotiations with the Trust.

Upon being put to the vote, two voted for the motion and eight voted against and therefore the motion fell.

A point was raised that members should be voting on whether the call in was valid or invalid.

Councillor Dodd proposed that the matter should not be referred to Cabinet which seconded by Councillor Hill.

Upon being put to the vote, seven voted in favour, two voted against with one abstention.

It was therefore **RESOLVED** that the call in should be rejected.

DATE _____

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OSC

At the meeting of the **Health and Wellbeing OSC** held at NEW meeting space, Block 1, Floor 2, County Hall, Morpeth, NE61 2EH on Tuesday, 31 August 2021 at 10.00 am.

PRESENT

J Reid (Chair) (in the Chair)

MEMBERS

K Nisbet
R Dodd
G Hill
R Wilczek

L Bowman
D Ferguson
I Hunter

ALSO PRESENT

R Hay
J Hillery

Northumberland CCG
Northumbria Healthcare
Northumberland CCG
Northumberland Healthwatch

OFFICERS

C Angus
C McEvoy-Carr

L Morgan
L Little

Scrutiny Officer
Executive Director of Adults and Children's
Services
Director of Public Health
Senior Democratic Services Officer

26 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Homer.

27 MINUTES OF PREVIOUS MEETING

RESOLVED that the minutes of the meetings held on 26 July 2021 and 2 August 2021, as circulated, be agreed as a true record and be signed by the Chair.

28 FORWARD PLAN

RESOLVED that the information be noted.

29 COVID-19 UPDATE: PUBLIC HEALTH/CCG

Presentations were provided by Liz Morgan, Director of Public Health and Richard

Hay, Head of Planning and Operations, Northumberland CCG. (Copies of the presentation filed with signed minutes.)

Members were advised of the following:-

- The amount of infection within the community had been increasing and figures showed that 1 in 70 people were infected at any one time up to 24 August 2021, however this figure was slightly lower in Northumberland.
- Case numbers had started to level off, however numbers had been consistently high in younger people.
- The changes which influenced case rates would include the extent to which people returned to pre-covid behaviour, the levels of unvaccinated people, the reduction in testing since schools had closed and the re-opening of schools which would happen in England next week.
- Admissions were rising nationally, however they had remained steady locally during August.
- Vaccination was to become mandatory from 11 November for care home staff which provided nursing and personal care where all staff would be required to have the vaccine.
- Key messages remained the same as previously advised.
- Northumberland had vaccinated 90% of eligible residents with first doses and 84% with second doses and Northumberland had the highest uptake of both doses in upper tier local authority areas with 70% of uptake across all age bands.
- Just over 15,000 over 18's were still to receive a first dose and of those just under 8,000 were over 50.
- Details of the Vaccine Equity Board and its role were provided along with work undertaken to improve and promote uptake and details of the Northumberland Roving Vaccine Unit which had also been used across the North East in areas of low uptake.
- Information regarding the vaccination of children and young people with the uptake to be monitored by the Health Protection Board.
- Guidance was still awaited regarding the autumn booster programme with processes in place ready to start delivery.
- The reasons for the success of the vaccination programme within Northumberland along with challenges were outlined.

In response to questions the following information was provided:-

- It would be Government who would need to legislate on any restrictions for unvaccinated people. Vaccination was to become mandatory for some care settings and the majority of visiting professionals to those settings which was the first time any vaccination has been mandatory in this Country. The number of people refusing the vaccine was very small and work would continue to make it accessible to all. A significant proportion of the population were still not being offered vaccination i.e. children under 12.
- Whilst there was already a strong uptake for flu vaccinations in the County it was still hoped that numbers would increase with robust plans in place for vaccinations for flu and booster doses for Covid to

be given either together or separately dependent on guidance issued following the clinical trials. Advice would also be provided on which vaccine to be used for booster doses.

- SVOC was the System Vaccination Operation Centre which was based at a Newcastle Hospital and JCVI was the Joint Committee for Vaccination and Immunisation.
- Vaccinations had a significant impact on the number of people being hospitalised due to Covid with estimates that the current programme had reduced the number of cases by around 25 million and hospital admissions by up to 82,000; and had prevented up to 109,500 deaths. The trials of vaccines had looked at preventing serious illness and death however, as these were not sterilising vaccines, then they did not prevent anyone becoming infected. The number of admissions of vaccinated and unvaccinated whilst not at hand could possibly be provided.
- Hospital admissions at the current time were manageable but some mitigations might be required if they were put under further pressure which might include delays to route operations. There had been no information provided on any further lockdown.

Members thanked all involved for the work undertaken throughout the pandemic. A suggestion was made that it might increase vaccination uptake if figures were provided on the likelihood of being hospitalised or becoming seriously ill for both vaccinated and unvaccinated.

30 **NORTHUMBERLAND RECOVERY OF GENERAL PRACTICE - COVID-19 2021/22**

A presentation was provided by Pamela Phelps, Senior Head of Commissioning for Primary Care. Information provided included the following:

- Prioritisation during the pandemic which included expanding capacity and maintaining the workforce, supporting clinically extremely vulnerable, continuing routine vaccinations and immunisations and changing the ways patients accessed primary care, with face to face appointments prioritised for those it was clinically appropriate.
- Recovery of General Practice taking into account the views of patients and their experience and consideration of digitally disadvantaged and extended. All General Practices had been asked to provide high level recovery plans. Contracting requirements would change in April and it was hoped to maximise the offer in Northumberland.
- The way in which monitoring was to be provided by the CCG.
- Appointment data both national and within Northumberland providing comparisons on the way in which patients accessed services.

Councillors highlighted difficulties in obtaining face to face appointments with GPs and the timing of appointments with some going straight to hospitals for services. This had been an issue even prior to the pandemic. Digital appointments were not appropriate for all and questioned if the proposed changes would lead to a complete change for patients.

Ms Phelps advised that it would not be a complete change with GP's struggling with demand for appointments, even pre-pandemic, however more patients were accessing services digitally, requesting appointments over the weekend when they became ill with the Practice picking them up on a Monday. Work was ongoing with out-of-hours providers and hospital sites with walk-in centres to make sure the CCG could consolidate the opportunities for patients to be seen, however the continuity of GP records was pivotal. As part of the engagement with patients there was a need for them to understand that face to face appointments would be made when it was appropriate but that there were alternatives. There was no easy fix, but engagement would continue.

Councillor Hill highlighted the pilot with the Paramedic Service which had been ongoing in Berwick. She stated that she had been informed that this would not be continuing, despite receiving excellent feedback from residents, who had stated it was a valuable service. Ms Phelps advised that discussions were still ongoing and that the scheme had been extended until the end of March as that was the only funding available at the time.

In response to Councillor Nisbet highlighting an issue with elderly patients being able to access appointments by telephone, Ms Phelps advised that she was aware of the issue with a specific Practice and would work to facilitate a solution.

Ms Phelps was thanked for the presentation.

31 **COMPLAINTS ANNUAL REPORT 2020/2021 - ADULT SOCIAL CARE, CHILDREN'S SOCIAL CARE, AND CONTINUING HEALTH CARE SERVICES**

Members were advised that the report was being reported both to this Committee and to the Family and Children's Services OSC as it was a combined report, however only the first part was of relevant to this Committee.

James Hillery, Complaints and Customer Relations Manager provided an introduction to the report advising that all feedback was welcomed. Northumberland received very few complaints when compared with the levels of service provided.

In response to a point made regarding the understanding by families of charges which would be incurred for care packages, Mrs McEvoy-Carr advised that the change process was very complex and whilst staff always strived to ensure that messages were clear and concise there were times where families may not have understood the implications. Staff may sometimes need assistance to recognise when this was the case and make sure that there was a full understanding of the implications. A suggestion was made that clear information be left with the family to digest at their leisure and contact details be provided so that additional information could be provided if needed.

The Chair stated that over the three years he considered the number of complaints were at an acceptable level and had not fluctuated greatly when compared with the number of interventions that were undertaken yearly. It was noted that separate reports would be provided in the future.

Officers were thanked for the report.

RESOLVED that the information be noted.

32 **HEALTH AND WELLBEING OSC WORK PROGRAMME**

The Scrutiny Officer advised he had spoken to the Trust in respect of End of Life Care and a report would be provided once the consultation had finished. Councillor Hunter also requested an item on the Berwick Paramedic Pilot and its value before the end of the pilot in March.

RESOLVED that the information be noted.

33 **DATE OF NEXT MEETING**

The next meeting was to be held on Tuesday 5 October 2021 at 1.00 pm

CHAIR.....

DATE.....

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Forward Plan

FORTHCOMING CABINET DECISIONS OCTOBER 2021 TO JANUARY 2022

DECISION	PROPOSED SCRUTINY DATE	CABINET DATE
<p>Approval of the Council Tax Support Scheme for 2022/23</p> <p>Since 1 April 2013 the Council is required to have its own council tax support scheme to provide assistance to council tax payers on low incomes. The scheme needs to be approved annually and assistance is by way of a reduction in the amount of council tax that is due.</p> <p>The Council Tax Support Scheme needs County Council approval. (C. Wearmouth/G. Barnes 01670 624351)</p>	CSEG 11 October 2021	12 October 2021 Council 3 November 2021
<p>Northumberland Waste Management Strategy – Outcome of Kerbside Glass Recycling Trial</p> <p>To report the key outcomes of the kerbside glass recycling pilot scheme which has been in operation since November 2020 and to recommend the next steps for this scheme and the estimated costs for rolling-out a kerbside glass collection service across the county. The report will also highlight how the roll-out and timing for this enhanced glass recycling service will be dependent upon the outcome of the latest consultation exercises undertaken as part of the Government’s new Resources and Waste Strategy and provision of new burdens funding by the Government.</p>	C&P 6 October 2021	12 October 2021

(J. Riddle/ P. Jones 01670 623432)		
<p>Energising Blyth Programme (Energy Central Campus) This report seeks to update Cabinet and seek key decisions regarding arrangements to support the development and establishment of the Energy Central Campus. This project is one of the priority schemes in the Energising Blyth Regeneration Programme including projects supported by the Future High Streets Fund and Blyth Town Deal. (W. Ploszaj /R. Strettle – 07770642773)</p>	CSEG 11 October 2021	12 October 2021
<p>Integrated Domestic Abuse Services for Northumberland – Permission to Tender To seek Cabinet’s permission to go to the market to commission a range of services to enable the Local Authority to meet the duties of the Domestic Abuse Act 2021 (W. Pattison/ Lesley Pyle - (01670) 622724)</p>	C&P 6 October 2021	12 October 2021
<p>School Organisation Plan 2021-2024 This report asks Cabinet and FACS to note the second iteration of the School Organisation Plan 2021-2024 for Northumberland, the first iteration being for 2018-2021. The report also asks Cabinet to approve the circulation of the plan to schools and academies for information and feedback prior to its subsequent publication.</p> <p>The report asks Cabinet and FACS to note that School Organisation Plans are no longer required statutorily. However, Cabinet approval was given to publish a School Organisation Plan for Northumberland in 2018 in order to</p>	FACS 7 October 2021	12 October 2021

<p>provide schools, parents, partner organisations and interested parties with an overview of the school system in the county and to highlight trends, plans and potential proposals in relation to schools. This latest version of the plan covers the period 2021 to 2024, but it will be subject to annual update in order to capture changing information or circumstances relating to schools and academies as appropriate. (G. Renner Thompson/S. Aviston – 01670 622281)</p>		
<p>Education Infrastructure Contribution Policy This report asks Cabinet and FACS to note the update of the Education Infrastructure Contribution Policy. The policy was first approved by Cabinet in 2017 but has not been updated due to proposals by Planning Services to create an authority-wide contributions policy and by Government to overhaul the current system of securing developer contributions, neither of which have as yet been implemented. However, the report ostensibly requests Cabinet’s approval to increase the amount of contribution requested within the policy from developers in relation to Special Educational Needs infrastructure in order to reflect that the percentage of the population of school-age students in Northumberland with complex needs has risen from 3% to 4% since 2017. Cabinet and FACS are also asked to note that some minor non-material amendments have also been made to update the policy. (G. Renner Thompson/S. Aviston – 01670 622281)</p>	<p>FACS 7 October 2021</p>	<p>12 October 2021</p>
<p>Transfer of redundant public toilet to Newbiggin Town Council</p>	<p>N/A</p>	<p>12 October 2021</p>

<p>To seek a resolution on the recommendation of the Local Area Council in response to a petition on the proposed transfer of a redundant public toilet building to Newbiggin Town Council (J. Riddle/G. Gavin – 07500127242)</p>		
<p>Thirston Neighbourhood Plan To seek approval to formally 'make' the Thirston Neighbourhood Plan. The Plan passed independent examination in June 2021. A local referendum will be held in the Parish of Thirston on 16 September 2021 and it is expected that there will be a majority vote in favour of using the Plan to make decisions on planning applications. The Council will then be obliged by statute to make the Neighbourhood Plan unless it considers that doing so would breach European Union obligations, and that action should be completed within 8 weeks of the date of the referendum. (G. Horncastle/R. Naples - 07966 331548)</p>	N/A	12 October 2021
<p>Culture and Creative Zone Pilot for Northumberland To consider and agree the preferred location for the creation of a Culture and Creative Zone pilot for Northumberland with the support of funding from the North of Tyne Combined Authority (W. Ploszaj/J. Rose 01670 624747)</p>	CSEG 11 October 2021	12 October 2021
<p>Proposal to amalgamate Seaton Sluice Middle and Whytrig Middle Schools on an Existing Site This report sets out a proposal to amalgamate Seaton Sluice Middle School and Whytrig Middle School in new shared buildings with Astley Community High School, necessitating the formal closure of Seaton Sluice Middle</p>	FACS 7 October 2021	12 October 2021

<p>School. This proposal has been put forward by the federated Governing Body of the Seaton Valley Federation which governs all 3 schools. This proposal has arisen as an extension of the project to reprovide new buildings for Astley Community High School and Whytrig Middle School on their current site, these two schools already being co-located in Seaton Delaval. The initial project was limited to the reprovision of new buildings for Astley High School and Whytrig Middle school; however the Governing Body has identified a number of educational and financial reasons why it would be beneficial for all students within the Seaton Valley Federation to be co-located on one site, which are outlined in the report. Therefore, the Governing Body has requested the Council to undertake the required consultation on the amalgamation of Seaton Sluice Middle School with Whytrig Middle School.</p> <p>Under the proposal, as Seaton Sluice Middle School would effectively close, it falls within the requirements of <i>The School Organisation (Establishment and Discontinuance of Schools) Regulations 2013</i> which requires that statutory consultation be undertaken. While the proposal to provide new buildings on the current Astley High School site itself does not require a statutory process to be undertaken, it is following a separate process to gain the necessary Cabinet approvals. This report is therefore limited to a request for approval from Cabinet to begin formal consultation on the relocation of Seaton Sluice Middle School.</p> <p>(G. Renner Thompson/S. Aviston – 01670 01670 622281)</p>		
<p>Proposals for Atkinson House</p>	<p>FACS 7 October 2021</p>	<p>12 October 2021</p>

<p>This report sets out proposals for Atkinson House Special School in Seghill, a secondary provision for boys with Social, Emotional and mental health (SEMH) needs in Northumberland. The proposals are:</p> <ul style="list-style-type: none"> • To relocate the school to a new site at the former Richard Coates CE Primary School building in Ponteland; • To change the designation of the school from single sex provision to co-educational provision in light of the growing number of girls who are being assessed as having SEMH needs in Northumberland. <p>The nature of these proposals require that a statutory process would need to be undertaken prior to any final decision being made by Cabinet. Cabinet is therefore also asked to permit the initiation of the statutory process, beginning with approval for a six week informal public consultation process. Cabinet may be requested to permit the publication of a Statutory Proposal in relation to these proposals at a future date following the outcome of consultation. (G. Renner Thompson/S. Aviston – 01670 01670 622281)</p>		
<p>Newcastle Airport - Shareholder Loan Guarantee The purpose of the report is to consider the provision of a loan facility to Newcastle International Airport Limited (NIAL) to support the waiving of loan covenants with its major lenders. (R. Wearmouth/ A. Elsdon 0779 665 2072)</p>	CSEG 11 October 2021	12 October 2021
<p>Budget 2022-23 and Medium Term Financial Plan 2022-26 This report provides an update on the development of the</p>	CSEG 8 November 2021	9 November 2021

<p>2022-23 Budget and the Medium-Term Financial Plan (MTFP) covering the period 2022 to 2026. This report also details budget proposals for 2022-23 to meet the budget gap, as a basis for budget consultation, prior to the receipt of the Local Government Finance Settlement 2022-23 in December 2021 (R. Wearmouth/ A. Elsdon 01670 622168)</p>		
<p>Northumberland Street Naming and Numbering Policy The report seeks agreement to a policy determining how street names and numbering will be accepted by the Council. The report will set out what is acceptable and what is not, a policy in terms of names being used for deceased people and also what charges may be levied for the work involved in processing a request for a street name. (C. Horncastle/D. Wilson 01670 623704)</p>	C&P 27 October 2021	9 November 2021
<p>Revision of Morpeth Conservation Area Boundary This report will seek approval to adopt revisions to the boundary of the Morpeth Conservation Area (C. Horncastle/ S. Rushton 01670 622650)</p>	N/A	9 November 2021
<p>Approval of the Council Tax Base 2022/23 The Council is required to set its council tax base annually. The tax base must be set between the 1st of December and 31st January. The tax base is a measure of the Council's taxable capacity which is used for the setting of its council tax. Legislation sets out the formula for calculation. Cabinet has delegated authority to approve the tax base.</p>	CSEG 6 December 2021	7 December 2021

(R. Wearmouth/G. Barnes 01670 624351)		
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NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Well-being Board** held in County Hall, Morpeth on Thursday, 8 July 2021 at 10.00 a.m.

PRESENT

Councillor B. Flux
(Chair, in the Chair)

BOARD MEMBERS

Brown, S.	Travers, P.
Firth, R.	Thompson, D.
Morgan, E.	Watson, J.
Pattison, W.	Wigham, R. (substitute member)
Sanderson, G.	

ALSO IN ATTENDANCE

R. Hay	Head of Planning and Operations COVID-19 Incident Management Lead, NHS Northumberland Clinical Commissioning Group
R Little	Assistant Democratic Services Officer
N. Turnbull	Democratic Services Officer

1. MEMBERSHIP AND TERMS OF REFERENCE

The Membership and Terms of Reference had been circulated for information.

The Chair welcomed the new Members and invited all members and officers to introduce themselves.

RESOLVED that the Health and Well-Being Board's membership and terms of reference, be noted.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from J. Lothian, J. Mackey, P. Mead, C. McEvoy-Carr, R. O'Farrell, G. Renner Thompson, E. Simpson, G. Syers, and J. Warrington.

3. MINUTES

RESOLVED that the minutes of the following meetings of the Health and Well-being Board, as circulated, be confirmed as a true record and signed by the Chair:

- a) 11 March 2021
- b) 8 April 2021

4. UPDATE ON THE NORTHUMBERLAND COVID19 OUTBREAK PREVENTION AND CONTROL PLAN

Members received a report presenting the Council's updated COVID-19 Outbreak Prevention and Control (copy enclosed with the signed minutes).

Liz Morgan, Director of Public Health, explained the roles of the Health and Well-Being Board which were to:

- Provide assurance that the Plan was fit for purpose
- Ensure that the plan was being delivered through the work of the Health Protection Board which met weekly.
- To ensure internal incident response processes were operating as they should be.

The revised plan builds and updates on key themes contained in the original plan and added additional plans and issues which had arisen since the plan had last been published in June 2020. New areas included:

- Responding to new variants of concern
- Enhanced contact tracing
- Non pharmaceutical interventions
- Role in supporting vaccination
- Responding to variants of concern and surge testing, if required.

She commented on the excellent cross border control models and management arrangements; the effective and award-winning communications campaign; development of a comprehensive surveillance mechanism; the Northumberland local tracing partnership; and management of community outbreaks. These functions had previously been undertaken by the regional health protection team.

The plan would need to be updated following changes anticipated on 19 July to reflect the revised approach.

The following information was provided in answer to questions:

- A measured and pragmatic approach was now required to allow the economy to open up however there remained a pool of people who were unvaccinated and there were new variants of the disease which could emerge in this group. The non-pharmaceutical interventions such as good ventilation, hand washing, face coverings and social distancing had

worked well to prevent transmission and it was recommended that they be continued as part of everyone's daily lives. As an employer, the Local Authority had not determined its approach to changes proposed after 19 July 2021, and whether it would recommend car sharing, however health and safety legislation required staff to be kept safe. There was to be a shift between interventions laid down in legislation to personal responsibility and individuals own risk assessment of what they deemed appropriate for a situation.

- It was not intended that a separate document be produced for seasonal flu; the principles within the Covid 19 Outbreak and Control Plan would be effective for flu and the normal winter processes.
- The Council would be feeding into a national inquiry which was about to commence to review actions during the pandemic. At a suitable time, the Council would also reflect on what had worked well and areas which could be improved as it would inform the pandemic flu plan.
- Communications messages, to resonate with the local population, would be extremely challenging following the changes due to be implemented after 19 July.

RESOLVED that:

- (1) The contents of the updated COVID 19 Outbreak Prevention and Control Plan and the ongoing approach to COVID 19 prevention and control, be noted.
- (2) The COVID-19 Outbreak Prevention and Control Plan, be endorsed.

5. COVID 19 UPDATE

Members were provided with an update on the epidemiology of COVID 19 in Northumberland. (A copy of the presentation has been filed with the signed minutes).

Liz Morgan, Director of Public Health, updated Members on the latest figures and actions agreed in response to the increasing rates of infection being seen in Northumberland. The presentation included the following:

- Positive test results were increasing in all regions but were highest in the North East.
- Northumberland had the lowest number of positive cases (428.1) as a 7-day rate per 100,000 population out of the local authorities in the LA7 region.
- Up to half of people testing positive in Northumberland were experiencing no symptoms.
- The prevalence of infection in the community (individuals participating in the ONS Coronavirus Infection Survey) had increased from 1 in 520 to 1 in 180 people for the week ending 26 June 2021 compared to 2 weeks earlier. Rates were highest in 16-24-year-olds.

- The number of new confirmed positive cases for 29 June – 5 July (1,371) was higher than the previous peak in January 2021, 60% of which related to those under 30 years old. 1 in 9 PCR tests were positive.
- The number of positive cases tended to be lower in rural communities.
- Rates in ages groups under 24 years old were over 1,700 per 100,000 population. There were more modest increases in the over 60's which was attributed to the success of the vaccination programme.
- There were increasing cases in care homes and the care sector, but these largely related to staff and were still relatively small numbers.
- Increasing cases were being seen in schools; this was a huge disruption to children's education and the resilience of schools and their ability to provide education. Nearly 3,000 children and staff were either positive cases or self-isolating due to being close contacts.
- The Public Protection team was dealing with an increasing number of complaints about premises failing to apply controls, mainly during football matches at hospitality venues.
- There were 23 incidents of multiple outbreaks in workplace settings resulting in a shift in focus from proactive work to outbreak control.
- There was no correlation this time between hospital admissions and case detection rates, unlike the position in January. Individuals were less unwell and spending less time in hospital although there had been a spike over recent days.
- Management of staff absence was an issue for all organisations including the NHS, 20% was attributable to covid nationally although in the North East this was as high as a third.
- Step 4 and the lifting of restrictions shifted control measures from those being enshrined in legislation to guidance and individuals making informed choices how preventative measures should be applied.
- Individuals would still legally be required to self-isolate at home if they tested positive for Covid 19.
- Revised proposals were in place for close contacts from 16 August for those that were post 2 weeks from receiving second vaccination and under 18-year olds. Guidance for schools had been released by the Department for Education which was being reviewed.
- The Customer Care Team working as the Council's local tracing partnership were dealing with an increasing number of cases where the national track and trace team had been unable to make contact within the first 24 hours. The capacity of the team had been increased and 388 cases referred between 30 June and 7 July. Calls were prioritised to those in older and vulnerable groups as well as those in deprived communities.
- A door knocking service by Covid Marshalls had recently been introduced if there were concerns about an individual's welfare.
- Use of the supervised testing facility at Ashington was much lower and had largely been replaced by the distribution of lateral flow tests via 3 mobile vans, employers, community pharmacies and online ordering. Increasing take up of asymptomatic testing was proving challenging.
- Key messages included the prioritisation of the vaccination programme to break the link between transmission and disease and retention of non-

- pharmaceutical interventions (hand washing, ventilation, testing, isolating, face coverings in high risk settings).
- Work of the 4 wraparound groups continued for care homes, educational settings, high risk individuals, communities and settings, workplaces and businesses.

Richard Hay, Head of Planning and Operations, Northumberland Clinical Commissioning Group, provided members with an update on the current position of the vaccination programme in Northumberland and next steps. (A copy of the presentation has been filed with the signed minutes). He highlighted the following:

- 435,950 doses had been given to Northumberland residents.
- There were 20 vaccination sites across Northumberland including 10 primary care sites, 8 community pharmacies, 1 hospital hub (Wansbeck), 1 vaccination centre at Hexham and 1 roving vaccination unit.
- Vaccinations could be booked via local health providers or the national booking service.
- Priority groups were set out by the Joint Committee on Vaccination and Immunisation (JCVI). Groups in phase 1 had been offered a first dose by 15 April. Approximately 7,000 people over 50 years old had not yet received their first vaccination, an open invitation existed for these individuals to book at any time.
- Phase 2 had now opened up to everyone over 18 years old and aimed to offer a first vaccination by 19 July.
- 3 different types of vaccine were now being administered. Cohorts 1 to 9 had been vaccinated using 1 of 2 products, Pfizer BioNTech or Oxford/AstraZeneca, the latter being logistically easier to roll out due to the short life of the Pfizer vaccination once removed from the freezer (3.5 days). An alternative to Oxford/AstraZeneca was now recommended for those under 40 years old (cohorts 10-12) due to the potential risk of a rare blood clotting condition. The Moderna vaccination was now also in use. An additional 3 vaccines were currently in development and awaiting authorisation for use by the MHRA.
- The interval between first and second dose of vaccinations had initially been a period of 3 weeks for the Pfizer vaccinations. This had quickly changed to a 12-week period before a minimum 8-week interval had been introduced.
- 88.3% of the adult population in Northumberland have had a first dose of the vaccination. This was the highest percentage uptake of any upper tier local authority in England. 71.2% had received a second dose which meant that the Government target of 66% by 19 July 2021 had been achieved.
- Uptake across age bands was highest in those over 50 at 95.5% and an uptake in excess of 70% for those under age 25 who were still receiving first doses.
- Over 90% of over 50s had received a second vaccination although younger age groups were still awaiting a second dose after the new minimum 8-week interval.

- There was a strong uptake of vaccinations in care homes where 96.7% of residents had received a first dose and 95.4% a second dose. 90.9% of staff had received a first dose and 83.9% a second vaccination.
- High vaccination rates had also been seen in social care staff with over 90% across 3 settings and second doses in progress. There had been excellent multi-agency collaboration to book staff into vaccination slots.
- A Northumberland Vaccine Equity Board had been established jointly between the CCG and the Council's Public Health team to identify and address potential areas of vaccine inequity.
- The Roving Vaccination Unit (RVU) was being utilised to target harder to reach groups, in the west, homeless shelters, independent residential settings and workplace settings. Pop up clinics were also being held at Fire Station sites across the county. The RVU has also been used to assist North Tyneside CCG with surge vaccinations in response to the rising cases of the Delta variant and pop-up clinics to improve vaccination uptake rates in deprived communities in Newcastle's West End.
- Interim guidance had recently been received for phase 3 of the vaccination programme. Booster vaccinations for the most vulnerable were due to commence between 6 September – 17 December 2021 in 2 stages, those over 70, in care homes and identified as clinically extremely vulnerable then over 50s and those at risk in younger age groups.
- Clinical trials were ongoing to see if the vaccine could be administered at the same time as the flu vaccination and to determine the best vaccine to use.
- The biggest challenges and successes of the vaccination programme were identified as well as next steps.

The following information was provided in response to comments and questions from Members:

- The highest rates of infection were in younger age groups who had only recently become eligible for vaccination and many had not yet received a first dose. It was unknown exactly why rates escalated in some areas. The North West had experienced high rates of infection for some time and also had some of the highest rates of deprivation and was adjacent to the North East.
- It was not yet known how long immunity would be provided by the Covid vaccination. It was a new disease with new drugs and vaccinations. The immunogenicity data suggested that a booster programme was necessary this winter to increase protection for the most vulnerable in society, with potentially an annual programme for any new variants that emerge.
- Whilst Covid was a significant issue for the Board, there was a delicate balance in relation to other issues to ensure residents received the care they needed. Extra inequalities had been identified whilst dealing with the pandemic and there were increasing demands and pressure on the health and care system. Winter levels of demand were being seen in hospitals, use of ambulance services and respiratory infections in children.

- Every person involved in the vaccination programme were to be commended for their work to keep people safe and healthy in Northumberland.
- The approach to communications would be changing given the changes from actions being mandated to guidance. Individuals would be encouraged to implement behaviours which it was easy to adopt, such as hand washing, keeping windows open, good respiratory hygiene 'catch it, bin it, kill it' and use of face coverings in situations where this would be of most benefit. Whilst some people would likely proceed with caution, it would be a challenge to get the message across to others.
- It was anticipated that more detailed guidance would be issued by the Government with regard to the changes proposed on 19 July. Some meetings needed to be held face to face as the remote meeting legislation had not been extended. The Council would likely be taking a cautious approach as case rates were incredibly high and increasing through the age bands and therefore all steps necessary to avoid infection should be implemented.
- The Director of Public Health was thanked for her calm and measured guidance throughout the pandemic.
- It was noted that there would be increasing interaction and travel between neighbouring local authority areas, returning university students and attendance at large sporting events. Vaccination uptake was particularly poor in some of these areas. It was confirmed that vaccination supply would be diverted, via roving models, to where it was most needed. This included use of Northumberland's Roving Vaccine Unit to maximise vaccination uptake where it was currently lower. The decision was a personal choice and how people chose to be vaccinated. There were strong links in the North of Tyne Integrated Care Partnership who were working collaboratively to increase vaccination rates. It was hoped that students would get vaccinated over the summer break.
- It was acknowledged that the national booking service was not the easiest system to use and background work had been undertaken to improve visibility of appointment availability to enable individuals could cancel their second vaccination at 12 weeks and be confident that they could rebook it. Primary care providers were also contacting patients to bring forward appointments and supply was being adjusted nationally to enable second vaccinations from 8 weeks. Information was available on the CCG website and shared with local authority colleagues to be promoted on all available social media channels. Sharing of the information was appreciated.

Officers were thanked for their presentations.

RESOLVED that the presentation and comments made be noted.

6. COMMUNICATIONS AND ENGAGEMENT

Liz Morgan, Director of Public Health, gave a brief update on the communication campaigns that were being undertaken by the local authority which included national campaigns as well as promotion of local messages

particularly in regard to vaccination and use of NHS services. At the current time these were targeted on increasing case rates and in response to outbreaks.

Reference was made to the Beat Covid NE, an award winning and successful campaign. This currently focused on improving vaccination confidence and keeping the North East open.

A more tailored approach to communications with communities was to be adopted, as recommended by the Chief Medical Officer.

RESOLVED that the update be noted.

7. HEALTH AND WELL-BEING BOARD – FORWARD PLAN

Clarification was provided regarding changes to the Terms of Reference. It was agreed that it was important to review the Board's activity which needed to be balanced against its responsibility to provide assurance on the outbreak control plan and how it was delivered.

Pam Travers, CNTW, requested that references to NTW be amended to CNTW and that she replace Russell Patton as the officer responsible.

RESOLVED that:

- a) The forward plan be noted.
- b) Development session(s) be reintroduced for the benefit of new members.
- c) Health and Well-being strategy be refreshed, at an appropriate time.
- d) A presentation be given to explain how Place fit within the integrated care system when there was certainty at national level.

8. DATES OF NEXT MEETINGS

RESOLVED that the next meeting of the Health and Well-being Board be held on 9 September 2021 at 10.00 a.m.

CHAIR _____

DATE _____

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Well-being Board** held in County Hall, Morpeth on Thursday, 12 August 2021 at 10.00 a.m.

PRESENT

Councillor B. Flux
(Chair, in the Chair)

BOARD MEMBERS

Bailey, M. (substitute member)	Pattison, W.
Hudson, R. (substitute member)	Riley, C. (substitute member)
Long, L. (substitute member)	Sanderson, G.
McEvoy-Carr, C.	Simpson, E.
Mead, P.	Thompson, D.
Morgan, E.	

OTHER MEMBERS

R. Dodd	V. Jones
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ALSO IN ATTENDANCE

L. Bennett	Senior Democratic Services Officer
A. Blair	Northumbria Healthcare NHS Foundation Trust
A. Bridges	Head of Communications
M. Dickson	Northumbria Healthcare NHS Foundation Trust
D. Lally	Chief Executive

Councillor R.R. Dodd and V. Jones were invited to attend the meeting, and speak, as the previous Chair of the Health & Wellbeing Board and former Portfolio Holder respectively.

9. APOLOGIES FOR ABSENCE

Apologies for absence were received from S. Brown, R. Firth, J. Lothian, J. Mackey, R. O'Farrell, G. Renner Thompson, G. Syers, P. Travers, and J. Watson.

REPORT OF THE EXECUTIVE DIRECTOR OF ADULT SOCIAL CARE AND CHILDREN'S SERVICES

10. CHANGES TO PARTNERSHIPS BETWEEN THE COUNTY COUNCIL AND NHS BODIES

The Board was informed of the dissolution of the partnership agreement between the County Council and Northumbria Healthcare NHS Foundation Trust (NHCT), and a proposed new partnership between the Council and Harrogate and District NHS Foundation Trust (HDFT) covering the public health services for children, young people and families which were included in the partnership with NHCT.

Cath Mc-Evoy Carr, Executive Director of Adult Social Care and Children's Services, and Liz Morgan, Director of Public Health gave a presentation to the Board which included the following:-

- Background to the arrangements dating back to 2001.
- The steps surrounding the planned review in 2019-20 leading to notice being served to end the partnership, but with an extension until the end of September 2021.
- Adult Social Care was the largest area of transfer. The relevant staff had been notified about the appropriate TUPE arrangements.
- A new model of care had been drawn up which aligned more closely to PCN and Mental Health Services. Closer links were also planned with Children's Services and other external services to develop the whole family approach along with links to Northumberland Communities Together and the community and voluntary sector offering greater choice of intervention. The principles behind this were listed.
- Service Overview and Plans: Hospital Discharge and Reablement. To allow safe and appropriately timed discharge from hospital and help people recover their independence with the use of Short Term Support Services, Occupational Therapists and Physiotherapists
- The new service model was known as RESET, REcovery, Support and Enable Team.
- Other services affected were
 - NHS Continuing Health Care
 - Learning Disability Community Nurses
 - The Joint Equipment Loan Service
- Future Opportunities included
 - greater opportunities for joint working over a range of services including CNTW, community health teams and housing and property services
 - integrated support for care homes,
 - improving connections for people with disabilities with local voluntary and community services
 - wider range of accommodation and support options for older people
 - Support for those with chaotic lives due to alcohol, drug or substance misuse.

- Public Health had two services within the partnership agreement; Integrated Wellbeing and the 0-19 Public Health Service (Healthy Child Programme)
- **Integrated Wellbeing** – Team of specialist health improvement practitioners, specialist stop smoking advisors and health trainers. These staff would transfer to the County Council and most were currently already located in County Hall.
- **0-19 Public Health Service** – Staff included health visiting, school nursing and associated staff (not maternity). The partnership approach was preferred in order to provide greater flexibility, enable integration, more flexible working across organisational boundaries, shared objectives and joint solutions. The preferred partner was Harrogate and District NHS Foundation Trust (HDFT) which was already provider to six other North East Local Authorities. The proposed partnership provided an opportunity to transform and innovate and promote greater integration with Children's Services. The consultation on entering into the S75 Partnership Agreement would conclude on 15 August 2021.

Liz Morgan introduced Members to Suzanne Lamb, Head of Safeguarding and a Director of Nursing, Harrogate and District NHS Foundation Trust. Ms. Lamb made a number of points:-

- HDFT provided services to seven Local Authorities, six of which were in the North East and an immunisation service.
- The HQ was based at Harrogate hospital but the 0-19 services were based in the community with bases all over the North East. Ms. Lamb's office was based in County Hall, Durham.
- The Trust would develop a model in collaboration by focusing on listening and learning about what already worked well. The Trust had been able to innovate through this type of collaboration and developed integrated pathways.
- There had been worries and queries from staff about having to travel to Harrogate, however, this was not the case and they would remain working from their current bases.
- There was a strong thematic lead approach including a Learning and Best Practice Forum which it was hoped would be brought into Northumberland.
- There would be an integrated approach at a strategic level.
- Managers had monthly meetings both in groups and individually with staff. It was important to look after staff.
- It was acknowledged that there would be a lot to learn from Northumberland and the learning would work both ways.
- If the partnership agreement was agreed, the Trust looked forward to working together with Northumberland County Council and learning from its best practice.

The following comments were made in response to the presentation:-

- Paula Mead (Chair of Northumberland Strategic Safeguarding Partnership) commented that the Harrogate Trust had been invited to attend the next meeting of the Safeguarding Partnership to discuss ongoing arrangements.
- From a safeguarding point of view, Northumberland had a very strong safeguarding partnership with all the agencies involved being very committed.
- The plans for integration and working for children with the Local Authority were welcomed and there was a longstanding culture and history of working in that way.
- Safeguarding was not only about child protection but was a continuum early years, early intervention and help was a very important part of the whole system. The health visiting and school nursing service were key along with working with early years, children's centres and schools. This was a high performing service which met all of its requirements. The partnership which included the Northumbria Healthcare Trust a strong member of the partnership, would make sure the new arrangements worked.
- Councillors R.R. Dodd and V. Jones welcomed the proposed partnership with HDFT. Both expressed concern at recent events and referred to meetings they had attended with the Northumbria Trust earlier in the year at which the Trust had been very clear that the partnership would end. Claire Riley, Northumbria Trust, commented that the letters attached to the agenda clearly stated the Trust's position and that the Trust Chair had attended the Corporate Services Overview and Scrutiny Committee on Monday, 9 August 2021 and answered questions. A letter had then been circulated welcoming a pause to reflect and sit back around the table. Realistically, all parties needed to move forward and not lose sight of the collective partnership that had been built up over the years.
- David Thompson, Healthwatch, stressed the need to put patients first as a priority and was concerned that sight of this could be lost if the past was continually raked over rather than looking to the future and making the new arrangements work.
- The Chief Executive agreed that Northumberland's residents were the priority along with staff whether working for the County Council or NHS. Happy staff would provide good quality care. The Integrated Model of Care had been pushed out into the community over the last few years, so that residents who were not in bed based services and who were sometimes hidden, isolated and vulnerable would be focused on whether that was providing the best start in life or supporting them at the end of life. These services were a statutory function and this was recognised by the Cabinet. The Chief Executive believed that the Harrogate Trust would be a very strong partner and it had evidenced its track record on delivering these services and innovation in the community.
- Councillor H.G.H. Sanderson, Leader of Council, emphasised that the political direction was clear and he did not feel that any more time should be spent re-opening negotiations. He was happy to meet with representatives of the Trust to discuss what had changed so significantly in recent days that would lead to revisiting the decision. He had received weekly updates throughout the negotiations on all aspects including the

financial implications. It was important to ensure that residents were looked after and that the staff were reassured as to the direction the Council was taking.

- Claire Riley stressed the need to thank the staff for their work and dedication during this difficult time.

RESOLVED

- (1) The Board's comments on the implications for integrated working across health and social care in Northumberland resulting from the ending of the Council's partnership with NHCT be noted.
- (2) The Board's comments on the new partnership arrangement for health visiting and school nursing services proposed by the Council and HDFT be noted.
- (3) the contents of the two letters about these matters sent by the Chair of NHCT to the Chair of the Council's Health & Wellbeing Overview and Scrutiny Committee and the response to these letters from the Council's Chief Executive be noted.

11. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 9 September 2021, at 10.00 a.m. in County Hall, Morpeth.

CHAIR _____

DATE _____

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Northumbria Healthcare
NHS Foundation Trust



Northumberland
Clinical Commissioning Group

COVID / Winter Plan

Laurie Robson – Northumberland Clinical Commissioning Group
Birju Bartoli - Northumbria Healthcare NHS Foundation Trust

5 October 2021

Partnership Planning

- System approach to tackle winter
- August Regional Urgent and Emergency Care Network System Resilience planning event with partners
- Plans are in development
 - NHS E/I would like us to prioritise four areas of work:
 - Workforce short term sustainability planning
 - 111 Clinical Advice Service
 - Public communications and messaging about which services to access (national campaign planned)
 - Establish shared principles to underpin escalation and mutual aid
- Follow up event in September - Further testing
- Check and Challenge NHSE/I ready for October

Primary Care

- Working with Primary Care Networks (PCN) to understand local pressures, service delivery and Covid and flu vaccine planning
- Local authority dashboard available at ward level to monitor Covid impact
- Use a general practice engagement and escalation process involving:
 - Regular practice and PCN engagement
 - Dedicated GP Comms mailbox
 - Locality manager and director engagement
 - Sitrep process available to step up immediately
 - Mutual PCN and whole county assistance for practices experiencing difficulties
 - Step up and step down (prioritisation) of general practice services to deal with surge
- Face-to-face appointments have resumed when required:
 - General practice services are also supported by digital and telephone alternatives to face-to-face appointments as needed and the technology to support that
 - Where necessary 'Hot' sites will be stood up again as needed
- Extended Access appointments to support the delivery of the flu and Covid vaccine programme or support surge as needed – seven days per week
- Winter planning events with Northumbria Healthcare and community providers in place and attended by PCN CDs and CCG

Primary Care

Covid vaccinations

- Using latest national guidance and SOPs to rehearse our plans early and prepare key messages to be used by communications team
- Focus of booster vaccines will be on vulnerable patients and JCVI guidance
- Vaccinating younger cohorts for the first time set to begin
- PPE supply chains recovered after issues last year – monitored at CCG level
- Community pharmacies continue to offer vaccinations and joint working discussions have commenced via LMC / LPC

Page 10

Flu vaccinations

- 'Northumberland Flu Collaborative Programme' aligned to ICS Flu Board
- A focus on health and social care workers
- Aiming for all national ambition targets
- Community pharmacies continue to offer vaccinations

Pharmacy

- Community Pharmacy Business Continuity Plans – strengthened across providers with additional support through flu programme and 'Flu Collaborative'
- NHS 111 connecting patients with minor illness, or a need for urgent supply of previously prescribed urgent medicines, with a community pharmacy

Streaming/111 first /Further Faster

A key component of our COVID response;

- Ability to direct patients to the correct level of care
- Signposts people to appropriate location which often is not the emergency department (ED)
- Protects ED from over-crowding
- Keeping patients and staff safe

Page 4

Talk Before You Walk

- Opportunity to signpost patients to the correct place first time
- Aim to disrupt public behaviour and encourage a conversation
- Huge pressures within the service
- Patients delays

Further Faster

- Selected as a pilot site
- Expedite Transformation for 111 service
- Aims to offer various digital improvements that will improve patient journey

Further System Actions – Acute / Discharges

- NHS 111 Further Faster
- Increase capacity in the Clinical Assessment Service (CAS) to improve access to clinicians
 - Reinstate Regional Covid CAS
- Manage Ambulance Arrivals across Trusts
 - Intelligent conveyancing process / Mutual Aid
- Continue to review Directory of Services – Alternative Dispositions
 - (Linked to Pathfinder and Service Finder)
- Xray Pilot
- Develop the discharge process particularly linked to mental health pathway

Hospital Context

NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST
A&E Attendances - Trust wide
01/01/2020 - 08/09/2021



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Produced by: Information Services - Analysis & Reporting

Covid-19 ED Infographic.pbix

- Admission numbers and acuity
- Attendance levels are back to 2019 levels
- Performance remains challenging for a number of reasons

BUT

- Crowding continues to be a concern
- Maintaining flow is essential this winter
- Bed base and discharge arrangements need to be maintained as per during covid

Plan considers

- Bed requirement
- Critical care capacity
- Elective recovery
- Paediatric impact
- Community services
- External partners
- Staffing & recruitment - Health and wellbeing of staff

The next six months

- Well rehearsed winter pressures
- Workforce
- Elective work delivery
- Increased Covid presence and other winter illnesses - flu
- Infection control and impact on flow
- Primary aim through all our plans is to maintain patient safety
 - Demand at front door
 - Crowding – Emergency Department (ED), ambulatory care and waiting rooms
 - Ambulance corridor
 - Flow including discharge

General Beds

- Strong focus on LOS (Length of Stay) meetings to ensure flow – packages of care availability key
- Page 46 Bed base changes on the base sites / community hospitals to improve infection control (IC) measures and mitigate IC closures
- Bed base changes at The Northumbria – additional acute medicine ward
- Procedure unit and impact on ambulatory care space
- Extension of discharge lounge
- Availability of ERS – patient transport service

Beds - Critical care

- Normal winter – can usually maintain within staffed 15 bed unit – space for 18 beds
- New recruits due to join team in September
- Page 47 If bed pressures increase but just at The Northumbria – possibility of critical care network support
- If bed pressures across ICS – consider stretching staff ratios – over coming weeks this needs to be agreed with Director of Nursing
- Close working with Respiratory Support Unit and acute respiratory ward
- If further critical care expansion required – theatre staff will support (consequent elective impact)

Elective Recovery Principles

- Protecting elective recovery and ongoing referral to treatment (RTT) requirements
- Recovery staff supporting critical care has biggest impact on elective work – need to minimise this wherever possible and aim for critical care to flex their staffing numbers
- Minimise disruption to services and protect emergency beds at The Northumbria
- Create enough flex to escalate in extreme circumstances (Covid+)
- Recognise differences between offering escalation for winter pressures, Covid and flu
- Contingency to use elective orthopaedic ward as a release valve post Christmas – approx. 4-8 weeks (link with Wansbeck General Hospital theatre refurbishment to minimise impact on elective activity)

Paediatrics

- Usual pressures from Respiratory Syncytial Virus (RSV) in Children start October / November
- Expected 50 - 100% increase in RSV admissions
- Regional and local Escalation Plans
- Additional space for waiting if number of attends increase
- Additional evening / weekend medical / Advanced Practice Registered Nurse shifts but need continued support from ED
- Potential to double up consultant cover – cancel clinics
- Paediatric Intensive Care Unit, The Great North Children's Hospital and North East Children's Transport And Retrieval likely to exceed capacity at times - will have to manage high dependency children longer than ideal or transfer by Critical Care / NEAS

Community services

- District Nursing will support the flu vaccination campaign for housebound patients and care home residents
- +/- Covid booster vaccination
- Support to care home residents will be prioritised to reduce unnecessary admissions to hospital and to manage any potential flu or Covid 19 outbreaks; this will include MDT weekly meetings, development and review of Emergency Health Care Plans and DNACPR plans
- Optimise Discharge to Assess (D2A) model
- Intermediate Care bed base at Howden, Royal Quays and Bluebell
- Palliative Care Hospital Liaison Team – plans for 7/7
- Adverse weather plans
- Use of District Nurse Escalation Tool

External partners

- System wide impact and support – other Trusts, NEAS etc
- Packages of care and Nursing / Care home market including alternate provision for those patients who are Covid positive but medically fit
- Supply chain
- Ensure close working with social care colleagues across Northumberland and North Tyneside is maintained
- Link in to regional surge calls as appropriate
- Primary care are able to maintain their capacity to for both face to face and virtual appointments
- PCN meeting to share our plans and understand how we collectively support the system; further meeting 6th October
- System wide comms plan

Health and wellbeing

- Staffing in and out of hospital is key to all plans
- It's been relentless over past 6, 12, 18 months...
- Need to identify how we support staff during winter
- Ensure annual leave has been taken so people have had a rest
- Engaging with health and wellbeing teams and staff experience teams for further ideas to support
 - Ward based treat baskets
 - Tea / coffee and biscuits
 - Competitions

Conclusions

- The plan is better more refined reflecting what we have learnt and the potential different this time
- We are dependent on each other / part of the system delivery its part of the plan
- Work is still to do re some of the details – continues to be a developing picture but good relationships / dialogue
- Impact of system plans – primary care, NEAS North Integrated Care Partnership
- Strong push on communications over the coming weeks for the public to also play their part

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Northumberland
Clinical Commissioning Group



Northumbria Healthcare
NHS Foundation Trust

Thank you – any questions?



Annual Report

2020-21



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Message from our Chair

A year ago I mentioned in the Annual Report that I had emailed colleagues in partner organisations to thank them for their sterling efforts in tackling the pandemic. I also wrote that 'I look forward to contacting them again when this is all over, however long that might be'. Little did I know...

Twelve months on, we are still in the throes of the COVID-19 virus although there is now cause for careful optimism. That is due to the continued vigilance and patience of the public and to the dedication and professionalism of those charged with our care and wellbeing. To everyone, and especially now to those masterminding and undertaking the vaccination programme, a heartfelt thanks for leading and managing the community towards the light at the end of the tunnel.

Staff at Healthwatch Northumberland have continued to do their work, albeit in different ways to the normal. Significant has been the work to advise and support people who have contacted us with queries or concerns related to the pandemic and the vaccinations, with valuable information about successes and concerns being conveyed to the appropriate health and care providers.

Face to face engagement, however, has been impossible and has been replaced by online forums and by inventive means to conduct surveys on issues ranging from young people's mental health, social care, GP online registration, carers and audiology. We are always grateful for the support of members of the public in passing on their experiences of health and social care services, and they can be assured that we will convey their collective thoughts to the 'powers that be' for due consideration.

Finally, a word of appreciation to the Staff, Volunteers and Board Members who have worked hard to maintain the presence of Healthwatch Northumberland as the independent voice of the people. Even during these difficult times, they succeeded in organising an Annual General Meeting which was both remote yet still meaningful. Well done.

I'd also like to thank former staff members Lesley Tweddell and Caroline Janes, board members Kelvin Rushworth and Hayley Brown and volunteer Maggie Murray for their contributions to our work and the success of Healthwatch Northumberland over the last year.

We are recruiting new Board members in autumn 2021. If after reading this you feel Healthwatch Northumberland is something you want to be involved with then do look out for our adverts and get in touch for a chat.



David Thompson
Healthwatch Northumberland Chair



"We are always grateful for the support of members of the public in passing on their experiences of health and social care services"

Message from the Chair of Adapt (NE)

I said in last year's report that I was sure, despite COVID-19 restrictions, Healthwatch Northumberland would continue to be an effective independent champion for those who rely on health and social care services across the county.

I am delighted this proved to be true. By learning new skills in using digital technology and good old-fashioned working together with voluntary and community groups, Healthwatch Northumberland has ensured the public's voice has been heard by service commissioners and providers. I say thank you to those who gave Healthwatch Northumberland feedback on their experiences of using services last year and to those who listened to it.

Adapt (NE) was delighted that Northumberland County Council extended the contract to deliver Healthwatch for a further year, giving continuity in a time of great change. It is a fitting testament to the dedication of the Board, Staff and Volunteers who kept Healthwatch Northumberland going and growing in 2020 and provides a firm foundation for the future.



Lorraine Hershon
Adapt (NE) Chair

"I say thank you to those who gave Healthwatch Northumberland feedback on their experiences of using services last year and to those who listened to it."

About us

Here to make health and care better

We are the independent champion for people who use NHS and social care services in Northumberland. We're here to find out what matters to people and help make sure your views shape the support you need, by sharing these views with those who have the power to make change happen.

Helping you to find the information you need

We help people find the information they need about services in their area. This has been vital during the pandemic with the ever-changing environment and restrictions limiting people's access to health and social care services.

Our goals



1 Supporting you to have your say

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.



2 Providing a high quality service

We want everyone who shares an experience or seeks advice from us to get a high quality service and to understand the difference that their views make.



3 Ensuring your views help improve health and care

We want more services to use your views to shape the health and care support you need today and in the future.



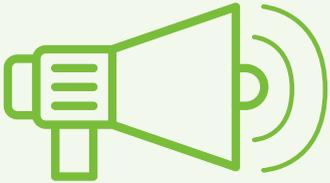
“Local Healthwatch have done fantastic work throughout the country during the COVID-19 pandemic, but there is more work ahead to ensure that everyone’s views are heard. COVID-19 has highlighted inequalities and to tackle these unfair health differences we will need those in power to listen, to hear the experiences of those facing inequality and understand the steps that could improve people’s lives.”

Sir Robert Francis QC, Chair of Healthwatch England

Highlights from our year

Find out about our resources and how we have engaged and supported people in 2020-21.

Reaching out



We heard from

250

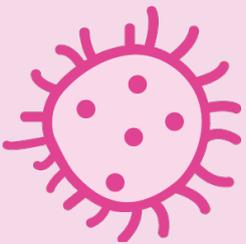
people this year about their experiences of health and social care.

We provided advice and information to

286

people this year.

Responding to the pandemic



We engaged with and supported

100

people during the COVID-19 pandemic this year.

Our COVID-19 information page and vaccination

articles had over **8000** views.

Making a difference to care



We published

10 reports

about the improvements people would like to see to health and social care services. From this, we made 17 recommendations for improvement.

Health and care that works for you



12 volunteers

helped us to carry out our work. In total, they contributed 200 hours.

We employ 6 members of staff

or 4.5 full time equivalent.

We received

£200,000 in funding

from our local authority in 2020-21.



Care Home Visiting

In September 2020 it was widely reported that people living in care homes during lockdowns had struggled to keep in touch with their loved ones, as visiting restrictions were in place to protect the most vulnerable from infection.

We asked people who had loved ones living in care homes in Northumberland for their experiences of keeping in touch and we hosted a series of online forums. Three have taken place so far with a further forum scheduled in summer 2021. These forums have had a total of 35 attendees including 24 different people as many attended all or more than one forum.

Some feedback outside the forum has given examples of good practice within care homes and some attendees at forums had better experiences than others. However, feedback we received across all forums centred around the following key areas:

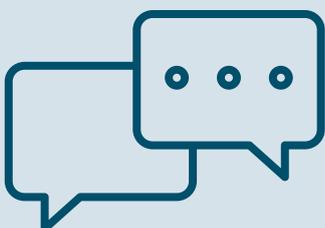
- **Visiting and virtual contact:** For various reasons including infection outbreaks many had been unable to visit in person even during periods where restrictions had been lifted. Video calls were often confusing for loved ones with dementia or hearing loss and there was inconsistent access to or ability to use devices to facilitate calls within care homes. Easier digital methods for communication like walkie talkies, baby monitors or a live transcribe service were suggested.
- **Communication and activities within the home:** Communication had been difficult at times and often felt to be one-sided/initiated by relatives. During visiting restrictions further communication from staff about how loved ones were spending their days would be welcome, suggestions being WhatsApp groups, emails or newsletters. More social and stimulating activities within the home for loved ones would be welcomed.

- **Wellbeing, Care and Services:** There was concern from relatives about their loved ones experiencing a decline in issues such as footcare, teeth, hearing aid maintenance, clothing and concern around the impact of services such as opticians, podiatry, dentists and mental health being unable to visit. There was uncertainty about how care plans were being updated during the pandemic.
- **Vaccinations:** Concerns about when their loved ones would be fully vaccinated as well as discussions on whether this should/could be mandatory for care home staff. Discussions around why visits could not be more readily permitted for those visitors who are fully vaccinated/regularly tested for Covid-19.
- **Risk of infection vs risk of isolation:** The risk of infection was recognised with many themselves worried about visiting loved ones for fear of passing on the virus, however, this needed to be balanced with the risks of isolation on wellbeing especially in 'end of life' situations.
- **Effect on relatives:** Whilst concern about loved ones in care homes was significant many also gave feedback on the negative effects on their own wellbeing of enforced separation including feelings of anxiety, sadness, frustration and guilt.

"The forum has been most important to me over the past year as it has been the only opportunity for me to talk about my mother's isolation during the pandemic. It has also been the only chance I have had to meet others coping with the emotional and practical difficulties of maintaining contact with relatives in care homes. My thanks to everyone at Healthwatch Northumberland for the meetings which are always conducted in a sensitive and professional way and for giving relatives a voice."

At one of our forums we were joined by Dr Jim Brown from Public Health and Alan Curry Senior Manager - Commissioning, who gave some background to the visiting guidance from a Public Health and County Council perspective. The forum was also an opportunity for relatives to ask questions and get answers to relevant concerns and give feedback on experience to commissioners directly. This feedback has been passed to providers directly from Northumberland County Council.

Those attending forums were keen to hear about good practice taking place and we have continued to ask for feedback as lockdown eases including through two online surveys; one for staff at care homes and the other for relatives of those living in care homes. These surveys are looking not only at ways of keeping in touch during the pandemic but what people would like to see moving forward. The aim is to improve experiences of staff, those living in care homes and their relatives/friends. The results of these surveys and recommendations will be reported on later in the year along with the outcomes of feedback from our forums.



Share your views with us

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch Northumberland is here for you.

 www.healthwatchnorthumberland.co.uk

 03332 408468 or text: 07413 385275

 info@healthwatchnorthumberland.co.uk



GP Online Access

We were prompted to investigate the process of registration for online GP services across Northumberland after feedback from a patient about her own frustrating experience in trying to do so. Online services are not a preference for everyone but difficulties in navigating the process can limit the number of people who would choose to register and benefit from such services. Given the move towards increased use of online services it is important that thought is given to make the process user-friendly and accessible.

Our research looked at a sample of 22 GP websites across the county and in doing so identified some potential areas for improvement and areas of existing good practice.

Central to the eight key recommendations in the report is making the process of registration as simple as possible. We recommend clear links on websites to information on services covered and how to register, ideally via a 'one-click' process, limiting the amount of technical or complex information and process, ensuring websites and relevant links are up to date, in working order and can be easily used by people with different access needs.

As a result of this work we are now working with NHS Northumberland CCG on an engagement project with patients to look at improving access to GP services following the introduction of online consultation.



To find out more >>>

Visit our website where you can find all of our reports:
healthwatchnorthumberland.co.uk



Online Events and Forums

Getting out and about, meeting people and hearing directly from them about their experiences of services is central to our work. When the COVID-19 pandemic started we knew we had to find ways of continuing this flow of information and keeping in touch with Northumberland's communities.

Like everyone else we learnt a lot about Zoom in a short time, including holding support sessions to help people get online and making our online platforms available to community groups so that they could carry on meeting.

In the last year we have held online events from small focus groups about specific issues such as young people's mental health, forums to discuss proposed changes to GP surgeries, to larger events including our own Annual General Meeting and an online event to promote Kooth - a young person's online support service.

In total we had 264 attendees at these events. We know not everyone can or wants to join online meetings and we are very much looking forward to seeing people in person again. However, we will keep these forums and events as part of our work and use a 'blended' approach. Online events are a good way to hear from and provide information to local communities that are spread across our large county.

"These informative and accessible events from Healthwatch Northumberland are much appreciated." (mental health event)

"Thank you for this opportunity. I thought the forum was a very measured and balanced discussion." (care homes forum)

"Excellent host - online meetings can be chaotic but in this case the event was well managed and all questions were answered." (mental health event)

Working with Others

Your Voice

Last year we launched Your Voice offering small grants to local organisations to gather their service users' experiences of health and social care services. The idea was to help us hear from people we do not hear from regularly. Although the pandemic affected the projects, each succeeded in bringing out important information and also some unexpected changes.

Being Woman, based in Ashington and Blyth, supports people from various ethnic backgrounds and at risk of social isolation and continued to do so as part of the Northumberland community response during lockdown.

61 people were surveyed by Being Woman with questions around general mental health knowledge, services used and proposed future needs. 8 out of 10 people said they did not know they could speak with their GP about anxiety, low mood and depression. Among the suggestions listed by respondents for better knowledge on mental health were leaflets, support groups, translation services, clubs and therapists.

A more detailed account is available as a blog on our website. We continue to work with Being Women on all of our projects.

Headway Arts in Blyth, hoped to film one of their creative cafes where people with a learning disability and their carers discussed their experience of the healthcare system. Instead the group held a Zoom Café workshop and you can see the recording at: bit.ly/HeadwayArtsYourVoice. Group members are very clear that what makes a good patient or service user experience for them is skilled, consistent tailored communication.



"Sometimes I feel as though I'm not told everything. Maybe they don't think I can understand or maybe they think I'll get upset."

"What does healthcare make me think of? All the places we go to for health reasons."

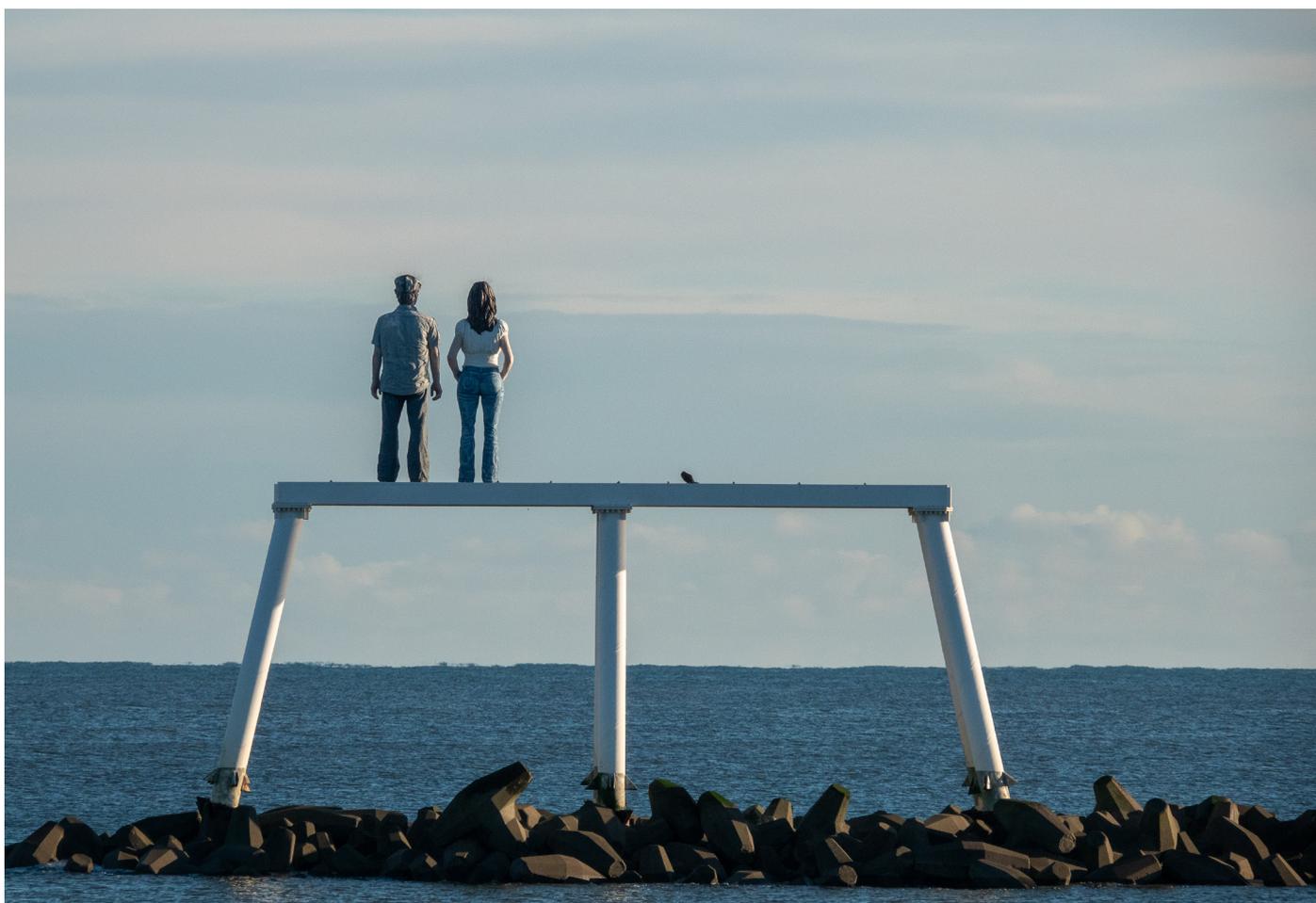
Headway Arts Creative Cafe participants

Northumberland County Blind Association (NCBA) supports people with sight loss across the county and sent out a survey to find out how lockdowns affected them. Over 200 people responded with some clear concerns and aspirations for improving services.

One clear message links to the wider determinates of health. People were asked how active they were pre Covid - 72% of respondents said not active or just sometimes. 57% said they would like to be more active. NCBA said "Visually impaired people have some of the most sedentary lifestyles, we are not aware of any adapted physical activities for people with a sight loss in Northumberland".

There were mixed views amongst NCBA service users about how well services worked together, how services communicated with them and what equipment and emotional and mental health support was available.

We also supported **Northumberland Youth Service** in the design and production of information cards which are available in all schools and youth groups.



Benefits of Collaboration

The point of the Your Voice project was to gather experiences, however, we were delighted with some additional benefits to the relationships we have built with and between other organisations.

During lockdown Healthwatch staff and volunteers joined NCBA volunteers in making regular phone calls to people who were not able to attend their usual groups with NCBA. The calls were greatly appreciated for breaking isolation, loneliness and helping with the practical challenges of lockdown.

Being Women, Healthwatch and Northumberland Clinical Commissioning Group worked together to engage with the patients of Laburnum Surgery when it closed. This joint approach ensured that everyone had the opportunity to be heard.

The most unanticipated outcome from Your Voice was that Fareeha Usman, Being Woman's Chief Executive was co-opted to the Healthwatch Northumberland Board.

Fareeha's knowledge and experience from different industries, especially with digital engagement will be a great help as we consolidate our online experiences during COVID-19.

Northumberland Recovery College

Last year we reported our work about the NHS Long Term Plan had highlighted the need for a Recovery College in Northumberland.

Recovery Colleges offer people experiencing mental ill health opportunities to take control and become an expert in their own well-being and recovery. People may use the college as an alternative to mental health services, alongside support offered from mental health services, or to help them move out of mainstream mental health services.

We convened and led a discussion with statutory and voluntary sector organisations which support people with mental health issues to get a strong collaborative approach started and then helped select Mental Health Concern as the organisation to lead the Northumberland Recovery College.

As part of the Community Mental Health Transformation Forum we are working to make sure service user and carer views are integral to the Recovery College. Having a strong Voluntary and Community Alliance is part of this. We have used our links with the Northumberland VCS Assembly Health and Social Care Online Network to establish good communications and awareness between the Recovery College and community groups across the county.

'A Recovery College is not a building or a place, it's an opportunity to become your own expert in what works to manage your wellbeing. A Recovery College provides learning experiences, mutual support and activities at a pace that is right for you.'

Northumberland Recovery College website



"Healthwatch Northumberland's support and expertise in the engagement of third sector providers was invaluable to the process. Their facilitation of the engagement event and objective assessment of the submitted proposals aided the establishment of a long awaited Northumberland Recovery College."

Alane Bould, Head of Patient and Carer Involvement, Cumbria, Northumberland Tyne and Wear NHS Trust

Valens Medical Partnership Patient Participation Group

Building on our Annual General Meeting in 2019 and the Understanding Patient Participation Group report in 2020, we are working with the Valens Medical Partnership to establish a single Patient Participation Group for its Primary Care Network (PCN).

We have chaired a series of online meetings with patients and practice staff to agree Terms of Reference and a process to recruit new members. We would hope this could form a model for other PCNs in the county.

Healthwatch Northumberland has provided invaluable support in helping us develop our new patient participation group. Establishing new, best practice protocols has enabled us to move our patient engagement forward in a very productive way, embracing change together with our patients, with new ideas for the future".



Pat Rigg, Valens Medical Group Patient Engagement Officer.

Clinical Research

There are 12 local Healthwatch in the North East which gives an effective and efficient way to gather views from across the region about health and social care services.

In February 2021 North East Commissioning Support (NECS) funded the Healthwatch network to carry out engagement with individuals and communities across the North East about their views and ideas to get more people to take part in clinical research in the UK. The NHS Long Term Plan's goal is for one million people taking part in clinical research by 2023/24.

In just three weeks using a mixture of an online survey and focus groups the North East Healthwatch gathered views from 597 people – nearly 20% from Northumberland. We heard about what motivates people to sign up as well as attitudes and perceptions of those carrying out the research. Key themes to influence an individual's decision included trusting the organisation running the research, with the NHS 'brand' being important to them, the idea of helping future generations was of highest importance as well as improving treatments and care.

What people told us was shared with NECS and will be used to help develop a plan for our area. If you want to take part in clinical trials have a look at the National Institute for Health Research website [Be Part of Research](#).

My Right to Healthcare Cards

As part of an NHS campaign to increase registration with GPs, 'My Right to Healthcare Cards' are being rolled out across the country. The cards make clear the right to register and receive treatment from a GP Practice regardless of fixed address or ID. The cards provide an NHS telephone contact number and website. The cards should help homeless people, people who have moved, people who live on boats and many others who face difficulties registering with a GP. This is because they are often asked for proof of address even though this is not needed.

We have helped to distribute these cards to organisations who saw a benefit for the users of their services. We have sent out 200 cards so far and have orders for a further 470. We are awaiting feedback as to how valuable they have been.



Responding to COVID-19

Healthwatch Northumberland plays an important role in helping people to get the information they need, especially through the pandemic. The insight we collect is shared with both Healthwatch England and local partners to ensure services are operating as best as possible during the pandemic.

This year we helped people by:

- Developing a dedicated COVID-19 information page on our website
- Providing up to date advice on the COVID-19 response locally
- Linking people to reliable up-to-date information
- Supporting the vaccine roll-out
- Helping people to access the services they need

The main issue people have contacted us about:



COVID-19 vaccination programme

In the early stages of the vaccination programme we had a number of enquiries around access and travel, who would be invited to make an appointment and when.

As the programme continued people were concerned about how and when they could visit loved ones in care homes.

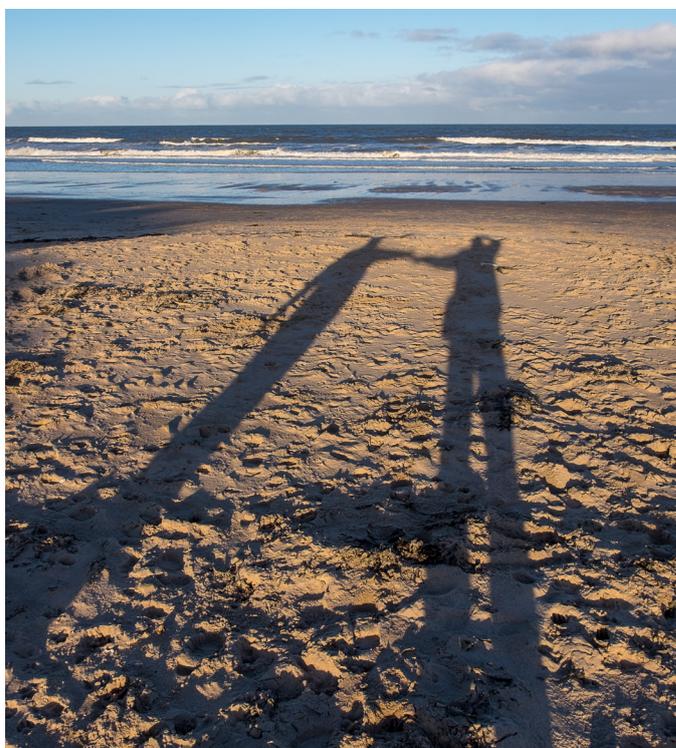
Helping Michael and Irene

Michael got in touch at the beginning of 2021 about his 85 year old mother Irene, who is registered blind.

Irene had been invited to make an appointment for a COVID-19 vaccination at a centre 23 miles from her home in North Northumberland and was worried about how she would get there.

Healthwatch Northumberland contacted Irene's GP practice to discuss transport options to the vaccination centre.

Transport was arranged for Irene through Age UK Northumberland, which took her to and from both her first and second vaccination appointments in Newcastle.



Contact us to get the information you need



If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch Northumberland is here for you.

-  www.healthwatchnorthumberland.co.uk
-  03333 408468
-  Email: info@healthwatchnorthumberland.co.uk

Helping you to find the answers

Our information and signposting service has helped 300 people across Northumberland find the answers to questions about health and social care services. As well as issues around accessing primary care services such as GP and dental services, we have heard from people wanting to know how to make a complaint and where to find local support for specific conditions such as hearing loss.

Aran called because he was anxious his dentist had struck him off his list. Aran received a text reminder to book a routine appointment but when he tried to do so was informed his dentist was not taking on 'new' patients and was unable to get an appointment. Email correspondence to the dentist had not had a response.

We contacted the dental practice and found that Aran had not been removed from the list but that he would not be prioritised for a routine appointment as he had not had treatment or a check up in the last two years. Instead they were working through backlog of those whose treatment may have been cut short due to COVID-19 and those with urgent needs.

We arranged for Aran to be added to the waiting list for a routine appointment.

Aran said "Thanks for clearing that up for me. The way the receptionist explained it made it sound like I would not be contacted again and had been removed from their books. I'm glad that is not the case and thanks again for your help."

Richard 34, received a letter from his GP practice saying as he was outside of the catchment area he should reregister with another practice. Richard questioned this and the practice said it was taking the opportunity to revise its list because of the COVID-19 situation.

Richard was reluctant to change to the suggested practice due to a previous poor experience with a family member. Also the original practice provides the extended hours 'hub' for the alternative practice which as Richard works, he is more likely to use.

We looked at what the practice advertised as the areas it covered. It is a large rural area and as Richard's village was mentioned, we advised him to write to the Practice Manager setting out his case. A few weeks later Richard emailed us:

"Just to let you know I received an email last week from (the) medical practice. It confirmed I am in their catchment area and can remain a patient. Thank you for your help."

Sam called her GP practice to ask about cervical screening as her last test was three years ago. She was told twice by the practice that she was not due for a test as it was done every five years.

Sam checked the NHS website which confirmed the test for her age group was every three years. She told the practice what she had read and they accepted the information and arranged an appointment.

Sam was pleased her situation was resolved. She was concerned that other women may have been given the wrong information which could have serious consequences.

We contacted the Practice Manager to ask about policies and training procedures and received assurances staff understood the correct information to give patients.

Volunteers



At Healthwatch Northumberland we are supported by 12 volunteers who help us find out what people think is working, and what improvements people would like to make to services.

This year our volunteers:

- Helped people have their say from home, by having conversations over the telephone and helping run online forums
- Made wellbeing calls on behalf of Northumberland County Blind Association as part of our local COVID-19 response
- Created digital content on our websites and social media
- Provided technical and administrative support at online meetings, training and events
- Helped distribute our information leaflets to people's homes
- Co-designed desk-based research to find out how services could be improved
- Helped with administrative tasks to support the running of Healthwatch Northumberland

Lorna, Community Engagement Volunteer



Last year saw Lorna, a member of her local Action4Acomb Community Group, heavily involved in setting up a local COVID-19 support response.

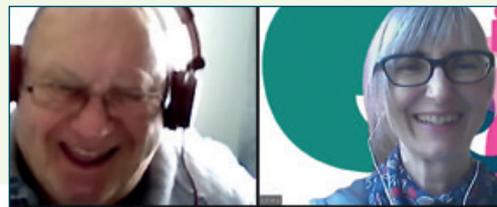
The Acomb support network helped distribute over 600 of our 'Useful Numbers' cards. Lorna also provided support at online meetings, was involved with our GP online access project and has compiled a database of Northumberland Village Halls.

Lorna says "I've enjoyed contributing in a variety of ways as part of the Healthwatch Northumberland team and would recommend it to others who might consider volunteering. Listening to the views of local users of services is an honour especially when it ultimately makes a difference to improving service provision."

Colin, Community Engagement Volunteer

Colin was shielding for most of last year but that didn't put a stop to his volunteering. Despite having no experience of virtual platforms and being registered as partially sighted, Colin's perseverance along with some technical support meant he could join us for meetings and forums on Zoom. His new skills enabled him to link up with local community groups and he wrote about the positive impact of getting online for our newsletter.

Colin says "Volunteering during lockdown meant that I learnt lots and could take part in activities online. Being able to use Zoom meant that I kept in touch with the outside world which had a positive impact on my mental health."



Hayley, Community Engagement Volunteer

Hayley joined the team just as the first lockdown began. She trialled our very first efforts at running induction and training online, providing helpful feedback at every stage.

She quickly became an invaluable member of the team, supporting projects such as developing the Valens Patient Participation Group, supporting our telephone callback service and making client contact calls for Northumberland County Blind Association. Hayley is also the lead volunteer for The Hygiene Bank in West Northumberland.

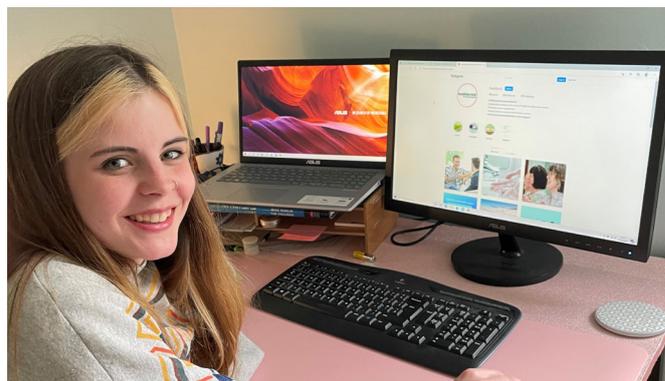
Hayley says "I've loved volunteering over the last year with Healthwatch Northumberland. I wanted to use the skills I already had and be part of my local community. COVID-19 has meant that I haven't done what I thought I would, but instead I've been given the chance to do some work for Healthwatch Northumberland that was new to me. It's really helped my confidence and I love feeling part of a team."



Leah, Office Support Volunteer

Volunteering from home, Leah continued to support us through every stage of the pandemic. During our initial Covid-19 community response, she made wellbeing calls to clients on behalf of Northumberland County Blind Association. Over the rest of the year, she updated databases, co-produced our work on young people and mental health, provided digital expertise on Zoom and supported our social media campaigns by running Instagram 'takeover' days.

Leah says "I joined Healthwatch Northumberland in November 2019 so was able to enjoy a few months in the office with everyone before the pandemic hit. Since then I've been doing as much as I can online, which we have all had to get used to! The past year has been difficult for everyone, especially vulnerable people who may have disabilities or mental health issues, so I feel fortunate to have hopefully made a small difference through wellbeing calls and working on the young people's mental health project. I think everyone in the team has adapted so well and it has been great catching up with them via Zoom for quizzes and games."



Volunteer with us

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch.

 healthwatchnorthumberland.co.uk

 03332 408468 or text: 07413 385275

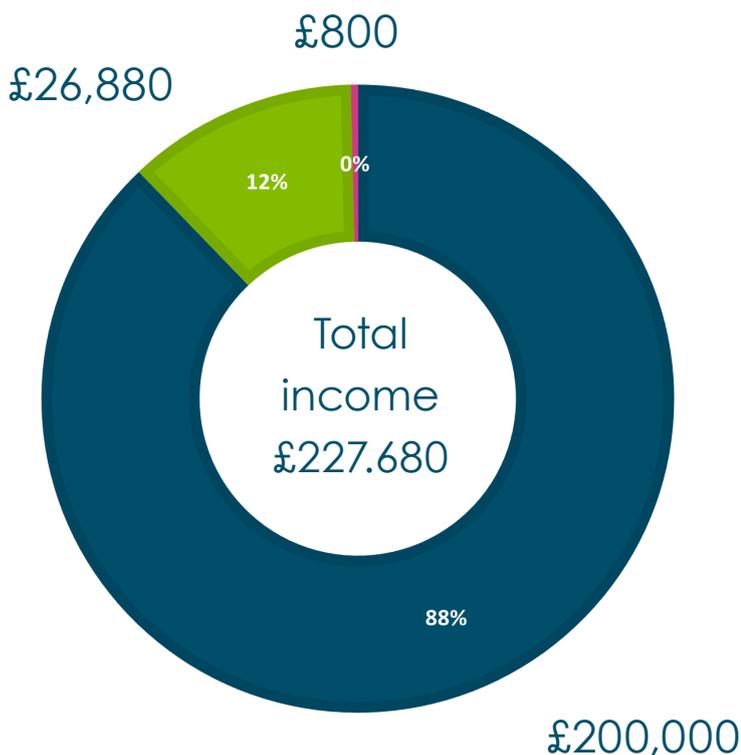
 info@healthwatchnorthumberland.co.uk

Finances

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

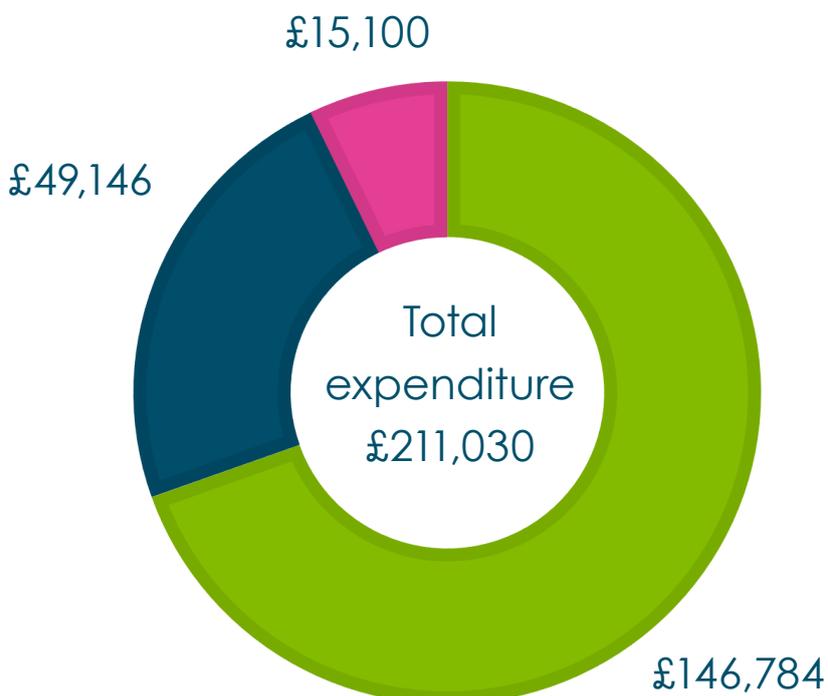
Income

- Funding received from local authority
- Brought forward
- Additional funding



Expenditure

- Staff costs
- Operational costs
- Support and administration



Next steps and thank you

The effects of the COVID-19 pandemic on communities, individuals and their health and social care services will last beyond 2021.

We will continue to deliver our core activities and specific projects which will reflect on the pandemic experience and also ideas for the future.

Core Activities

Community Engagement: We will engage with communities of place and experience in Northumberland. We will do this in person and online.

Our Annual Survey in summer 2021 will identify the issues that people think are the most pressing for us to work on.

We will repeat the Your Voice initiative to ensure people who are not always listened to have an opportunity to be heard.

Communication and Marketing: We will provide relevant and accessible information and signpost people to sources of help and support. We will tell people about the difference we have made and encourage them to become involved with Healthwatch Northumberland.

Strategic Influence: We will use our statutory role on the Northumberland Health and Wellbeing Board and membership of strategic decision-making and scrutiny bodies to share what we have learnt from communities. We will work with the emerging Integrated Care System.

Volunteering: We will recruit, train and value volunteers so that we are a more diverse and inclusive organisation.

Top three projects for 2021-22

Home Care: Gathering the experiences of people who received paid for care at home. (summer 2021)

End of Life: Working with NHS Northumberland Clinical Commissioning Group and Northumbria Healthcare NHS Foundation Trust to develop a greater understanding about what people in Northumberland expect at the very end of their life. (autumn 2021)

Experience of those with sight loss: What people with sight loss can expect from services - the 'care pathways' - and how these work in practice. (winter 2021)

Thank you

By continuing to tell us your views and experiences of NHS and social care services, you are helping us ensure people get the support they need both during and after COVID-19. Thank you to everyone who shared their thoughts and experiences with us over the last 12 months.



Statutory statements

About us

Healthwatch Northumberland, Adapt (NE), Burrn Lane, Hexham, Northumberland NE46 3HN.

Healthwatch Northumberland uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch Northumberland board consists of ten members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2020/21 the board met five times and made decisions on matters such as our Operational Plan, which sets out the issues on which the Healthwatch Northumberland team works.

This year the board wanted to make sure that members of the public had different ways to get in touch with us while we could not get out into communities. They were very concerned that not everything was done online. So we developed our 'text and ring back' service. The board also made a commitment to use Equality, Diversity and Inclusion as the focus to improve what we do, why we do it and the difference we make.

We ensure wider public involvement in deciding our work priorities. For example we used insight from information and signposting enquiries to understand the experience of people accessing services online.

We invited senior staff from NHS Northumberland Clinical Commissioning Group (CCG) and Public Health to our Annual General Meeting to hear from the public and talk about what was being done to ensure people are not excluded.

Following patient feedback we reviewed how easy it is to use GP websites for routine interactions such as repeat prescriptions and making appointments. The report is currently with the CCG for comment.

We used our social and print media to ask about people's experience of keeping in touch with loved ones living in care homes. From the responses we held online focus groups and surveyed local care homes. The report with recommendations will be published in July 2021.

From the 800 responses to our Annual Survey we knew that people were concerned about mental health services, especially for young people. This became one of our priorities for the year and we held a focus group with young people, put out a survey and held an online forum about the Kooth service. The report is with the CCG for comment.

Methods and systems used across the year's work to obtain people's views and experience

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care social services. During 2020/21 we have been available by phone, by email, via our website and social media channels, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through social and print media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by working with Northumberland County Blind Association to ensure the COVID-19 experiences of people with sight loss were heard. When a GP practice was closing we worked with Being Woman so that people of Black, Asian and minority ethnic backgrounds were included in the engagement by the CCG.

We were invited to take part in Northumberland County Council's virtual International Women's Day celebration. We use the 'Choose to Challenge' theme to talk about women's health inequalities. We ensure that this Annual Report is made available to as many members of the public and partner organisations as possible. We publish it online and in hard copy and it is sent to all key stakeholders.

Responses to recommendations and requests

We had no providers who did not respond to requests for information or recommendations. This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity. There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and so no resulting special reviews or investigations.

Health and Wellbeing Board

Healthwatch Northumberland is represented on the Northumberland Health and Wellbeing Board by our Chair, David Thompson. During 2020/21 he has effectively carried out this role with positive contributions based on feedback and evidence from patients and service users, particularly encouraging engagement with groups less often heard. He also wrote and submitted two papers in response to the Integrated Care System proposals and the draft Health and Social Care White Paper. He met Sir Liam Donaldson, Chair of the North East and North Cumbria Integrated Care System, to discuss how Healthwatch can play a part in the new structure.



Healthwatch Northumberland
Adapt (NE), Burn Lane
Hexham
Northumberland
NE46 3HN

www.healthwatchnorthumberland.co.uk

t: 03332 408468

e: info@healthwatchnorthumberland.co.uk

 @HWNland

 healthwatchnorthumberland

 hwnland

Images courtesy of David Shaw
and Shutterstock



Young People and Mental Health

Experiences of access and support in Northumberland

Introduction

Healthwatch Northumberland is the independent champion for people who use health and social care services. We are a listening organisation working across Northumberland, interested in what people like about services and what can be improved. We act on what people are saying, sharing their views with those who have the power to make change happen. We also help people find the information they need about services in their area and record this as 'signposting'.

Between 27th January 2021 to 31st March 2021 we ran an online survey to gauge the access and support received by young people (aged between 13 - 25 years) from mental health services in Northumberland.

We promoted the survey through our own social media channels and website as well as contacting all secondary and high schools in Northumberland. We also contacted all the local youth groups across the county and other relevant partners such as Northumberland CVA, the Aging Well Network and town and parish councils. The survey had 51 responses.

Demographics

1. Age

The majority of the respondents were aged 13 - 15 years old (55%) with the 16 - 18 year olds being the second largest group (37%). Figure 1, below shows the age distribution.

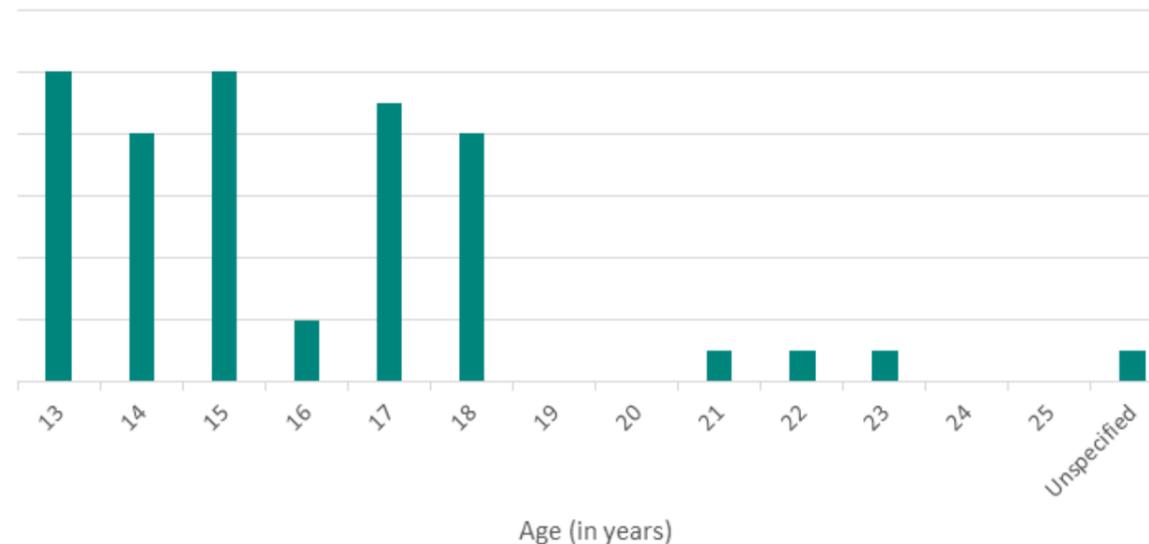


Figure 1. Age of respondents

2. Gender

The majority of the respondents classed themselves as female

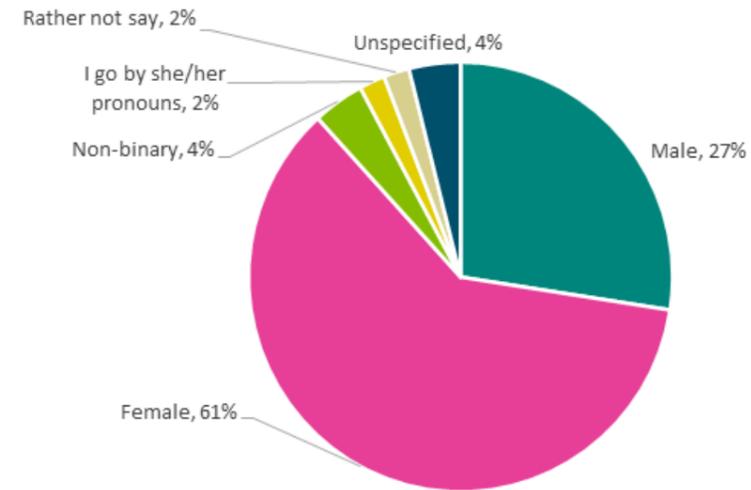


Figure 2. Gender breakdown

3. Ethnicity

Ethnicity was predominantly White British/English/Welsh/Scottish/Irish (45%) with the second largest group describing themselves as British (22%). 4% of respondents described themselves as Mixed which is higher than the county all ages percentage (0.5%). Likewise, 4% of this survey's respondents described themselves as Asian or Asian British which is higher than the county all ages percentage (0.7%).

However, this was an open text question and people self-identified which resulted in some ambiguous ethnicities being recorded. In future, we will use standardised lists to ensure better accuracy.

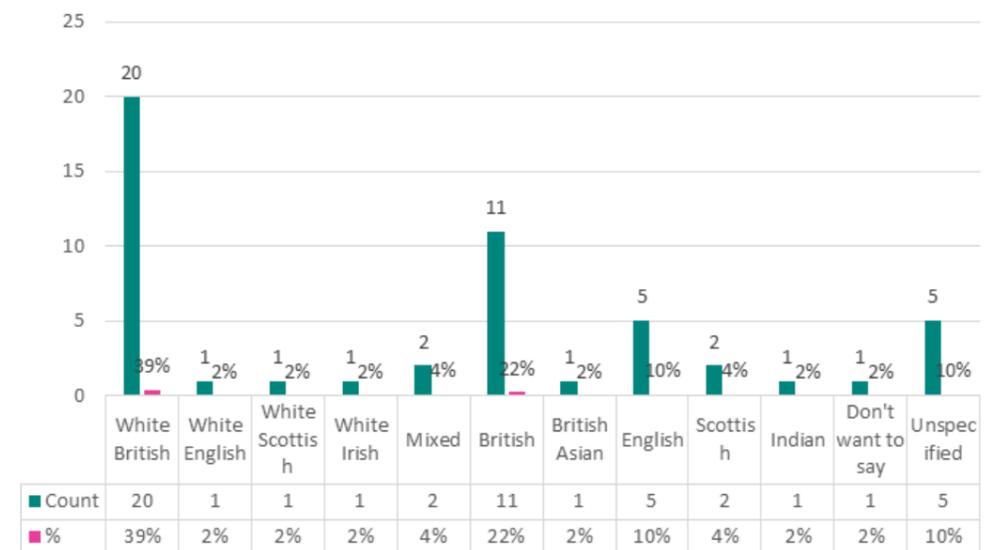


Figure 3. Ethnicity of respondents

4. Long-term health condition/disability

Unsurprisingly, as the respondents are all young people, the health of the cohort is very good with 80% reporting no long-term ill-health or disability. This is on a par with the disability figures for all ages in the county as the Public Health statistics show that 79.3% of all ages in Northumberland do not have long-term health issues nor a disability.

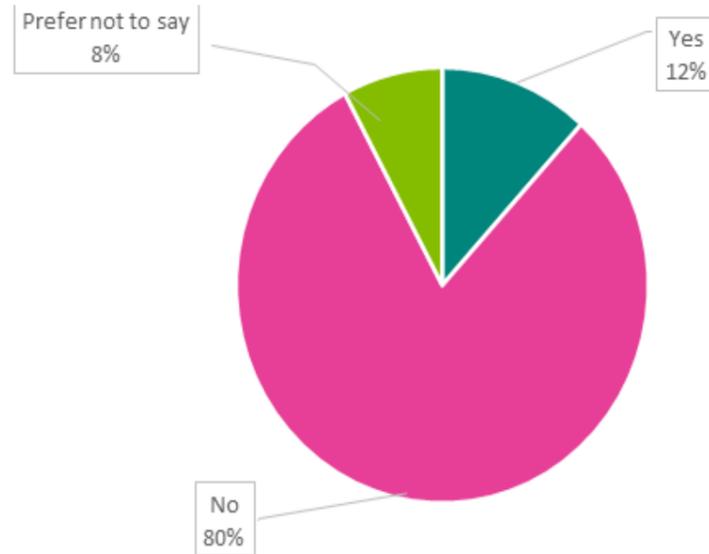


Figure 4. Responses to Q4, "Do you have a long-term health condition or disability?"

5. Location of respondents

We received feedback from across the county but the majority of the respondents were from North Northumberland (68%).

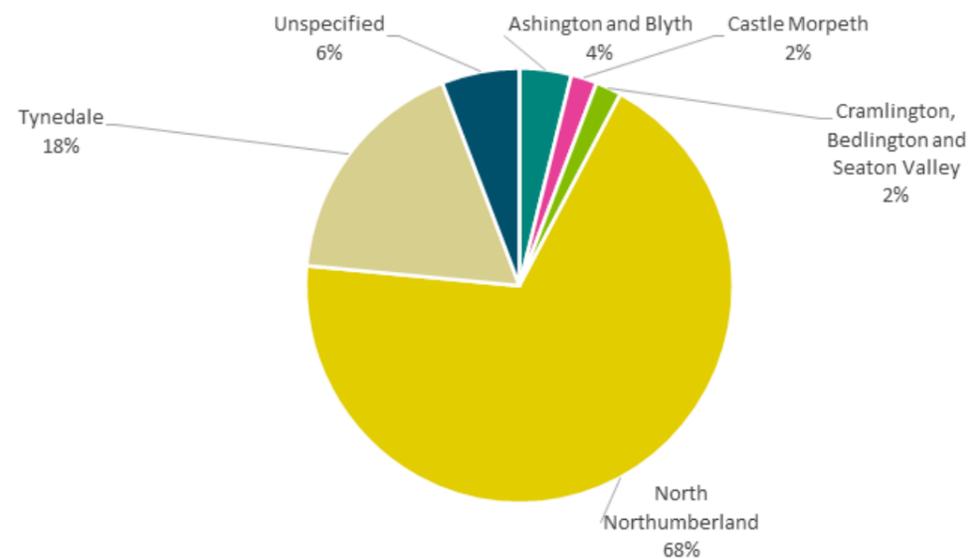


Figure 5. Local Area Council of residence

Experience of mental health issues and support services

Reassuringly, 75% of the young people replying to this survey said that if they had problems with their mental health or wellbeing they would know where to go for help or support.

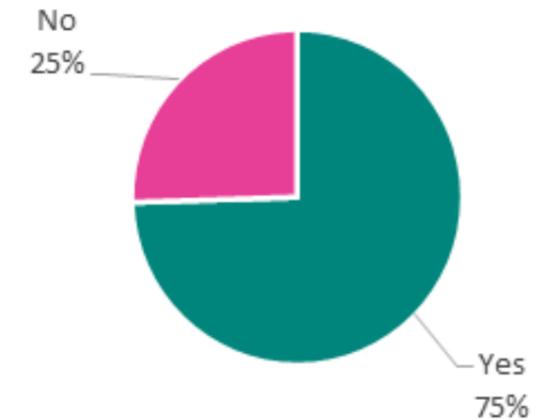


Figure 6. If you had problems with your mental health or wellbeing would you know where to go for help or support?

However, of those in figure 6 that said 'No, I would not know where to go for help or support' (13 respondents in total), 9 of them (69%) went onto say they had experienced mental health/wellbeing issues in last 12 months which is concerning. See figure 7 and section 11 below.

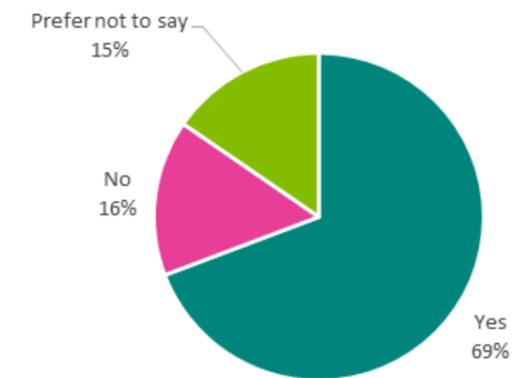


Figure 7. Answers given to Q7, "Have you had problems with your own mental health/wellbeing in the last 12 months?" by those that answered "No, they would not know where to go for help or support" in Fig. 6.

Looking at the answers given by all the respondents to the same question, again, the majority of them had had mental health or wellbeing issues in the previous 12 months with two thirds of them replying 'yes' (66.67%). This overall response is slightly less than that given by those respondents who would not know where to go for help or support (69%).

Sources of support

Family and friends are the largest source of support for young people who experienced problems with their mental health or wellbeing in the past 12 months with 59% of respondents citing this source of support. The next highest sources of support were School Support Services, GPs and other services all being cited in 6% of responses each. Neither CAMHS nor Kooth were mentioned as sources of support and have been left off figure 8, below.

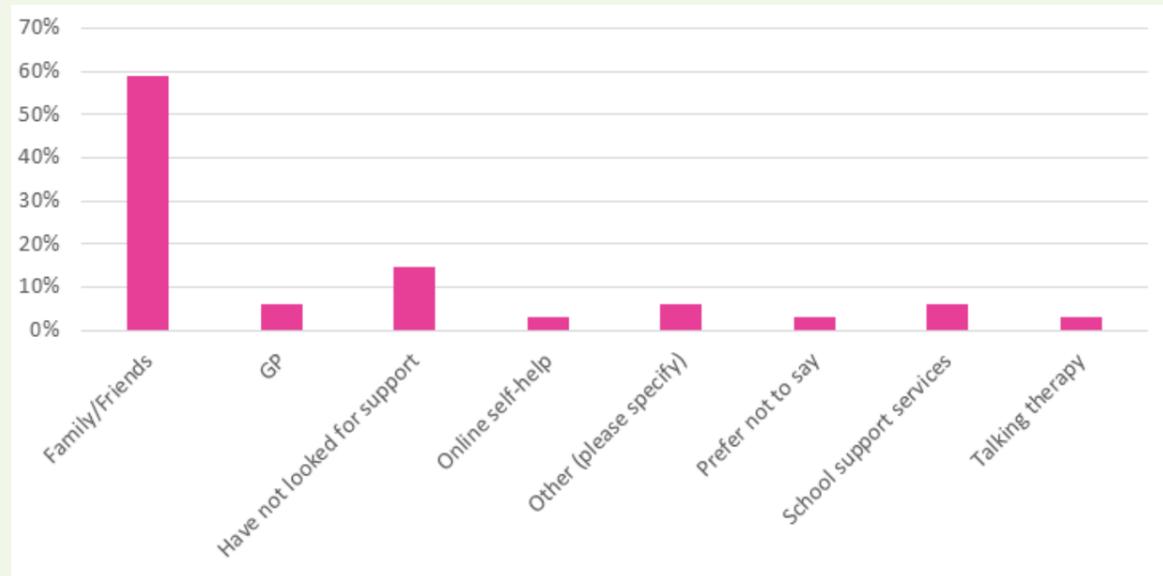


Figure 8. Sources of support for young people who experienced problems with their mental health or wellbeing in the past 12 months (Neither CAMHS nor Kooth were mentioned as sources of support.)

Worryingly, the second most frequent response to this question was actually “Have not looked for support”, gaining 15% of responses. 80% of these responses came from Berwick postcodes.

Satisfaction levels

The survey also explored the young people’s satisfaction with the NHS Care Services they had received. Q9 asked them “If you have found support from NHS health care services such as GP/talking therapies/ Kooth/ CAMHS or other psychological interventions how satisfied were you with the service you received overall?”

For those who had received NHS Care Services, and to whom this question was therefore applicable, the opinions were pretty evenly spread from Dissatisfied to Very Satisfied with a slight lean overall towards being more satisfied than dissatisfied. Figure 9, over, gives more detail.



Figure 9. Overall satisfaction levels with NHS Care Services

Satisfaction levels with the ability to access services that the young people needed, e.g. getting an appointment, being referred to a service, being able to travel easily, ranged across the whole satisfaction scale but there were much higher levels of satisfaction than dissatisfaction. 54% of those to whom this question was applicable were Very Satisfied or Satisfied vs 23% Dissatisfied or Very Dissatisfied. Figure 10, below gives more detail.

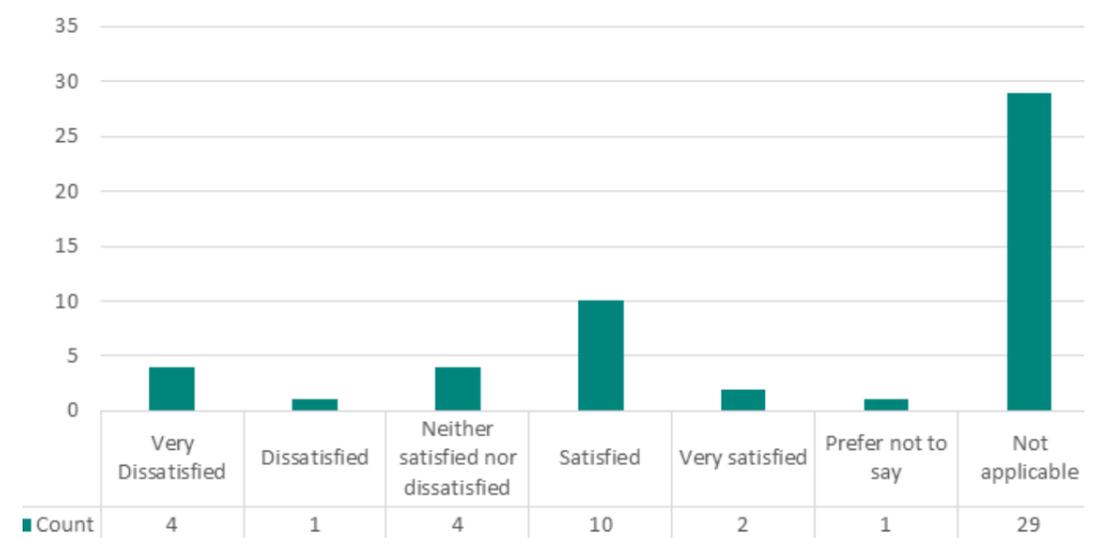


Figure 10. Satisfaction levels with access to services

Satisfaction levels with the quality of care received were high with 52% of respondents to whom this question was applicable were either Very Satisfied or Satisfied vs 13% who were Dissatisfied.

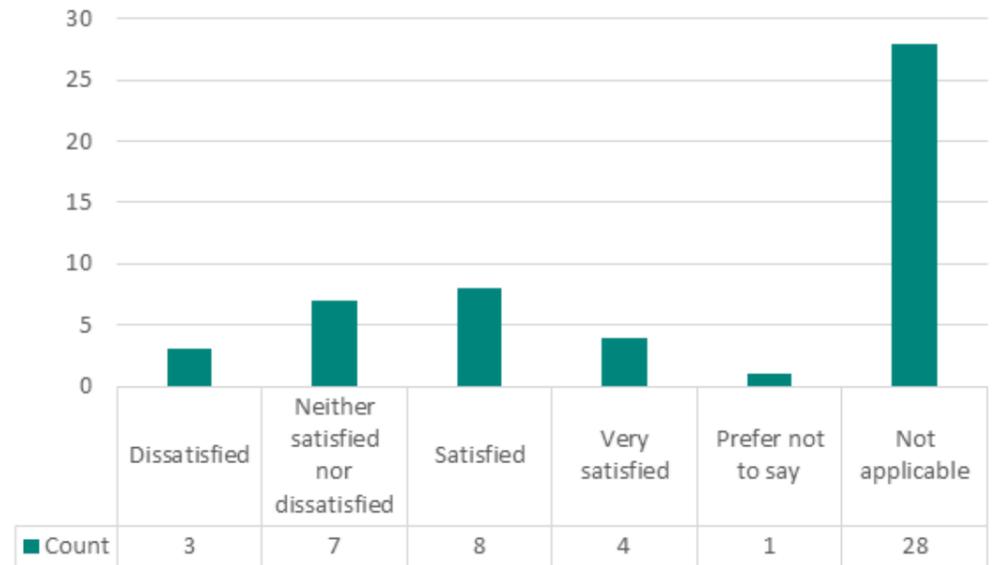


Figure 11. Satisfaction levels with quality of care received

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Young carers

The survey also asked whether the young people had been a carer for someone who had experienced problems with their mental health or wellbeing in the last 12 months. The vast majority had not had caring responsibilities (88%), 2% (1 young person) didn't want to say and the remaining 10% (5 young people) had been carers.

This cohort of young carers were then asked which NHS Care Services they had had to use (if any) to arrange support for the person for whom they were caring. There were 7 responses in total with GPs being the most common services accessed. Figure 12 below shows the breakdown of responses.

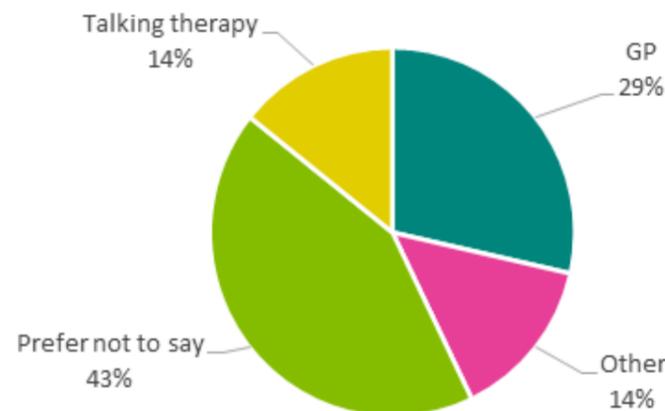


Figure 12. NHS Care Services accessed in the last 12 months by young carers to support the person for whom they were caring.

Perceptions of relative performance of services

The young people were also asked if they had accessed mental health support during the Covid-19 pandemic whether they had noticed any changes in the quality of care provided or in access to services.

For the majority of the survey respondents this wasn't applicable, but for those young people who had used NHS Care Services the predominant feeling was that they had declined in comparison to before the COVID pandemic started.

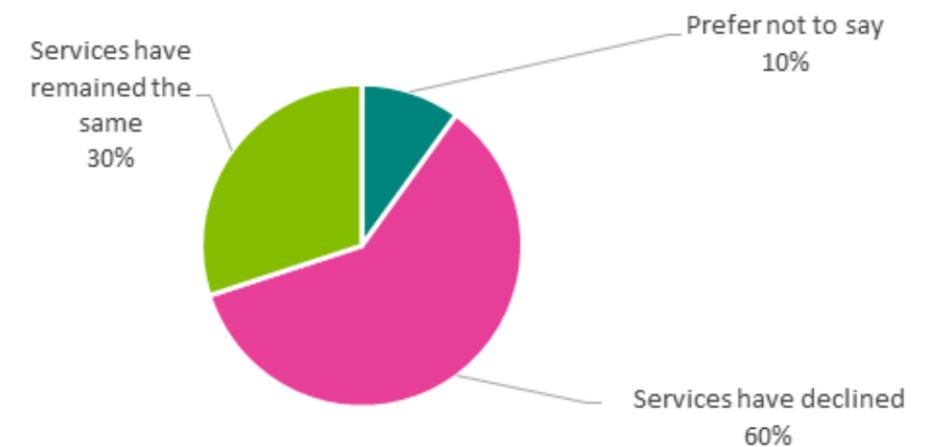


Figure 13. Perception of the performance of NHS Care Services over the course of the pandemic

The last question asked for any further comments to share on their experiences of mental health services in the last 12 months.

We received eight comments with a strong sentiment overall that the mental health support services didn't respond quick enough and weren't supportive enough when they did get involved:

- **'Not enough support for teenagers with mental health worries or anxiety's - no one to talk to.'**
- **Accessing quality mental health services with the NHS is a protracted process, and sessions offered / courses far too short to deal with long-standing difficulties. In short - nothing has improved in more than ten years of my own experience.'**
- **Not consistent too many different workers when in crisis I find it hard to talk to people I don't know and you never get the same worker going over it again just made me feel worse.'**
- **'It's been bad and I don't know how to get help.'**
- **'Nope it's just been kinda rubbish hehe.'**

- 'It's definitely gotten worse.'
- 'It's been very hard especially if you are still in school there is a lot of pressure to get work done at home and some schools are doing mocks which is even more pressure without the learning that is needed to complete the mocks. Because we have essentially had a whole year of homeschooling. Also, I don't think teachers realise how much stress, anxiety and depression students at home are going through and need to take that into consideration.'
- 'Some of the young people I know have mental health issues and what I have noticed is that you cannot get help from any of the "Mental Health services " as there is never anyone available and sometimes we need the help now.'

Respondents who had had problems with their own mental health/ wellbeing in the last 12 months and did not know where to go for help or support.

There were 9 young people who responded that they had had problems with their own mental health/wellbeing in the last 12 months and did not know where to go for help or support. All of the respondents in this category were from North Northumberland and the majority were under 19 years old, see figure 14.

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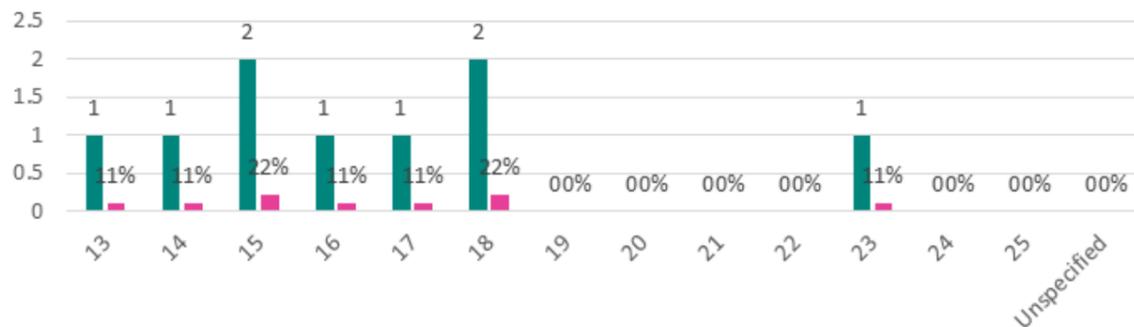


Figure 14. Age distribution of those respondents who do not know where or how to get help and have suffered mental health issues in past 12 months.

Over half of the respondents in this category were male.

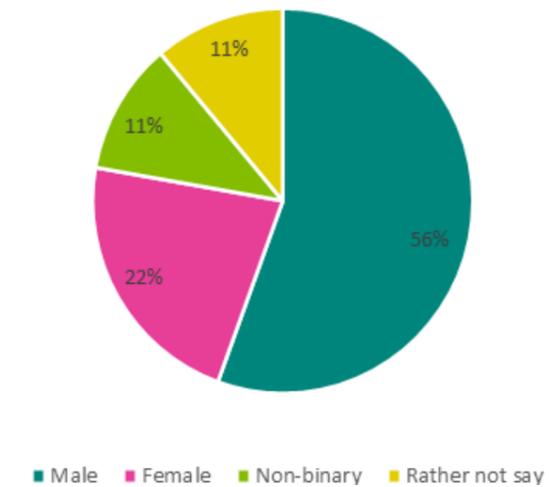


Figure 15. Gender distribution of those respondents who do not know where or how to get help and have suffered mental health issues in past 12 months.

Signposting to sources of mental health support

We were keen to ensure that young people accessing and completing our survey were aware of the sources of mental health support available in Northumberland so we included a link to our children and young people health and wellbeing services webpage within the survey.

On 10 March we also hosted an online event with Kooth Engagement Lead, Malcolm Connelly, who delivered a presentation about the service in Northumberland and a Q&A session after the presentation. 27 people, mainly professionals who worked directly with, or signposted young people in Northumberland, attended the event to find out further information. We received positive feedback with 13 people telling us after the event that they would be signposting, or already had signposted young people to the service, or that they would be sharing information with team members. In addition, we made sure that those attending the event were aware of our website resources for information on other sources of mental health support for young people and we also promoted Kooth digital resources and information for parents after the event on both our website and social media.

Specific feedback received from those attending the event was that the Kooth website would benefit from being more accessible for parents and grandparents to assess the suitability of the service before signposting children to it and we did promote some further information on our website for parents after the event in response to this. However, further work around this issue may be beneficial for Kooth and other services to consider given our survey results indicate that most young people rely on family and friends for support therefore parents knowing more about and having trust in the services available should encourage greater signposting.

Conclusions

Most young people have sought support from friends and family rather than mental health services. From the comments provided, there is a strong sentiment that the mental health support services for young people don't respond quick enough and aren't supportive enough when they do get involved. However, the overall data suggests that there is more of a balanced view and satisfaction levels are slightly more predominant than dissatisfaction levels. But, for those young people who had used NHS Care Services, the predominant feeling was that they had declined in performance in comparison to before the COVID pandemic started.

There also appears to be much less awareness in the mental health services for young people provided in the far north of Northumberland.

We recommend that more publicity in the North Northumberland area be undertaken.

We also recommend that further work be undertaken on the Kooth website to make it more accessible for parents and grandparents, so they are better able to assess the suitability of the service before signposting children to it. Given our survey results indicate that most young people rely on family and friends for support therefore parents knowing more about and having trust in the services available should encourage greater signposting.

In addition, this survey has shown that we need to reach a wider range of young people as Healthwatch Northumberland predominantly heard from young women.



Response to Healthwatch Northumberland Young People and Mental Health Summary Report 2021

NHS Northumberland Clinical Commissioning Group (CCG) is responsible for the planning and buying of local NHS healthcare and health services for local people, including mental health services for children and young people.

The CCG welcomes the feedback from Healthwatch Northumberland as a result of their Young People and Mental Health Survey 2021 which made some recommendations to how services could be improved. All feedback helps us to continue to deliver high-quality care.

As a CCG we have discussed the findings of the report within our organisation and with provider organisations and partners across the system. We recognise that we need to work together with all stakeholders, and with Healthwatch Northumberland, to continue to maintain high standards of care to support children and young people with their mental health.

Access to services

We note the comments in the report that suggest services do not respond quick enough. Much work has been undertaken in recent years to improve speed of access and reduce children and young people being passed around the system. Approximately three years ago waiting times for Children and Young People's Mental Health Services (CYPS) were long and averaging 30 plus weeks.

The CCG was successful as one of only 12 areas nationally to receive the Trailblazer pilot funding to run a four week waiting time pilot scheme with the aim of reducing waiting times from point of referral to treatment to four weeks by December 2020. Northumberland CYPS and Primary

Mental Health Work (PMHW) teams received additional funding to increase staffing capacity to meet this target as part of the pilot.

As of August 2020, both services are on track to meet the four week wait trajectories, with the average wait to first appointments being between one and two weeks, and two weeks for the second appointment. A visit from the NHS England and NHS Improvement team at the end of 2019 acknowledged the new waiting times for Northumberland CYPS as some of the best in the country.

A key priority area for the next 12 months is the ongoing review and development of a multi-agency single point of access for children and young people's mental health referrals. Building on the excellent work in recent years the aim will be to provide an even more holistic single point of access for referrals which will include the wider system including social care as part of the initial triage process.

In addition, further funding has been sourced to provide additional resource to increase staffing at point of access to CYPS through the national Four Week Wait from referral to treatment pilot scheme increasing the workforce significantly.

Range of services

To support with the ongoing impact of COVID-19 and subsequent expected increase in referrals and to provide further parity across the county the CCG invested in Kooth last year. Kooth is a digital online support service for children and young people and is available for all children and young people who have access to the internet, between the ages of 11 to 25 years. The website provides, information, advice and guidance, one to one support sessions with trained therapists and group forum chats seven days a week.

Parents and carers can create a login for themselves and use the service to see how it works. Kooth is just one service we commission for children and young people in Northumberland. The full range of services for children and young people in Northumberland are detailed on the CCG's and 'Be You' website.

Parent/carer information

The CCG has been successful twice in applying for and receiving national Trailblazer pilot funding to deliver Children and Young Peoples Mental Health Support Teams in schools across targeted areas of Northumberland, albeit not in the north of the county where the majority of respondents live. Previously we have worked in Hexham and Blyth and are currently working with schools in Ashington and Bedlington.

The aim of these new teams, which we hope to be rolled out across Northumberland, is to provide support to teachers to enhance mental health provision within schools, to help young people develop healthy habits towards their own mental health and where necessary, offer support at an early stage as well as acting as a bridge to other services and to develop resources for parents and carers to support children and young people's wellbeing.

The 'Be You Project', part of the trailblazer funding are developing resources, such as videos for parents and carers, to help support parents and carers who are supporting children and young people with mental health needs as well as support, such as CBT, for their own mental wellbeing.

Awareness of children and young people's services

We note the recommendation to provide more publicity of children and young people's services, particularly in the North of the county. A new Northumberland Emotional Health and Wellbeing website 'Be You' was launched in October 2020.

The website and service provides children and young people, their parents/carers and professionals with information about local and national support services. Local service information will include thresholds and the process for referral into the service. In addition, advice and guidance is available to download and links to specific websites and resources are made available.

The CCG is currently working with young people, parents and carers to gain their views on the information, materials and publicity around children and young people's services. We also value the work that Healthwatch Northumberland has done and continues to do to help promote services for young people on their website, through social media and other channels, which the CCG also commits to doing.

The CCG is working with stakeholders through the Be You project, Population Health projects and CYPS Strategic Partnership Group, to gain insight into future provision of young people's Mental Health services, working directly with young people in schools, youth groups and other networks.

We would recommend that this report is shared with the CYPS Strategic Partnership Group. This is so that all stakeholders can work together, to gain and share feedback, insights, intelligence and take forward any recommendations or further research work.

Appendix 1 - Copy of Young People and Mental Health Survey

Healthwatch Northumberland

Young People and Mental Health

Time to Talk day takes place on 4 February each year, a day which encourages the nation to get talking about mental health. In addition, Children's Mental Health Week takes place 1 to 7 February and is an opportunity to shine a spotlight on children and young people's mental health. Healthwatch Northumberland is supporting both campaigns and would love to hear from you about your experiences of health and social care in relation to mental health services. Whether you currently use or have used these services directly or are a carer for someone who currently uses or has used these services we would love to hear your feedback.

We will store responses in accordance with our privacy statement so that we can use it to help improve the delivery of health and care services across the country and in the area in which you live. Responses are used to produce a report and recommendations which will be shared with service providers and commissioners. There will be no personal data to identify you. Please let us have your feedback by 31 March 2021.

We would like to hear from young people aged 13 - 25. Please note we cannot accept responses from anyone under the age of 13.

1. How old are you?

2. What is your gender?

3. What is your ethnic origin?

4. Would you consider yourself to have a long-term health condition or disability?

- Yes
- No
- Prefer not to say

5. Which part of Northumberland do you live in? Please state the first part of your post code e.g NE46

6. If you had problems with your mental health or wellbeing would you know where to go for help or support?

- Yes
- No
- Prefer not to say

Prefer not to say

8. If you have experienced problems with mental health or wellbeing in the last 12 months where have you found support?

- | | |
|-----------------------------------------------|---------------------------------------------------------------------------|
| <input type="radio"/> Family/friends | <input type="radio"/> Talking therapy |
| <input type="radio"/> Online self-help | <input type="radio"/> Kooth |
| <input type="radio"/> Community/youth groups | <input type="radio"/> Child and Adolescent Mental Health Services (CAMHS) |
| <input type="radio"/> School support services | <input type="radio"/> Have not looked for support |
| <input type="radio"/> GP | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Other (please specify) | |

9. If you have found support from NHS health care services such as GP/talking therapies/Kooth/CAMHS or other psycholological interventions how satisfied were you with the service you received overall

- | | |
|----------------------------------------------------------|-----------------------------------------|
| <input type="radio"/> Very satisfied | <input type="radio"/> Very dissatisfied |
| <input type="radio"/> Satisfied | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Neither satisfied nor dissatisfied | <input type="radio"/> Not applicable |
| <input type="radio"/> Dissatisfied | |
| <input type="radio"/> Other (please specify) | |

10. How satisfied were you that you were able to access services that you needed? E.g. getting an appointment, being referred to a service, being able to travel easily

- | | |
|----------------------------------------------------------|-----------------------------------------|
| <input type="radio"/> Very satisfied | <input type="radio"/> Very dissatisfied |
| <input type="radio"/> Satisfied | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Neither satisfied nor dissatisfied | <input type="radio"/> Not applicable |
| <input type="radio"/> Dissatisfied | |

11. How satisfied were you with the quality of care you received? E.g felt like you had time to talk, were treated with respect, were happy with the care provided

- | | |
|----------------------------------------------------------|-----------------------------------------|
| <input type="radio"/> Very satisfied | <input type="radio"/> Very dissatisfied |
| <input type="radio"/> Satisfied | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Neither satisfied nor dissatisfied | <input type="radio"/> Not applicable |
| <input type="radio"/> Dissatisfied | |

- No
- Prefer not to say

13. If you have found support on behalf of the person you are caring for which NHS services were used

- | | |
|----------------------------------------------|-----------------------------------------|
| <input type="radio"/> GP | <input type="radio"/> CAMHS |
| <input type="radio"/> Talking therapy | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Kooth | <input type="radio"/> Not applicable |
| <input type="radio"/> Other (please specify) | |

14. If you have found support from any of the above services on behalf of someone you are caring for have you any comments to make on how easy it was to access services or the care/service that was received.

15. If you have accessed mental health support during the Covid-19 pandemic have you noticed any changes in the quality of care provided or in access to services?

- | | |
|-------------------------------------------------------|-----------------------------------------|
| <input type="radio"/> Services have remained the same | <input type="radio"/> Not applicable |
| <input type="radio"/> Services have improved | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Services have declined | |

Any comments

16. Have you any further comments to share on your experiences of mental health services in the last 12 months

Thank you for completing this survey.

We would love to hear more about young people's experiences of all healthcare services, not just mental health services. If you would like to keep in touch and tell us your feedback you can do so at our [website](#), or at our [Facebook](#), [Twitter](#) or [Instagram](#) pages.

Visit our [Children and Young People's webpage](#) for details of support services for young people in Northumberland, or our [Mer Health webpage](#) for support services for adults.

Contact Us

Healthwatch Northumberland
Adapt (NE), Burn Lane, Hexham
Northumberland NE46 3HN
03332 408468
info@healthwatchnorthumberland.co.uk
healthwatchnorthumberland.co.uk
Facebook: @healthwatchnorthumberland
Twitter: @HWNland
Instagram: hwnland



Care Homes, Covid-19 and beyond

Keeping in touch with loved ones

Healthwatch Northumberland is the independent champion for people who use health and social care services. We are a listening organisation working across Northumberland, interested in what people like about services and what can be improved. We also undertake research projects with the aim of helping improve the quality of services and help people find information about services in their area.

About the project

In September 2020 it was widely reported that people who were living in care homes during lockdowns had struggled to keep in touch with their loved ones, as visiting restrictions were in place to protect the most vulnerable from infection.

We responded by asking for feedback from people whose loved ones were in care homes in Northumberland. We hosted a series of online forums which took place in November 2020, January 2021, March 2021, and June 2021. We had 46 attendees across these four forums consisting of 26 different people, as many attended more than one and in some cases all of the forums.

At different stages of changes in visiting guidance for care homes these forums gathered feedback from relatives around their experiences of visiting and other ways they were keeping in touch with loved ones during the pandemic. We also heard from professionals who work with older people including those with dementia, their carers, and other professionals in the health and social care field.

It is important to acknowledge that the Covid-19 pandemic was unprecedented and care home staff had to work under extremely difficult and challenging conditions for a long time. Whilst many relatives who attended the forums generally had less than positive experiences to share, they were also keen to know what good practice was taking place across care homes.

Visiting experiences had also improved by our final forum and survey responses have also shared positive approaches taking place. We ran a survey for relatives of those living in care homes and care home staff from mid-March to early June 2021 to gather additional feedback. The survey had a total of 22 responses.

“Very useful to split screens to allow family chats from a variety of locations at once.” (staff member about continuing with video chats post Covid-19)

“Initial Skype calls now not being supported. Not answering telephone calls.”

Aims of the project

The aim of the two surveys was to get additional information from relatives and care home staff as to what in-person visits were able to be facilitated across care homes in Northumberland, what other methods of keeping in touch had been used and had been particularly useful or well received and what barriers, if any, there were in using virtual methods of contact.

We also asked what methods of communication people would like to see moving out of the pandemic once restrictions were eased and asked for feedback on activities within the home, any barriers and what people would like to see post Covid-19.

Along with the feedback received in our online forums and from other means such as individual feedback by telephone and email, we have summarised the main issues arising. We have outlined the resulting recommendations for care home providers which we hope will improve the experiences of staff, those living in care homes and their loved ones in the future.



"One email received in a year, two calls received, no letters answered."

"I cannot praise the staff enough for their care, support and professionalism."

Findings

Feedback we received across our forums and surveys are reported under the following themes

In-person visiting

For various reasons including infection outbreaks many people attending our forums had been unable to visit their loved ones in person, even during periods where restrictions had been reduced. Nine relatives completing our surveys said that face to face visiting was permitted at their loved one's care home. However, this did not always lead to successful visits, for example, due to infection outbreaks or in one case because the change in location of the indoor visit was too confusing/upsetting for the resident.

At our last forum in June in-person visits had generally increased for many but visiting policies were inconsistent between providers and were still far from pre Covid-19 'normal'. Some had enjoyed taking their relatives out of the care home on trips out and had reported this had helped their relatives wellbeing as had their increased visiting.

Other survey responses from relatives mentioned window visits to be the most frequently used followed by visits via a 'pod'. Two respondents stated they had no options at all for face to face visiting. The care home survey found pods to be the most usual visiting option, followed jointly by face to face and window visits then outdoor visits.

Virtual contact

Nearly half of respondents said they do have video calls and the remainder reporting they do not, whilst nearly all care home staff responding said they facilitated video calls.

All but one response from care home staff stated that they would like to continue with video calls even when social distancing restrictions are eased. This is either for increased social contact or for relatives that live too far to visit. Six relatives responded to say they would like to continue, three said no and the remainder (four respondents) were unsure.

Over half of relatives responding to the survey said that video calls could be confusing and upsetting for their relatives which mirrors feedback from our forums where we have heard that video calls were often confusing for those with dementia or hearing loss. It is therefore unsurprising that this would not always be a preferred means of communication for relatives if there was an alternative. Similarly, one care home staff respondent said they were unsure whether they would like to continue with video calls for the same reason mentioned by relatives - that it was sometimes inappropriate for those with advanced cognitive impairment.

At our forums we have been told about inconsistent access to, or ability to use devices to facilitate calls within care homes. Digital skills seemed less of a barrier to facilitate video calls from our survey responses as this may have improved as the pandemic continued. However, other barriers to facilitating more frequent video contact mentioned staff time/responsibilities most frequently as a barrier followed by access to devices. Having poor Wi-Fi signal at the home was also mentioned in one response as a barrier to facilitating calls.

Other ways of keeping in touch

From our survey responses the most frequent method of keeping in touch with relatives directly or getting updates on their activities was by telephone, followed by Facebook, letters/emails, videos and photos sent by other means, WhatsApp groups and newsletters.

These methods were also used before the pandemic in nearly half of responses from relatives and just over half of care home staff responses. The remainder of care home staff responses stated that these methods were used pre-Covid-19 but not as frequently, and one response stated they were not used pre-pandemic. The remainder of relatives said they were not used pre pandemic or that they were unsure, and one person stated they were used but not as frequently. All care home staff said they would like to continue with these methods of communication post Covid-19 and most relatives (11 out of 13 respondents) agreed.

At our forums we have heard that communication with care home staff had been difficult for relatives at times and often felt to be one-sided/initiated by relatives or initiated by the care home only when their loved one had a health concern. We were also told that more communication about how loved ones were spending their days would be welcomed particularly during times when face to face visits had been restricted, with suggestions of WhatsApp groups, emails or newsletters.

These sentiments were echoed in our survey results with relatives saying post Covid-19 they would love more communication such as emails, photos, activity diaries or via a WhatsApp group with updates about their relative. Two relatives in our survey said updates via letters and emails had been well received and one respondent praised the care homes private Facebook page.

Staff responses said that emails to relatives from management and trustees had been appreciated. One care home told us they had employed a specific Covid-19 marshal who deals with all testing, visitation and contacting relatives. Another response indicated that staff intended to continue with WhatsApp groups and private Facebook pages as a way of communicating with relatives post Covid-19.

Activities within the home

At our forums relatives said they would appreciate more social and stimulating activities in care homes. All survey responses from care home staff said various activities had been taking place including physical exercise, social activities such as bingo, music and quizzes and outdoor activities like walks or access to outside spaces. This compared with under half of relatives responses which stated that limited or no activities appeared to be available for their relatives or that they were unsure.

Some relatives were unsure whether there was a specific keyworker in the home responsible for activities. This discrepancy may relate to a lack of communication between relatives and care home staff about how residents are spending their days, what activities are taking place and how residents engage with activities. Survey respondents said that more communication around activities in the homes would be welcomed.

Other suggestions were around establishing a regular programme of activities for residents. Outdoor activities were mentioned most often along with mental stimulation especially for those with dementia, followed by social activities like chats, flower arranging and local history. Some care home staff said barriers to arranging activities post pandemic could include accessibility to transport for trips limits on activities due to the location of the home.

Wellbeing, care and services

Relatives have given feedback during forums about their concern around loved ones experiencing a decline in issues such as footcare, teeth, hearing aid maintenance, clothing and around the impact of services such as opticians, podiatry, dentists and mental health being unable to visit. There has also been uncertainty about how care plans were being updated during the pandemic.

"Put extra effort into seeking relatives to support in all activities provision' (staff member about what they may do differently post Covid-19)

Whilst relatives recognised the risk of infection from Covid-19 they also felt this needed to be balanced with the risks of isolation on their loved one's wellbeing especially in 'end of life' situations (which had more permissive government guidance) and many had witnessed a deterioration due to the lack of visiting.

Relatives at our last forum told us that their loved ones had experienced a marked increase in wellbeing from an increase in visits and being able to go on trips outdoors again.

Support for relatives

Whilst concern about loved ones in care homes was significant, many relatives have also given feedback on the negative effects of enforced separation on their own wellbeing including feelings of anxiety, sadness, frustration and guilt.

Attending the forums and being able to share experiences has been extremely important as one attendee told us:

"The forum has been most important to me over the past year as it has been the only opportunity for me to talk about my mother's isolation during the pandemic. It has also been the only chance I have had to meet others coping with the emotional and practical difficulties of maintaining contact with relatives in care homes."

In one forum we were joined by Dr Jim Brown from Public Health and Alan Curry Senior Manager - Commissioning. Relatives attending the forum greatly appreciated the opportunity to share their experiences with commissioners directly and get clarification on care homes visiting guidance. This was important as the guidance changed over time and it was not always clear to relatives if it was local or national interpretations.

At our last forum there was an appetite to create a regular support group via Healthwatch Northumberland for relatives whose loved ones are in care homes and also for those who may be going through the process of choosing a home for their loved ones.

This group could be promoted via partner agencies or care home providers directly. Planning around this group is still at the very early stages, terms of reference need to be developed and frequency of meetings will need to be determined.

"A regular email would have been nice about any activity in the home or simply the meals she had enjoyed."

Recommendations

Suggested recommendations for care home providers:

1. Clear policy and procedure available as to how care homes will update relatives and loved ones of those living in care homes in the event of future lockdowns resulting in restricted visiting. Whilst Covid-19 was obviously unprecedented, care homes also experience regular restricted visiting during other sickness outbreaks for example the norovirus.
2. Increased and regular communication with relatives, ideally at least on a weekly basis, about activities taking place within the home and how residents have been spending their day(s). Less time-consuming methods of communication can be group WhatsApp messages, private Facebook pages or group emails with updates. Photos and videos of activities and activity diaries would be particularly well-received. This type of pre-emptive communication could lessen requests for information and responses to individual relatives.
3. Where practical ensure each resident has a named keyworker/staff contact responsible for communicating with relatives, arranging visits and virtual contact, and updating on care plans. Although updates and communication are still needed amongst all staff at the care home particularly considering staff leave/absence having a named keyworker can help to facilitate good relationships between staff, residents, and their relatives and with coordination of care. A staff photo board at the home has also been suggested as useful for relatives.
4. Access to sufficient designated electronic devices (not staff members own) and reasonable Wi-Fi connection to help facilitate video calls. Where necessary ensure staff have had basic training in Zoom/Facetime. When video calls are scheduled ensure that hearing aids and glasses are available and ready prior to the start of the call for those with sensory impairments and minimise background noise/distractions.
5. Consider alternatives to video calls for those with dementia as they can be upsetting or confusing. Relatives have suggested live transcribe services or walkie talkies as potential options.
6. Setting up a relatives' group can be a great way of facilitating contact and support between relatives and encouraging an open dialogue on the way the home operates or is running but they can also allow staff to communicate any changes and get help organising activities or making improvements within the home.

The Relatives and Residents Association produced a useful guide to setting up a relatives' group: www.relres.org/wp-content/uploads/SettingUpRelsGroup.pdf

Summary

Covid-19 was an unprecedented pandemic which undoubtedly will have had a major impact on care home staff, residents and their relatives and loved ones. Whilst recognising the very real need to prioritise infection outbreaks many relatives have told us how enforced separation and resulting changes in visiting guidance have led to a decline in wellbeing, both their own and their relatives living in care homes.

The need for restricted visiting was accepted as necessary due to the risk of Covid-19 but many hoped for clearer and more frequent communication from care homes during this time around visiting guidance and to keep in touch with their relatives directly by other means as well as getting more frequent updates on their wellbeing, activities and care.

Relatives and care home staff giving feedback about their experiences during Covid-19 and what they would like to see for the future have been central to the key recommendations outlined which largely focus on ways to improve communication between those living in care homes, their relatives and care home staff which we hope will lead to more positive experiences in the future.

"The private Facebook page is fabulous as you see the range of activities the residents are involved with."



"The photographs are few and far between and phones are left to ring depending on staff. I can't remember the last time I had a video call as some staff don't know how to do it."

Contact Us

Healthwatch Northumberland
Adapt (NE), Burn Lane, Hexham
Northumberland NE46 3HN
03332 408468
info@healthwatchnorthumberland.co.uk
healthwatchnorthumberland.co.uk
Facebook: @healthwatchnorthumberland
Twitter: @HWNland
Instagram: hwnland

Northumberland County Council

Health and Wellbeing Overview and Scrutiny Committee

Work Programme and Monitoring Report 2021 - 2022

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Chris Angus, Scrutiny Officer
01670 622604 - Chris.Angus@Northumberland.gov.uk

23 September 2021 - CA

Agenda Item 8

TERMS OF REFERENCE

- (a) To promote well-being and reduce health inequality, particularly in supporting those people who feel more vulnerable or are at risk.
- (b) To discharge the functions conferred by the Local Government Act 2000 of reviewing and scrutinising matters relating to the planning, provision and operation of health services in Northumberland.
- (c) To take a holistic view of health in promoting the social, environmental and economic well-being of local people.
- (d) To act as a consultee as required by the relevant regulations in respect of those matters on which local NHS bodies must consult the Committee.
- (e) To monitor, review and make recommendations about:
- Adult Care and Social Services
 - Adults Safeguarding
 - Welfare of Vulnerable People
 - Independent Living and Supported Housing
 - Carers Well Being
 - Mental Health and Emotional Well Being
 - Financial Inclusion and Fuel Poverty
 - Adult Health Services
 - Healthy Eating and Physical Activity
 - Smoking Cessation
 - Alcohol and Drugs Misuse
 - Community Engagement and Empowerment
 - Social Inclusion
 - Equalities, Diversity and Community Cohesion.

ISSUES TO BE SCHEDULED/CONSIDERED

Regular updates: Updates on implications of legislation: As required / Minutes of Health and Wellbeing Board / notes of the Primary Care Applications Working Party
Care Quality Accounts/ Ambulance response times

To be listed: Update on learning disability funding
Adult Social Care Green Paper
Whalton Unit - Update on Relocation

Themed scrutiny: Improving Health and Fitness Task and Finish Group

Other scrutiny: Rothbury Hospital Referral Review Group

**Northumberland County Council
Health and Wellbeing Overview and Scrutiny Committee
Work Programme 2021 - 2022**

5 October 2021

Healthwatch Annual report

Annual report from Healthwatch Northumberland.

Winter Planning Update (Northumbria/CCG)

A presentation on Northumbria/CCG's expectations and plan for dealing with winter pressures.

2 November 2021

Director of Public Health Annual Report

Annual report from the Director of Public Health

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30 November 2021

Addictions Services: Independent review of drugs by Professor Dame Carol Black (CNTW)

Report by CNTW following the publication of the Black report on addictions services. The report will look at service provisions within in the Northumberland area.

4 January 2022

	North Tyneside and Northumberland Safeguarding Adults Annual Reports 2020-21	To provide an overview of the work carried out under the multi- agency arrangements for Safeguarding Adults in 2019/20
1 February 2022		
1 March 2022		
5 April 2022		

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**Northumberland County Council
Health and Wellbeing Overview and Scrutiny Committee Monitoring Report 2021-2022**

Re f	Date	Report	Decision	Outcome
1	15 June 2021	NHS White Paper and ICS Update	RESOLVED that the presentation and comments be noted.	No further action at this time
2	15 June 2021	COVID-19 Update	RESOLVED that the presentation and comments be noted.	Further updates to be given.
3	15 June 2021	NUTH Quality Accounts	RESOLVED that the presentation and comments be noted.	NUTH to return with an update on their quality accounts next year
4	26 July 2021	Northumbria Healthcare NHS: COVID Recovery Strategy	RESOLVED that the presentation be noted	No further action at this time
5	26 July 2021	Community Mental Health Transformation	RESOLVED that the presentation be noted	Further information on 'Open Minds Northumberland' would be made available in the forthcoming Members' briefing.
6	26 July 2021	CNTW Quality Accounts	RESOLVED that the presentation be noted	No further action at this time

7	2 August 2021	NHS Partnership Agreement	<p>RESOLVED that</p> <ol style="list-style-type: none"> 1) the report be received and 2) that the Cabinet be informed that the Committee supported the recommendations contained in the report and hoped that the changes would support the advancement of social care and drive further improvement for the residents of Northumberland. 3) an update be provided in early 2022 along with complete and detailed financial information to allow Members to fully understand all the implications arising from the changes. 	The Committee's comments were considered at the Cabinet meeting held on 3 August 2021.
9	2 August 2021	Proposed Partnership for 0-19 Public Health Services – Consultation	<p>RESOLVED that</p> <ol style="list-style-type: none"> 1) The report be received. 2) A review be carried out in six to nine months. 	A review be carried out in six to nine months.
10	31 August	COVID-19 Update: Public Health/CCG	RESOLVED that the presentation be noted	Further updates to be given
11	31 August	Complaints Annual Report 2020/2021 - Adult social care, children's social care, and continuing health care services		

