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Northumberland County Council

Your ref:

Our ref:

Enquiries to: Lesley Bennett

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Tel direct: 01670 622613

Date: 31 August 2021

Dear Sir or Madam,

Your attendance is requested at a meeting of the **HEALTH AND WELL-BEING BOARD** to be held on **THURSDAY, 9 SEPTEMBER 2021** in the **Meeting Space, Block 1, Floor 2 at County Hall at 10.00 AM.**

Yours faithfully

Daljit Lally
Chief Executive

To Health and Well-being Board members as follows:-

M Bailey, N Bradley, C Briggs, S Brown, B Flux (Chair), J Lothian, J Mackey, C McEvoy-Carr, P Mead, L Morgan, W Pattison, G Renner-Thompson, G Sanderson, E Simpson, G Syers (Vice-Chair), D Thompson, P Travers, C Wardlaw and J Watson

Members are requested to note that masks should be worn when moving around but can be removed when seated, social distancing should be maintained, hand sanitiser regularly used and Members are requested to self test twice a week at home, in line with government guidelines.

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>.



Daljit Lally, Chief Executive
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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

(Pages 1
- 14)

Minutes of the meetings of the Health and Wellbeing Board held on Thursday, 8 July 2021 and 12 August 2021 as circulated, to be confirmed as a true record and signed by the Chair.

3. DISCLOSURES OF INTEREST

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 and must leave the room.

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

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

Update on the Epidemiology of COVID 19 and on the Northumberland COVID 19 Outbreak Prevention and Control Plan

An update will be provided at the meeting on the epidemiology of COVID 19 in Northumberland and developments with the Council's COVID 19 Outbreak Prevention and Control Plan.

5. HEALTHWATCH ANNUAL REPORT 2020/21

(Pages
15 - 38)

To receive the Healthwatch Annual Report 2020/21 and a presentation by David Thompson, Chair of Northumberland Healthwatch.

6. COMMUNICATIONS AND ENGAGEMENT

A verbal update on communications and engagement will be provided at the meeting.

7. HEALTH AND WELLBEING BOARD – FORWARD PLAN

(Pages
39 - 44)

To note/discuss details of forthcoming agenda items at future meetings; the latest version is enclosed.

8. URGENT BUSINESS (IF ANY)

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.

9. DATES OF NEXT MEETINGS

Forthcoming Meeting Dates at 10.00 a.m.

14 October 2021
11 November 2021
9 December 2021
13 January 2022
10 February 2022
10 February 2022
14 April 2022
12 May 2022

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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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.
Mead, P.	Simpson, E.
McEvoy-Carr, C.	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.

Ch.'s Initials.....

Health & Well-being Board, 12 August 2021

- 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:-

Ch.'s Initials.....

Health & Well-being Board, 12 August 2021

- 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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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.



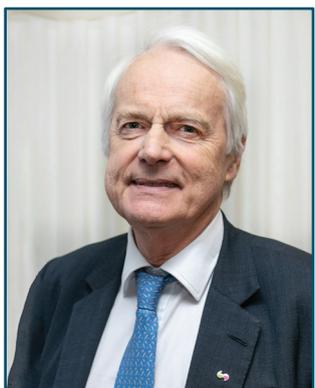
2 Providing a high quality service

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.



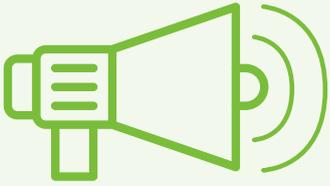
“Local Healthwatch have done fantastic work throughout the country during the COVID-19 pandemic, but there is more work ahead to ensure that everyone’s views are heard. COVID-19 has highlighted inequalities and to tackle these unfair health differences we will need those in power to listen, to hear the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

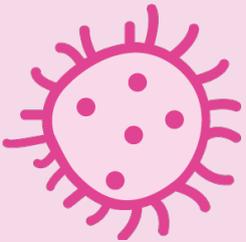
people this year about their experiences of health and social care.

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:

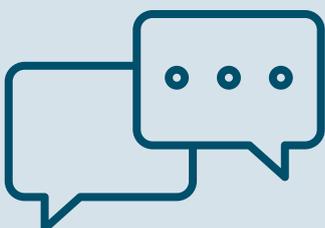
- **Visiting and virtual contact:** For various reasons including infection outbreaks many had been unable to visit in person even during periods where restrictions had been lifted. Video calls were often confusing for loved ones with dementia or hearing loss and there was inconsistent access to or ability 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.

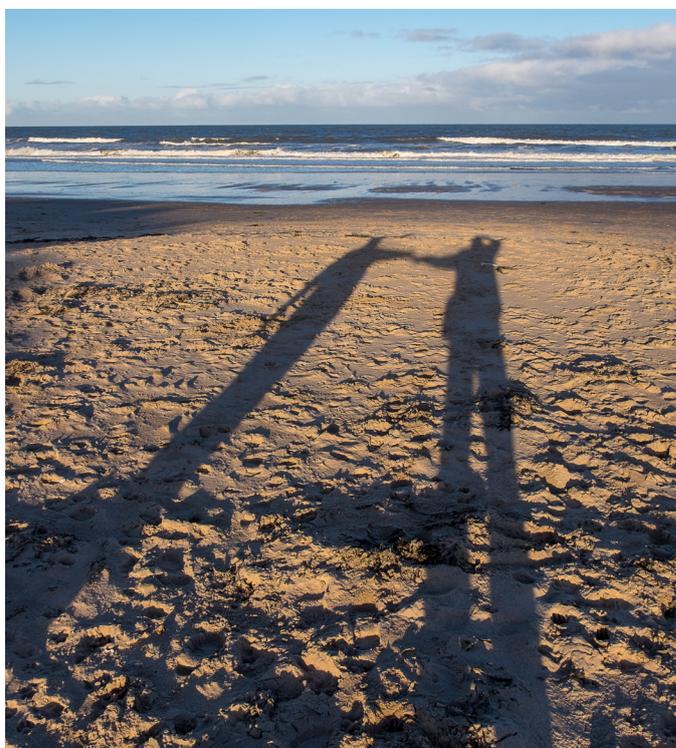
Helping Michael and Irene

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.

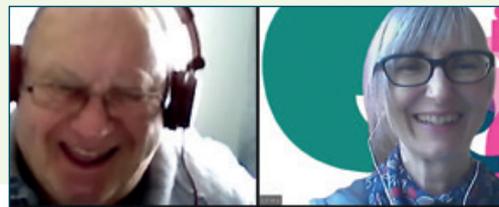
The Acomb support network helped distribute over 600 of our 'Useful Numbers' cards. Lorna also provided support at online meetings, was involved with our GP online access project and has compiled a database of Northumberland Village Halls.

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.

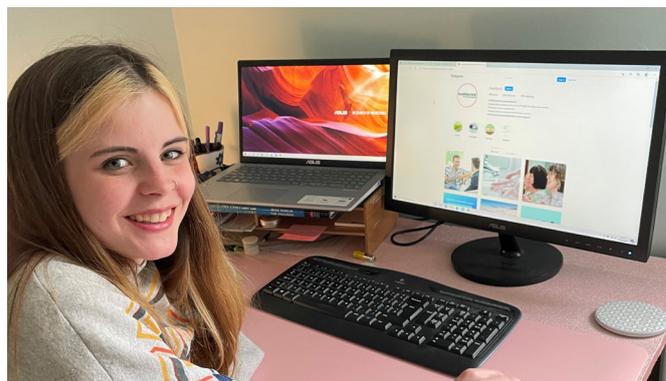
Hayley says "I've loved volunteering over the last year with Healthwatch Northumberland. I wanted to use the skills I already had and be part of my local community. COVID-19 has meant that I haven't done what I thought I would, but instead I've been given the chance to do some work for Healthwatch Northumberland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

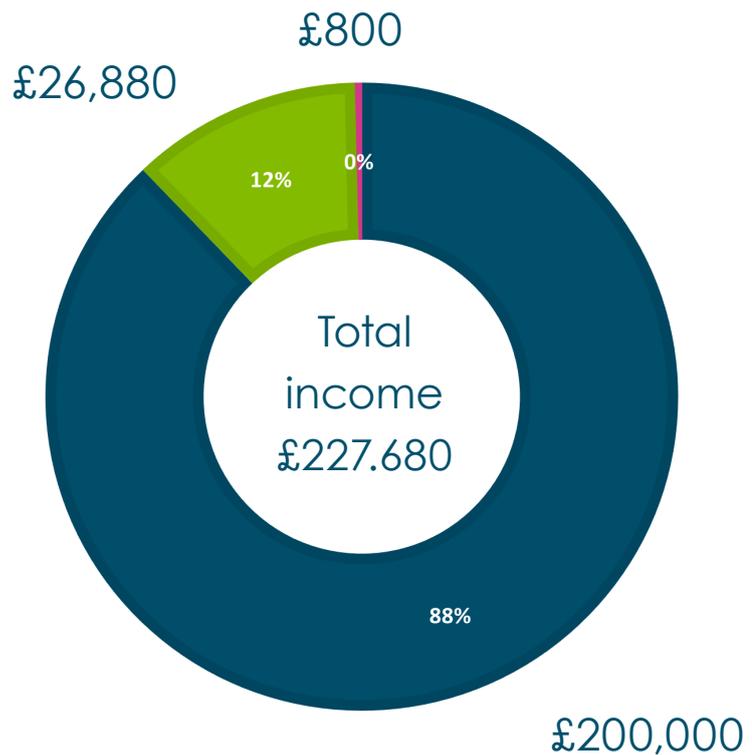
 info@healthwatchnorthumberland.co.uk

Finances

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

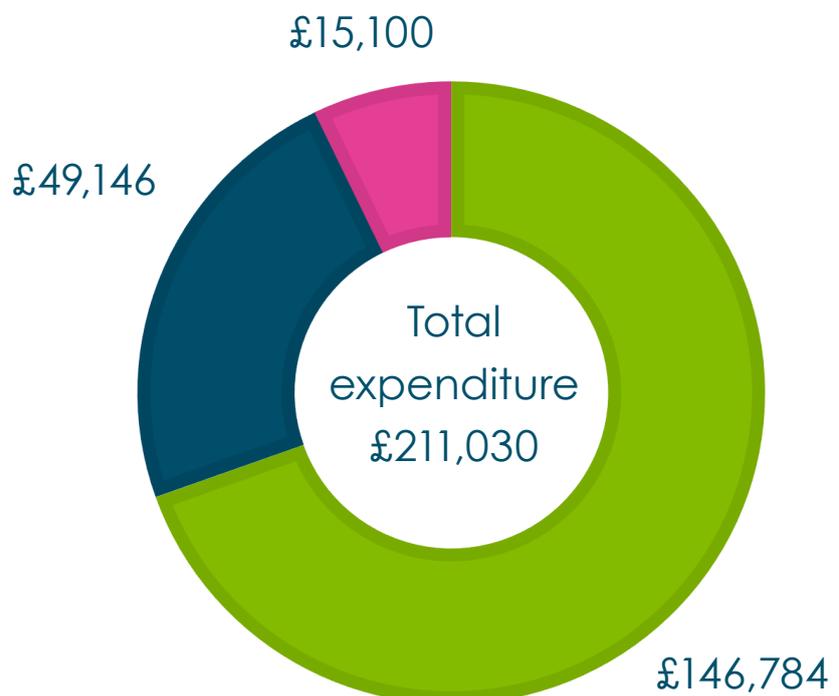
Income

- 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), Burn 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.



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and Shutterstock

NORTHUMBERLAND COUNTY COUNCIL

HEALTH & WELLBEING BOARD

FORWARD PLAN 2021 - 2022

Lesley Bennett, Senior Democratic Services Officer
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E-mail Lesley.Bennett@northumberland.gov.uk

Updated : 31 August 2021

FORTHCOMING ITEMS

ISSUE	OFFICER CONTACT
9 September 2021	
<ul style="list-style-type: none"> • Update on COVID 19 epidemiology and the Northumberland COVID 19 Outbreak Prevention and Control Plan • Healthwatch Annual Report Presentation • Communications and Engagement Update 	<p>Liz Morgan</p> <p>David Thompson Ann Bridges/Claire Malone</p>
14 October 2021	
<ul style="list-style-type: none"> • Update on COVID 19 epidemiology and the Northumberland COVID 19 Outbreak Prevention and Control Plan • Director of Public Health Annual Report • Presentation Chief Inspector Claire Wheatley • Northumberland Safeguarding Children Board (NSCB) Annual Report and Update of Issues Identified • Safeguarding Adults Annual Report and Strategy Refresh • SEND Re-visit • Communications and Engagement Update 	<p>Liz Morgan</p> <p>Liz Morgan</p> <p>Paula Mead</p> <p>Paula Mead Cath McEvoy-Carr Ann Bridges/Claire Malone</p>
11 November 2021	
<ul style="list-style-type: none"> • Update on COVID 19 epidemiology and the Northumberland COVID 19 Outbreak Prevention and Control Plan • Population Health Management – Quarterly Update • ICS / STB Update • Communications and Engagement Update 	<p>Liz Morgan</p> <p>Siobhan Brown Jim Mackey/Mark Adams Ann Bridges/Claire Malone</p>

9 December 2021	
<ul style="list-style-type: none"> Update on COVID 19 epidemiology and the Northumberland COVID 19 Outbreak Prevention and Control Plan Communications and Engagement Update 	<p>Liz Morgan</p> <p>Ann Bridges/Claire Malone</p>

MEETING DATE TO BE CONFIRMED

<ul style="list-style-type: none"> Place and Integrated Care System Impact of COVID pandemic on SEND services Community Impact Assessment (including examining health inequalities and social isolation. Joint Health and Wellbeing Strategy Plan <ul style="list-style-type: none"> The Covid 19 Inequalities Community Impact Assessment Empowering People and Communities theme Wider Determinants theme BSIL theme Whole System Approach North East and North Cumbria Integrated Care System Strategic Five Year Plan 2019 CNTW Priorities Report Care Home Quality Report (to include residents' own views) Northumberland Cancer Strategy and Action Plan Urgent and Emergency Care - Strategic Care Child and Adolescent Mental Health County Lines (Spring 2020) CDOP Annual Report 	<p>???</p> <p>Nichola Taylor</p> <p>???</p> <p>Liz Morgan</p> <p>Siobhan Brown</p> <p>Pam Travers</p> <p>Cath McEvoy-Carr</p> <p>Robin Hudson</p> <p>Siobhan Brown</p>
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REGULAR REPORTS

<p>Regular Reports</p> <ul style="list-style-type: none"> • System Transformation Board Update • SEND Written Statement Update - progress reports • Population Health Management – Quarterly Update (Feb,May,Aug,Nov) <p>Annual Reports</p> <ul style="list-style-type: none"> • Public Health Annual Report • Northumbria Healthcare Foundation NHS Trust Annual Priorities Report • Healthwatch Annual Report • Northumberland Safeguarding Children Board (NSCB) Annual Report and Update of Issues Identified • Safeguarding Adults Annual Report and Strategy Refresh • Annual Health Protection Report • Northumberland Cancer Strategy and Action Plan 	<p>?? Cath McEvoy-Carr Siobhan Brown</p> <p>Liz Morgan (APR) Claire Riley (MAY) David Thompson/Derry Nugent (JULY) Paula Mead (OCT)</p> <p>Paula Mead (OCT) Liz Morgan (OCT) Robin Hudson (DEC/JAN)</p>
<p>2 Yearly Report</p> <ul style="list-style-type: none"> • Pharmaceutical Needs Assessment 	<p>Liz Morgan (APR 2021)</p>

**NORTHUMBERLAND COUNTY COUNCIL
HEALTH AND WELLBEING MONITORING REPORT 2021-2022**

Ref	Date	Report	Decision	Outcome
1.	8.7.21	Update on Northumberland COVID-19 Outbreak Prevention Plan and Control Plan	To note and endorse	
2.	8.7.21	COVID-19 Update	To note	
3.	8.7.21	Communications and Engagement Update	To note	
4.	12.8.21	Changes to Partnerships between the County Council and NHS bodies	<p>1 Comments on implications of working across health and social care in Northumberland resulting from the ending of the Council's with NHCT were noted</p> <p>2 Comments on the new partnership for health visiting and school nursing services proposed by the Council and HDFT be noted.</p> <p>3 The contents of the letters from the Chair of NHCT to the Chair of Health & Wellbeing OSC and the response by the Council's Chief Executive were noted.</p>	

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