

All Change!



**Welcome to our AGM
and Review of the
Year 2021/22**



David Thompson
Chair

Healthwatch Northumberland

David thanked current and former board members and volunteers for their contributions and invited questions on last year's minutes.



Derry Nugent

Project Coordinator

Healthwatch Northumberland



Championing what matters to you



Championing means



Encouraging and working with services to involve the public, to step back and see the bigger picture

Creating empathy by bringing experiences to life provides a deeper understanding than using data alone.

Improving care over time, because change takes time and is a partnership – our role is to provide you with better information for better decisions

We said this would happen.....

People will say what is important to them about End-of-Life care in Northumberland

We will take people's experience of care into the Integrated Care System

Healthwatch across the NENC work together to improve access to dental services

We will learn more about COVID's impact on health inequalities

We will support PPGs to be part of the conversation about primary care

We will report the experiences and aspirations of people being cared for at home



.....and this did happen

GP access survey helping to change services

Patients were heard in Longhoughton, Cramlington and Seaton Delaval

Patient Voice is back in West Northumberland and Valens PCNs

Local and national influence about dentists

We busted myths about dental services

Pharmacies will better meet your needs

Helped people know about care home life

Resolved problems and helped the system

Home Care users understood and challenged

End of life Strategy reflects what people want

The ICB recognised the importance of Healthwatch

Refocussed our work towards the less often heard

What you will hear next year

Challenges faced by families with autistic children and ideas for change

Our Annual Conversation

Good practice in care from our Enter and View visits

What families with young children in Blyth say about using health services

What young people say about health and care services

?



Our guest speakers

Neil Bradley
Director of Adult Social Services
Northumberland County Council



Adult Social Care – Key responsibilities

- Safeguarding
- Assessment
- Information and advice
- Prevention
- Engagement
- Ensure a sustainable market for care services
- Charging for services



[not an exhaustive list]

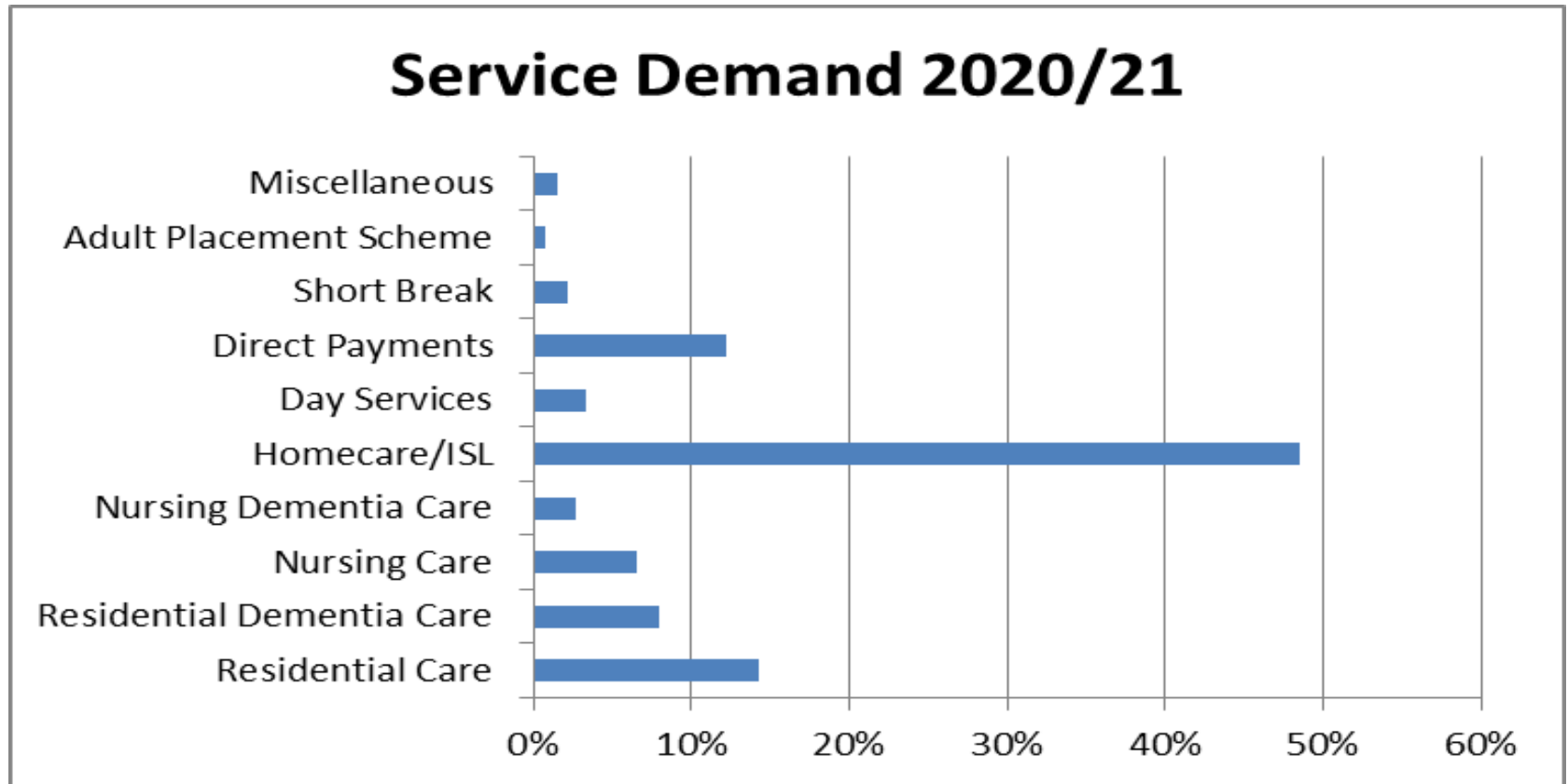
Adult Social Care in Northumberland – Context

Size and scale of ASC in Northumberland

- 7,500 Clients open to adult social services
- 5,000 Clients receiving a paid service
- Circa 1,000 directly employed staff
- New cases to ASC (last 12 mths) – 3,045
- Safeguarding notifications (last 12 mths) – 4,198 (referrals – 673)
- Circa £200m gross budget (£111m net) spend on adult social services



Costed services people receive from ASC



ISL: Independent Supported Living

Recent changes affecting Northumberland ASC

- Ending of the Partnership with Northumbria Healthcare Trust
- Change of Director of Adult Social Services/Change of Structure
- Change of Chief Executive at Northumberland County Council
- Aftermath of COVID-19
- Significant changes in the NHS (ICS/ICB)

Developments in frontline services

- Care and Support Model
- Changing the focus of care management and social work.
What is our real purpose?
- Outcomes for individuals are key
- Stronger links to primary care and NHS mental health and learning disability services
- Support hospital discharge



What is on the horizon?

- Charging reform
- Care Quality Commission Inspection/Assurance
- Impact of changes in the NHS
- Budget pressures
- Workforce issues
- Cost of living crisis/
Inequalities agenda



Key focus for the service for the next few years

- Deliver the government agenda on charging reform and assurance
- Move more towards outcomes
- Stabilising care services and more consistent quality
- Development of voluntary sector and preventative solutions
- Technology in care
- Continue to develop relationships with the NHS
- Develop extra care and supported housing options

- *ENGAGE FULLY WITH **HEALTHWATCH** TO GET THE MOST BENEFIT FROM OUR RELATIONSHIP*

Our guest speakers

Rachel Mitcheson

**Director of Place and Integrated Services –
Northumberland**

North East and North Cumbria Integrated Care Board
Northumberland County Council

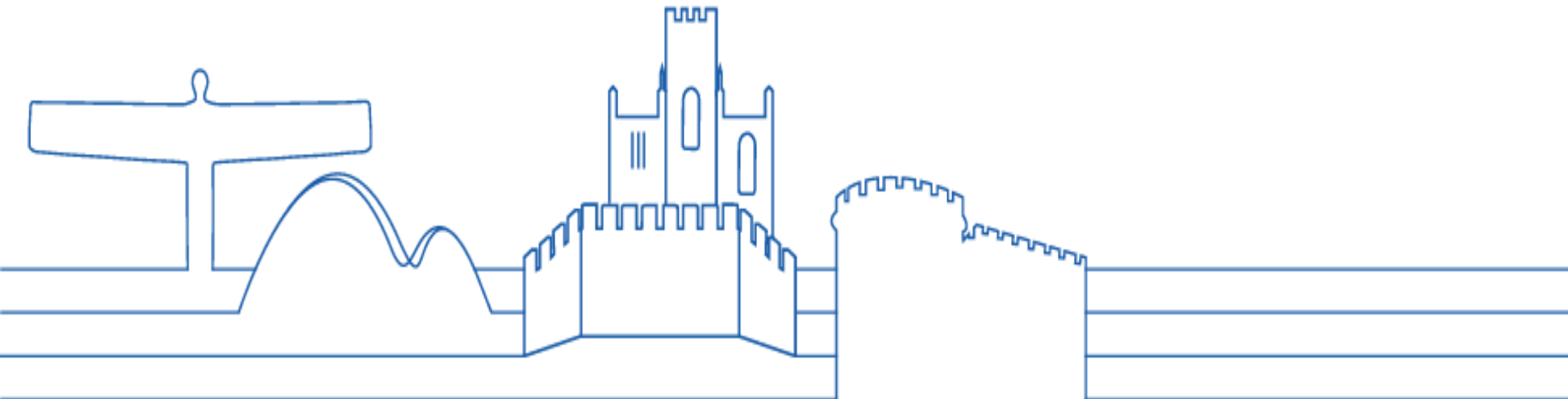




**North East &
North Cumbria**

All change...Welcome on board Integrated Care!

Rachel Mitcheson
Director of Place and Integrated Care





Change - Observations

- They all worked – did what they were designed / developed to do
 - Each version progressed from the last version
 - New features added, or improved old features dropped
 - Maybe some aspects were improved to solve a problem?
 - Maybe some changes were to encouraged a new group of people to use
-
- Change is just everywhere...

NHS organisational changes



The start of commissioning

A helicopter view of
healthcare

Strategic

A focus on clinical leadership
– Primary care embedded in
the organisation.

Local relationships used to
plan and deliver health
services.

Integration across wider system
partners

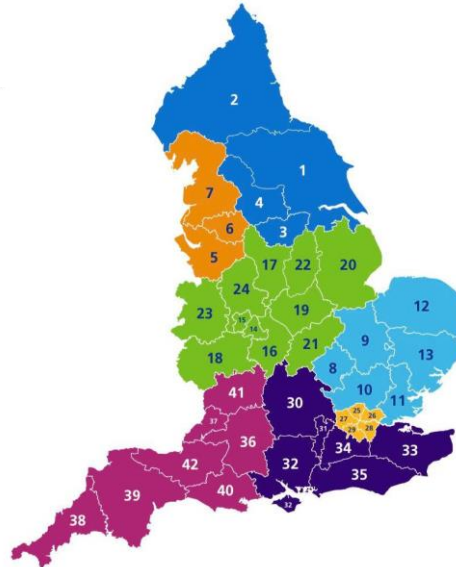
Learning and sharing

New focus and attention on
inequalities and prevention

What's an ICS, ICB and ICP?

Integrated Care System (ICS) – includes all of the organisations responsible for public health and wellbeing working together to plan and deliver services for our communities. It is not a organisation but works through the following bodies:

- **Integrated Care Board (ICB)** – our new statutory NHS organisation that will take on the responsibilities of the eight CCGs and some of the functions held by NHS England. The ICB will also work at 'place level' in each of our 13 local authority areas with a range of partners.
- **Integrated Care Partnership (ICP)** – a joint committee of the ICB, voluntary sector, patient fora and the 13 local authorities responsible for developing an **integrated care strategy** for the region

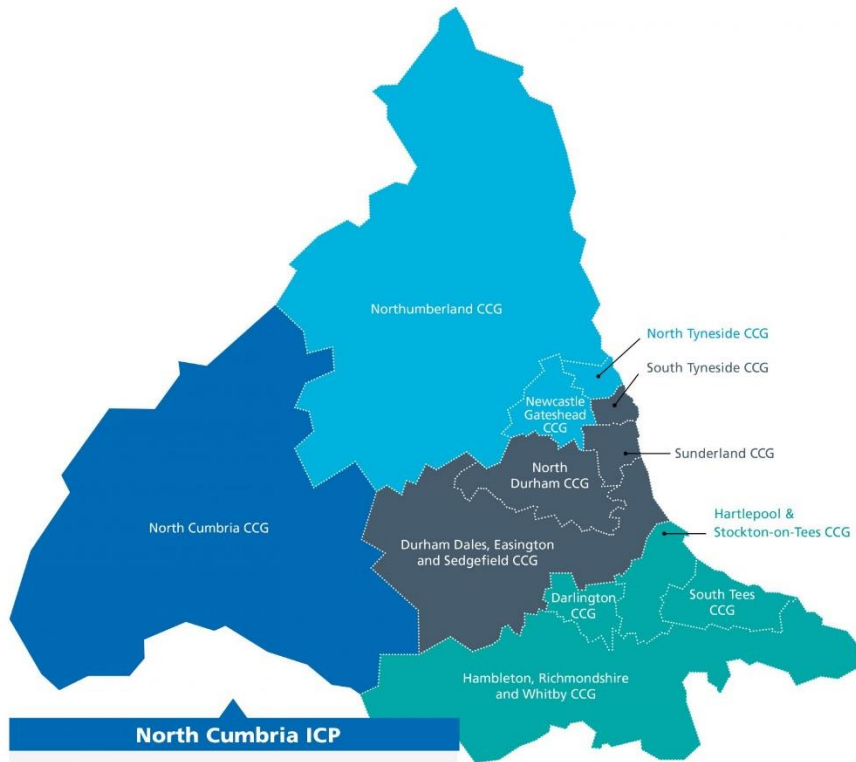


42 Integrated Care Boards established across England from 1 July 2022 – replacing the former CCGs

This is about:

- Building on current services and health and wellbeing strategies
- Being ambitious for our population health and outcomes
- Making faster progress on tackling health inequalities
- Only doing things ICS wide when this adds value
- Focusing on the big challenges to health and wellbeing e.g. cancer, pandemic disease, mental health
- Working with partners to improve health outcomes using all of the tools available such as, economic regeneration, housing and sustainability.

ICS – Integrated Care System



North Cumbria ICP	
Population:	324,000
1 CCG:	North Cumbria
Primary Care Networks:	8
1 FT:	North Cumbria Integrated Care NHS Foundation Trust (NCIC)
1 Council Area:	Cumbria County Council (with 4 District Councils)
	North West Ambulance Service

NENC ICS-wide

North East Ambulance Service FT covers: North of Tyne and Gateshead ICP; Durham, South Tyneside and Sunderland ICP; Tees Valley South ICP

CNTW Mental Health FT covers: North Cumbria ICP; North of Tyne and Gateshead ICP; plus part of South Tyneside and Sunderland ICP

TEVV Mental Health FT covers: Tees Valley ICP; plus part of South Tyneside and Sunderland ICP

Newcastle upon Tyne Hospital FT: provider of highly specialised and specialised national and regional services (including transplant, paediatric specialisms and major trauma)

North of Tyne and Gateshead ICP

Population:	1.079M
3 CCGs:	Northumberland, North Tyneside, Newcastle Gateshead
Primary Care Networks:	24
3 FTs:	Northumbria, Newcastle, Gateshead
4 Council Areas:	Northumberland, North Tyneside, Newcastle, Gateshead

Durham, South Tyneside and Sunderland ICP

Population:	997,000
4 CCGs:	South Tyneside, Sunderland, North Durham*, DDES*
Primary Care Networks:	24
2 FTs:	South Tyneside & Sunderland, County Durham and Darlington
3 Council Areas:	South Tyneside, Sunderland, County Durham
	*County Durham CCG from 1st April 2020

Tees Valley ICP

Population:	852,000
4 CCGs:	HAST*, Darlington*, South Tees*, HRW
Primary Care Networks:	17
3 FTs:	County Durham and Darlington, North Tees & Hartlepool, South Tees
6 Council Areas:	Hartlepool, Stockton on Tees, Darlington, Middlesbrough, Redcar & Cleveland, North Yorkshire
	* Tees Valley CCG from 1st April 2020
	Yorkshire Ambulance Service

Strategic aims of ICBs set by government



1 Improve outcomes in population health and healthcare

Continue to raise standards so services are high quality and delivered effectively making sure everyone has access to safe quality care whether in the community or in another setting.



2 Tackle inequalities in outcomes, experience and access

Maximise the use of evidence-based tools, research, digital solutions and techniques to support our ambition to deliver better health and wellbeing outcomes in a way that meets the different needs of local people.



3 Enhance productivity and value for money

Working with partners in NHS, Social Care, and Voluntary and Community Sector organisations at scale on key strategic initiatives where it makes sense to do so. Harnessing our collective resources and expertise to invest wisely and make faster progress on improving health outcomes.



4 Help the NHS support broader social and economic development

Focus on improving population health and well-being through tackling the wider socio-economic determinants of health that have an impact on the communities we serve.

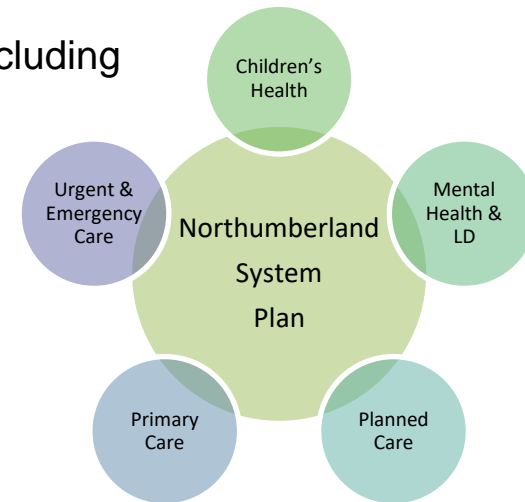
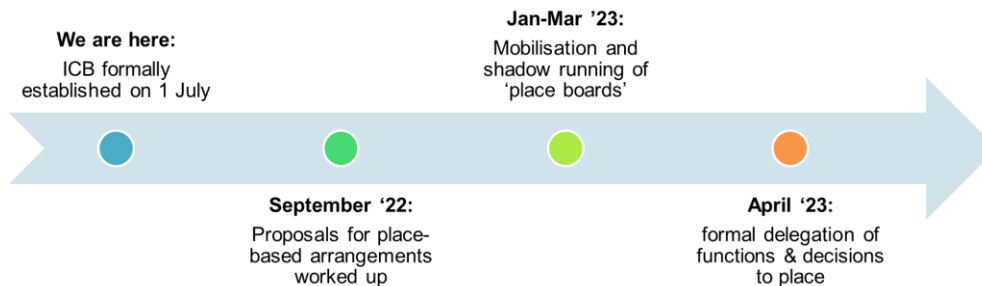
The challenges that the new ICB has inherited

- Some of the worst public health outcomes in England
- Persistent health inequalities within and between our communities
- Consistently increasing demands on emergency care services
- The challenge of restoring elective services after COVID-19
- Disparities in access to services across the ICS area
- Inconsistent staffing structures across the former CCGs

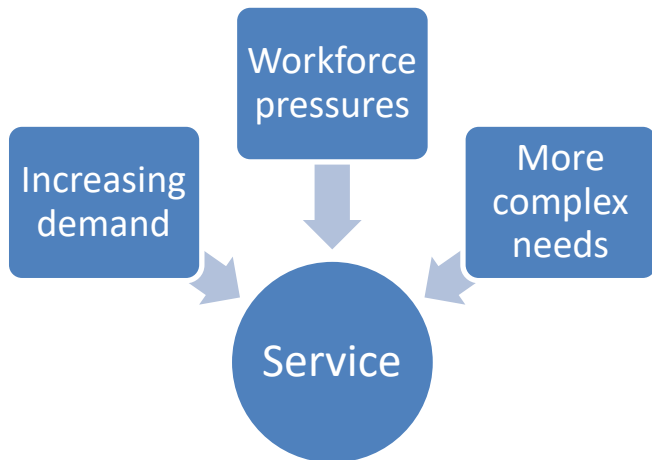


Our place - Northumberland

- The government's Integration White Paper 'Joining Up Care for People, Places and Populations' has set out further expectations for place-based working by 2023. This includes strengthening local joint governance arrangements between ICBs and local authorities.
- Place-based governance structures will need to enable how we agree shared outcomes, manage risk and resolve disagreements – and these should make use of existing structures and processes, including Health & Wellbeing Boards.
- Forging strong working relationships with the wider local system including Healthwatch, the Voluntary Sector, and other local public services.
- Ensuring and informing the quality of local health and care services – including support to community services



Back to change...



Primary care

325,000 patients in Northumberland

1,200 staff working in Primary care

1,500 patients per GP

1.6M attend last year

Two thirds face to face

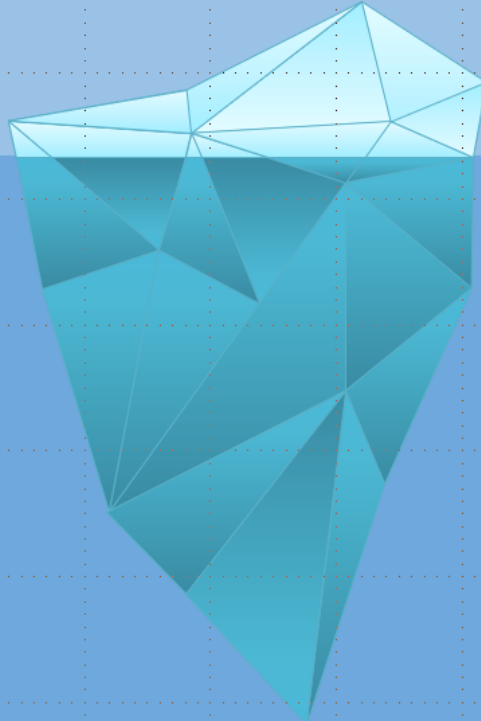
42.5K did not attend / not taken

Population predicted to increase by 10,000 in 2034

Population aging faster than England average

Tip of the iceberg

“Coming together is a beginning; keeping together is progress, and working together is success.”
Henry Ford



What our patients/public see?
Seamless delivery of care across multiple settings – General Practice, Acute, Care Home, MH, specialised services etc.

What they don't see...
Our challenge (and opportunity) is to create a system which is able to flow between organisations with the patient at its centre:

- Tackling inequality and improving outcomes
- Harnessing genuine insight into our populations through rich, meaningful data
- Using a multi-skilled, agile workforce so patients see the right person, in the right place, at the right time
- Operating with robust governance and collaborative leadership and decision making

What's next...



Edible coffee cups



Flat extension leads



Laser
Keyboards



Robots delivering healthcare



News drugs and vaccines..?



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