Dementia Friends

Would you like to understand Dementia and how it can affect someone?

Dementia Friends sessions are between 45 minutes to 1 hour long and give you a brief overview of what Dementia is and how you can help people live with Dementia.

Dementia Friends sessions are an informal information session to learn more about Dementia and the small ways you can help.

To book a session contact the Dementia Advisors at The Bridge Tel; 01429 - 868587

New Horizons

Have you recently lost someone or a family member moved into a care home?

Do you want to start socialising and meeting new people who are going through a similar experience?

The Bridge are setting up 2 new groups for people to get together and share their experiences and hopefully make new connections.

The group will run for 5 weeks and then hopefully your new friendships and connections will continue.

If you are interested please contact The Bridge Tel; 01429 - 868587

**Tony Leighton
Engagement Officer
Healthwatch Hartlepool
The ORCEL Centre
Wynyard Road
Hartlepool TS25 3LB
Tel: (01429) 288146
www.healthwatchhartlepool.co.uk**

#WomensWellbeingClub

Women's Wellbeing Club is a peer to peer community support group run for women by volunteers.

We provide a safe, non - judgemental space to share, listen, give, and receive support.

Everyone is welcome no matter the strength of the storm you are facing.

There are no waiting lists and no referral required.

Meetings start on a Tuesday between 6pm and 7pm at various venues. Each session lasts for 2 hours. Meetings are facilitated by one of our volunteer facilitators.

For further information please visit the website at; **womenswellbeingclub.co.uk/ TEXT SERVICE NUMBER: 07394 522110**

We look forward to welcoming you to Women's Wellbeing Club

Unhappy with your NHS treatment or care? NHS Advocacy is now provided by North East NHS Independent Complaints Advocacy (ICA), supporting individuals complaining about the NHS.

Freephone: 0808 802 3000. For further information please visit**;**

**www.carersfederation.co.uk
Email: ica@carersfederation.co.uk**

Deaf Clients can contact us by text **07789088284** or BSL Whats app video on **07738994040**

For guidance and support on anything related to Covid - 19, please visit the links below:

https://www.gov.uk/coronavirus

https://www.nhs.uk/conditions/ coronavirus-covid-19/

---

healthwatch Hartlepool

NEWS UPDATE   July 2021

Locked out: Digitally excluded people's experiences of remote GP appointments

The move to more digitally-led healthcare has worked well for some but excluded others over the past year. Healthwatch England have produced a report that explores how people have been excluded and what needs to happen to get the care they need.

Background

The move to remote GP appointments as a result of the COVID-19 pandemic happened very quickly. NHS England advised GP practices to triage patients by a telephone or online consultation system before providing them with an appointment and only providing face-to-face appointments where clinically necessary.

Whilst this has worked well for some, it has created barriers for others. Healthwatch England spoke to people traditionally more likely to experience digital exclusion to understand why and how this can impact their healthcare experiences, especially during the pandemic. These groups included older people, people with disabilities, and people with limited English.

Key findings

The Healthwatch England report investigates why people have been excluded, including lack of digital skills, language barriers and lack of interest in using technology to go online.

Healthwatch England identified five principles for post-COVID-19 care to ensure everyone has access to the appointments they need.

Five principles for post-COVID digital healthcare

1. Maintain traditional models of care alongside remote methods and support people to choose the most appropriate appointment type to meet their needs.

2. Invest in support programmes to give as many people as possible the skills to access remote care.

3. Clarify patients' rights regarding remote care, ensuring people with support or access needs are not disadvantaged when accessing care remotely.

4. Enable practices to be proactive about inclusion by recording people's support needs.

Commit to digital inclusion by treating the internet as a universal right.

To read or download this report please visit; **www.healthwatch.co.uk**

Funding boost for young people's mental health services

Children and young people will benefit from a cash injection to mental health services which includes addressing the increasing demand for the treatment of eating disorders.

An extra £40 million has been allocated to address the COVID impact on children and young people's mental health and enhance services across the country.

One way the additional money will be spent is to support ensuring the right type of beds are in the right places, or that alternatives to admission are in place, supporting parts of the country that have more challenges in their range of bed capacity.

Across the country £10 million capital funding is being used to provide extra beds at units which provide care for young people with the most complex needs, including eating disorders, as well as £1.5 million to ensure there are additional facilities for children under 13. This funding is on top of £79 million made available by the government to support children and young people's mental health in the community, including via increased access to crisis and eating disorder services, and new mental health support teams being rolled out – by April 2023, there will be around 400 teams covering 35% of the country, exceeding our previous 20-25% ambition.

Claire Murdoch, national mental health director, said: "This pandemic has hit our young people hard and while services have remained open throughout, we have seen an increase in the numbers of children and young people seeking help from the NHS for their mental health.

"This additional funding is in recognition of the rising demand and our continued commitment to provide the best care as early as possible and to do as much to prevent children and young people needing hospital treatment as we do to ensure that when they are in hospital they receive the right treatment before being supported back at home."

£30 million revenue and £10 million capital will be used across a number of schemes including supporting services to prevent the need for admission and to train staff working with children with mental health issues on children's wards to ensure they have the skills to manage mental health conditions even if they are not specialist mental health staff.

To support staff in providing care for patients with eating disorders the investment will include specialist feeding training which will be rolled out so where appropriate this care can be given to children and young people in a standard hospital setting. But the investment will also be used to develop day services and alternatives to admissions that will include support for patients with eating disorders.

This investment recognises the complexity of mental health in children and young people who may require hospital treatment for another matter while also presenting with a mental health condition.

Money will also be spent on establishing an intensive community support role to prevent children being admitted to hospitals and facilitating earlier discharge as in many cases the best place for children and young people to receive care is in their own home.

This will enable the training of 96 associate practitioner psychologists who will be trained to practice under close supervision with those who have complex and severe mental health conditions, to provide care both in hospital and within the home.

This funding is in addition to the significant funding already committed to mental health services as part of the NHS Long Term Plan which will see a further 345,000 children and young people access mental health services by 2024.

Focus on NHS Admin is needed to improve people's experiences of care

Behind every NHS appointment, there are admin processes that ensure that those that need care, staff to provide it, and any resources necessary are in the right place at the right time.

Across the NHS, many administrative systems carry out tasks such as holding patient data, making referrals, booking appointments, keeping test results, and prescriptions.

The impact that poor admin can have on people's care

Time and money spent

People described spending a long time trying to navigate the health service, and in some cases, also facing financial costs for travel or loss of salary. Some people described taking time off work or needing to secure cover for caring commitments to find their consultation had been cancelled or delayed at short notice.

Poor emotional wellbeing

People told us they often felt frustrated, stressed or anxious when trying to book appointments. For people with additional needs interacting with admin systems that don't adapt to their needs is particularly stressful.

Negative impact on health

Delays in diagnosis or treatment and medication mistakes are examples of how administrative errors can have significant consequences on people's health. Overall, poor admin can undermine people's confidence in the health service, leaving them feeling disempowered in managing their care. **What would good admin look like?** While our work focuses on the issues that patients and staff face, it's clear that policy makers and those in charge of designing and delivering services need to take time to involve people who actually use them to make them better.

Admin systems and processes that put patients at the centre of their design.

Testing with people who need to use and interact with admin systems will help ensure they meet people's needs and are easy to use.

Admin that promotes two-way interaction with patients.
People should be able to get the communication they need in a way that suits their preference and allows for them to respond if they have any questions or concerns

Admin that promotes understanding and confidence.
People should receive communications designed with accessibility and usability in mind. The NHS should provide information that helps them understand the care they are likely to receive and the next steps they can expect.

Admin that promotes equal access.
Systems need to be intuitive for people and not be an additional barrier to accessing care. People should be able to receive communications that are inclusive and meet their needs. The NHS should work with patients to understand what works for them.

Admin processes that invite people to share their views and use them to improve.
People should feel empowered and be supported and encouraged to share their opinions and ideas of how services can be better.

Healthwatch England National Director, Imelda Redmond said: "getting admin right can vastly improve the experience of getting care and can help to reduce costs, tackle health inequalities, improve people's experiences, their health and working experience for staff."