



Northumberland

County Council

Your ref:

Our ref:

Enquiries to: Andrea Todd

Email: Andrea.Todd@northumberland.gov.uk

Tel direct: 01670 622606

Date: 1 December 2021

Dear Sir or Madam,

Your attendance is requested at a meeting of the **HEALTH AND WELLBEING OSC** to be held in **MEETING SPACE - BLOCK 1, FLOOR 2 - COUNTY HALL** on **THURSDAY, 9 DECEMBER 2021** at **1.00 PM**.

Yours faithfully

Daljit Lally
Chief Executive

To Members of the Health and Wellbeing OSC

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

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



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



AGENDA

PART I

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

1. MEMBERSHIP

To note that Council on 3 November 2021 made the following changes to the membership:

Councillors V. Jones and C. Hardy have been appointed to the Committee.

Councillor V. Jones has been elected as Chair.

10 Members (5:3:1:1)

Quorum - 3

Chair: V. Jones

Vice Chair: K. Nisbet

Conservative	Labour	Independent Group	Liberal Democrats	Green Party	Ind Non-Grouped
R. Dodd	L. Bowman	G. Hill	I. Hunter		
D. Ferguson	K. Nisbet				
C. Hardy	R. Wilczek				
C. Humphrey					
V. Jones					

2. APOLOGIES FOR ABSENCE

3. MINUTES

(Pages 1
- 6)

Minutes of the meeting of the Health & Wellbeing Overview & Scrutiny Committee held on 5 October 2021, as circulated, to be confirmed as a true record and signed by the Chair.

4. DISCLOSURE OF MEMBERS' INTERESTS

Unless already entered in the Council's Register of Members' interests, members are required to disclose any personal interest (which includes any disclosable pecuniary interest) they may have in any of the items included on the agenda for the meeting in accordance with the Code of Conduct adopted by the Council on 4 July 2012, and are reminded that if they have any personal interests of a prejudicial nature (as defined under

paragraph 17 of the Code Conduct) they must not participate in any discussion or vote on the matter.

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

5. FORWARD PLAN

(Pages 7
- 12)

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

6. HEALTH AND WELLBEING BOARD

(Pages
13 - 28)

The minutes of the Health & Wellbeing Board held on 9 September 2021 and 14 October 2021 are attached for the scrutiny of any issues considered or agreed there.

REPORTS FOR CONSIDERATION BY SCRUTINY

7. COVID/VACCINE UPDATE

To receive a presentation from Liz Morgan, Director of Public Health, and Rachel Mitcheson, Northumberland CCG on the latest COVID-19 figures and Public Health Strategies.

8. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2020

(Pages
29 - 34)

The purpose of this report is to present the Director of Public Health (DPH) Annual Report for 2020 which for this year, was focused on protecting the health of our communities from the impact of Covid 19.

9. REPORT OF THE SCRUTINY OFFICER

(Pages
35 - 42)

Health and Wellbeing OSC Work Programme

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

10. URGENT BUSINESS

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

11. DATE OF NEXT MEETING

The date of the next meeting is scheduled for Tuesday, 4 January 2022 at 1.00 p.m.

IF YOU HAVE AN INTEREST AT THIS MEETING, PLEASE:

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

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

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

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

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

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

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

The following are other Registerable Personal Interests:

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

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

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

3. Non-participation in Council Business

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

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

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

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OSC

At the meeting of the **Health and Wellbeing OSC** held at NEW meeting space, Block 1, Floor 2, County Hall, Morpeth, NE61 2EH on Tuesday, 05 October 2021 at 10.00 am.

PRESENT

J Reid (Chair) (in the Chair)

MEMBERS

K Nisbet
R Dodd
G Hill
R Wilczek

L Bowman
D Ferguson
I Hunter

ALSO PRESENT

S. Eaton
R. Mitcheson
A. Rainey
C. Riley
L. Robson
D. Thompson
R. Wighan

Northumbria Trust
Northumberland CCG
Northumbria Trust
Northumbria Trust
Northumberland CCG
Northumberland Healthwatch
Northumbria Trust

OFFICERS

C Angus
C McEvoy-Carr

R Greally

Scrutiny Officer
Executive Director of Adults and Children's
Services
Assistant Democratic Services Officer

26 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Homer.

27 MINUTES OF PREVIOUS MEETING

RESOLVED that the minutes of the meetings held on 18 August 2021 and 31 August 2021, as circulated, be agreed as a true record and be signed by the Chair.

28 FORWARD PLAN

RESOLVED that the information be noted.

Ch.'s Initials.....

HEALTH AND WELLBEING BOARD

RESOLVED that the minutes of the Health & Wellbeing board held on 8 July 2021 and 12 August 2021, as circulated, be agreed as a true record and be signed by the Chair.

29 COVID/ WINTER PLAN

Presentations were provided by Laurie Robson, Northumberland CCG, Simon Eaton and Alison Rainey, Northumbria Trust.

Members were advised of the following:-

- In August there was a Regional Urgent and Emergency Care Network System Resilience planning event with partners.
- There were four areas that NHS England wanted prioritised; workforce sustainability, 111 clinical advice service, public communication to advise which services should be accessed, established shared principles that would underpin mutual aid and escalation.
- The presentation outlined how Primary Care Networks were being looked at and supported. PCN's were being supported through regular practice engagement such as dedicated GP comms mailbox.
- Face-to-face appointments were resumed when required and practices were supported with digital and telephone alternatives.
- Extended Access appointments were included in PCN to support the delivery of flu and Covid vaccine programme.
- PCN's were following national guidance and were focused on booster vaccines to vulnerable patients as well as vaccinating the younger cohort.
- PCN's used latest guidance to plan early and prepare key messages to be communicated to the public.
- Community pharmacies continued to offer vaccines in conjunction with PCN's.
- A key component to the Covid response was streaming patients and encouraging patients to access 111. It allowed patients to be directed to the correct level of care and signposted them to the right location. It was successful at protecting ED from over-crowding.
- Northumbria Trust had been identified as an ICP pilot for "further faster", the pilot was looking into increasing capacity in Clinical Assessment Service.
- In a hospital context attendance levels were back to levels recorded in 2019 however performance remains challenging for a number of reasons..
- Plans and considerations were outlined for the next 6 months. These included;
- The impact of Covid and other winter illnesses being monitored, continued infection control and patient flow maintained.
- The length of stay in general beds and the amount of general beds had been increased however there was a contingency to use elective

- beds if necessary.
- Paediatrics expected a 50-100% increase in RSV admissions over the winter.
- The health & wellbeing of staff was embedded throughout all plans. The staff had endured a difficult 18 months and that was to be recognised.

In response to questions the following information was provided:-

- Although the demonstrations against vaccinations nationally were disturbing it was assured that there had been very little demonstrations in the area and the amount of vaccine uptake in the region illustrated the confidence in the vaccine.
- Difficulties in getting appointments to see GP's was highlighted, it was stated that moving forward the norm was to be a mixture of phone/virtual/ face-to-face appointments. It was assured that the virtual appointments were not to "fob off" patients but were to meet the appropriate needs of the patients. It was suggested that there had been a lot of bad press towards GP appointments but it was important to note that GP's were available. It was stated that there were two tracks for the GP access issue; what was happening and what was being perceived. Primary Care was improving access to the correct service with the use of pharmacists etc. Important that GP's are used correctly for the appropriate care. R. Mitcheson was happy to look at individual GP issues if needed.
- It was suggested that there be a wider discussion about GP access as there was a lot of interest around the topic. It was felt that public engagement would be helpful for this discussion.
- It was acknowledged that there was going to be an unknown amount of pressure on the NHS services but was reiterated that plans had been put in place to ease the pressure as much as possible.
- Covid restrictions that were in place last year had helped with flu also and it was predicted that more people would be affected by the flu this year. Those who were receiving booster Covid vaccines would also have been offered the flu vaccine at the same time.
- It was stressed that Northumbria Trust had the lowest staff turnover in the trust. The trust was constantly recruiting and new medical students were starting their career in the Trust. Also new roles were being developed in the trust. The organisation was doing a lot for staff health & well-being such as acknowledging and appreciating the staff.
- It was advised that restrictions hadn't stopped and it was down to personal choice. If people felt uncomfortable at the proximity to others then they were encouraged to move chairs etc. if needed. It was reiterated that it was still important to look after themselves and others through sensible behaviour.
- 111 was to ensure patients get the correct care they need. Primary Care Services did not need to drastically change to fit with the society lived in. There were robust plans put in place to help and encourage the use of the system appropriately which would have helped with pressures in ED and GP's.

Members were reassured by the plans presented and felt that the Trust had acknowledged the pressures they would be facing in the winter.

30 **HEALTHWATCH REPORTS**

A presentation was provided by Derry Nugent, Northumberland Healthwatch. Information provided included the following:

The presentation outlined what Healthwatch Northumberland had achieved throughout 2020/21 including; enabling people separated from loved ones in care homes to share what it meant and how it could be better. Building solid relationships which enabled them to relay messages about vaccination programme. Over 8,000 people accessed the Healthwatch website for Coronavirus information.

The annual survey by Healthwatch Northumberland focused on the NE23 and NE61 postcodes. There was a 67% overall satisfaction rate. The main concerns raised from the survey were quality of care for care service providers, access to GP's, dentists and mental health services, recovery of cancer services.

The priorities for Healthwatch Northumberland in 2021/22 are as follows:

Health

- Access to primary care – dentists and GPs
- Mental Health services
- Sight loss

Social Care

- Care homes – new support forum
- Enter & View (when we can)

Communication

- Here to Hear
- Patient and service user voice in the ICS

The following comments were made in response to questions: -

- It was acknowledged that figures in relation to engagement could have been higher but it was noted that the figures were a picture across the piece and Northumberland Watch tried not to double count engagement figures. It was also noted that the engagement from the annual survey was not included in the report as the survey took place after the report.
- Mental health in young people was highlighted and it was recognised that the issues went down to nursery age level. However, the challenges of

capturing this data was highlighted.

- Northumberland watch had a certain remit defined by legislation which meant that they would not ask questions regarding income and the relation of income to mental health issues. It was suggested that Liz Morgan as an epidemiologist may have been able to provide data on how Covid has affected income and mental health.
- It was highlighted that there had been a lot of work with schools for mental health during the pandemic. The importance of differentiating between mental health support and emotional resilience. There were a lot resources available to support children and it was important that children were directed to the right service.
- It acknowledged that 33% of the participants were not satisfied with services was not something to be proud of but it was recognised that it was a self-selecting sample and just a snapshot of participants views.
- Due to the pandemic the engagement strategy was changed however this had not affected the demographic but strengthened the ability to engage with people. It was noted that Northumberland Healthwatch was still going out to engage face-face and were still answering phones.
- It was noted that there were many different avenues to give opinions on services and Healthwatch only receives a proportion of these. It was suggested that it would have been useful to triangulate information received from Healthwatch with over information received from different avenues to get a broader feedback.
- It was acknowledged that the public relied on information on the internet which was sometimes misinformation but it was assured that this misinformation was counteracted wherever possible.

Derry Nugent was thanked for the informative presentation.

31

HEALTH AND WELLBEING OSC WORK PROGRAMME

The Scrutiny Officer advised that there were a couple of changes to the work programme since it was published with the agenda:-

- In November a Covid and Vaccination update was to take place.
- End of life strategy, in agreement with CCG was to be presented in February.
- A review on the dissolution of the partnership was scheduled for March.
- The GP access presentation will be scheduled

Derry Nugent highlighted that Healthwatch was undertaking a survey relating to end of life strategy which was to be included in the presentation in February.

RESOLVED that the information be noted.

32

DATE OF NEXT MEETING

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


CHAIR.....

DATE.....

Forward Plan

FORTHCOMING CABINET DECISIONS DECEMBER 2021 TO MARCH 2022

DECISION	PROPOSED SCRUTINY DATE	CABINET DATE
Northumberland Strategic Skills Plan 2021-25 The report requests approval to use Northumberland Strategic Skills Plan 2021-25, a document designed to guide skills planning and the approach in designing impactful vocational skills provision within the county to yield greatest impact for residents and the local economy. (G. Renner Thompson/N. Dorward - 07811 020806)	FACS 2 December 2021	7 December 2021
Approval of the Council Tax Base 2022/23 The Council is required to set its council tax base annually. The tax base must be set between the 1st of December and 31st January. The tax base is a measure of the Council's taxable capacity which is used for the setting of its council tax. Legislation sets out the formula for calculation. Cabinet has delegated authority to approve the tax base. (R. Wearmouth/G. Barnes 01670 624351)	N/A	7 December 2021
Wooler Neighbourhood Plan To seek approval to formally 'make' the Wooler Neighbourhood Plan. The Plan passed independent examination in May 2020. Covid regulations delayed the holding of referendums until after May 2021. A local referendum held in the Parish of Wooler on 10 June 2021 returned a majority vote in favour of the County Council using	N/A	7 December 2021

<p>the Plan to make decisions on planning applications. The Council is now obliged by statute to make the Neighbourhood Plan unless it considers that doing so would breach European Union obligations. Making the Plan has been delayed due to the need to take external legal advice on a matter raised by the Northumberland National Park Authority.</p> <p>(C. Horncastle/S. Branningan - 07966 335 508)</p>		
<p>Health Education England & NCC Project Choice To advise Cabinet about an opportunity to develop a wider scope of delivery for Health Education England's Project choice within Northumberland in order to more rapidly deliver on Northumberland County Council's education priorities and SEND priorities.</p> <p> G. Renner Thompson/Neil Dorward (07811 020 806)</p>	FACS 2 December 2021	7 December 2021
<p>Trading Companies' Financial Performance 2021-22 - Position at the end of September 2021 The purpose of the report is to ensure that the Cabinet is informed of the current financial positions of its trading companies for 2021-22 (R. Wearmouth/M. Calvert - 01670 620197) (Confidential report)</p>	CSEG 6 December 2021	7 December 2021
<p>Destination Management - Structure and Future Funding Arrangements This report provides an overview of the current, and proposed management, arrangements for the strategic management and marketing of tourism in Northumberland (J. Watson/N. Walsh - 07789654472) (confidential report)</p>	C&P 1 December 2021	7 December 2021

<p>Household Support Fund To provide an overview of Northumberland County Council's proposed response and delivery of the Household Support Fund (HSF) for the period 06th October 2021 to 31st March 2022. (R. Wearmouth/W. Pattison/P. Brooks - 07770981864)</p>	CSEG 6 December 2021	7 December 2021
<p>Outcomes of consultation on proposal to amalgamate Seaton Sluice Middle School and Whytrig Middle School This report sets out the feedback received from stakeholders in response to informal consultation on a proposal to amalgamate Seaton Sluice Middle School and Whytrig Middle School in new shared buildings with Astley Community High School, necessitating the formal closure of Seaton Sluice Middle School. This consultation was approved by Cabinet on 12 October 2021 in response to a request brought forward by the federated Governing Body of the Seaton Valley Federation which governs all 3 schools.</p> <p>Cabinet may also be recommended to approve the implementation of formal (statutory) consultation on this proposal, which if approved would require Cabinet to make a final decision on the proposal at a later date. (G. Renner Thompson/Sue Aviston - 01670 622281)</p>	FACS 6 January 2022	11 January 2022
<p>Outcome of Consultation on proposals for Atkinson House This report sets out the feedback received from stakeholders from consultation on proposals for Atkinson House Special School in Seghill, a secondary provision for boys with Social, Emotional and mental health (SEMH) needs in</p>	FACS 6 January 2022	11 January 2022

<p>Northumberland.</p> <p>Cabinet may be also be recommended to permit the publication of a Statutory Proposal in relation to this proposal, which if approved would require Cabinet to make a final decision on the proposal at a later date. (G. Renner Thompson/Sue Aviston - 01670 622281)</p>		
<p>Notification of the Estimated Collection Fund Balances 2021-22 – Council Tax & Business Rates</p> <p>The report will advise members of the estimated surplus or deficit balances on the Collection Fund in relation to Council Tax and Business Rates at 31 March 2022. The Local Government Finance Act 1992 (as amended) requires the Council as the Billing Authority to calculate a Council Tax Collection Fund estimate by 15th January each year. The Non-Domestic Rating (Rates Retention) Regulations 2013 require the Council as the Billing Authority to calculate a Business Rates Collection Fund estimate on or before 31st January each year. (R. Wearmouth/A. Elsdon 622168)</p>	CSEG 10 January 2022	11 January 2022
<p>Local Government Social Care Ombudsman Judgment</p> <p>This report will provide an overview of a recent judgement from the LGSCO in relation to Northumberland County Council. We are required by law for any outcome judgements to be on the agenda at a cabinet or council meeting (W. Pattison/C. McEvoy-Carr – 01670 01670 623958)</p>	N/A	11 January 2022
National Funding Formula and 2022/23 Schools Funding	FACS 6 January 2022	1 January 2022

<p>This is an annual report to update Cabinet in relation to the implementation of the Department for Education's National Funding Formula, and to seek delegated powers to set the formula values in order to distribute the 2022/23 Dedicated Schools Grant</p> <p>(G. Renner Thompson/S. Aviston - 01670 622281)</p>		
<p>Revenues and Benefits Policies for 2022/23</p> <p>The report sets out the policies that the Revenues and Benefits services operate for the administration of council tax, business rates, housing benefit and council tax support. The report is for information and approval of any updates or legislation changes that need to be made.</p> <p>(R. Wearmouth/G. Barnes - 01670 624351)</p>	CSEG 7 February 2022	8 February 2022 Council 23 February 2022
<p>Budget 2022-23 and Medium Term Financial Plan 2022-25</p> <p>The report presents the updated Budget 2022-23 and Medium Term Financial Plan 2022-25 to Cabinet following the receipt of the provisional local government settlement which is due to be announced during December 2021. The report will also include an update on the deliverability of savings.</p> <p>(R. Wearmouth/ A. Elsdon - 01670 622168)</p>	CSEG 7 February 2022	8 February 2022 Council 23 February 2022
<p>Trading Companies' Financial Performance 2021-22 - Position at the end of December 2021</p> <p>The purpose of the report is to ensure that the Cabinet is informed of the current financial positions of its trading companies for 2021-22</p> <p>(R. Wearmouth/M. Calvert - 01670 620197)</p> <p>(Confidential report)</p>	TBC	8 March 2022

Bus Service Improvement Plan/Enhanced Partnership For Cabinet to approve, subsequent to a prior consultation and objection period and statutory consultation period, the proposed Enhanced Plan and Scheme(s). The Enhanced Plan and Scheme is a proposed statutory partnership with regard to a statutory transport plan including the Bus Service Improvement Plan. Cabinet would have to approve prior to these being considered by the Joint Transport Committee on 15 March 2022. The Enhanced Plan and Scheme (s) need to be approved by deadline imposed by Central Government of 1st April 2022. (W. Ploszaj/R. O'Farrell/H. Lancaster – 01670 623323)	TBC	8 March 2022

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, 09 September 2021 at 10.00 a.m.

PRESENT

Councillor B. Flux
(Chair, in the Chair)

BOARD MEMBERS

Firth, R.	Renner-Thompson, G.
Long, L. (substitute member)	Sanderson, G.
Mead, P.	Syers, G.
Morgan, E.	Watson, J.
Derry Nugent (Substitute member)	Wighan, R. (Substitute member)

ALSO IN ATTENDANCE

R. Greally	Assistant Democratic Service Officer
R. Hay	CCG
P. Hunter	Service Director

9. APOLOGIES FOR ABSENCE

Apologies for absence were received from S. Brown, J. Lothian, C. McEvoy-Carr, R. O'Farrell, W. Pattison, E. Simpson, D. Thompson.

10. 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) 8 July 2021
- b) 12 August 2021

11. UPDATE ON THE EPIDEMIOLOGY OF COVID 19 AND ON THE NORTHUMBERLAND COVID 19 OUTBREAK PREVENTION AND CONTROL PLAN

Liz Morgan, Director of Public Health, gave a presentation to update the board on the Covid 19 epidemiology. It included the latest key data and developments

of Covid in the area and showed the statistics of Covid in England compared to Scotland for the past several months. It was noted that Scotland had an increase in cases since restrictions were relaxed which had been exacerbated by the return of schools. Rates across the country were variable with some areas having significantly higher rates than others. Data from the national statistics suggested that up to 1 in 70 people were infected at any one time using data up until the end of August.

From a regional perspective across the LA7 it was highlighted there was a general upward trend for infections. Cases per day in Northumberland had increased by just under 20% in the last 7 days. There had been an increase in rates in 10-19 year olds which was expected. Cases in over 80's are decreasing and mainly stable in older age groups.

Data from Northumbria Trust suggested that cases in hospital were stable and there was no significant change. The rate of patient deaths had increased from July and August. It was highlighted that double vaccinated people are still being admitted to hospital and are still dying from Covid and it was noted that although the vaccine provides protection from serious illness and death, it does not necessarily prevent the transmission of infection. Therefore it was expected that there will be more cases of double vaccinated people being admitted.

The presentation gave an oversight about how we will live with Covid in the future. It gave an overview of the Government's summer roadmap and recent Government guidance which included an updated control plan:

- Reinforce the country's vaccine wall of defence.
- Enable the public to make informed decisions through guidance, rather than laws
- Retain proportionate test, trace and isolate plans
- Manage risks at the border to reduce the risk of variants emerging
- Retain contingency measures while learning to live with COVID-19

It outlined the priorities moving forward for the LA7 region which were:

- Equitable and rapid deployment of covid and flu vaccination programmes
- Encouraging good infection prevention and control measures including hand washing, respiratory hygiene, good ventilation and face coverings where appropriate
- Coordinated Test, Trace and Isolate programme and management of outbreaks via Local Outbreak Management Plans
- Taking our communities with us via Beat covid NE using behavioural insights, consistent messages and community champions
- Protection of vulnerable individuals in the community;
- Continued monitoring and surveillance
- To re-focus our work on health inequalities

The presentation gave an overview of schools and how DfE and PHE will assist with children returning to schools safely:

- Revised DfE guidance for management of covid in schools and FE
- Close working between schools, education teams, public health and PHE
- Prevention – hand and respiratory hygiene, environmental cleaning
- Schools are continuing to test
- Regional documents to support outbreak management and measures
- Still asking schools to report cases
- Other infections
- Likely increase in cases – Scotland
- Agreed NE arrangements
- 12 – 15 yr old vaccination

The Local Tracing Partnership (local contact tracing) was ongoing to ensure people engage with NHS Test & Trace. Modelling was underway to inform planning for moving to 'Local 4', where NCC would receive all or a proportion of cases from the national team after 4 hours. There were reported benefits from other LAs using this model which included better customer experience and engagement, linking into the local support offer and intelligence gathering. There was only one supervised asymptomatic testing site in Northumberland as demand had fallen due to the multiple channels where people could pick up tests including pharmacies and home direct.

It gave a progress report on outbreak prevention and control plan implementation. The key messages were;

- The only certainty is uncertainty
 - The covid vaccination programme
 - Case rates
 - Flu and other respiratory illness
 - Multiple variables - easing restrictions, how people change their behaviour around social distancing, use of face-coverings and testing, the duration of immunity from vaccination or past infection and the effect of schools returning.
- Acceptable levels of infection would be influenced by NHS ability to cope
- Continue to be cautious to get through the winter

Richard Hay, Head of Planning and Operations (NHS Northumberland CCG) gave an update on vaccine uptake figures in Northumberland. Statistics on vaccination uptake were provided and compared the region to the rest of the country. It showed that Northumberland had the highest percentage uptake of 16+ first doses and second dose of any Upper Tier Local Authority in England. The statistics also showed that the North East is above the national average and Northumberland was again largely above the North East average for vaccine uptake for both 1st and 2nd doses. It highlighted that the younger age bracket (16-39) had the highest difference which was a credit to the region.

The latest JCVI guidance was that all 16-17 year olds would receive one dose of the vaccine and eligible 12-15 year olds (with eligible health conditions) would receive both doses. JCVI had not recommended that 12-15 year olds without underlying health conditions be vaccinated. However Health Ministers

were looking at the other benefits of vaccination for this cohort. Therefore plans were ready in the background should the go ahead be given.

JCVI advised Government in July that any potential booster programme should be rolled out by September to maximise protection to those most vulnerable. It should be offered in two stages:

- **Stage 1:** all those over 70 inc. Care Homes and all those over 16 who are Clinically Extremely Vulnerable, frontline H&SC workers
- **Stage 2:** all those over 50 and all those 16-49 in a flu or COVID-19 'at-risk' group

It outlined the next steps for the vaccine rollout:

- Continue to provide 2nd doses to all eligible patients at 8 weeks and maintain an evergreen offer of vaccination into the Autumn/Winter
- Promote importance of second dose uptake to provide greater protection to patients and reduce opportunities for transmission
- Prioritise vaccination of eligible Children and Young People
- Deliver 3rd doses to those eligible immunosuppressed individuals
- Collaborate and co-operate across delivery models (PCN, Community Pharmacy, Hospital Hub) to complete Phase 2 and standby to deliver Phase 3, subject to JCVI guidance
- Deliver seasonal flu vaccinations as normal & without delay
- Increase activity and promotion of the benefits of vaccination in our most deprived communities to tackle inequity of uptake
- Communicate proactively and effectively with our patients and public

The following comments were made in response to questions:

- Several members expressed their pride at how well Northumberland were performing with the vaccine uptake. Especially the younger age brackets.
- From November it was to be mandatory for Care home staff to be vaccinated and the same regulations were being looked at for wider people who enter care homes but not necessarily visitors.
- Sometimes the death rate was higher than expected throughout the year and sometimes it was lower than expected
- It was agreed that Liz Morgan would do a deep dive on death statistics and share with members information regarding average death rate and non-covid deaths to help understand the impact of Covid in our region.
- Consent for younger people to be vaccinated (12-15 yr olds) could be more complex if parents disagreed or there was a disagreement between parents and children. Guidance may be needed to agree an approach to these issues when they arise. This would be addressed as part of the planning process but most.
- There was always going to be a proportion of the population who would not be vaccinated because they had a clinical condition that precluded it

but in general, vaccine hesitancy could be attributed to complacency, a lack of convenience or lack of confidence. The health service has proactively worked to reach out to groups to promote the benefits of vaccination and many people had valid concerns which must be taken seriously

- Communications was a key factor in informing the public of the benefits of vaccination. Communication is being directed to different cohort groups for example expectant mothers.

12. COMMUNICATIONS AND ENGAGEMENT

Phil Hunter, Service Director gave an update on the communications, both national and local, that had been and were going to be published by the Council. He also gave an overview of the projects undertaken by the Council to engage with the public.

The presentation outlined the way in which it supported outbreak prevention through the following:

- Outbreak Prevention and Control Wraparound Groups
 - Care Homes
 - Education
 - Workplaces and businesses
 - High Risk Individuals, Communities and Settings
- LRF comms cell
- MPs / elected member briefings
- Cabinet Office / Government Communication Service
- Support the Community Champions programme

The new regional communication that was being introduced was Beat Covid NE which included communications around; 'keep the North East open', vaccination hesitancy, 'Acts of Kindness'.

There was an update regarding the community champion project. It was highlighted that over 50 champions had signed up to the scheme and it was being well received in the community.

The presentation outlined the next steps for the Council's communications:

- Continuing to amplify national campaign
- Refreshed town centre signage in place
- Continue Community Champions recruitment
- BeatCovidNE – ongoing campaign development
- Vaccination programme/hesitancy
- Further behaviour insight work (North East wide)

The following comments were made following the presentation:

Members gave thanks to Phil Hunter and commented on the importance of communications given to the public to push the importance of not being complacent. He also highlighted that vaccine hesitancy was a very real problem and must be tackled. He also stated that it was important not to alienate those who do have vaccine hesitancy in society and that communication shouldn't create stigma against them.

There is a lot of uncertainty around why people get side effects. Certain allergies can be an indicator but realistically there would always be some people who would have an adverse effect to the vaccine. Many people seek information on platforms such as social media where information may not be accurate. It was suggested that it was a big task to unpick the problem.

The Council were waiting for a lead from National Government and Cabinet Office on Covid passes and how they would be used.

Communication was going to be valuable to allow people to gain confidence in returning to voluntary groups etc. Many elderly people had become used to being locked down and isolated and communication was needed to reassure them that it is safe to go to groups and clubs.

It was acknowledged that communication needed to be given about still behaving appropriately in public regardless of their vaccination status. However there was an awareness that explaining this was complex.

11. HEALTHWATCH ANNUAL REPORT 2020/21

Derry Nugent gave a presentation on behalf of David Thompson who was unable to attend. The presentation included information about the annual report, annual survey and moving forward.

The presentation outlined what Healthwatch Northumberland had achieved throughout 2020/21 including; enabling people separated from loved ones in care homes to share what it meant and how it could be better. Building solid relationships which enabled them to relay messages about vaccination programme.

The annual survey by Healthwatch Northumberland focused on the NE23 and NE61 postcodes. There was a 67% overall satisfaction rate. The main concerns raised from the survey were quality of care for care service providers, access to GP's, dentists and mental health services, recovery of cancer services.

The priorities for Healthwatch Northumberland in 2021/22 are as follows:

Health

- Access to primary care – dentists and GPs
- Mental Health services
- Sight loss

Social Care

- Care homes – new support forum
- Enter & View (when we can)

Communication

- Here to Hear
- Patient and service user voice in the ICS

The following comments were made in response to questions:

Members echoed the concerns regarding access to GP's. The CCG and other members acknowledged that access to GP's was difficult. There were not less services available but essentially it was a supply and demand issue. Services were transforming which meant GP's would not be the first point of contact but it may have been a pharmacist or district nurse. It was acknowledged that communication was needed to inform and educate patients of the service changes.

Access to dentists were questioned. It was highlighted that through speaking to colleagues across the North East that the region was experiencing the same issue. Patients were struggling to find access to NHS dentists and in some cases, patients were struggling to access a new dentist after the pandemic where they may have been from the practice.

Derry Nugent expressed her pride in the Healthwatch continuing throughout the pandemic with a small team and the relationships that had been built with services. She said the pandemic brought with it frustrations such as not being able to go out to speak to the public. The annual response rate to the survey was less than last year. Moving forward Healthwatch wanted to develop by integrating services and help with services at a local area level.

12. HEALTH AND WELLBEING BOARD FORWARD PLAN

Paula Mead requested that the Children's & Adult's Safeguarding report be deferred to the December meeting

RESOLVED that:

- a) The forward plan be noted;
- b) the Children's & Adult's safeguarding report be deferred to the December meeting and be place in the December meeting for all future forward plans.

13. URGENT BUSINESS

Ralph Firth raised that it would be his final meeting for the board as a representative for the voluntary organisation sector. He thanked the board for allowing him to attend. A new representative will be elected as a representative in the near future.

The Chair thanked Ralph Firth for his attendance to the meetings and the contributions he gave.

11. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 14 October 2021, at 10.00 a.m. in County Hall, Morpeth.

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, 14 October 2021 at 10.00 a.m.

PRESENT

Councillor B. Flux
(Chair, in the Chair)

BOARD MEMBERS

Bailey, M.	Sanderson, H.G.H.
Brown, S.	Simpson, E.
Lothian, J.	Syers, G.
Morgan, E.	Thompson, D.
Pattison, W.	Watson, J.
Riley, C (substitute)	

ALSO IN ATTENDANCE

L.M. Bennett	Senior Democratic Service Officer
K. Bush	Specialty Registrar in Public Health
P. Hunter	Senior Service Director
R. Mitcheson	Northumberland CCG
L. Sprudd	Rise North East

20. APOLOGIES FOR ABSENCE

Apologies for absence were received from R. O'Farrell, and P. Mead.

21. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 9 September 2021, as circulated, be confirmed as a true record and signed by the Chair:

22. UPDATE ON THE EPIDEMIOLOGY OF COVID 19 AND ON THE NORTHUMBERLAND COVID 19 OUTBREAK PREVENTION AND CONTROL PLAN

Members received an update on the epidemiology of COVID 19 and the Northumberland COVID 19 Outbreak Prevention and Control Plan and COVID Deaths in Northumberland. (Presentation filed with the signed minutes).

Liz Morgan, Director of Public Health, gave a presentation to the Board and key points included:-

- National Overview
 - Infections increasing but hospital admissions remained relatively stable.
 - Deaths were decreasing for the first time since June 2021
 - More than 4 in 5 adults were fully vaccinated and more than 9 in 10 had antibodies.
 - Social Distancing had reduced over time but was now levelling.
- ONS Coronavirus (COVID-19) Study Infection Survey showed the percentages of people testing positive week by age group ending 2 October 2021. Rates were highest in secondary school pupils that week.
- NCC Dashboard showed figures for Northumberland up to 11 October 2021. Northumberland was currently in the top third of Local Authorities for case rates.
- Outbreak Control Plan
 - Efforts were being concentrated on more high-risk areas. The national framework was being followed including encouraging use of face coverings, improved ventilation, and testing.
 - Outbreaks had occurred in residential home settings, high risk settings and HMP Northumberland. Many cases had been associated with the Lindisfarne Festival in early September.
 - The contact tracing model was being extended and there was a national review of testing sites.
 - The NHS was very busy and pressurised but was not all due to COVID.
- COVID-19 Autumn and Winter Plans A and B. Plan B included additional measures such as mandatory face coverings in some settings, vaccine passports, and working from home.
- Vaccination Programme – 500,000 doses had been administered in Northumberland. Uptake was high in comparison with the rest of the region and England. It was still early days for vaccination of 12-15 age group.
- Vaccination of children and young people would be carried out by mixture of School Immunisation Teams, PCNs, local pharmacies, or walk in clinics.
- Phase 3 Autumn/Winter Boosters – Booster jabs would be offered to cohorts 1-9 and should take place no sooner than six months after the first dose.
- Next Steps – vaccination was being encouraged particularly in priority cohorts such as pregnant women and other high-risk groups
- Delivery of seasonal flu vaccinations
- Deliver 3rd doses to eligible immunosuppressed individuals.

The following comments were made in response to queries:-

- It had been hoped to co administer the flu and COVID booster jabs, however, logistically this was not always possible as COVID vaccine supplies were not arriving in line with flu vaccines. It was important not to

delay either jab. Practices were attempting to co administer where possible.

- The situation at HMP Northumberland was challenging and it was hoped that the vaccine uptake rate would improve. There was an important balance to be struck between security and the safety of staff and inmates.
- Walk in clinics were being made available at local pharmacies and at some practices.
- It was important to reinforce the positive messages about vaccination for children.

Members received a presentation about COVID -19 Deaths in Northumberland from Dr. Kathryn Bush, Specialty Registrar in Public Health. (Presentation filed with the signed minutes).

Key points included:-

- Northumberland pandemic deaths overview
 - The number of deaths within 28 days of a positive test peaked early in the pandemic and again over winter 2020/21. There were long periods of no deaths. Rates were beginning to rise again.
- Variations in death rates according to age and ward
 - Death rates were low in the younger age groups and higher in older age groups.
 - Details of death rates according to ward was provided along with case and death rates per 1,000 people.
 - The number of deaths in a ward was not necessarily linked to the rate of infection in that ward. Some wards may have an older population or be in a more deprived area.
- Excess deaths – The number of deaths from all causes, above what would have been expected during a given time period. This was calculated by comparing the average number of deaths over the same time period in the preceding five years.
 - The total number of excess deaths in Northumberland was 365. This figure was lower than expected and could be due to social distancing, use of PPE, the test and trace programme and vaccination programme.
- Breakthrough cases - Where infection had occurred in someone who was fully vaccinated against COVID19
- Breakthrough deaths – A death involving COVID19 that occurred in someone who had received both vaccine doses and had a first positive PCR test at least 14 days after the second vaccination dose.
- These cases and deaths would increase as the number of people vaccinated increased. This was expected statistically and did not mean that the vaccine was ineffective.
- Positive cases were rising but deaths and hospital admissions were not rising at the same rate.

The following comments were made in response to queries:-

- Northumberland had a relatively stable population which enabled reasonable comparisons with other Local Authority areas to be made.
- Communications and Engagement policy and practice had been effective. The number of deaths in Northumberland was lower than predicted and this was because the public had complied with regulations. The vaccination programme had also worked to prevent deaths and reduce infection.
- There were some areas in Northumberland which had not done so well, particularly those which were more deprived, more care homes etc. It was important to understand this and consider what could be done about it.
- Lessons learned from the pandemic should be considered and it was noted that this was already planned by the Systems Transformation Board.

RESOLVED that the two presentations be received.

23. COMMUNICATIONS AND ENGAGEMENT

Members received a presentation updating them on current communications and engagement from Phillip Hunter, Senior Service Director. (Presentation filed with the signed minutes).

The following key points were made:-

- Local and national messages were being amplified and included the importance of handwashing, being vaccinated, how to access vaccination and testing etc.
- Ongoing work for the Communications Team included supporting the Outbreak Prevention and Control Wraparound Teams, Member and MP briefings, communication with the Cabinet Officer, supporting the Community Champions Programme and the BeatCovidNE campaign.
- Further development was ongoing with the Community Champions programme and further recruitment would take place. There were 38 active Champions reaching 7,196 individuals. Their locations were being mapped to identify areas to be targeted.
- The BeatCovidNE campaign encouraged 'Acts of Kindness' and had been widely covered by local TV, radio and newspapers. Awards to celebrate those who had gone above and beyond were due to be announced in late October.
- The next steps would include continuance of all above and supporting the vaccination programme and vaccination hesitancy work, along with further insight work across the North East.

The following comments were made:-

- The 12-15 age group was not a difficult group to reach but was a difficult group to convince about the need for vaccination. Further support in this area would be welcomed.

- NHS, nationally, was using its resources to target young people via social media.
- COVID-19 was no longer regularly in the news headlines.

RESOLVED that the report be received.

24. SEND REVISIT MAY 2021

Members were informed of the findings of the SEND Revisit from Ofsted and CQC and of the next steps to be taken.

Rachel Mitcheson, Northumberland CCG, provided the following presentation:-

- The Ofsted HMI Lead Inspector and CQC Inspector visited in May 2021 and focused on progress in three areas of weakness.
- Strengths highlighted during the inspection included:-
 - Collegiate approach to the delivery of SEND developments.
 - Revitalised strategy for children and young people with SEND.
 - Improved quality of Education Health Care Plans.
 - Strong waiting times for children and young people to receive support for mental health.
 - Good understanding of the importance of early identification and the graduated approach from SENCOs with needs being met more consistently across schools
 - Strong Parent Carer Forum providing challenge to the SEND Partnership.
 - Academic outcomes were improving and exclusions for learners with SEND had reduced year on year for three years.
- Outcomes of the inspection included:-
- Progress in addressing the previously identified areas of weakness.
 - Formal quarterly support and challenge visits from DfE and NHS England to cease.
 - Seismic change in leadership and culture since October 2018 inspection.
 - Context of judgement
- SEND Strategic Priorities
 - Working Together
 - Delivering the right support and the right time.
 - Inclusive education
 - Preparation for adulthood

The following comments were made:-

- This was a pivotal time for the system with opportunities for joint commissioning and co design. There were exciting times ahead.
- Very significant progress had been made and officers were thanked for their contribution to these improvements.

RESOLVED that

- (1) the contents of the report be noted
- (2) the next steps to be taken be supported.

25. NORTHUMBERLAND PHYSICAL ACTIVITY STRATEGY

Members received a detailed update on the progress of the Northumberland Physical Activity Strategy from Lee Sprudd, Strategic Director (North of Tyne) for Rise North East.

Members welcomed the report and a number of comments were made:-

- There were plans to make improvements to or rebuild leisure centres around the county. A new leisure centre had recently opened in Ponteland and another would open soon in Berwick. Good facilities were already available in Hexham and Ashington. Nationally, swimming pools were being closed down but in Northumberland they were being opened.
- It was recognised that it was unfortunate that some schools were reluctant to open up their facilities for the community. A lot of work and evaluation was ongoing to build evidence of the benefits of opening up these facilities. Some young people may feel more comfortable engaging in activities if they were in a familiar school environment.
- The potential cost to local groups of opening up school facilities could be a problem. Individual requests for support could be looked at outside the meeting. It was noted that it was important for a sustainable solution to be found.
- Discussions should be opened with Headteachers to encourage the opening of school facilities. It was also noted that it was crucial to provide encouragement to the public to use facilities offered.
- There were a number of strategic partners involved with the strategy as none of this work could be done in isolation. Physical activity needed to be built into systems such as the Local Plan and infrastructure.
- Private sector should be involved and some providers were being contacted. The stakeholder group met quarterly and its membership was continually under review to ensure that it included appropriate bodies.
- It was noted that the public's work and activity patterns had changed as a result of the pandemic.
- It was important to focus on obesity and mental health issues which had become more common during the pandemic.

RESOLVED that the Health & Wellbeing Board

- (1) The importance of the physical activity strategy taking a multi-agency approach in tackling the complexities around physical inactivity in the county be understood and acknowledged, and more public and third sector organisations be supported to connect with the strategy's aspirations and

be part of the solution.

- (2) The complexities associated with tackling inactivity and the excellent ongoing collaborative work with strategic stakeholders to implement the countryside physical activity strategy be recognised.
- (3) The immediate impact of implementing this strategy, targeting out most vulnerable communities hit hardest by the COVID 19 crisis be noted.
- (4) The significant benefits of using a preventative approach to tackle rising physical inactivity levels across the county against the wider health, social, educational and economic priority outcomes be noted. This aimed to ensure people were better prepared to live happy and fulfilling lives as members of more sustainable and resilient communities.
- (5) The benefits of developing place-based approaches and the current work ongoing in Berwick as a tool to reduce inequalities across the county be acknowledged.

26. HEALTH AND WELLBEING BOARD FORWARD PLAN

Graham Syers referred to ICS and STB Update scheduled for the next meeting and stressed the importance of the Health & Wellbeing Board dovetailing very well with system based place work. Over the next few months, consideration would have to be given to how what the Board perceived as the needs of the population and feed this in with wider partners. A full discussion at a future meeting once further information was available would be welcomed.

RESOLVED that the forward plan be noted.

27. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 11 November 2021, at 10.00 a.m. in County Hall, Morpeth.

CHAIR _____

DATE _____

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Northumberland County Council

Health and Wellbeing Overview and Scrutiny Committee

9TH DECEMBER 2021

Director of Public Health Annual Report 2020

Report of: Liz Morgan Interim Executive Director of Public Health and Community Services

Cabinet Member: Cllr Wendy Pattison - Adult Health and Wellbeing

Purpose of report

The purpose of this report is to present the Director of Public Health (DPH) Annual Report for 2020 which for this year, was focused on protecting the health of our communities from the impact of Covid 19.

Recommendations

It is recommended that Health and Wellbeing Scrutiny:

- a. Comments on the DPH Annual Report 2020; and
- b. Accepts and supports the recommendations.

Link to Corporate Plan

This report is linked to all priorities within the NCC Corporate Plan 2021 - 2024.

Thriving – The pandemic has impacted on the sustainability and availability of jobs and income and outlines the council's response to labour market disruption, unemployment and economic recovery.

Living/Learning – Covid 10 has had an enormous direct and indirect impact on health and wellbeing, more so in our most vulnerable communities. Children's education has been severely disrupted which for some could have long term consequences.

Enjoying/Connecting – The report highlights the impact that the pandemic has had on social isolation and mental health but also some of the positive impacts on reduced carbon emissions, increased social networks and capitalising on our green spaces.

Key issues

- The pandemic has exacerbated the structural inequalities which already existed nationally, regionally and locally. The direct and indirect impacts of COVID-19 have had the greatest impact on our most deprived and vulnerable communities.
- Disruption to education and digital exclusion; unemployment, furlough, the impact on the economy and knock on effect on income and poverty; the need to ensure people are supported into suitable accommodation to enable self isolation and care and prevent families from tipping into homelessness; the negative and positive effects on social isolation, increased community action and strengthened social networks; these are all key features of the pandemic.

- Apart from the direct health protection response taken across the council and in partnership with NHS and other agencies, a range of activities have been undertaken to support individuals and communities across the wider determinants of health to try and mitigate against the indirect consequences of the pandemic.
- Four recommendations are made: That the council undertakes a COVID-19 Inequalities Impact Assessment to inform the council's recovery plan; develop an integrated carbon reduction, equality and health inequality approach as part of the council's policy development and appraisal process; ensure residents are at the centre of processes to design initiatives and services which meet their needs and aspirations; and encourage people to shop local, support local businesses, and support the local development of skills to enable employment.

Background

Directors of Public Health in England have a statutory duty to write an Annual Public Health Report on the health of the local population; the Local Authority has a duty to publish it. The DPH Annual Report is a vehicle for informing local people about the health of their community, as well as providing necessary information for commissioners and providers of services on health and wellbeing issues and priorities that need to be addressed.

The DPH Annual Report for 2020 is in the format of a series of short videos. It was developed during the 4th wave of SARS-CoV-2 in July 2021 and reflects the situation up until that point. Through a series of 5 short videos, the report explains:

- How COVID-19 has highlighted the two-way relationship between the health of our residents and the prosperity of the county;
- How the conditions within which our residents are born, live, work and age have affected their experiences of COVID-19;
- The groups who have been disproportionately impacted by COVID-19 through exposure to the infection, the measures put in place to control the virus and the longer term social and economic consequences;
- How the council has worked to protect the health of Northumberland residents;
- What more can be done to improve health and reduce inequalities so we emerge from this pandemic more resilient to future threats.

The report reflects the situation at the time of writing and represents only a proportion of the COVID-19 impacts on communities. Some of the data and conclusions are based on local data and experiences but national reports have been a significant source of evidence.

The videos cover the following:

- Video 1 – Introduction and overview including the purpose of the report;
- Video 2 – The impact of Covid 19 on income and job security; social isolation and mental health. The evidence indicates that nationally, over a quarter of adults experienced deteriorating finances with the poorest families experiencing the biggest impact; more likely to have increasing debt and to use their savings. Economic recessions disproportionately affect young people and the pandemic has also impacted on disabled people with more disabled people having their work impacted by COVID 19 than non-disabled people. Employers in some sectors have reported hard-to-fill vacancies and staff shortages impacting on recovery suggesting a need for employment and skills support for residents. 1 in 10 of the population have been furloughed for more than 6 months with consequences for mental health. A fifth of the population have experienced sustained poor mental health with a quarter experiencing a new mental health problem during the pandemic. Although

- contact within households and between neighbours increased, loneliness increased for those living alone and those who were shielding, cut off from their usual support networks.
- Video 3 – How the wider determinants of health have shaped the experience of COVID-19; the importance of a safe and healthy home; and the impact on healthy behaviours. The pandemic has shone a spotlight on existing inequalities and has largely exacerbated them; those communities least likely to be able to withstand adversity have been disproportionately affected by the direct and indirect consequences of the pandemic. In England, 1 in 3 households had a major housing problem before the pandemic such as overcrowding or struggling with housing costs; household size increases the risk of virus transmission and larger households had a five-fold increase in the risk of COVID 19 deaths compared to single occupancy households. People from lower income backgrounds, younger adults, and women are among those who have been disproportionately affected by the pandemic in the context of tobacco and/or alcohol use. Alcohol intake has become more polarised with heavy drinkers drinking more; heavy drinkers in the least deprived groups were more likely to try and reduce alcohol intake. However, during the first lockdown, increasing numbers of adults used it as an opportunity to quit smoking.¹
 - Video 4 – Groups disproportionately affected by COVID-19; impact on children and young people; digital exclusion. People living on the lowest incomes have been worst affected by this crisis but many other groups overlapping the poorest have been disproportionately affected e.g. those with long term conditions, ethnic minority communities, those with a learning disability or mental health problem, those living in care homes and those who have been less able to work from home. Young people are less likely to come to harm from the direct effects of COVID-19 disease but the impacts on social and emotional development in younger children; disruption of education; social isolation and increased stress; increased levels of obesity; and mental health have been significant. Again, it is those children and young people from our most deprived communities who are more likely to have been affected. As services moved online and community buildings closed, the opportunity for those who relied on those resources to access online services was limited and highlighted the digital exclusion of some groups, particularly many jobseekers. Older people, those living in rural areas and communities in areas of significant deprivations have been most affected.
 - Video 5 - The council's response. From an economic and employment perspective the council put in place a variety of rapid response services and support which included and employment and skills triage service to provide support for those unemployed, at risk of unemployment or furloughed. Wellbeing support was provided for those affected by labour market disruption. Grants were provided for VCSE organisations to digitalise support services. For young people, the council supported the Kickstart programme and took a Youth Employment Partnership approach for broader support. For those whose first language is not English, digital access to skills support was provided. In response to the need to support those most at risk from COVID-19 and its impacts, Northumberland Communities Together was established, drawing on different agencies, sectors and services to help coordinate and target the local response. To ensure those who were homeless or at risk of homelessness could access support and accommodation, reducing the risk of transmission of infection and enabling self-isolation, a multi-agency Homeless Coordination Cell was set up. A range of dedicated housing options were established.

¹ Jackson SE, Beard E, Angus C, Field M, Brown J. Moderators of changes in smoking, drinking and quitting behaviour associated with the first COVID-19 lockdown in England. *Addiction*. 2021;1–12. <https://doi.org/10.1111/add.15656> First published: 25 August 2021 available from: <https://onlinelibrary.wiley.com/doi/full/10.1111/add.15656>

Tenants were supported with rent arrears. This is just a snapshot of the areas in which the council has supported Northumberland residents over the course of the pandemic.

Recommendations. The report makes four recommendations:

- Undertake a COVID-19 Inequalities Impact Assessment and use that to inform the council's recovery plan to ensure that areas of deepening inequalities are recognised and addressed. This should inform future budget and planning cycles.
- Develop an integrated carbon reduction, equality and health inequality approach as part of our policy development and appraisal process. This would be consistent with the Health in All Policies approach we are developing.
- Build on the strong community networks and increased social cohesion to ensure residents are at the centre of processes to design initiatives and services which meet their needs and aspirations.
- Encourage people to shop local, support local businesses, support the local development of skills to enable employment, especially those living in Northumberland who are furthest away from the employment market and exploit the wider social value of the Northumberland pound.

The DPH Annual Report for 2020 is available [here](#).

Implications

Policy	The council is already committed to delivering on the principles of Health in All Policies; this report recommends that that approach takes into account the inequalities that have been exacerbated by COVID-19.
Finance and value for money	The report has no direct financial implications but makes recommendations on how the recovery plan and associated budget planning cycle should take into consideration the intelligence which how investment in the arts and culture can reduce the financial costs of health and social care.
Legal	The report meets the statutory requirement of the DPH to produce an annual report on a health issue relevant to the local population.
Procurement	N/A
Human Resources	N/A
Property	N/A
Equalities (Impact Assessment attached) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> X	The impact that COVID-19 has had on those with some protected characteristics is reflected in the report which recommends a wider impact assessment is undertaken.
Risk Assessment	Not undertaken
Crime & Disorder	Covid 19 has had an impact on crime but this has not been considered as part of this report
Customer Consideration	The impact on service users of a selection of council services are considered and the recommendations propose a commitment for the council to include residents in the development of new services building on the strong social networks and participation arising from the pandemic.
Carbon reduction	The recommendations include a proposal to adopt a triple assessment process for the development of programmes and policies which includes carbon reduction, equality and health inequalities
Health and Wellbeing	The direct and indirect health and wellbeing consequences of COVID 19 are at the centre of this report which includes a selection of the

	interventions the council has put in place to address these issues. The recommendations are all related to improving health and wellbeing and addressing health inequalities.
Wards	This report relates to population health and wellbeing in all wards.

Background papers

None

Report sign off

Authors must ensure that officers and members have agreed the content of the report:

	Full name of officer
Monitoring Officer/Legal	Suki Binjal
Executive Director of Finance & S151 Officer	Jan Willis
Relevant Executive Director	Elizabeth Morgan
Chief Executive	Daljit Lally
Portfolio Holder(s)	Cllr Wendy Pattison

Author and Contact Details

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Northumberland County Council

Health and Wellbeing Overview and Scrutiny Committee

Work Programme and Monitoring Report 2021 - 2022

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

TERMS OF REFERENCE

- (a) To promote well-being and reduce health inequality, particularly in supporting those people who feel more vulnerable or are at risk.
- (b) To discharge the functions conferred by the Local Government Act 2000 of reviewing and scrutinising matters relating to the planning, provision and operation of health services in Northumberland.
- (c) To take a holistic view of health in promoting the social, environmental and economic well-being of local people.
- (d) To act as a consultee as required by the relevant regulations in respect of those matters on which local NHS bodies must consult the Committee.
- (e) To monitor, review and make recommendations about:

- Adult Care and Social Services
- Adults Safeguarding
- Welfare of Vulnerable People
- Independent Living and Supported Housing
- Carers Well Being
- Mental Health and Emotional Well Being
- Financial Inclusion and Fuel Poverty
- Adult Health Services
- Healthy Eating and Physical Activity
- Smoking Cessation
- Alcohol and Drugs Misuse
- Community Engagement and Empowerment
- Social Inclusion
- Equalities, Diversity and Community Cohesion.

ISSUES TO BE SCHEDULED/CONSIDERED

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

To be listed: Update on learning disability funding
Adult Social Care Green Paper

Themed scrutiny:
Other scrutiny:

7 December 2021		
	COVID/Vaccination Update	An update from DPH and CCG on the current COVID and Vaccination situation.
	Director of Public Health Annual Report	Annual report from the Director of Public Health
4 January 2022		
	North Tyneside and Northumberland Safeguarding Adults Annual Reports 2020-21	To provide an overview of the work carried out under the multi-agency arrangements for Safeguarding Adults in 2020/2021
1 February 2022		
Page 38	End of Life Strategy	To receive an update following the revision of Northumberland CCG and Northumbria Healthcare's End of Life Strategy
	Adult Principal Social Worker Annual Report	Annual report for 2020/21 of the Principal Social Worker in adult's social care.
	GP and Dentist Access in Northumberland	Report on the current needs and access to GP and dental services across Northumberland. Report presented by Northumberland CCG and NHSE.
1 March 2022		

	<p>Adult Social Care Self-Assessment</p> <p>Addictions Services: Independent review of drugs by Professor Dame Carol Black (CNTW)</p>	<p>A review of the changes to adult social care following the dissolution of the partnership agreement between Northumbria Healthcare and Northumberland County Council.</p> <p>Report by CNTW following the publication of the Black report on addictions services. The report will look at service provisions within in the Northumberland area.</p>
5 April 2022		
	NHCT Quality Accounts	

Northumberland County Council Health and Wellbeing Overview and Scrutiny Committee Monitoring Report 2021-2022				
Ref	Date	Report	Decision	Outcome
1	15 June 2021	NHS White Paper and ICS Update	RESOLVED that the presentation and comments be noted.	No further action at this time
2	15 June 2021	COVID-19 Update	RESOLVED that the presentation and comments be noted.	Further updates to be given.
3	15 June 2021	NUTH Quality Accounts	RESOLVED that the presentation and comments be noted.	NUTH to return with an update on their quality accounts next year
4	26 July 2021	Northumbria Healthcare NHS: COVID Recovery Strategy	RESOLVED that the presentation be noted	No further action at this time
5	26 July 2021	Community Mental Health Transformation	RESOLVED that the presentation be noted	Further information on 'Open Minds Northumberland' would be made available in the forthcoming Members' briefing.

6	26 July 2021	CNTW Quality Accounts	RESOLVED that the presentation be noted	No further action at this time
7	2 August 2021	NHS Partnership Agreement	RESOLVED that <ol style="list-style-type: none"> 1) the report be received and 2) that the Cabinet be informed that the Committee supported the recommendations contained in the report and hoped that the changes would support the advancement of social care and drive further improvement for the residents of Northumberland. 3) an update be provided in early 2022 along with complete and detailed financial information to allow Members to fully understand all the implications arising from the changes. 	The Committee's comments were considered at the Cabinet meeting held on 3 August 2021.
9	2 August 2021	Proposed Partnership for 0-19 Public Health Services – Consultation	RESOLVED that <ol style="list-style-type: none"> 1) The report be received. 2) A review be carried out in six to nine months. 	A review be carried out in six to nine months.
10	31 August 2021	COVID-19 Update: Public Health/CCG	RESOLVED that the presentation be noted	Further updates to be given
112	31 August 2021	Complaints Annual Report 2020/2021 - Adult social care,	RESOLVED that the information be noted.	

		children's social care, and continuing health care services		
12	5 October 2021	Winter Planning Update	RESOLVED that the information be noted.	
13	5 October 2021	HealthWatch Northumberland Annual Report	RESOLVED that the information be noted.	