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Northumberland County Council

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Date: 5 October 2021

Dear Sir or Madam,

Your attendance is requested at a virtual meeting of the **HEALTH AND WELL-BEING BOARD** to be held in the **Meeting Space, Block 1, Floor 2** on **THURSDAY, 14 OCTOBER 2021** at **10.00 AM**.

Yours faithfully

Daljit Lally
Chief Executive

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

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

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

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



Daljit Lally, Chief Executive
County Hall, Morpeth, Northumberland, NE61 2EF
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www.northumberland.gov.uk



AGENDA

PART I

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

1. APOLOGIES FOR ABSENCE

2. MINUTES

(Pages 1
- 8)

Minutes of the meetings of the Health and Wellbeing Board held on Thursday, 9 September 2021 as circulated, to be confirmed as a true record and signed by the Chair.

3. DISCLOSURES OF INTEREST

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

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

4. UPDATE ON THE EPIDEMIOLOGY OF COVID 19 AND ON THE NORTHMBERLAND COVID 19 OUTBREAK PREVENTION AND CONTROL PLAN

(Pages 9
- 30)

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

5. SEND REVISIT MAY 2021

(Pages
31 - 34)

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

6. NORTHUMBERLAND PHYSICAL ACTIVITY STRATEGY

(Pages
35 - 66)

To receive an update on the progress of the Northumberland Physical Activity Strategy from Lee Sprudd, Strategic Director (North of Tyne) for Rise North East.

7. COMMUNICATIONS AND ENGAGEMENT UPDATE

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

8. HEALTH AND WELLBEING BOARD – FORWARD PLAN

(Pages
67 - 72)

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

9. URGENT BUSINESS (IF ANY)

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

10. DATE OF NEXT MEETING

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

IF YOU HAVE AN INTEREST AT THIS MEETING, PLEASE:

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

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

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

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

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

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

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

The following are other Registerable Personal Interests:

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

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

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

3. Non-participation in Council Business

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

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

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

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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)	Wigham, R. (Substitute member)

ALSO IN ATTENDANCE

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

12. 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.

13. 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

14. 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.

15. 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.

16. 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.

17. 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.

18. 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.

19. 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

COVID-19 Outbreak Prevention and Control Plan Update to Health and Wellbeing Board

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Iz Morgan – Interim Executive Director of Public Health and Community Services

14/10/2021

www.northumberland.gov.uk

Agenda Item 4

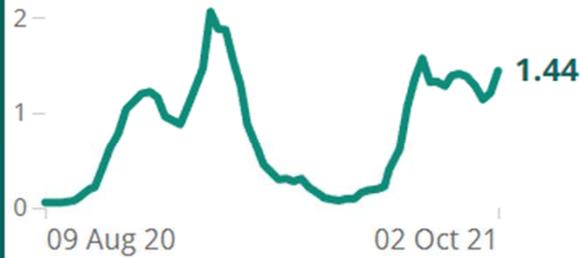
National overview

Deaths fall nationally for first time since June

Deaths in Northumberland involving covid also falling

Infections increased

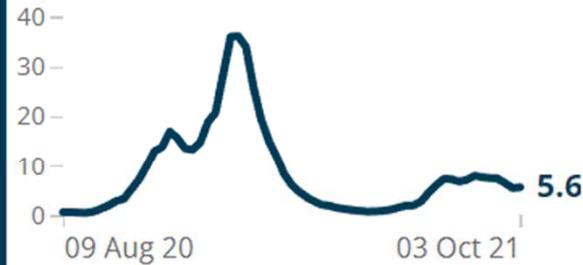
Percentage testing positive for COVID-19, England



Office for National Statistics

Hospital admissions remained similar

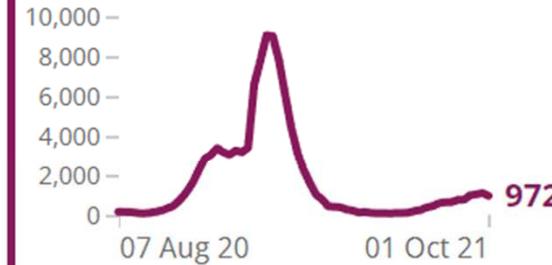
Hospital admissions involving COVID-19 per 100,000 people, England



UK Health Security Agency

Deaths decreased

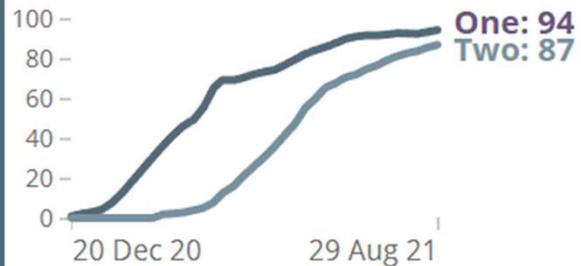
Deaths registered by week involving COVID-19, UK



Office for National Statistics

More than 4 in 5 adults are fully vaccinated

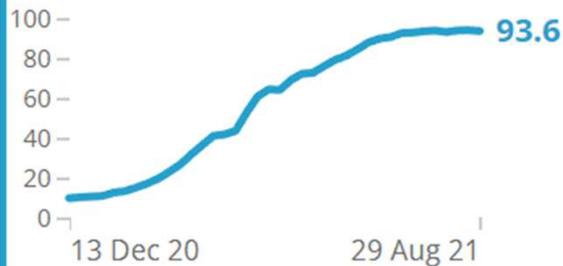
Percentage who received one and two doses of a COVID-19 vaccine, England



Office for National Statistics

More than 9 in 10 adults had antibodies

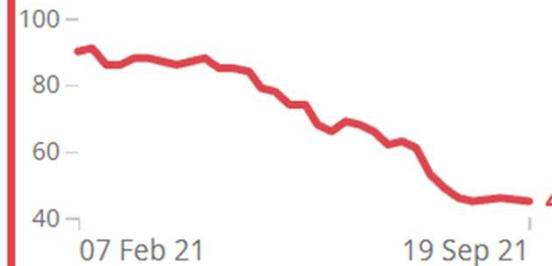
Percentage testing positive for antibodies to COVID-19, England



Office for National Statistics

Social distancing remained level

Percentage always/often maintaining social distancing



Office for National Statistics

NS Coronavirus (COVID-19)

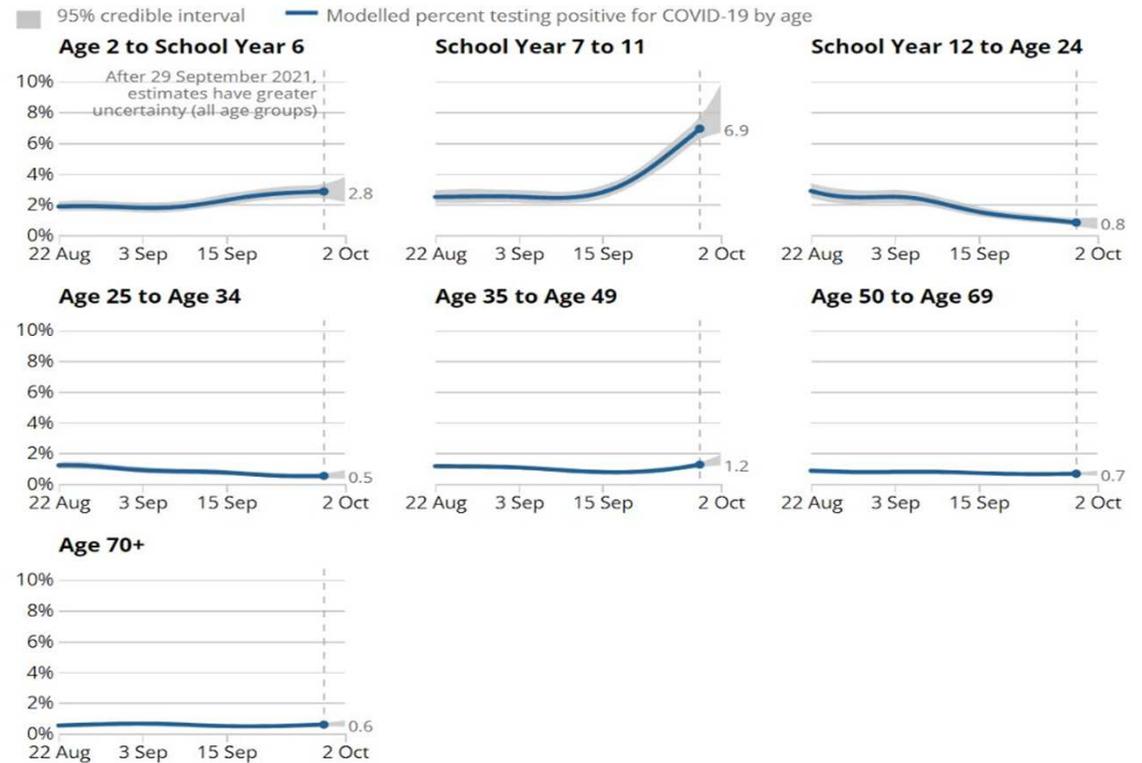
Infection Survey

to week ending 2nd October 2021

Secondary school children represent largest proportion of people testing positive

The percentage of people testing positive was highest in secondary school pupils in the week ending 2 October 2021

Estimated daily percentage of the population testing positive for coronavirus (COVID-19) on nose and throat swabs by age group, England, 22 August 2021 to 2 October 2021



Source: Coronavirus (COVID-19) Infection Survey, UK: 8 October 2021

Office for National Statistics

Weekly Change in Rate per 100,000 - week beginning

9 August 2021	16 August 2021	23 August 2021	30 August 2021	6 September 2021	13 September 2021	20 September 2021	27 September 2021	4 October 2021
273.92	326.11 ▲	293.99 ▼	320.86 ▲	355.44 ▲	367.49 ▲	427.09 ▲	402.38 ▼	445.62 ▲

Rate of Positive Cases per 100,000 - 05/10/2021 to 11/10/2021

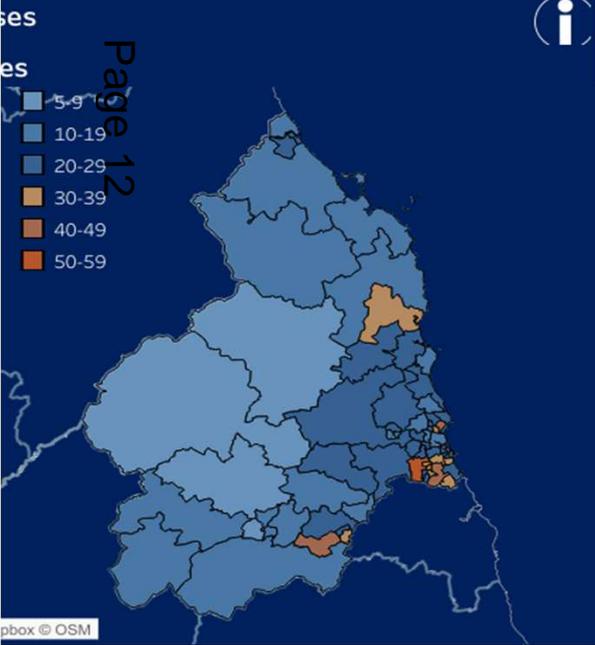
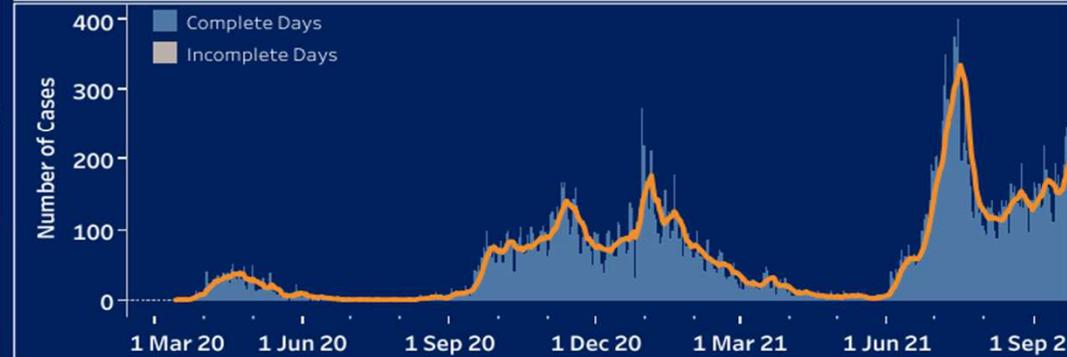
464.1

New Confirmed Positive Cases - 05/10/2021 to 11/10/2021

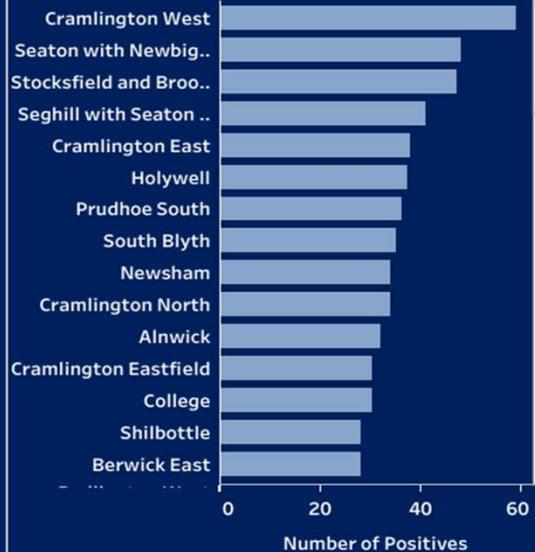
1,503

Epidemic Curve - Click below to select view

Number of Positive Cases



Positives Cases by Ward (<5 Suppressed)



Daily Cases - This data is subject to change and cases will be added retrospectively on a daily basis

11 October 2021	269	▲
10 October 2021	221	▲
9 October 2021	180	▼
8 October 2021	188	▼
7 October 2021	214	▲
6 October 2021	186	▼
5 October 2021	245	

Outbreaks and incidents

Educational settings

445 cases reported across 77 settings in the last 7 days (7 – 14th Oct) - roughly the same as the previous 7 days

Care sector

Ongoing COVID cases in care homes and homecare settings

Most outbreaks are small and limited to staff only with a small number of large outbreaks despite high vaccination rates among staff and residents. Hospitalisations and deaths in care settings are now rare.

High risk settings

Cases in homeless hostels, children's residential care and retirement schemes, again small numbers in each setting

Prison

There have been over 60 cases in residents and staff since July 2021. A multiagency outbreak control team (OCT) was convened by PHE and continues to meet frequently.

Other

Lindisfarne festival on 2-5 Sep associated with >170 cases (around 30 in Northumberland)

COVID-19 Autumn and Winter Plan

Plan A (subject to change in assessment of)

Contain Framework also updated to reflect priorities set out in Winter Plan and transition of PHO health protection function to the newly established UK Health Security Agency (UKHSA)

Covid winter plan in England



50+ and younger adults with health conditions
offered booster



Children aged 12-15
to be offered one dose of Pfizer vaccine



NHS and social care staff
offered booster



Holiday PCR test
expected to be scrapped soon



Anyone 70+
priority group for boosters



Covid laws
scaled back significantly



One dose of Pfizer or half a dose of Moderna
for 50+ boosters



Mask rules, vaccine passports and working from home
still an option under plan B if Covid cases surge



Meet outdoors
where possible and wear masks in crowded indoor spaces



Self-isolation
support continues with free test kits and financial aid



Contact tracing
through NHS test and trace continues



Largest flu vaccination
campaign the country has ever seen is on the way

GRAPHIC: MARK HALL

COVID-19 Autumn and Winter Plan

Plan B (contingency planning)

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Covid-19 winter plan 'Plan B' contingency measures



Mandatory face coverings in some settings



Powers in reserve to mandate vaccine passports



Encourage people to work from home



Communicating the need for caution

Source: UK government

BBC



COVID-19 Vaccination Programme Update

Health and Wellbeing Board

14 October 2021

Vaccine uptake within age bands – first dose

Age	First dose % uptake				
	England	North East	Northumberland	N'land vs England	N'land vs NE
90+	94.0%	95.5%	96.2%	2.2%	0.7%
85 to 89	95.7%	97.3%	97.4%	1.7%	0.1%
80 to 84	95.7%	97.4%	97.3%	1.6%	-0.1%
75 to 79	95.6%	97.5%	97.5%	1.9%	0.0%
70 to 74	94.6%	96.6%	97.0%	2.4%	0.4%
65 to 69	92.5%	95.4%	96.1%	3.6%	0.7%
60 to 64	90.7%	94.1%	95.1%	4.4%	1.0%
55 to 59	88.9%	92.6%	93.9%	5.0%	1.3%
50 to 54	86.6%	90.3%	92.6%	6.0%	2.3%
45 to 49	82.2%	86.3%	90.0%	7.8%	3.7%
40 to 44	76.7%	81.9%	87.3%	10.6%	5.4%
35 to 39	71.2%	77.2%	84.2%	13.0%	7.0%
30 to 34	66.9%	70.8%	80.4%	13.5%	9.6%
25 to 29	64.5%	66.3%	78.1%	13.6%	11.8%
18 to 24	66.3%	69.6%	80.4%	14.1%	10.8%
16 to 17	56.7%	61.1%	69.9%	13.2%	8.8%
12 to 15	12.7%	10.1%	9.6%	-3.1%	-0.5%

Rate of first dose uptake for 16-39 year olds in Northumberland is 13.5% higher than the England average and 9.6% higher than the North East average

Vaccinating Children and Young People

- JCVI advice to Government for **all 16-17 year olds and those most vulnerable 12-15 year olds** to be offered a vaccination
- Current guidance is for **16-17 year olds** to receive **one dose**
- Vulnerable **12-15 year olds** should receive **both doses**
- **PCNs** have identified eligible 12-15 year old cohort and are proactively contacting them to be vaccinated in PCN sites (including household contacts of immunosuppressed)
- **16-17 year olds** have all received a national invitation and can attend walk-in/pop-up clinics in addition to pre-booked clinics at PCNs, Pharmacies, and Vaccination Centres
- **Healthy 12-15 year olds** will be vaccinated by School Immunisation Services **in schools**

Vaccinating Children and Young People

- **UK CMOs have recommended** vaccination of all **12-15 year olds** after considering wider benefits of vaccination including mental health and wellbeing of children and disruption to education
- Consent and co-administration with flu carefully considered.
- Across NENC ICS school immunisation services are working on the initial principle of **no consent form, no vaccination**
- CCG working with system partners (LA & FT) to plan and support workforce
- All 12-15 year olds to have been offered the opportunity to receive a vaccination **by October half term**
- Plans in place, and underway for the rapid rollout of vaccination for this cohort **in schools**
 - **19** schools visited to date
 - **14%** of eligible Northumberland school population
 - uptake **47%**
 - range from **16.5%** to **77%**
- **Challenges include:** timeliness of consent, workforce capacity, disparity of uptake across communities, uncertainty re: secondary offer

Phase 3 – Autumn/Winter ‘Boosters’

- JCVI has issued **final advice** to Government which has in turn been enacted by Government and NHS England and Improvement
- JCVI advised that the booster programme **should deliver boosters** to Cohorts 1-9 in order to maximise protection in those who are most vulnerable to serious COVID-19:
 - all those **over 70 inc. Older Adult Care Homes**
 - all those **over 16 who are Clinically Extremely Vulnerable**
 - frontline **Health & Social Care workers**
 - all those **over 50**
 - adult **household contacts of immunosuppressed individuals**
 - and all those **16-49 in a flu or COVID-19 ‘at-risk’ group**
- The **Pfizer/BioNTech (Comirnaty)** vaccine is preferred and should be delivered **no sooner than six months after the 2nd dose** of a patient’s primary course
- The booster **CAN be co-administered** alongside flu vaccines where is operationally expedient, improves patient experience, and uptake of both vaccines...**but neither programme is to be delayed to wait for the other**
- **Older Adult Care Home residents and staff** to be prioritised by PCNs with a target for completion of this cohort **by 1 November**

Next steps...

- Continue to provide 2nd doses to all eligible patients at **8 weeks** and maintain an **evergreen offer** of primary vaccination into the Winter (particularly in priority cohorts, e.g. pregnant women)
- **Promote** importance of second dose uptake to provide **greater protection** to patients and **reduce** opportunities for transmission
- Offer vaccination to all **eligible Children and Young People** and explore opportunities to strengthen workforce, accelerate pace, and increase uptake
- Deliver **3rd doses (primary course)** to those eligible **immunosuppressed** individuals
- **Collaborate** and **co-operate** across delivery models (PCN, Community Pharmacy, Hospital Hub) to deliver **Phase 3**
- 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

Summary

COVID cases have been gradually increasing – still largely driven by
- 14 year olds (nationally may be levelling off)

Hospital admissions and deaths stable but still anticipating a
challenging winter - flu activity still low

Many measures continue in Winter Plan but little to prevent ‘super-spreader events’
Vaccination coverage high with a focus on unvaccinated at risk e.g. pregnant women
Work ongoing to implement COVID vaccinations for all 12-15 year-olds and Booster
programme to necessary timescales alongside flu vaccination programme
1500 cases in the last week? Doesn't feel like this pandemic is over.

Covid Acts of Kindness #47

“I chose to get
the vaccine
as soon as
I could”

Let's kill Covid with kindness.
Discover how at [BeatCovidNE.co.uk](https://www.beatcovidne.co.uk)



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Thank you

www.northumberland.gov.uk

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Covid-19 Deaths in Northumberland

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**Presentation to the Health and Wellbeing Board
October 14th 2021**

Dr Kathryn Bush, Specialty Registrar in Public Health

www.northumberland.gov.uk

Contents

Northumberland pandemic deaths overview

Variations in death rates according to age and ward

Excess deaths

Breakthrough deaths

The role of vaccination in preventing deaths

Northumberland – Whole Pandemic Overview (28/09/21)

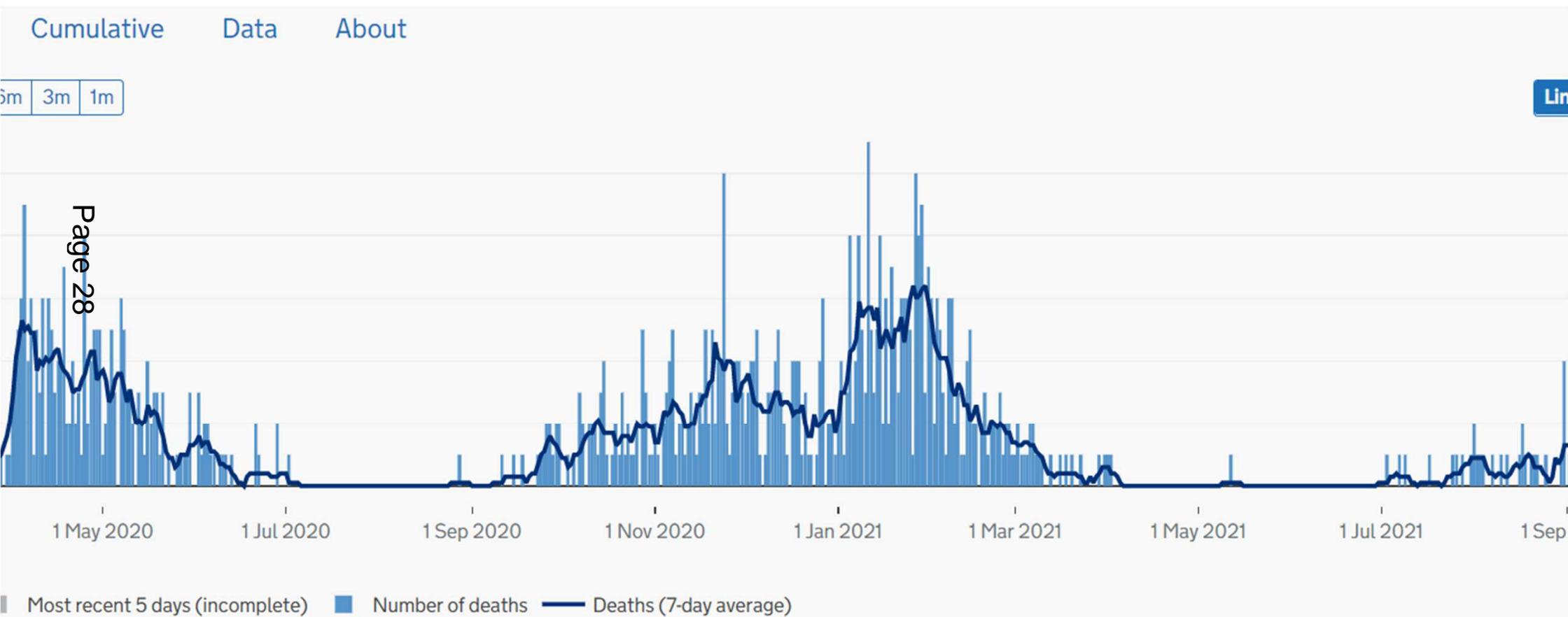
- Total Number of Covid-19 Cases: 35,371
- Total Number of Hospital Admissions due to Covid-19: 3,315
- Total Number of Deaths within 28 days of a Positive Covid-19 Test: 743
- Total Number of Deaths with Covid-19 on death certificate: 817

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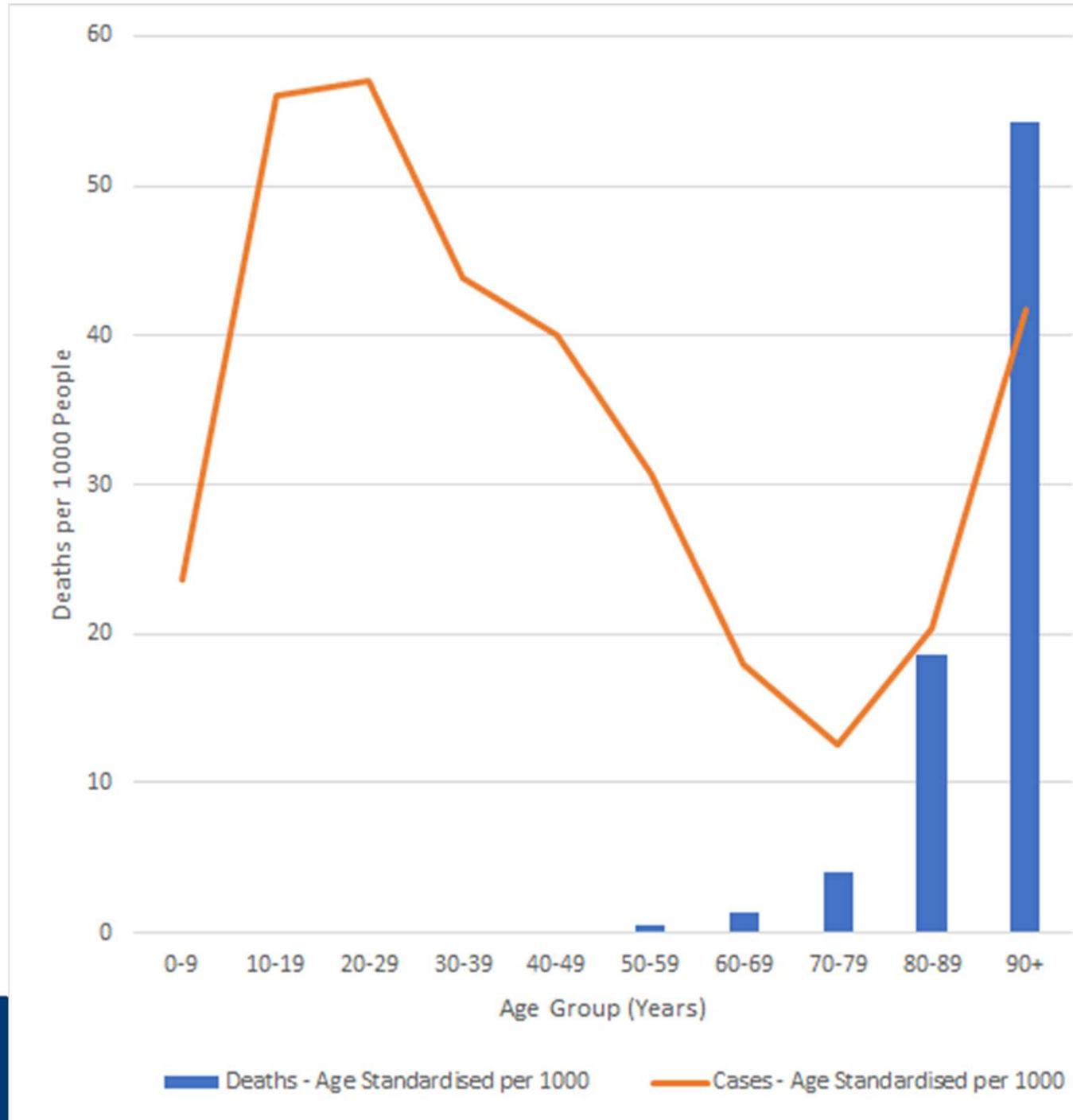
- <https://coronavirus.data.gov.uk/details/deaths?areaType=ltla&areaName=Northumberland>

Northumberland Deaths with 28 days of a positive Covid-19 Test (Daily Numbers)

<https://coronavirus.data.gov.uk/details/deaths?areaType=Itla&areaName=Northumberland>

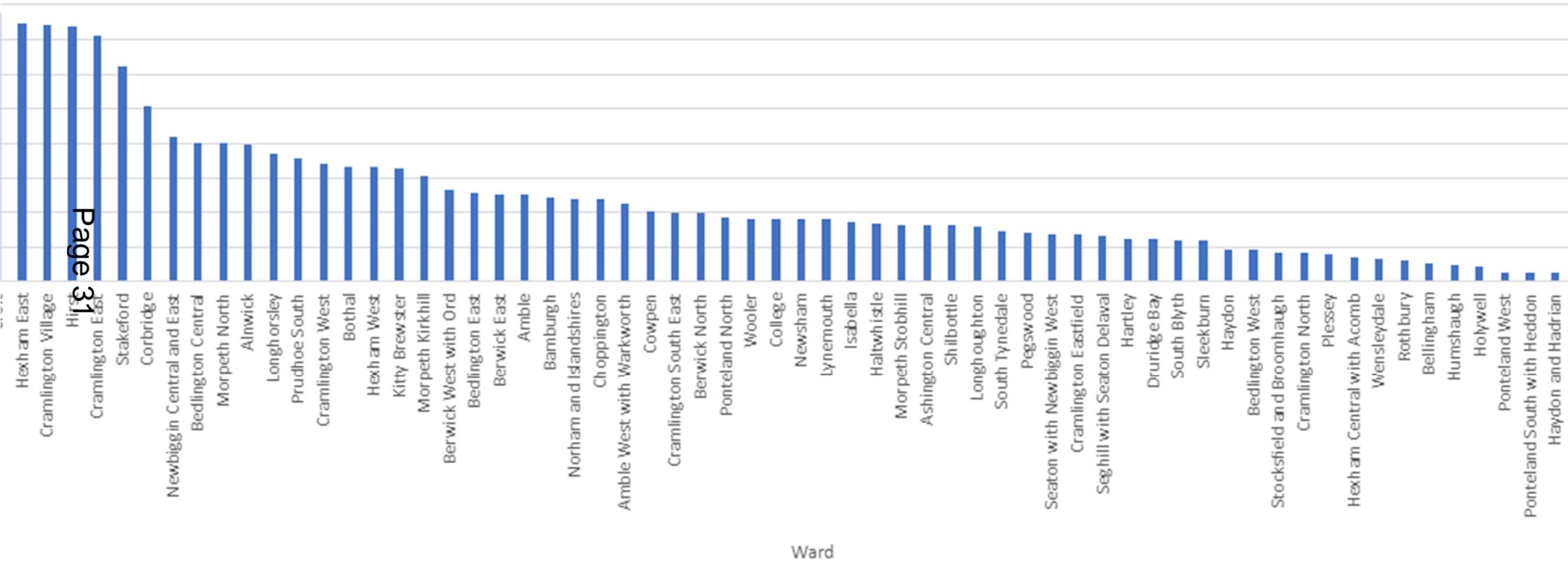


Northumberland Death Rates According to Age

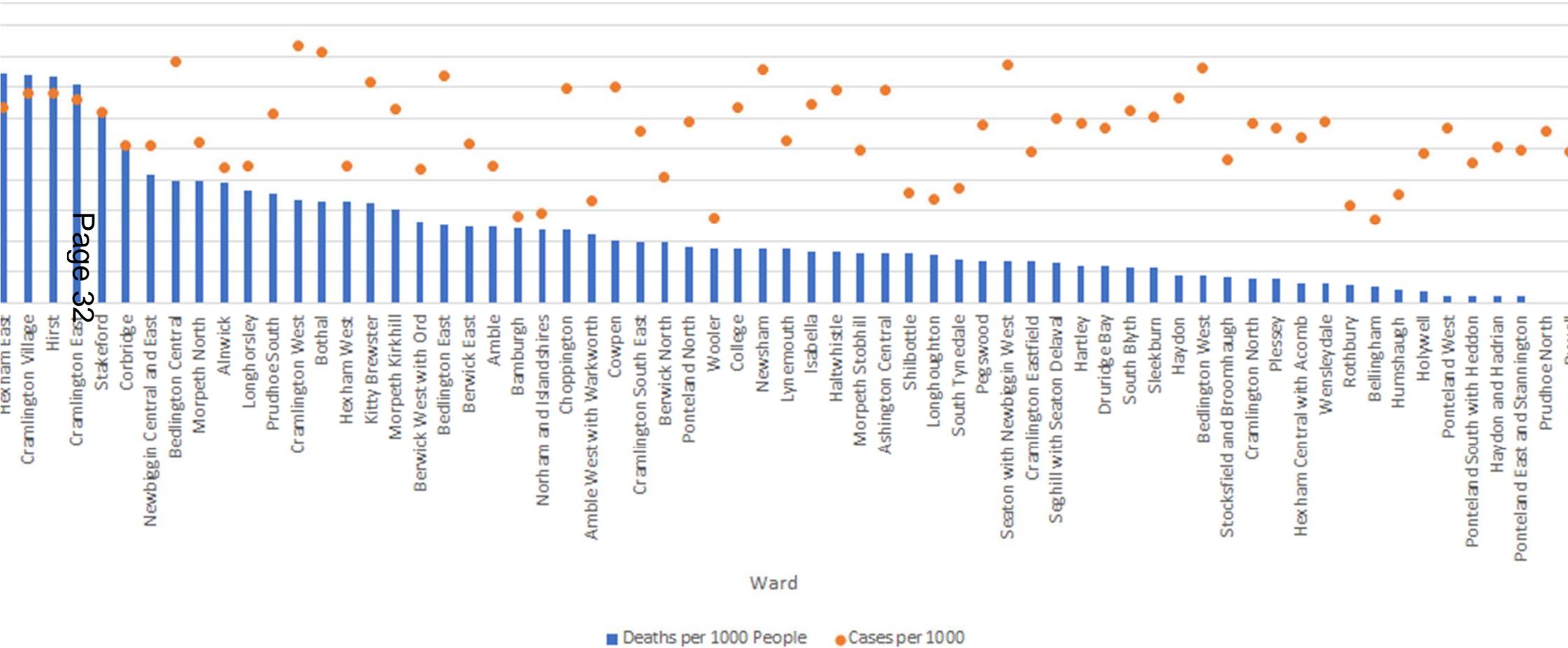


Number of Deaths	Wards (Alphabetical Order)
0 deaths	<p>Amble West with Warkworth, Ashington Central, Bedlington West, Bellingham, Berwick North, Bywell, College, Cowpen, Cramlington Eastfield, Cramlington North, Cramlington South East, Druridge Bay, Haltwhistle, Hartley, Haydon, Haydon and Hadrian, Hexham Central with Acomb, Holywell, Humshaugh, Isabella, Longhoughton, Lynemouth, Morpeth Stobhill, Newsham, Norham and Islandshires, Pegswood, Plessey, Ponteland East and Stannington, Ponteland North, Ponteland South with Heddon, Ponteland West, Prudhoe North, Rothbury, Seaton with Newbiggin West, Seghill with Seaton Delaval, Shilbottle, Sleekburn, South Blyth, South Tynedale, Stocksfield and Broomhaugh, Wensleydale, Wooler.</p>
0 deaths	<p>Amble, Bamburgh, Bedlington East, Berwick East, Berwick West with Ord, Bothal, Choppington, Cramlington West, Hexham West, Longhorsley, Morpeth, Kirkhill, Morpeth North, Newbiggin Central and East, Prudhoe South.</p>
0 deaths	<p>Bedlington Central, Corbridge, Cramlington East, Kitty Brewster, Stakeford.</p>
0 deaths	<p>Alnwick, Cramlington Village, Croft, Hexham East, Hirst.</p>

Covid-19 Death Rates According to Area (Ward) of Northumberland



Covid-19 Case Rates and Death Rates per 1000 people



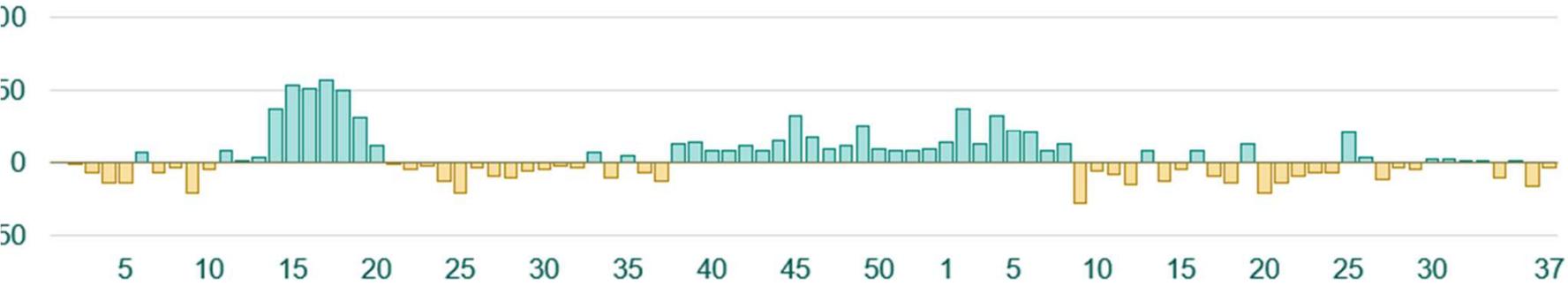
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What are excess deaths?

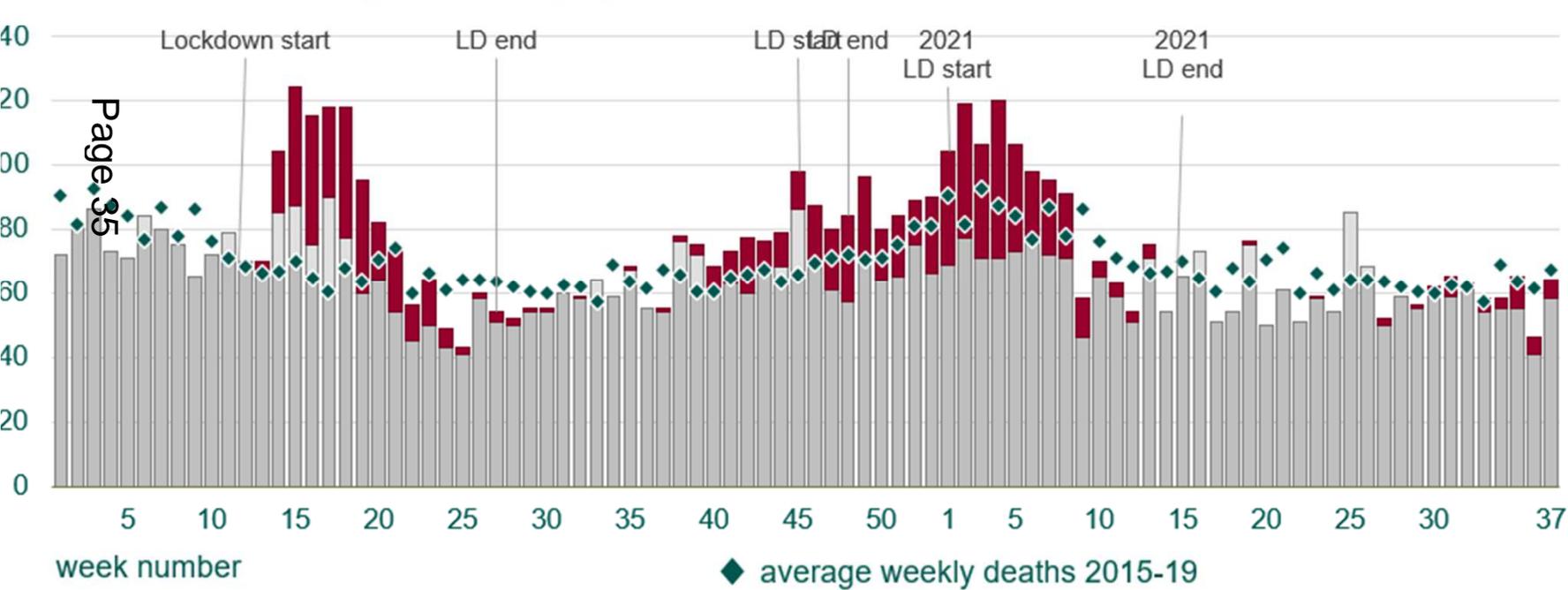
- The number of deaths from **all** causes, above what we would expect to have seen during a given time period.
- Calculated by comparing to the average number of deaths over the same time period in the preceding 5 years.

Week 37 2021: Northumberland, death occurrences

Excess deaths (2020 and 2021 deaths minus 2015 to 2019 average) up to 17 September 2021



Deaths in 2020 and 2021 by week, with proportion where COVID-19 is mentioned



COVID-19 mentioned on the death certificate

COVID-19 not mentioned

Total Number of Excess Deaths

(Whole Pandemic: Week 1 2020 – Week 37 2021)

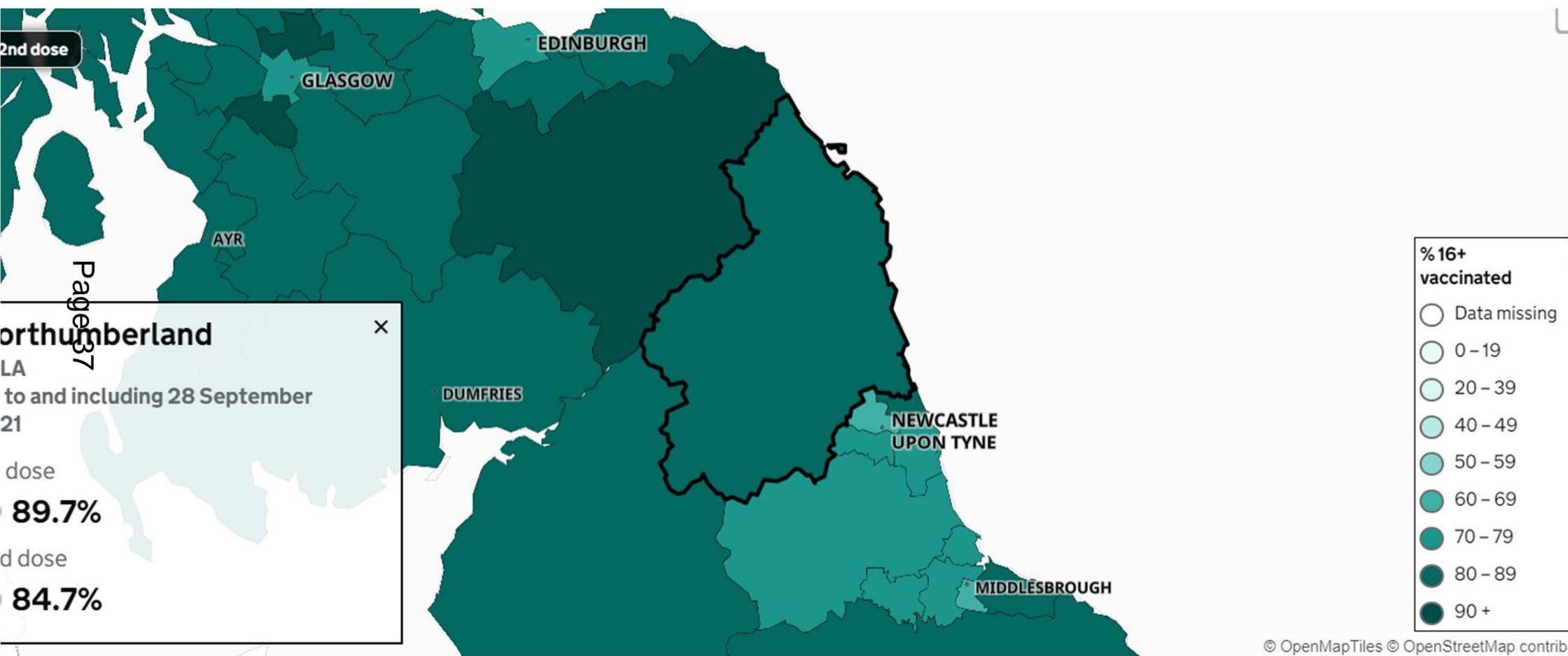
- 849 deaths with Covid-19 on the death certificate.
- Expected Number of Deaths (Based on 2015-2019 averages) = 6,273
- Actual Number of Deaths 2020-2021 = 6,638

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Total Number of Excess Deaths in Northumberland = 365

Northumberland Vaccination Rates

<https://coronavirus.data.gov.uk/details/interactive-map/vaccinations>



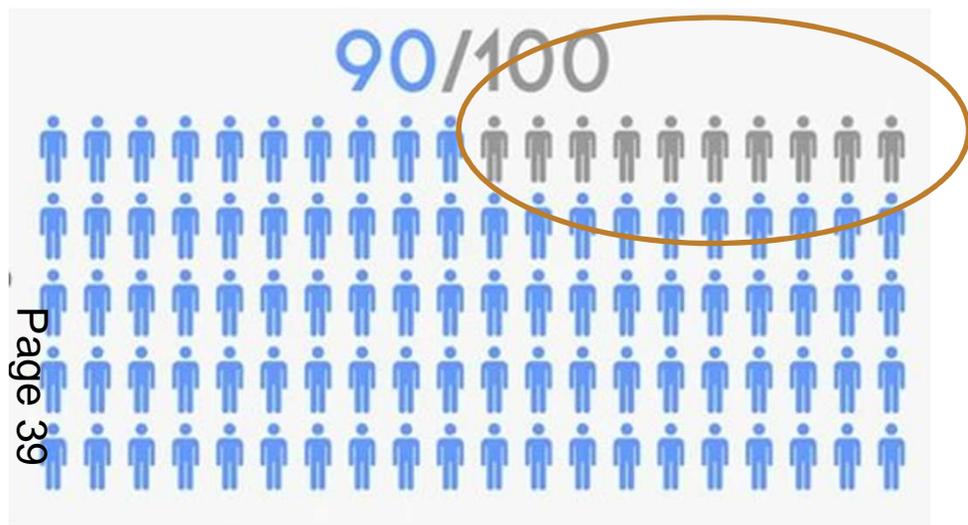
'Breakthrough' Cases and Deaths

Breakthrough Cases - are where infection has occurred in someone who is fully vaccinated against Covid-19.

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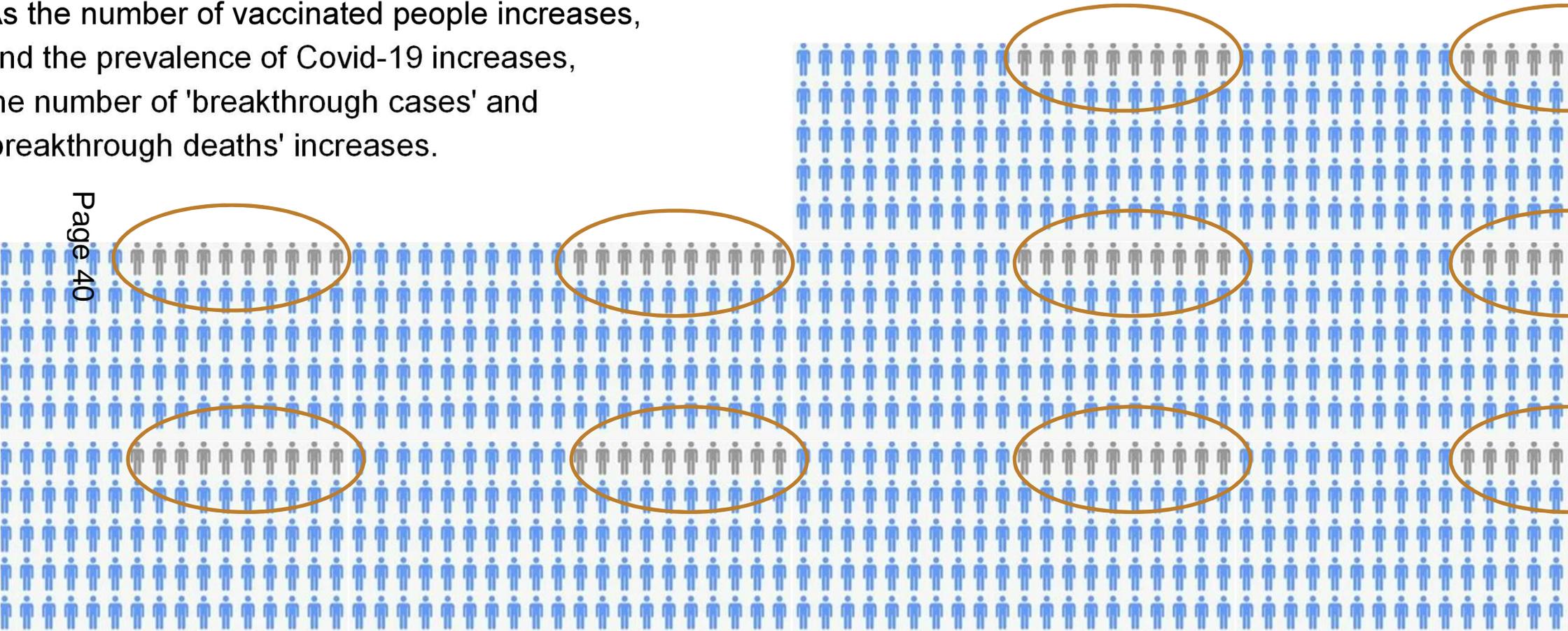
Breakthrough Deaths - a death involving Covid-19 that occurred in someone who had received both vaccine doses and had a first positive PCR test at least 14 days after the second vaccination dose

Why the number of 'breakthrough' Covid-19 cases and related deaths are rising



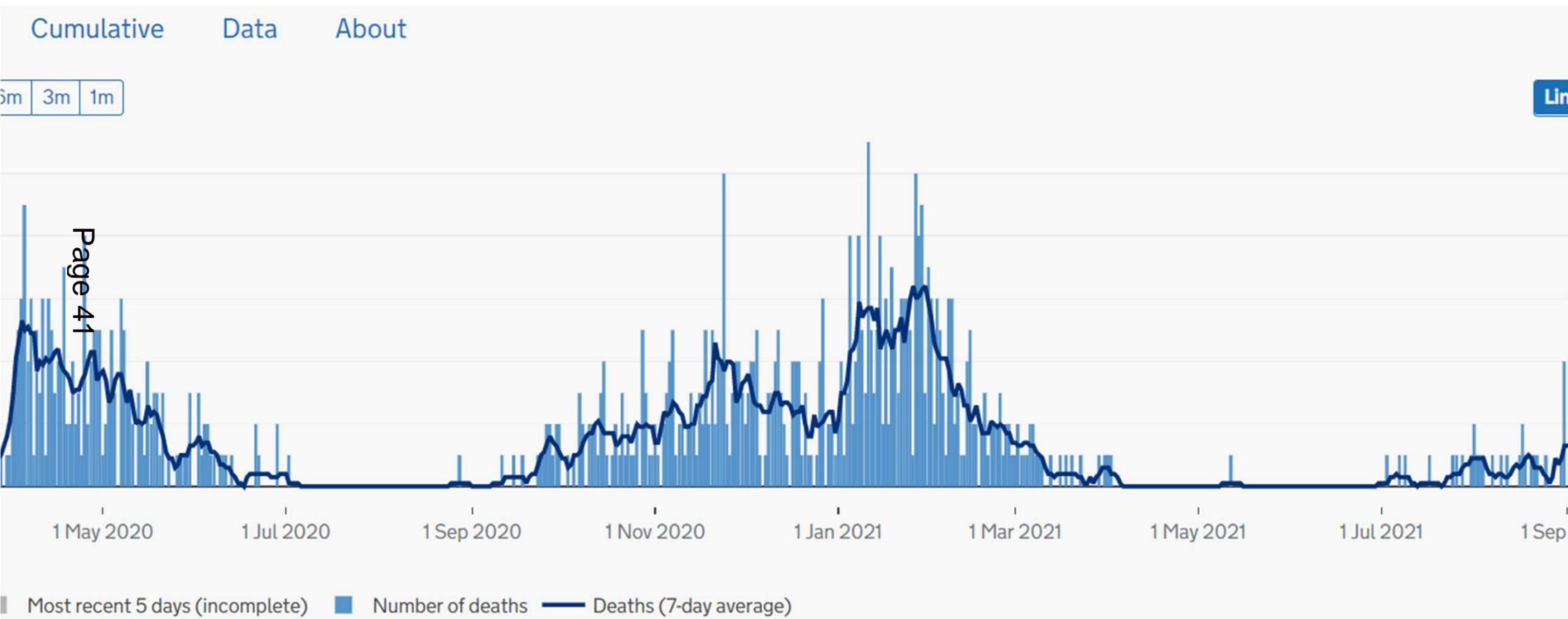
As the number of vaccinated people increases,
and the prevalence of Covid-19 increases,
the number of 'breakthrough cases' and
'breakthrough deaths' increases.

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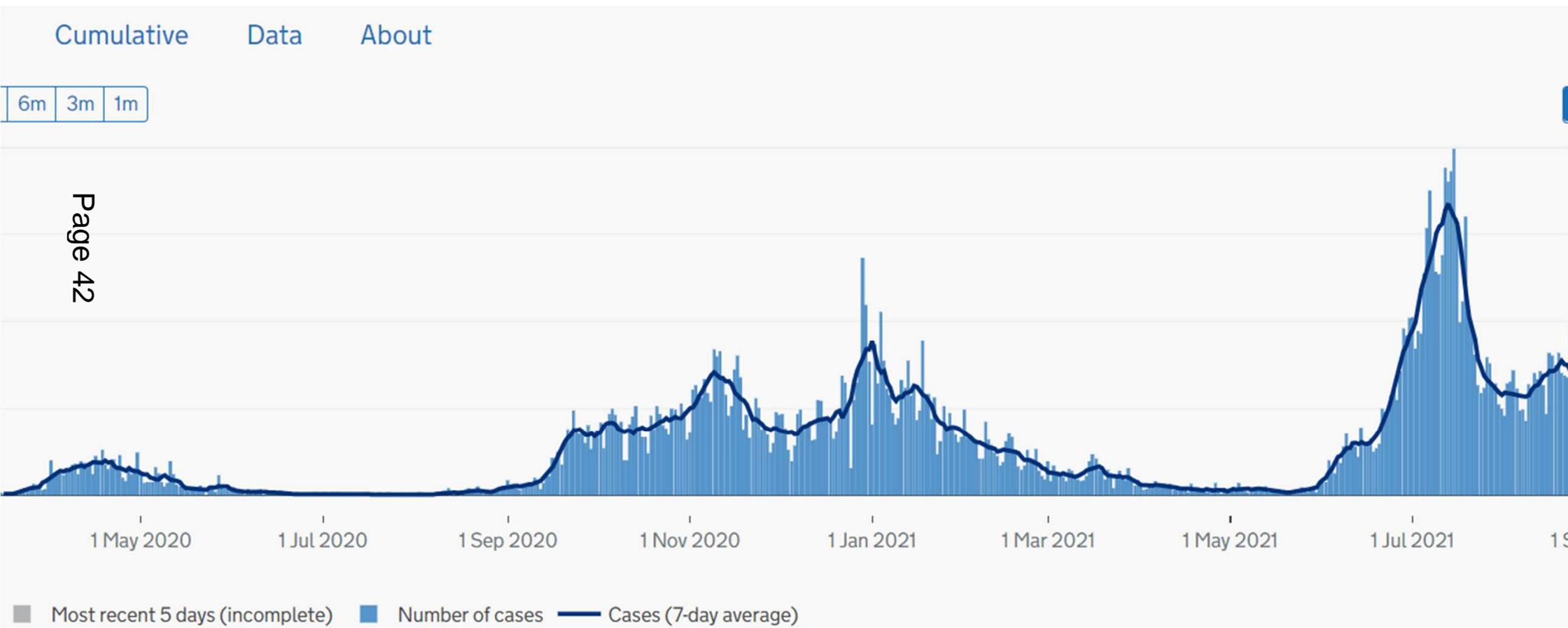
Northumberland Deaths with 28 days of a positive Covid-19 Test (Daily Numbers)

<https://coronavirus.data.gov.uk/details/deaths?areaType=Itla&areaName=Northumberland>



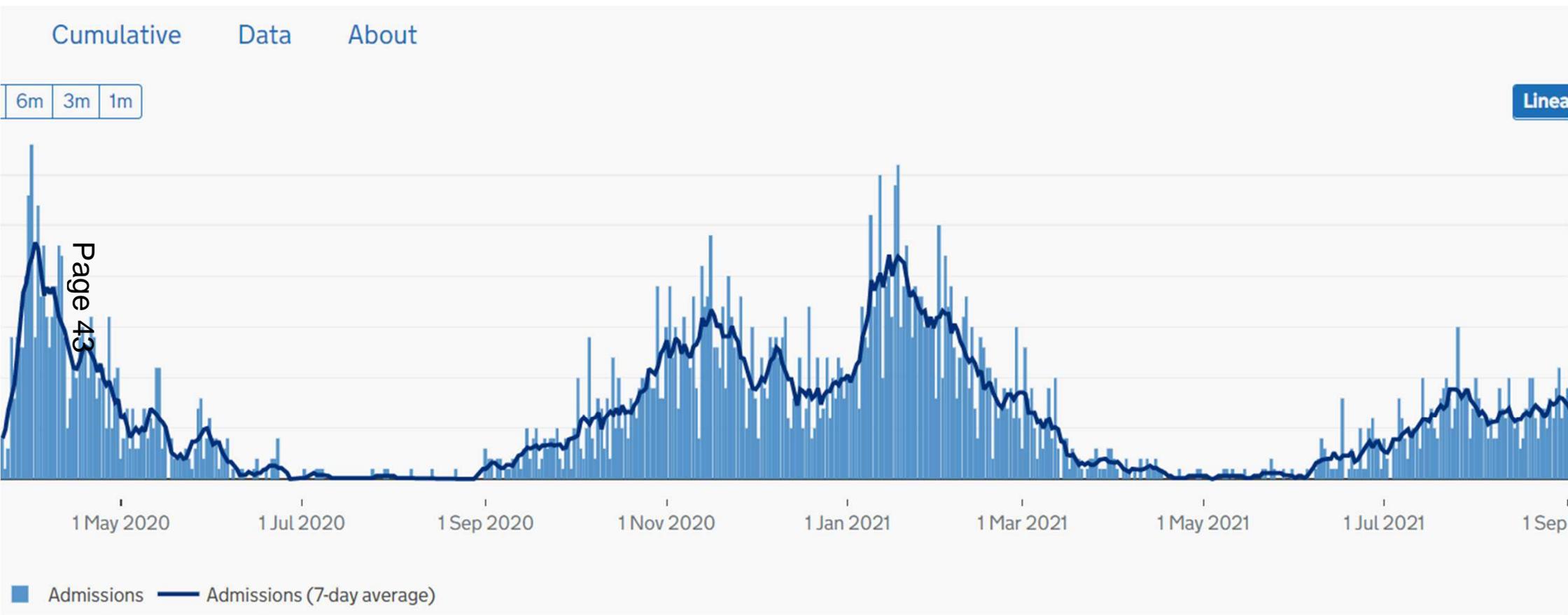
Northumberland Covid-19 Cases – Whole Pandemic

<https://coronavirus.data.gov.uk/details/cases?areaType=Itla&areaName=Northumberland>



Northumbria Healthcare Trust Covid-19 Hospital Admissions

<https://coronavirus.data.gov.uk/details/healthcare?areaType=nhsTrust&areaName=Northumbria%20Healthcare%20NHS%20Foundation%20Trust>



Deaths According to Vaccination Status (England January-July 2021)

Count of deaths involving COVID-19 and percentage of all deaths by vaccination status, England, deaths occurring between 2 January and 2 July 2021

Vaccination status	Deaths involving COVID-19	Non-COVID-19 deaths	COVID-19 deaths as percent of all deaths
regardless of vaccination status	51,281	214,701	19.3
vaccinated	38,964	65,170	37.4
within 21 days of first dose	4,388	14,265	23.5
more than 21 days after first dose	7,289	66,533	9.9
within 21 days of second dose	182	11,470	1.6
more than 21 days after second dose	458	57,263	0.8

Office for National Statistics, National Immunisation Management Service

Summary

There have been 849 deaths with Covid-19 on the death certificate in Northumberland.

In total there have been 365 **excess** deaths.

The highest death rates from Covid-19 have been seen in our oldest residents.

The numbers of deaths has varied between wards and throughout the pandemic.

Deaths have been limited by the measures taken: **Social distancing, lockdowns, correct use of personal protective equipment, infection control measures, testing, tracing and vaccination.**

The number of **breakthrough** cases and deaths will rise with increasing vaccination – this is expected and not an indication that there is a problem with the vaccine.

Very few deaths are occurring in people who have both vaccine doses.

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Northumberland County Council

HEALTH AND WELLBEING BOARD

14TH OCTOBER 2021

SEND Revisit May 2021

Report of Cath McEvoy-Carr, Executive Director of Adult's and Children's Services
Cabinet Member: Councillor Guy Renner Thompson and Cllr Veronica Jones

Purpose of report

This report informs the committee of the findings of the SEND Revisit from Ofsted and CQC and outlines next steps to be taken.

Recommendations

It is recommended that the Health and Wellbeing Board:

- 1) Note the contents of the report;
- 2) Support next steps to be taken

Link to Corporate Plan

This report is relevant to the 'We want you to achieve and realise your potential (Learning)' and 'We want you to feel safe, healthy, and cared for (Living)' priorities included in the NCC Corporate Plan 2018-2021.

SEND Revisit

NCC and Northumberland CCG were given notification of a SEND revisit by Ofsted and CQC on 5th May 2021 to identify whether the local area had made sufficient progress on the areas of improvement identified by the SEND inspection in October 2018. The area was required to submit written evidence within four working days to the Ofsted portal and to CQC and informed which focus groups should be arranged and their focus.

The inspection was led by an Ofsted HMI Lead Inspector with an inspector from CQC and two shadow inspectors. The inspection commenced on 19th May with presentations from the Executive Director for Childrens and Adult Services and leads for each areas of weakness. In addition, both inspectors met with the regional leads from NHSE and DfE

who have monitored progress in Northumberland since the SEND inspection in October 2018.

Detailed position statements for the three areas of weakness were submitted alongside 94 pieces of evidence that detailed the actions taken, progress made and the impact on children and young people with SEND and their families.

Inspectors spoke with parents and carers of children and young people with special educational needs and/or disabilities (SEND) and met with local authority and National Health Service (NHS) officers. They spoke with frontline practitioners from education, health and care services in the area and reviewed a range of performance data and information, including the area's SEND strategy, self-evaluation, joint commissioning strategy and outcomes framework.

Inspectors reviewed a sample of education, health and care (EHC) plans, as well as education, health and care advices relating to these plans. Inspectors considered 558 responses to the online survey for parents and carers.

During the revisit inspectors commended professionals they met for their openness, honesty and their passion for the work being undertaken in improving support for children, young people with SEND and their families.

Outcome of revisit

The outcome of the SEND revisit was published on the 13th July 2021. Inspectors found that the area has made sufficient progress in addressing the three areas of significant weakness identified at the initial inspection. As such, it is no longer subject to the formal quarterly support and challenge visits from the DfE and NHS England which will cease.

Inspectors found there has been significant improvement with a seismic change in leadership and culture since Northumberland was inspected in October 2018. The following strengths were highlighted

- 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 are improving and exclusions for learners with SEND have reduced year on year for three years

While the outcome is positive, it is important to note the context. The revisit inspected whether the improvements the SEND Partnership committed to make detailed within the Written Statement of Action (WSOA) Plan were delivered and whether they are improving experiences of children and young people with SEND and their families. The SEND Partnership while wishing to demonstrate positive progress also acknowledged to the

inspectors that there is more work to do, particularly in relation to Preparation for Adulthood and supporting inclusive educational practice in mainstream schools.

Continuing improvement and development within SEND

SEND Strategy

Following a period of consultation, Northumberland's SEND Strategy 2021 - 2024 was published in early June and can be accessed [here](#).

The strategy details four key priorities

1. Working together
2. Delivering the right support at the right time (including therapy services and support for those with sensory processing difficulties)
3. Inclusive education and success for all learners
4. Effectively prepare children and young people for adulthood

The workstreams that supported the written statement of action have now been aligned with the priorities to enable the effective delivery of the strategy. An action plan will be published in the Autumn Term 21 detailing what actions will be taken to address the four priorities that will enable improvement and development work within SEND to continue.

Policy	Developments detailed within the report outline steps being made towards strategic objectives.
Finance and value for money	Efficient systems and processes within SEND underpin the transparent and equitable allocation of SEND finances. Currently there is no need for additional funding.
Legal	The SEND Code of Practice places a number of statutory requirements on Local Authorities and CCGs. These are detailed within the Children and Families Act 2014 and the Special Educational Needs and Disability Regulation 2014.
Procurement	n/a
Human Resources	n/a
Property	Capacity planning for the provision of specialist educational placements may involve capital development.
Equalities (Impact Assessment attached)	SEND promotes the inclusion of children and young people within their schools and communities.

Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Risk Assessment	There is a risk that services will not be effective or efficient if the governance and strategy is not robustly monitored.
Crime & Disorder	Youth Offending and SEND populations overlap.
Customer Consideration	The views of children, young people and their parents / carers are central to developments and improvements within SEND.
Carbon reduction	SEND school transport arrangements are linked.
Health and Wellbeing	Supporting the health and wellbeing of children and young people with SEND aged 0-25 is a core component of the SEND Code of Practice and associated legislation.
Wards	n/a

Report sign off

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

	Full Name of Officer
Monitoring Officer/Legal	
Executive Director of Finance & S151 Officer	Jan Willis
Relevant Executive Director	Cath McEvoy-Carr
Chief Executive	
Portfolio Holder(s)	Guy Renner-Thompson

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Strategic Lead for SEND & Designated Clinical Officer

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Northumberland
County Council



Health and Wellbeing Board

October 2021

www.northumberland.gov.uk

SEND Revisit

- Notification received 5th May 2021
- Ofsted HMI Lead Inspector and CQC inspector onsite 19th – 21st May 2021
- Focus on progress of three areas of weakness
- Inspection
 - reviewed written evidence of progress
 - reviewed NHSE and DfE monitoring
 - met with frontline practitioners and senior leaders from across E, H and C, Parent Carer Forum
 - quality of EHCPs, including parental view

Strengths highlighted

- 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 are improving and exclusions for learners with SEND have reduced year on year for three years

Outcome

- sufficient progress in addressing the three areas of significant weakness identified at the initial inspection
- formal quarterly support and challenge visits from the DfE and NHS England to cease
- significant improvement with a seismic change in leadership and culture since Northumberland was inspected in October 2018
- context of judgement
- next steps - delivery of SEND Strategy four key priorities, realignment of workstreams

SEND Strategic Priorities

Working together

- Communication strategy
- Increase understanding of lived experience of children, young people and their families to better inform future developments

Delivering the right support at the right time

- Support for children and young people with sensory processing difficulties
- Further improve early identification – Specific Learning Difficulties, ASD and Girls

SEND Strategic Priorities

Inclusive education

- Workforce development plan for schools, settings and practitioners in health and social care
- Improve leadership and delivery of support to SEND learners in mainstream schools, self evaluation

Preparation for Adulthood

- Refreshed careers offer overseen by PfA lead
- Increase range of Post 16 options

Northumberland Health & Wellbeing Board

Date: 14th October 2021

Author: Lee Sprudd, Strategic Director (North of Tyne) for Rise North East ("Rise")

Contact Details: lee.sprudd@wearerise.co.uk; 07795 014285

Title of Report: Northumberland Physical Activity Strategy Update

Purpose of report

The purpose of this report is to share an update on the progress of the [Northumberland Physical Activity Strategy](#), which was officially launched at Linden Hall on 22nd January 2020.

This will include a brief overview, providing the context on the need to develop a systems leadership approach to tackle the wider health & wellbeing issues associated with rising physical inactivity levels, which have been exacerbated by the Covid-19 Pandemic. This will reflect a need to follow the established concept of 'proportionate universalism', ensuring a balance between targeted and universal provision appropriate to the level of need.

This report will also showcase examples of the excellent collaborative work that is ongoing in Northumberland to implement this long-term strategy, through co-designed interventions that target some of our most vulnerable groups throughout the county.

The Impact of COVID-19

The past 12 months and the pandemic has shaken things up for everyone and has had an unprecedented impact on our ability to keep active, contributing to the widening health inequalities gap.

[Appendix 1](#) summarises Sport England's Active Lives annual survey results for adults aged 16+ through the pandemic across Northumberland and Tyne & Wear. Some of the key findings include:

- Nationally, men are still more active than women.
- People with a disability or a long-term condition are less likely to be physically active.

- Adults in routine/semi-routine jobs and those who are long-term unemployed or have never worked (NS – SEC 6-8) are least likely to be physically active.

Wider sector intelligence built a picture that clearly evidenced certain elements of our society were suffering more from the impact of the disease, namely:

- People from Lower Socio-Economic Groups;
- Ethnically diverse communities;
- Disabled People; and
- People with Long-Term Health Conditions (LTC)

Northumberland County Council have identified several further ongoing impacts and challenges relating to the pandemic and pandemic recovery, which adds to the complexity associated with addressing physical inactivity. This includes:

- An impact on tourism and hospitality reducing the availability of seasonal employment.
- Increased unemployment due to cessation and wind-down of furlough
- Impacts on community activity / events increasing loneliness and isolation (especially in older adults)
- Rising obesity and alcohol related conditions
- A mental health crisis
- Budget pressures related to the increased cost of covid-response and reduced income to communities.

Impact on Children & Young People

Appendix 2 summarises Sport England's Active Lives data for Children & Young People's (CYP) participation levels during the pandemic for Northumberland and Tyne & Wear. This demonstrates some stark inequalities across the county, showing that whilst an average of 46.6% of children and young people are failing to meet the CMO recommended guidance of being active for an average of 60 minutes per day across Northumberland, in the most deprived communities this figure is in excess of 60%.

Further insight, which impacts on physical health, demonstrates that:

- Since the start of the pandemic, adverse trends in poverty, education and employment for children and young people have been exacerbated ([COVID-19 and the Northern Powerhouse: Tackling Health Inequalities for UK Health and Productivity, 2020](#)).
- Nationally, 71% of young people report that their mental health has declined since the beginning of the pandemic; due to the health

inequalities in the North East this number is expected to be greater (The Health Foundation, 2020).

Implementing the Strategy - Progress Update

Driven through the Northumberland Physical Activity Strategy Group, over the past 18 months, strategic partners have worked collaboratively to begin the task of implementing the strategy, prioritising the following groups:

- People from lower socio-economic groups;
- People with long-term health conditions; and
- Women & girls.

Appendix 3 captures our agreed short, medium and long-term outcomes for the strategy. As a reminder for members, the short-term outcomes to be achieved between 2020-2023 are;

- Developing Active Enablers
- Developing An Active society
- Developing Active People

Highlights on work to date towards achieving these outcomes include:

Developing Active Enablers

- 1. Northumberland Communities Together:** As part of the Northumberland Communities Together strategic approach, physical activity has been embedded into this asset-based approach with the purpose of using physical activity and sport to build local capacity, develop local opportunities and reduce health and social inequalities across the county.

Examples include; Summer Holiday Activities and Food Programme (HAF), which has provided enrichment activity and food for 11,000 vulnerable children across the county over the summer holidays. As part of this cross-sector emerging model of delivery, over 80 partners have worked together to deliver 36 camps with 40 young leaders supporting delivery. This was largely delivered through a multi-sport offer directed by the interests of the children & young people attending and included archery, bubble sports, dance, roundnet, football, rounders and cycling. This model will now be developed further through support from the National Lottery and North East Child Poverty Trust.

Through the development of the Community Hubs model, physical activity opportunities have been developed for all age groups, including engagement with cycling linked to the [Big Gear Change Northumberland](#) campaign and delivery of family based swimming and clip & climb sessions as part of an extended holiday offer.

- 2. Enhancing our local Social Prescription Offer:** Rise (the Active Partnership for Northumberland and Tyne & Wear) successfully secured 3 years funding in December 2020 from the National Academy for Social Prescribing and Sport England to host a part-time (0.4 FTE) Regional Physical Activity Advisor covering the North East and Yorkshire. As part of a local commitment, additional funding was secured through the Directors of Public Health across the North of Tyne & Gateshead ICP area, and from Rise, to make this a full-time role, with additional capacity for the local authority areas within the ICP.

This additional resource is now being utilised to provide dedicated support to the VCSE sector and to local social prescribing pathways across Northumberland, North Tyneside, Newcastle and Gateshead, in order to support communities experiencing significant health inequalities (particularly as a result of Covid-19) to be more physically active. This is being provided through strengthening social prescribing at a community level, whilst providing a mechanism to embed physical activity by influencing local commissioning strategies and supporting partners through capacity building as they navigate a complex landscape to make the best of, and combine, local resources.

This was established by recruiting a number of local VCSE organisations onto the [National Academy Thriving Communities Learning Together programme](#). This included organisations learning more about how they can engage with social prescribing and learning sets which were specific to their individual needs.

- 3. Developing place-based approaches:** As an example, following extensive consultation between strategic partners in Berwick-upon-Tweed, including Northumberland County Council; Northumbria Healthcare NHS Foundation Trust; Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust; Rise; the Police & Crime Commissioner's Office (PCC) and local VCSE organisations, it quickly became apparent following the first lockdown, that there was a real concern relating to young male suicide rates and their wider mental wellbeing in this area.

To address this concern, a place-based, public health approach was developed, with physical activity embedded as the key driver to achieving shared outcomes. Funding was secured from the PCC to enable Rise to recruit a link worker, who is now deployed through the Berwick Community Trust to lead this approach, helping to support young men in this area.

Developing an Active Society

4. Active Hospitals Pilot: In 2020, Northumbria Trust secured £110k as part of a successful multi-agency bid to pilot a national Active Hospitals programme. The aims of this pilot are to:

- Update the current model of care, embedding physical activity into the culture of secondary prevention.
- Develop an evidenced protocol for embedding physical activity as an adjuvant treatment in secondary care, to improve the clinical and quality of life outcomes of people living with one or more long term condition.
- Identify successful methods of changing the culture of secondary care settings in relation to leadership, policies, strategies, environment, training and pathways.
- Re-design all relevant training resources to upskill secondary care workers to be able to prescribe physical activity as a viable option for outward patient health & wellbeing support programmes.
- Build on the learning and resources designed as part of the initial pilot undertaken in Oxford.

A COM-B model of behaviour change has now been developed and endorsed following wider consultation with hospital staff, patients, and local stakeholders. This is designed to make physical activity the easy choice for staff to have patient-centred conversations about how physical activity fits into their everyday lives, whilst also building activity provision at Trust sites e.g. promoting active travel, use of stairs and prompts to walk.

5. Developing Active Environments: Recognising the highly influential role that the places and spaces we live and work have on how much we move, there is now a commitment to embedding the principles of active design within the new Northumberland Local Plan. This will support the creation of well-designed places and spaces to encourage healthy and active behaviours.

As part of the work around active design and sustainable transport, work has been undertaken through the Strategic Transport Team and The Big Northumberland Gear Change Campaign to create connected and accessible walking and cycling routes which encourage residents to move away from the use of cars and instead utilise active travel as their choice of transport.

Developing Active People

- 6. Opening School Facilities for Community Access:** Following a successful bid in 2019 to develop a pilot working with schools across the North of Tyne area, to understand the barriers faced in trying to open up access to school sites, recognising these as key community assets, Rise secured a further £300k investment from Sport England to utilise the learning from the pilot to support schools across the wider footprint of Northumberland and Tyne & Wear.

Phase 2 of the Opening School Facilities Programme was focussed on those schools with the most economically disadvantaged students and therefore applications were focussed on supporting those schools with a Free School Meal entitlement above the North East regional average of 24%. In Northumberland, ten schools, including primary, secondary and special school settings, are now being supported to deliver extra-curriculum activities and a range of further activities designed to meet the needs of their local communities. This work also includes consultation and engagement with strategic partners, including Northumberland Communities Together and local VCSE groups to ensure the co-design of meaningful, sustainable activities. Examples of funding provided included;

- Berwick Academy were supported to purchase new equipment and costs to establish a varied extra-curricular offer for students, particularly focussed on those young people who wouldn't normally attend extra-curricular sports sessions.
- Dukes Secondary School were supported to buy new equipment & access staff CPD to enable them to expand their extra-curricular offer, particularly targeted at young women.
- Whytrig Middle School were supported to purchase portable floodlights to enable their external football pitches to be used in the dark nights.
- Choppington Primary School were supported to open their facilities for community use, providing funding to deliver a wide range of family-based activities at evenings and weekends.
- Astley High School were supported to purchase portable steps and hoist to increase accessibility to their swimming pool to enable them to extend their swimming offer.

- 7. Tackling Inequalities during the Pandemic:** In response to the pandemic, Rise secured direct investment from Sport England and agreement to redirect further National Lottery funding to support the most vulnerable groups within our communities, those hit hardest by the crisis. By working collaboratively with strategic partners including Northumberland County Council and our local NHS Trusts, this resulted in:

- £51k investment in local VCSE groups and organisations throughout Northumberland to directly help tackle inequalities, especially those who have direct engagement with people hit hardest by Covid-19 i.e. people from lower socio-economic groups; ethnically diverse communities; people with disabilities and people living with long-term health conditions.
- 500 physical activity packs being distributed to 'Children in Need' during the first lockdown, which helped provide meaningful opportunities to support some of our most vulnerable children to keep active in their home settings.
- 1,000 physical activity packs being distributed to older vulnerable adults during the second lockdown, distributed through the local 'Reablement Team' to help target older people who were experiencing high levels of deconditioning since the start of the pandemic. This was designed to improve strength, coordination and balance of those at risk of slips, trips and falls.

8. Prioritising Early Years: Earlier this year, Rise expanded its role to incorporate the early years' agenda, from pregnancy through to the transition to full time school. As part of this work, support is being provided to the early years' sector in Northumberland, including private, voluntary and independent (PVI) settings, childminders and school-based settings, to embed physical activity and active play into their offer to families.

A recent survey conducted with the early years' workforce identified only 24% feel their early years' qualifications provided them with sufficient knowledge and confidence to provide high quality physical activity opportunities. This is concerning, particularly as Active Play and physical activity contribute to a child's development and school readiness.

A collaborative approach working with Northumberland County Council has now been developed to co-design a programme of support for the early years' sector to utilise physical activity and active play to help give every child the best start in life and support school readiness.

Through a further collaborative approach, Northumbria Trust are also redesigning their maternal pathways to embed physical activity, particularly the maternal obesity pathways. Supporting women to be active in pregnancy supports the health of both mother and baby and work is currently underway to develop a video and associated resources to encourage walking in pregnancy.

Recommendations

It is recommended that the Health & Wellbeing Board:

- Understand and acknowledge the importance of the physical activity strategy taking a multi-agency approach in tackling the complexities around physical inactivity in the county, and support more public and third sector organisations to connect with the strategy's aspirations and be part of the solution.
- Recognise the complexities associated with tackling inactivity and the excellent ongoing collaborative work with strategic stakeholders to implement our countywide physical activity strategy.
- Note the immediate impact of implementing this strategy, targeting our most vulnerable communities hit hardest by the Covid-19 crisis.
- Note 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. This aims to ensure people are better prepared to live happy and fulfilling lives as members of more sustainable and resilient communities.
- Acknowledge the benefits of developing place-based approaches and the current work ongoing in Berwick, as a tool to reduce inequalities across the county.

RISE.

Sport England Adult Active Living Release April 2021

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Physical activity statistics for Northumberland and Tyne & Wear between November 2019 – November 2020

Release Date: 29/04/2021

WeAreRise.co.uk

The UK Chief Medical Officer's physical activity guidelines released in September 2019, state:

“For good physical and mental health, adults should be active every day. Any activity is better than none, and more is better still...Each week, adults should accumulate at least 150 minutes (2 1/2 hours) of moderate intensity activity (such as brisk walking or cycling); or 75 minutes of vigorous intensity activity (such as running); or even shorter durations of very vigorous intensity activity (such as sprinting or stair climbing); or a combination of moderate, vigorous and very vigorous intensity activity”

The Adults Active Lives results aims to illustrate a national picture of physical activity in English adults aged 16yrs+

In England, during the year November 2019 to November 2020.....

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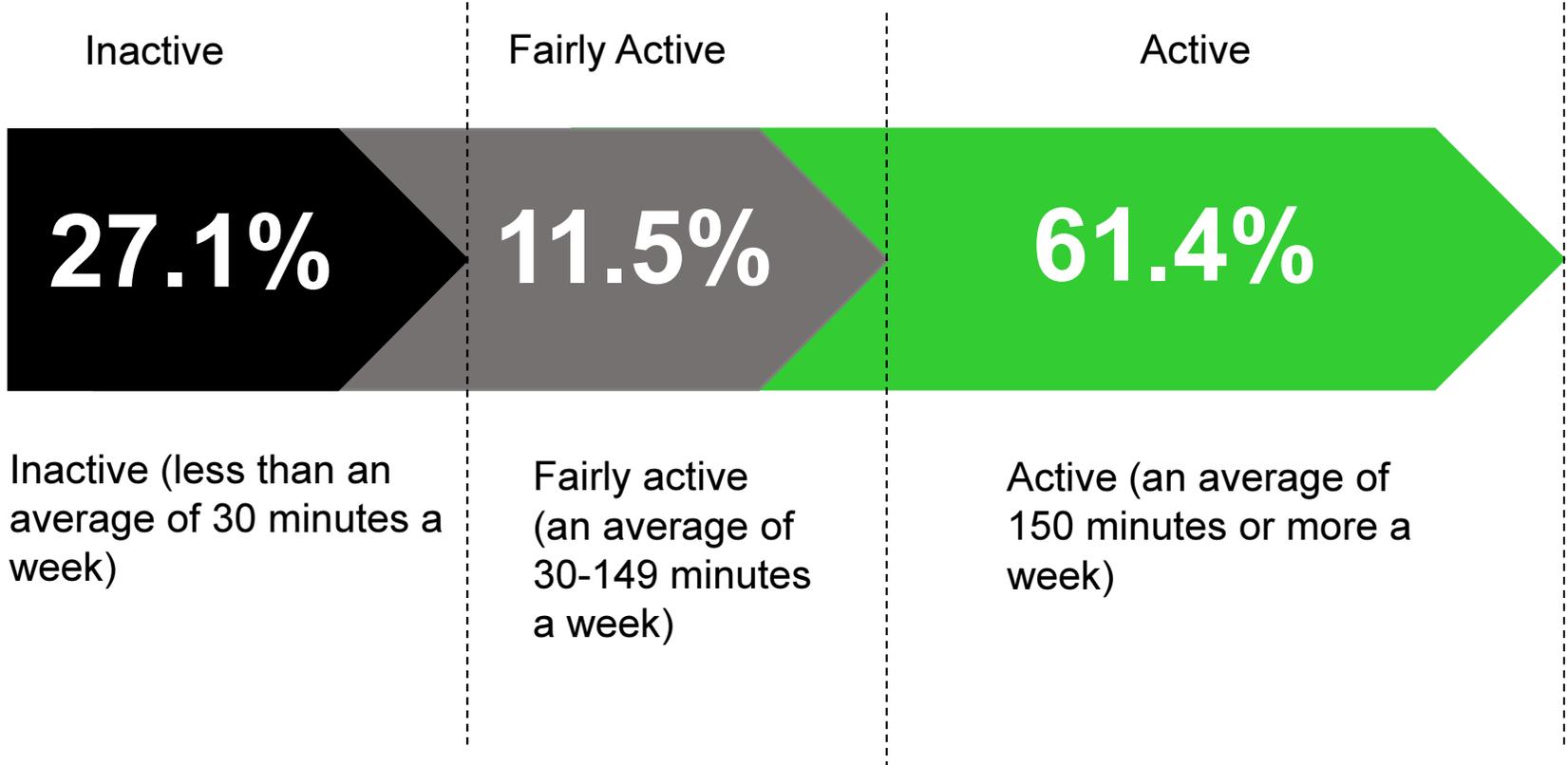


Figure 1: Adults physical activity levels between November 2019 – November 2020 in England, Sport England Active Lives Survey.

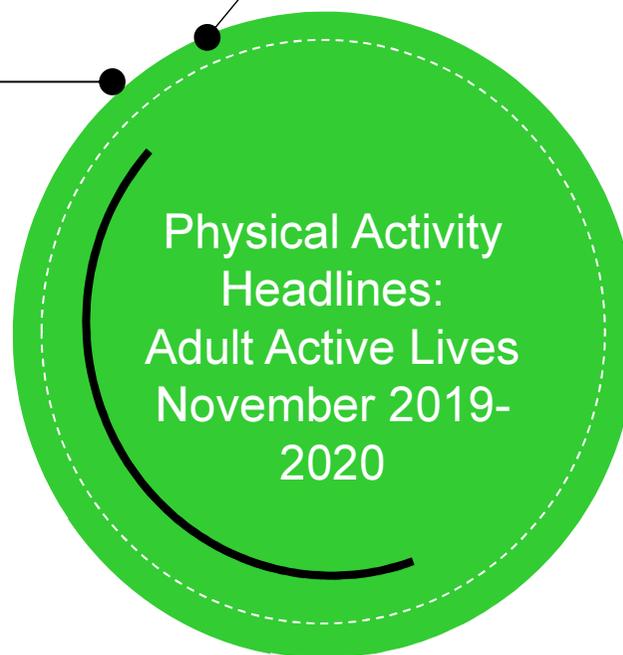
England, during the year November 2019 to November 2020....

Physical Inactivity

RISE

Physical Activity

- Nationally the number of active adults fell by 1.9% compared to 12 months earlier.
- Before the introduction of a second national lockdown, physical activity levels had recovered to the point of 61.9%, which is 1.8% lower when compared to figures from 12 months earlier.
- Men (63%) are more likely to be active than women (60%).
- 45% of adults who are disabled or have a long-term health condition are physically active. This is lower than adults without



- Nationally, the number of inactive adults rose by 2.6% compared to 12 months earlier.
- Initially as a result of counter-COVID-19 measures, the proportion of England's population classed as active dropped by 7.1%.
- Activity levels decrease with age, with the largest decrease in physical activity being seen between the 55-74yr age group (60%) to 75+ age group (38%).
- Adults in routine/semi-routine jobs and those who are long-term unemployed or have never worked (NS -SEC 6 -8) are the least likely to be active (52%).
- Adults who are Chinese (57%), Black (53%), Asian (50%) or from other ethnic groups (53%) have the lowest physical activity levels.

Figure 2: Adults Active Lives physical activity national headlines between November 2019 – November 2020.

ationally, the impact of the COVID-19 pandemic has had an unprecedented impact on our ability to take part in sport and physical activity

RISE

- Initially men suffered the greatest decline in physical activity compared to women (8.9% compared to 5.4%), however levels of physical activity in men recovered quicker than women's, which are still 2.8% lower than the 12 months prior to the pandemic.
- Activity levels have fallen for both the 16-34 and 35-54 age groups compared to 12 months ago, with the largest and most sustained decrease being seen in the 16-24 age group.
- The requirement for many over 70s to shield throughout the pandemic has resulted in a 2.9% decrease in levels of physical activity compared to the figures 12 months prior.
- Adults from lower socio-economic groups' physical activity levels are 2.1% lower than figures from 12 months prior.
- There is a 1.9% decrease in physical activity compared to 12 months ago amongst disabled people and those with a long-term health condition.
- The impact of the pandemic has disproportionately impacted Asian and Black adults, with the decline in physical activity levels being driven by the decrease in physically active males. There was an 11.1% decline in males from other ethnic groups, and a 6.0% decline in Asian males who were physically active, compared to figures from 12 months prior.

In Northumberland, during the year November 2019 to November 2020....

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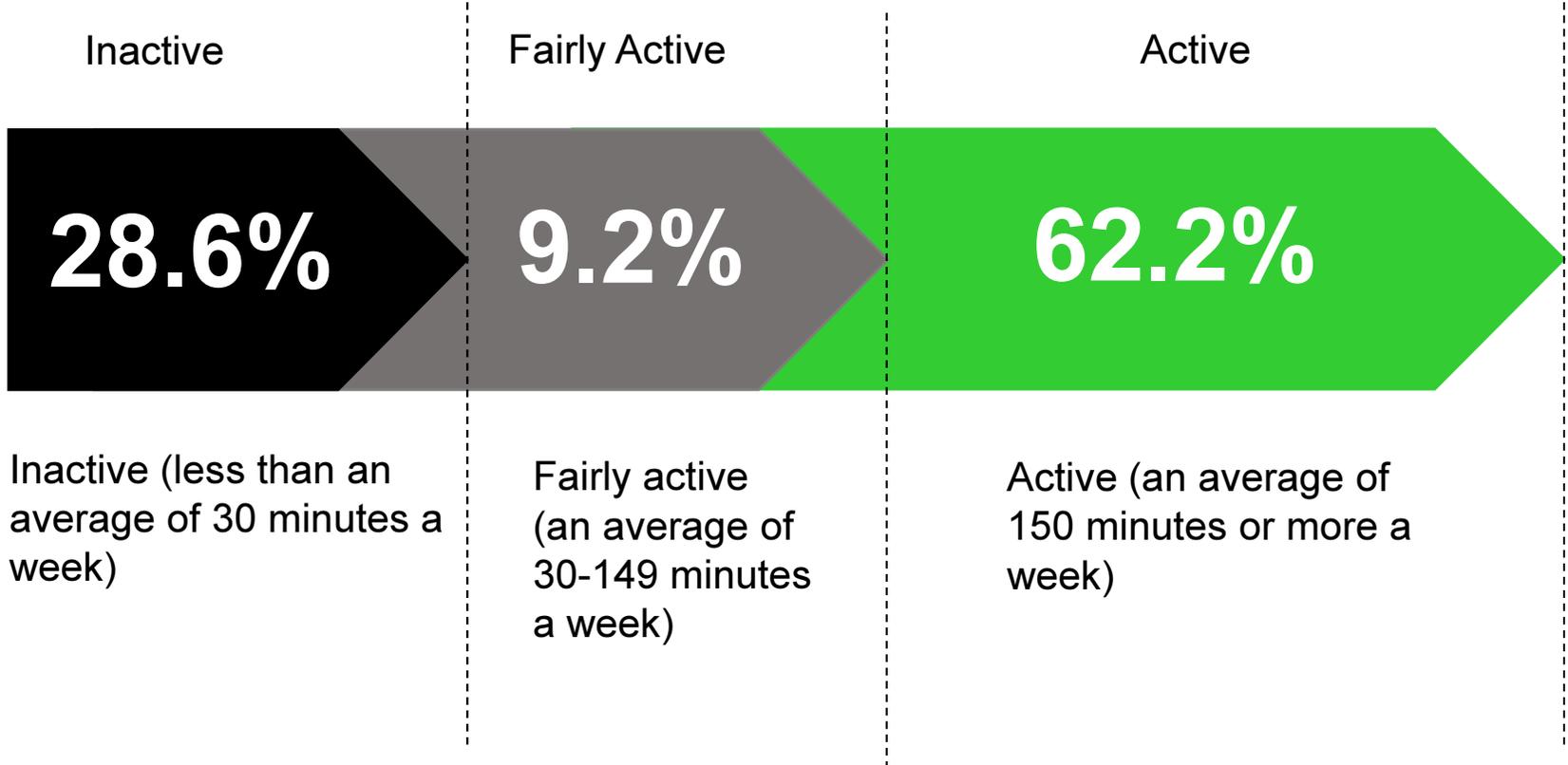


Figure 3: Adults physical activity levels between November 2019 – November 2020 in Northumberland, Sport England Active Lives Survey.

Northumberland, during the year November 2019 to November 2020....

Physical Inactivity

RISE

Physical Activity

- 62.2% of Northumberland's population achieved the CMO's recommendations of 150 minutes of physical activity per week.
- Despite physical activity levels remaining relatively stable since 2015, the proportion of the population who are physically active is slowly declining.



- Physical inactivity in Northumberland has grown exponentially since November 2018/19 rising from 20.9% in 2018/19 to 28.6% in November 2019/20.
- Females are more inactive than Males in Northumberland (Males: 27.4% inactive, Females: 29.7% inactive).
- According to data from 2019/2020, adults who live in Urban areas in Northumberland are more inactive than counterparts in Rural areas (Urban: 28% inactive, Rural: 24%).
- 38.4% of adults living in the most deprived areas in Northumberland are inactive, compared to 20% of adults living in the most affluent area of Northumberland.
- 45.9% of adults with disabilities or long term health conditions are currently inactive.

Figure 2: Adults Active Lives physical activity headlines for Northumberland between November 2019 – November 2020.

Active Lives Adult Survey Active (150+ mins per week)

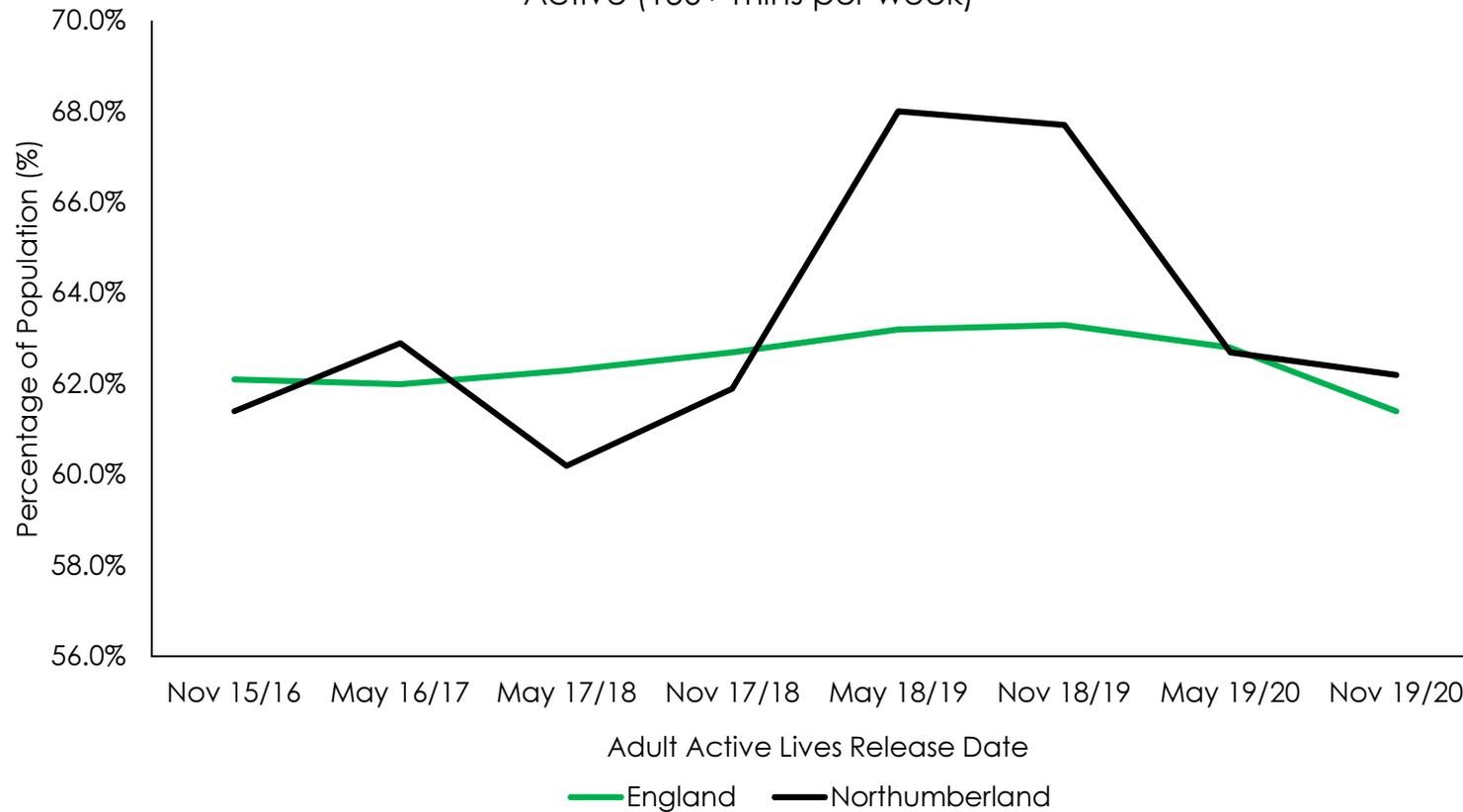


Figure 3: Adult Active Lives findings trend data for Northumberland and England including November 2019 – November 2020 results. Graph displays the percentage (%) of population who are active.

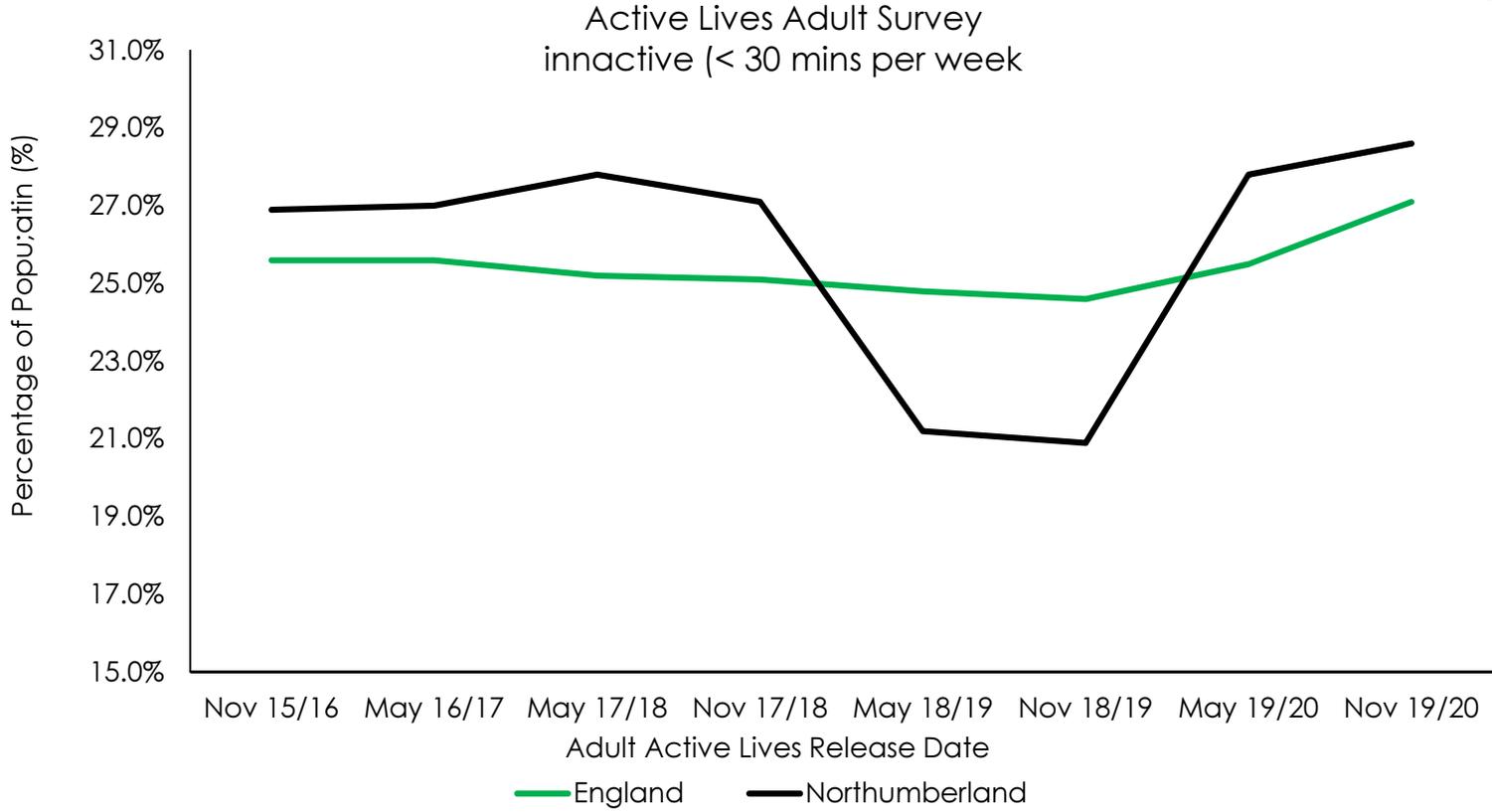


Figure 4: Adult Active Lives findings trend data for Northumberland and England including November 2019 – November 2020 results. Graph displays the percentage (%) of population who are inactive.

Exploring the relationship between physical activity and deprivation in Northumberland:

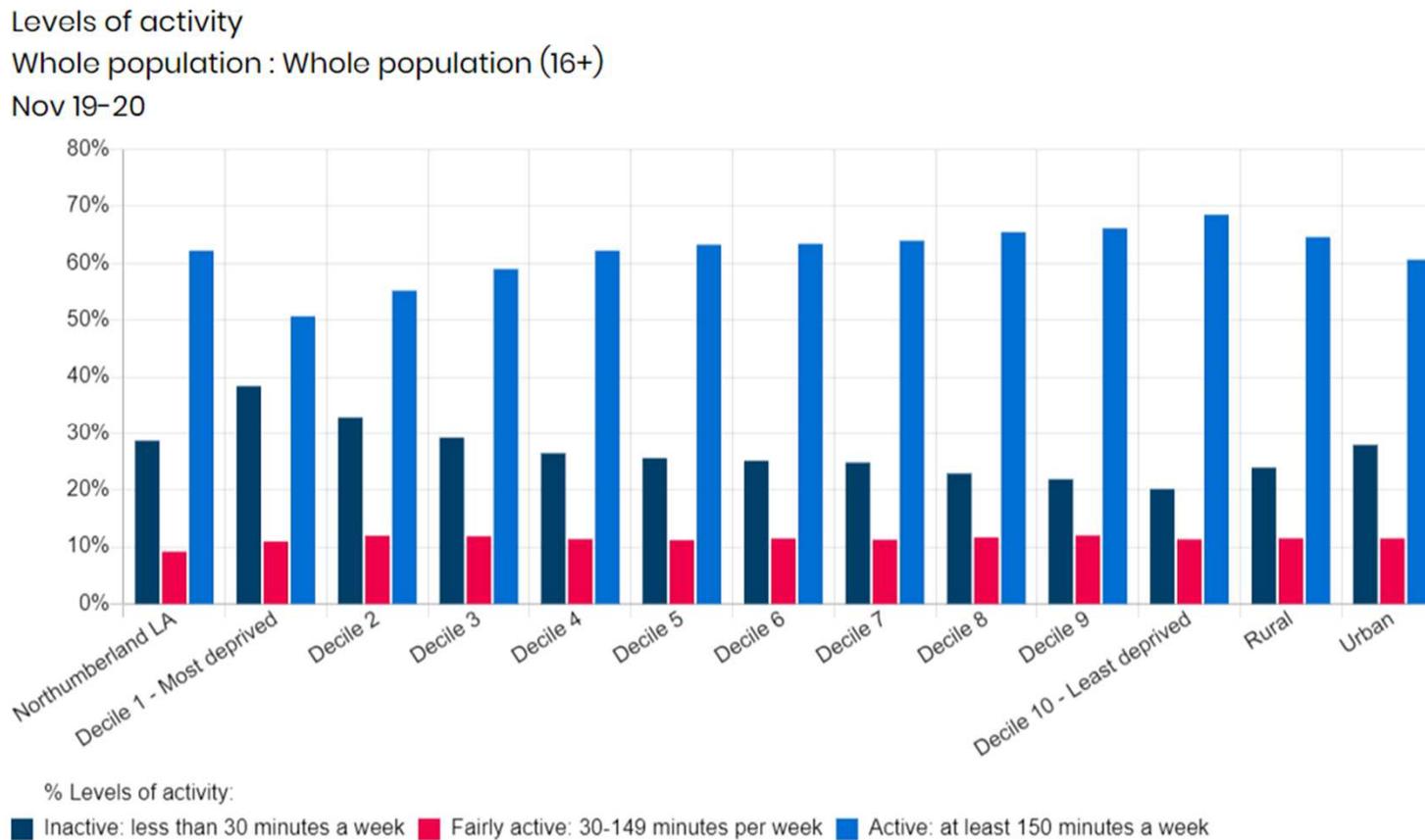


Figure 5: Sport England analysis of Adult Active Lives findings trend data for Northumberland November 2019. Graph displays the percentage (%) of population who are active, fairly active, and inactive per deprivation decile.

Exploring the relationship between physical activity and rural/urban living in Northumberland



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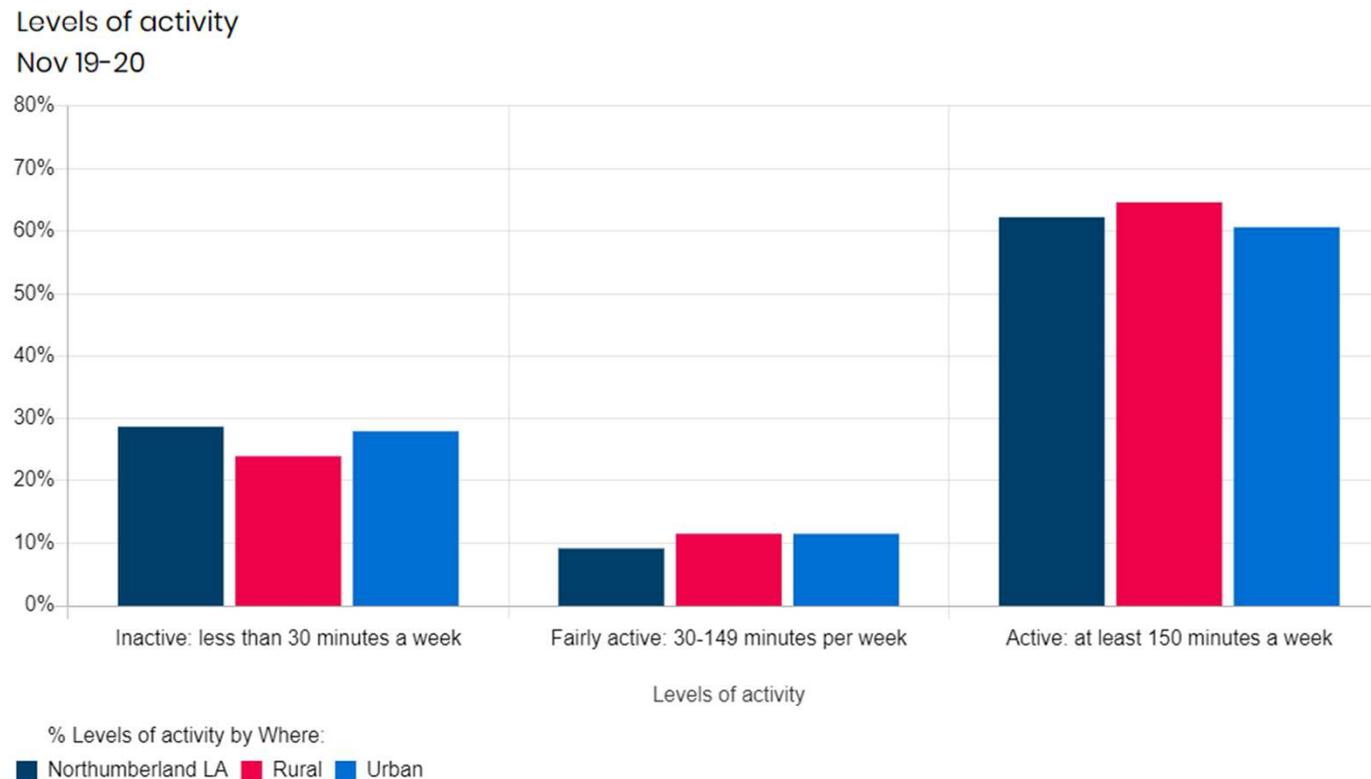


Figure 6: Sport England analysis of Adult Active Lives findings trend data for Northumberland November 2019. Graph displays the percentage (%) of population who are active, fairly active, and inactive in urban and rural locations in Northumberland.

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RISE.

Active Lives

Children and Young People Survey

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Academic Year 2019-2020

Northumberland, Tyne & Wear Analysis

WeAreRise.co.uk

“Children and young people (aged 5 – 18 years) should engage in moderate-to-vigorous intensity physical activity for an average of at least 60 minutes per day across the week. This can include all forms of activity such as physical education, active travel, after-school activities, play and sports”

The Children and Young Peoples Active Lives Results aims to illustrate a national picture of physical activity in English 5 – 18 year olds.

Guidance for 2019/2020 Release:

The 2019/2020 Children and Young People Active Lives release looks a little different to previous years, please see the notes below detailing the changes to the reporting of information:

There are two reports this year in order to address the impact of the COVID-19 Pandemic on physical activity levels in children and young people.

The survey was designed to report down to a local authority level but for this release there is no local authority data included for the following reasons:

- Responses rates were decreased due to the COVID-19 primarily during the summer term (from mid-May to end of July).
- Sample sizes were less reliable across the year to analyse by local authorities e.g. Northumberland's sample size was only 182 pupils.
- Inconsistencies in missing data due to restrictions which makes the data incompatible for comparison between local authorities and previous releases.

Due to the pandemic other changes to data collect were required such as the Active Lives Children and Young People survey had to be adapted for at home completion, rather than the historic school-based survey

England, during the academic year 2019/2020....

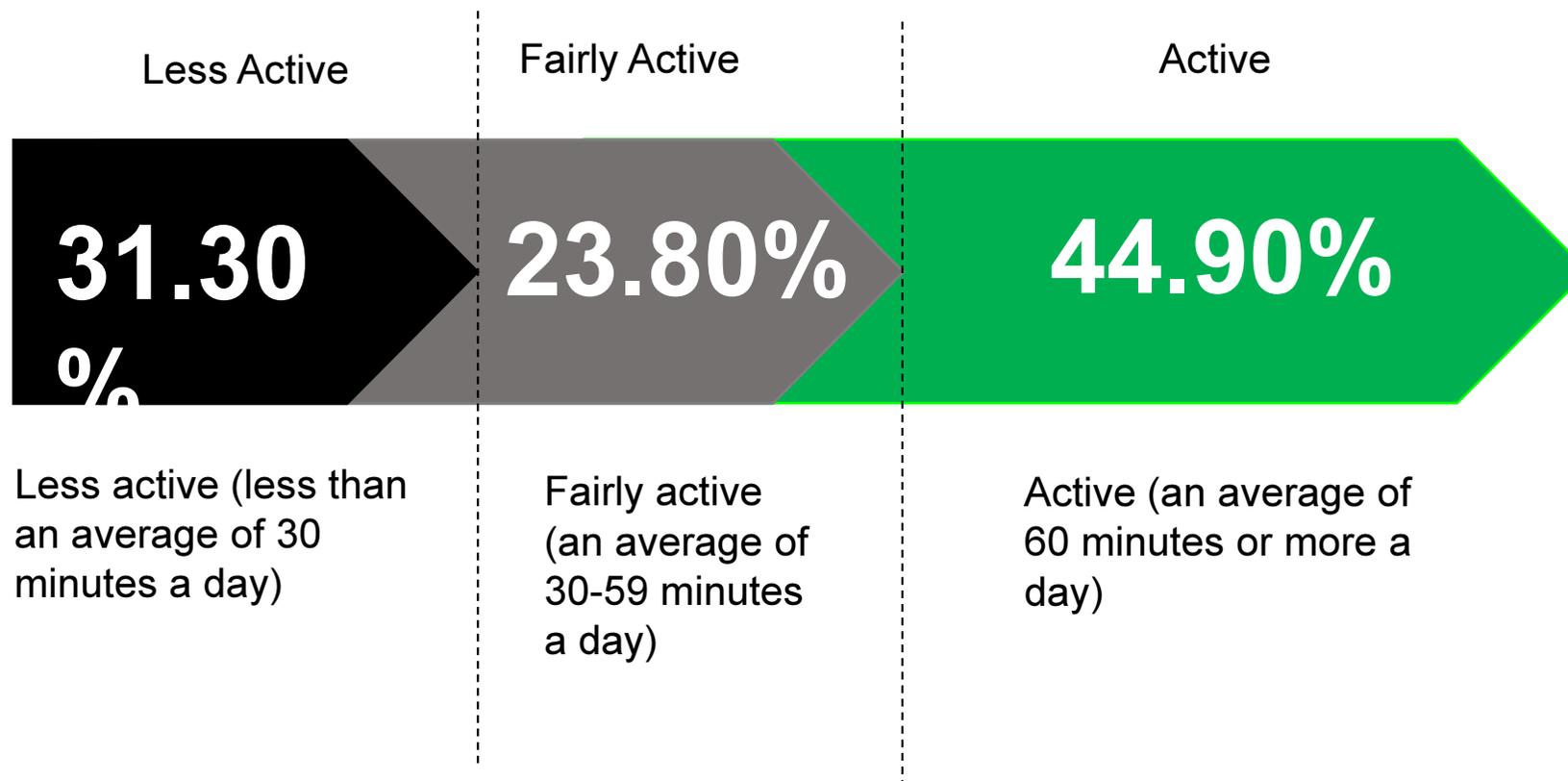


Figure 1: Children and Young People's (CYP) Physical activity levels between September 2019 – July 2020 in England.



Physical Activity Headlines: CYP Active Lives 2019 / 2020

Physical Activity

3.2 million (44.90%) children and young people met the new Chief Medical Officer guidelines of an average of 60 minutes of physical activity per day

In Northumberland 53.50% of children and young people were active on average for 60 minutes per day.

In Tyne and Wear 45.30% of children and young people were active on average for 60 minutes per day.

Children who participate in physical activity are more likely to have better levels of mental wellbeing, trust in their local community and decreased levels of loneliness.

Physical Inactivity

- Nationally, an additional 201,400 children have become 'Less Active' in the past year, meaning they do on average less than 30 minutes of physical activity per day.
- In Northumberland, there has been a significant decrease (-9.20%) in the number of children who are 'less active', whereas the figures for Tyne and Wear are not significantly different.

Additional Findings

- Nationally, activities such as walking, cycling and fitness saw large increases in the numbers, whilst activities such as swimming declined.
- The report identifies that there are still inequalities between boys and girls who take part (boys are still more likely than girls to be active).
- Children from ethnically diverse backgrounds and less affluent areas are less likely to be physically active and to participate in volunteering activities

Table 1: Physical activity data for Children and Young Persons Active Lives Survey January 2019/2020

	Northumberland	England
Response Rate (n)	182	89,303
Active (an average of 60 minutes or more a day)	53.50%	44.90%
Fairly Active (an average of 30-59 minutes a day)	25.40%	23.80%
Less Active (Less than an average of 30 minutes a day)	21.20%	31.30%

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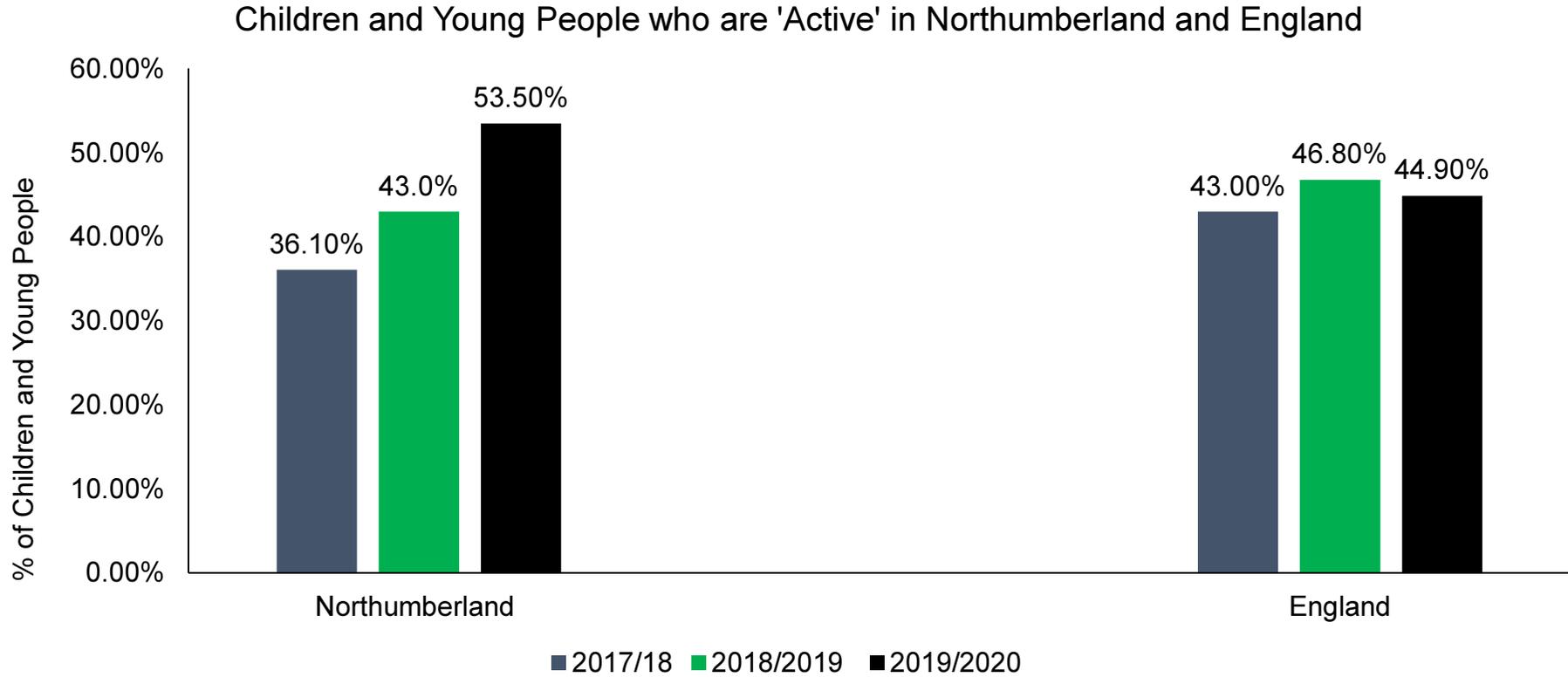


Figure 3: Local trend data taken from the past 3 years illustrating numbers of children who are 'Active' (Average of 60 minutes of physical activity per day) across Northumberland and England.

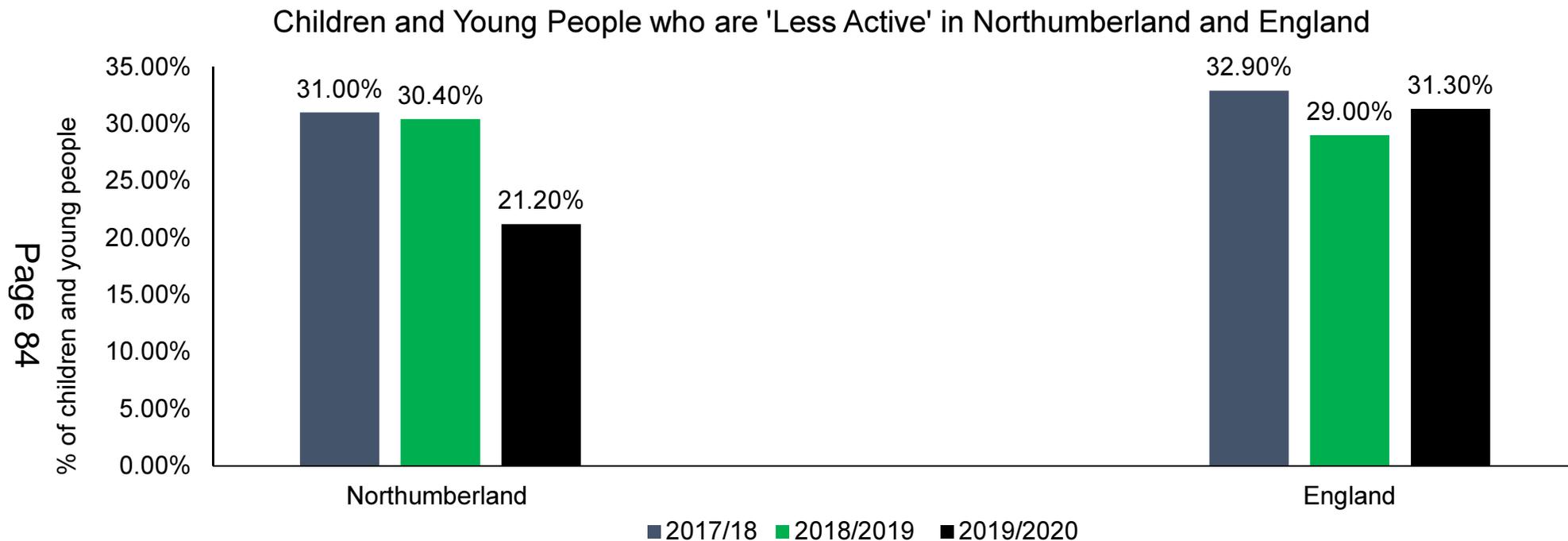


Figure 4: Local trend data taken from the past 3 years illustrating the percentage of children who are 'Less Active' (Less than an average of 30 minutes a day) across Northumberland, Tyne & Wear and England.

Exploring the relationship between physical activity and deprivation in children living in Northumberland:

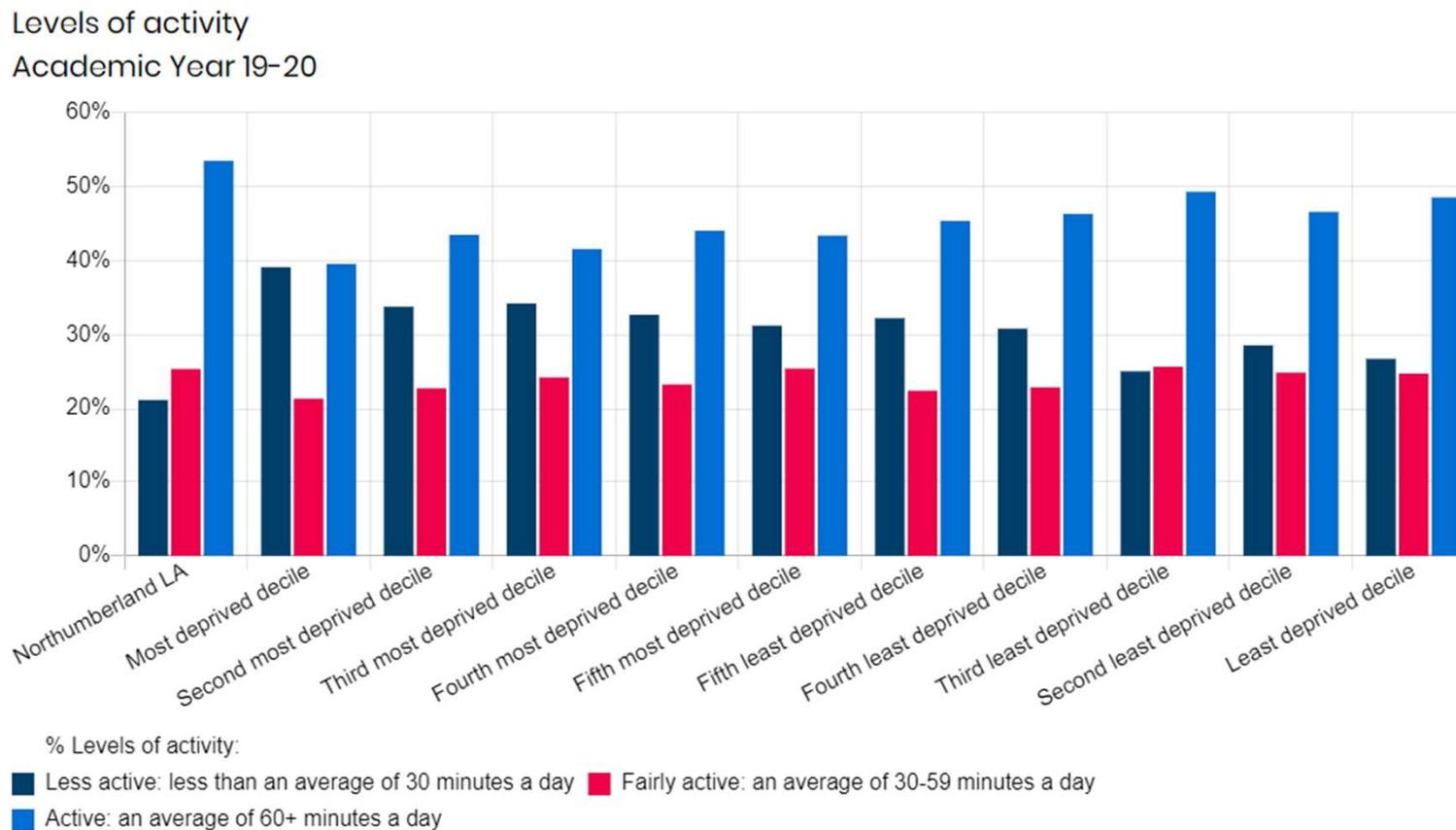


Figure 5: Sport England analysis of Children and Young Persons Active Lives findings trend data. Graph displays the percentage (%) of population who are active, fairly active, and inactive per deprivation decile.

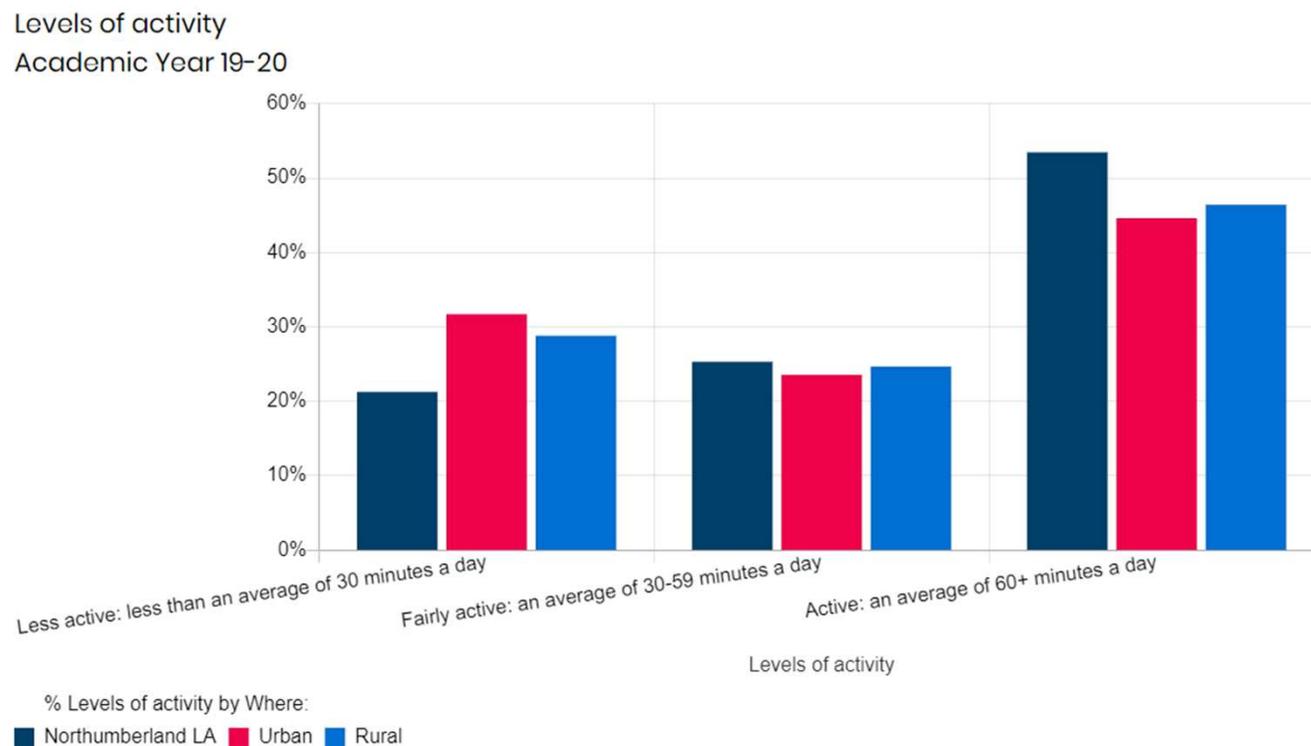


Figure 6: Sport England analysis of Children's Active Lives findings trend data for Northumberland November 2019. Graph displays the percentage (%) of population who are active, fairly active, and inactive in urban and rural locations in Northumberland.

NORTHUMBERLAND PHYSICAL ACTIVITY LOGIC MODEL: THE INACTIVITY CHALLENGE

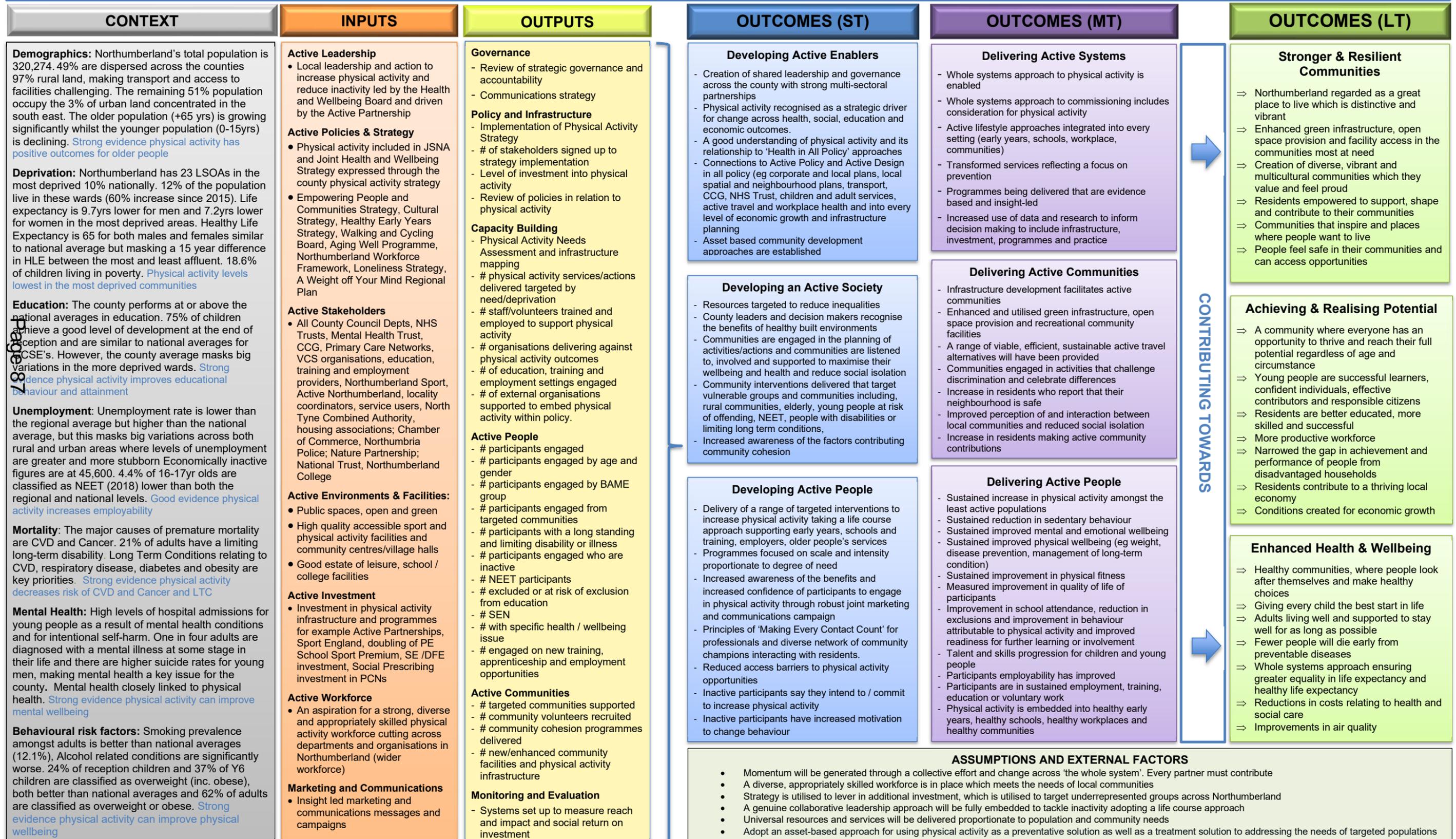
Inactivity levels across Northumberland are too high with 23% of adult females and 18% of adult males being inactive and 31% of Northumberland children spending less than 30 mins a day being physically active.

Inactivity amongst adults rises to 32% in the most deprived areas of the county and 41% for people with long term conditions or disabilities.

Inactivity in the county is linked to over 600 deaths per year.

There is strong evidence that increasing physical activity can:

- Improve physical and mental wellbeing Improve educational behaviour and attainment Build social and community development Increase employment and employability Build confidence and self-esteem Support individual development
 Reduce social isolation Reduce crime and anti-social behaviour Create economic value Build resilience



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Northumberland
County Council

Local COVID-19 Outbreak Prevention & Control Plan

Communications & Engagement Update

Health and Wellbeing Board – 14 October 2021

www.northumberland.gov.uk

Northumberland County Council News 4 h · 🌐

Travel update 🌐
From 4 October, we will be switching to a simplified travel list and pre-depart... See more

UK Government

Travelling abroad is changing

From 4 October there will be new, simpler rules for travelling abroad.

Prepared: gov.uk/travel-abroad

Northumberland County Council News 7 h · 🌐

Hand washing is still a vital practice in protecting yourself and others from ... See more

HM Government NHS

Wash your hands regularly to help limit the spread of COVID-19

Northumberland County Council News 22 h · 🌐

Try to stay at home if you are feeling unwell. This will help to limit the spread of... See more

HM Government NHS

Try to **stay at home** if you are feeling unwell

Northumberland County Council News 1 d · 🌐

There are two essential vaccines that you may need this winter ❄️ ... See more

NHS

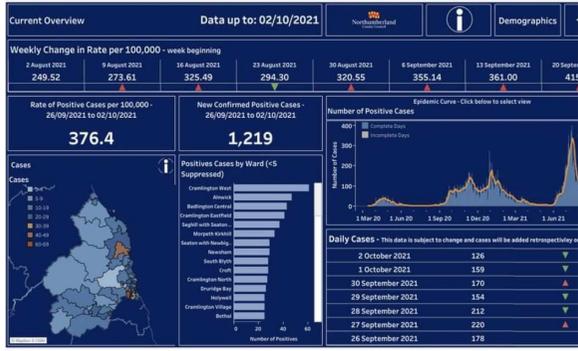
ESSENTIAL WINTER PROTECTION

There are two essential vaccines that you may need this winter – flu and COVID-19 booster. Vaccines are the best way to protect yourself, friends and family from these dangerous viruses.

Find out if you're eligible now at nhs.uk/wintervaccinations

Northumberland County Council News 3 d · 🌐

Daily Dashboards for Monday 4 October Additional COVID-19 stats for Northumberland can be vi... See more



Northumberland County Council News 3 d · 🌐

Anyone aged 16 and over is now able to choose either:
👉 booking an appoin... See more

HM Government NHS

YOU CAN STILL GET YOUR COVID-19 VACCINE

GO TO A WALK-IN CENTRE

BOOK AN APPOINTMENT

FIND OUT MORE AT [NHS.UK/COVIDVACCINE](https://nhs.uk/covidvaccine)

Comms support: proactive / reactive

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

BeatCovidNE / LA7 regional campaign



Thank you for your Covid Acts of Kindness Community Award nominations 
The judges are now reviewing the... See more



"I hope my story helps others living with Covid feel less alone and inspires everyone across the North East to keep doing their bit"





COMMUNITY CHAMPION



38 active Champions with an anticipated reach of 7196 individuals



Champions receive weekly updates including links to the latest Gov info/advice/guidance and social media assets to share



Currently **mapping** Champion locations and identifying areas and demographics to target



Identifying Organisations to approach so they can get involved



Developing further recruitment activity

BeatCovidNE – Acts of Kindness

Page 93

Covid Acts of Kindness #xx

“I chose to get the vaccine as soon as I could”



Let's kill Covid with kindness.
Discover how at BeatCovidNE.co.uk

Covid Acts of Kindness #xx

“I still wear my mask on public transport”



Let's kill Covid with kindness.
Discover how at BeatCovidNE.co.uk

Covid Acts of Kindness #xx

“Whenever I’m at the shops, I still use sanitiser”



Let's kill Covid with kindness.
Discover how at BeatCovidNE.co.uk

Covid Acts of Kindness #xx

“When I meet my mates, we try to stay outside”



Let's kill Covid with kindness.
Discover how at BeatCovidNE.co.uk

Next steps:

Continuing to amplify national and regional campaign messages

Continue to support Community Champions engagement and recruitment

BeatCovidNE – ongoing campaign activity

Vaccination programme/hesitancy

Further behaviour insight work (North East wide)

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Northumberland
County Council

Thank you

Any questions

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NORTHUMBERLAND COUNTY COUNCIL

HEALTH & WELLBEING BOARD

FORWARD PLAN 2021 - 2022

Lesley Bennett, Senior Democratic Services Officer
Tel: 01670 622613
E-mail Lesley.Bennett@northumberland.gov.uk

Updated :5 October 2021

FORTHCOMING ITEMS

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

MEETING DATE TO BE CONFIRMED

<ul style="list-style-type: none"> ● Place and Integrated Care System ● Impact of COVID pandemic on SEND services ● Community Impact Assessment (including examining health inequalities and social isolation. ● Joint Health and Wellbeing Strategy Plan <ul style="list-style-type: none"> ● Empowering People and Communities theme ● Wider Determinants theme ● BSIL theme ● Whole System Approach ● CNTW Priorities Report ● Northumberland Cancer Strategy and Action Plan ● Urgent and Emergency Care - Strategic Care ● Child and Adolescent Mental Health ● CDOP Annual Report 	<p>Graham Syers Nichola Taylor Phil Hunter</p> <p>Liz Morgan</p> <p>Pam Travers Robin Hudson Siobhan Brown Cath McEvoy-Carr Margaret Tench</p>
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REGULAR REPORTS

<p>Regular Reports</p> <ul style="list-style-type: none"> ● System Transformation Board Update ● SEND Written Statement Update - progress reports ● Population Health Management – Quarterly Update (Feb,May,Aug,Nov) <p>Annual Reports</p> <ul style="list-style-type: none"> ● Public Health Annual Report ● Northumbria Healthcare Foundation NHS Trust Annual Priorities Report 	<p>Sir Jim Mackey/Siobhan Brown Cath McEvoy-Carr Siobhan Brown</p> <p>Liz Morgan (APR) Claire Riley (MAY)</p>
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Updated :5 October 2021

<ul style="list-style-type: none"> ● Healthwatch Annual Report ● Northumberland Safeguarding Children Board (NSCB) Annual Report and Update of Issues Identified ● Safeguarding Adults Annual Report and Strategy Refresh ● Annual Health Protection Report ● Northumberland Cancer Strategy and Action Plan 	<p>David Thompson/Derry Nugent (JULY) Paula Mead (DEC)</p> <p>Paula Mead (DEC) Liz Morgan (OCT) Robin Hudson (DEC/JAN)</p>
<p>2 Yearly Report</p> <ul style="list-style-type: none"> ● Pharmaceutical Needs Assessment 	<p>Liz Morgan (APR 2022)</p>

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

Ref	Date	Report	Decision	Outcome
1.	8.7.21	Update on Northumberland COVID-19 Outbreak Prevention Plan and Control Plan	To note and endorse	
2.	8.7.21	COVID-19 Update	To note	
3.	8.7.21	Communications and Engagement Update	To note	
4.	12.8.21	Changes to Partnerships between the County Council and NHS bodies	<p>1 Comments on implications of working across health and social care in Northumberland resulting from the ending of the Council's with NHCT were noted</p> <p>2 Comments on the new partnership for health visiting and school nursing services proposed by the Council and HDFT be noted.</p> <p>3 The contents of the letters from the Chair of NHCT to the Chair of Health & Wellbeing OSC and the response by the Council's Chief Executive were noted.</p>	
5.	9.9.21	Update on Northumberland COVID-19 Outbreak Prevention Plan and Control Plan	To note and endorse	
6.	9.9.21	Communications and Engagement Update	To note	
7.	9.9.21	Healthwatch Annual Report 2020/21	To note	

