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Northumberland
County Council

Your ref:
Our ref:
Enquiries to: Lesley Bennett
Email: Lesley.Bennett@northmberland.gov.uk
Tel direct: 01670 622613
Date: 5 April 2022

Dear Sir or Madam,

Your attendance is requested at a meeting of the **HEALTH AND WELL-BEING BOARD** to be held in **MEETING SPACE, BLOCK 1, FLOOR 2, COUNTY HALL** on **THURSDAY, 14 APRIL 2022** at **10.00 AM**.

Yours faithfully

Daljit Lally
Chief Executive

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

J Boyack, 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

Any member of the press or public may view the proceedings of this meeting live on our YouTube channel at https://www.youtube.com/NorthumberlandTV. Members of the press and public may tweet, blog etc during the live broadcast as they would be able to during a regular Committee meeting.

Members are referred to the risk assessment, previously circulated, for meetings held in County Hall. Masks should be worn when moving round but can be removed when seated, social distancing should be maintained, hand sanitiser regularly used.

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 - 10)

Minutes of the meetings of the Health and Wellbeing Board held on Thursday, 10 March 2022 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 of 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. LIVING WITH COVID (Pages 11 - 20)

To receive a presentation by Liz Morgan, Interim Executive Director for Public Health and Community Services.

5. HEALTH INEQUALITIES SUMMIT (Pages 21 - 38)

To receive a verbal update and presentation from Liz Morgan, Interim Executive Director for Public Health and Community Services.

6. CHILD DEATH OVERVIEW PANEL (CDOP) ANNUAL REPORT (APRIL 2020-MARCH 2021 (Pages 39 - 60)

To receive the Child Death Overview Panel Annual Report. Report presented by Alison Johnson, Northumberland CCG.

7. HEALTH AND WELLBEING BOARD – FORWARD PLAN (Pages 61 - 68)

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

8. URGENT BUSINESS (IF ANY)

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

9. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 12 May 2022, at 10.00 a.m. at County Hall, Morpeth.

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, 10 March 2022 at 10.00 a.m.

PRESENT

Councillor B. Flux
(Chair, in the Chair)

BOARD MEMBERS

Morgan, E.	Syers, G.
Pattison, W.	Thompson, D.
Riley, C. (Substitute)	Travers, P.
Sanderson, H.G.H.	Watson, J.

IN ATTENDANCE

L.M. Bennett	Senior Democratic Service Officer
Dr. R. Hudson	Northumberland CCG
P. Lee	Public Health Consultant
G. Matthewson	Northumbria NHS Foundation Trust
S. McMillan	Assistant Director Policy Team
E. Wheeler	Northumbria NHS Foundation Trust

43. APOLOGIES FOR ABSENCE

Apologies for absence were received from J. Boyack, S. Brown, J. Lothian, C. McEvoy-Carr, P. Mead and R. O'Farrell.

44. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 10 February 2022, as circulated, be confirmed as a true record and signed by the Chair:

45. UPDATE ON THE EPIDEMIOLOGY OF COVID 19, THE NORTHUMBERLAND COVID 19 OUTBREAK PREVENTION AND CONTROL PLAN, AND THE VACCINATION PROGRAMME

Members received an update on the epidemiology of COVID 19 in Northumberland, developments with the Council's COVID 19 Outbreak Prevention and Control Plan, and Vaccination Programme. Presentation filed with the signed minutes.

Liz Morgan, Interim Executive Director for Public Health and Community Services, gave a presentation to the Board and the key points included:-

- It was increasingly difficult to make sense of the case data due to the changes in Government guidance. Testing rates had dropped and testing in schools had ceased. There was an increase in case rates due to the BA2 sub-variant which appeared to have a transmission advantage although there was no evidence of any impact on severity of illness or vaccine effectiveness. Routine asymptomatic and symptomatic testing would end on 31 March 2022.
- As a result of the Government announcement on 21 February 2022, contact tracing had ceased. There was no longer a legal requirement to self isolate (although there was still a need to self isolate) and self-isolation support payments were no longer available.
- Changes in statutory sick pay would revert back to previous arrangements.
- Mobile, local and regional testing sites would cease to function at the end of March 2022 and most would then be demobilised and sites handed back.
- The best source of data was the ONS Survey which provided estimates of the prevalence of infection. In the week up to 26th February it was estimated about 1 in 30 people in England would have tested positive which was a decrease from the previous week. Covid was not naturally a mild disease, it was just less severe in people with reasonable immunity.
- **Living with Covid** – the new plan covered four main areas:-
  - Removing domestic restrictions whilst encouraging safer behaviours through public health advice, in common with longstanding ways of managing other infectious illnesses.
  - Protecting the vulnerable through pharmaceutical interventions and testing, in line with other viruses.
  - Maintaining resilience against future variants.
  - Securing innovations and opportunities from the Covid-19 response, including investment in life sciences.
- **Next Steps and Future Response**
  - It was planned to revert back to previous arrangements with outbreaks being handled by the Regional Health Protection Team.
  - Maintaining and building on the Infection Prevention and Control (IPC) skills and capacity within care homes, high risk settings, education and child care settings and businesses.
  - There was an opportunity to review the sickness benefits system nationally to help families on low incomes and employed in jobs with less favourable sickness benefits so that they could self-isolate without financial consequences.
- **Vaccination Programme**
  - The programme was continuing and had an evergreen offer of 1st, 2nd and booster jabs. It was expected that there would be an autumn booster programme which would have greater alignment with other vaccination programmes.

- Local Authorities had a clear role to support the vaccination programme by working closely with the CCG.
- There was now a vaccination offer to 5-11 year olds, and there would be a spring booster dose for over 75s, residents of older adult care homes, and 12+ who were immunosuppressed. This was in addition to the evergreen offer and continued community engagement to promote uptake and access to the vaccine.
- Contingency plans had to be in place in case of a surge in cases.
- It was important to embed behaviours to prevent the spread of Covid which would also prevent the transmission of most other infectious respiratory illnesses. This included looking at the 'presenteeism' culture. Communication remained crucial and should comprise of simple, consistent messages.

RESOLVED that the presentations be received.

46. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2020

Members received a report presenting the Director of Public Health (DPH) Annual Report for 2020/21 which focused on protecting the health of our communities from the impact of Covid 19. (Report and Presentation from Liz Morgan, Interim Director of Public Health and Community Services).

Liz Morgan highlighted the following key points:-

- Directors of Public Health had a statutory duty to write an Annual Public Health Report on the health of the local population. The report was developed during the 4th wave of COVID-19 in July 2021 and reflected the situation up to that point.
- The report focused on inequalities experienced within different sectors of the community such as mortality in people with BAME backgrounds, with disabilities, and those in the most deprived areas. The effects were not just direct but also indirect including loss of employment amongst young people, some children finding it difficult to study from home and health & social care staff who were at increased risk of adverse mental health outcomes.
- A lot of mitigation measures had been put in place which were highlighted in a series of videos attached to the report and these had had a very positive impact on Northumberland's communities.
- The report also made recommendations on what more could be done to address the widening inequalities attributable to COVID-19.
- The videos focused less on health and more on the social determinants of health
    - Video 1 – Introduction and Overview
    - Video 2 – Impact of COVID-19 on income, job security, social isolation and mental health
    - Video 3 – How the wider determinants of health have shaped the experience

- Video 4 – The groups disproportionately affected by COVID-19, children and young people; digital inclusion.
- Video 5 – The Council's response and recommendations

The following comments were made:-

- There was some disappointment that the report had not acknowledged the valuable, joined-up approach of the LA7 Local Authorities working together during the pandemic for the benefit of the community. Northumberland County Council's Officers and Members had worked very well together to ensure that local Members were aware of what was happening on a weekly basis. It was noted that the aim of the report was to highlight the impact the pandemic had had on the community and about the Council's response over the last two years.
- With regard to the quality of housing, every effort was made to ensure that the quality of the housing managed on the Council's behalf met the required quality standard and had good pathways in place to ensure a rolling programme of routine maintenance and repairs. It was more difficult in the private rental sector as there was less influence over the quality of the housing. It could be time consuming to go through the legal processes available to address issues in this area. A Selective Licensing Scheme could be used in particular areas of Northumberland to improve the quality of housing which also had an impact on other things such as anti-social behaviour, improving social cohesion and health and wellbeing.
- The Inequalities Summit would focus on inequalities and what could be done collectively across Northumberland to address this. The pandemic had highlighted that COVID-19 had exacerbated existing inequalities.
- Following the report at a previous meeting by Dr. Kathryn Bush on excess deaths data, work was just commencing on drilling down into the data to find out where the issues were such as cardiovascular disease or stroke.
- Some of the data used within the report would also be included within the data pack being used at the Inequalities Summit to focus the minds of attendees on the inequalities that existed. There would be wide representation at the Summit and there would then be consideration as to how Northumberland could address them and involving many other agencies and including the voluntary sector.
- The report had been considered at Informal Cabinet and Health and Wellbeing Scrutiny but it was suggested that in future years the draft Annual Report be brought to the Health & Wellbeing Board to enable Members to have some input.

RESOLVED that the recommendations contained within the Director of Public Health's Annual Report be accepted as follows:-

- Undertake a COVID-19 Inequalities Impact Assessment and use that to inform the council's recovery plan to ensure that areas of deepening inequalities are recognised and addressed. This should inform future budget and planning cycles.

- Develop an integrated carbon reduction, equality and health inequality approach as part of our policy development and appraisal process. This would be consistent with the Health in All Policies approach we are developing.
- Build on the strong community networks and increased social cohesion to ensure residents are at the centre of processes to design initiatives and services which meet their needs and aspirations.
- Encourage people to shop local, support local businesses, support the local development of skills to enable employment, especially those living in Northumberland who are furthest away from the employment market and exploit the wider social value of the Northumberland pound.

47. NORTHUMBERLAND SUICIDE PREVENTION STRATEGY 2021-25

Members received a report describing progress to date to reduce suicide in Northumberland and setting out priorities for continuing to help reduce suicide over the period 2021-2025.

Pam Lee, Consultant in Public Health, raised the following key points:-

- Suicide figures for Northumberland were low but the rate was higher than the regional and national average. However, one or two incidents could quickly cause a change in the trend and data.
- The Executive Summary took into account where Northumberland was in terms of its data and COVID-19. The psychological effects of the pandemic could be present for 10-20 years. The data appeared to show a reduction in suicide figures nationally, however, this could be a false picture due to delays within the Coroner's system in confirming suicides.
- Priorities – Some people were at higher risk than others and the risk spread over a whole range of the population from those in our most to least deprived areas.
- There was a multi-agency approach with the CCG, Adults and Children's Safeguarding Teams, Mental Health Trust, and the Voluntary Sector. All the services which were commissioned were listed in the report.
- Defining suicide was very important as it was a very emotive subject. A lot of information was contained in the report to aid this understanding.
- The economic impact of suicide could not be underestimated and there was a clear link between unemployment and suicide. Good quality jobs with support built in were very important.
- The way suicide was reported in the press was important as there could be a contagious effect.
- The following factors were known to increase the risk of suicide: Age and sex, mental illness, substance misuse, social isolation and loneliness, gender and ethnicity, veterans, prisoners and those in contact with the criminal justice system.
- Efforts were being made in conjunction with the British Transport Police and Network Rail to design out the likelihood of suicide and trespass on railway lines.

- A lot of work was carried out around good mental health promotion and prevention and support. Efforts were being made to improve young people's mental health.
- There were a whole range of online sites and trainers who could help someone identified to be at risk.

The following comments were made in response to questions:

- It was important to ensure that professionals were trained and sensitive to risk to be able to make a difference to a person. Also to look for opportunities missed and what services were available. Some individuals may attempt suicide several times before succeeding whereas with others there was no warning.
- The Samaritans was a very highly regarded service, however, they were only able to signpost people to other services who may be able to help an individual. The organisation did promote itself at sites where there was a high risk of suicide.
- The CNTW Mental Health Trust dealt with individuals who were distressed or depressed. It was feared that suicides would increase during the pandemic due to social isolation, however, this appeared not to be the case. Many did still feel anxiety arising out of the pandemic and also with fears about society opening up again. The Trust worked with a number of other organisations in this area. Some people in the public eye such as footballers or social media stars were opening up about what it was like to be considering suicide.
- Discussions had been held with Network Rail regarding the unmanned railway station at Cramlington to see if there were ways to improve the outlook of the station. It was hoped to secure the open line around the station and it was known to be an area popular with young people using alcohol and drugs. It was noted that local County Councillors and Cramlington Town Council were keen to see improvements and refurbishment at the station.

RESOLVED that

(1) Progress to date be noted.

(2) The revised Suicide Strategy 2021-25 be accepted.

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48. NORTHUMBERLAND CANCER STRATEGY AND ACTION PLAN

Members received a presentation from Dr. Robin Hudson, Medical Director at Northumberland CCG and Graham Matthewson Operations Service Manager at the Northumbria Healthcare NHS Foundation Trust.

- It was emphasised that the levels of collaboration had been very high in Northumberland. The Cancer Locality Strategy Group was joined with North Tyneside to align priorities and thinking and there was also a wider ICP Cancer Group which met with the three hospital Trusts, Newcastle,

Northumbria and Gateshead and the four CCGs. These Forums looked at performance relating to cancer in the whole region.

- Overall there was a lot of volatility in performance. Currently, activity levels were back to pre-pandemic levels, however, over the two years of the pandemic there had been a reduction in the number of expected referrals.
- Performance by speciality – key areas of focus were dermatology and breast cancer pathways. The figures regarding children appeared to be poor and had been the subject of a deep dive and it was found that the majority of referrals were found not to be cancer.
- A key area of pressure regarding breast cancer was the volume of cases and there was an issue with diagnostic capacity. In dermatology, a tele-derm app had been introduced which enabled remote referral including a photograph of skill tissue to a consultant. Patients in this pathway were now being seen well within the two week standard following referral.
- Primary Care was encouraged to keep services running during the pandemic particularly for cervical screening and funding was provided to practices for this purpose. It was important to build patients' confidence generally to encourage them to visit their GP. Also ensuing that patients stuck to the pathway and did not fall through the net.
- A lot of effort had been put into the Cancer Recovery Plan and particularly focused on people who had waited a long time.
- There were interesting trends as to how patients were coming through the system. 6,000 colorectal patients seen last year and the diagnosis rate remained roughly the same over the last four years. In haematology pathway, referrals remained similar but diagnosis rate had gone up to 75%.
- The biggest focus nationally was the way cancer pathways were looked at and would move towards '28 days past diagnosis'. The aim was to diagnose patients more quickly and to start their treatment plan.
- Work was concentrating on breast and skin cancer. The new system using photographs for dermatology was working well.
- Colorectal services was a challenging pathway at the moment and work had been done to ensure that the pathway was a smooth as possible. Diagnosis was now quicker and there was increasing use of CTC (computed tomographic colonagraphy). A new CTC scanner was due to be installed at North Tyneside which would double capacity across all services.
- Vague Symptoms Pathway was being trialled for patients with unexplained symptoms such as weight loss and abdominal pain.
- NHS Galleri Research Trial was aimed at 50-77 year olds with no cancer symptoms and would detect 22 cancers early.
- Lung cancer pilot jointly with North Tyneside to encourage early diagnosis. In the last 12 months, 300 patients had been scanned with 10 lung cancers detected, nine of which had curative treatment.
- Personalised care, including rehabilitation, health and wellbeing information and advice and signposting, empowering and improving patient outcomes. A digital monitoring system had been introduced to monitor patients throughout the process.

- Challenges to the service included the impact of Covid on staffing which created slight increases in diagnostic times; social distancing reducing capacity and increases in treatment length for Oncology services.
- Highlights were increasing staffing in Oncology, new Cancer Navigator posts to support new pathways and the installation of a second CT scanner due to be operational by March 2022.
- Cancer awareness should be raised with emphasis on the importance of early diagnosis, symptom awareness, cancer screening campaigns and support of national and regional campaigns.

RESOLVED that the presentation be received.

49. NORTH OF TYNE COMBINED AUTHORITY WELLBEING FRAMEWORK: NORTHUMBERLAND APPROACH

Members were briefed on the work across North of Tyne to develop and agree a Wellbeing Framework, and the Board's views were sought on the proposed actions to implement the framework by Northumberland County Council and how the Board would wish to be involved in its adoption and implementation. Report by Sarah McMillan, Assistant Service Director, Policy.

The following key points were made:-

- The Framework was developed by local Government to help understand what mattered to people in terms of their own wellbeing. This assisted policy makers to think through important issues as connected issues rather than in isolation. This was looked at in terms of recovery from the pandemic and what it looked like for the region's wellbeing. It supported the North of Tyne's inclusive economy vision at the heart of the devolution deal.
- A roundtable approach was used to develop the framework and 12 specialists from various sectors were selected to carry out this work. Views from citizens and experts were gathered over a period of six months to form the evidence base.
- The model used was developed by the Carnegie Trust, comprising social, economic, environmental and democratic wellbeing and was used as a framework on which to base evidence and discussions. Different components of evidence gathering included:-
    - Policy and Literature Review
    - Call for Evidence
    - Community-Led Consultations
    - YouGov Survey
- Ten wellbeing outcomes were identified and mapped across the social, economic, environmental and democratic wellbeing for people living in the North of Tyne. These outcomes had 52 indicators sitting below them.
- The Framework comprised the Vision, the 10 wellbeing outcomes which were underpinned by 52 indicators based on regional, national, local data sets which allowed tracking of progress towards the 10 outcomes.

- Implementing the Framework – the NTCA Cabinet endorsed the report and the method of implementation was being considered. Progress would be regularly monitored and updates provided as necessary.
- In terms of Northumberland County Council, it was being considered how to take forward the Framework alongside its own priorities and strategies. The Framework would be discussed at the Health Inequalities Summit. Also, to develop the 'Health in all Policies Approach' and develop a tool to assist officers in ensuring that wellbeing was embedded in the decision-making process.

RESOLVED that

(1) the Wellbeing Framework and the proposed areas for its implementation in Northumberland be endorsed.

(2) Regular reports be submitted to the Health & Wellbeing Board.

50. IPC PROGRESS REPORT

Members received a presentation updating on IPC Progress from Dr. Graham Syers.

Dr. Syers raised the following key issues:

- The Clinical Commission Group had a statutory duty to sign off decisions and monitor the quality of services in Northumberland. From July 2022 that statutory function would transfer to the Integrated Care Board (ICB). Northumberland partners needed to think about how 'place' worked within that.
- The new arrangement had to build on the strength of what already existed in Northumberland. The Health & Wellbeing Board had to ensure that it played into this rearrangement of governance in the county.
- A Chief Executive Officer, Sam Allan, was now in place and she was listening to what needed to happen in place to ensure the right decisions were made and which were most appropriate to the needs of the people in Northumberland.
- A shadow board would be in place from April 2022 and a transitional process was going on with an operational framework now being suggested.
- Integrated Care Partnership – There was a huge footprint across the North East and Cumbria and this had presented huge challenges. The long established sub-regional partnership working between CCGs, Trusts and Local Authorities was recognised.
- Northumberland had a System Transformation Board (STB) where partners met to discuss issues around certain pathways. There was work to be done as to how the Health & Wellbeing Board interacted with the STB.
- A diagram showed how the ICS would work alongside the ICP. It was important to remember that Northumberland was a very large county with

many diverse communities in it. Listening to local communities to ensure appropriate primary care groupings and there was involvement by voluntary organisations.

- Structures had to be effective and appropriate planning arrangements.
- The decision process for allocation of resources would look slightly different. Whilst decisions were still made by ICB, it was still expected that spending would be delegated to a place level to ensure the right decisions were made for the people of Northumberland. The STB needed a refresh in the light of the revised ICB governance arrangements to ensure the right representation and leadership.

The following comments were made:-

- The Chief Executive of the ICS was currently undertaking an engagement process and it was expected that she would meet with the Health & Wellbeing Board at some point.
- There needed to be a closer liaison between the Health & Wellbeing Board and STB, but it was unclear where the Health & Wellbeing Overview and Scrutiny Committee fitted into the process.
- It would be a huge challenge to simplify the complex range of organisations involved to avoid duplication and to ensure they all complemented each other.
- Social determinants such as housing and education must be part of the conversation about meeting the challenges otherwise it would be a retrograde step.
- The public and communities needed to be involved to aid awareness and contribute to what was being decided. The People and Communities Strategy was being prepared in this respect.

RESOLVED that the presentation be received.

51. HEALTH AND WELLBEING BOARD FORWARD PLAN

Members received the latest version of the Forward Plan.

RESOLVED that the Forward Plan be noted.

52. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 14 April 2022, at 10.00 a.m. in County Hall, Morpeth.

CHAIR _____

DATE _____

Northumberland
County Council

Living with Covid

Health and Wellbeing Board

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

14th April 2022

www.northumberland.gov.uk

Changing the way we manage the pandemic

Why now? No 'right time' BUT

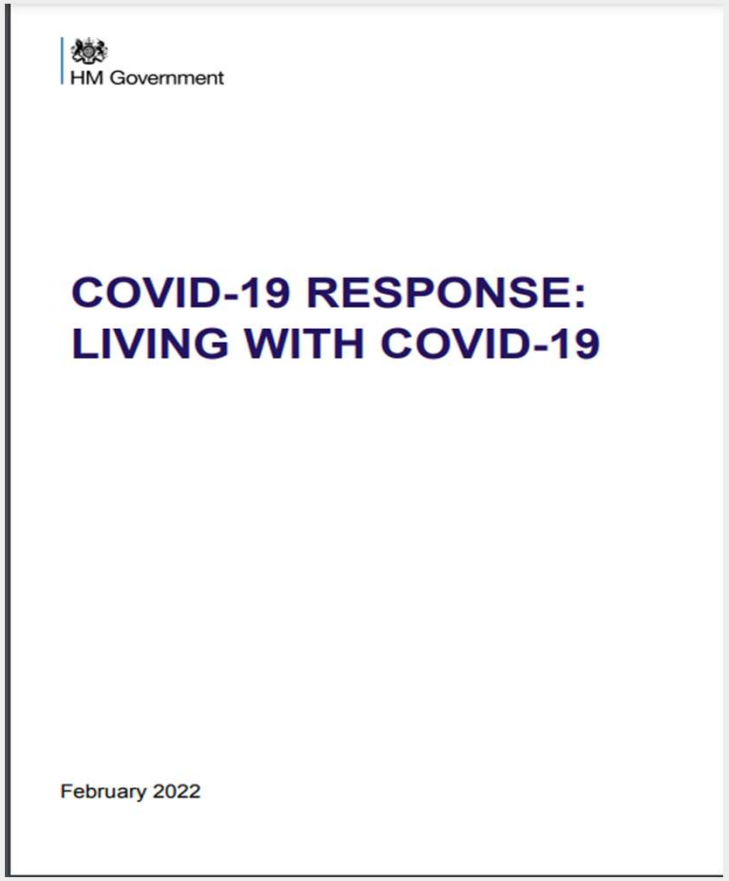
- We know much more about the virus (but still learning)
- We have an effective vaccination programme.
- High prevalence not translating into high admissions/critical care/deaths (that's not to say there isn't significant pressure on the NHS)
- We have PCR and LFT testing
- If people are admitted, we can treat them more effectively
- Antibody and antiviral treatments for people with coronavirus (COVID-19) who are at highest risk of becoming seriously ill.
- Ongoing research programmes e.g. PANORAMIC study; vaccine development
- We're heading into spring

AND

- Current approach unsustainable

Principles:

- Removing domestic restrictions while **encouraging safer behaviours through public health advice**, in common with longstanding ways of managing most other respiratory illnesses.
- **Protecting people most vulnerable** to COVID-19: vaccination guided by Joint Committee on Vaccination and Immunisation (JCVI) advice and deploying targeted testing.
- **Maintaining resilience**: ongoing surveillance, contingency planning, and the ability to reintroduce key capabilities such as mass vaccination and testing in an emergency; and
- **Securing innovations** and opportunities from the COVID-19 response, including investment in life sciences.



Changes to testing

Testing for care:

- In hospitals, community and primary care to support clinical decisions during the care and treatment pathway.
- On admission (emergency/unplanned); in advance of admission (elective); and on discharge (into other care settings).

Testing to treat:

- High risk patients in the community – symptomatic testing to access treatment.

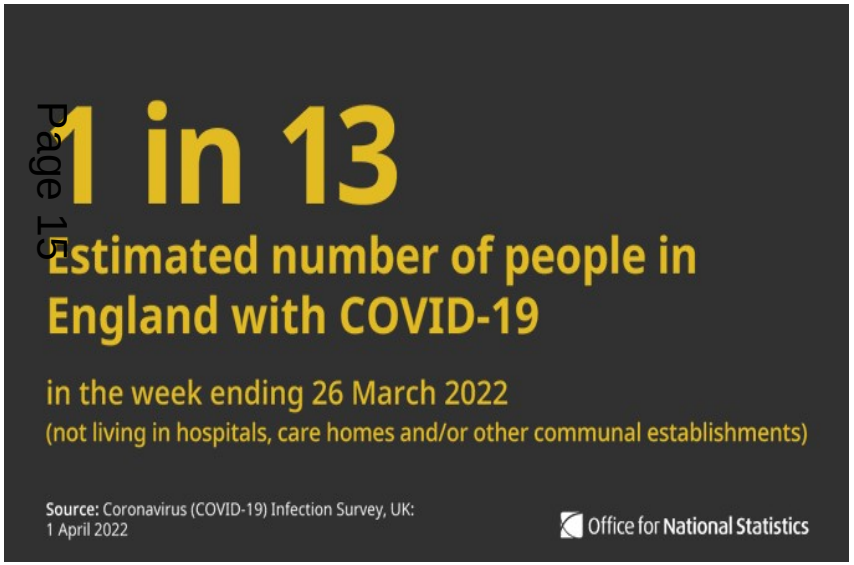
Testing to protect:

- Symptomatic and asymptomatic testing in high risk settings e.g. NHS staff, ASC staff and social workers, hospices, detention settings

Surveillance

What are the sources and what is it telling us?

The ONS survey – geography, age, race



- Vivaldi study – looking at how many care home staff and residents have been infected with COVID-19, to inform decisions around the best approach to COVID-19 testing in the future (concludes Apr 22).
- Siren study – whether prior infection with SARS-CoV2 protects against future infection with the same virus (healthcare workers)
- Ongoing testing programmes
- Inpatient genomic sequencing
- Networks across other countries e.g. US CDC

Advice to the public

Living safely with respiratory infections including COVID-19

- Get vaccinated (not just Covid)
- Let fresh air in
- Remember the basics of good hygiene (hand and respiratory hygiene)
- Choose to wear a face covering or face mask

Guidance for people with symptoms of a respiratory infection inc Covid 19

- If you have respiratory symptoms and a high temperature or do not feel well enough to go to work, stay at home (until at least temperature has gone)
- If you have a +ve test, stay at home until at least 5 days after test result (if you can)
- Follow guidance about how to minimise spread of COVID

Management

Regionally returning to pre-pandemic processes:

- Outbreak management largely led by regional UK Health Security Agency Health Protection teams (with input from LA staff and others).

Locally:

- Propose to stand down the update of, and arrangements around the COVID-19 Local Outbreak Control Management Plan (the national Contain Framework now redundant)
- Stand down the Health and Wellbeing Board role as the COVID-19 Control Board
- Maintain the Health Protection Board:
    - Broaden TORs to provide assurance across wider range of health protection issues – infectious disease management, HCAI, immunisation uptake, cancer screening, surge testing and vaccination, future pandemic planning

Opportunities

Vaccination programmes. Apply the good practice and insights into more equitable delivery of the COVID 19 vaccine into other vaccination programmes

Infection Prevention and Control (IPC).

- Build on the relationships developed with care settings and with other partners (e.g. CCG/Trust IPC team) to maintain improvements in IPC.
- Develop an IPC strategy which straddles care settings, schools and workplaces (requires investment). Culture change for some – presenteeism has a greater impact on productivity than absenteeism

Health Protection Board. Pivot the Health Protection Board role to consider wider health protection issues.

Working across the LA7. Goals, short to medium term priorities and next steps

Communications

- Simple
- Explain why
- Easy to follow
- Consistent
- Nuanced for different communities
- Behavioural insights

Northumberland County Council

Key messages

- We should anticipate a bumpy exit (years not months).
- Waves can occur rapidly so we need to be able to respond quickly.
- Vaccination remains the lynchpin of protection from severe disease and death and will require boosters.
- Continuing with the basic measures – hands, face, space, self-isolation have little impact on our daily lives but are effective at reducing transmission (of many respiratory and other infections).

Northumberland
County Council

Thriving Together

Northumberland Inequalities Summit - 25th March 2022

Health and Wellbeing Board Reflections and Next Steps

www.northumberland.gov.uk

Content

- Objectives of the Summit
- Pre summit survey results
- Outputs from the day (additional resources)
  - *Pre reading workbook*
  - *PDF slide set*
  - *Data story board*
  - Summary of workshops (shared in slides)
- Summarising reflections
- Post summit survey results (close Tuesday 5th April)
- Next steps

Principles:
1. Move forward as one united voice WITH communities
2. Build on existing good work
3. Think long term change at scale with systematic implementation
4. Be ambitious yet realistic

Aim: to establish key goals for our health inequalities plan that can be delivered **at scale** over the **coming years** to level off and start to reduce the gap in healthy life expectancy

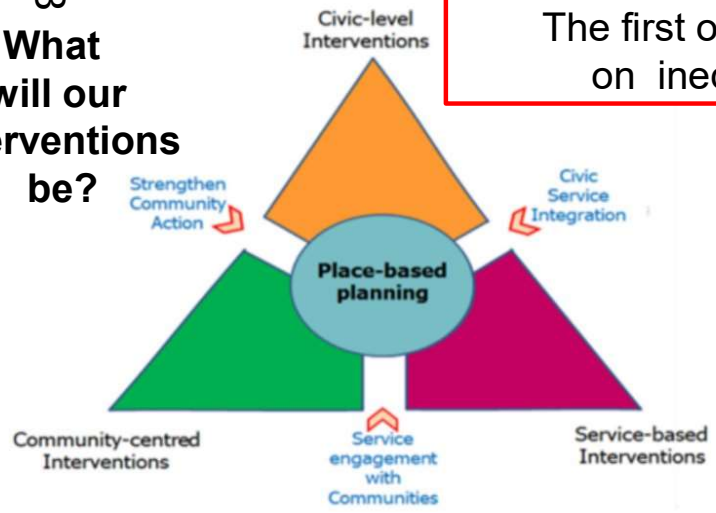
How:
Bringing together different knowledge / intelligence that is a combination of data and the voice of communities and stakeholders at the level of place.
EG: Population health management; asset based approaches, health in all policies, thriving together

Inequalities summit
Thriving Together
25th March 2022

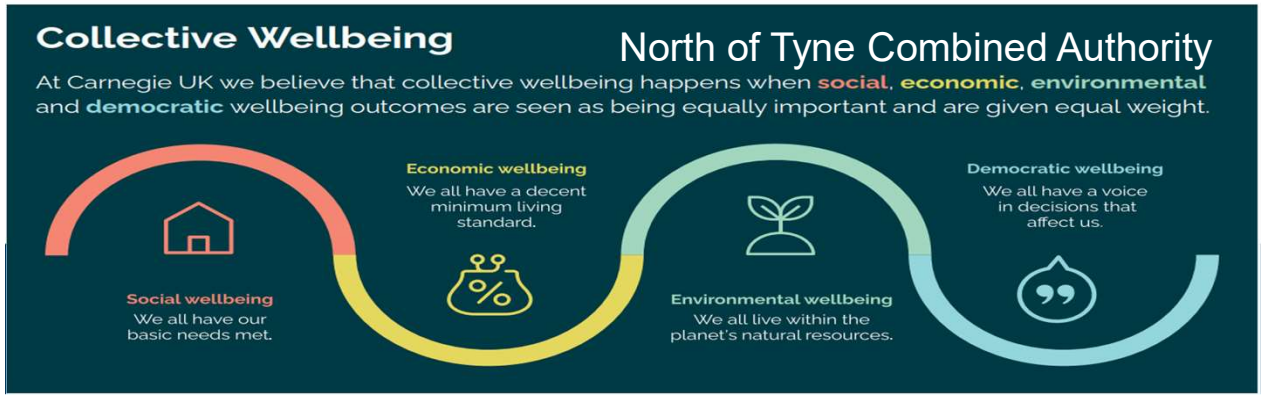
Objectives

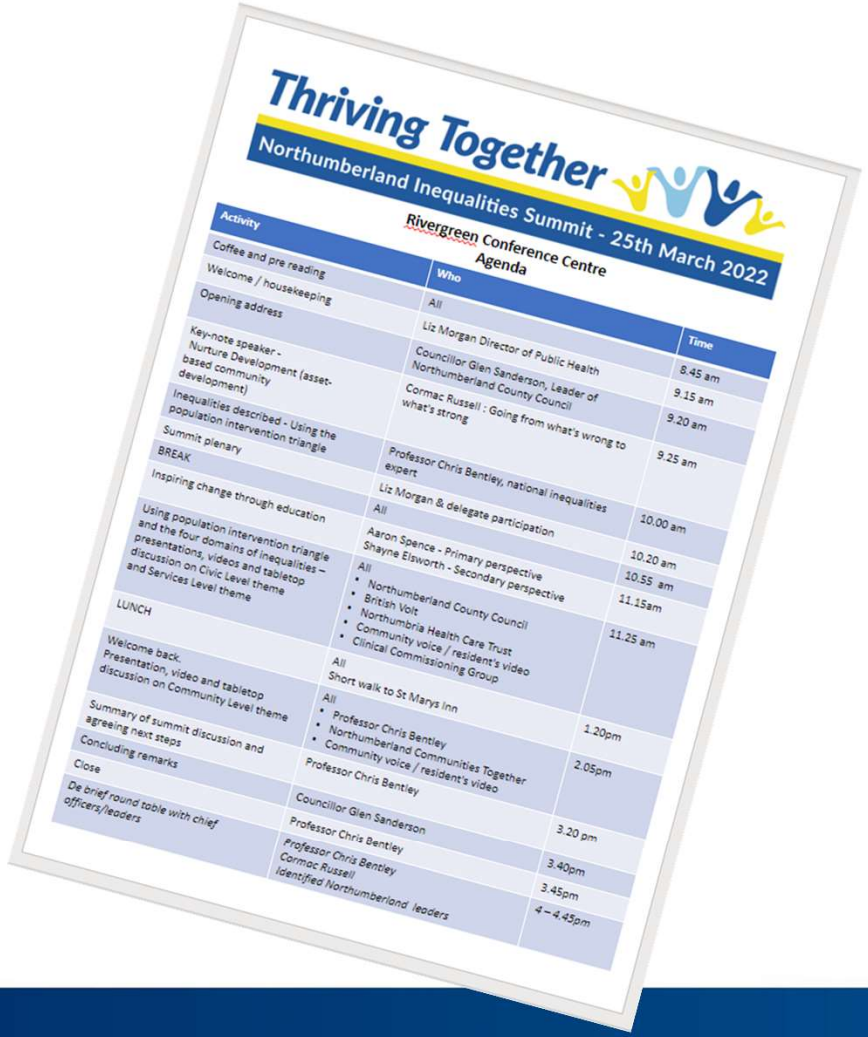
1. To commit to use the same insights & intelligence to inform practice
2. To develop a shared understanding of inequalities & the role we all play
3. To be place based & utilise the intervention triangle as the primary framework for planning
4. To commit to empower our communities by building on their strengths & voice
5. To be focused on the underpinning social determinants in all planning & delivery – employment/education
6. To agree a few key ambitions together

What will our interventions be?



The first of a series of big conversations on inequalities in Northumberland





Thriving Together

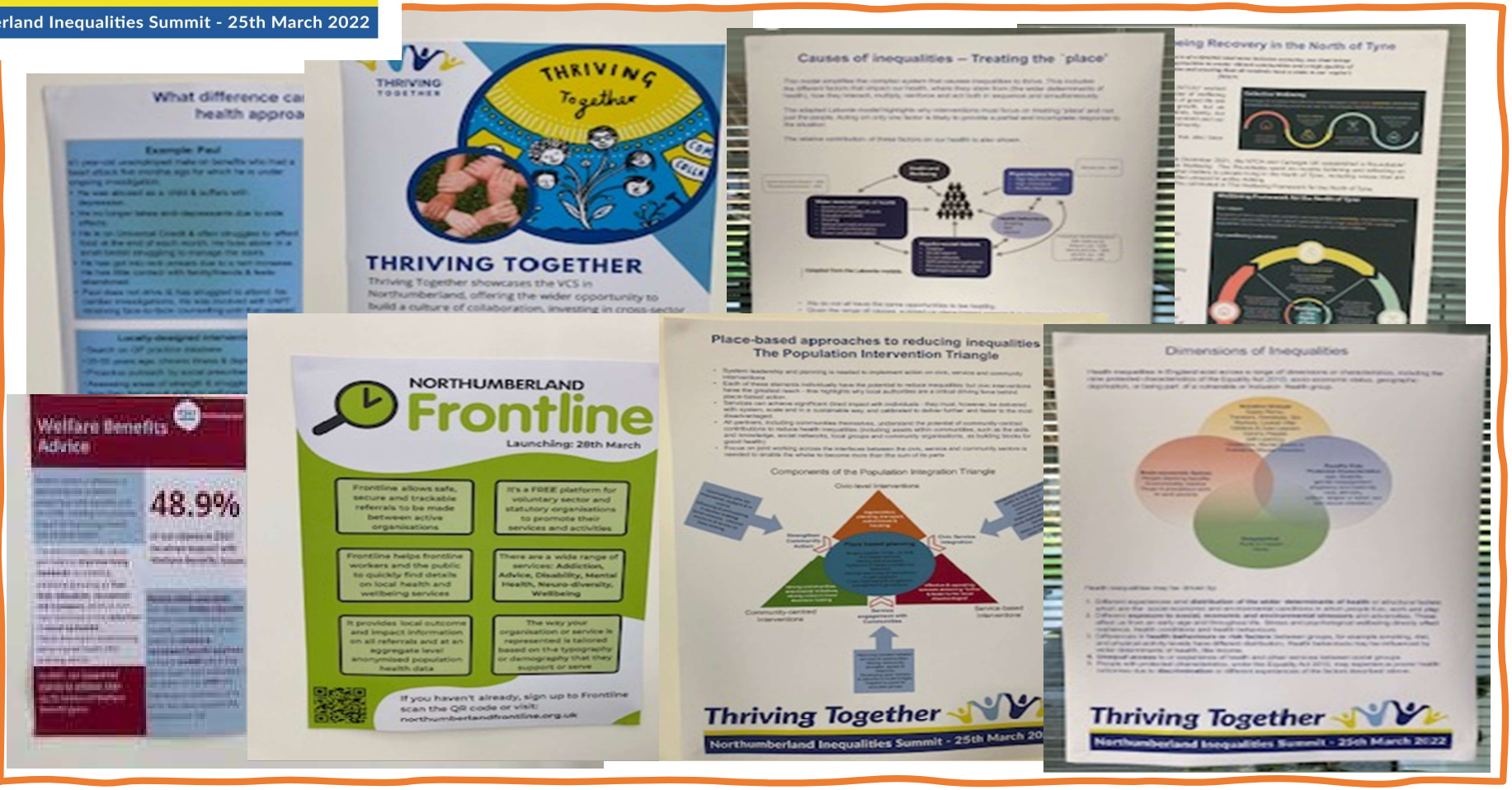
Northumberland Inequalities Summit - 25th March 2022

Rivergreen Conference Centre
Agenda

Activity	Who	Time
Coffee and pre reading	All	8.45 am
Welcome / housekeeping	Liz Morgan Director of Public Health	9.15 am
Opening address	Councillor Glen Sanderson, Leader of Northumberland County Council	9.20 am
Key-note speaker - Nurture Development (asset-based community development)	Cormac Russell : Going from what's wrong to what's strong	9.25 am
Inequalities described - Using the population intervention triangle	Professor Chris Bentley, national inequalities expert	
Summit plenary	Liz Morgan & delegate participation	10.00 am
BREAK	All	10.20 am
Inspiring change through education	Aaron Spence - Primary perspective Shayne Elsworth - Secondary perspective	10.55 am
Using population intervention triangle and the four domains of inequalities – presentations, videos and tabletop discussion on Civic Level theme and Services Level theme	All • Northumberland County Council • British Volt • Northumbria Health Care Trust • Community voice / resident's video • Clinical Commissioning Group	11.15am
LUNCH		11.25 am
Welcome back. Presentation, video and tabletop discussion on Community Level theme	All Short walk to St Marys Inn	1.20pm
Summary of summit discussion and agreeing next steps	All • Professor Chris Bentley • Northumberland Communities Together • Community voice / resident's video	2.05pm
Concluding remarks	Professor Chris Bentley	
Close	Councillor Glen Sanderson	3.20 pm
De brief round table with chief officers/leaders	Professor Chris Bentley	3.40pm
	Professor Chris Bentley *Cormac Russell* *Identified Northumberland leaders*	3.45pm *4 – 4.45pm*

Thriving Together

Northumberland Inequalities Summit - 25th March 2022



Pre summit survey results

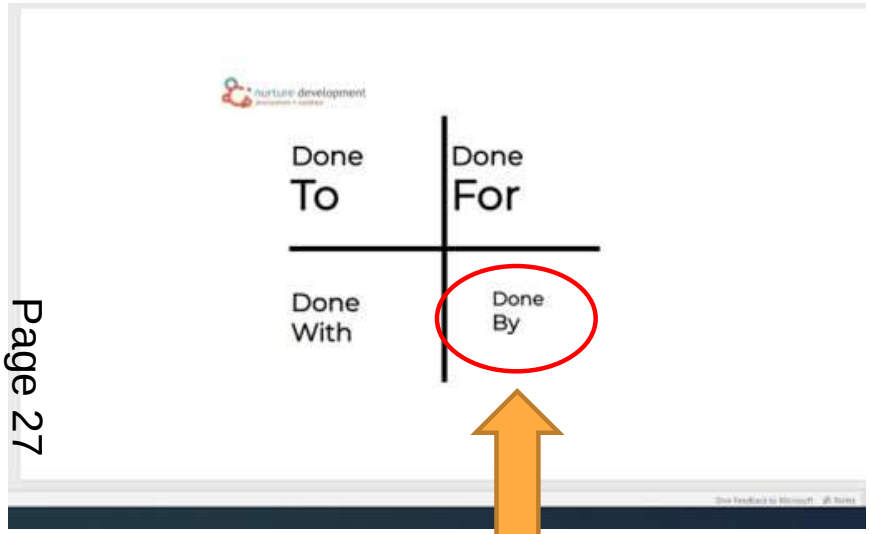
- 62 delegates
- Senior leaders & influencers
  - Elected members
  - CCG
  - CNTW
  - HDFT
  - NHCT
  - F&R
  - NCC
  - VCSE
  - Private sector

- 22 people responded (~35% response):
  - 1 = low 5 = high

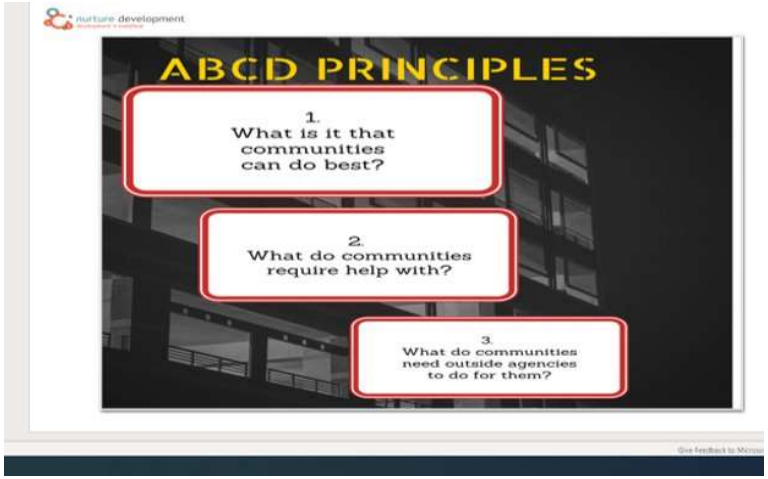
1. What is your level of understanding inequalities
   - average score 3
2. What is your knowledge of the causes of inequalities
   - average score 3
3. How confident are you in your knowledge about ABCD
   - average score 2
4. How confident are you in applying PIT as a place based tool
   - average score 2
5. How optimistic are you that the summit will create better working together
   - average score 4

Thriving Together
Northumberland Inequalities Summit - 25th March 2022

Key messages from Cormac Russell

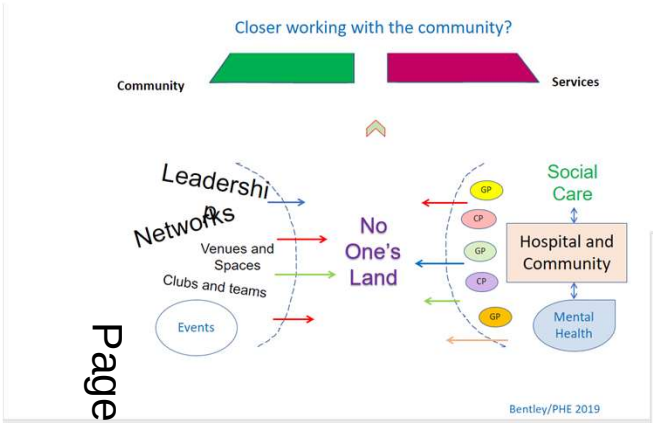


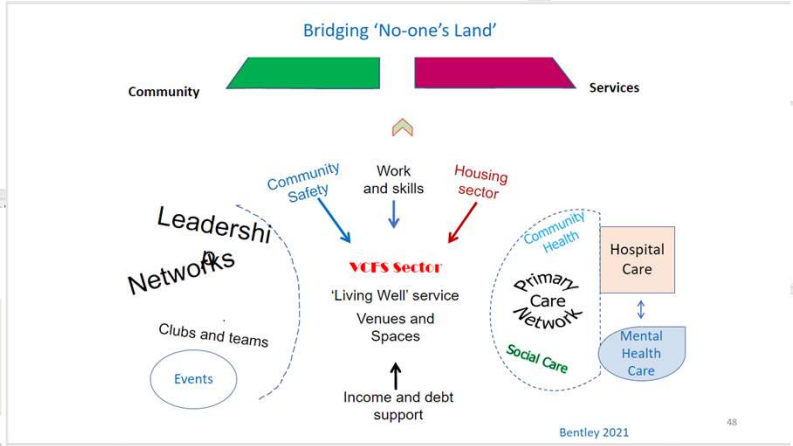
Participation
Not
Representation

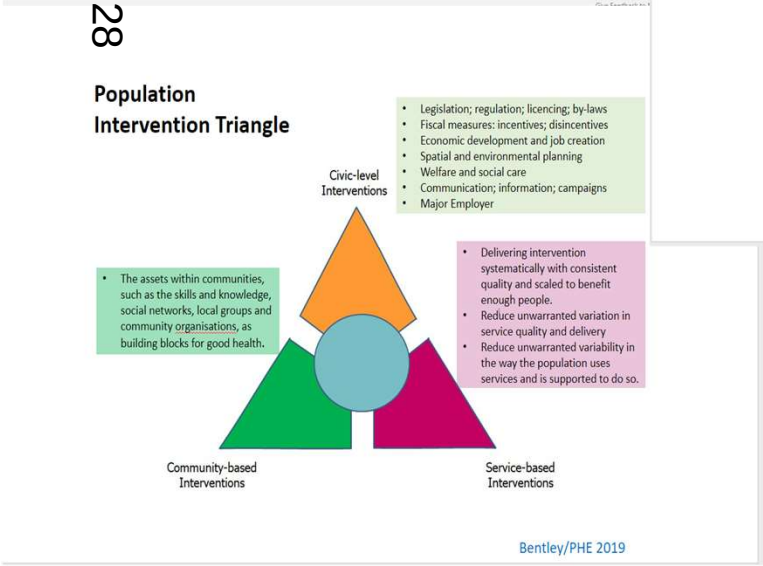


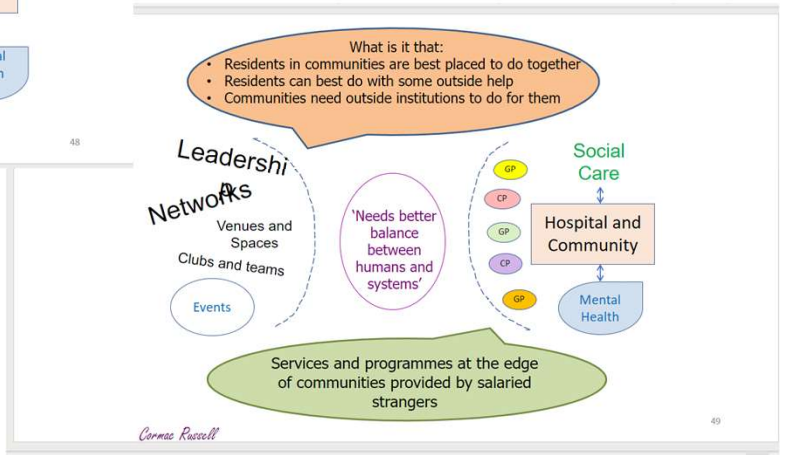
Asset Based Community Development

Key messages from Chris

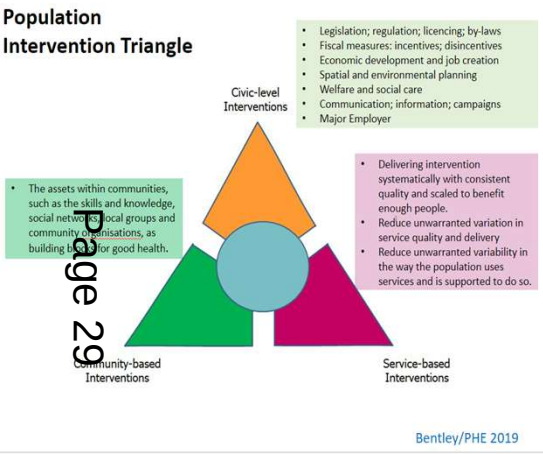








Interface between civic & community and services & community – how mature are we??



1: Civic into community seam matrix grades									
Factor	table 1	table 2	table 3	table 4	table 5	table 6	table 7	table 8	Room average
Community leadership & representation		A	A	A	B		B	0	A
Promotion of active citizenship		B	B	B	B		B	A	B
Graduated community support		B	B	A	B		B	A	B
Community needs mapped		B	C	A	B		A	0	B
Investment in infrastructure		B	B	B	B		B	0	B
Building on community assets		C	B	B	B		B	0	B
Learning & training initiatives		0	B	A	A		A	0	A
Financial support to VCSE sector		0	A	B	B		B	0	B
Monitoring & evaluation		0	0	A	A		A	0	A
Coherent civic commitment		0	A	B	B	B	B	0	B

: Services into community seam matrix grades									
Factor	table 1	table 2	table 3	table 4	table 5	table 6	table 7	table 8	Room average
Prioritisation & targeting	A	B	B	A	A	0	B	B	B
Defining communities	B	B	B	A	B	0	B	A	B
Practical asset mapping	A	B	B	A	A	B	B	B	B
Community based perspective	A	0	A	A	A	0	B	A	A
Shared community profiles	A	B	B	A	A/B	0	B	A	A/B
Neighbourhood action plan	A	A	B	A	A	0	B	A	A
Coordinated partner behaviour	A	0	B	A	A	0	C	A	A
Outreach & inreach models	B	0	B	B	B	0	C	B	B
Linking to the disengaged / excluded	B	0	B	A	0	A	C	A	B
Transfer to community ownership	B	0	C	A	0	0	B	C	B

A = Emerging
B = Developing
C = Maturing
D = Thriving

Average emerging to developing

Average emerging to developing

Reflections on Population Intervention Triangle workshop

Will be good to do this as a deep dive activity in locality events

Different sectors have very different understanding and as such its difficult to do as a whole system

Let's apply Cormac's three questions to each of the parts of the triangle...

Language / Jargon a concern

As a system we are only just emerging but we have pockets of maturity

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Northumberland Inequalities Summit - 25th March 2022

Workshop 3: Three key things

1. Improve our data and insights sharing
2. Upscale community centred approaches as our core delivery model – three questions from Cormac
3. Align our organisations and resources (not just about funding)
4. ***Look at everything through an inequalities lens***

Pledge	Actions
Improve data sharing	Develop shared understanding of need and assets x3 and what works Link data sets Exploring/analysis
Upscale community centred approaches	Enable communities to help themselves and build resilience Advocacy around big issues Forget me nots in every neighbourhood or community Make community development "core business" More communty engagement with schools/civic engagement with school leaders System to ascertain what communities want to see in the plan
Align organisations to work in the same issues	Agree a shared way of working as key organisations to work with communities Start pooling/combining budgets Commission for impact Small amounts = big change Longer term commitment – resource and capacity Agreed objectives & common tangible objectives Blur the boundaries – take the best of a cross sectoral approach Use UKSPF as a catalyst for further health and work activities in partnership with NTLA/LAs/VCS/ICB and use locality discussions to inform these activities Establish an "inequalities academy" multi-sector, data driven, jargon busting
Move out of comfort zone. Political buy-in (Leader said we had this) Participation = resilience & robust meaningful metrics & impactful/outcomes "on a page" We need to address racial, disability & transport inequalities too Have a clear and compelling vision of what we want to achieve Communication on possibilities/opportunities/resources & ambition/storytelling, celebration, and quick wins Commit resources, funding & ?? Cost of living concerns to be captured in the plan We should be thinking more strategically e.g. tackling inequality of land ownership via a land value tax. Another way to tackle inequality at the root of the problem would be to trial a universal basic income (on a county level) – are these ideas we could discuss at a future inequalities summit? Define shared values and agree what good looks like Learn from other sectors	

A challenge to us – tighten this up into detail
Lets not have vague values but real culture change

Not about more neighbourhood plans but a set of principles we hold each other to account on

Reflections from the day....

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- Positive day to build on
- Build on the momentum by creating a movement
- Delivered on its intentions – started the conversation
- Can only work at the speed of trust
- Aidens story and the Forget me Nots powerful and need to stay central
- Must agree a set of outcomes – what is our success criteria?
    - Need political buy in – we have this from The Leader
    - Lets move away from health care measures – what about wellbeing or happiness – strengths
    - What is going to enable residents to live their best life...
- Need to steer the H&WB Board and System Transformation Board/place based system board – our governance
- This is a leap of faith and mindset shift – agree a set of principles and fly with them
- All the other stuff we need to do will still need to go on e.g. shifting funding into prevention
- We can do this by stealth and not by seeking permission and process – lets get on with it
- Socialising the concept of community-centred approaches – Forget-me-nots in every neighbourhood

Further reflections

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- This is the wider place agenda coming into focus
  - Next stage conversation with more people / orgs in this space eg regen/planning
- Lets decide a new set of metrics to measure things that are meaningful to the community
  - What is 'living your best life'
  - Where are the Forget me Nots in every community? - What do they think?
  - Citizens survey – gain informed insights and go back and back again
- This is a three year journey of culture change
- Silo working to overcome and Thriving Together can help with that
- Not just about wider determinants as that's been said before but agreeing to look at everything afresh through an inequalities lens – re framing
  - Cormac's three questions...

- ***Two layers / three parts here:***
  - ***1. Structure & 2. Process – enablers for the change to happen eg data & insights, pooling resources, a set of principles***
  - ***3. Outcomes – measuring closing the gap and success – agreeing our system metrics***

Wash up session with Cormac Russell –food for thought....

- Take an appreciative enquiry approach to the locality events
  - Professionals and community as equal voice
- Utilise the 'signature stories' - the Forget me Nots is a cracker!
- Maximise where you have energy - Regen principles which enabled Britishvolt – Civic leverage
- Participation not representation
- Avoid the self labelled marginalised groups pitfalls
- Jump and grow your wings on the way down or... safe cautious pre planned approach...what's our appetite?

Developing a phased approach to build our plan

1. What is our readiness criteria and our optimum conditions for success?

2. Locality events as a process to undertake appreciative enquiry of what is happening out there – be curious – explorative
    - How can we answer Cormac's three questions across Civic, community and services?

3. Procurement & commissioning space – eg building on the Thriving Together work – outcomes not outputs

4. Workforce development programme - shared understanding of community centred approaches (link to different professional practice)
    - Consider all the different ways we are currently applying models and blend towards community centred
        - Signs of safety – children's social care strength based model
        - Connecting people – adult social care strength based model
    - try some 'hyper local' models and grow it sensitively in communities

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5. Culture change within organisations
    - why wider determinants is critical –choose one and deep dive to understand link to life expectancy – jobs/housing (FrameWorks Institute)
    - Where is the energy in communities and go and enhance it – ask the three questions

Emerging priorities – from the work to date...

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1. Community centred approach as core to all we do
    - This will require a significant educational programme and re set in all our organisations
2. Data and insights is fundamental – single version of the truth
3. Looking at policy, planning and measurement with an inequalities lens – infrastructure change
4. Screen all we do through Cormac's three questions and the PIT framework (civic, community, services) - holding each other to account
    - What can be done by communities
    - What do communities need some help with
    - What can't communities do for themselves
5. Pooling our resources into the same few key ambitions – for example....
    - Short term – best start in life – school readiness (3 yrs)
        - Plus wellbeing / happiness – citizens insights / voice / survey (measure at year - 1, 3, 5, 7, 10)
    - Medium term – income maximisation – closing the gap in household income (5 yrs)
    - Longer term - Life expectancy – Too many people are dying too young and we can stop this! (10 yrs)

Next steps

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- What does each organisation intend to do internally?
  - NCC
    - Report to execs and informal cabinet
    - Develop NCC plan – think cultural change

- Discuss and then formal report to H&WB Board
- Discuss and then report to STB
- Keep communications open to delegates with the report out from the summit and some hold the dates for the locality events in late June
- Develop task group under H&WB Board to progress the action plan

- A draft plan by the summer to formally sign off in September

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NHS
Northumberland
Clinical Commissioning Group

Child Death Overview Panel (CDOP) Annual Report April 2020- March 2021

This is the first annual report of the North and South of Tyne Child Death Overview Panel (CDOP), this contains a summary of the activity carried out by the panel, activity which seek to drive improvements in children and young people's health across the 6 areas represented. These areas are Gateshead, Newcastle, Northumberland, North Tyneside, South Tyneside and Sunderland, (5 CCGs and 6 Local Authorities in this footprint). The Statutory task of the CDOP multiagency panel lies in its ability to scrutinise the circumstances surround each child's death and where appropriate to provide challenge to agencies involved to enhance the learning as well as recommendations to the appropriate agencies to improve services delivery and patient experience.

North and South of Tyne Child Death Overview Panel (CDOP) review the death of every child who normally resides in each of these areas, regardless of where the death occurs. This document reports on all the children whose deaths were reviewed in 2020/21, regardless of the year in which the child died. The CDOP will in each case classify the cause of death, identify contributory factors, identify any modifiable factors (those which can be changed through national or local interventions) and make recommendations to prevent future similar deaths, or improve the safety and welfare of children in the local area and further afield.

The report acknowledges this has been a challenging year due to COVID 19 as well as being a reconstituted panel, the combining of North and South of Tyne CDOP. The meetings held virtually and the eCDOP facility allowed all the cases to be viewed in new format and electronically. The panel met 8 times within the timeframe of this report.

The total number of child deaths reviewed by the panel was 82 of which 20 were child deaths in Northumberland, and of these 20 deaths 9 had modifiable factors. These included maternal smoking, parental drug misuse, high maternal BMI, a child who did not receive flu vaccine and late pregnancy booking including drug misuse and alcohol misuse. The ages of the child deaths are not broken down in the report for each

geographical area however the highest category of child death 45% (37) is within the first 27 days of life.

The report also includes examples of actions taken to reduce child deaths across the CDOP footprint includes an example in Northumberland following a death of young person after ingesting MDMA which highlighted lack of first aid knowledge amongst young people, the substance misuse team worked with public health to deliver session in schools across the county on recognising signs of substance misuse and first aid. Examples from other areas are included in the report which include safe sleep, ICON which is an evidence-based programme to reduce abusive head trauma in infancy and the introduction of a question on food allergies incorporated into existing asthma review templates following the death of a child from anaphylaxis. with additional work to raise awareness of this in primary

All the panel members are tasked with taking the learning from these cases and sharing it widely within their organisations in order that staff in all the constituent agencies are aware of the risk factors when supporting and advising parents and carers. The learning is also included in the training package which is delivered to staff groups

Alison Johnson
Interim Designated Nurse Safeguarding Children

Child Death Overview Panel (CDOP) Annual Report

April 2020 - March 2021

North & South of Tyne

Contents

Foreword

Child Death Overview Panel Independent Chairperson (North & South of Tyne)

Welcome to the first annual report of the North and South of Tyne Child Death Overview Panel (N&S Tyne CDOP), which contains a summary of the activity carried out by the panel, activity which seeks to drive improvements in children and young people's health across the 6 areas represented: Gateshead, Newcastle, Northumberland, North Tyneside, South Tyneside and Sunderland.

As the chair I would like to extend thanks to the multi-agency Task and Finish group, whose work helped to steer the two former CDOPs to a merger in April 2020.

The Child Death process requires agencies to undertake a review process prior to the panel review. Thanks must go to all those frontline staff and their managers involved in this process, without whom we could not fulfil our task. Frontline staff are the ‘human face’ of the child death review process, supporting families at the most difficult time of their lives.

The statutory task of the multi-agency panel lies in its ability to scrutinise the circumstances surrounding each child's death and where appropriate, to provide challenge to the agencies involved to further enhance the learning, as well as make recommendations to the appropriate agencies to improve service delivery and patient experience.

It has been a challenging year, for as well as being a reconstituted panel, the Covid-19 restrictions have meant that all the panel meetings have been held virtually, plus we have embraced the facility in eCDOP which allows us to view cases in a new format and electronically. I would like to thank panel members for their forbearance as we navigated our way through these challenges.

We have also been cognisant of the impact of Covid-19 on the delivery of services, particularly in the health sector. We have encouraged frontline services to adhere to the requirement via eCDOP and the National Child Mortality Database (NCMD) to ensure timely (i.e. within 48 hours) notification of children's deaths in order that urgent action could be taken where necessary across the UK.

The North and South of Tyne panel met 8 times within the timeframe of this annual report (April 2020 - March 2021) and has enjoyed very good multi-agency attendance. We have continued to welcome observers to the panel from the constituent agencies and there have been 7 such observers this year from nursing, medicine and safeguarding.

Sheila Moore, MA, RGN, DN, HV
Independent Chair

Introduction

1.1 The death of a child is a devastating loss which profoundly affects all those involved. Since April 2008 all deaths of children up to the age of 18 years, excluding stillbirths and planned terminations are to be reviewed by CDOP to comply with the statutory requirement set out in Working Together 2018. In the event that a birth is not attended by a healthcare professional, child death partners may carry out initial enquiries to determine whether the baby was born alive. If the baby was born alive then the death must be reviewed.

1.2 The Children Act 2004 requires Child Death Review Partners, (5 CCGs and 6 Local Authorities in our footprint) to ensure arrangements are in place to carry out child death reviews, including the establishment of a CDOP. The reviews are conducted in accordance with Working Together 2018 alongside the Statutory and Operational Guidance (England) 2018.

1.3 The North and South of Tyne CDOP panel is multi-agency and the process is carried out for all children resident in the 6 Local Authority areas listed in the foreword. Legislation allows for CDR partners to make arrangements for a review of a death of a child not normally resident there. This process needs to be pragmatic with consideration given to where the most learning can take place.

1.4 In April 2019 the National Child Mortality Database (NCMD) became operational and is populated directly with the relevant data from eCDOP, a cloud-based information management system commissioned by the CDR partners for use across our footprint.

1.5 The purpose of the panel is to:

- Ascertain why a child has died by a thorough but proportionate review of the facts and circumstances surrounding the death
- Determine the contributory and modifiable factors
- To make recommendations to all relevant organisations where actions have been identified which may prevent further deaths or promote the health, safety and well-being of children
- Provide detailed data to NCMD which they analyse nationally and produce regular reports e.g. on the impact of deprivation on child deaths.
- Produce an annual report highlighting local trends and patterns and any actions taken by the panel
- Contribute to the wider learning locally, regionally and nationally.

The CDOP is not commissioned to undertake public health campaigns or deliver interventions arising from the learning from reviews, rather it relies on its' partners in the Health and Well-being Boards and the Safeguarding Children Partnerships to incorporate the lessons learned into policy and develop appropriate interventions.

The Process of the Child Death Overview Panel across North & South of Tyne

Northumberland, North Tyneside, Newcastle, Gateshead, South Tyneside and Sunderland work together via the North and South of Tyne Child Death Overview Panel (CDOP) to review the death of every child who normally resides in each of these areas, regardless of where the death occurs. This document reports on all the children whose deaths were reviewed in 2020/21, regardless of the year in which the child died.

When a child dies, an appropriate clinician will, in liaison with other professionals make immediate decisions on whether a Medical Certificate of Cause of Death (MCCD) can be issued or whether a referral is required to the coroner.

Where a death is, for example, from a life-limiting illness, the death will be registered in the usual way and the family is offered support. Information is gathered from professionals involved, which is then collated and presented to the Child Death Overview Panel.

Where a death requires a series of rigorous investigations, including a post-mortem, a multi-agency meeting, known as a Joint Agency Response (JAR) is held to establish, as far as possible, the cause of death and plan future support for the family. A Child Death Review meeting (CDRM) follows once all the information is available and is then collated and presented to the Child Death Overview Panel.

The CDOP will in each case classify the cause of death, identify contributory factors, identify any modifiable factors (those which can be changed through national or local interventions) and make recommendations to prevent future similar deaths, or improve the safety and welfare of children in the local area and further afield.

The Children and Social Work Act 2017 ended the requirement for serious case reviews when the LSCB converted into the new multi-agency safeguarding arrangement. Following the ending of the LSCB the new Multi-Agency Safeguarding Arrangements must comply with the requirements outlined in the legislation and Working Together 2018 to undertake, Child Safeguarding Practice Reviews (CSPRs) which can be locally or nationally led and overseen by a national panel. The purpose of reviews of serious child safeguarding cases, at both local and national level, is to identify improvements to be made to safeguard and promote the welfare of children.

The CDOP need to consider whether the criteria for a local or national SPR might be met in certain cases, even if it has already been considered by the SCP, and to make recommendations appropriately.

Learning Reviews can also be undertaken. In 2020/2021 there were no cases subject to a SCPR and one case subject to a learning review.

The Child Death Review process recommends that panels undertake themed panels, in January 2021 the panel held its first neonatal themed panel with added expertise from obstetric services. Panel members were very positive about the range of learning which occurred whist focussing on one category of child death. There are plans to undertake two neonatal themed panels in 2021/22.

Membership of the Child Death Overview Panel

Named Representative	Agency/Title
Sheila Moore	Independent Chair
Jill Rennie	North of Tyne CDOP Coordinator
Dr Richard Hearn	Consultant Neonatologist NUTH
Dr Anna Thorley	Designated Doctor Child Deaths Newcastle
Dr Stephen Bruce	Designated Doctor Child Deaths Northumberland & North Tyneside
Dr Maryam Rehan	Designated Doctor Child Deaths Gateshead
Dr Sunil Gupta	Designated Doctor Child Deaths South Tyneside
Dr Carl Harvey	Designated Doctor Child Deaths Sunderland
Nichola Howard	Named Professional Safeguarding North East Ambulance Service
Trina Holcroft	Designated Nurse Safeguarding Children, Newcastle and Gateshead
Jan Hemingway	Designated Nurse Safeguarding Children, North Tyneside
Jenna Wall/Lesley Heelbeck	Head of Midwifery Northumbria/Head of Midwifery Gateshead
Louise Cass-Williams	Northumbria Police
David Garner	Practice Manager ISIT (Social care)
Dawn Hodgson	Children's Services Manager
Wendy Burke	Director of Public Health (DPH) North Tyneside Council

Tom Hall	Director of Public Health (DPH) South Tyneside Council
Dr Therese Hannon	Consultant Obstetrician (Themed Panel Member)
Tracey Hadaway	South of Tyne CDOP Coordinator

Examples of actions taken to reduce child deaths across the CDOP footprint.

South Tyneside

South Tyneside Safeguarding Children and Adult Partnership ran a number of multi-agency briefing sessions to support Safer Sleep Week 2021. This included the promotion and awareness raising of the safer sleep message and the support services available to parents and professionals in South Tyneside.

Three sessions were held with the invaluable support of a range of professional speakers from the following agencies:

- Lullaby Trust,
- South Tyneside and Sunderland NHS Foundation Trust, Health Visiting, Midwifery and Chaplaincy services
- South Tyneside Clinical Commissioning Group, Named Nurse primary care and Designated Nurse

The sessions were positively received by the audiences.

- An example of timely dissemination of learning from reviews is the inclusion of lessons learned from the death of a child with asthma. The learning was included in the public health messages on World Asthma Day on 4th May 2021. This event falls out of the timescale of this report but it's important that it is acknowledged.

North Tyneside

UNICEF AWARD

The NTC 0-19 service has been awarded the UNICEF Baby Friendly Initiative (BFI) Achieving Sustainability award. This is the highest level of award given to services that meet a holistic, child rights-based set of standards which provide parents with the best possible care to build close and loving relationships with their baby and feed them in ways to support optimal health and development.

Gateshead

- The deaths where children had not received their flu vaccine and the processes around consent and follow up was raised by the Consultant in public health in Gateshead with NHSE, who are now reviewing the consent process and exploring ways to improve planning of the flu programme at a local level.

- Advice is given to all new parents on: thermoregulation, safe sleeping, car safety, advice on bottle and breast feeding, when to seek advice when there

are concerns about the babies and all parents of preterm babies are signposted to the 'BLISS' website.

Sunderland

ICON is an evidence-based programme which has been supported by NHSE (National Health Service England) to reduce abusive head trauma in infancy (ABH) which is100% preventable. ICON aims to provide advice consisting of a series of brief ‘touchpoint’ interventions that reinforce the simple message making up the ICON acronym.

I – Infant crying is normal
C – Comforting methods can help
O – It’s OK to walk away
N – Never, ever shake a baby

Training to deliver the ICON message has been provided across the 5 touchpoints to Midwives, Health Visitors and GPs across Sunderland. Resources provided included leaflets, stickers, posters, and banners all embedded with the QR code to provide direct access to the ICON website. Training has also been provided to the Family Nurse Partnership, Practice Nurses, Social Prescribers and some GP practices have accessed individual sessions as well.

Partner agencies have also been provided with bespoke sessions and included Together for Children; Pre-Birth Team and Early Help, Perinatal Mental Health Team for Cumbria, Northumbria and Tyne and Wear Mental Health Services. Further training is planned for Adoption and Fostering Teams and Best Start in Life.

This has now been rolled out across all six areas represented at the panel.

Northumberland

Following the death of a young person after ingesting MDMA which highlighted a lack of first aid knowledge amongst young people, the substance misuse team worked with public health to deliver sessions in schools across the county on recognising signs of substance misuse and first aid.

Newcastle

There was learning from a review of a child who had died of asthma which identified there is limited awareness in general population and among healthcare professionals of the risk of Anaphylaxis in individuals with food allergies and moderately severe asthma. This was shared at a Designated Professionals and Named GP meeting where ideas were shared as to how awareness of this issue could be improved. A question on food allergies is being incorporated into existing asthma review templates with additional work to raise awareness of this in primary care.

A system-wide intervention

The local ICS/Maternity Systems Prevention Team has worked with providers to develop a consistent offer to shift from individual organisations delivering components of maternity care to a whole-system approach, in partnership with families.

Headline findings are:

- Measurable impact on tobacco use in pregnancy through providing a consistent approach and changing the narrative around dependency
- A pathway, screening tool and training package on alcohol use in pregnancy
- Enhanced breastfeeding support through a regional multi agency strategy and pathway which is underpinned by UNICEF accreditation planning
- Pathway development and training to assist in identification of need of perinatal mental health support
- Development of an immunisation delivery model delivered and led by maternity in the acute settings

Some of the initiatives have been impacted by Covid-19 restrictions but as soon as the situation changes the programmes will be rolled out in full.

NHS England webinars

In the last year NHS England has held two webinars with the aim of disseminating good practice and learning from reviews. The webinar in October 2020 focussed on young babies and infants and Richard Hearn, our panel neonatologist's presentation posed the question: 'How well do people understand the contributory factors?'

The second webinar in March 2021 presentations included learning around consanguinity plus insights on current research around safe sleeping.

We welcome the support from NHS England and look forward to further webinars in the future.

NCMD webinars

There have been several webinars from NCMD which are available to all professionals on their website. They have been widely attended with one focussing on the recent report on the link between deprivation and child deaths.

Training package

Two panel members collaborated to produce an updated training package which is available to local agencies to deliver to multi-agency groups of staff.

Impact of CDR process nationally

The 58 CDOPs contribute data nationally which is then used to develop themed reports and inform professionals and policy makers, highlights from this work includes:

- Continued sharing of real-time child death data with NHS England to support and inform the national response to COVID-19 pandemic.

- NCMD webinar featuring Professor Simon Kenny, NHS England, held to demonstrate impact of CDR data, Jan 2021.

- Safety notices shared on postnatal care/bed-sharing, baby slings and open windows

- 33% increase in sector-specific representation on Public Involvement group, with charities representing suicide, poverty, cancer, neonates, SUDI, infection, trauma and chromosomal, genetic and congenital anomalies now represented. Expansion of group membership by 39% following introductory event in Feb 2021

Table 1 – Total number of child deaths reviewed

	2020/21	Percentage
Northumberland	20	24%
North Tyneside	5	6%
Newcastle	23	28%
Gateshead	16	20%
South Tyneside	4	5%
Sunderland	14	17%
Out of Area	0	0%
North and South of Tyne Total	82	100%

In 2020/21 there were a total of 82 child death reviews across Northumberland, North Tyneside, Newcastle, Gateshead, South Tyneside and Sunderland (North and South of Tyne).

Table 2 – Age of child at time of death

	2020/2021	Percentage
0-27 days	37	45%
28 days- 364 days	13	16%
1 year-4 years	10	12%
5-9 years	7	8%
10-14 years	7	8%
15-17 years	8	10%

A child is most at risk of death within the first year of life, and particularly within the first 27 days of life.

Table 3 - Place of Death

	2020/2021	Percentage
Hospital	66	80%
Home	9	11%
Hospice	3	4%
Public Area	3	4%
Private Care Home	1	1%

Table 4 – Gender of child

	2020/2021	Percentage
Male	46	56%
Female	36	44%

Table 5 - Number and % of deaths by ethnicity

Ethnicity (Broad)	2020/2021	Percentage
White	71	87%
Mixed	2	2%
Asian	8	10%
Black	1	1%
Other	0	0%
Unknown	0	0%

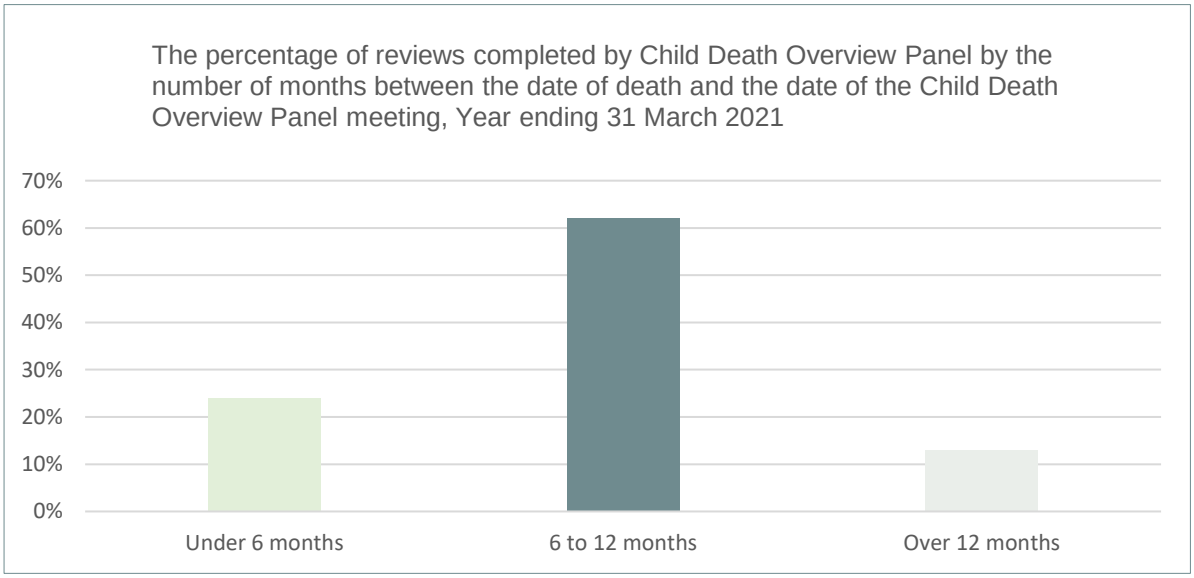
CDOP Panel

In 2020/2021 the panel met 8 times. Below is a table showing the number of cases reviewed at each meeting. April panel was the first merged panel which was held to review and agree the terms of reference.

Table 6 - Number of reviews at each meeting, 2020/21

April	May	June	Aug	Oct	Dec	Jan	Feb	Total
0	11	13	14	12	8	15	9	82

Table 7 - Duration of Reviews 2020/21



In this year 24% of reviews were finalised within 6 months of the child's death, while 62% were completed between 6-12 months and 13% took over a year.

The national data highlighted that 17% of reviews took less than six months to complete, 39% of reviews took between six and twelve months to complete and 44% took over twelve months to complete.

There are a number of factors that may contribute to a longer length of time between the death of a child and the final CDOP review. Examples are: the return of reporting forms, the receipt of the final post mortem report, undertaking a criminal investigation or a Child Safeguarding Practice Review and receipt of the final report from the local child death review meeting. In addition, on occasion when the outcome of a Coroner's inquest is awaited, there may be a longer delay before the panel can finalise the review process.

We are not achieving our targets due to late PM reports, which has been a recurring issue. The providers of the pathology service are aware of the problems which will continue to create delays. There is a national shortage of paediatric pathologists and we are currently recording the delay on an individual case-by-case basis with NCMD in order that they can monitor this nationally. It has also been flagged with commissioners.

In 2019 the CDOP received a challenge from North Tyneside Clinical Commissioning Group (NTCCG) on the validity of the data we were providing around duration of reviews. This led to a consultation with CCG staff who have worked with panel members to develop relevant data collection and analysis. This has led to improved performance reports which will be scrutinised at each panel meeting in order that we maintain a focus on and a challenge to the process.

Modifiable Factors

Table 8 - Numbers and % of child deaths where modifiable factors were identified

Area	2020/2021			
	Total number of cases	No modifiable factors	Modifiable factors	% with modifiable factors
Newcastle	23	18	5	22%
Northumberland	20	11	9	45%
North Tyneside	5	5	0	0%
Gateshead	16	10	6	37%
South Tyneside	4	2	2	50%
Sunderland	14	9	5	36%
Out of Area	0	0	0	0%
North & South of Tyne	82	55	27	33%

The review process is required to identify deaths where modifiable factors occur, in order that agencies learn lessons, improve practice and ultimately prevent further deaths.

Of the 82 cases reviewed in 2020 /2021, modifiable factors were identified in 27 cases, and in four cases, several factors were deemed modifiable.

NCMD national data shows the North East rate was 31% and the national rate was 34%.

A modifiable factor is defined as something which: “may have contributed to the death of the child and which, by means of locally and nationally achievable interventions, could be modified to reduce the risk of future child deaths”.

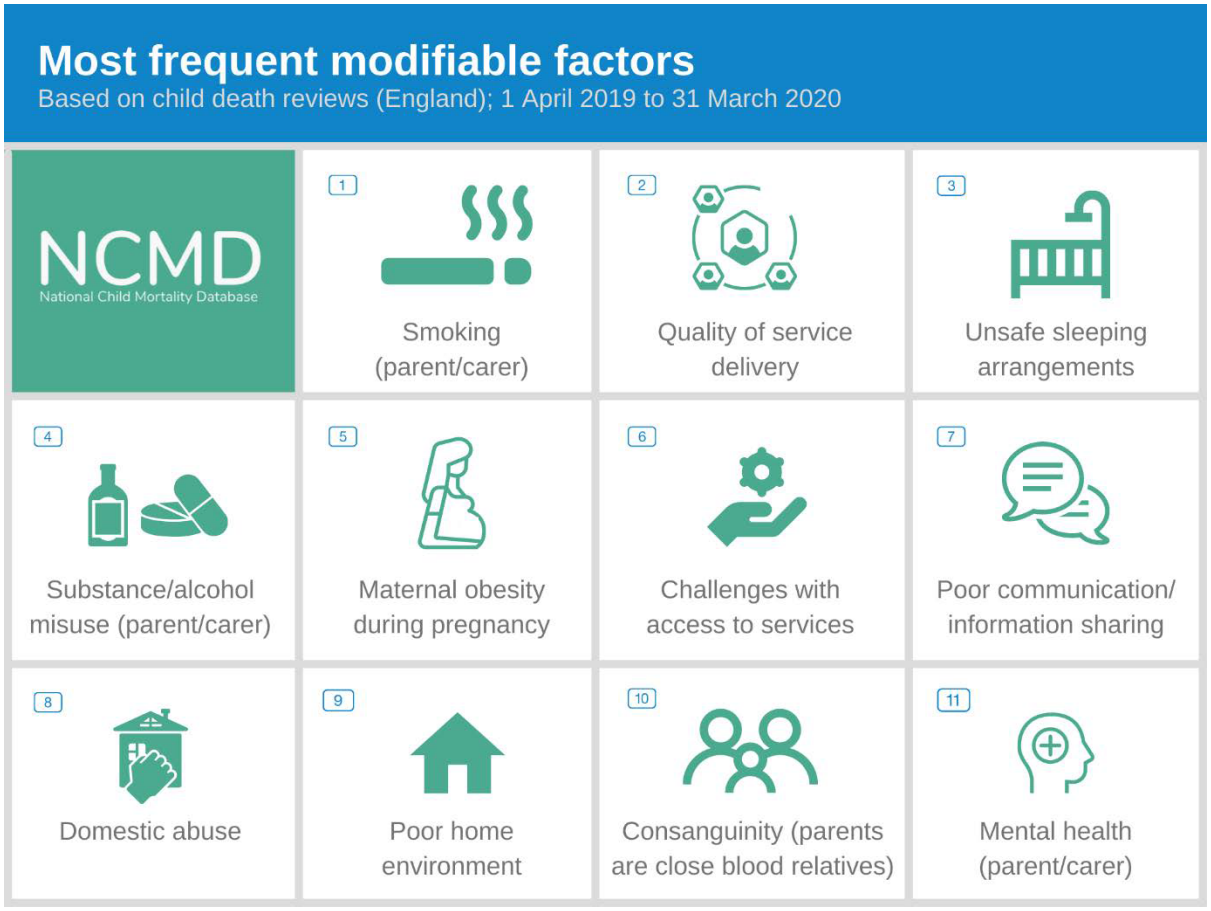
It is worth noting that the child death process also creates an opportunity at the meetings held before the panel review (Joint Agency Response Meetings, Morbidity and Mortality and Child Death Review Meetings) for services to identify other smaller, micro changes to practice, e.g. a need for workplace training or amendments to internal policies and procedures.

There were 27 cases where modifiable factors were identified and these are summarised below:

- **Parental smoking**
- **Consanguinity**
- **Missed immunisations**
- **Clinical incidents**
- **Maternal obesity during pregnancy**
- **Risk factors associated with asthma**
- **Substance misuse by parent/carer**
- **Late ante-natal booking and subsequent limited ante-natal care**
- **Unsafe sleeping arrangements**

Below is recent data from NCMD highlighting the top 11 modifiable factors identified in 2019/2020. Many of these are reflected in our findings in this report.

Panel members are tasked with taking the learning from these cases and sharing it widely within their organisations in order that staff in all the constituent agencies are aware of the risk factors when supporting and advising parents and carers. The learning is also included in the training package which is delivered to staff groups.


Most frequent modifiable factors
Based on child death reviews (England); 1 April 2019 to 31 March 2020
NCMD
National Child Mortality Database
1
Smoking (parent/carer)
2
Quality of service delivery
3
Unsafe sleeping arrangements
4
Substance/alcohol misuse (parent/carer)
5
Maternal obesity during pregnancy
6
Challenges with access to services
7
Poor communication/ information sharing
8
Domestic abuse
9
Poor home environment
10
Consanguinity (parents are close blood relatives)
11
Mental health (parent/carer)

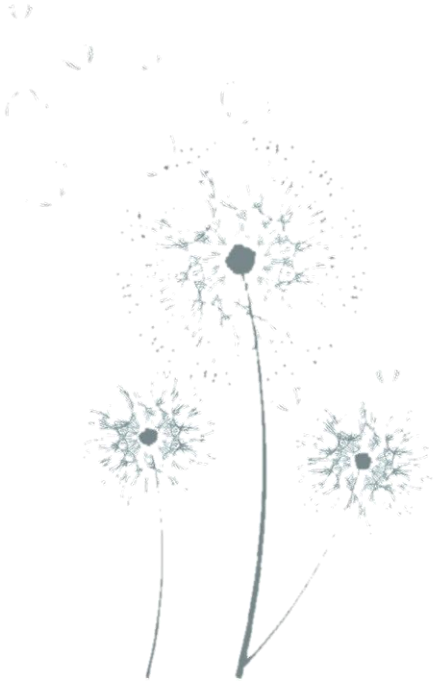
Categories of Child Deaths

The categories below are determined by the DfE and every CDOP nationally follows them.

Table 9 - Category of child deaths

Category		2020/2021	%
1	**Deliberately inflicted injury, abuse or neglect -** This includes suffocation, shaking injury, knifing, shooting, poisoning & other means of probable or definite homicide; also deaths from war, terrorism or other mass violence; includes severe neglect leading to death.	2	2%
2	**Suicide or deliberate self-inflicted harm** - This includes hanging, shooting, self-poisoning with paracetamol, death by self-asphyxia, from solvent inhalation, alcohol or drug abuse, or other form of self-harm. It will usually apply to adolescents rather than younger children.	4	5%
3	**Trauma and other external factors** - This includes isolated head injury, other or multiple trauma, burn injury, drowning, unintentional self-poisoning in pre-school children, anaphylaxis & other extrinsic factors. **Excludes** Deliberately inflected injury, abuse or neglect. (Category 1).	2	2%
4	**Malignancy -** Solid tumours, leukaemia & lymphomas, and malignant proliferative conditions such as histiocytosis, even if the final event leading to death was infection, haemorrhage etc.	7	8%
5	**Acute medical or surgical condition** - For example, Kawasaki disease, acute nephritis, intestinal volvulus, diabetic ketoacidosis, acute asthma, intussusception, appendicitis; sudden unexpected deaths with epilepsy.	3	4%
6	**Chronic medical condition** - For example, Crohn's disease, liver disease, immune deficiencies, even if the final event leading to death was infection, haemorrhage etc.	5	6%

	Includes cerebral palsy with clear post-perinatal cause.		
7	**Chromosomal, genetic and congenital anomalies** - Trisomies, other chromosomal disorders, single gene defects, neurodegenerative disease, cystic fibrosis, and other congenital anomalies including cardiac.	18	22%
8	**Perinatal/neonatal event** - Death ultimately related to perinatal events, e.g. sequelae of prematurity, antepartum and intra-partum anoxia, bronchopulmonary dysplasia, post-haemorrhagic hydrocephalus, irrespective of age at death. It **includes** cerebral palsy without evidence of cause, and **includes** congenital or early-onset bacterial infection (onset in the first postnatal week).	32	39%
9	**Infection** - Any primary infection (i.e., not a complication of one of the above categories), arising after the first postnatal week, or after discharge of a preterm baby. This would include septicaemia, pneumonia, meningitis, HIV infection etc.	5	6%
10	**Sudden unexpected, unexplained death -** Where the pathological diagnosis is either 'SIDS' or 'unascertained', at any age. **Excludes** Sudden Unexpected Death in Epilepsy (category 5).	4	5%



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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 : 31 March 2022

FORTHCOMING ITEMS

ISSUE	OFFICER CONTACT
14 April 2022	
• Covid 19 update, communications and engagement • Living with Covid • Child Death Overview Panel Annual Report • Inequalities Summit Verbal Update	Liz Morgan Liz Morgan Paula Mead/Alison Johnson Liz Morgan
12 May 2022	
• Covid 19 update, communications and engagement • Living with Covid • Pharmaceutical Needs Assessment Update • Population Health Management – Quarterly Update • Inequalities Summit Report	Liz Morgan Liz Morgan Pam Lee/Anne Everden Siobhan Brown Liz Morgan

MEETING DATE TO BE CONFIRMED

• Impact of COVID pandemic on SEND services
• Update on DPH Annual Report 2019
• Joint Health and Wellbeing Strategy Refresh
  ◦ Empowering People and Communities theme
  ◦ Wider Determinants theme
  ◦ BSIL theme
  ◦ Whole System Approach
• CNTW Priorities Report
	Nichola Taylor
	Liz Robinson
	Liz Morgan
	
	Pam Travers

Updated : 31 March 2022

● Urgent and Emergency Care - Strategic Care ● Child and Adolescent Mental Health ● 2019 DPH Annual Report Update	Siobhan Brown Cath McEvoy-Carr Liz Morgan

REGULAR REPORTS

Regular Reports	
● System Transformation Board Update ● SEND Written Statement Update - progress reports ● Population Health Management – Quarterly Update (Feb,May,Aug,Nov)	Sir Jim Mackey/Siobhan Brown Cath McEvoy-Carr Siobhan Brown
Annual Reports	
● Public Health Annual Report ● Child Death Overview Panel Annual Report ● Northumbria Healthcare Foundation NHS Trust Annual Priorities Report ● Healthwatch Annual Report ● Northumberland Safeguarding Children Board (NSCB) Annual Report and Update of Issues Identified ● Safeguarding Adults Annual Report and Strategy Refresh ● Annual Health Protection Report ● Northumberland Cancer Strategy and Action Plan ● Child Death Overview Panel Annual Report	Liz Morgan (APR) Paula Mead/Alison Johnson (APR) Claire Riley (MAY) David Thompson/Derry Nugent (JULY) Paula Mead (DEC) Paula Mead (DEC) Liz Morgan (OCT) Robin Hudson (DEC/JAN) Paula Mead (FEB)
2 Yearly Report	
● Pharmaceutical Needs Assessment Update	Liz Morgan (MAY 2022 and SEP 2022)

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	(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 (2) Comments on the new partnership for health visiting and school nursing services proposed by the Council and HDFT be noted. (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.	
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	

8.	14.10.21	Update on Northumberland COVID-19 Outbreak Prevention Plan and Control Plan	Note Report	
9.	14.10.21	Communications and Engagement	Note Report	
10.	14.10.21	SEND Revisit May 2021	(1) Note Report (2) Support Next Steps	
11.	14.10.21	Northumberland Physical Activity Strategy	(1) The importance of the physical activity strategy taking a multi-agency approach in tackling the complexities around physical inactivity in the county be understood and acknowledged, and more public and third sector organisations be supported to connect with the strategy's aspirations and be part of the solution. (2) The complexities associated with tackling inactivity and the excellent ongoing collaborative work with strategic stakeholders to implement the countryside physical activity strategy be recognised. (3) The immediate impact of implementing this strategy, targeting out most vulnerable communities hit hardest by the COVID 19 crisis be noted. (4) The significant benefits of using a preventative approach to tackle rising physical inactivity levels across the county against	

			the wider health, social, educational and economic priority outcomes be noted. This aimed to ensure people were better prepared to live happy and fulfilling lives as members of more sustainable and resilient communities. (5) The benefits of developing place-based approaches and the current work ongoing in Berwick as a tool to reduce inequalities across the county be acknowledged.	
12	9.12.21	Covid (Inequalities) Community Impact Assessment	(1) Receive report and comments (2) Receive regular updates	
13	9.12.21	Population Health Management – Quarterly Update	Receive and note presentation	
14	9.12.21	Update on ICS	(1) Receive report and comments (2) Receive regular updates	
15	9.12.21	Update on epidemiology of Covid 19, Northumberland Covid 19 Outbreak Prevention and Control Plan, and Vaccination Programme	To note presentation	
16	10.2.22	Northumberland Pharmaceutical Needs Assessment	(1) the plan and proposed timelines for the statutory review of the PNSA be supported. (2) the use of previous CCG localities as the geographical basis of the PNA be approved.	

17	10.2.22	Safeguarding Adults Annual Report and Strategy Refresh and Northumberland Safeguarding Children Board (NSCB) Annual Report and Update of Issues Identified	(1) The content of the North Tyneside and Northumberland Safeguarding Adults Annual Report 2020-21 be noted. (2) contents of the Northumberland Strategic Partnership (NSSP) Annual Report 2020-21 be noted.	
18	10.3.22	Update on epidemiology of Covid 19, Northumberland Covid 19 Outbreak Prevention and Control Plan, and Vaccination Programme	Note presentation	
19	10.3.22	Director of Public Health Annual Report 2020	• Undertake a COVID-19 Inequalities Impact Assessment and use that to inform the council's recovery plan to ensure that areas of deepening inequalities are recognised and addressed. This should inform future budget and planning cycles. • Develop an integrated carbon reduction, equality and health inequality approach as part of our policy development and appraisal process. This would be consistent with the Health in All Policies approach we are developing. • Build on the strong community networks and increased social cohesion to ensure residents are at the centre of processes to design initiatives and	

			services which meet their needs and aspirations. • Encourage people to shop local, support local businesses, support the local development of skills to enable employment, especially those living in Northumberland who are furthest away from the employment market and exploit the wider social value of the Northumberland pound.	
20	10.3.22	Northumberland Suicide Prevention Strategy 2021-25	Note progress and receive presentation	
21	10.3.22	Northumberland Cancer Strategy and Action Plan	Receive Presentation	
22	10.3.22	North of Tyne Combined Authority Wellbeing Framework	Endorse Framework and areas for implementation in Northumberland Receive regular Reports	
23	10.3.22	IPC Progress Report	Receive Presentation	