



Northumberland County Council

Your ref:

Our ref:

Enquiries to: Andrea Todd

Email: Andrea.Todd@northumberland.gov.uk

Tel direct: 01670 622606

Date: 23 June 2023

Dear Sir or Madam,

Your attendance is requested at a meeting of the **HEALTH AND WELLBEING OSC** to be held in **CONFERENCE ROOM 2 - COUNTY HALL, MORPETH, NE61 2EF** on **TUESDAY, 4 JULY 2023** at **1.00 PM**.

Yours faithfully

Dr Helen Paterson
Chief Executive

To Health and Wellbeing OSC members as follows:-

K Nisbet (Vice-Chair), L Bowman, R Dodd, G Hill, C Humphrey, I Hunter, C Hardy, E Chicken and M Richardson



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



AGENDA

PART I

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

1. MEMBERSHIP AND TERMS OF REFERENCE

The committee is asked to note the following membership and terms of reference for the Health and Wellbeing Overview and Scrutiny Committee which were agreed by Council on 17 May 2023.

Membership:

10 Members (5:3:1 Ind Gp, 1 LD)

Quorum 3

Chair:

Vice Chair: K. Nisbet

Conservative	Labour	Independent Group	Liberal Democrats	Green Party	Ind Non-Grouped
E. Chicken	L. Bowman	G. Hill	I. Hunter		
R. Dodd	K. Nisbet				
C. Hardy	M. Richardson				
C. Humphrey					
TBC					

Terms of Reference:

- (a) To promote well-being and reduce health inequality, particularly in supporting those people who feel more vulnerable or are at risk.
- (b) To discharge the functions conferred by the Local Government Act 2000 of reviewing and scrutinising matters relating to the planning, provision and operation of health services in Northumberland.
- (c) To take a holistic view of health in promoting the social, environmental and economic well-being of local people.
- (d) To act as a consultee as required by the relevant regulations in respect of those matters on which local NHS bodies must consult the Committee.
- (e) To monitor, review and make recommendations about:
 - Adult Care and Social Services
 - Adults Safeguarding
 - Welfare of Vulnerable People
 - Independent Living and Supported Housing
 - Carers Well Being
 - Mental Health and Emotional Well Being
 - Financial inclusion and fuel poverty
 - Adult Health Services
 - Healthy Eating and Physical Activity

Smoking Cessation
Alcohol and drugs misuse
Community Engagement and Empowerment
Social Inclusion
Equalities, diversity and community cohesion

2. APOLOGIES FOR ABSENCE

3. MINUTES

(Pages 1
- 6)

Minutes of the meeting of the Health & Wellbeing Overview & Scrutiny Committee held on 2 May 2023, as circulated, to be confirmed as a true record and signed by the Chair.

4. DISCLOSURE OF MEMBERS' INTERESTS

Unless already entered in the Council's Register of Members' interests, members are required where a matter arises at a meeting;

a. Which **directly relates to** Disclosable Pecuniary Interest ('DPI') as set out in Appendix B, Table 1 of the Code of Conduct, to disclose the interest, not participate in any discussion or vote and not to remain in room. Where members have a DPI or if the matter concerns an executive function and is being considered by a Cabinet Member with a DPI they must notify the Monitoring Officer and arrange for somebody else to deal with the matter.

b. Which **directly relates to** the financial interest or well being of a Other Registrable Interest as set out in Appendix B, Table 2 of the Code of Conduct to disclose the interest and only speak on the matter if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain the room.

c. Which **directly relates to** their financial interest or well-being (and is not DPI) or the financial well being of a relative or close associate, to declare the interest and members may only speak on the matter if members of the public are also allowed to speak. Otherwise, the member must not take part in discussion or vote on the matter and must leave the room.

d. Which **affects** the financial well-being of the member, a relative or close associate or a body included under the Other Registrable Interests column in Table 2, to disclose the interest and apply the test set out at paragraph 9 of Appendix B before deciding whether they may remain in the meeting.

e. Where Members have or a Cabinet Member has an Other Registrable Interest or Non Registrable Interest in a matter being considered in exercise of their executive function, they must notify the Monitoring Officer and arrange for somebody else to deal with it.

NB Any member needing clarification must contact monitoringofficer@northumberland.gov.uk. Members are referred to the

Code of Conduct which contains the matters above in full. Please refer to the guidance on disclosures at the rear of this agenda letter.

- 5. PRIMARY CARE APPLICATIONS WORKING GROUP** (Pages 7 - 8)
- The Health and Wellbeing Overview and Scrutiny Committee is also asked to confirm the membership and refreshed terms of reference of the Working Group, which comprises of four members including the Chair and Vice-chair of the Health and Wellbeing Overview Scrutiny Committee, plus two other members.
- Also, to note the monitoring report of the Primary Care Applications Working Group.
- 6. HEALTH AND WELLBEING BOARD** (Pages 9 - 24)
- The minutes of the Health & Wellbeing Board held on 13 April 2023 and 11 May 2023 are attached for the scrutiny of any issues considered or agreed there.
- 7. ANNUAL CORONERS REPORT** (Pages 25 - 50)
- The Senior Coroner for North Northumberland and Acting Senior Coroner for South Northumberland has provided an overview of the current position with regard to the coroner service in Northumberland following their last review in 2021 with a comparison of neighbouring areas, the number of deaths referred to Northumberland over the period, notable trends and patterns, an update on the area and the road ahead.
- 8. REPORTS OF THE SCRUTINY OFFICER** (Pages 51 - 64)
- (a) Forward Plan**
- To note the latest Forward Plan of key decisions. Any further changes to the Forward Plan will be reported at the meeting.
- (b) Health and Wellbeing OSC Work Programme**
- To consider the work programme/monitoring report for the Health and Wellbeing OSC for 2023/24.
- 9. URGENT BUSINESS**
- To consider such other business as, in the opinion of the Chair, should, by reason of special circumstances, be considered as a matter of urgency.
- 10. SCHEDULED DATES OF FUTURE MEETINGS**
- To note future meetings proposed for the Health and Wellbeing OSC and Task and Finish Group.

OSC Meetings starting at 1 p.m. - 5 September 2023, 7 November 2023, 9 January 2024, 5 March 2024, 2 April 2024 and 7 May 2024

Task and Finish Group Meetings starting at 1 p.m. – 3 October 2023, 5 December 2023 and 6 February 2024.

IF YOU HAVE AN INTEREST AT THIS MEETING, PLEASE:

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

Name:		Date of meeting:	
Meeting:			
Item to which your interest relates:			
Nature of Interest i.e. either disclosable pecuniary interest (as defined by Table 1 of Appendix B to the Code of Conduct, Other Registerable Interest or Non-Registerable Interest (as defined by Appendix B to Code of Conduct) (please give details):			
Are you intending to withdraw from the meeting?		Yes - <input type="checkbox"/>	No - <input type="checkbox"/>

Registering Interests

Within 28 days of becoming a member or your re-election or re-appointment to office you must register with the Monitoring Officer the interests which fall within the categories set out in **Table 1 (Disclosable Pecuniary Interests)** which are as described in "The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012". You should also register details of your other personal interests which fall within the categories set out in **Table 2 (Other Registerable Interests)**.

"Disclosable Pecuniary Interest" means an interest of yourself, or of your partner if you are aware of your partner's interest, within the descriptions set out in Table 1 below.

"Partner" means a spouse or civil partner, or a person with whom you are living as husband or wife, or a person with whom you are living as if you are civil partners.

1. You must ensure that your register of interests is kept up-to-date and within 28 days of becoming aware of any new interest, or of any change to a registered interest, notify the Monitoring Officer.
2. A 'sensitive interest' is as an interest which, if disclosed, could lead to the councillor, or a person connected with the councillor, being subject to violence or intimidation.
3. Where you have a 'sensitive interest' you must notify the Monitoring Officer with the reasons why you believe it is a sensitive interest. If the Monitoring Officer agrees they will withhold the interest from the public register.

Non participation in case of disclosable pecuniary interest

4. Where a matter arises at a meeting which directly relates to one of your Disclosable Pecuniary Interests as set out in **Table 1**, you must disclose the interest, not participate in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest, just that you have an interest.

Dispensation may be granted in limited circumstances, to enable you to participate and vote on a matter in which you have a disclosable pecuniary interest.

5. Where you have a disclosable pecuniary interest on a matter to be considered or is being considered by you as a Cabinet member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it.

Disclosure of Other Registerable Interests

6. Where a matter arises at a meeting which **directly relates** to the financial interest or wellbeing of one of your Other Registerable Interests (as set out in **Table 2**), you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

Disclosure of Non-Registerable Interests

7. Where a matter arises at a meeting which **directly relates** to your financial interest or well-being (and is not a Disclosable Pecuniary Interest set out in **Table 1**) or a financial interest or well-being of a relative or close associate, you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.
8. Where a matter arises at a meeting which **affects** –
- a. your own financial interest or well-being;
 - b. a financial interest or well-being of a relative or close associate; or
 - c. a financial interest or wellbeing of a body included under Other Registrable Interests as set out in **Table 2** you must disclose the interest. In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied
9. Where a matter (referred to in paragraph 8 above) **affects** the financial interest or well- being:
- a. to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
 - b. a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise, you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

Where you have an Other Registerable Interest or Non-Registerable Interest on a matter to be considered or is being considered by you as a Cabinet member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it.

Table 1: Disclosable Pecuniary Interests

This table sets out the explanation of Disclosable Pecuniary Interests as set out in the [Relevant Authorities \(Disclosable Pecuniary Interests\) Regulations 2012](#).

Subject	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain. [Any unpaid directorship.]
Sponsorship	Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract made between the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council — (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land and Property	Any beneficial interest in land which is within the area of the council. ‘Land’ excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners (alone or jointly with another) a right to occupy or to receive income.
Licenses	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer
Corporate tenancies	Any tenancy where (to the councillor’s knowledge)— (a) the landlord is the council; and (b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.
Securities	Any beneficial interest in securities* of a body

	<p>where—</p> <p>(a) that body (to the councillor’s knowledge) has a place of business or land in the area of the council; and</p> <p>(b) either—</p> <ul style="list-style-type: none"> i. the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or ii. if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners has a beneficial interest exceeds one hundredth of the total issued share capital of that class.
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* ‘director’ includes a member of the committee of management of an industrial and provident society.

* ‘securities’ means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

Table 2: Other Registrable Interests

You have a personal interest in any business of your authority where it relates to or is likely to affect:

- a) any body of which you are in general control or management and to which you are nominated or appointed by your authority
- b) any body
 - i. exercising functions of a public nature
 - ii. any body directed to charitable purposes or
 - iii. one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union)

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health & Wellbeing Overview and Scrutiny Committee** on Tuesday, 2 May 2023 at 1.00 p.m. at County Hall, Morpeth.

PRESENT

Councillor V. Jones
(Chair, in the Chair)

MEMBERS

Bowman, L.	Hunter, I.
Hardy, C.	Nisbet, K.
Hill, G.	

ALSO IN ATTENDANCE

Angus, C.	Scrutiny Officer
Charters, H.	Associate Director of Nursing (NUTH)
Hall, L.	Deputy Director of Quality and Safety (NUTH)
Kenny, N.	Deputy Chief Operating Officer (NUTH)
Mann, C.	Group Director (CNTW)
Nugent, D.	Northumberland Healthwatch
Pattison, W.	Cabinet Member for Adult Wellbeing
Smith, V.	Quality and Assurance Lead (NUTH)
Snelson, G.	Head of Quality Assurance & Clinical Effectiveness (NUTH)
Teasdale, C.	Associate Director of Nursing (NUTH)
Todd, A.	Democratic Services Officer

1 member of the press was also in attendance.

76. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors E. Chicken, R. Dodd, C. Humphrey and R. Wilczek.

77. MINUTES

RESOLVED that the minutes of the meetings of the Health & Wellbeing Overview & Scrutiny Committee held on 4 April 2023, as circulated, be confirmed as a true record and signed by the Chair.

78. FORWARD PLAN

The Committee considered the Forward Plan of key decisions (a copy of the Forward Plan has been filed with the signed minutes).

RESOLVED that the report be noted.

79. HEALTH AND WELLBEING BOARD

RESOLVED that the minutes of the Health & Wellbeing Board held on 9 March 2023 be noted.

80. THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST (NUTH) - QUALITY ACCOUNTS

Representatives from NUTH gave a presentation to the Committee on the overview of priorities for 2023/2024 and the draft Quality Account for 2022/23 (a copy of the powerpoint slides and draft Quality Account have been filed with the signed minutes).

The presentation covered the following:

- An overview of priorities for 2022/23 and performance including highlighting what had been achieved within each priority:
 - Priority 1 patient safety, reducing healthcare associated infections. In addition to COVID, flu and norovirus were two of the main infections being seen. There had been two MRSA bacteraemia and two C. difficile infections reported. The 10% reduction trajectory for MSSA bacteraemia had been met. The 'Gloves Off' campaign had been successful, and a refresh of the campaign was in progress. The Trust had also invested in a number of machines to help with this priority area. Currently the ward was at 85% capacity.
 - Priority 2 patient safety, management of abnormal results. It was reported that a new mandatory field had been added to the order entry form used to request clinical investigations. This would ensure that reports would be sent to the correct lead clinician from now on.
 - Priority 3 clinical effectiveness, enhancing capability in quality improvement. The Trust had recruited ten teams each focused on a piece of improvement work. Nine of the ten teams had completed all three workshops and were continuing with their improvement initiatives.
 - Priority 4a clinical effectiveness, introduction of a formal triage process on the maternity assessment unit in order to improve the recognition of the deteriorating pregnant or recently pregnant woman. As part of the

'IHI Triage in Maternity project' there had been important on-going work to implement formal objective triage on the maternity assessment unit with success highlighted within the presentation.

- Priority 4b clinical effectiveness, modified early obstetrics warning score. A newly developed coded chart was hoped to be delivered by the end of this month which would help with identifying a pregnant or recently pregnant patient.
- Priority 5 clinical effectiveness, trust-wide day surgery initiative. This priority was providing an opportunity to increase and broaden day case surgery across the Trust to improve patient and staff experience and support the recovery of elective care whilst reducing patient days away from home.
- Priority 6 patient experience, mental health in young people. The overarching purpose of this priority was to improve the quality of care provided to young people and young adults with mental health conditions. Work in partnership with CNTW continued and there was now a project lead to review and recommend appropriate pathways for Children and Young People's Service (CYPs).
- Priority 7 patient experience, reasonable adjustments for patients with suspected, or known learning disability. This priority was helping to improve the health and wellbeing and provide a positive and safe patient experience for patients and their families by investment, improving skills and training.
- An overview of proposed priorities for 2023/24. Some of the priorities from 2022/23 would continue along with some new priority areas including patient safety and incident response framework. There would also be a focus on the transition from children to adult services.

Following on from the presentation a number of comments were made by Members, including:

- The Trust's performance against key national priorities was discussed. The data provided within the Quality Account showed that all but one of the targets were significantly less than the national target which was a concern to Members. Cancer performance targets were especially worrying. The 62 days wait for first treatment target showed that nearly half of all patients were waiting longer than the national target. The Trust confirmed there had been significant challenges over the last few years. Extra capacity had been identified to tackle the backlog to bring numbers back to pre-pandemic figures. It was confirmed this area was a priority for the Trust and was part of the COVID recovery plan.
- Frustration that the presentation had not covered the failed targets.
- It was hoped that by next year the annual performance of the Trust would have improved.
- It was queried whether the Trust produced quarterly performance reports which could then be scrutinised by the committee to ensure things were improving. It was confirmed the Trust's performance reports were published and regularly scrutinised through the ICB.

- Pre-op assessments were available via the telephone, and it was hoped that this would be an option for all patients especially those who did not have easy access to transport or lived in the more rural parts of the county.
- The need to promote and support schools with pupils needing mental health services which would help identify issues at an early stage.
- A query on where the patient experience matrix was and how did the Trust know its priorities had made a difference. In response it was reported that an example of patient experience was that the Trust had worked with one family on their journey and learnt lessons along the way. The Trust did carry out surveys and held various consultations and engagement activities across the year.
- It looked like there was no localised data about Northumberland patients, the services they accessed and what their views on services were within the papers produced. In response it was confirmed that there were different challenges faced by Northumberland patients accessing services. There was a Patient Safety Strategy and Patient Experience Team with the aim of improving experience and involvement in services. The wider geographical experience of service users was part of the Patient Safety Strategy and could be fed back to councillors.

The Chair thanked officers from NUTH for their presentation.

RESOLVED that:

- (a) the presentation and comments made be noted, and
- (b) the Committee agree to submit a formal response to the Quality Accounts before the deadline.

81. CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST (CNTW) - QUALITY ACCOUNTS

C. Mann, Group Director gave a presentation on the launch of the Quality Account 2023 consultation. (A copy of the presentation has been filed with the signed minutes).

The presentation covered the following points:

- Northumberland waiting lists as of 31 March 2023 including adult ASD, adult ADHD, children and young people and all other services.
- The number of people accessing services was significantly increasing year on year particularly in ADHD and ASD diagnosis.
- A look back at the quality priorities for improvement during 2022/23 highlighting which were met, or not met.
- The Trust wanted to not only promote the good work achieved over the last year but also provide a very honest look at performance.
- The country was experiencing an unprecedented number of mental health issues affecting a huge range of individuals both locally and nationally.
- The need to continue to recruit and retain appropriability skilled staff.
- A look ahead at the quality priorities for improvement for 2023/24. The priorities had been shaped by carrying out consultation with service users,

carers, staff and stakeholders. It was hoped the quality priorities reflected the greatest pressures that the organisation was currently facing as well as what service users and carers had conveyed to CNTW through feedback in the previous year.

- The introduction and implementation of the Patient Safety Incident Response Framework (PSIRF). It was noted that CNTW were required to transition to the new framework by Autumn 2023, and in response CNTW were in the process of preparing for its implementation. The framework would ensure compassionate engagement with those affected by incidents and supports the key principles of a patient safety culture.
- To continue to learn from patient surveys, feedback and experiences.
- For 2023/24 there were five key focus areas including bringing down waiting times, reducing incidents, and challenging closed cultures.
- The draft Quality Accounts was to be circulated to members following the meeting as the document had just been forwarded to the Scrutiny Officer this afternoon.

The following comments were made:

- It was confirmed that any questions on the draft Quality Accounts could be sent to the Scrutiny Officer in the first instance.
- Northumberland had very robust services however CNTW was seeing an increase in referrals across all areas.
- A thank you for the work that CNTW did in often difficult and complex circumstances.

The Chair thanked C. Mann for her presentation.

RESOLVED that:

- (a) the presentation and comments made be noted, and
- (b) the Committee agree to submit a formal response to the Quality Accounts before the deadline.

82. REPORT OF THE SCRUTINY OFFICER

Health and Wellbeing OSC Work Programme

It was noted that the Committee's work programme for the 2022/23 council year had now come to an end. The draft work programme for 2023/24 would be shared with members after the annual meeting of County Council.

Councillor Hill reported that following an FOI Request to the North East Ambulance Service (NEAS) she had received localised data regarding response times for her electoral division. This confirmed that NEAS did collate this information and therefore should be able to produce the data for councillors. The Scrutiny Officer advised that he would contact NEAS again to request the information be provided at a future meeting of the Health and Wellbeing OSC.

RESOLVED that the comments made be noted.

CHAIR _____

DATE _____

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

PRIMARY CARE APPLICATIONS WORKING GROUP

Terms of Reference of the Primary Care Applications Working Group

Purpose

The purpose of the Primary Care Applications Working Group is to scrutinise and comment upon applications for variations to primary care services as consultee on behalf of Northumberland County Council's Health and Wellbeing Overview and Scrutiny Committee.

Composition

The Working Group will consist of four Members of the Health & Wellbeing Overview and Scrutiny Committee, including the Chair and Vice-Chair.

Local Members from areas affected by applications, as well as Officers and applicants or their representatives, will attend meetings as appropriate for business on the agenda.

A standing invite will be offered to HealthWatch Northumberland.

Meetings

The Working Group will convene as and when business arises.

Provisional dates will be agreed at the first meeting of the Health and Wellbeing Overview and Scrutiny Committee following the Council's Annual Meeting.

Role and Activities

The Working Group's role and activities will include:

- Acting as consultee for applications referred to the Council by the North East and North Cumbria Integrated Care Board (ICB), NHS England, Northumbria Healthcare, Northumberland County Councillors, or directly by members of the public
- Receiving advice from ICB and Officers
- Gathering evidence from applicants
- Reaching consensus on responses to applications
- Reporting back to the Health & Wellbeing Overview and Scrutiny Committee annually via publication of the Working Group's monitoring report or as required by the Chair of the Health and Wellbeing Overview and Scrutiny Committee.

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NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Wellbeing Board** held in County Hall, Morpeth on Thursday 13 April 2023 at 10.00 a.m.

PRESENT

Councillor P. Ezhilchelvan
(Chair, in the Chair)

BOARD MEMBERS

Bradley, N.	Phelps, P. (Substitute)
Brown, D. (Substitute)	Reiter, G.
McFarlane-Reid, V	Sanderson, H.G.H.
Nugent, D. (Substitute)	Simpson, E.
O'Neill, G.	Syers, G.
Pattison, W.	Watson, J.

ALSO IN ATTENDANCE

Ferguson, D.	Deputy Cabinet Member
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IN ATTENDANCE

A . Bell	NENC ICB Northumberland Place
L.M. Bennett	Senior Democratic Services Officer
D. Cummins	NENC ICB Northumberland Place
K. Higgins	Employability & Inclusion Manager
P. Hunter	Senior Service Director
P. Lee	Public Health Consultant

140. APOLOGIES FOR ABSENCE

Apologies for absence were received from Graeme Binning, Alistair Blair, Julie Boyack, Rachel Mitcheson, Hillary Snowdon and David Thompson.

141. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 9 March 2023, as circulated, be confirmed as a true record and signed by the Chair.

142. TOWARDS A COLLABORATIVE APPROACH TO REDUCING INEQUALITIES IN EMPLOYMENT OUTCOMES FOR OUR POPULATION

To receive a report introducing the topic of 'Health and Work' and providing background information to prepare for a discussion at the Board. The discussion will focus on how organisations represented by the Board can work together to achieve better employment outcomes for those experiencing barriers to work. A copy of the presentation is filed with the signed minutes.

A presentation was given by Kevin Higgins and Pam Lee which set the context of this work and the need for Regeneration and Public Health to work together along with other partners to recognise the relationship between the health and work and reduce inequalities in the labour market. The following key points were made:-

- Post Covid, there was relatively weak employment growth, hard to fill vacancies and a shrinking labour pool. There was a noticeable trend in Economic Inactivity (people not in employment but not looking for work) and an increase in Economic Inactivity due to ill health.
- Data was showing that the labour force was shrinking which was impacting economic recovery. The workforce was also aging.
- Over 1.7 million people outside the workforce (particularly those with disabilities or caring responsibilities) wanted to work but were unable to without support.
- The economically inactive was a diverse group comprising those unable to work due to health/caring responsibilities, those who did not need to work and those who needed help to work.
- Nationally, the numbers of those inactive due to long term illness in the UK was increasing, whereas the trend was decreasing in other countries.
- Northumberland's unemployment rate was relatively low at 4.4%. However, of the economically inactive, 10,000 wanted to work. The main causes of long term sickness were mental health issues, muscular/skeletal conditions and diabetes. Graphs were shown of the trends since 2018.
- The system to improve economic opportunities was split into three areas
 - Anchor institutions – had a key role to play in their recruitment, retention and support practices and using their commissioning and social value powers.
 - Through good quality work – what employers could do through good quality work around improving accessibility and flexibility of work
 - Supporting those needing help to work – a better integration of employment support and health services was critical to ensure people had the support they needed and to meet employer demand.

The Board was invited to consider a number of questions on how to move this area of work forward. The following comments were made:-

- Vacancies could be difficult to fill. Covid had forced employers to think differently and move away from employees having to come into the office. Adaptations could be made to allow those having difficulties with

- accessibility to work at home. It was acknowledged that the nature of some posts meant that they were not suitable for flexible or home working.
- Paid employment was very important for a person's self-worth but this should also be good quality jobs with good wages.
 - Employment and health were important areas which needed to be looked at as part of the wider determinants within the Joint Health & Wellbeing Strategy (JHWS). It was important to work with the 10,000 who wanted to return to work to encourage them back. Board members all represented large organisations and it was their corporate social responsibility to look for ways to help people back into employment.
 - It was suggested that each member discussed with their organisation with a view to coming back to the May meeting with robust answers to the questions to identify what was being done and the commitment to go further. Comments should be sent to Kevin Higgins or Pam Lee.
 - Within Northumberland's Primary Care sector there were at least 40 different employers with which to discuss their corporate responsibility to make good decisions around recruitment and to best serve their communities. Was it fair or legal to recruit preferentially from somewhere where you may give the maximum benefit to the community? There would be discussions at the Primary Care Collaborative.
 - People's lives were very complex and maybe there should be discussions with people who had already been helped or not helped by interventions.
 - It was important to know whether what was being done was working, and if it was not working, so that it could be changed.
 - How could the challenge be made achievable and targeted at cohorts of health and focus efforts on the 10,000 wanting to return to work? Recruitment strategies could be worked on to change the focus of recruitment and find the interested parties. Was there a correlation between younger people who were not entering the workforce and health and did this further refine how the problem was looked at?
 - A breakdown of the figures into mental illness and physical illness would be helpful as the solution to get people back into the job market could differ between them. It was possible there was a 'benefit trap' currently, as there were plenty of applications for jobs but then few applicants actually attended the interview.
 - Northumberland County Council was committed to tackling inequalities but there was still much work to be done. A clear and simplified action list would be helpful to see what work needed to be done, what had been done to see where a difference had been made.

RESOLVED that

- (1) receive the contents of the report be received and the recommendations of Northumberland's Inclusive Economy Joint Strategic Needs Assessment (JSNA) noted.
- (2) Board Members discuss with their respective organisations and feedback to a future meeting of the Health & Wellbeing Board.

143. JOINT HEALTH AND WELLBEING STRATEGY – THEMATIC AREAS REVIEW AND NEXT STEPS

To receive a verbal update and presentation from Gill O’Neill, Executive Director of Public Health, Inequalities and Stronger Communities to update Members on the next steps in the refresh of the Joint Health and Wellbeing Strategy (JHWS). A copy of the presentation is filed with the signed minutes.

The following key points were raised:-

- Four thematic areas of the JHWS had been identified and groups set up to review each. Inequalities Plan Compact had been signed by Member.
- Membership of the Board had been reviewed and expanded to include the Fire & Rescue Service, the Police and Northumberland County Council Regeneration.
- **Best Start in Life**
 - Working on strategic governance review of the Children’s Strategic Partnership and the Health & Wellbeing and the interface
 - Family Hubs aimed to ensure that every child had the best start in life. Northumberland had trailblazer status. This was not just early years but 0 – 19 years.
 - On track to produce on set of common purpose core indicators later in the year.
- **Empowering Communities**
 - This was a complex area with many forums involved such as the VCSE Liaison forum, Thriving Together Inequalities Taskforce and NCT Partnership Board and Thriving Communities Sub Group.
- **Wider Determinants**
 - Three key areas; employment, housing and transport.
 - A new Executive Director would soon be in post and it was hoped that there would be more specific actions towards the end of the year.
- **Whole Systems Approach**
 - Integration of health and social care. The membership and terms of reference of the System Transformation Board had been refreshed. There would be consideration of the interface between the Health & Wellbeing Board and the ICB Place Board.
 - A time limited working group would be set up to ensure progress and this would be aided by the new stability with the appointment of Executive Directors in Northumberland and the ICB Place Based Strategy coming online. It would be important to avoid duplication where possible.
 - By June 2023, each thematic area should have reviewed actions in the current plan and provided an update on achievements and proposed ‘refreshed’ actions/indicators.
 - By August/September 2023 a report highlighting work done to date, proposed new actions and refreshed indicators should be produced. The aim would be to publish the refreshed JHWS by the end of the year.

RESOLVED that the presentation be received.

144. POPULATION HEALTH MANAGEMENT

To receive a verbal update and presentation on Population Health Management from Alan Bell and David Cummins, NENC ICB Northumberland Place. A copy of the presentation is filed with the signed minutes.

The following key issues were raised:-

- National, Regional and Local Direction involved building an infrastructure and gathering intelligence and putting the right interventions in place. NHS England had recently released 'Tackling Neighbourhood Health Inequalities' guidance and asking PCNs to establish a Health Inequalities Lead to champion and take direct action at local level. Regionally, data sharing platforms were being looked at and Northumberland was seen as an exemplar. Locally, PCNs would have further resources to deliver local projects.
- Details were provided of local projects being carried out by several PCNs
- **Wansbeck PCN** was focusing on child poverty in the Hirst, Bedlington East and Choppington Ward. A new Children's Link Worker was to be appointed. The new Family Hub was being well used and 'Wellbeing Wednesday' events were being held weekly. A well-attended Wellbeing Event had been held on 21 March 2023 to raise awareness of what was going on and of groups in the community.
- **Blyth PCN** was focusing on under 5s' A & E attendances and the reasons behind them. Rates of attendance had been found to be highest in the Cowpen and Kitty Brewster wards and were predominantly male. Most attended Cramlington NSECH with others going to Wansbeck Urgent Care Centre. A Working Group had been set up involving Public Health, Healthwatch, Family Hubs and Early Health. Invitations had been issued to parents to attend discussion groups, focusing on vulnerable groups.
- **Cramlington & Seaton Valley PCN** was focusing on patients aged 35-65 living in IMD 1 and diagnosed with depression and either CVD/COPD. Patients had been written to and invited to take part in the project including analysing smoking cessation, uptake of vaccine and pulmonary rehab. Data on their A & E emergency attendances was also being analysed. Other areas of focus were NHS health checks, alcohol and learning difficulties.
- **Well Up North PCN** was focusing on obesity and piloting a project on Wooler and Amble. Sessions were being held on food choices, exercise, barriers, calories and labels and relapse prevention. Patients were reporting improved wellbeing in one or more categories such as weight loss and reduce waist circumference.
- Health Inequality – Fishermen project – This had been a successful joint project to engagement with fisherman on the quay side at Amble Harbour. Due to working long and unsocial hours fisherman were usually unable to access healthcare easily.

The following comments were made:-

- Many of the organisations which made up the Board membership were involved in one or more of the projects mentioned in the presentation. This had provided the environment which enabled project such as these to thrive. The Board's ongoing inequalities work was allowing these projects to have a different 'lens' and taking a slightly different slant.

RESOLVED that the presentation be received.

145. CORPORATE PLAN REFRESH

Members received a verbal update and presentation from Philip Hunter, Senior Service Director, on the Corporate Plan refresh. A copy of the presentation is filed with the signed minutes.

The following key points were raised:-

- It was aimed to update the Board on how the Corporate Plan was being developed and redrafted, to give an overview on the three corporate priorities, and to raise awareness of the Corporate Plan with other organisations.
- The Corporate Plan was originally drafted in February 2022 but was now being redrafted because this was good practice and was an opportunity to reflect on and respond to the recommendations in last year's independent governance review.
- The three corporate priorities were Tackling Inequalities, Driving Growth and Jobs, and Value for Money. The slide outlined how the Corporate Plan would drive the organisation through service planning and set the context for budgeting. Tackling inequalities would be embedded across the Council.
- Outcomes and actions for each of the priorities was listed, along with impact on net zero sustainability and climate change
- **Tackling Inequalities**
 - Empowered and resilient communities
 - Children and young people have the best start in life and grow up well
 - Residents live and age well
 - The building blocks of a good life
- **Driving Economic Growth**
 - Thriving places and culture
 - A diverse and resilient economy
 - Skilled people
 - A connected county
- **Achieving Value for Money**
 - The best customer experience
 - Making the best spending decisions
 - Working better, more efficiently
 - Doing more through technology

The presentation on the Corporate Plan refresh was welcomed and it was acknowledged that it was important to align with other organisations. Newcastle Hospitals NHS Trust was refreshing its strategies currently and would welcome discussion with Northumberland as working with partners was a key part of its strategy.

RESOLVED that the presentation be received.

146. HEALTH AND WELLBEING BOARD – FORWARD PLAN

Members noted details of forthcoming agenda items at future meetings.

147. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 13 April 2023, at 10.00 am in County Hall, Morpeth.

CHAIR _____

DATE _____

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NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Wellbeing Board** held in County Hall, Morpeth on Thursday 11 May 2023 at 10.00 a.m.

PRESENT

Councillor P. Ezhilchelvan
(Chair, in the Chair)

BOARD MEMBERS

Binning, G.	Nugent, D. (Substitute)
Blair, A.	O'Neill, G.
Bradley, N.	Pattison, W.
Charge, Z. (Substitute)	Reiter, G.
Ice-ton, A (Substitute)	Sanderson, H.G.H.
McCartney, S.	Snowdon, H.
Moulder, B. (Substitute)	Syers, G.
Murray, K (Substitute)	Wardlaw, C.

IN ATTENDANCE

L.M. Bennett	Senior Democratic Services Officer
A. Everden	Public Health Pharmacy Adviser
K. Lynch	Senior Public Health Manager

148. APOLOGIES FOR ABSENCE

Apologies for absence were received from, Rachel Mitcheson, David Thompson, Claire Wheatley and Councillors G. Renner-Thompson, E. Simpson, and J.G. Watson.

149. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 13 April 2023, as circulated, be confirmed as a true record and signed by the Chair.

150. UPDATE TO PHARMACY NEEDS ASSESSMENT: CRAMLINGTON

Members received a report updating them about developments since the publication of the Pharmaceutical Needs Assessment in September 2022. The report was presented by Anne Everden, Public Health Pharmacy Adviser. (Copy attached to the signed minutes.)

Members were informed that the Health & Wellbeing Board was unable to prevent a pharmacy closure as this was a commercial decision, however, it could judge whether the closure was likely to leave a significant gap in the service. The situation regarding a proposed closure of the Lloyds Pharmacy operating in Sainsbury's supermarket in Manor Walks, Cramlington was explained along with the other pharmacy provision in the town.

The following issues were raised:-

- A great strength of local pharmacies was that medication could be reviewed along with guidance on how to use it. Online services did not allow this and could result in medication being issued which was not needed or being used.
- Much of the Primary Care Recovery Plan for general practice included wider use of pharmacies but if simultaneously there were fewer pharmacies and some that were struggling to manage demand for prescriptions to then add on the demand of consultations would add further problems. It was important to be cognisant of these issues.
- It was noted that the problem was being experienced by all Health & Wellbeing Boards and there was a need for the issue to be raised at a national level.
- Christine Wardlaw commented that the 100 hour pharmacies were going to have the option of reducing to 72 hours and it was likely that many would do this for financial reasons. It was suggested that most of the prescriptions would be requested during normal (9 to 5) working hours. There would be gaps between 6 pm-11 pm. Realistically, how many people were accessing the later services and how many were genuinely urgent? There may need to be a return to the GP surgery having a small supply of medication to see a patient through until the next morning. Pharmacy 2000 could not offer face to face services and realistically a prescription would not be supplied for at least 24 hours. There would be gaps in enhanced services outside normal hours.

Members were informed that Healthwatch had been asked to assist in gathering information about the patients using the 100 hour pharmacy when other pharmacies were closed to help determine the gap in services when the pharmacy closed. Derry Nugent, Healthwatch, presented the results to the Board (copy attached to the signed minutes) as follows:-

- Healthwatch had used its 'Enter and View' powers under the Health & Social Care Act to carry out a series of engagement activities within Lloyds in Sainsbury's in Cramlington. The process was ongoing but had already provided a very good flavour of what patients were experiencing and their aspirations for pharmacy services in Cramlington.
- The survey was focusing on the out of hours service.
- 150 patients had responded to the survey with over 70 responses being received within the first 24 hours.
- 80% had heard of the closure and 57% used it for regular prescriptions. 66% knew how to change pharmacy and 31% indicated that they would go to the Boots Pharmacy at Manor Walks. Only 5 patients would use Lloyds or other online service. 33% of weekday users stated that they went after

7 pm. 25% had not thought about what they would do following the closure.

- Regarding the impact of the closure, the biggest concern was people's access to a pharmacy outside their working hours. Many needed access outside core opening hours because it was convenient for them, but also because some had complex caring duties. Additional pressure would be placed on other pharmacies and could add to the already large queues at the Boots Pharmacy.
- It was vital that the reality of what the closure meant for patients and carers was understood.
- There was a need for an Inequalities Impact Assessment and care should be taken not to design services for people to fit into rather than services that fitted into people's lives

The following issues were raised:-

- A pharmacy dispenser machine was being successfully used by a pharmacy and allowed repeat prescriptions to be collected at any time. This allowed patients the flexibility they needed and was popular, safe and secure.
- The need for an Equalities Impact Assessment was supported as it was those who were going to be disadvantaged the most that were of the most concern. Opportunities for other ways of delivering the services may be able to be considered going forward.
- The Regional Group of Directors of Public Health were discussing with the ICB Executive about pharmacy issues and it was hoped that this would extend to a national level.
- The reduction in hours from 100 to 72 may result in some pharmacies becoming marginally more viable and may help to stem a number of closures.

RESOLVED that

- (1) the new developments and the action being taken to mitigate against the risks to Northumberland residents be noted.
- (2) a report be presented to the August meeting providing an update of the situation at that time.

151. NORTHUMBERLAND ORAL HEALTH STRATEGY 2022-2025

To receive a report presenting the updated Northumberland Oral Health Strategy, following Board's agreement to extend it from 2022 to 2025. The report was presented by Kerry Lynch, Senior Public Health Manager. (Copy attached to the signed minutes.)

The following key issues were raised.

- Oral health was an important part of individual's overall health and wellbeing and significantly impact on many aspects of their life.

- Oral health had improved considerably in the UK but there were still pockets of inequalities in Northumberland.
- Responsibility for fluoridation now lay with the Secretary of State and Directors of Public Health were seeking clarification from the Department of Health and Social Care about the new process.
- Local dentistry commissioning had transferred to the Integrated Care Board from April 2023. Access to dental treatment in Northumberland was slightly lower than it was prior to the Covid pandemic but was higher than the national average. The County Council supported water fluoridation as a crucial measure for the health of Northumberland residents and to reduce inequalities.
- The Oral Health Strategy and Implementation Group met twice a year and was looking at the 2022-25 strategy and plan. Some elements of the previous plan would continue but there were also some new priorities and actions eg. further development planning and process for delivery of oral health packs; training for carers of adults with learning difficulties and development of an oral health NECC module.
- The plan was divided into the following themes:-
 - Improving oral health of children and young people
 - Improving oral health of older people
 - Improving oral health of vulnerable groups
 - Partnership working
 - Service development and commissioning.

The following comments were made:-

- Those most affected by poor oral health were mainly from the more deprived communities. It would be beneficial if inequalities could be woven into the strategy.
- Work was underway to strengthen pathways for Looked After Children.
- Availability of dentists was an important consideration. People's confidence in their ability to visit a dentist was lessened due to their experience of difficulty in getting an appointment.
- The community water fluoridation scheme was one of the most foundational things that could be done to close the inequalities gap as those in the most deprived communities would benefit the most. When more was known at a national level about the fluoridation consultation and the Board's part to play it would be brought back to the Board.

RESOLVED that

- (1) the work of the Oral Health Strategy and Implementation Group to update the strategy and devise a new action plan for the corresponding period be noted.
- (2) The updated Northumberland Oral Health Strategy and Action Plan 2022-25 be accepted.

152. NORTHUMBRIA POLICE PRESENTATION – OVERVIEW OF APPROACH TO PREVENTION STRATEGY, EARLY INTERVENTION AND SERIOUS VIOLENCE

Members received a presentation from Karen Murray, Chief Inspector Harm Reduction & Communities. (Copy attached to the signed minutes.)

Karen Murray, raised the following key issues:-

- Nationally the PCC Police and Crime Plan had three objectives which were all equally important
 - Fighting Crime
 - Preventing Crime
 - Improving Lives
- **Strategic Harm Reduction and Communities** – the Board’s data correlated well with that of Northumbria Police in that the more deprived areas were often also those with the highest crime and antisocial behaviour. Inequalities were underpinning some of the causes of the behaviour and attitudes that were being seen.
- **Prevention Strategy** – Having fewer victims and offences could only be achieved by identifying the causes of crime and utilising partnership working. There was a national Prevention Strategy and sitting under this were regional coordination groups which met once a month to discuss what was happening in each area to try and learn from each other.
- Police officers were encouraged to look at the individuals who were suffering as a result of a crime and try to understand what made that person vulnerable and try to start problem solving at the earliest stage to be able to refer on or give advice. Also looking at the offenders to try and identify what it was in their life that was leading them to offend.
 - **Primary Prevention** – prevention through education, early intervention, designing out crime. Engagement with Health & Wellbeing Board was vital.
 - **Secondary Prevention** – Diversionary pathways to link with young people on the edge of crime. This was partly re-education and working with parents to help them build confidence and trust and give them options. Signposting enabled officers to refer people on to other services. In April across the Northumbria Police force area, 2126 people (410 in Northumberland) had been referred to other services.
 - **Tertiary Prevention** – This focused on deterrence work and identifying young people on the periphery of crime and trying to change their trajectory. There had been significant success in using this targeted approach to improve young people’s life chances.
- Early intervention was key as well as using multi service support to improve outcomes for people, families and wider communities.
- Serious Violence Strategy 2021-2024 – The key principles were listed along with Northumbria Police’s approach including early intervention, prevention, problem solving and partnership working. A list of activities considered as serious violence was provided.

The following comments were made:-

Ch.’s Initials.....
Health & Wellbeing Board, 11 May 2023

- The outcome of the recent inspection of the Youth Justice Board would be shared with the Members when available. It would show the effectiveness of the Youth Justice Board's early intervention and prevention work around youth justice.
- Northumbria Police's membership of the Health & Wellbeing Board was welcomed. Northumbria Police along with the Northumberland Fire & Rescue Service had the challenge as to how to use the various data sets, joint strategic needs assessments etc to identify areas to be focused on and to focus in the right way. Also to invest the communities and people within the communities in the decisions that were made. There was certainly a commitment to do this.
- Multi agency co-operation was very important.
- Northumbria Police did have a small team which visited schools. A newsletter was sent out quarterly anything important in the interim was shared. Working together with small groups of children was proven to be effective and was targeted in the highest harm areas.
- The Northumberland Fire & Rescue Services also had a full school programme running throughout the year. There was also the Extinguish Programme which was aimed at young people who were prone to fire setting. There were Fire Cadets and Princes Trust programmes.

The Chair thanked Karen Murray for her presentation.

RESOLVED that the presentation be noted.

153. NORTHUMBERLAND INEQUALITIES ROUND TABLE

Graham Syers welcomed the discussion during the meeting and the clear commitment to inequalities and thanked everyone involved in the production of the Inequalities Plan and the ongoing work. The purpose of the round table event was to 'Reflect, Reassess and Refresh'.

Gill O'Neill informed Members that the round table event would take place on Thursday, 13 July 2023 between 9 – 2 pm in place of a Board Meeting. Members were asked to note in their diaries. Cormac Russell would be attending and acting as a critical friend. It was now time to blend the stronger communities and asset work with some of the bigger policy work from Professor Sir Michael Marmot so there would be a strong theme around people, place and policy coming together.

154. HEALTH AND WELLBEING BOARD – FORWARD PLAN

Members noted details of forthcoming agenda items at future meetings.

155. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 8 June 2023, at 10.00 am in County Hall, Morpeth.

CHAIR _____

DATE _____

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HM Senior Coroner Andrew Hetherington
Senior Coroner for North Northumberland and
Acting Senior Coroner for South Northumberland

Annual Report

May 2023

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Introduction

1. This is my second annual report.
2. COVID-19 has had a significant impact on all areas of life including the coronial system and the families and organisations with whom we interact. As restrictions have eased and we have moved to a recovery phase with a return to pre-pandemic working practices.
3. Many of the provisions of the Coronavirus Act 2020 expired at midnight on 24 March 2022. Some provisions were extended by the Coronavirus Act 2020 (Delay in Expiry: Inquests, Courts and Tribunals, and Statutory Sick Pay) (England and Wales and Northern Ireland) Regulations 2022, SI 2022/362 until 24 September 2022. Some provisions have been set in legislation including extending the time period within which an attending doctor must have seen the deceased before death from 14 to 28 days and suspension of the requirement for a confirmatory medical certificate (known as Cremation 5 Form) before cremation.
4. In Northumberland the Coroner's Office worked throughout the pandemic as near normal as possible respecting the restrictions in place and adapting practices in line with temporary easements that were introduced. That was not the case for all Coroner's areas in parts of England and Wales who entered the recovery phase of the pandemic with a large backlog of cases and inquests that must be heard. Some areas were unable to hear any inquests at all and were struggling to deal with day to day referrals. The resources in coronial areas throughout England and Wales vary. Coronial areas implemented plans in order to achieve recovery. I am pleased to confirm that in Northumberland we leave the pandemic (although COVID remains with us) with no backlog of cases and have been able to clear cases, many involving juries that pre-dated the pandemic.

5. I would like to thank Northumberland County Council for their continued support and acknowledge the hard work and dedication of those who work in the Coroner's Office together colleagues locally within the Council, Registration and Bereavement Services, NHS and organisations who we have contact with.

Contents of report

6. I have provided an overview of the current position with regard to the coroner service in Northumberland following my last review in 2021 with a comparison of neighbouring areas, the number of deaths referred to Northumberland over the period, notable trends and patterns, an update on the area and the road ahead.

Statistics

7. The Ministry of Justice publish coroner statistics annually for the period January to December which are then published in the month of May of the following year. The annual statistics for 2021 (period January 2021 to December 2021) can be found here:

[Coroners statistics 2021: England and Wales](#)

[Coroners statistics 2021: England and Wales \(statistical tables\)](#)

Annual statistics for England and Wales 2021

8. For England and Wales, the statistics showed the following: **195,200** deaths were reported to coroners in 2021 (in the period January to December 2021), the lowest level since 1995. This figure was down 5% (10,258 deaths) compared to 2020.
9. 33% of all registered deaths were reported to coroners in 2021.
10. There were **580** deaths in state detention reported to coroners in 2021, up 7% on the previous year (which was up 18% compared to 2019). Seven state detention deaths were reported in Northumberland in 2021.

11. There were **84,599** post-mortem examinations ordered by coroners in 2021, a 7% increase compared to 2020. Post-mortem examinations were carried out on 43% of all deaths reported in England and Wales in 2021, an increase of 5% compared to the previous year.
12. **32,800** inquests were opened in 2021, up 2% compared to 2020. The estimated average time taken to process an inquest increased from 27 weeks in 2020 to 31 weeks in 2021.

Annual statistics for North and South Northumberland 2021

13. In 2021 the total number of deaths referred to the Coroner in Northumberland (North and South) were **1,918**. This represents an increase of **10%** for deaths referred for 2021 as compared to 2020.
14. The increase in the number of referrals was anticipated. Northumberland (North and South) as a coronial area is the only one in the Northumbria Police sphere to have a prison and there are two secure mental health hospitals. The law provides there must always be an inquest following a death in custody or a death in state detention, even if the death is of natural causes. If the death is unnatural, the Coroner will be required to sit with a jury.
15. Northumberland contains a section of the A1 motorway as well as several major A-roads, the east coast main rail line to/from London as well as the east/west rail link to/from Newcastle to Carlisle. In this area I hear a number of deaths following Road Traffic Collisions.
16. The primary hospital within this area is the Northumbria Specialist Emergency Care Hospital (NSECH) at Cramlington. This opened in 2015 and continues to expand being the first vanguard, purpose built specialist emergency care hospital

in England. NSECH's influence and capacity receiving seriously unwell people from all over the region (let alone this area) is increasing.

17. Northumberland has a large NHS trust being Northumbria Healthcare NHS Foundation Trust which also has Alnwick Infirmary, Berwick Infirmary, Blyth Community Hospital, Haltwhistle War Memorial Hospital, Hexham General Hospital, Morpeth NHS Centre, Rothbury Community Hospital and Wansbeck General Hospital located within this area.
18. There were **213** post-mortem examinations ordered in North Northumberland (32% of deaths reported) and **464** post-mortem examinations were ordered in South Northumberland (37% of deaths reported). This represents a total number of post-mortems for both areas of **677**. This is an increase in the number of post-mortem examinations by 17% for North Northumberland and a 19.8% increase for South Northumberland compared to last year.
19. The average post mortem rate for England and Wales is 43% of deaths referred. The post mortem rate as a percentage of deaths referred in Northumberland (North and South) is 35%. Overall we have the lowest post mortem rate locally.
20. Please see Table 1 below. As a comparator with the neighbouring coroner's areas (Newcastle and North Tyneside are due to merge), Northumberland (North and South) have the second highest number of deaths referred to the coroner and concluded the second highest number of inquests.

Table 1: Comparison of statistics Coroner's areas in the North East of England January 2021 to December 2021

Coroner's area	Number of Deaths reports 2021	% change in reports deaths	Inquests opened	Post Mortem Examinations	Post Mortem rate as % of referrals
Newcastle upon Tyne	2112	+ 22%	352	835	40%
North Tyneside	963	-9%	95	345	36%
Sunderland	1203	+ 5%	157	442	37%
Gateshead and South Tyneside	1725	-53%	223	697	40%
North Northumberland	667	+7%	62	213	32%
South Northumberland	1251	+13%	161	464	37%
TOTAL Northumberland	1918	+10%	228	677	35%

21. **62** inquests were opened in 2021 in North Northumberland and **161** inquests were opened in South Northumberland.
22. **97** inquests were concluded in 2021 in North Northumberland and **234** inquests were concluded in South Northumberland.
23. The estimated average time taken to process an inquest in North Northumberland increased to **27** weeks (from 21 weeks in 2020) and in South Northumberland the average time increased to **25** weeks (from 18 weeks in 2020).

Cases over 12 months

24. Annually it is my responsibility to submit a return detailing cases over 12 months to the Chief Coroner who has in turn a statutory duty to report those cases to the Lord Chancellor.
25. There are a number of reasons why some cases are outstanding. For instance, if there are ongoing police enquiries, criminal investigations and prosecutions, investigations overseas, Health and Safety Executive (HSE) or Prisons and

Probation Ombudsman (PPO) inquiries, Independent Office of Police Complaints (IOPC) inquiries or investigations by one of the specialist accident investigation bodies. In those instances, the coroner's inquest is put on 'hold' pending the outcome of those enquiries or investigations. In some cases, those other investigations are very lengthy. This can result a delay sometimes amounting to years.

26. In addition, for many Coroner's areas the impact of the COVID-19 pandemic has seen an increase in the numbers of death referrals to coroners and a reduction in the ability of coroners to hold inquest hearings. The period of lockdown has meant that many inquests have had to be adjourned or postponed. Some court rooms were not suitable for holding anything but the most straightforward of inquest hearings because they are too small. The Chief Coroner issued guidance to assist with the holding of remote hearings, but there are some large or complex inquests that can only be held with all participants present.

27. Many jury inquests had to be postponed. A jury is required by law in certain inquests, including non-natural deaths in custody or other state custody or where the police forces were involved. Holding inquests with juries has been a particular issue during the pandemic due to social distancing requirements, especially where for coroners whose area, such as Northumberland which includes a prison and secure mental health hospital.

Cases over 12 months in Northumberland 2021

28. In North Northumberland there were **17** cases that are over 12 months. In South Northumberland there was **34** case over 12 months. All cases over 12 months have been concluded.

Annual statistics for North and South Northumberland 2022

29. I am seeing an increase in the number of deaths referred to Northumberland year on year. Please see table 2 below for a comparison of neighbouring areas.

30. In England and Wales 208,430 deaths were reported to coroners in 2022, the highest level since 2019. This is an increase of 13,250 (7%) from 2021.

Table 2: Comparison of statistics Coroner's areas in the North East of England January 2022 to December 2022

Coroner's area	Number of Deaths reports 2021	% change in reports deaths	Inquests opened	Post Mortem Examinations	Post Mortem rate as % of referrals
Newcastle upon Tyne	1977	-6%	266	754	38%
North Tyneside	960	0%	70	370	39%
Sunderland	1084	-10%	138	451	42%
Gateshead and South Tyneside	1591	-8%	167	744	47%
North Northumberland	800	+20%	88	242	30%
South Northumberland	1228	-2%	182	490	40%
TOTAL Northumberland	2028	+6%	270	732	35%

31. In Northumberland in 2022 we saw a 6% increase in death reported as compared to 2021 The total number of deaths referred to Northumberland was **2,028**.

32. The Annual Statistics can be found here: [Coroners statistics 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/coroners-statistics-2022)

33. Since 2020 the number of deaths referred in Northumberland has increased by 17% (1737 deaths referred in 2020 with 2028 deaths referred in 2022).

34. There are a number of reasons for the increase. Firstly I am satisfied that deaths are now being appropriately referred and captured. Secondly the growth, reach and expansion of NSECH receiving seriously unwell people from all over the region who previously are likely to have attended hospitals outside of Northumberland in other (coronial) areas (and therefore formed part of their reported deaths).

35. There were **242** post-mortem examinations authorised in North Northumberland (30% of deaths reported down from 32% in 2021) and **490** post-mortem examinations were ordered in South Northumberland (40% of deaths reported up from 37% in 2021). This represents a total number of post-mortems for both areas of **732**. Overall the post mortem rate has remained at 35% despite a 6% increase in the number of deaths reported.
36. **88** inquests were opened in 2022 in North Northumberland (up 42%) and **182** inquests were opened in South Northumberland (up 13%).
37. The estimated average time taken to process an inquest in England and Wales decreased from 31 weeks in 2021 to 30 weeks in 2022. The estimated average time taken to process an inquest in North Northumberland remained at **27** weeks and in South Northumberland the average time increased to **26** weeks (from 25 weeks in 2021).

Cases over 12 months in Northumberland 2022

38. In North Northumberland there were **17** cases that were over 12 months. In South Northumberland there were **34** cases that were over 12 months. All of those cases over 12 months have now been concluded.

Notable trends and patterns

39. As above, in 2021, 32,300 inquest conclusions were recorded in total in England and Wales, up 4% on 2020. The number of suicide conclusions increased by 8% to 4,820 compared to 2020, to the highest level since 1995. The increase was higher in females (16% compared to 2020) than males (which increased by 5%) compared to 2020.

40. In Northumberland in 2021 we also saw an increase in suicide conclusions returned in line with the observed trend in England and Wales.
41. Reflecting on previous years, I have considered the annual returns dating back to 2018/2019 (please see Table 3 below). In Northumberland in 2019 the number of suicide conclusions returned were 18. (This was a decrease of 33% compared to 27 suicide conclusions returned in 2018). From 2019, the number of suicide conclusions increased by 66% to 30 suicide conclusions. In 2020 there were 44 conclusions of suicide returned being an increase of 47% from 2019 as compared to 2021.
42. In England and Wales Suicide conclusions have gone up year on year since 2016, except for 2020. The highest number of suicide conclusions was recorded in 2022 driven by an increase in male suicides which went up by 3% to its highest recorded level since records began. However, it is worth noting that in 2022 we have seen the number of suicide conclusions (post *Maughan*) return to the level seen in 2019 (being a decrease of 52%).

Table 3: Suicide conclusions returned in Northumberland over the period 2019 to 2022

Year	Suicide conclusions	Increase/decrease from previous year as %
2019	18	- 33%
2020	30	+ 66%
2021	44	+ 47%
2022	21	-52%

43. There are a number of explanations for the increase in suicide conclusions. Firstly the increase may be a consequence of the change in the standard of proof established by the Supreme Court in the case of *Maughan*.
44. On 13 November 2020 the Supreme Court gave judgment in the case of *Maughan* (R (on the application of Maughan) v. HM Senior Coroner for Oxfordshire [2020])

UKSC 46). By a majority of three to two the Supreme Court ruled that all conclusions in coronial inquests, whether short form or narrative, are to be determined on what is known as the civil standard of proof i.e. the balance of probabilities. This is a test that coroners are used to dealing with as they (and juries directed by them) apply in many inquests. The legal rule had previously been that a conclusion of suicide could only be returned if the coroner or jury were satisfied to the criminal standard (i.e. beyond reasonable doubt).

45. Secondly although the inquests in England and Wales concluded in either 2021 or 2022, some of the deaths occurred prior to 2021 and their respective inquests were delayed for a number of reasons in particular the restrictions in place due to COVID and lockdown.

46. It remains unclear the extent to which the COVID-19 pandemic, the restrictions that were in place and any anguish and concern may have had on this trend. A lot of work is being undertaken now that we return to 'normality' following the pandemic through data returns and some clarity may flow from the public inquiry. Certainly, in some inquests that I heard in the last three years where a conclusion of suicide was returned, in some matters it was not uncommon for the deceased prior to their death to have expressed anguish regarding COVID-19, a fear or concern of contracting COVID-19 and falling ill themselves or a concern of passing COVID-19 to a family member or loved one. In other instances, a deceased person had expressed feelings of loneliness or despair during periods of lockdown.

47. Whilst I am unable to comment on specific cases where the inquest has not yet concluded and where evidence has not been heard in open court, I have identified a worrying trend involving the number of potential self-inflicted deaths in younger persons where a conclusion of suicide is a likely conclusion.

48. One inquest that I am able to refer to in anonymised terms involved the death of 12 year old young person who died in October 2020 and whose inquest concluded in October 2022. I returned a conclusion of suicide.
49. I heard that the young person had suffered with low mood and anxiety relating to several factors including the restrictions in place due to COVID-19, relationship difficulties with peers and other influences. The young person had also suffered bullying in the period leading up to death through electronic means. The young person had also had two known previous instances of self-harm. On one occasion the young person had attended accident and emergency after an incident of self-harm and having been assessed was referred to and seen by the psychiatric liaison team. The young person wanted support with anxiety and low self-esteem and to learn positive coping strategies for times of emotional distress due to several factors. A referral was made to the Young Persons Universal Crisis Team and was assessed by them but at that time did not meet the criteria for referral to Children and Young Peoples Services.
50. In evidence I heard that in 2020 if the criteria had been met for referral to Children's Adolescent Mental Health Services there would have been a triage of the child or young person within 8 weeks, treatment within up to 19 weeks with the number of referrals at that time being 1595.
51. At the time of the inquest in 2022 subject to meeting their criteria for referral there would be a triage of the child or young person within 3 weeks but that the waiting time for treatment had increased from up to 19 weeks to up to 63 weeks with the number of referrals being 2,275.
52. In evidence from the school where the deceased was a pupil, I heard that since the death they have strengthened their support for children suffering from anxiety and other mental health issues by increasing the mental health team employing two emotional literacy teaching assistance, a mental health and

wellbeing practitioner, another Thrive Practitioner and increased the number of deputy safeguarding leads to five.

53. I also heard from a Paediatric Nurse Practitioner based in the Accident and Emergency department who told me that in 2020 it was the case that they would see a referral from a child or young person struggling with emotional distress, anxiety, mental health difficulties and instances of self-harm and overdose once a week but that since the coronavirus pandemic the incidence of assessments for children and young people with those issues has risen from once per week to once per shift.
54. The mental health trust told me that in May 2020 they would see 100 referrals a month from children experiencing anxiety and mental health difficulties but by May 2022 the number of referrals had increased to 300 children per month. The reason for the referrals were complex but included the impact of the pandemic with staff seeing an increase in demand in the numbers of young people suffering with anxiety, low self-esteem, body image OCD and instances of self-harm and overdose.
55. Sometimes a coroner's investigation will show that something could be done to prevent other deaths. If the coroner considers this to be the case the coroner must write a report bringing it to the attention of an organisation or a person who may be able to take action to prevent future deaths. This is known as a "report to prevent future deaths" or a "Regulation 28 Report". The organisation or person must send the coroner a written response, within 56 days, to the report, saying what action it will take as a result.
56. In light of the concerns I heard during the course of the inquest given the increase in the number of children and young people who were being seen with regard to their emotional well-being, psychological distress and mental health difficulties having impacted on them requiring support and assessment since the

coronavirus pandemic and the delays that now exist before they receive treatment and support, I wrote to the then Secretary of State for Health.

57. In light of the evidence I had heard I asked for consideration to be given for an assessment of the services and resources that can be offered to meet the increasing demand in the number of children and young people seeking support with regard to their emotional well-being, psychological distress and mental health difficulties which have impacted on them since the coronavirus pandemic and to reduce the delay in receiving early support in order to avoid her mental health crisis.
58. The Minister with responsibility for Mental Health at the Department of Health and Social Care provided a response in conjunction with NHS England and the Care Quality Commission (CQC).
59. In that response there was recognition of the increase in probable mental health conditions amongst children and young people, that it has increased in the context of, firstly, historical underfunding for mental health services and the COVID-19 pandemic.
60. I was referred to the NHS Long Term Plan and the NHS Mental Health Implementation Plan 2019/20 – 2023/24 which commits to an additional £2.3 billion a year for mental health services by 2023/24. This will see an additional 345,000 children and young people able to access mental health support in 2023/24 compared to the number accessing support in 2018/19. A large part of the increase in funding for mental health will be made through integrated care board (ICB) baselines and will increase in line with the Mental Health Investment Standard, which requires ICBs to increase investment in mental health services in line with their overall increase in allocation each year. In 2021/22, 100% of ICBs met the Mental Health Investment Standard.

61. It is acknowledged that the pandemic has had an effect on the mental health and wellbeing of children and young people and that prevalence of probable mental health disorders is increasing, with 18% of children aged 7 to 16 years in 2022 having a probable mental disorder, compared to 17.4% aged between 6 and 16 in 2021 with a probable mental health disorder, which is itself an increase 11.6% in 2017. Whilst not every person with a probable mental disorder has needed, or will want to access, mental health services, it is nevertheless clear that there is increased demand.
62. I am informed there is additional funding with an additional £79 million to expand children's mental health services in the 2021/22 financial year allowing around 22,500 more children and young people to access community health services and 2,000 more to access eating disorder services. The response included *".....over 689,000 children and young people under 18 had at least one contact with NHS-funded mental health community services in the twelve months to July 2022. This is a 12% increase from the same period to July 2021 when over 615,000 children and young people were supported by services.*
63. An additional £79 million in funding also supported a faster increase in the coverage of mental health support teams (MHSTs) in schools and colleges, which we committed to rolling out to 20-25% of the country by 2022/23. This was part of the Government's 2018 response to the Green Paper consultation on the transformation of children and young people's mental health provision, which was published in 2017. MHSTs support the mental health needs of children and young people in primary, secondary and further education and use an evidence-based approach to provide early intervention on some mental health and emotional wellbeing issues, such as mild to moderate anxiety. MHSTs now cover 26% of pupils in England and this will increase to cover around 35% of pupils by April 2023. There are 21 MHSTs in operation or being set up across the North East and North Cumbria Integrated Care System, with another five planned (as of May 2022) for 2023/24.

64. The Department for Education has committed to offer all state schools and colleges a grant to train a senior mental health lead by 2025, enabling them to introduce effective, whole school approaches to mental health and wellbeing.

65. With regard to increasing access and reducing waiting times, I am informed that in joint working with NHS England the next steps are to introduce a range of new mental health waiting time standards, including four for children and young people, which NHS England consulted on as part of its Clinically-led Review of NHS Access Standards. The four standards for children and young people are:

- For an 'urgent' referral to a community based mental health crisis service, a patient should be seen within 24 hours from referral, across all ages;
- For a 'very urgent' referral to a community based mental health crisis service, a patient should be seen within four hours from referral, for all age groups;
- Patients referred from Accident and Emergency should be seen face to face within one hour, by mental health liaison or children and young people's equivalent service; and
- Children, young people and their families/carers presenting to community-based mental health services, should start to receive care within four weeks from referral.

Update - The Coroner Service in Northumberland

66. I have discussed below the changes and developments in the coroner's service in Northumberland since my last report.

Appointment of four Assistant Coroners

67. There was a joint recruitment between Northumberland County Council, Newcastle City Council and North Tyneside Council to appoint four new Assistant Coroners to support myself as the Senior Coroner in North and South Northumberland and the Senior Coroner in the City of Newcastle and North

Tyneside across the full range of coroner duties in order to deliver a high-quality coroner service to the people of Northumberland, Newcastle upon Tyne and North Tyneside.

68. The interviews were held at County Hall, Morpeth on Monday 19th and Wednesday 21st July 2021. The interview panel comprised of HM Senior Coroner Karen Dilks, Senior Coroner for the City of Newcastle upon Tyne and North Tyneside, Karen Lounton, Service Manager Registration, Coroner and Archives – Northumberland County Council and myself.

69. There were 45 applications and following the sift, 15 candidates were taken forward to interview following approval from the Office of the Chief Coroner.

70. As above, the interviews were held across two days on 19th and 21st July 2021.

71. All candidates completed a declaration in writing confirming they are not subject to or have had findings made in respect to disciplinary proceedings or criminal proceedings. At interview, all candidates were asked to declare if there was anything they believe should be brought to the attention of the local authority.

72. Four candidates were appointed as Assistant Coroners in the areas of North and South Northumberland, City of Newcastle and North Tyneside as follows:

- James Thompson
- Tom Crookes
- Kirsten Mercer
- Georgina Nolan

73. The consent of the Chief Coroner was received on 26 July 2021 and the consent of the Lord Chancellor was received on 29 July 2021.

74. Under the terms of the Coroners and Justice Act 2009 the compulsory retirement age for these posts will be 70 years, unless the post-holder chooses to resign or is removed by the Lord Chief Justice and Lord Chancellor prior to their 70th birthday.

Cross-jurisdictional appointments

75. On 5 March 2021 I requested the consent of the Chief Coroner to the appointment of HM Senior Coroner Derek Winter, the Senior Coroner for City of Sunderland (and Deputy Chief Coroner) and HM Senior Coroner Karen Dilks, the Senior Coroner for City of Newcastle and Acting Senior Coroner for North Tyneside to be appointed as assistant coroners in North Northumberland and South Northumberland. The appointments were a consequence of the need to provide additional judicial resource and resilience for Northumberland. I continue to be appointed as an Assistant Coroner in those areas and the appointment of all Senior Coroners with cross jurisdictional authority provides resilience in the event of a mass fatality or major incident.

76. Karen Dilks retired as HM Senior Coroner_City of Newcastle and North Tyneside in January 2023. Following an open competition Georgina Nolan was appointed HM Senior Coroner for City of Newcastle and North Tyneside as of 26 January 2023. She continues to be an Assistant Coroner in Northumberland (as I continue to be an Assistant Coroner City of Newcastle and North Tyneside) for resilience and cross jurisdictional working.

Coroner's Officers

77. Coroner's Officers in Northumberland are employed by Northumbria Police.

78. I am sorry to see some departures. Coroner's Officer Michael Allen retired after 46 years employment with Northumbria Police in December 2021 and 17 years as

a Coroner's Officer. Keith Lamb also retired in June 2022 after 47 years service with Northumbria Police and 15 years as a Coroner's Officer. Karen Edger took early retirement and left in June 2022.

79. In October 2022 we were joined by Sarah Abrahams and in January 2023 Rebecca Moss joined the team.

80. I am grateful for the continued support from Northumbria Police and recognise the considerable budget pressures placed upon them. However, I have requested greater resourcing.

81. As above, Northumberland is getting busier, we are stretched, there is a disparity in the number of Coroner's Officers deployed in Northumberland as compared to other areas locally. The number of deaths referred to this area has increased considerably over the short term (17% over the period 2020 to 2022) while the number of coroner's officers has remained the same. The number of in person inquests has also increased. There is a prison and two secure mental health hospitals. The law provides there must always be an inquest following a death in custody or state detention, even if the death is of natural causes and if the death is unnatural, I will be required to sit with a jury.

82. This is discussed below but when the Chief Coroner visited our area I submitted my concerns to him and he has endorsed my proposal that there should be 6 coroner's officers allocated to this area.

Treasure inquests

83. Northumberland is a county of treasure. In 2022 there were 8 reported treasure finds and I concluded 3 treasure inquests.

84. The Department of Digital, Culture, Media and Sport are responsible for the Treasure Act 1996. The department is proposing to introduce an additional class of treasure based on what they term 'significance', and to redraft the Code of Practice. Their aim is to ensure important finds that are currently not Treasure because they are not made of precious metal become available for museums to acquire. The Code of Practice has not been updated for 15 years.

Recovery from the COVID-19 pandemic

85. Throughout the pandemic the Coroner's Office in Northumberland worked as near normal as possible in line with the guidance and restriction in place. Unlike other Coroner's areas in England and Wales, I am pleased to confirm that we have been left with no backlog.

86. The coroner's service in Northumberland has been able to function well due to the modern facilities we have available to conduct inquests, IT provision and the capacity to hold remote hearings, the systems we have in place including Civica and referrals through the Portal. But importantly thanks to the hard work and resilience of the Coroner's Officers and Coroner's Administration staff.

87. We benefit from a large court room that can be well ventilated with capacity to hold juries (of 7 - 11 persons). We have from the outset used IT and conducted remote hearings with families from Hong Kong and New Zealand who were able to actively participate inquests.

Discontinuing an investigation

88. Prior to the recent amendment, coroners could not discontinue an investigation unless a post mortem examination revealed a natural cause of death. That meant that if a natural cause of death became clear after an investigation had commenced, the coroner either had to order an unnecessary post mortem or proceed with an inquest.
89. On 28 June 2022, section 4 Coroners and Justice Act 2009 ('CJA') was amended to enable coroners to discontinue an investigation when a death from natural causes becomes clear before inquest, even where there has been no post mortem examination. Corresponding amendments were also made to The Coroners (Investigations) Regulations 2013, The Cremation (England and Wales) Regulations 2008 and Form Cremation 6.
90. The amendment has widened the circumstances in which discontinuance can occur. However there is an exception where the death occurred in custody or state detention, an inquest must still be held.
91. This means that investigations can now be discontinued either where there has been a post mortem or where there has been no post mortem but the cause of death has become clear by other means.

Remote hearings

92. With the principle of open justice, legal hearings including those in the coroner's court are to be transparent and open to scrutiny. Coroners must ensure that there is appropriate public access to all hearings, including those that are conducted using remote means.
93. On 28 June 2022, section 85A of the Courts Act 2003, and the Remote Observation and Recording (Courts and Tribunals) Regulations 2022 ('the Regulations') came

into effect. These provisions allow the remote observation of proceedings in any court, tribunal or body exercising the judicial power of the State, including coroners' courts. As a result it is lawful to use video/audio livestreaming to transmit proceedings to the public and/or press, either to premises designated by the Lord Chancellor, or to specific individuals.

94. A coroner must be physically present in a courtroom when conducting hearings.

Individuals have the option of either observing hearings in person, or applying for permission to observe hearings remotely. No-one has the right to observe a hearing remotely. Individuals are entitled to apply for permission (explaining why it is in the interests of justice to allow them to observe a hearing remotely when there is the option to attend in person) applications are considered on a case-by-case basis and may be refused. Individuals include interested persons, witnesses and legal representatives.

95. It is now open to members of the press/media to apply for permission to attend an inquest remotely.

96. As the law currently stands, the coroner and any jury must be physically present in the courtroom.

97. Remote participants are reminded that they are attending a formal hearing, and to dress and act accordingly despite the informality of their own surroundings. Warnings are also given should be given, for example that witnesses should not confer on their evidence.

98. As previously outlined, from its inception the Coroner's Court at County Hall was "future proofed" and ready for legislative changes to enable the wider use of remote inquests. It may be the case that if applications from the press or media are received a dedicated live stream camera would need to be installed. This will be kept under review.

Inquests in writing and Rule 23 evidence

99. On 28 June 2022, new provisions came into effect allowing inquests to be held in writing. Section 9C Coroners and Justice Act 2009 creates a new power for coroners to decide that an inquest will be held in writing. When conducting an inquest in writing under Section 9C, inquests will be opened in the usual way, but then no further hearing will be required.

100. There are many straightforward and uncontentious cases in which a hearing in writing might be appropriate. The benefits include avoiding a stressful hearing for the family and saving witnesses the stress and inconvenience of having to give oral evidence.

Implementation of the Statutory Medical Examiner Scheme

101. The Written Ministerial Statement published on the 27th April 2023 sets out the Government's commitment to implement a statutory medical examiner system from April 2024. The non-statutory scheme will continue for the time-being. We continue to work closely with medical examiners as the implementation work develops.

The Chief Coroner - His Honour Judge Thomas Teague QC

102. The Chief Coroner - His Honour Judge Thomas Teague QC, the third Chief Coroner of England and Wales, and his office visited every Coroner's Area in England and Wales

103. In Northumberland we welcomed the Chief Coroner and his office to County Hall on 10 February 2023. The Chief Coroner met with Councillor Glen Sanderson, Gill O'Neil, Nigel Walsh, representatives of Northumbria Police and the Coroner's Officers and Coroner's Administration Team.

104. The Chief was very impressed by the Court facilities, offices and accommodation. He also offered an insight as to the expected number of deaths in the next few years which he anticipates will increase. In line with this anticipated increase the Chief recommended to Northumbria Police that that the provision of Coroner's officer be increased to six.

Conclusions

105. This is my second annual report. It has been a challenging time for all. We have moved into a period of recovery from the COVID-19 pandemic, and, unlike many coronial areas in England and Wales, Northumberland left with no backlog of COVID cases.

106. Towards the end of 2022 and into 2023, we experienced exceptional winter pressures which increased stress on mortuary capacity. In Northumberland in 2022 we saw an increase in the number of deaths referred (which reflects the position in England and Wales). In England and Wales 208,430 deaths were reported to coroners in 2022, the highest level since 2019. The early data being proffered suggests the potential for a larger cohort of excess deaths in 2022 than in any of the pandemic years with the numbers of registered deaths in 2022 maybe having jumped to around 650,000.

107. I continue to seek improvements and work to provide the best Coroner's service for the deceased and bereaved in Northumberland. There have been significant changes with staff leaving the Coroner's service and there has been the impact of the pandemic but also enormous positive advantages: settling into new dedicated offices and Court accommodation, the co-location of Coroner, Coroner's officers and Registration Services, a case management system Civica, portal reporting for the electronic reporting of deaths by authorised agencies and the future; the recruitment of Assistant Coroners and the potential for improved pathology services locally for the benefit of the bereaved in Northumberland.

108. The COVID-19 pandemic has increased the need to use technology in enabling remote participation in Coroner’s hearings. In using technology and with the benefit of the modern facilities that have been provided by Northumberland County Council, the Coroner’s service has been able to reduce delays in some inquests and minimise what would have been a greater backlog in overdue cases.. There will continue to be improvements and developments to benefit all of those who encounter the Northumberland Coroner’s service.

109. At the local Authority Conference in March 2023 the Chief Coroner said *“Almost universally, behind every well-run coroner area is a good Local Authority that understands the unique needs of coroner service and does its best – with increasingly limited resources – to provide the senior coroner and the officers and staff with everything they need”*. I would like to take the opportunity to thank the enormous contributions made by those within Northumberland County Council, the Coroner’s Office, Registration and Bereavement Services, NHS colleagues, neighbouring councils through Local Resilience Forums and stakeholders for all their hard work, support and co-operation.

Andrew Hetherington

HM Senior Coroner for North Northumberland and Acting Senior Coroner for South Northumberland

Signed.....

Dated.....

Agenda Item 8

DECISIONS TAKEN BY CABINET SINCE LAST OSC MEETING AND FORTHCOMING CABINET DECISIONS MAY TO SEPTEMBER 2023

DECISION	CABINET DATE/DECISION
Cabinet Papers – 9 May	https://northumberland.moderngov.co.uk/ieListDocuments.aspx?Cid=140&Mid=2016
Corporate Plan	<p>9 May 2023:</p> <p>RESOLVED that Cabinet:</p> <ol style="list-style-type: none"> (1) recommend to Full Council the new Corporate Plan 2023-26 for adoption at its meeting of 17th May. (2) note the proposal to Full Council to receive and consider an annual Corporate Plan Achievements Report at Full Council in March each year. (3) note the proposal to Full Council to receive and consider an annual Corporate Plan Performance Report at Full Council at the conclusion of Quarter four of the performance cycle.
North East Bus Service Improvement Plan	<p>9 May 2023:</p> <p>RESOLVED that Cabinet:</p> <ol style="list-style-type: none"> (1) note the decision of the North East Combined Authority and the North of Tyne Combined Authority, acting together through the North East Joint Transport Committee to make an Enhanced Bus Partnership for the region; (2) delegate authority to the Executive Director for Regeneration, in consultation with the Executive Director of Finance (Section 151 officer), to accept the funding for bus service improvements, once confirmed, from Transport North East; and (3) authorise the creation of a Northumberland Local Bus Board as set out in Appendix 2.
Financial Performance 2022-23 – Position at the end of February 2023 (Provisional Outturn 2022-23)	<p>9 May 2023:</p> <p>To be considered by the Corporate Services and Economic Growth OSC on 26 June 2023.</p>
Outcomes of the Consultation on Proposals for the Berwick Partnership	<p>9 May 2023:</p> <p>To see the full decision follow this link:</p>

	https://northumberland.moderngov.co.uk/mgAi.aspx?ID=7550
Public Report from the Local Government and Social Care Ombudsman (LGSCO)	<p>9 May 2023:</p> <p>To see the full decision follow this link:</p> <p>https://northumberland.moderngov.co.uk/ieListDocuments.aspx?CId=140&MId=2016</p>
Energising Blyth Programme: Culture Hub and Market Place Outline Business Case	<p>9 May 2023:</p> <p>RESOLVED that Cabinet</p> <ol style="list-style-type: none"> (1) approve the Outline Business Case (OBC) summarised in this report for the Culture Hub and Market Place project to enable progression to Full Business Case (2) approve a total revised budget in the Capital Programme of £14,705,732. There is a current budget in the Capital Programme of £12,536,685 this report requests approval of £2,169,047 drawn from existing Council funds allocated to the Energising Blyth Programme. The project was funded by HM government Future High Streets Fund and the Council as set out in Financial Tables 3-5 (3) note that Jam Jar Cinema Community Interest Company (CIC) will be formally appointed as the main operator of the Culture Hub and that an operator for the Creative Play concession within the facility will be appointed in due course subject to Cabinet approval of the recommendations in this report (4) delegate authority, in accordance with the Energising Blyth Local Assurance Framework, to the Council's s151 Officer following consideration by the Energising Blyth Programme Board to approve the Full Business Case and report any subsequent capital implications to Cabinet (via the Capital Strategy Group) for inclusion in the Capital Programme (5) delegate approvals to the Executive Director for Place and Regeneration to enter into any contracts relating to the project subject to confirmation of associated funding being in place and the appropriate procurement processes being followed.
The Future of the Berwick Museum and Art Collections	<p>9 May 2023:</p> <p>RESOLVED that Cabinet approve the retention of the Berwick Museum and art collections as part of The Living Barracks initiative, subject to further discussions with relevant partners on the issues set out at paragraph 47 of the report.</p>
The Market Sustainability and Improvement Fund	<p>9 May 2023:</p>

<p>2023/24</p>	<p>RESOLVED that Cabinet:</p> <ol style="list-style-type: none"> (1) approve the proposed uses of the Market Sustainability and Improvement Fund (MSIF) in 2023/24 set out in this report, and the resulting commitments in subsequent years, which it is anticipated can be funded through the increased MSIF grant in 2024/25 and will be covered in later years either by continuation of this grant or by consolidation of the funding into the general local government financial settlement; (2) authorise the Executive Director – Adults, Ageing and Well-Being, in consultation with the Portfolio Holder for Adult Well-being, to make detailed decisions about the allocation of this grant, within the broad framework set out in this report, taking account of further consultations with care providers and any other relevant information which becomes available.
<p>Cabinet Papers – 13 June</p>	<p>https://northumberland.moderngov.co.uk/ieListDocuments.aspx?CId=140&MId=2247</p>
<p>Ashington Regeneration Programme Establishment – Strategic Sites Acquisition</p> <p>To update Cabinet regarding the establishment, development and delivery of the £30m Ashington Regeneration Programme, which will have a catalytic impact on the town’s economy and drive forward the implementation of the Ashington Town Investment Plan.</p> <p>W. Ploszaj/J. Rose - 07500 097568/ K. Donaldson -07966 324034</p>	<p>13 June 2023:</p> <p>RESOLVED that:</p> <ol style="list-style-type: none"> (a) Cabinet endorse the Ashington Investment Plan as the overarching strategy that will provide the context, vision and aspirations for delivery of the phased Ashington Regeneration Programme; and (b) Cabinet agree the establishment of the Ashington Regeneration Programme with two initial phases associated with the Ashington High Street Innovation Programme (HSIP) and Town Centre Renewal of Strategic Sites Programme; (c) Cabinet approve the associated financial profiles as set out in Appendix 1 whilst: <ul style="list-style-type: none"> • endorsing the bid submitted to extend the HSIP Programme with a funding ask of £576,898 and acceptance of this additional funding into the Medium Term Financial Plan, if successful • approving an initial allocation of £1,000,000 in the Medium Term Financial Plan to be fully funded by the Government to develop plans for Wansbeck Square Strategic Site • approving an initial grant allocation of £600,000 in the Medium Term Financial Plan to be fully funded by the Government to develop plans for Portland Park Strategic Site • authorising the Executive Director for Place and Regeneration to enter into contracts up to the value of £1.6m for the development of the strategic sites and delivery of public realm capital works, subject to confirmation of associated funding being in place and the

	<p>appropriate procurement processes being followed;</p> <p>(d) authority be delegated to the Executive Director for Place and Regeneration, in consultation with the s151 Officer, to purchase the Woodhorn Road site, at a value up to a maximum of £210,000 from funding already allocated in the Medium Term Financial Plan;</p> <p>(e) Cabinet approve the acquisition of the Wansbeck Square site, and delegate authority to the Executive Director for Place and Regeneration, in consultation with the S151 Officer, to acquire the Wansbeck Square site at a value up to a maximum of £1,365,000 with funding from the Strategic Regeneration Projects budget within the Capital Programme; and</p> <p>(f) Cabinet agree the associated programme management and assurance arrangements to support the programme's delivery as set out in the report.</p>
<p>Enhanced Pothole Repair Pilot</p> <p>Improving the condition of the highway network is a key corporate priority for the Council. This report outlines the current arrangements associated with fixing individual potholes and sets out the basis for a 3-month pilot scheme to trial the use of a different maintenance approach using a 'first-time' patch repair in two areas of the county for a proportion of actionable carriageway pothole defects, in order to quantify the costs and benefits associated with this alternative approach to one of the main revenue funded highway maintenance activities undertaken by the Council.</p> <p>J. Riddle/P. Jones - 0771 771 4523</p>	<p>13 June 2023:</p> <p>RESOLVED that:</p> <p>(a) Cabinet approve the commencement of a 3-month 'invest to save' trial of first time patch repair of a proportion of actionable carriageway pothole defects in the North and Tynedale Local Area Committee areas of the County, and</p> <p>(b) Cabinet approve the allocation of £492,600 in revenue funds from the severe weather reserve to fund the pilot scheme.</p>
<p>Potential Loan to Northumberland Community Bank</p> <p>The Report requests members to approve the potential loan facility to Northumberland Community Bank of up to £50,000 towards its capital</p>	<p>13 June 2023:</p> <p>RESOLVED that Cabinet approve a loan facility of £50,000 to Northumberland Community Bank subject to the following:</p> <ul style="list-style-type: none"> • NCB agreeing to the proposed terms and conditions; • NCC's Legal Team completing a legal agreement with NCB in advance of any loan drawdown by NCB, containing the terms and conditions set out within this report; and

<p>reserve to maintain its Capital:Asset ratio in line with FCA Regulations.</p> <p>R. Wearmouth/J. Willis - 01670 623424</p>	<ul style="list-style-type: none"> • Subsidy Control implications being investigated and satisfied.
<p>UK Shared Prosperity Fund (UKSPF) Update and Northumberland Delivery</p> <p>To provide an update on the UK Shared Prosperity Fund (UKSPF) programme and the UKSPF funded projects secured by Northumberland County Council to support levelling-up activity across the County.</p> <p>W. Ploszaj/S. McMillan – 07814298052</p>	<p>13 June 2023:</p> <p>RESOLVED that</p> <ul style="list-style-type: none"> (a) Cabinet endorse the progress and content of the UKSPF Investment and Delivery Plans for the North of Tyne Area; (b) Cabinet welcome and endorse the Northumberland County Council-led UKSPF funded projects, described in this report and summarised in table 1, which secures over £7.085m to deliver a range of levelling-up activities and support for Northumberland’s businesses and residents over 2022 – 2025; and (c) Cabinet endorse the Inclusive Economy Community Partnership project, which, working with the Voluntary and Community Sector (VCS), will build capacity and deliver activities in support of the inclusive economy, focused in our most deprived communities and, if successful, accept £0.4m capital and 1.15m revenue funding into the Medium-Term Financial Plan.

FORTHCOMING CABINET DECISIONS

<p>Asset Management Framework The report presents for information and approval the new Asset Management Framework which includes a new Asset Management Policy and Asset Management Strategy for 2023/2026.</p> <p>R. Wearmouth/S. Neilson - 01670 620292</p>	11 July 2023
<p>District Heating Update and Partnership Procurement The report provides an update on the progress made regarding the District Heating studies completed across eight towns in the county, namely: Alnwick, Ashington, Berwick, Blyth, Cramlington, Hexham, Morpeth and Prudhoe. It also summarises the feedback received on proposed options for delivery models for the schemes, identifies the preferred model for delivery and seeks approval from Cabinet to proceed with the next phase of activity, which involves a series of procurement exercises to firstly secure specialist legal and commercial advisors and then to progress the procurement of a Heat Provider.</p> <p>Leader/P. Jones -0771 771 4523</p>	11 July 2023
<p>Energising Blyth: Levelling Up Deep Dive This report seeks Cabinet’s formal agreement to accept the Levelling Up Deep Dive funding award from UK Government to support the delivery of new projects as part of the Energising Blyth programme.</p> <p>W. Ploszaj/R. Strettle – 07770642773</p>	11 July 2023
<p>Environmental Enforcement Fixed Penalty Notice & Penalty Notice Policy 2023 To consider, agree and adopt the reviewed and updated FPN policy including new offences and new fine levels for existing offences.</p> <p>G. Stewart/J. Robertson 07833237082</p>	11 July 2023
<p>Financial Performance 2022-23 – Final Outturn (subject to audit) The report will provide Cabinet with the revenue and capital final outturn position against budget for 2022-23 (subject to audit).</p> <p>R. Wearmouth/ K. Harvey 01670 624783</p>	11 July 2023
<p>Integrated Drug and Alcohol Service Contract To seek permission from Cabinet to award the contract of Integrated Drug and Alcohol Service in Northumberland. This service will be commissioned using the public health ring fenced grant. The grant conditions state that Local Authorities must provide drug and alcohol services for its population. The contract is for four years</p> <p>W. Pattison/J. Liddell - 07929 775559</p>	11 July 2023
<p>Northumberland Stewardship and Rural Growth Investment Programme – Nature Recovery Response</p>	11 July 2023

<p>As well as being a statutory requirement, the development of an ambitious North of Tyne Local Nature Recovery Strategy will support important elements of the Stewardship and Rural Growth Investment Plan, specifically Strategic Investment Programme 1: Decarbonisation, Biodiversity and Resilience, and will also support the Local Investment in Natural Capital Programme that Northumberland and four other local authorities are piloting for DEFRA. This report will propose governance arrangements for the North of Tyne Local Nature Recovery Strategy (LNRS). It will also propose that Northumberland County Council joins other local authorities in declaring an ecological emergency to coincide with the commencement of work on the LNRS. This will create a framework for the Council's work on nature recovery and will also be a public statement of intent, acknowledging the widespread and growing concern about the state of nature in the UK.</p> <p>C. Horncastle/D. Feige - 0777 429 5253</p>	
<p>Outcomes of Statutory Consultation regarding School Reorganisation in the Berwick Partnership</p> <p>This report sets out an analysis of the representations and responses received from interested parties and stakeholders during the four-week statutory consultation, which commenced on 11 May and closed on 8 June 2023, in relation to proposals for schools in the Berwick Partnership. Cabinet is asked to make a final decision on whether or not to approve the proposals, including school closures, set out in the statutory proposal. At the same time, Cabinet is requested to make a final decision on whether or not to approve the non-statutory proposals relating to the voluntary schools within the Berwick Partnership as set out in the Report of the Executive Director of Adult Social Care and Children's Services, Berwick Partnership Organisation – 9th May 2023. In making its final decision, Cabinet are advised to consider the decision of the DfE's Regional Director of Education for the North East with respect to proposed changes to St Cuthbert's Catholic First School and Berwick Academy.</p> <p>G. Renner Thompson/S. Aviston - (01670) 622281</p>	<p>20 July 2023 FACS 18 July 2023</p>
<p>Leisure Programme Update To update Cabinet with progress on the Leisure programme</p> <p>J. Watson/M. Donnelly 07517 553463</p>	<p>12 December 2023</p>
<p>Leisure Programme Update To update Cabinet with progress on the Leisure programme</p> <p>J. Watson/M. Donnelly 07517 553463</p>	<p>9 April 2024</p>

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Northumberland County Council

Health and Wellbeing Overview and Scrutiny Committee

Work Programme and Monitoring Report 2023 - 2024

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

TERMS OF REFERENCE

- (a) To promote well-being and reduce health inequality, particularly in supporting those people who feel more vulnerable or are at risk.
- (b) To discharge the functions conferred by the Local Government Act 2000 of reviewing and scrutinising matters relating to the planning, provision, and operation of health services in Northumberland.
- (c) To take a holistic view of health in promoting the social, environmental, and economic well-being of local people.
- (d) To act as a consultee as required by the relevant regulations in respect of those matters on which local NHS bodies must consult the Committee.
- (e) To monitor, review and make recommendations about:
 - Adult Care and Social Services
 - Adults Safeguarding
 - Welfare of Vulnerable People
 - Independent Living and Supported Housing
 - Carers Well Being
 - Mental Health and Emotional Well Being
 - Financial Inclusion and Fuel Poverty
 - Adult Health Services
 - Healthy Eating and Physical Activity
 - Smoking Cessation
 - Alcohol and Drugs Misuse
 - Community Engagement and Empowerment
 - Social Inclusion
 - Equalities, Diversity and Community Cohesion.

ISSUES TO BE SCHEDULED/CONSIDERED

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

To be listed:

Themed scrutiny:

Other scrutiny:

**Northumberland County Council
Health and Wellbeing Overview and Scrutiny Committee
Work Programme 2023 - 2024**

4 July 2023

Page 62	Northumberland Coroner's Annual Report	The Senior Coroner produces an annual report as an update on his work to date, together with a forward look at future challenges and opportunities and as a form of a formal update on coronial judicial matters to Members and Executives at NCC.
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5 September 2023

Page 62	HealthWatch Northumberland Annual Report Complaints Annual Report: Adult Social Care and Continuing Health Care Services Restructure of Adult Social Care	Annual report from Healthwatch Northumberland Annual report on complaints and lessons learnt within Adult's social care. Committee to identify any further areas for scrutiny.
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7 November 2023

	Oncology Performance Update (NUTH)	To receive an update from NUTH/NHSE on oncology performance nationally and regionally.
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9 January 2023

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5 March 2024		
	<p>Northumberland Safeguarding Adults Annual Reports 2022-23</p> <p>Director of Public Health Annual Report</p> <p>Tackling Inequalities Plan Progress Report</p>	<p>To provide an overview of the work carried out under the multiagency arrangements for Safeguarding Adults.</p> <p>DPH's Annual Report highlighting the priorities for the DPH for the coming year.</p>
2 April 2024		
Page 63	NHCT Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust, and also agree to submit a formal response to each Trust.
	NEAS Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust, and also agree to submit a formal response to each Trust.
7 May 2024		
	<p>CNTW Quality Accounts</p> <p>NUTH Quality Accounts</p>	<p>Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust, and also agree to submit a formal response to each Trust.</p> <p>Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust, and also agree to submit a formal response to each Trust.</p>

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**Northumberland County Council
Health and Wellbeing Overview and Scrutiny Committee Monitoring Report 2023-2024**

Ref	Date	Report	Decision	Outcome
1				