



Northumberland County Council

Your ref:

Our ref:

Enquiries to: Andrea Todd

Email: Andrea.Todd@northumberland.gov.uk

Tel direct: 01670 622606

Date: 30 August 2023

Dear Sir or Madam,

Your attendance is requested at a meeting of the **HEALTH AND WELLBEING OSC** to be held in **COUNCIL CHAMBER - COUNTY HALL, MORPETH, NE61 2EF** on **TUESDAY, 12 SEPTEMBER 2023** at **1.00 PM**.

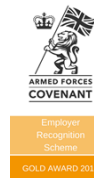
Yours faithfully

Dr Helen Paterson
Chief Executive

To the Members of the Health and Wellbeing OSC



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

To note the changes in membership of the Health and Wellbeing Overview and Scrutiny Committee as agreed at the County Council meeting held on 6 September 2023.

2. MINUTES

Minutes of the meeting of the Health & Wellbeing Overview & Scrutiny Committee held on 11 July 2023, as circulated, to be confirmed as a true record and signed by the Chair.

(Pages 1
- 8)

3. APOLOGIES FOR ABSENCE

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 Registerable Interest or Non Registerable 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. HEALTH AND WELLBEING BOARD (Pages 9 - 22)

The minutes of the Health & Wellbeing Board held on 8 June 2023 and 10 August 2023 are attached for the scrutiny of any issues considered or agreed there.

6. HM SENIOR CORONER ANDREW HETHERINGTON SENIOR CORONER FOR NORTH NORTHUMBERLAND AND ACTING SENIOR CORONER FOR SOUTH NORTHUMBERLAND ANNUAL REPORT (Pages 23 - 48)

The report provides 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.

7. NOTIFICATION OF CLOSURE OF 100-HOUR PHARMACY IN CRAMLINGTON (Pages 49 - 56)

To inform the Health and Wellbeing OSC of a report which was considered by the Health and Wellbeing Board on 11 August 2023 which advised of the closure of the 100-hour pharmacy, located in Sainsburys supermarket, Manor Walk, Cramlington. The pharmacy closed on 13th June 2023.

8. REPORTS OF THE SCRUTINY OFFICER (Pages 57 - 76)

(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.

(c) Task and Finish Groups

To consider the Health and Wellbeing OSC Task and Finish Group Work Programme.

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. DATE OF NEXT MEETING

The date of the next meeting is scheduled for Tuesday, 7 November 2023 at 1.00 p.m.

IF YOU HAVE AN INTEREST AT THIS MEETING, PLEASE:

- Declare it and give details of its nature before the matter is 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)

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Agenda Item 2

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At the Annual Meeting of the **Health & Wellbeing Overview and Scrutiny Committee** on Tuesday, 11 July 2023 at 1.00 p.m. at County Hall, Morpeth.

PRESENT

Councillor K. Nisbet
(Vice-Chair, in the Chair)

MEMBERS

Bowman, L.	Hill, G.
Dodd, R.	Hunter, I.
Hardy, C.	

ALSO IN ATTENDANCE

Angus, C.	Scrutiny Officer
Curry, A.	Head of Commissioning - Adults
Gerrard, S.	Director of Law and Corporate Governance (MO)
Nugent, D.	Northumberland Healthwatch
O'Neil, G.	Executive Director - Public Health, Inequalities, and Stronger Communities
Pattison, W.	Cabinet Member for Caring for Adults
Todd, A.	Democratic Services Officer

1 member of the press was also in attendance

1. MEMBERSHIP AND TERMS OF REFERENCE

The committee was 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 and subsequent changes.

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

RESOLVED that that the membership and terms of reference of the Health and Wellbeing Overview and Scrutiny Committee for the ensuing year be noted.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors E. Chicken, C. Humphrey and M. Richardson.

3. MINUTES

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

4. PRIMARY CARE APPLICATIONS WORKING GROUP

The Health and Wellbeing Overview and Scrutiny Committee was asked to confirm the membership and refreshed terms of reference of the Primary Care Applications Working Group, which comprised four members including the Chair and Vice-chair of the Health and Wellbeing Overview Scrutiny Committee, plus two other members. The current membership was Councillors K. Nisbet (Chair), V. Jones (Chair of OSC), L. Bowman and I. Hunter.

Also, to note the monitoring report of the Primary Care Applications Working Group. (A copy of the monitoring report has been filed with the signed minutes).

RESOLVED that:

- (a) the terms of reference of the Primary Care Applications Working Group for the ensuing Council Year be noted;
- (b) the membership of the Primary Care Applications Working Group be agreed as Councillors K. Nisbet (Chair), the Chair of the Health and Wellbeing OSC (once elected), L. Bowman and I. Hunter for the ensuing year, and
- (c) the monitoring report of the Primary Care Applications Working Group be noted.

5. HEALTH AND WELLBEING BOARD

RESOLVED the minutes of the Health & Wellbeing Board held on 13 April 2023 and 11 May 2023 be noted.

6. REPORTS OF THE CABINET MEMBER FOR CARING FOR ADULTS

(a) Update on Pressures in Adult Homecare Services

A. Curry, Head of Commissioning – Adults, presented the report which described the current difficulties facing adult homecare services in Northumberland, steps that had been taken to resolve those difficulties and the plans in place that aimed to resolve workforce shortages in that sector. (A copy of the report has been filed with the signed minutes).

Members were advised that home care offered a vital service to people who were assessed as needing additional assistance to remain independent.

It was reported that there had been difficulties in arranging homecare services for a significant number of people due to workforce shortages and since the summer of 2021 there had typically been around 200 –220 people that the

council had assessed as requiring homecare who had not been able to source homecare. This number went as high as 270 at one point in 2022.

Workforce shortages in social care were a national problem and neighbouring local authorities were facing similar difficulties.

The problem appeared to be worse in more rural areas generally, including the most rural parts of Northumberland.

Northumberland County Council had implemented some initiatives over the past 18 months to try to resolve workforce shortages, including funding incentives to increase carer pay rates and work with providers on upskilling their management teams and improving their recruitment programmes. Whilst this support appeared to have arrested the growth in the shortfalls of available care, it had not increased the workforce enough to enable social care providers to pick up significantly more homecare packages.

It was noted that the council would be using additional funds from the latest Market Sustainability and Improvement Fund 2023/24 to attempt to make it more attractive to work in homecare and increase the size of the workforce.

The following comments were made:

- It was felt that those who worked in the care sector were highly skilled but underpaid. Even with the revised hourly rate of pay it would not be enough to resolve the problem of staffing levels.
- It was suggested that Northumberland needed to be more radical and lead the way for the rest of the county in its thinking to fix this national problem.
- A query as to whether members should be monitoring this issue further. There were initiatives in place and further planned schemes to try and help with the pressures being seen in homecare. It was thought a report in six months' time to see if those initiatives had resulted in progress being made was needed.
- A comment that the problems being faced by adult homecare services needed more than simply more money being put into the sector.
- Confirmation that the number of people whom homecare could not be sourced for had reduced in numbers recently, but work was needed to understand why there had been a reduction.
- An acknowledgment that the cost of living, energy prices and fuel costs had further impacted on the workforce and added to the pressures being faced.
- Members were informed that initiatives to help the workforce and encourage recruitment continued.
- Making the caring profession attractive as a career was needed, whether that be improved salary, shift patterns instead of number of visits, incentives or better working conditions.
- It was reported that there was an ageing workforce and it continued to be a struggle to recruit. Various initiatives had taken place, and it was generally felt that they had assisted in stabilising a deteriorating position.

The next group of measures would be put in place in October, and it was hoped this would further improve the situation.

- It was noted that traditionally the more rural areas of the county were more difficult to source services for. Distance and travel times particularly in the north and west of the county further added to workforce issues.
- The difficulties of attracting younger carers into the profession was discussed. It was advised that due to the rurality of the county many needed to finance a car and pay for fuel but with the cost of household bills and food prices going up the salary being offered was not covering their bills, making it not a financially viable career choice.
- A member discussed the difficulties and struggles they had faced in trying to access care. He felt there was a shortfall in provision and often care was left to family/friends to cope with which was a huge pressure to place on them. Often care was held up as equipment or adaptations needed were not in place to assist resulting in people not being cared for properly which was not acceptable. In response it was confirmed that carer assessments of family members were taken, monitored and where necessary welfare checks carried out. It was reported officers were aware of this individual case.
- The potential development of a care academy and the possible benefits of establish one in Northumberland. It was noted that officers were monitoring the impact of existing care academies before deciding whether to recommend that resources be committed to this. Members suggested that a report on care academies be prepared for a future meeting.
- Discussion on the LA7 devolution deal and how that would impact on public sector reform. It was hoped issues such as care academies, pay structures, pay conditions, aging populations and promoting attractive career options in care would form part of the devolution discussions.

RESOLVED the

(a) the report on the current issues with homecare in Northumberland be received for information, and

(b) the initiatives proposed to try to resolve workforce shortages be noted.

(b) Contingency Plans and Management Arrangements for Commissioned Adult Social Care Services

A. Curry, Head of Commissioning – Adults presented the report which described contingency and management arrangements that Northumberland County Council would enact in the event of a social care provider ceasing to operate. (A copy of the report has been filed with the signed minutes).

It was noted that social care offered a vital service to people who were assessed as needing additional assistance and providers offered care and support in regulated care home settings and through regular visits to the homes of older people and others who were ill or disabled. Services were facing challenges, often linked to workforce shortages. Northumberland County

Council had implemented some initiatives over the past 18 months to try to resolve workforce shortages, including funding incentives to increase carer pay rates and work with providers on upskilling their management teams and improving their recruitment programmes.

It was reported that the Council would be using additional funds from the latest Market Sustainability and Improvement Fund (MSIF) 2023/24 to help social care providers meet the challenges they faced.

The following comments were made:

- Confirmation that the preferred contingency plan for managing the situation where a home care provider left the market would be to transfer service users and staff to an alternative provider who could incorporate the service into their business. There were currently 50 homecare operators on the council's contract and officers were confident that they would be able to take on another provider's business if required.
- There was the option of transferring a service 'in house' but this would only be discussed if the risks of transferring care packages to a new provider were deemed too high.
- The financial risks associated with bringing a service 'in house' were discussed including the transferring of staff under TUPE.
- A comment was made about the council's pension scheme and the inclusion of care workers. In response it was confirmed that pension schemes were not a top priority with providers and staff, however salaries and pay conditions were. Therefore, the focus had been on incentives to help with fuel and transport costs and the introduction of a higher rate of pay.
- Confirmation that the priority was to always try and meet the care needs of an individual as locally as possible.
- It was reported that the biggest gap in older persons care homes was for those with complex dementia. Members suggested that this should be examined in more detail at a future meeting.
- It was confirmed that where possible people would be supported to stay in their own home and disability funding was available to help adapt homes to assist with their wishes.

RESOLVED the report be received for information.

7. REPORTS OF THE SCRUTINY OFFICER

(a) 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.

(b) Health and Wellbeing OSC Work Programme

The Committee reviewed its work programme for the 2022/23 council year. (A copy of the work programme has been filed with the signed minutes).

Members asked for the following items/issues to be considered for the Work Programme:

- Adult Home Care data and progress monitoring.
- Care Academy.
- Newcastle Oncology Services – waiting times.
- Dentistry.
- NEAS – local data.
- Older Persons Care Homes – specialised complex dementia services in Northumberland.
- Water Fluoridation.

RESOLVED that the work programme and comments made be noted.

8. SCHEDULED DATES OF FUTURE MEETINGS

It was suggested that the next meeting of the Overview and Scrutiny Committee be moved from 5 September to 12 September 2023.

RESOLVED that the following dates be noted:

OSC Meetings starting at 1 p.m. - 12 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.

Members took a few minutes to recognise and celebrate the 75th anniversary of the founding of the National Health Service which took place on 5 July 2023.

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 8 June 2023 at 10.00 a.m.

PRESENT

Councillor P. Ezhilchelvan
(Chair, in the Chair)

BOARD MEMBERS

Binning, G.	O'Neill, G.
Blair, A.	Pattison, W.
Bradley, N.	Reiter, G.
Iceton, A.	Simpson, E.
McFarnlane-Reid, V.	Syers, G.
Mitcheson, R.	Thompson, D.
Murfin, R.	Whittaker, L. (Substitute)

IN ATTENDANCE

L.M. Bennett	Senior Democratic Services Officer
J Harland	Northumbria Healthcare NHS Foundation Trust
K Higgins	Employability and Inclusion Manager
D. Nugent	Healthwatch
L Robinson	Senior Public Health Manager
R Taggart	Northumbria Healthcare NHS Foundation Trust

1. MEMBERSHIP AND TERMS OF REFERENCE

Members noted the membership and terms of reference which had been agreed by the Full Council meeting on 17 May 2023.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from S. McCartney, H. Snowdon, and Councillors D. Ferguson, G. Renner-Thompson, J.G. Watson.

3. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 11 May 2023, as circulated, be confirmed as a true record and signed by the Chair.

4. THE COMMUNITY PROMISE UPDATE

Members received a presentation and summary from Alistair Blair, Executive Medical Director at Northumbria Healthcare NHS Foundation Trust, on the latest work being done to support communities and staff through the award winning corporate social responsibility programme. Presentation filed with signed minutes.

The following key points were raised:

- Northumbria Healthcare NHS Foundation Trust was the first NHS Trust in the country to commit to focusing on a full range of ways it could make a difference to improving the community it served.
- The commitment was based around six key themes; poverty, education, economy, employment, environment and wellbeing. It was acknowledged that some staff were deprived or came from deprived communities.
- Across the Trust area the following had been provided:-
 - Financial wellbeing clinics
 - 42 days of free main meals
 - Access to the Community Bank for 1,040 members
 - 1,300 free places at Alnwick Gardens
 - 545 discounted travel passes
 - 3,800 subsidised fresh food boxes
- Events were held in schools to show school children how they could have a career within the NHS.
- A further list of positive results to date was provided which included:-
 - A 30% increase in apprentices over three years. 25% of apprentices came from deprived communities and 5.5% had a disability compared to NHS average of 3%. Recruitment from BAME groups had increased.
 - Two Widening Participation Officers had engaged with 73 career events.
- There was potential for joint work with other organisations and to develop work with ex-offenders and the homeless. There could be further strategic work with Northumberland County Council.

Members welcomed the presentation and made the following comments:-

- Use of the community bank encouraging financial wellbeing were also priorities for Northumberland County Council. It would be good to collaborate with other organisations to share learning with them.
- Staff were more likely to engage with initiatives if they were local and at the right scale.
- There was a cost to the initiatives but that had to be balanced with a decrease in staff illness and absence.
- This work could be looked at and built on at the Inequalities Round Table which was being held in July.

RESOLVED that the presentation be received.

5. HEALTH INEQUALITIES – NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST

Members received presentations from Jill Harland and Robert Taggart, Northumbria Healthcare NHS Foundation Trust, updating Members on the Trust's work on inequalities. Presentations filed with signed minutes.

Jill Harland highlighted the following key points:-

- It was important to recognise that approximately 80% of health inequalities and the influence surrounding them was outside the NHS and was about the wider determinants of health. However, the NHS still had a key role to play.
- The Health Inequalities Programme Board had been set up post Covid and it had strategic oversight on what the Trust was doing. Its objectives were how to understand health inequalities and quantify and embed that understanding into the Trust's routine reporting.
- Everything would be brought together under one umbrella and raise the profile of health inequalities, bring partners together and to work with a collective lens.
- The Board met monthly and considered the different priorities, what was known about them, where the inequalities were, what could be improved and what was needed to make changes.
- Priority areas had been identified along with the actions that needed to be taken. Priorities included:-
 - Health while waiting – to look at quality of a patient's life while waiting for treatment
 - Staff Health Needs Assessment – to look at what the health inequalities were for staff. Two 'deep dives' relating to musculoskeletal health and financial wellbeing in salary bands 1 to 3.
 - Local Health Index – joint working with public health colleagues to look at local data for a more granular understanding of place. There was now an experimental version of the local health index to look at three domains; healthy people, healthy lives and healthy places to make comparison with the national average. A proposal had been submitted to NHS England and it was hoped that it would be able to be opened up and used at an ICS level.
 - Lung Cancer Case Finding Pilot – Over 55s with COPD and living in more deprived areas were at higher risk of developing lung cancer. A pilot scheme had resulted in a higher than international average detection rate. Pilot scheme based on Valens PCN.
 - Tobacco Dependency Treatment Service – patients were offered Nicotine Replacement Therapy within two hours of admission. Connection with patients was maintained for a time after discharge.
 - Best Start in Life – smoking cessation services to promote healthier pregnancies.

- The Community Promise – initiatives by the Trust to promote staff and wellbeing.
- Colposcopy – addressing health inequalities in attendance. Non-attendance at appointments was highest in gynaecology and colposcopy and in younger women and in more deprived areas. Reasons were mainly due to transport issues, anxiety, and health literacy. Interventions had resulted in an improvement in attendance rates.
- A Quality Improvement Approach had been developed – Planning Pilot, Evaluate and Disseminate
- Three areas of focus for year 2 were:-
 - Developing the capacity and capability for a population health laboratory approach – health inequalities metrics in routine reporting
 - Embed and integrate approaches to tackle health inequalities across the Trust's work.
 - Complete initial pilot projects, adopt good practice and disseminate widely – new projects.

Robert Taggart highlighted key points relating to the Interactive Public Health Dashboard:-

- The aim was to create a more interactive format for the dashboard. Metrics would be updated in real time, easy to use and navigate and be informative.
- Five dashboards were currently in development looking through an inequalities lens with the Cancer SOF metrics dashboard being close to completion. Self harm and RTT SOF metrics dashboards were ready for review and the dashboards for A&E waiting times and fuel poverty and respiratory A&E visits were in progress.
- Cancer SOF Metrics Dashboard had three caveats:-
 - First treatment for new tumour or metastatic tumour only
 - 62 day wait clock starts at time of first appointment to time of first treatment
 - Appointment and treatment both with the Trust only
- Information available on the dashboard was shown along with the levels of information available interactively. Further information was available on average waiting times by rurality, IMD quintile, referral type and cancer site. Waiting times were greater for those in more deprived areas compared to the more affluent.
- Other possible future SOF dashboards included access rates for mental health and safe high quality care looking at C.Diff and gram negative infection rates.

The following comments were made:-

- Only patients whose treatment was totally within the Trust would be included. There was no control over waiting times for other Trusts.
- The dashboards started with facts and figures but there would be a focus on speaking to patients about their experience.

- It was acknowledged that there may be pockets of health inequalities within more affluent areas, and it was important to ensure that they were not missed.
- The Trust was looking at inequalities from a patient perspective whereas the Health & Wellbeing Board was looking from a residents' perspective, however, these were the same people. It was hoped that there would be much closer alignment with datasets.
- A link up should be considered between Adult Social Care and Public Health Consultants and a connection with CNTW regarding mental health would be useful.

RESOLVED that the presentations be received.

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

Members received a presentation from Liz Robinson, Senior Public Health Manager, and Kevin Higgins, Employability and Inclusion Manager. Presentation filed with signed minutes.

Liz Robinson and Kevin Higgins highlighted the following key points:-

- Reminder of key issues
 - High level of inactivity with 46,700 working people being economically inactive with 10,800 due to long term sickness and 7,900 wanting to work.
 - Relatively low unemployment rate but high incidence of long term unemployment
 - Health inequalities in labour market intensified post Covid.
 - Mental health, muscular skeletal issues and diabetes were the main causes of inactivity
 - Place disparity across the county.
- Reminder of Northumberland responses including
 - The ICB, North of Tyne Combined Authority, Public Health and Economy Leads were collaborating on a North of Tyne Work and Health Strategy and improving service integration.
 - Northumberland Inequalities Plan 2022-32
 - Establishment of Northumberland Employment Partnership and Employability Network
 - Health & Wellbeing Board's consultation.
 - Major Employers Forum and Employer pledge summer 2023
 - Refreshed Northeast Work and Health Network to share learning and good practice.
- Findings from North of Tyne Combined Authority and ICB commissioned research
 - Seize the opportunity of devolution and strengthening our strategic partnerships
 - Make strategic connections and develop a shared programme of Public Service Reform to address inequalities by pooling capacity

- and decision making. Develop robust evidence base on what worked to inform the investment principles of strategic partners.
- Integrating frontline health and employment support.
 - Co-design formal work and health system to connect primary care, voluntary sector and employment support services.
 - Develop local models of intensive and integrated support.
 - Creating and promoting opportunities for good work in the local public and private sector including
 - Work with anchor institutions to widen local employment pathways
 - Improve local supply chains and improve employment conditions and increase socially productive use of wealth and assets.
 - Work with local employers to improve job retention for people with health conditions.
 - Promote the principles of good work through initiatives like the Better Health at Work Scheme and Good Work Pledge.
 - Response from Health & Wellbeing Board survey including
 - **What would support people with long term health conditions to get into and stay in work?** Responses including:-
 - Flexible working, reasonable adjustments supportive sickness absence policies. Preparing for work earlier in health recovery. Transferrable skills. Open dialogue about work and training needs as part of health discussions. Link workers/health coaches to offer health, employability self help, support referrals whilst on waiting lists.
 - **Where could we go further?** Responses including:-
 - Employability triage services to go to community settings. Place work coaches in GP practices. Upskill link workers to understand barriers/benefits of work and employability support. Develop Northumberland anchor institutions network to maximise economic levers of large organisations. More employer engagement about the economically inactive and the asset they could be to the workforce. One skills platform to share training opportunities. Pooling funds, co-commissioning and co design of health and employability services.
 - Next Steps
 - There was a Major Employer Forum in July
 - Continue to work in collaboration with partner organisations to develop the North of Tyne Work and Health Strategy and produce short, medium and long term proposals. Report back on the draft strategy to a future meeting of the Health & Wellbeing Board.
 - Scope the opportunities of developing shared core Social Value commitments as Anchor Institutions.
 - Seize opportunities to expand the North of Tyne Combined Authority strategic development on work on health to a wider footprint.

The following comments were made:-

- There were many people whose parents and grandparents were not economically active and so these people had no experience of working. Their aspirations were reinforced by their family's inactivity. It was

acknowledged that people needed to see that having a job was a realistic option.

- It was also important to note that investment and innovation in an area or town may not result in job opportunities for local residents and the economically inactive. In these instances, many jobs were filled by people from other areas.

RESOLVED

- (1) that the presentation be received.
- (2) the Health & Wellbeing Board survey be recirculated to Members.

7. JOINT HEALTH AND WELLBEING STRATEGY

Members received a verbal update from Gill O'Neill, Executive Director for Public Health (DPH), Inequalities & Stronger Communities.

Gill O'Neill informed Members that the update of the Joint Health and Wellbeing Strategy was taking longer than anticipated to complete. An officer group had been set up to look at the strategy. It was complex to align measures to demonstrate what progress was being made other than overarching progress. A summary report would be provided to show the significant amount of work done to date and also to appreciate that we are in a completely different place to five years ago when the Strategy was first produced. The membership of the Health & Wellbeing Board had changed in order to reflect the wider determinants of health. It was also planned to align the Joint Strategic Needs Assessment Steering Group with the strategy group.

RESOLVED that

- (1) the update report be received
- (2) a summary report be provided for the October Health & Wellbeing Board meeting.

8. HEALTH AND WELLBEING BOARD – FORWARD PLAN

Members noted details of forthcoming agenda items at future meetings.

9. INTEGRATED CARE BOARD – UPDATE

Members were informed that, unfortunately, Levi Buckley, ICB Executive Place Director for the North, was unable to attend the meeting. Rachel Mitcheson, Director of Place and Integrated Services, reported that the ICB was required to find a 30% running cost reduction by the end of 2025/26 and this would obviously lead to more change and transformation. The Board would be updated at future meetings.

10. CHAIRMAN'S ANNOUNCEMENTS

1. Pharmacy Update

The Chair reported that he had discussed the concerns of the Health & Wellbeing Board about the closure of pharmacies with officers and had written to the Secretary of State for Health to request that the funding model be reconsidered and to stress the need for more trained pharmacists.

2. David Thompson – Healthwatch

The Chair informed Members that David Thompson was retiring as Chair of Healthwatch and this would be his last meeting. On behalf of the Board he thanked him very much for his service to the Board.

11. URGENT BUSINESS

Better Care Fund

Neil Bradley informed the Board that the Discharge grant now formed part of the Better Care Fund (BCF) and the format for reporting had only been received three weeks ago for submission by the end of June. This did not allow time to present the BCF plan to the Board for approval. In consultation with the Chair, it had been agreed to submit the plan, virtually, to all Board Members to allow a short time for any comments. The plan would then be submitted retrospectively to the Board's August meeting for approval and consideration.

12. DATE OF NEXT MEETING

It was noted that the July meeting was cancelled to enable the Inequalities Round Table to take place. The next meeting will be held on Thursday, 10 August 2023, at 10.00 am in County Hall, Morpeth.

The following future meeting dates were noted:-

14 September 2023
12 October 2023
9 November 2023
14 December 2023
11 January 2024
8 February 2024
14 March 2024
11 April 2024
9 May 2024

CHAIR _____

DATE _____

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Wellbeing Board** held in County Hall, Morpeth on Thursday, 10 August 2023 at 10.00 a.m.

PRESENT

Councillor P. Ezhilchelvan
(Chair, in the Chair)

BOARD MEMBERS

Binning, G.	Simpson, E.
Conway, A.	Snowdon, H.
Jones, V.	Standfield, P.
Lee, P. (Substitute)	Syers, G.
McFarlane-Reid, V.	Watson, J.
Murfin, R.	Whittaker, L. (Substitute)
Pattison, W.	Wigham, R. (Substitute)
Rennison, S.	

IN ATTENDANCE

A. Bell	ICB
L.M. Bennett	Senior Democratic Services Officer
A. Everden	Public Health Pharmacy Adviser
K. Lounton	Interim Head of Service
J. Maybury	Public Health
D. Nugent	Healthwatch
L. Robertshaw	Public Health

13. APOLOGIES FOR ABSENCE

Apologies for absence were received from A. Blair, N. Bradley, A. Icton, S. McCartney, R. Mitcheson, G. O'Neill, G. Reiter, C. Wardlaw, and Councillor Renner-Thompson.

14. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 8 June 2023, as circulated, be confirmed as a true record and signed by the Chair.

15. ANNUAL REPORT OF SENIOR CORONER

Members received an update on the Coroner Service and the Annual Report of the Senior Coroner. The report was presented by Karen Lounton, Interim Head of Service.

Karen Lounten raised the following key issues from the report:-

- **Background**
 - The Coroner was an independent judicial officer appointed by, but not employed, by the County Council. This enabled total impartiality.
 - Four assistant Coroners had been appointed on a sessional basis to provide cover for holidays etc. and provide resilience in the event of a major incident.
 - Excellent accommodation facilities had been provided in County Hall by Northumberland County Council enabling a high level of service to be offered to bereaved families and staff. The Chief Coroner had been very impressed by the facilities available during a recent visit.
 - Four investigative staff were employed by the Police and worked in County Hall.
 - The high level of service was due to a team effort between the Coroner's staff, the Police and Northumberland County Council.
- **Role and Purpose of the Coroner**
 - The role of the Coroner was to investigate and possibly hold an inquest into violent or unnatural deaths, where the cause was unknown or a death which happened in custody or state detention.
 - The purpose of an inquest was not to determine civil or criminal liability but who determine who the person was, where, when and how they died.
 - It was good practice to produce an Annual Report outlining the work, the challenges and achievements.
 - In 2022, 2,023 cases were referred to the Coroner although many cases were discontinued when the death was found to be from natural causes. 270 open inquests had been held and 732 post mortems.
 - Cases took approximately 26.5 weeks to process. There were no cases which had not been concluded within 12 months.
 - There had been a slight increase in the number of deaths since 2019.
 - NSECH at Cramlington received seriously unwell people from all over the region which had led to increased demand for the service as it was the place of death rather than the home address of the deceased which determined where the death was registered.
- **Trends and Patterns**
 - There had been an increase in the number of suicide conclusions. One explanation could be the consequence of a change in the standard of proof from 'beyond reasonable doubt' to 'on the balance of probability'.
 - It was not clear to what extent the COVID 19 pandemic may have affected these figures. The service had operated as near to normally as possible during the Pandemic aided by the excellent facilities and ability to use technology to assist with attendance.

- **Next Steps**
 - There would be dialogue with the Police with a view to increasing resources. Northumberland had the second highest demand in the region in terms of cases but fewer officers.
 - Discussions were ongoing with NHS colleagues regarding non-invasive post mortem facilities and body storage facilities.
 - The provision of a Medical Examiner system was long awaited and although may reduce the case load, the cases referred to the Coroner may become more complex.
 - The Senior Coroner had extended his thanks to Northumberland County Council, NHS and Police colleagues for their contribution towards providing an excellent service for Northumberland.

The following comments were made:-

- The suicide rate had spiked in 2021 and then reduced. It was noted that the number of suicides was small, although the rate was high and the small numbers could skew rates so caution was needed when interpreting these data.
- Where emergency hospitals such as NSECH operated across borders, it would be useful if the figures reflected the reduction in cases elsewhere.
- The inequalities theme was not referred to at all in the report. Karen Lounten agreed to investigate and report back.
- Data regarding demographic changes could also be added to future reports

RESOLVED that the presentation be received.

16. HEALTHWATCH ANNUAL REPORT 2022/23

Members received the Healthwatch Annual Report presented by Derry Nugent.

The following key points were raised:-

- Major work in the last year included
 - Autistic Young People and Mental Health Services
 - Work to improve experience of families and young people accessing mental health services. The report had been welcomed by CNTW and ICB. Plans and strategies would be developed and Healthwatch would follow progress to ensure they were followed through.
 - Engagement with young people - A survey had been developed with assistance from young people and received a fantastic response. Ponteland High School had built this into its lesson plans including young people's voices in a range of areas from democracy to health care and raised the idea of being a citizen.
 - Exploration of A&E attendances by 0-5 year olds living in Blyth. It had been found that in many cases parents took their children to A&E because they were advised to by other respected agencies.

- **What had Healthwatch been told?**
 - **Access to GPs** – this was the most common problem with concerns about telephoning, available appointments and continuity of care. There were increasing numbers of ‘Did Not Attends’. Working with GPs and patients to identify the cause.
 - **Pharmacies** - There was concern about pharmacies reducing their opening hours. Greater emphasis on communicating changes to patients was required.
 - **Dentistry** – Concerns about access to dentistry could only be addressed at a national level. It was currently not possible to direct anyone to a Northumberland practice which was accepting NHS patients. Work was ongoing with Healthwatch in other areas to gather further information.
 - Annual Survey which this year had been changed to an Annual Conversation. It had been carried out working with community sector partners and so heard from groups which would not normally engage with Healthwatch.
 - **Priorities for Next Year**
 - Social Care and Health – in Social Care, how the service user voice and involvement was enabled and included
 - Maintaining communications during lockdown conditions in care homes – looking into what worked and what did not.
 - Health – Primary Care, GPs, Pharmacy, Dentistry and Audiology.
 - Northumberland Residents’ experiences of using Newcastle Hospitals – particularly experience of travelling from more remote areas.
 - Health Visiting Services – gathering information by talking to parents and Harrogate District NHS Foundation Trust.
 - Other themes would include access to services by those in isolating jobs with additional factors restricting access to services, such as the fishing and agriculture industries.
 - Improvement and Feedback processes within services. People were often uncertain about how to give feedback. Websites were often not updated regularly with appropriate information.
 - The Healthwatch AGM would be on the afternoon of 18 October 2023, and would be a community listening event this year. Strategic partners were invited to attend to listen to the voices and experiences of invited service users.

The following comments were made:-

- With regard to access to Primary Care, it may be useful for Healthwatch to have discussions with the Local Medical Council.
- Armed Forces families could have difficulties registering with a dentist, this issue should be flagged up as strongly as possible.
- Patients awaiting treatment for cancer may experience delays in their treatment if they could not get dental treatment and may not be able to afford private treatment.

- If S.106 funding was generated for additional GPs or dentists capacity as part of a new housing development there was an issue with local surgeries not wanting to take it up.
- Inequality played a role in demand at a local level and it was important to look at what could be fixed or affected at a local level.

RESOLVED that the report be received.

17. BETTER CARE FUND PLAN 2023-25

Members were requested to sign off the Northumberland Better Care Fund (BFC) Plan 2023-25 and to make any proposals about the sign-off process for future BCF plans. The report was presented by Alan Bell, North East and North Cumbria ICB.

The Board was informed that guidance notes for the current year had been received late and had a tight deadline for the submission of the BCF plan. The aim of the plan was to help people stay well, safe and independent in their homes and to encourage integration between health and care services. The main element of the plan was the Discharge Fund which aimed to ensure the successful discharge of patients from hospital into care services within the community. It was hoped that the BCF would be signed off by NHS England in October 2023.

RESOLVED that

- (1) the BCF Plan annexed to the report as Annex A (narrative plan) and Annex B (spreadsheet plan) be signed off by the Board.
- (2) the Council's statutory Director of Adult Social Services (currently the Executive Director for Adults, Ageing and Wellbeing) be delegated the authority to sign off any future BCF planning submissions, if the nationally-set timetable made it impracticable for the Board to do so before the submission date, provided that a draft of the submission had been circulated to all Board members for comment, and no issues had been raised which required fuller discussion at a Board meeting before sign-off.

18. NOTIFICATION OF CLOSURE OF 100 HOUR PHARMACY IN CRAMLINGTON

Members received a report updating them on the closure of a 100-hour pharmacy in Cramlington.

Ann Everden, Public Health Pharmacy Adviser, informed the Board that the Cramlington pharmacy had closed before the end of the notice period. The Pharmaceutical Needs Assessment (PNA), approved in September 2022, was now out of date. This could be addressed by way of a supplementary statement referring to a gap in the pharmacy service between 6 and 10 pm Monday-Saturday and Sundays 10 am – 4 pm.

There was also an opportunity to update the PNA to reflect the changes in ownership. A report would be brought back to the November/December meeting outlining the pharmacy situation in Blyth, Prudhoe and Ashington. Ann Everden reported that she had been seconded onto an ICB working group looking at the ICB's processes for communication of these issues.

RESOLVED that

- (1) A supplementary statement to the Pharmaceutical Needs Assessment 2022 be agreed declaring that there was a gap in essential, advanced, additional and locally commissioned pharmaceutical services in Cramlington between the hours of 6 pm and 10 pm Monday to Saturday and on Sundays between 10 am and 4 pm.
- (2) a second supplementary statement was required to acknowledge the change in ownership of all Lloyds pharmacies in Northumberland.
- (3) an update report be submitted to the November/December meeting of the Board.

19. ICB DRAFT JOINT FORWARD PLAN

Members received a copy of the Integrated Care Board Draft Joint Forward Plan.

Graham Syers reported that this was a statutory document that the ICB was required to produce and submit to NHS England by late September 2023. The plan sets out a strategic overview of key priorities and objectives for the medium term, its collaborative work with other bodies and strategic ways of working.

Any comments were welcomed and should be directed to Graham Syers who would forward them on.

RESOLVED that the report be noted.

20. HEALTH AND WELLBEING BOARD – FORWARD PLAN

Members noted details of forthcoming agenda items at future meetings.

An update report on the Safe Haven at Ashington was requested for a future meeting.

21. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 14 September 2023, at 10.00 am in County Hall, Morpeth.

CHAIR _____

DATE _____



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 2020 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.....



Northumberland County Council

HEALTH AND WELL BEING BOARD

11TH AUGUST 2023

NOTIFICATION OF CLOSURE OF 100-HOUR PHARMACY IN CRAMLINGTON

Report of Councillor Veronica Jones - Improving Public Health and Wellbeing
Lead Officer Pam Lee, Public Health Consultant

Purpose of report

NHS England has notified the Health and Wellbeing Board of the closure of the 100-hour pharmacy, located in Sainsburys supermarket, Manor Walk, Cramlington. This pharmacy closed on 13th June 2023.

Lloyds PLC operated the pharmacy as part of a national franchise within Sainsburys supermarket, with extended opening hours between 7am and 11pm Monday to Saturday, and between 10am and 4pm on Sundays. This pharmacy formed part of the emergency and out of hours hub, which ensured that patients, medical staff and the general population knew where accessible pharmacy services could be found outside normal hours, across the whole of Northumberland.

Recommendations

The Executive Director of Public Health recommends that the Health and Wellbeing Board agrees to an update to the Pharmaceutical Needs Assessment 2022, by means of a supplementary statement. This statement (draft attached) declares that there is a gap in essential, advanced, additional and locally commissioned pharmaceutical services in Cramlington between the hours of 6pm and 10pm Monday to Saturday, and on Sundays between 10am and 4pm. A second supplementary statement is required to acknowledge the change of ownership of all Lloyds pharmacies in Northumberland.

Link to Corporate Plan

This links to the Corporate Plan 2023-26, supporting the priority everybody to live their best lives.

All adults living well, regardless of age, background, illness or disability – we need to find ways to help people to remain independent whatever their disability or condition. We must

support people to live healthier lives and provide good quality equitable services for those who need extra support to maintain health, wellbeing and independence.

Key issues

The closure of a 100-hour pharmacy in Cramlington leaves a gap for patients, public and healthcare professionals between 6 and 9 pm on weekdays, when GP practices in the area are providing extra hours and the public are being encouraged to use pharmacies to relief pressure on other primary care services.

Background

Cramlington (population 30,778) is a bustling “new town” built onto a former mining village. It continues to expand in planned, sector developments. It has three GP surgeries and had 4 pharmacies in January 2023. GPs offer extended hours services from the hub at The Village medical centre in Cramlington for practices in Ponteland and Cramlington during weekday evenings, and additionally for practices from further afield at the weekends and bank holidays.

A new Health and Wellbeing Campus on the site of Northumbria Specialist Emergency Care Hospital (NSECH) in Cramlington is currently under construction. Part of the project involves the relocation of Brockwell Medical centre, currently located on Northumbrian Road, into the ground floor of this new building. Other community-based health services will be co-located in this facility. An application to open a new pharmacy as part of this project has been approved, following an appeal.

The report of the appeal panel was published in March 2023, and noted that there was the need for additional pharmaceutical services in Cramlington at that time. This followed a site visit to Cramlington by the appeal panel in February 2023. The panel noted the long queues at pharmacy counters in each of the four pharmacies they visited across Cramlington. They also noted the high prescription volumes being dispensed by the pharmacies and the lack of accessibility to Boots after the shopping centre closes, and the fact that the Village pharmacy was in the entrance to the GP surgery and was only accessible when the surgery was open.

Engagement undertaken by Healthwatch Northumberland following notification of the impending closure of the pharmacy found that residents valued the easy accessibility of the pharmacy, its proximity to bus stops, long opening hours and easy parking. The range of concerns led Healthwatch to ask for an Equalities Impact Assessment to be carried out to understand the effect of the closure on people with Protected Characteristics and who are vulnerable because of other life circumstances.

The conclusions of the Equalities Impact assessment undertaken by NHS England were

- Patients and carers will not be able to access pharmaceutical services in Cramlington after 6 pm and will need to travel 4.2 miles (to Blyth) should they wish to obtain medication or advice between 6 and 9 pm. Consideration may need to be given as to the communication for patients requiring access to urgent prescriptions after 6pm.
- There will continue to be choice of provider within the town.
- Patients who accessed the closed branch by car, bus or on foot will continue to be able to access the other pharmacies in town during usual opening hours;
- Services which patients obtained from the closed branch are available from at least one of the remaining three pharmacies.

Following the closure of Lloyds in Sainsburys there will be a need for pharmacy services to replace those provided from that pharmacy. Although approval has been granted for a new pharmacy at the Health and Wellbeing Campus it is not going to happen quickly and legally has until March 2025 to open.

The current funding of community pharmacy means that a replacement 100-hour pharmacy is unlikely to be commercially viable and is unlikely to attract a new pharmacy business. As the pharmacy regulations have changed, new 100-hour contracts are no longer awarded, with 40hour contracts being given to applicants who offer to fill identified gaps in services. To try to ensure that any applicant includes evenings as part of their core hours, we recommend identifying the evenings as a gap in pharmacy services in Cramlington, although it must be recognised that with the current funding crisis this gap may not attract any applicants. Appendix 1 is the draft supplementary statement number 1 giving notice of a gap in pharmacy services in Cramlington between the hours of 6pm and 10pm.

The current funding crisis in community pharmacy is resulting in numerous pharmacy closures both nationally and regionally. Lloyds have closed all their pharmacies in Sainsburys supermarkets across the country. Other companies such as Boots, Asda and Tesco have also given notice to close some of their 100 hour pharmacies. To try to protect out of hours services, changes were made to pharmacy regulations in May 2023, which allow 100 hour pharmacies to reduce their hours to a minimum of 72 hours per week. The reduced opening hours must include opening until 9pm in the evening and retention of their current Sunday opening hours. Boots in Blyth has requested a reduction in hours until 9pm Monday to Saturday, which may affect Cramlington residents who need to access pharmacy services in the evening.

Lloyds are also in the process of selling their entire national network of community pharmacies. All of Lloyds pharmacies in Northumberland are in the process of being sold to new owners and this should not affect the network of pharmacies across the county.

Appendix 2 is the draft supplementary statement giving the names of the new owners of Lloyds pharmacies.

Implications

Policy	Consideration must be given to how this closure will impact the residents of Cramlington and South East Northumberland
Finance and value for money	There are no direct financial implications for the council.
Legal	The council has a duty to inform NHS England if any changes to pharmacy arrangements will create a gap in pharmacy services. The duties and responsibilities of a Health and Wellbeing Board as set out in the Health and Social Care Act 2012. The Local Authorities (Functions and Responsibilities) (England) Regulations 2000 confirm that the matters within this report are not functions of the Executive
Procurement	N/A
Human Resources	There are no specific implications for human resources,
Property	N/A
Equalities (Impact Assessment attached) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Closure of a centrally located pharmacy which is open for extended hours may impact the ability of disadvantaged members of the community to access pharmacy services. The EIA was undertaken by the Integrated Care Board.
Risk Assessment	The council is obligated to update the PNA on a regular basis and when there are significant changes to pharmacy services.
Crime & Disorder	Commissioned services for opiate substitution provided by community pharmacies reduce the crime associated with illegal substance misuse
Customer Consideration	The fundamental aim is to ensure that pharmacy services are available to Northumberland residents.
Carbon reduction	N/A

Health and Wellbeing	The fundamental aim is to ensure that pharmacy services are available to Northumberland residents.
Wards	All

Background papers:

Report sign off.

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

	Full Name of Officer
Interim Director of Law and Governance and Monitoring Officer	Stephen Gerrard
Executive Director of Resources and Transformation (S151 Officer)	Jan Willis
Executive Director	Gill O'Neill
Chief Executive	Helen Paterson
Portfolio Holder(s)	Cllr Veronica Jones

Author and Contact Details

Anne Everden
Pharmacy Consultant to Public Health
anneeverden@googlemail.com
Mobile 07787 192049

APPENDIX 1: Supplementary Statement 1

This supplementary statement has been prepared and issued by the Director of Public Health on behalf of the Health and Wellbeing Board of Northumberland County Council, and forms part of the Pharmaceutical Needs Assessment.

Since the publication of Northumberland's Pharmaceutical Needs Assessment (PNA) on 30th September 2022, the following change in pharmaceutical services has occurred:

PNA Details

PNA Published	30 th September 2022
Date of Supplementary Statement	12 th August 2023
Supplementary Statement Number	1

Type of Change

New Opening	
Pharmacy Closure	Pharmacy Closure
Change in Hours	
Change in Ownership	
Pharmacy Relocation	

Details of Change

Lloyds pharmacy which was based in Sainsbury supermarket in Cramlington provided 100 hours of pharmacy services per week, between 7am and 11pm Monday to Saturday and between 10am and 4pm each Sunday. Notice was given in January that Lloyds would cease trading within all Sainsbury stores nationally. Services ceased in Cramlington on 13th June 2023.

A gap in essential, additional, advanced and locally commissioned, pharmaceutical services between the hours of 6pm and 10pm Monday to Saturday and 10am until 4pm on Sunday has been left following this closure.

This supplementary statement to Northumberland's Pharmaceutical Needs Assessment is issued in accordance with paragraph 3D (3) in Part 1A of the NHS (Pharmaceutical Services) Regulations 2005. If you require further information please contact Pamela.forster@northumberland.gov.uk

Prepared by Anne Everden, Pharmacy Consultant to Public Health

APPENDIX 2 Supplementary Statement 2

This supplementary statement has been prepared and issued by the Director of Public Health on behalf of the Health and Wellbeing Board of Northumberland County Council, and forms part of the Pharmaceutical Needs Assessment.

Since the publication of Northumberland's Pharmaceutical Needs Assessment (PNA) on 30th September 2022, the following change in pharmaceutical services has occurred:

PNA Details

PNA Published	30 th September 2022
Date of Supplementary Statement	12 th August 2023
Supplementary Statement Number	2

Type of Change

New Opening	
Pharmacy Closure	Changes in Ownership
Change in Hours	
Change in Ownership	
Pharmacy Relocation	

Details of Change

Lloyds pharmacy has transferred ownership of the following pharmacies

- (7) Brockwell Centre, Cramlington to tbc
- (14) 4, Delaval Terrace, Blyth to Seaton Healthcare Ltd
- (22) Leadgate House, Glebe Rd, Bedlington to Welcome Health Pharmacies Ltd
- (34) Seaton Hirst Medical Centre, Ashington to tbc
- (56) Well Close, Castlegate, Berwick on Tweed to LP SD Two Ltd
- (57) Union Brae, Tweedmouth to tbc
- (67) Hexham General Hospital to tbc

AP Booth has transferred ownership of

- (53) Belford Pharmacy, 22 West St Belford to Alphega Pharmacy Ltd

This supplementary statement to Northumberland's Pharmaceutical Needs Assessment is issued in accordance with paragraph 3D (3) in Part 1A of the NHS (Pharmaceutical Services) Regulations 2005. If you require further information please contact Pamela.forster@northumberland.gov.uk

Prepared by Anne Everden, Pharmacy Consultant to Public Health

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Agenda Item 8

DECISIONS TAKEN BY CABINET SINCE LAST OSC MEETING AND FORTHCOMING CABINET DECISIONS AUGUST TO NOVEMBER 2023

DECISION	CABINET DATE/DECISION
Cabinet Papers – 9 May	https://northumberland.moderngov.co.uk/ieListDocuments.aspx?CId=140&MId=2016
<p>Corporate Plan</p> <p>This report presented the Council’s Corporate Plan for 2023-2026. The Plan built on the progress from the previous Corporate Plan and presented a refreshed vision, and three Council priorities. This refresh took account of the changing operating context and the recommendations of the Independent Review of Governance (‘Caller Review’) which reported to Full Council in June 2022. Moving forward, the three Priorities in the Plan would set the context for the Council’s Budget and Medium-Term Financial planning process. Service planning, the performance framework, and staff appraisal process would all contribute to achieving the priorities.</p>	<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.
<p>North East Bus Service Improvement Plan</p> <p>The report outlined the implications of the Bus Service Improvement Plan for Northumberland bus services and infrastructure</p>	<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.

<p>Financial Performance 2022-23 – Position at the end of February 2023 (Provisional Outturn 2022-23)</p>	<p>9 May 2023:</p> <p>The report was considered by the Corporate Services and Economic Growth OSC on 26 June 2023.</p>
<p>Outcomes of the Consultation on Proposals for the Berwick Partnership</p>	<p>9 May 2023:</p> <p>The report was considered by FACS OSC on 4 May 2023.</p>
<p>Public Report from the Local Government and Social Care Ombudsman (LGSCO)</p> <p>Members were informed that a Public Interest Report had been issued by the Local Government and Social Care Ombudsman (LGSCO) in relation to a complaint raised by a Northumberland County Council resident in relation to the Post 16 Transport Policy.</p>	<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>
<p>Energising Blyth Programme: Culture Hub and Market Place Outline Business Case</p> <p>The report sought the approval of the Outline Business Case (OBC) and project budget for the Culture Hub and Market Place project. This flagship project will initiate the regeneration of Blyth town centre.</p>	<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

	<p>the Capital Strategy Group) for inclusion in the Capital Programme</p> <p>(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.</p>
<p>The Future of the Berwick Museum and Art Collections</p> <p>Members were asked to agree the future housing of the Berwick Museum and Art collections in the custodianship of the Council and currently managed by Museums Northumberland within the context of the opportunities and challenges presented by The Living Barracks Initiative.</p>	<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>
<p>The Market Sustainability and Improvement Fund 2023/24</p> <p>Members received proposals for the allocation in 2023/24 of a Government grant for adult social care. Urgent approval of a broad approach to the use of this grant was required to comply with a grant condition requiring submission of proposals by 24 May.</p>	<p>9 May 2023:</p> <p>RESOLVED that Cabinet:</p> <p>(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;</p> <p>(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>
<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>The report update Cabinet regarding the establishment, development and delivery of</p>	<p>13 June 2023:</p> <p>RESOLVED that:</p> <p>(a) Cabinet endorse the Ashington Investment Plan as the overarching strategy that will provide the context, vision</p>

<p>the £30m Ashington Regeneration Programme, which would have a catalytic impact on the town's economy and drive forward the implementation of the Ashington Town Investment Plan.</p> <p>The report also sought approval for the strategic acquisition of the Woodhorn Road site and the Wansbeck Square site from Advance Northumberland (Commercial) Limited to create the required development platform to enable implementation of the Ashington Regeneration Programme</p>	<p>and aspirations for delivery of the phased Ashington Regeneration Programme; and</p> <p>(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;</p> <p>(c) Cabinet approve the associated financial profiles as set out in Appendix 1 whilst:</p> <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 appropriate procurement processes being followed; <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>The report sought approval to undertake an 'invest to save' trial of first-time patch repair of a proportion of actionable carriageway pothole defects, to quantify the costs and benefits associated with this alternative approach to one of the main revenue funded</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>.</p>

highway maintenance activities undertaken by the Council.	
<p>Potential Loan to Northumberland Community Bank</p> <p>The report provided details of a potential loan facility to Northumberland Community Bank (NCB) of £50,000 towards the capital reserve.</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 • Subsidy Control implications being investigated and satisfied.
<p>UK Shared Prosperity Fund (UKSPF) Update and Northumberland Delivery</p> <p>The report provided 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>13 June 2023:</p> <p>RESOLVED that</p> <ol 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.
Cabinet Papers – 11 July	https://northumberland.moderngov.co.uk/ieListDocuments.aspx?CId=140&MId=2248
<p>Report of the Communities and Place OSC - Firefighters Decontamination</p>	<p>11 July 2023:</p> <p>RESOLVED that Cabinet approve the recommendation of the Communities and Place Overview and Scrutiny Committee that financial support for the recommendations made by the fire and rescue service be provided to ensure that Northumberland leads the way to reduce the risk of contamination and support fire and rescue personnel.</p>
<p>District Heating Update and Partnership Procurement</p> <p>To provide a summary of the progress made across the eight District Heating studies completed for the county, feedback on proposed delivery</p>	<p>11 July 2023:</p> <p>RESOLVED that:</p> <ol style="list-style-type: none"> (a) Cabinet agree that the council's preferred delivery option for District Heating is Model 3 (Supply Framework). Under this model the Council will enter into a framework agreement with a Heat Provider and agree a form of

<p>models for the schemes and seek approval to proceed with the next phase of activity</p>	<p>connection and supply agreement to be used for the supply of heat to the Council across the eight towns, namely Alnwick, Ashington, Berwick, Blyth, Cramlington, Hexham, Morpeth and Prudhoe on a town-by town basis as the schemes go-live;</p> <p>(b) Cabinet approve a procurement exercise to select and appoint a legal and commercial advisor to support the procurement activities needed to appoint a Heat Provider. The forecast cost of the external legal and commercial advisor support is ~£160,000, which it is expected will be 100% funded through the NELEP Energy Accelerator Fund at no additional cost to NCC. In the unlikely case that the NELEP do not fund the project a separate request for NCC to provide funding will be made;</p> <p>(c) Cabinet resource and undertake a procurement exercise to appoint a Heat Provider;</p> <p>(d) Cabinet agree to the inclusion of the council's future heat load to be in scope for commercially viable District Heating schemes in each of the eight locations, provided the commercial, economic and net zero tests are met by the Heat Provider; and</p> <p>(e) the timescales for delivery given market competition, be noted.</p>
<p>Northumberland Stewardship and Rural Growth Investment Programme – Nature Recovery Response</p> <p>To outline the Council's role in leading the region's response to nature recovery as set out in the North East Devolution Deal and, within this context, seek consideration to the declaration of an ecological emergency in Northumberland.</p>	<p>11 July 2023:</p> <p>RESOLVED that</p> <p>(a) Cabinet accept, in principle and subject to the approval of the North of Tyne Combined Authority (NTCA) Cabinet, the role of leading the development of the statutory North of Tyne Local Nature Recovery Strategy (LNRS) on behalf of the Combined Authority;</p> <p>(b) Cabinet endorse the Council's role as accountable body for the participation of the English part of the Borderlands area in the Government's Local Investment in Natural Capital (LINC) programme;</p> <p>(c) Cabinet accept the anticipated grant awards of £0.285 million and £1.000 million respectively for the development of the North of Tyne LNRS and the delivery of the Borderlands LINC into the Council's revenue budget;</p> <p>(d) Cabinet agree to declaring an ecological emergency to further strengthen the Council's commitment to rural stewardship and to demonstrate the significant role of nature recovery in mitigating the climate emergency;</p>

	<p>(e) Cabinet develop a response, within the context of our Climate Change Action Plan, to the ecological emergency using our new obligations under the Environment Act 2021 as a framework; namely the development of a Local Nature Recovery Strategy; the strengthened duty to conserve and enhance biodiversity with a requirement to publish action plans and progress reports; and the introduction of mandatory biodiversity net gain in the planning system; and</p> <p>(f) A progress report be made to Cabinet in six months.</p>
<p>Asset Management Framework</p> <p>To provide Cabinet with information relating to the new Asset Management Framework for 2023-2026 that has been developed to guide decision making and clearly outline the strategic plans for the estate to 2026.</p>	<p>11 July 2023:</p> <p>RESOLVED that:</p> <p>(a) Cabinet note the purpose and content of the Asset Management Framework for 2023-2026; and</p> <p>(b) Cabinet agree to:</p> <ul style="list-style-type: none"> • The new Asset Management Framework; as attached at Appendix 1 – and • Receive further updates on the delivery of the Asset Management Framework on a quarterly basis.
<p>Financial Performance 2022-23 – Final Outturn (subject to audit)</p> <p>The purpose of the report is to report the final outturn position (subject to audit) for the Council against the Budget for 2022-23</p>	<p>11 July 2023:</p> <p>RESOLVED that:</p> <p>(a) Cabinet approve:</p> <ul style="list-style-type: none"> • the new grants and amendments to existing grants at Appendix A and the required changes to the budgets. • the net re-profiling to the Capital Programme of £23.940 million from 2022-23 to 2023-24 to reflect expenditure levels in the financial year; and <p>(b) Cabinet note:</p> <ul style="list-style-type: none"> • A balanced position following a transfer of £5.916 million to the General Fund, after the transfers to Earmarked Reserves agreed as part of the Provisional Outturn report at the Cabinet meeting on 9 May 2023. • that this final outturn is based on the draft Statement of Accounts and is subject to external audit. • the delivery of the approved savings at Appendix B. • the use of the contingency shown at Appendix Q. • the use of reserves shown at Appendix R.

	<ul style="list-style-type: none"> • the virements requested by services shown at Appendix S.
<p>Summary of New Capital Proposals considered by Officer Capital Strategy Group</p> <p>The report summarises proposed amendments to the Capital Programme considered by the officer Capital Strategy Group.</p>	<p>11 July 2023:</p> <p>RESOLVED that:</p> <p>(a) Children’s Residential Homes:</p> <p>a) Cabinet approve the reallocation of capital funds of £1.260 million in 2023-24 from Black Close House to purchase six private residential properties which will support the development of multi-building children’s residential homes in Northumberland.</p> <p>b) Cabinet approve that delegated authority is given to the Executive Director for Children, Young People and Education to enter into a contract(s) for the acquired units as and when they are identified up to the approved budget limit.</p> <p>(b) BT Openreach Gainshare receipt</p> <p>a) Cabinet approve the receipt of BT Openreach gainshare funding amounting to £2.145 million.</p> <p>b) Cabinet approve the addition of £2.145 million to the Council’s capital expenditure budget in 2023-24 to be split as follows:</p> <p>i) Repayment to Building Digital UK (BDUK) of £0.989 million (46.11% of the total gainshare receipt) as per terms of the Contract; and,</p> <p>ii) £1.156 million into Community Broadband in respect of enabling additional premises to access the £2,500 top up voucher to help provide gigabit connectivity in the hardest to reach areas</p> <p>(c) Levelling Up Funding for Rapid Electric Vehicle (EV) Chargers:</p> <p>a) Cabinet approve the receipt of Levelling Up funding amounting to £0.453 million awarded to the Council for the provision of ten new rapid EV chargers to be delivered between April 2023 and March 2025, split as follows: £0.347 million in 2023-24; and, £0.106 million in 2024-25.</p> <p>b) Cabinet note the match funding NCC contribution of £0.050 million (10%) from the existing capital allocation in the Climate Change Capital Fund in 2024-25, creating a total budget of £0.503 million.</p> <p>(d) Alnwick Playhouse – Replacement of Lighting Rig:</p>

	<p>a) Cabinet approve the creation of a new capital project in 2023-24 for the installation of a new lighting rig at Alnwick Playhouse to ensure that the main auditorium is fully health and safety compliant.</p> <p>b) Cabinet approve the reallocation of capital funds of £0.100 million in 2023-24 from Ashington North East Quarter Redevelopment (Phase 2) to Alnwick Playhouse Lighting Rig to fund installation of the new rig.</p> <p>c) Cabinet note that the Strategic Regeneration Projects budget will reallocate £0.100 million to the Ashington North East Quarter Redevelopment (Phase 2) project in 2024-25.</p>
<p>Energising Blyth Programme: Levelling Up Deep Dive</p> <p>To update Cabinet regarding the establishment, development and delivery of the £20.71m Levelling Up Deep Dive (LUDD) funding awarded to Blyth earlier this year. The report explains how this funding will be added to the Energising Blyth programme in the town to have a catalytic impact on the town's economy and drive forward the implementation of the Blyth Town Investment Plan.</p> <p>This report seeks approval to accept this funding award from UK Government and to take a number of key early steps to enable the implementation of key projects</p>	<p>11 July 2023:</p> <p>RESOLVED that:</p> <p>(a) Cabinet accept the award of £20.71m Levelling Up Deep Dive capital and revenue funding from the Department for Levelling Up, Housing and Communities (DLUHC) and its use as follows:</p> <ul style="list-style-type: none"> • Add £19,630,000 to the Capital Programme as an identified budget allocation for the capital projects identified in this report. • Add £1,080,000 as an identified revenue budget for the revenue funded projects and programme management arrangements outlined in this report; <p>(b) Cabinet note that the funding will be used to deliver new initiatives to support the delivery of the Blyth Town Investment Plan as part of the Energising Blyth Programme including 'Welcoming and Safe Blyth', 'Housing Renewal and Town Centre Living' and 'Energy Central Campus: Technical Training Kit';</p> <p>(c) Cabinet approve the associated financial profiles as set out in the report fully funded by the Levelling Up Deep Dive and agree to:</p> <ul style="list-style-type: none"> • Establish a new Blyth Empty Homes Team in 2023 for two years from appointment • Authorise the S151 officer in consultation with the Executive Director of Place and Regeneration to enter into internal grant funding agreement for the empty homes team revenue costs subject to confirmation of funding being in place and local assurance being followed

	<ul style="list-style-type: none"> • Authorise the S151 officer in consultation with the Executive Director of Place and Regeneration to approve initial design fees up to the value of £1,993,469 across the programme • The associated programme management and assurance arrangements to support the programme’s delivery as set out in the report. This includes the appointment of a Senior Programme Officer in 2023 to support the programme funded for two years from appointment drawn from the revenue budget above.
<p>Environmental Enforcement Fixed Penalty Notice and Penalty Notice Policy 2023</p> <p>To present the revised Environmental Enforcement Fixed Penalty and Penalty Notice Policy 2023 for consideration and adoption.</p>	<p>11 July 2023:</p> <p>RESOLVED that:</p> <p>(a) Cabinet agree and adopt the proposed policy; and</p> <p>(b) Cabinet agree and adopt the fine levels given in the schedule of the policy.</p>
<p>Drug and Alcohol Treatment and Recovery Service for Northumberland – Permission to Award Contract</p> <p>The purpose of this report is to provide the background to the need to provide a drug and alcohol treatment and recovery service as part of the Council’s statutory public health functions, to confirm that the procurement exercise has commenced, and to seek permission to award the contract once the exercise is complete</p>	<p>11 July 2023:</p> <p>RESOLVED that Cabinet approve the award of the contract to the successful contractor for £3,356,709 per annum. The maximum contract period is October 2023 – March 2030.</p>

FORTHCOMING CABINET DECISIONS

<p>BEST Delivery Partner Delegated Decision</p> <p>On 14th March 2023, Cabinet approved the key decision to proceed with the Tendering and Procurement of Delivery Partners who will be engaged to work alongside us on the delivery of the priorities identified in the strategic business case and support the design and delivery of projects included in the scope of the delivery of the Strategic Business Case (as agreed at Cabinet on 17th January 2023).</p> <p>The 'BEST: Delivery Partner Delegated Decision Report' seeks approval of the recommendation for a key decision in relation to delegating the signing of the contract for the BEST Delivery Partner to the Council 's Section 151 Officer in consultation with the Portfolio Holder for Corporate Services.</p> <p>R. Wearmouth/K.Gardner - 07814484613/ P. Hindhaugh - 07976 886600</p>	<p>12 September 2023</p>
<p>Financial Performance 2023-24 Position at the end of June 2023</p> <p>The report will provide Cabinet with the revenue and capital financial performance against budget as at 30 June 2023.</p> <p>R. Wearmouth/J. Willis - 01670 623424</p>	<p>12 September 2023</p>
<p>Potential Loan to Whittingham, Callaly and Alnham Parish Council</p> <p>The Report requests members to approve the potential loan facility to Whittingham Callaly and Alnham Parish Council. The loan has been requested due to an error on the 2023-24 precept form and the funds are required for the Parish Council to operate during 2023-24.</p> <p>R. Wearmouth/J. Willis - 01670 623424</p>	<p>12 September 2023</p>
<p>Setting the Scope and Targets for the Climate Change Action Plan 2024-26</p> <p>To agree the scope and targets to be addressed in detail in the Council's Climate Change Action Plan 2024-26.</p> <p>G. Sanderson/N. Johnston - 0447966334778</p>	<p>12 September 2023</p>
<p>Data Academy Pilot</p> <p>Investing via levy funding to upskill Northumberland County Council with data skills with an initial pilot cohort of three potential courses ranging from academic level 3, 4, and 4-6 that relate to upskilling in data using monies from NCC's levy funding budget.</p> <p>R. Wearmouth/A. Kingham - 01670 622742</p>	<p>10 October 2023</p>

<p>Strengthened Biodiversity Duty and Reporting Obligations The legal duty imposed on public bodies since 2006 to have regard to the purpose of conserving biodiversity has been significantly strengthened through a legislative amendment to a requirement to take action to conserve and enhance biodiversity, with a planning and reporting framework that has to be complied with. This report sets out the implications of this duty for the Council and sets out the actions that need to be taken over the next year to comply with it.</p> <p>C. Horncastle/D. Feige - 0777 429 5253</p>	<p>7 November 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>Budget 2024-25 , Medium Term Financial Plan 2024-28 and 30 Year Business Plan for the Housing Revenue Account The report presents to Cabinet, the updated Budget 2024-25, Medium Term Financial Plan 2024-28 and 30 year Business plan for the Housing Revenue Account</p> <p>(R. Wearmouth/Alison Elsdon 01670 622168/07796652072)</p>	<p>16 January 2024</p> <p>Council 17 January 2024 21 February 2024</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>

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

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.

12 September 2023

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Cramlington Pharmacy Update

A report following the closure of a 100hr pharmacy in Cramlington. The report was presented to Health and Wellbeing Board for consideration on the impact for the Joint Pharmaceutical Needs Assessment.

Northumberland Coroner's Annual Report

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7 November 2023

Oncology Performance Update (NUTH)

To receive an update from NUTH/NHSE on oncology performance nationally and regionally.

	Joint Health and Wellbeing Strategy Refresh - BSIL	TBC
	System Integration	TBC
9 January 2023		
	Joint Health and Wellbeing Strategy Refresh - Building Blocks Theme	TBC
	Empowering People and Communities	TBC
5 March 2024		
Page 73	Northumberland Safeguarding Adults Annual Reports 2022-23	To provide an overview of the work carried out under the multiagency arrangements for Safeguarding Adults.
	Director of Public Health Annual Report	DPH's Annual Report highlighting the priorities for the DPH for the coming year.
	Tackling Inequalities Plan Progress Report	
2 April 2024		
	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

	CNTW 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.
	NUTH 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.

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

Ref	Date	Report	Decision	Outcome
1	11 July 2023	Update on Pressures in Adult Homecare Services	<p>RESOLVED the</p> <p>A. the report on the current issues with homecare in Northumberland be received for information, and</p> <p>B. the initiatives proposed to try to resolve workforce shortages be noted.</p>	Adult Home Care data and progress monitoring to be provided at a future committee.
Page 75	11 July 2023	Contingency Plans and Management Arrangements for Commissioned Adult Social Care Services	RESOLVED the report be received for information.	No further action

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