

Northumberland Covid Inequalities Community Impacts Assessment (29th November 2021)

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Introduction

What is this document?

The Covid pandemic has had profound impacts on individuals, families, communities and businesses in every part of Northumberland. Whilst Covid is not yet behind us and we face more challenging months ahead, we are increasingly moving into a new phase of social and economic recovery. Currently, partners across all sectors continue to review and adapt their services and plans to take account of the new operating context as well as preparing their respective financial plans for the coming years. As we move forward with this work, it is important we do so with a shared understanding, both of the impacts of Covid on the immediate health and wellbeing of our population as well as the underlying factors that will shape public health trends in the medium-long term.

Through this shared understanding of Covid impacts, we can better target our shared resources to supporting recovery with a shared aim to improve health and wellbeing across the population. In particular, we aim to build a picture of the people and communities who have been disproportionately affected by Covid and who need more help in the coming months and years. This is vital if we are to tackle the health inequalities that exist in our County.

What does it set out?

This document, 'Covid Inequalities Community Impacts Assessment' is our starting point in building that picture. It sets out what we know now about the impact the pandemic has had on Northumberland's communities using a range of data and research, including:

- A baseline of the challenges of disadvantage across Northumberland at the outset of the Pandemic.
- Latest local data on health and wellbeing.
- Analysis of the wider determinants of health, including indicators of economic, environmental, poverty, educational and community safety conditions.
- National and regional research on societal impacts.
- This is intended to be a dynamic document. New data and research on the impacts of Covid are emerging all the time and for some areas the trends remain uncertain. For some themes, we do not have the full picture and await updates for some datasets. As these become available, they will enhance our understanding of the impacts and help us to adapt our responses and support.

Tackling Health Inequalities

We know that pre-Covid, significant health inequalities existed between our most and least deprived communities. All of the evidence so far suggests that some of these inequalities have widened during the Covid pandemic due to the direct impacts and indirect impacts (e.g. loss of work, reduced wages, loss of education, and loneliness due to social restrictions etc) of COVID on communities who were already experiencing poorer health prior to the pandemic.-

We know that health and wellbeing is determined by a wide range of factors such as employment, poverty, housing, education and environment and that many of these factors have been adversely impacted through Covid. For example, many people have also had to cope with a reduction in income and increased financial pressures as businesses closed during the lockdown periods. The wellbeing of young people has been particularly impacted by interruptions to school, college and university terms as well as lack of interaction with their friends at critical stages in their emotional development.

The unprecedented pressure on our health services during Covid has also created a backlog of hospital treatments, and we are also seeing increased demand for GP appointments and emergency care as well as delayed presentations of cancer and other diseases.

There were some unexpected, short-term positive benefits. In particular, the initial lockdown period saw a reduction in vehicle emissions as many people had to work from home. Less traffic and fresh air encouraged more people to get out and enjoy the benefits of walking and cycling in their local areas. However, this is likely to have been a short-term product of the lockdown restrictions and, as the economy continues to recover, capturing and sustaining the progress on environmental indicators will be a challenge for all of us.

As a Health and Wellbeing partnership, we know that our collective functions and services - providing great education facilities, ensuring new, affordable homes, providing access to high-quality health services, tackling climate change, keeping neighbourhoods clean and safe, helping vulnerable residents, providing parks, open spaces and leisure & cultural facilities, funding benefits advice, working to ensure the best start in life, supporting communities to be resilient and empowered – these all have an impact on our residents' health and wellbeing. All of this goes hand-in-hand with ensuring people have access to good job opportunities, because having well-paid, fulfilling employment can make a huge contribution to our wellbeing.

Therefore, as a Partnership, we will use this regularly updated analysis of impacts to inform and harness all our services, functions and spending power to improve health and wellbeing outcomes across all our communities, going further and faster in our most disadvantaged communities.



Tackling Health Inequalities

We know, tackling health inequalities is both long-term and complex. Key trends such as life expectancy are, in many ways, generational and the result of socio-economic conditions experienced over decades. Turning these long-term trends around will take many years.

Yet, there are many things we can do now to start to make a difference. In particular, giving children the best start in life will make a profound, positive impact on health and wellbeing which will support them for the rest of their lives.

We are already delivering a wide range of actions to help families with the 'best start in life'. We are committed to charting progress through measures such as:

- · Improving school readiness of children starting reception year
- Reducing smoking in people living in our most deprived communities or working in routine and manual occupations.
- · Improving attainment at key stages of education
- Reducing the number of young people not in education, employment or training

We are committed to working in partnership, including all public agencies, businesses and community groups, harnessing the many health, education, economic and other partnerships we have to focus our collective efforts. Above all, we need to engage residents in this.

Place-based approaches to tackling health inequalities

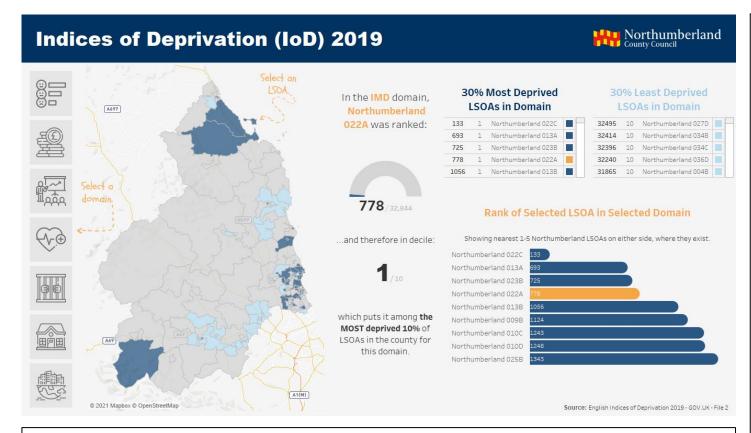
- Working with partners to develop integrated plans at neighbourhood and place-level
- Ensuring all functions of the Council understand their role and contribute to reducing health inequalities
- · Engaging community members and voices in planning and delivery
- · Identifying cross-council targets for addressing health inequalities
- Considering how regulatory and other functions can contribute to place-based plans to better address health inequalities (for example planning, licensing, environment, transport, environmental health, leisure)
- Using community-centred approaches to improve health and wellbeing, and building social capital to reduce inequalities
- Working with employers, including the NHS, to improve access to employment and the health and wellbeing of employees
- Considering addressing inequality by devolution of power and resources from the local to community level

Components of the Population Intervention Triangle





Inequalities Baseline – Pre-Covid



Suggested issues to consider / follow-up

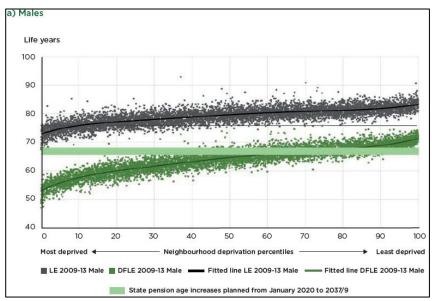
- To consider the latest IMD updates when these become available.
- The County is moving ahead to deliver substantial investment and regeneration in our areas of highest disadvantage. Alongside this, there are exciting plans by inward investors to create thousands of skilled, good-quality jobs. Partners could consider how we work together to ensure the opportunities arising from these ambitious plans are accessible to people living in the most deprived areas.

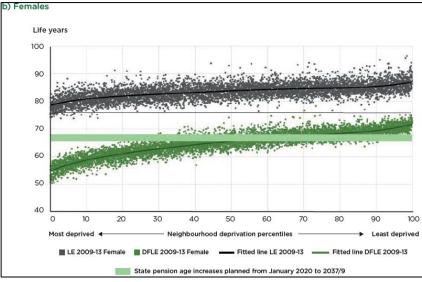
Headlines:

- As we moved into the Covid Pandemic in early 2019, Northumberland continued to show a high concentration of deprivation (as measured by the Index of Multiple Deprivation) in the South-East of the County, with many of the neighbourhoods (defined as 'Lower Super Output Areas') amongst the most deprived 10%, 20% or 30% in the County. With this part of the County, there are also neighbourhoods that are amongst the least deprived
- However, deprivation is not confined to the South-East with significant areas of disadvantage further up the coast around Newbiggin, and Berwick Upon Tweed as well as the South-West of the County in Haltwhistle.
- And, it is worth highlighting, smaller pockets deprivation in parts of the County that would generally be considered overall to be relatively affluent, including in Hexham, Amble and Alnwick.
- This reinforces the point that the picture of inequalities does not follow neat geographical boundaries.



Why Deprivation Matters





- In more deprived neighbourhoods, there is not only a lower life expectancy but disability-free life ends earlier and there is a longer period of disability.
- First and foremost, this blights the lives of people and families who experience lower life expectancy and lower quality of life generally.
- It also represents lost opportunities for people to fulfil their potential, to contribute to a thriving economy and vibrant communities. Where people experience disability or ill-health before pension age, there is an overall, measured reduction in productivity/wealth.
- And, persistent deprivation often requires more complex and costly interventions (for example, in areas such as Health, Policing & Justice, Adult and Children's Social Care). For example, inequalities in morbidity (and multimorbidity) are driving demand in the NHS and social care, with higher costs estimated at £4.8 billion nationally in hospital admissions alone.
- In short, where substantial disadvantage exists, we are all worse off.

Figure 2.1. Life expectancy at birth by neighbourhood deprivation percentiles, 2009-13, England

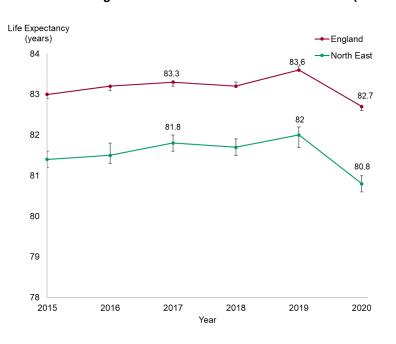
Source: Office for National Statistics (ONS) and Department for Work and Pensions (14) (15) (16)

Note: Each dot represents life expectancy (LE) or disability-free life expectancy (DFLE) of a neighbourhood (middle level super output area)



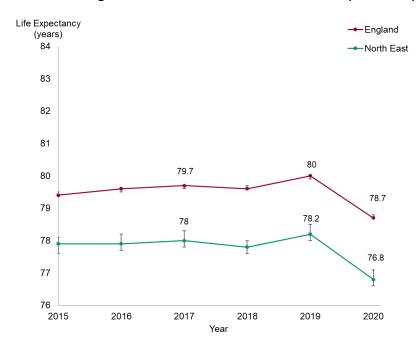
Life expectancy has decreased across England since 2019, it is possible that this is due almost entirely to deaths from COVID-19 (CHIME, PHE).

Female LE in England and the North East from 2015 to 2020 (Jan to Dec)



Source: Life Expectancy. Wider Impacts of COVID-19. PHE.

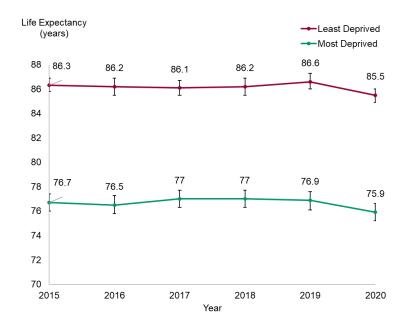
Male LE in England and the North East from 2015 to 2020 (Jan to Dec)

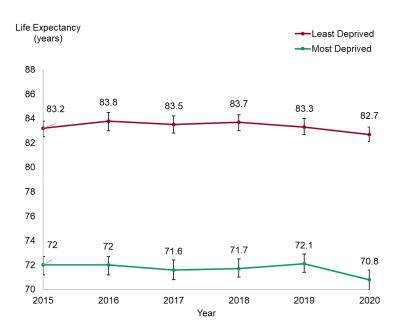


Life expectancy is consistently significantly lower in the in the most deprived decile for both male and female Life Expectancy (LE). Female LE in the least deprived decile decreased by 1.1 years from 2019 to 2020 compared to 1 year in the most deprived decile. Male LE in the least deprived decile decreased by 0.6 years from 2019 to 2020 compared to 1.3 in the most deprived decile.

Female life expectancy in the highest and lowest deprivation decile in the North East





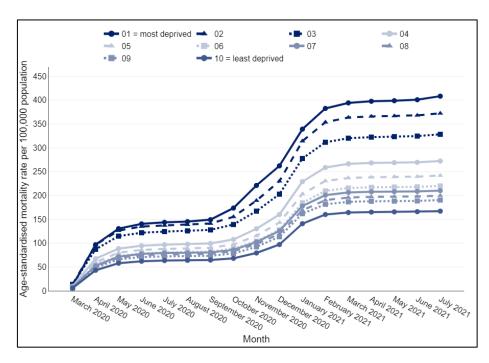


Source: Life Expectancy. Wider Impacts of COVID-19. PHE.



National inequalities and Deaths from Covid

Nationally, evidence indicates a higher rate for deaths involving Covid in the more deprived areas of England.
 The gaps between the most and least deprived areas for this measure widened as the Pandemic progressed.



Cumulative age-standardised mortality rate per 100,000 population, for deaths involving COVID-19 in England by deprivation decile, March 2020 to July 2021

Acknowledgement: Sarah Sowden

https://analytics.phe.gov.uk/apps/chime/



Local inequalities and Deaths from Covid

 Locally, evidence indicates a link between higher rates for deaths involving Covid and deprivation in the County although the pattern is less even than the national trends, suggesting other factors influencing Covid-related deaths beyond deprivation.





A year of COVID-19 in the North: Regional inequalities in health and economic outcomes

- Widening of pre-existing inequalities in mental health and education
- Increased income inequalities despite increase in Universal credit and furlough
- Wages decreased in the North during the pandemic, slightly increased in rest of England
- People aged 16-25yrs were over twice as likely as older employees to lose their jobs
- Food insecurity affected 4 million households with children March to Aug 2020 (14% households, up from 12% before pandemic)
- Increased domestic abuse and increased exposure of domestic abuse to children
- Increased social isolation and loneliness
- Widening of the digital divide for people with poor connectivity (e.g. no broadband or mobile phone),
 living in rural areas, or with learning disabilities
- Polarisation of alcohol use: 20% increase in total alcohol specific deaths in 2020 compared to 2019
- Over 4 in 10 (41%) of adults in England say they have put on weight (in a survey of 5000 people)



COVID vaccine coverage inequalities in Northumberland

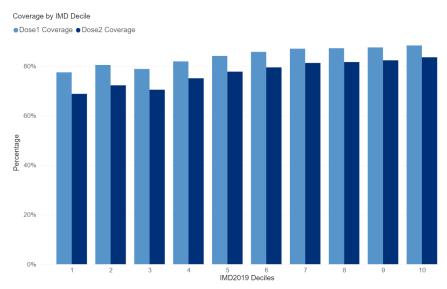


Figure 1: COVID vaccine coverage among **people 18-49 years** of age in Northumberland by Index of Multiple Deprivation decile: 1 = most deprived (PHE COVID-19 Situational Awareness Explorer)

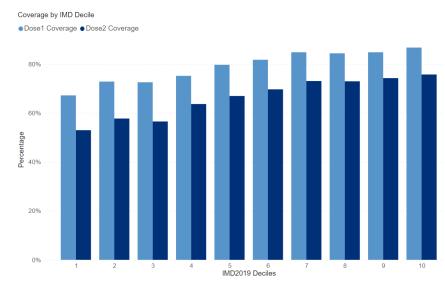


Figure 2: COVID vaccine coverage among **men 18-24 years** of age in Northumberland by Index of Multiple Deprivation decile: 1 = most deprived (PHE COVID-19 Situational Awareness Explorer)

Headlines

 Overall, Northumberland has had one of the highest rates of vaccination take-up nationally. There appears to be a link between lower vaccine take-up and deprivation although the patterns appears to be flatter here than in other measures.

Mental Health

Government's mental health and wellbeing surveillance report, last updated in July 2021 presents emerging and high-level summary findings from a range of UK studies of the mental health and wellbeing of children and young people (CYP) in relation to the coronavirus (COVID-19) pandemic.

Key findings include:

- Multiple population measures revealed deteriorations in mental health and wellbeing between March and May 2020, followed by a period of improvement from July, stabilising at levels comparable to before the pandemic between August and September.
- The data indicated the proportion of adults aged 18 and over reporting a clinically significant level of psychological distress increased from 20.8% in 2019 to 29.5% in April 2020, and then fell back down to 20.8% by September 2020. The period of 'recovery' has not been observed in all studies, in particular one looking at depression and another looking at older adults (aged over 52).
- Recent evidence suggests that there was a second deterioration in population mental health and wellbeing between October 2020 and February 2021, followed by a period of recovery.
- The 'up and down' nature of these changes coincides with the periods of national lockdown and high COVID-19 cases followed by easing of lockdown and reducing cases.

COVID-19: mental health and wellbeing surveillance report – Public Health England – various sources



Mental Health cont'd

Evidence shows that the mental health and wellbeing impact of the COVID-19 pandemic has been different for different groups of people.

- Studies looking at mental health trajectories for individuals suggest the majority of the population retained stable
 and good levels of mental health during the pandemic. However, analysis has found that some groups have been
 more likely to experience poor or deteriorating symptoms during the pandemic. These groups include women,
 young adults (aged between 18 and 34, depending on the study) adults with pre-existing mental or physical health
 conditions, adults experiencing loss of income or employment, adults in deprived neighbourhoods, some ethnic
 minority populations and those who experienced local lockdowns.
- In addition, those who felt lonely, felt a lack of control over their lives, who found uncertainty difficult or who were anxious about death were also more likely to experience worse or deteriorating mental health. However, women and young people, people with lower education and people living with children were also found to have greater improvements and recovery in mental health after initial deteriorations during the first wave of the pandemic

COVID-19: mental health and wellbeing surveillance report - Public Health England - various sources



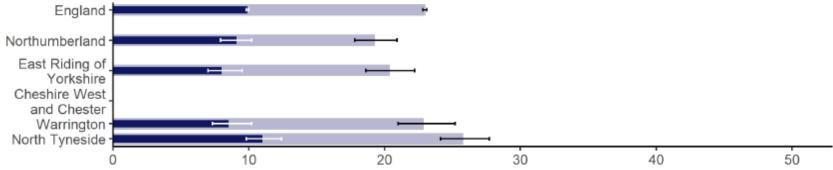
Children's Health Profile

Childhood obesity

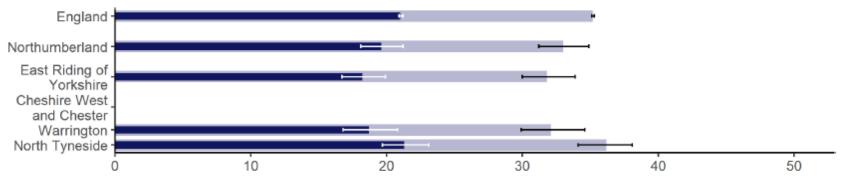
These charts show the percentage of children who have excess weight (obese or overweight) in Reception (aged 4-5 years) and Year 6 (aged 10-11 years). They compare Northumberland with its statistical neighbours, and the England average. Compared with the England average, this area has a better percentage of children in Reception (19.3%) and a better percentage in Year 6 (33.0%) who have excess weight.

Obese All children with excess weight, some of whom are obese

Children aged 4-5 years who have excess weight, 2019/20 (percentage)



Children aged 10-11 years who have excess weight, 2019/20 (percentage)



Note: This analysis uses the 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as overweight and obese. I indicates 95% confidence interval.

Source: Public Health England: Northumberland Child Health Profile March 2021

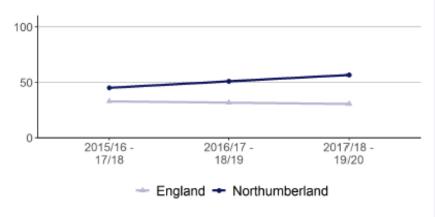


Children's Health Profile

Young people and alcohol

Nationally, the rate of hospital admissions of children and young people for conditions wholly related to alcohol is decreasing. This is not the case in Northumberland, where there is no significant trend. The admission rate in the latest period is worse than the England average.

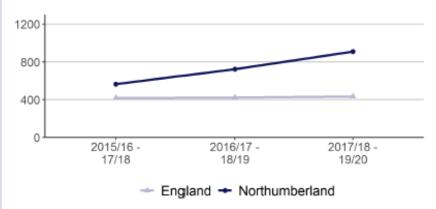
Hospital admissions of children and young people for conditions wholly related to alcohol (rate per 100,000 population aged 0-17 years)



Young people's mental health

Nationally, the rate of young people being admitted to hospital as a result of self-harm is increasing, and this is also the case in Northumberland. The admission rate in the latest pooled period is also worse than the England average*. Nationally, levels of self-harm are higher among young women than young men.

Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10-24 years)



*Information about admissions in the single year 2019/20 can be found on page 4

Northumberland - March 2021

chimat@phe.gov.uk | https://www.gov.uk/phe | https://fingertips.phe.org.uk/

Source: Public Health England: Northumberland Child Health Profile March 2021

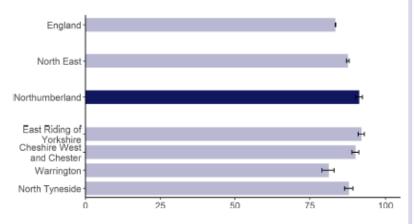


Children's Health Profile

These charts compare Northumberland with its statistical neighbours, and the England and regional averages.

Child development at 2-21/2 years

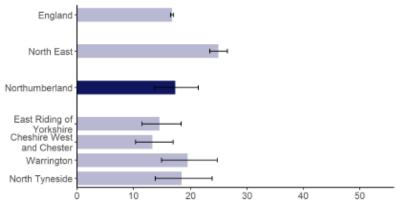
Children at or above expected level of development in all five areas at 2-2½ years, 2019/20 (percentage of children reviewed)



91.2% of children aged 2-2½ years were at or above the expected level of development in all five areas of development (communication, gross motor, fine motor, problem-solving and personal-social skills) in 2019/20. This is better than the England average. A better proportion of children were at or above the expected level of development for communication skills (95.7%) and a better proportion for personal-social skills (96.5%) when compared with England (88.9% for communication and 92.9% for personal-social skills).

Young people's sexual and reproductive health

Teenage conceptions in girls aged under 18 years, 2018 (rate per 1,000 female population aged 15-17 years)

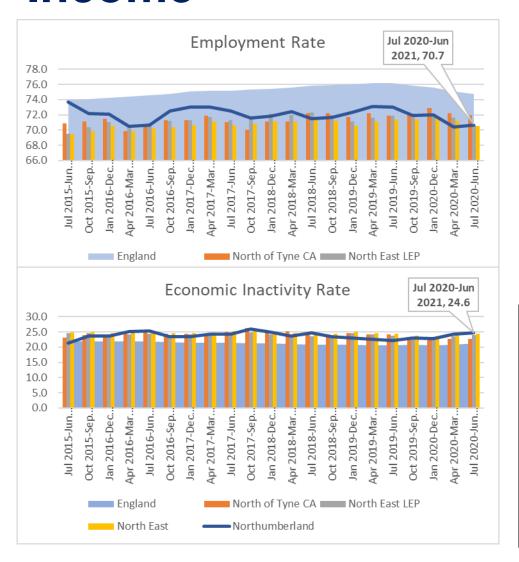


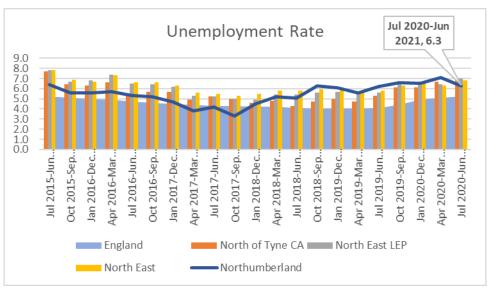
In 2018, approximately 17 girls aged under 18 conceived, for every 1,000 girls aged 15-17 years living in this area. This is lower than the regional average and similar to the England average. Chlamydia screening is recommended for all sexually active 15-24 year olds. Increasing detection rates indicate improved screening activity; it is not a measure of prevalence. In 2019, the detection rate in this area was 1,871 per 100,000 which is lower than the minimum recommended rate of at least 2,300.

Source: Public Health England: Northumberland Child Health Profile March 2021



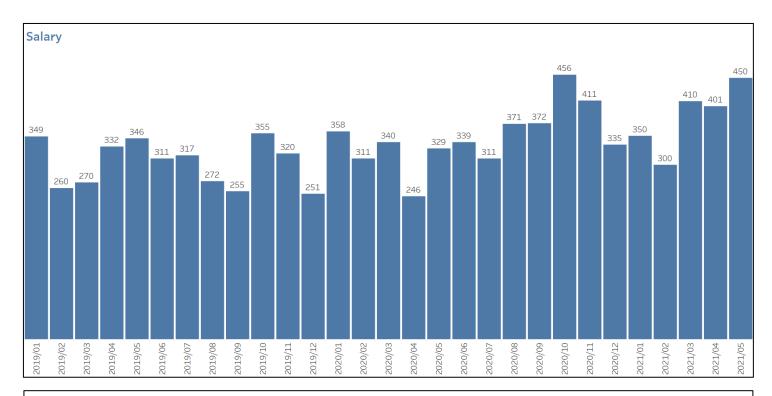
Wider Determinants: Economy, Jobs and Income





Latest key indicators show employment increasing slightly and unemployment falling. Claimants of unemployment benefits in general are 25% less than the same time last year (October 21 compared with October 20). Economic inactivity indicates increasing numbers of early retired and long-term sick. Latest estimates for number of workless households in Northumberland (2020) are 19,300 (19.2%) a slight fall on 2019.

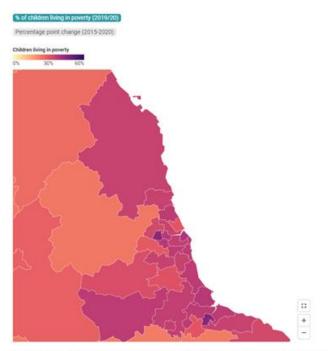
Wider Determinants: Economy, Jobs and Income



Headlines:

Average weekly wages have fluctuated markedly during the Pandemic, as sectors have
experienced differential impacts. As the lockdown restrictions gradually eased from Spring
through the Summer period, average weekly earnings have risen steadily and are now y above
the immediate pre-Covid period. Seasonal variations and other economic factors (e.g. labour
supply shortages in some sectors) make it difficult to make more definite forecasts in the shortterm. For now, the growth in average wages, are cautiously welcomed.



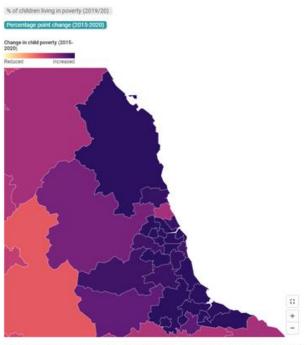


This data is based on the DMP/HMRC statistics "Children in low income families" local area statistics "Match 2021, The statistics provides the major and provided port of the present and a living in flourables with please (6ft median income before housing soons. The data provided here uses the DMP/HMRC local indicators combined with information about housing costs at the local level to estimate poverty rates after housing costs.

Source: End Child Poverty - Map data: © Crown copyright and database right 2018 - Get the data - Created with Datawrapper

% of children living in poverty 2019/20

- England 30%
- North East 37%
- Northumberland 36.2%
- Berwick-upon-Tweed PC 35%
- Blyth Valley PC 37%
- Hexham PC 24%
- Wansbeck PC 35%



This data is based on the OWPHMARC statutors "Children in law income families local area statistics" (March 2021). The statistics provides the number and percentage of children aged 0-15 years who are living in households with below 60% median income before housing costs. The data provision free uses the OWPHMARC local rediscribts combined with information about housing costs at the local level to estimate powerly lates after housing costs. After housing costs data allows us to compare incomes for households in different parts of the country where housing costs (value are and information apprently) size.

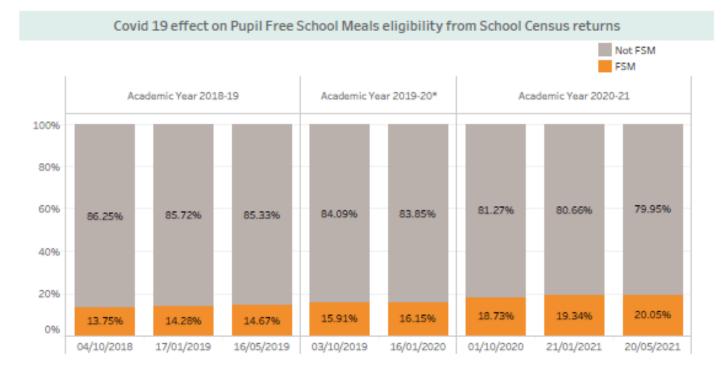
Percentage point change 2015-20

- England + 2%
- North East + 11%
- Northumberland + 9.8%
- Berwick-upon-Tweed PC + 10.2%
- Blyth Valley PC + 3.6%
- Hexham PC + 6%
- Wansbeck PC + 9.5%

Child Poverty remains a challenge nationally, regionally and locally, where there has been an increasing trend over the past five years. Whilst the challenge of poverty is complex and long-term, we are committed to taking action now to improve the life chances of our young people, including:

- Helping to give children the best start in life through a range of Public Health and Children's Services initiatives and support.
- Supporting young people to fulfill their potential through investment in modern, innovative education facilities.
- Working with the Combined Authority to ensure people of all ages have skills for the future economy.
- Attracting high-quality jobs which will help to lift families out of poverty.





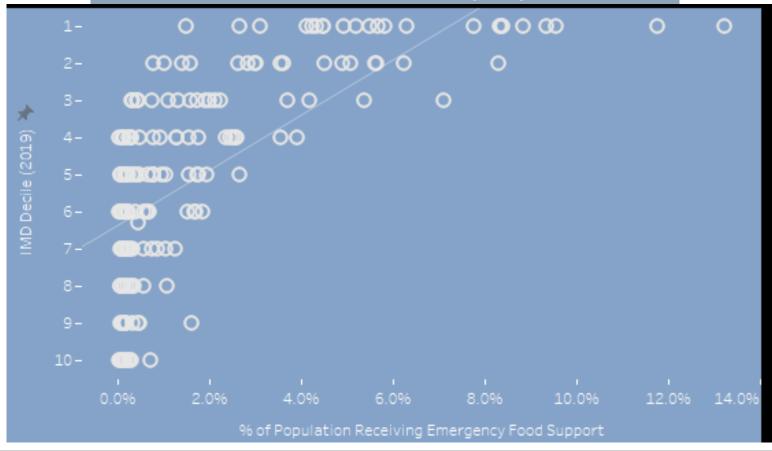
Free School Meal eligibility - we have seen an increase in FSM eligibility. FSM eligibility was increasing prior to the pandemic although the biggest jump appears to have happened between Jan-October 2020, suggesting a Covid impact on family incomes.

The biggest increases appear to have been in Ashington, Blyth, Bedlington, Berwick and Cramlington.

	Academic Year 2018-19			Academic Year 2019-20*		Academic Year 2020-21		
	04/10/2018	17/01/2019	16/05/2019	03/10/2019	16/01/2020	01/10/2020	21/01/2021	20/05/2021
Not FSM	38,655	38,872	38,941	37,821	36,934	36,536	36,409	36,138
FSM	6,150	6,461	6,681	7,141	7,082	8,404	8,711	9,037



Northumberland LSOAs - Correlation of % of households receiving Emergency Food Support vs. IMD (2019) Decile

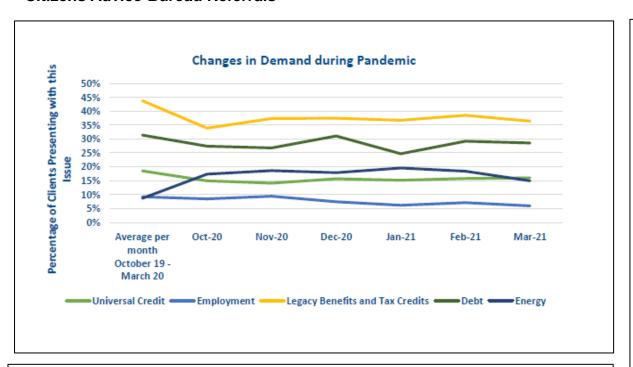


Headlines:

- Whilst most of the food referrals handled by the Communities Together Hub are clustered in the County's most deprived Lower Super Output Areas in the South-East, the chart shows small clusters of demand in less deprived deciles which may be explained in part by those who are Clinically Extremely Vulnerable requesting emergency food supply
- · We know people access food support without NCT or other Council services so this data forms only part of the picture



Citizens Advice Bureau Referrals



Headlines:

Whilst the Citizens Advice Bureau has experienced increased demand for its
advice services during the pandemic, the patterns in terms of 'presenting issues'
(e.g. debt, benefits, employment etc.) have remained relatively stable. It's worth
pointing out the more significant increase in people presenting with problems on
energy costs, something which could increase due to the sharp energy price
costs being experienced now.

The ONS Living Costs and Food Survey conducted during the lockdown periods found that:

- Younger households and those who are renting spend more proportionally on essentials and relatively less on goods and services that have been unavailable under lockdown.
- This limits their ability to cut back on spending if their income were to fall.
- This could also make them more vulnerable to inflationary pressures on essential items such as food and fuel.

Many people took up payment holidays offered by companies for mortgages as well as energy and water bills. We do not know the extent of arrears that has been accumulated as a result and the pressure this might place on family budgets as companies seek to reduce these arrears.



Wider Determinants: Housing

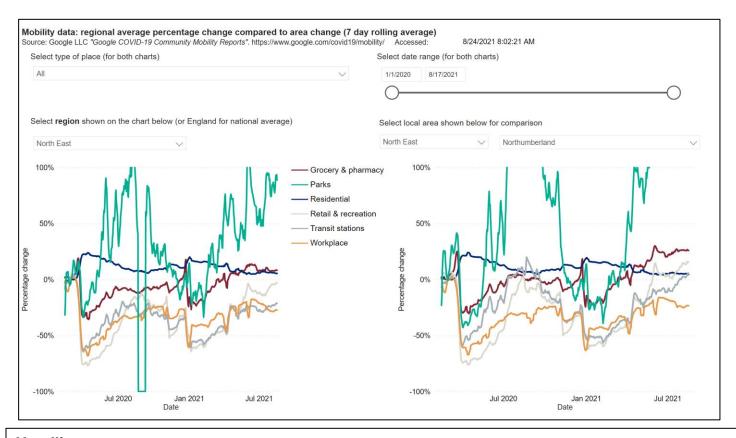
Summary of housing support

During COVID, the Council assisted some 109 individuals to secure either temporary accommodation or a permanent offer of a home. We accommodated a further 73 Clients during implementation of the Severe Weather Emergency Protocol (SWEP), and another 110 clients under ProtectPlus funding (securing accommodation for those who were extremely vulnerable or CEV). In total, some 292 clients were supported to into safe accommodation during the pandemic.

National and local response:

- In March 2020, Government launched guidance on how support should be provided to those people who were rough sleeping- known as the 'Everyone In' initiative. Each Local Authority was asked to convene a local coordination cell to plan and manage the response to COVID-19 and rough sleeping. This cell involved the council (housing, social care and public health) and other key partners. In Northumberland the Coordination Cell was established and chaired by Strategic Housing and proved to be an effective and timely forum to discuss key issues and identify opportunities. The current provision for the Homelessness & Housing Options Service was considered and the group worked together to move people out of shared facility temporary accommodation, to minimise the risk of exposure and infection, to either a permanent offer or dispersed temporary accommodation by working with the Housing Management Team to bring forward council-owned void properties. In addition, the Team worked successfully with the Hospital Discharge team to free up as many hospital beds as possible.
- Other Registered Providers in Northumberland, including Bernicia and Karbon and Advance provided a list of void properties
 available that could be accessed, as well as offers of accommodation from other private landlords, local hotels and B&Bs
 providing a range of options.

Wider Determinants: Environment

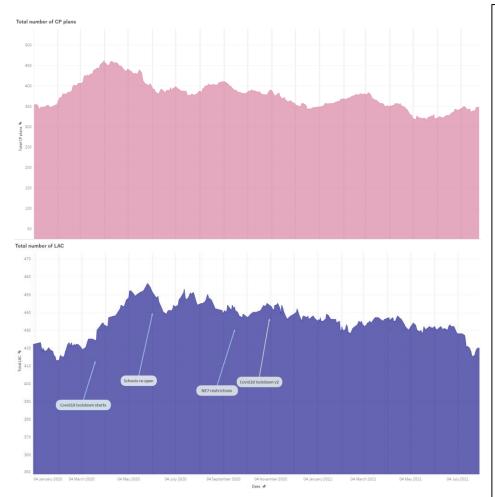


Headlines:

- Our journey patterns have largely recovered to pre-covid levels with the exception of journeys to the workplace, as more people continue to work from home.
- Mobility data suggests, as we recover from Covid, residents and visitors want to visit our parks and open spaces now more than ever, with data suggesting journeys to parks are up almost 100% from pre-pandemic levels. .
- We have seen significantly increased footfall in our parks and open spaces. Whilst we welcome the recovery in the visitor economy we also appreciate the additional pressures placed on can have on communities, services and local amenities.



Wider Determinants: Education and Children's Services



Throughout the Covid lockdown period, activity data relating to referrals to Children's Services were monitored weekly. Overall, Northumberland received 2,589 referrals between April 2020 and March 2021 (statistical year 2020/21): a 34% reduction on the previous year. This level of reduction was similar to the national and regional picture, with both seeing a 31% reduction compared to 2019/20. When looking at the agencies referring, schools and "LA Services" saw the largest reduction in referrals to Children's Services with a 34% and 37% reduction respectively in 2020/21 compared to the previous year. This reduction was expected as a result of last year's lockdown whereby schools were closed and professionals were less able to visit households in person.

At 31st March 2021, there were 359 of Northumberland's children with child protection plans, compared to 471 in March 2020 – a 24% decrease. It should be noted that the figure in March 2020 was the highest number on record, and was on the back of a particularly busy four months either side of Christmas 2019 where there were a high number of Section 47 (child protection) enquiries, along with a high proportion of these leading to an initial child protection conference, and also less ongoing plans ending. Nationally, there has been a 3% reduction in children with child protection plans over the same period, and the North East region has seen a 4% reduction.

Across the same period, Northumberland's children looked after numbers remained steady, with 436 children in care at 31st March 2021 compared to 434 the year before. By comparison, there has been a 1% increase nationally (an extra 850 children in care in total year-on-year) and also regionally.

Wider Determinants: Education and Children's Services

Key Stage 5 (A-level)

Headline results received from all Northumberland secondary/high schools, show pupils / schools have performed broadly as expected with no outliers in performance. The average A level points score of 39 equates to a grade B. The national average in 2019 was 34 although we cannot make direct comparison due to the changed format for grading. The average Applied General points score of 36 equates to a Distinction. The national average in 2019 was 29.

The vast majority of A level pupils in Northumberland have achieved the grades they required to move onto their chosen next step in education, employment or training.

Key Stage 4 (GCSE)

Headline results received from all Northumberland secondary/high schools again showed pupils / schools have performed broadly as expected with no outliers in performance.

The proportion of pupils entering EBacc (English Baccalaureate) subjects continues to rise slowly over time ranging between 0% and 65% with an average of 20%. In 2019 the national figure stood at 40%.

The gap between the proportions of pupils achieving 4+ English & maths and 5+ English & maths remains at about 25%. In 2019 the national figure stood at 22%.

The Attainment 8 figure of 49.7 continues the trend of improvement from 2017.



Wider Determinants: Education and Children's Services

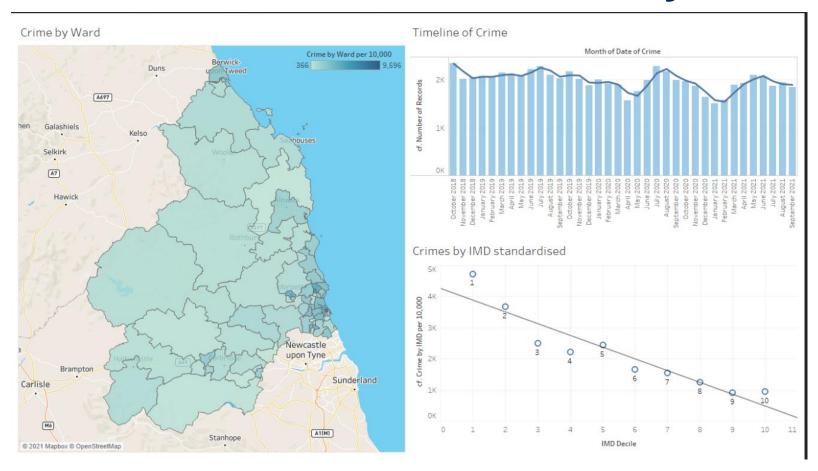
A study by the Education Policy Institute (Understanding Progress in the 2020/21 Academic Year) into the impact of the pandemic on disadvantaged young people found:

- Pupils from disadvantaged backgrounds (eligible for free school meals at any point in the last six years) lost, on average, approximately 2.2 months in reading amongst both primary and secondary aged pupils, and around 4.5 months in mathematics for primary aged pupils.
- Disadvantaged pupils lost about half a month more than non-disadvantaged pupils in reading and around a month more in primary mathematics.
- The relative learning loss for disadvantaged pupils was equivalent to undoing between a third and two-thirds of the progress made in the last decade in closing the disadvantage gap in primary schools.
- There were regional disparities in the degree of learning loss. For both primary and secondary aged pupils in reading, pupils in the North East and in Yorkshire and the Humber experienced the greatest learning loss (around 2.4 and 2.6 months respectively in primary, and around 2.3 and 2.4 months respectively in secondary).
- In primary mathematics the differences between regions were larger. Again, it was the North East and in Yorkshire and the Humber that experienced the greatest learning loss around five months, more than double the loss experienced in the South West.

(Understanding Progress in the 2020/21 Academic Year – Study)



Wider Determinants: Community Safety



Headlines:

- Our most deprived neighbourhoods continue to experience higher levels of crime compared to the least deprived areas.
- The pattern of overall crime during the Covid pandemic appears to reflect the lockdown periods. .