

HEALTH SCRUTINY PANEL

Date: Tuesday 8th December, 2020
Time: 4.00 pm
Venue: Virtual meeting

AGENDA

Please note: this is a virtual meeting.

The meeting will be live-streamed via the Council's Youtube channel at 4.00 pm on Tuesday 8th December, 2020
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1. Apologies for Absence
2. Declarations of Interest
To receive any declarations of interest.
3. Minutes- Health Scrutiny Panel - 13 October 2020 5 - 10
To receive the Minutes of the meeting of Health Scrutiny Panel held on 13 October 2020
4. Opioid Dependency - Further Evidence 11 - 18
Reducing Opioid Dependency - Evidence from Cleveland Police and Middlesbrough Council
The following expert witnesses will be in attendance:-
Chief Inspector Daryll Tomlinson - Cleveland Police
Marion Walker - Head of Stronger Communities
Dale Metcalfe - Community Safety Manager (Operational)
Debra Cochrane - Community Support Officer (Homelessness)
Jill Fidan - Community Outreach Officer (Homelessness)
Recommendation: - That the information presented at the

meeting be considered in the context of the Scrutiny Panel's review.

5. Covid-19 Update

19 - 30

Mark Adams, Director of Public Health (South Tees) will be in attendance to provide an update on COVID-19 and the local Public Health / NHS response.

6. Regional Health Scrutiny Update

The panel is requested to consider an update on the work recently undertaken by the following regional Joint Health Scrutiny Committee:-

Tees Valley Joint Health Scrutiny Committee - 20 November 2020

Recommendation: That the update provided be noted.

7. Overview and Scrutiny Board - An update

The Chair will present a verbal update on the matters that were considered at the meetings of the Overview and Scrutiny Board held on 20 November and 3 December 2020.

8. Any other urgent items which in the opinion of the Chair, may be considered.

9. Date & Time of Next Meeting - 19 January 2021 at 4.00pm

Charlotte Benjamin
Director of Legal and Governance Services

Town Hall
Middlesbrough
Monday 30 November 2020

MEMBERSHIP

Councillors J McTigue (Chair), D Coupe (Vice-Chair), B Cooper, A Hellaoui, B Hubbard, T Mawston, D Rooney, M Storey and P Storey

Assistance in accessing information

Should you have any queries on accessing the Agenda and associated information please contact Caroline Breheny, 01642 729752, caroline_breheny@middlesbrough.gov.uk

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HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 13 October 2020.

PRESENT: Councillors J McTigue (Chair), D P Coupe (Vice Chair), R Arundale (As Substitute), B Cooper, A Hellaoui, T Mawston and M Storey and P Storey

ALSO IN ATTENDANCE: D Gardner - Director of Operations (Teesside) - TEWV NHS Foundation Trust
B Sinha - Clinical Director Adult Mental Health (Teesside) - TEWV NHS Foundation Trust

OFFICERS: M Adams, J Bowden, C Breheny, R Burns, J Dixon and S Bonner

APOLOGIES FOR ABSENCE Councillor B A Hubbard, Councillor D Rooney.

DECLARATIONS OF INTERESTS

There were no declarations received at this point in the meeting.

1 **COVID-19 UPDATE**

The Director of Public Health (South Tees) was in attendance to provide the panel with an update in respect of COVID-19 and the local Public Health and NHS response. The Director advised that at the last Health Scrutiny Panel meeting, as held on 22 September 2020, the 7 day rolling average figure for the COVID-19 infection rate in Middlesbrough was 42.6 per 100,000 (19 September 2020). Today that rate had climbed to 268.8 per 100,000 (11 October 2020).

In terms of analysis by age the figures showed that the prevalence of COVID-19 was highest amongst the age range 23-34 (data extracted on 12 October), which was older than the main student body and was probably why the infection rate was proliferating. The panel was provided with a graphical representation showing COVID cases over the previous 14 day by LSOA area. The graph highlighted that there were positive COVID cases spread through all areas of the town and there had been a total of 625 positive cases in the previous 14 days.

It was acknowledged that the Government had placed Middlesbrough and Hartlepool in Tier 2 'high' restrictions from 3 October 2020 and it was explained to the Panel that this meant that:-

- People must not socialise with anybody outside of their household or support bubble in any indoor setting, whether at home or in a public place.
- People must not socialise in a group of more than 6 outside, including in a garden or other spaces like beaches or parks (other than where specific exemptions apply in law).
- Businesses and venues can continue to operate, in a COVID-Secure manner, other than those which remain closed in law.
- Certain businesses selling food or drink on their premises are required to close between 10pm and 5am. Businesses and venues selling food for consumption off the premises, can continue to do so after 10pm as long as this is through delivery service, click-and-collect or drive-thru.
- Schools, universities and places of worship remain open
- Weddings and funerals can go ahead with restrictions on the number of attendees
- Exercise classes and organised sport can continue to take place outdoors. These will only be permitted indoors if it is possible for people to avoid mixing with people they do not live with (or share a support bubble with)
- People can continue to travel to venues or amenities which are open, for work or to access education, but should look to reduce the number of journeys they make where possible

In response to the restrictions the Local Authority had put forward a number of asks from Government. This included an:-

- An exit strategy from the current restrictions
- Testing & Extended Tracing
- Communications
- Support for Care Homes
- Education & Enforcement
- Support for Vulnerable People (Help Boro Support)
- Support for businesses
- Increased uptake of Flu Vaccine
- Support for Homelessness and Asylum Seekers
- Local Council Tax Subsidy (LCTS) grants
- Early access to the approved Towns Fund and Future High Streets Fund

In response to the information provided the Panel was afforded the opportunity to ask questions and the following issues were raised by Members.

A Member of the panel queried whether it would be possible to have the data broken down by ward on a regular in order to demonstrate to residents that this was an issue that affected all areas of the town. The Director explained that the graphical representation showing COVID cases over the previous 14 day by LSOA area, as shown in the presentation, was generated on a weekly basis and could be shared with Members.

In respect of the Local Authority's ask for there to be greater local responsibility over the track and trace system it was questioned as how the Director anticipated that would work in practice. The Director advised that if local Directors of Public Health were given more responsibility over track and trace it would enable them to pick up asymptomatic cases. Then by testing people who were yet to present with symptoms but had contracted the virus and were spreading it unknowingly in the community the number of cases could be reduced significantly. For example, at present there were people carrying out caring roles in the community, who were not displaying any COVID symptoms, however, they could potentially have the virus and be passing it onto very vulnerable members of the community. Similarly if this type of testing could be introduced in schools it would assist in reducing the negative impact caused on pupils by having to repeatedly send home class / year group bubbles.

The point was also made that when receiving a call from a local number it was more likely to be answered. Staff were also better placed to provide advice on the support available to people locally to help them self-isolate. It was emphasised that some form of financial resource would need to be provided by Government in order for a local track and trace model to be developed. Other partners in the community could also be used to assist in undertaking local contact tracing. It was emphasised that our model would need to evolve over the next couple of weeks and this was an issue that would be discussed at the forthcoming Health Protection Board meeting. Some aspects had already agreed, for example, the use of COVID champions to ensure important messages were being delivered to all members of our local community.

The view was expressed that there was a real need to shift the cultural norm to ensure that wearing a mask, for example, became the accepted norm.

A Member of the panel raised a query in respect of the temporary testing station that was to be situated in Hemlington. It was queried whether the necessary precautions had been put in place to ensure people going for a COVID test did not visit the local shops on the way. The Director of Public Health advised that there would be communications put out in respect of the temporary station and it would be reinforced that people visiting for a test must not visit any other place on the way to/from the test centre.

AGREED that regular communications be provided to Members in respect of the localised COVID-19 data available and a further update from the Director of Public Health be given at the panel's next meeting.

2

**REDUCING OPIOID DEPENDENCY - EVIDENCE FROM TEES, ESK AND WEAR VALLEY
NHS FOUNDATION TRUST**

The Chair welcomed representatives from Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust and Public Health (South Tees) to the meeting. The Director of Operations at TEWV advised that the presentation had been compiled collectively and sought to present a system perspective on the way in which services were currently delivered. In preparation for the meeting the Panel had requested that information be provided on the following areas:-

- The level of resource currently invested by TEWV in reducing opioid dependency / supporting people in Middlesbrough with dual diagnosis.
- TEWV's experience of working with those addicted to prescribed opioids,
- Relevant TEWV initiatives in place to address it.
- TEWV's view on the impact opioid dependency is having on children and young people in Middlesbrough.
- TEWV's view on what interventions are needed to better support people in their recovery from opioid dependency over the next 5 years.

The panel was advised that in terms of the services offered by TEWV in Middlesbrough, TEWV was a provider of Mental Health and Learning Disability Services and was not commissioned to provide Substance Misuse Services or services related to primary Opiate dependence. In the course of providing Mental Health and Learning Disability Services help was offered to persons with dual diagnosis. The definition of dual diagnosis was a co-existing mental health and alcohol and/or drug misuse problems.

In respect of the level of resources invested in dual diagnosis it was advised that regular mandatory training was provided to staff, a dedicated dual diagnosis lead had been appointed within the Trust, dual diagnosis link clinicians and dual diagnosis link champions also worked across a number of teams. In addition these practitioners worked in partnership with the locally commissioned substance misuse services. There was also a Mental Health and Substance Misuse network in place in Teesside and inpatient services/wards often needed to provide detox for patients.

The Clinical Director at TEWV advised that in terms of TEWV's experience of working with those addicted to opioids it was felt that difficulties were increasing (anecdotal reports) and getting the right help at the right time (in terms of helping an individual addicted to opioids) could be challenging. There was also an association with adverse outcomes including fatalities and the individual often faced a number of difficulties in addition to mental health and substance misuse including issues relating to finance, housing and physical medical conditions.

In terms of the initiatives undertaken by TEWV that were relevant to this field it was explained that a series of Rapid Process Improvement Workshops (RPIW) involving partner organisations in four localities had been held. This had involved Change, Grow, Live in Middlesbrough and TEWV had also initiated the Mental Health / Substance Misuse Network with other stakeholders. The crisis assessment suite at Roseberry Park also received support from the Substance Misuse services and joined up care was provided. Training of inpatient staff in the use and distribution of Naloxone kits would also hopefully lead to a reduction in deaths linked to opiates.

With regard to TEWV's views on the impact of opioid dependency on children and young people in the Clinical Director advised that colleagues in the field reported that the number of young people physically dependent on opioids in Middlesbrough was small but growing. There were young people that were at risk of developing dependency and for those young people born substance dependent it impacted on their development. Young people were also impacted by parents and significant adults own opioid dependence.

In response to the panel's query as to what interventions would be needed to better support people in their recovery from opioid dependency over the next 5 years TEWV put forward the following suggestions:-

- Mental Health, Substance Misuse, Primary care (PCNs), Mental Health services especially Psychological interventions to work jointly
- Quick and reliable access to specialist Substance Misuse help especially in Crisis,

- Crisis Assessment Suite and Inpatient wards
- Single point of access in Mental Health to include Substance Misuse workers for joint triage/joint initial assessment; also Social workers, other colleagues
- Substance Misuse workers to attend joint meetings like formulation, pre-discharge meetings
- Substance Misuse Services to contribute to TEWV's co-produced Crisis management plans/WRAP plans
- Mental Health services to deliver joint clinics in Substance Misuse premises
- Role of peer support workers across organisations
- Prescribers in commissioned Substance Misuse services to work with TEWV prescribers (at times meds may be given by prescribers in different organisations like GP, Substance Misuse, Mental Health, Acute hospitals etc. with limited sharing of information)
- Pathways for young people at risk of dependency and a way for those already dependent to access timely treatment
- Prescribing substitute treatment for those under 18 years needs further exploring
- Cross fertilisation in terms of training for Substance Misuse and Mental Health services (to each other)

The Chair invited the Council's Advanced Public Health Practitioner to provide a view from a South Tees public health perspective. The following views were expressed:-

- TEWV's initiatives have improved the offer for Substance Misuse clients – Crisis Assessment Suite, Rapid Process Improvement Workshops for Dual Diagnosis, smoke free, etc.
- Dual Diagnosis is extremely common amongst TEWV and Substance Misuse service users (in the broader sense of the term)
- Those with a Mental Health diagnosis are at the very top of the 'needs triangle'
- The majority of people sat below this but were still in need of support
- Collaboration was taking place with TEWV colleagues in terms of Substance Misuse /integrated model, pathways, crisis avoidance, etc.
- Predominantly adult focused in terms of opioids but preventative/Early Intervention was important.
- Work with Young People/transition clients was essential.

Reference was made to the four levels of interventions, as highlighted in the pictorial triangle. Level 4 was the base of the triangle and represented basic services and security, level 3 was the next tier and was defined as community and family support, tier 2 was focused on non-specialised support and the top tier related to specialised services. It was advised that the vast majority of people sat below the top tier but there was a need to stop people from becoming revolving door clients and ensuring crisis avoidance.

The panel was advised that one of the other main issues was that currently the majority of the resources invested were concentrated on the very acute services, which people were accessing at the point of crisis. There really needed to be a shift of that resource but one of the difficulties in achieving that was that you still needed to be able to support those at crisis point whilst trying to stop the future flow. Only through investment in the more preventative measures could there be any sort of solution in the long term. There was also certainly a willingness from the different service providers to work more closely together and capatilise on how, through closer integration, the system could perform better with the resources currently available to it.

The Chair thanked the representatives in attendance for their presentation and contribution to the panel's work.

AGREED that the information presented be considered in the context of the panel's current review.

3

OVERVIEW & SCRUTINY BOARD UPDATE

The Chair provided a verbal update in relation to the business conducted at the Overview and

Scrutiny Board meeting held on 1 October 2020, namely:-

- An update from the Mayor in relation Covid and the Council's finances
- Executive forward work programme
- Middlesbrough Council Covid-19 update - Chief Executive / Director of Public Health
- Executive Member of Finance & Governance update
- Scrutiny Chairs' updates

AGREED that the information provided be noted.

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Health Scrutiny Panel

Stronger Communities Update

8th December 2020

Marion Walker

Head of Stronger Communities

marion_walker@middlesbrough.gov.uk

Stronger Communities



Multi-agency work currently being undertaken to reduce drug related deaths and opioid dependency in Middlesbrough

As well as all the great work that our Public Health Team are doing relating to substance misuse we are also looking at this from a Community Safety Partnership (CSP) perspective too

Public Health are looking at commissioned services and joining this up through an integrated commissioning model that will join up homeless services and substance misuse services (not part of my update however Warden's have a significant role to play in identifying and engaging with vulnerable people and referring to commissioned services)

Middlesbrough Community Safety Partnership is a statutory body made up of representatives from Police, Probation Service, Local Authority, Youth offending Service, Health and the Fire and Rescue authority and they produce a community safety plan that is reviewed every two years.

Community Safety Plan

The recently reviewed Community Safety Partnership plan has identified the following priorities:

Priority 1—Perceptions and Feeling Safe

We will aim to better understand and improve the public perception of safety and crime in Middlesbrough
Tackling crime and ASB head on

Priority 2 - Tackling the Root Causes

Adverse Experiences
Trauma Informed approach

Priority 3 - Locality Working, Inc. Town Centre

Reconfigure relationships between statutory organisations and the community. Encouraging and supporting collaborative approach and building capacity within the community.

Create a safe town centre environment to live, work and visit



Community Safety Plan

Under each of the three priorities, these are the areas of focus relating to substance misuse

Develop a strategy to divert young people away from child **criminal exploitation and county lines**

Respond to issues in a timely manner, identify perpetrators and **bring to justice. (including drug dealers)**

Deliver the right care at the right place at the right time with a **co-ordinated trauma informed care plan**
approach

Strengthen families to **reduce** the number of **children becoming looked after**

Reduce mental health and substance misuse related crime and ASB by **early identification of mental health issues.**

Identifying vulnerability and **put safeguarding measures** in place to prevent further harm

Reducing offending behaviour and **increase access to support services**

Locality Working Pilot in **Newport and North Ormesby**

Dedicated **multi-agency town centre team**

Stronger Communities



Examples of the cases dealt with by the Street Wardens and Council's Homelessness Team and the outcomes achieved. The growing experience of working with those addicted to prescribed opioids, whether it's felt that this is a growing issue or not, if so, is it felt the necessary initiatives in place to address it.

Neighbourhood Safety Wardens carry naloxone kits - a drug that reverses the effects of an overdose. By administering the drug the wardens, who are also trained in first aid, have already saved the lives of 9 people since December 2019.

Wardens, who are also accredited by the Chief Constable of Cleveland Police, regularly gather intelligence and share information with the Police relating to drug dealing so that appropriate action can be taken. This has resulted in drug raids taking place in communities.

Council's Neighbourhood Safety Officers regularly build a portfolio of evidence to support an application to the courts for a house closure where we have evidence of ASB, crime and drug dealing in a property. (we have had success in this area and we are working with Police to look at more ASB related house closures)



2018 Example with Community Safety (Assertive Outreach)

homeless, sleeping on the street and begging in Middlesbrough town centre, is a heroin user and wasn't engaging with any services. He had benefits in place but couldn't access them as he didn't have a fixed address for the bank card to put it out to. S couldn't gain housing in Middlesbrough as he had "burnt his bridges" with landlords.

Weeks after S started to engage with the community safety team he was housed in temporary accommodation. He continued his engagement with the team and was able to find a more permanent address with 2020 properties. He is now attending all of his medical appointments and is now in receipt of Housing Benefit. His landlord has no complaints and has said he is 'doing well'. He has held down his tenancy and pays his rent on top up and he now has a bank card and can therefore easily access his benefits.

The team organised an assessment at CGL, which S attended, allowing him to be put on a methadone script. The team later supported him to attend Foundations and he has not used heroin since and is now feeling much healthier. He wanted to start selling the Big Issue so the Town Centre Team arranged for him to start selling the Big Issue as he attends Recovery Connections once a week.

S has moved out of the town centre and sells the Big Issue in the Linthorpe area.

S now feels ready for a DISC referral to support him into securing a permanent tenancy. He has asked the team if they can also help him look at his mental health once he is settled.

S has messaged the team on several occasions, here are some quotes

"Thanks, I wouldn't have been able to do this if it was left to me, so thank you very much it means a lot"

"I wouldn't have known where to start without your support"

Example from November 2020 Town Centre Wardens

X

X had been homeless for 12 months when the Town Centre Wardens started to engage with him. He was a prolific beggar in the town centre and was sleeping in shop doorways within the main precinct area, which was of concern to town centre businesses. Although X had benefits in place, he was misusing substances which was the reason he was also begging. He had 'burnt bridges' with housing providers but he said he wanted to change and stop living like this.

After a number of calls and discussions with the Homeless Team eventually a landlord agreed to give X a tenancy and he was placed into a private rented property. X was supported to set up his Housing Benefit claim by the homelessness team.

A community award scheme was successfully applied for to provide him with white goods, household furniture and clothing.

X is continuing to work with the team, he has also started to sell the Big Issue and is now ready to address his substance misuse and will be supported to make links with the relevant agencies for ongoing support. It is recognised that X still has a long way to go but he is making small steps in the right direction. Below is a quote from X

"Thank you, I wanna make changes and I wouldn't have been able to do this much without you"

Stronger Communities



views on what interventions are needed to better support people in their recovery from opioid dependency over the next 5 years.

People don't choose to live a challenging life, they often find themselves in a situation that gradually builds up on them. Individual circumstances and life experiences can lead to people being in a certain environment that can lead to harmful behaviours.

Every drug user is someone's brother, sister, mother, daughter, son and they deserve another chance and support to change their behavior when they are ready for it.

If their behavior is causing harm to the community, they need to understand that that it is unacceptable and their actions will have consequences. Therefore enforcement does have a place to

Also think we would benefit from more assertive outreach to support people to make small, positive steps to changing behavior

Thank you

Do you have any questions?

Middlesbrough COVID-19 Update

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8th December 2020

Agenda Item 5



North East & National Summary



North East LA COVID Cases - Tested in Current 7 and Previous 7 Day Periods

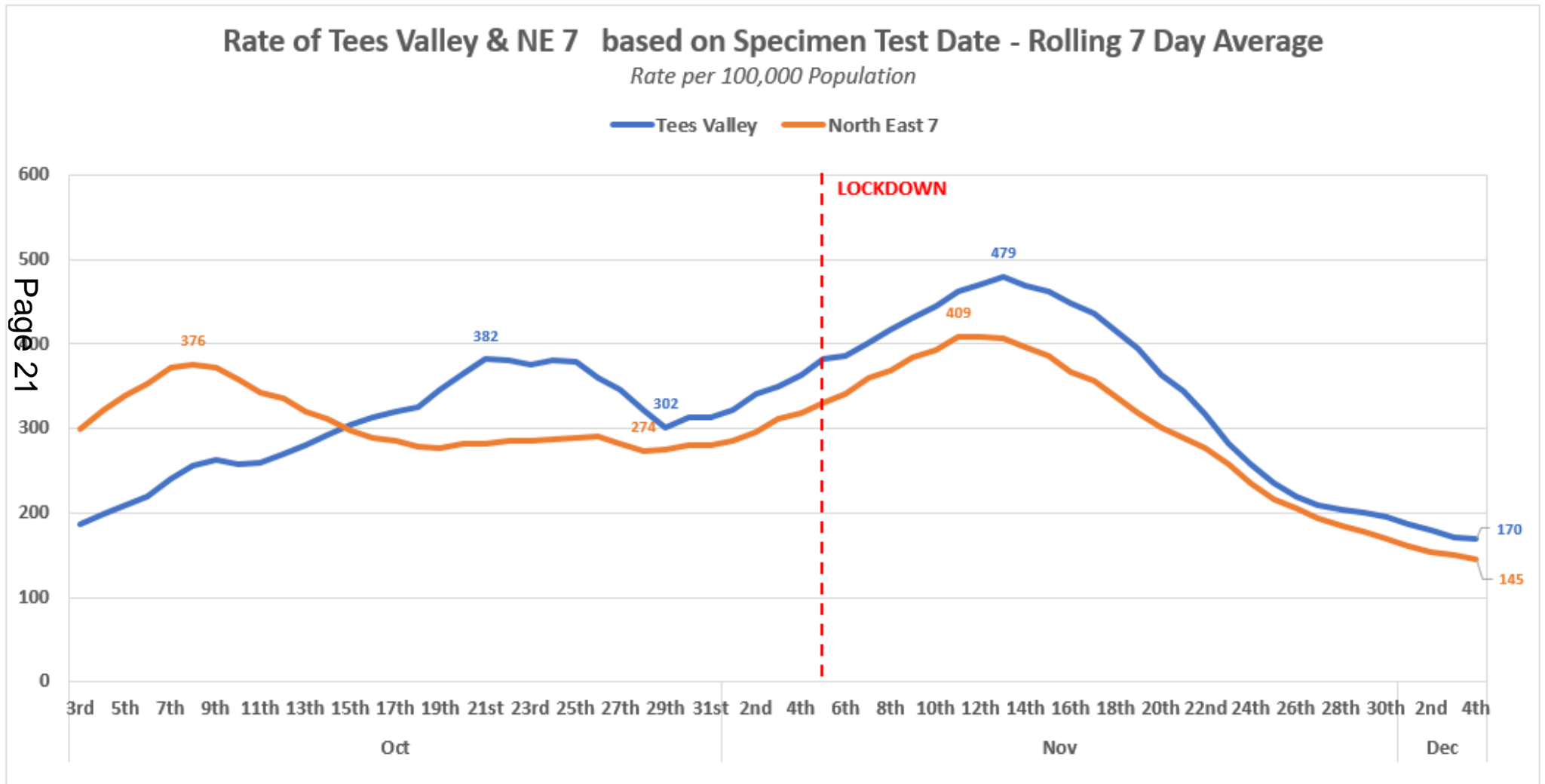
North East LA	Current 7-Day Period (28th Nov - 4th Dec)		Previous 7-Day Period (21st - 27th Nov)		% Change Rate
	Number	Rate	Number	Rate	
Hartlepool	204	218	253	270	-19.4%
South Tyneside	306	203	391	259	-21.7%
Darlington	199	186	271	254	-26.6%
Middlesbrough	253	179	264	187	-4.2%
County Durham	458	165	489	176	-6.3%
Northumberland	505	157	592	184	-14.7%
Stockton-on-Tees	305	155	431	218	-29.2%
North Tyneside	298	143	460	221	-35.2%
County Durham	763	144	1,011	191	-24.5%
Redcar & Cleveland	187	136	198	144	-5.6%
Newcastle upon Tyne	363	120	564	186	-35.6%
Gateshead	192	95	345	171	-44.3%

Source - GOV.UK COVID Dashboard

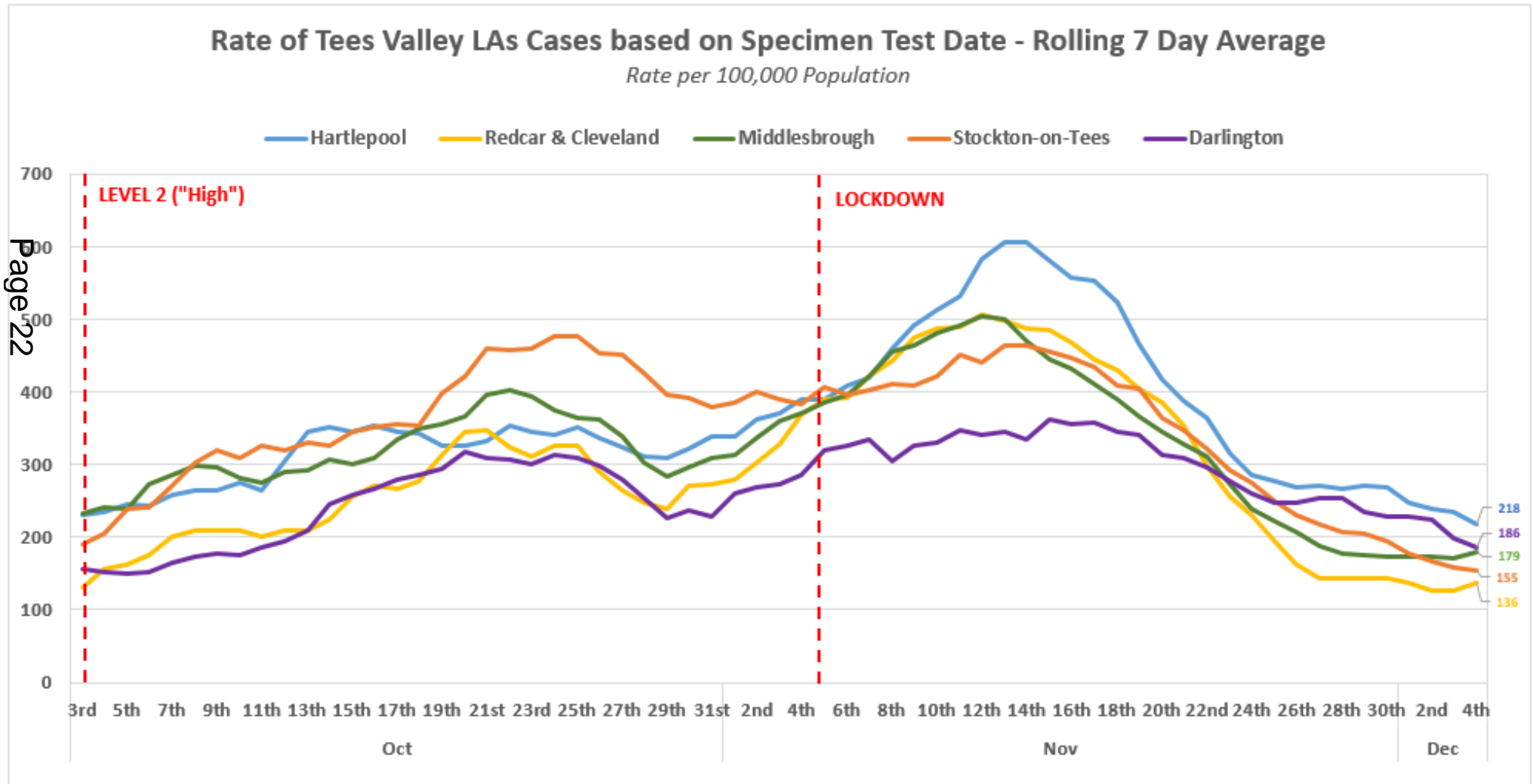
National Rank – 7 Days up to 3rd Dec

Local Authority		Rate per 100,000
1	Medway	520
2	Stoke-on-Trent	364
3	Dudley	318
4	Slough	305
5	Redbridge	302
6	Leicester	296
7	Blackburn with Darwen	295
8	Kent	285
9	Sandwell	282
10	Kingston upon Hull, City of	281
11	Rochdale	275
12	Havering	274
13	Hartlepool	270
14	Wolverhampton	270
15	Barking and Dagenham	259
16	South Tyneside	258
17	Darlington	253
18	Luton	252
19	Lincolnshire	251
20	Walsall	251
49	Middlesbrough	188

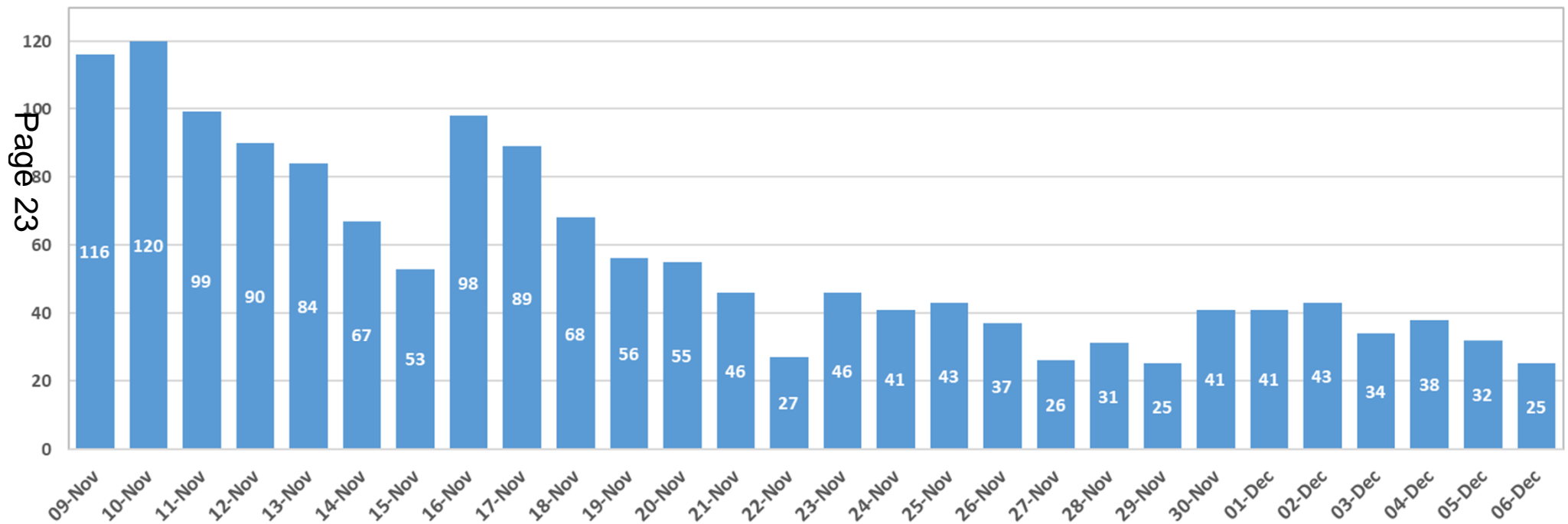
Tees Valley & North East 7 Rate



Tees Valley Local Authorities



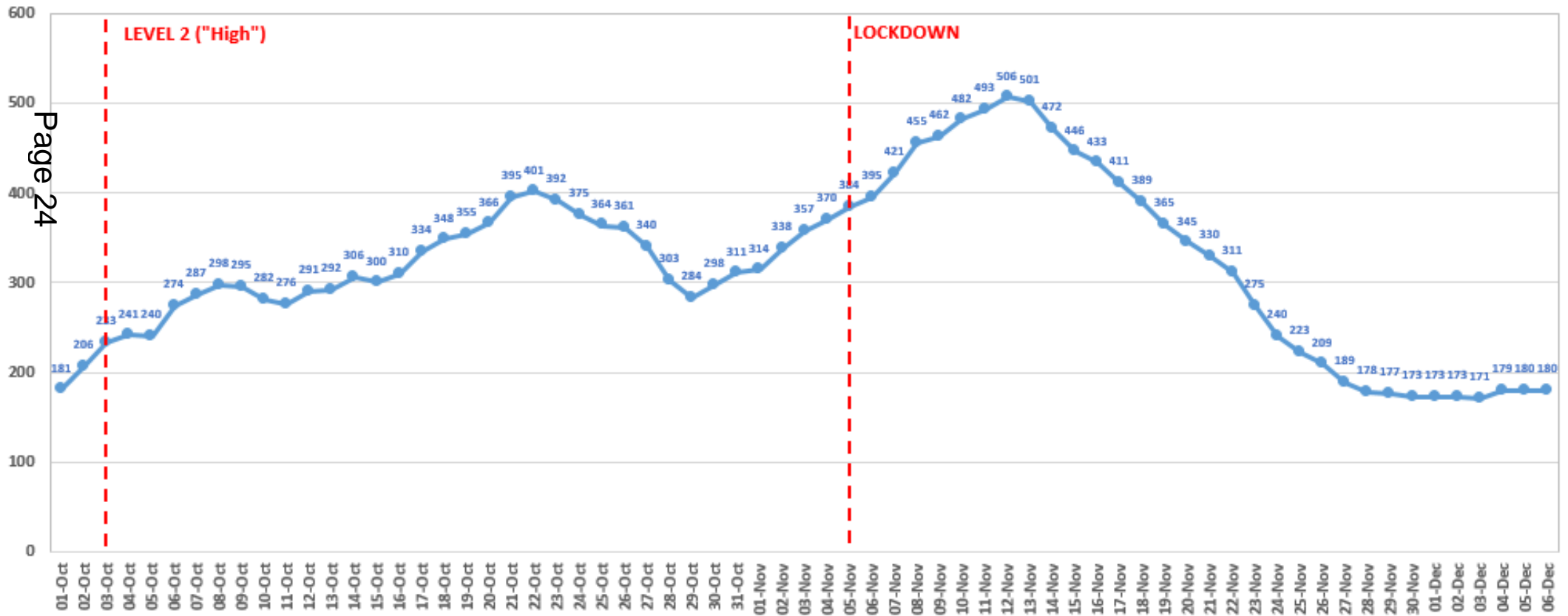
Middlesbrough Cases by Specimen Test Date - Previous 28 Days



Rolling 7 Day Rate of Cases



Rate of Middlesbrough Cases based on Specimen Test Date - Rolling 7 Day Average
Rate per 100,000



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Testing – Positivity %

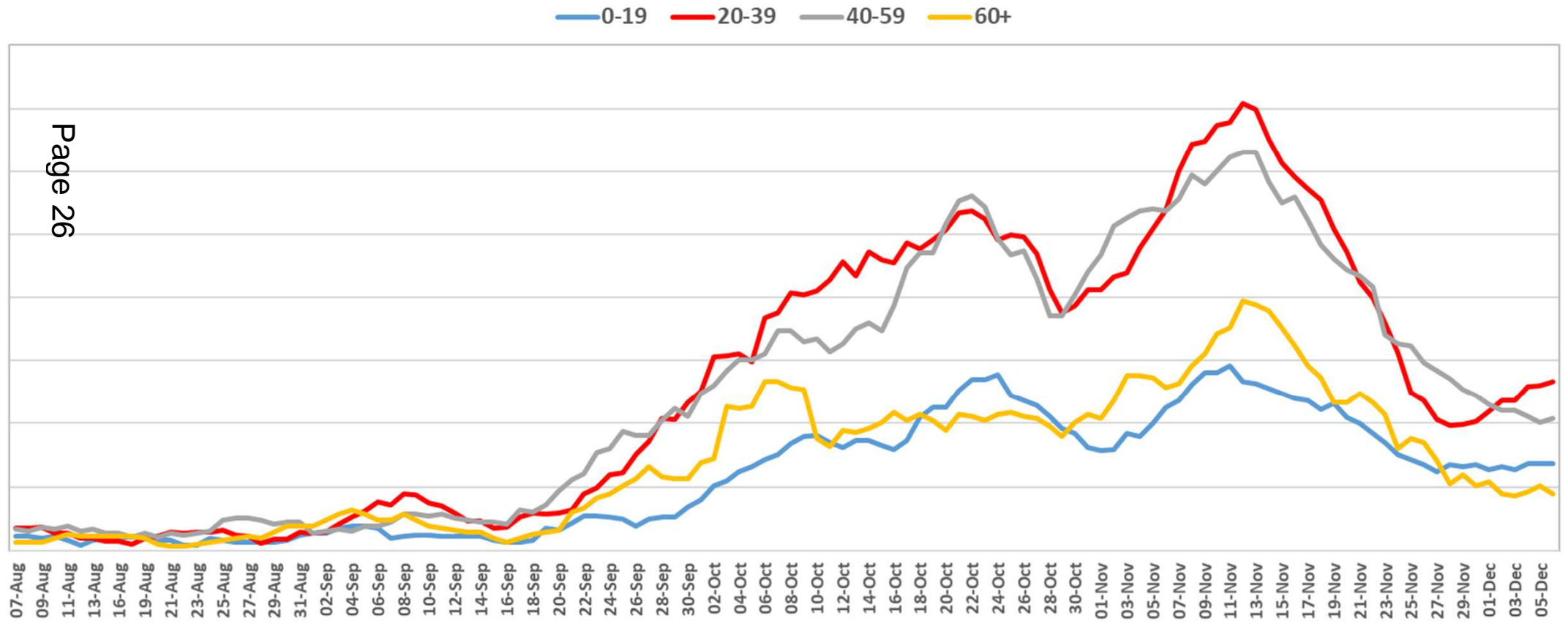


As of 05/12/2020	Positivity (%)	Change from previous day	Change from 7 days previous
Middlesbrough	6.9	0.1	-1.8
Redcar	6.8	-0.1	-2
Hartlepool	10.4	-1	-0.7
Stockton	10.2	-0.6	-2.2
Darlington	9.5	0	-0.7
Tees Valley	8.4	-0.4	-2.0
North East	7.3	-0.1	-2.1
England	6	-0.1	-0.9

Analysis by Age Group (7 day rolling averages)



Middlesbrough COVID Cases by Specimen Date - Rolling 7 Day Rate by Age Group per 100,000



Testing and Positivity by Ward



1st Sep – 2nd Dec, excluding care home testing

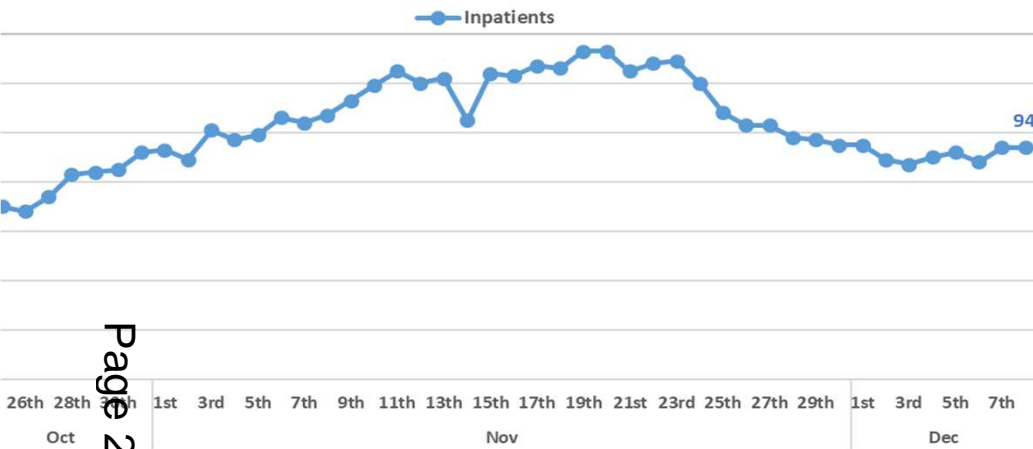
MOST
DEPRIVED

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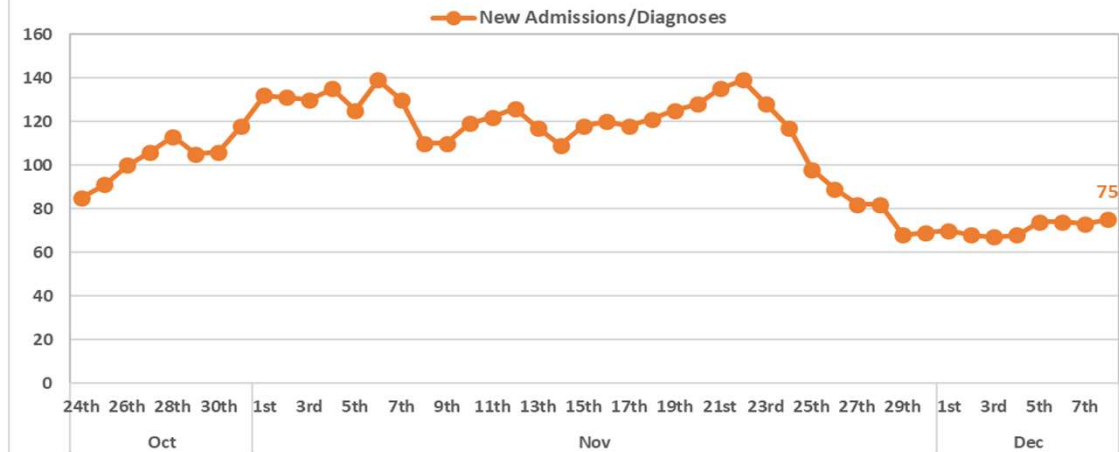
LEAST
DEPRIVED

Ward	Pop.	Negative	Positive	Total	Positive %	Rate
North Ormesby	3,068	577	100	677	14.8%	221
Brambles & Thorntree	8,697	2,502	279	2,781	10.0%	320
Berwick Hills & Pallister	9,154	2,370	265	2,635	10.1%	288
Newport	12,078	2,474	324	2,798	11.6%	232
Park End & Beckfield	7,756	2,087	349	2,436	14.3%	314
Longlands & Beechwood	10,691	3,177	418	3,595	11.6%	336
Central	12,783	2,693	329	3,022	10.9%	236
Hemlington	6,330	1,729	231	1,960	11.8%	310
Ayresome	6,141	1,716	224	1,940	11.5%	316
Park	9,776	2,534	395	2,929	13.5%	300
Ladgate	5,395	1,500	288	1,788	16.1%	331
Coulby Newham	8,528	2,235	263	2,498	10.5%	293
Stainton & Thornton	2,931	753	81	834	9.7%	285
Linthorpe	6,488	1,677	245	1,922	12.7%	296
Kader	5,170	1,178	150	1,328	11.3%	257
Trimdon	4,819	1,386	198	1,584	12.5%	329
Marton East	5,342	1,526	230	1,756	13.1%	329
Acklam	5,645	1,446	221	1,667	13.3%	295
Marton West	5,298	1,247	209	1,456	14.4%	275
Nunthorpe	4,890	1,210	186	1,396	13.3%	285
Total	140,980	36,017	4,985	41,002	12.2%	291

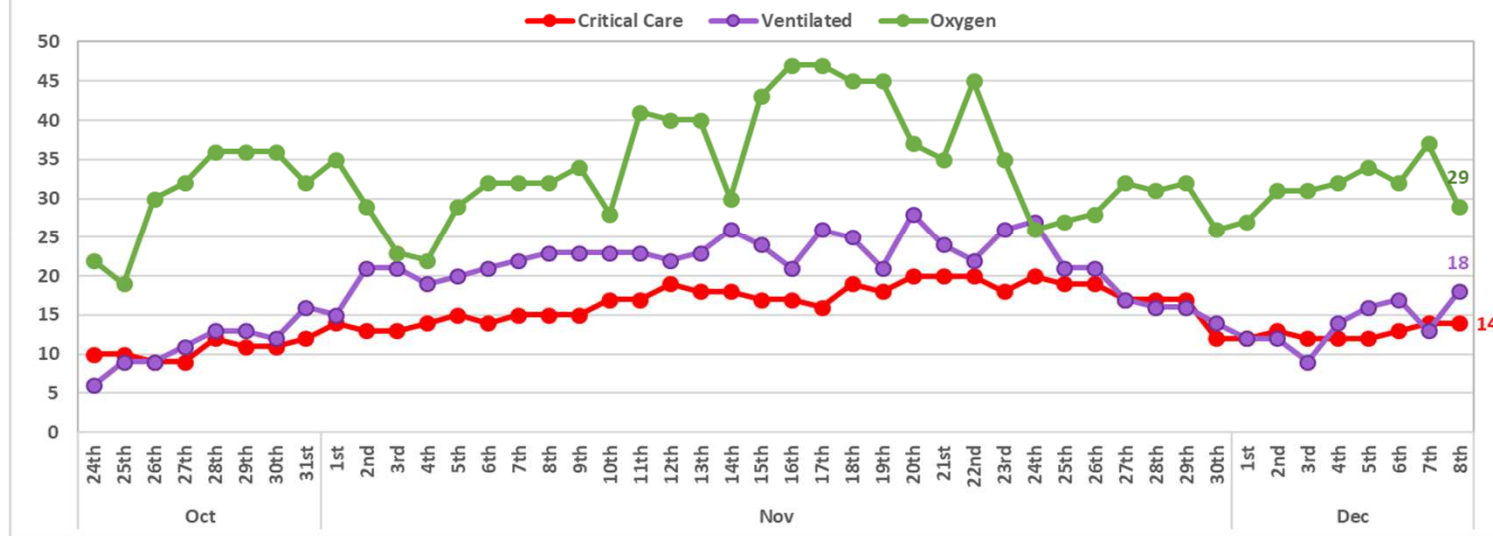
South Tees FT - COVID Inpatients



South Tees FT - COVID New Admissions/Diagnoses Last 7 Days



South Tees FT - Patients in Critical Care, Ventilated & Oxygenated



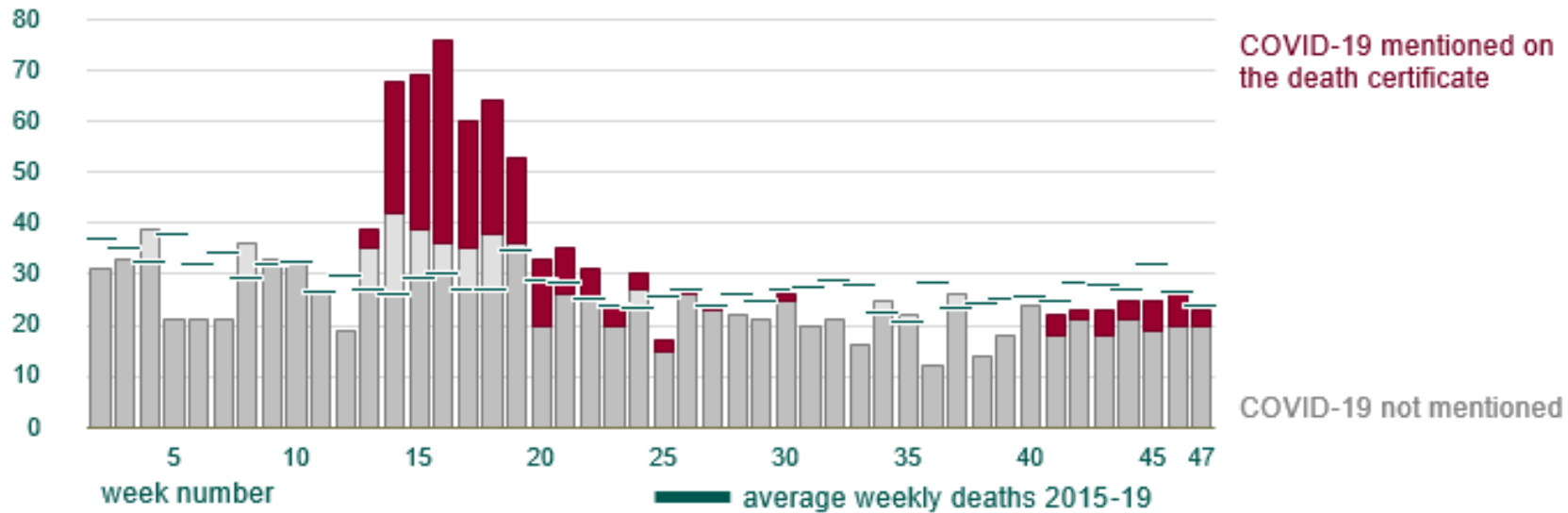
COVID Deaths

Week ending 27th November 2020



COVID Deaths	Previous Week	Rate per 100k	England Rate	Hospital	Care Home	Home	Hospice
242	3	172	110	154	82	5	1

All deaths in 2020 by week, with proportion where COVID-19 is mentioned



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2015-19 Average	2020 Total	Excess	Rate	England Rate
1,289	1,444	155	110	90

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