

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At the meeting of the **Health and Well-being Board** held at Meeting Space, Block 1, Floor 2, County Hall, Morpeth on Thursday, 9 September 2021 at 10.00 a.m..

PRESENT

B Flux (Chair) (in the Chair)

MEMBERS

R Firth	L Long (substitute)
P Mead	L Morgan
D Nugent (substitute)	G Renner-Thompson
G Sanderson	G Syers
J Watson	R Wigham (substitute)

OFFICERS

R Greally	Assistant Democratic Services Officer
R Hay	Northumberland CCG
P Hunter	Senior Service Director

12 APOLOGIES FOR ABSENCE

Apologies for absence were received from S. Brown, J. Lothian, C. McEvoy-Carr, R. O'Farrell, W. Pattison, E. Simpson, D. Thompson.

13 MINUTES

RESOLVED that the minutes of the following meetings of the Health and Well-being Board, as circulated, be confirmed as a true record and signed by the Chair:

- a) 8 July 2021
- b) 12 August 2021

14 REPORT OF THE DIRECTOR OF ADULT SOCIAL CARE AND CHILDREN'S SERVICES

Liz Morgan, Director of Public Health, gave a presentation to update the board on the Covid 19 epidemiology. It included the latest key data and developments of Covid in the area and showed the statistics of Covid in England compared to Scotland for the past several months. It was noted that Scotland had an increase in cases since restrictions were relaxed which had been exacerbated by the

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return of schools. Rates across the country were variable with some areas having significantly higher rates than others. Data from the national statistics suggested that up to 1 in 70 people were infected at any one time using data up until the end of August.

From a regional perspective across the LA7 it was highlighted there was a general upward trend for infections. Cases per day in Northumberland had increased by just under 20% in the last 7 days. There had been an increase in rates in 10-19 year olds which was expected. Cases in over 80's are decreasing and mainly stable in older age groups.

Data from Northumbria Trust suggested that cases in hospital were stable and there was no significant change. The rate of patient deaths had increased from July and August. It was highlighted that double vaccinated people are still being admitted to hospital and are still dying from Covid and it was noted that although the vaccine provides protection from serious illness and death, it does not necessarily prevent the transmission of infection. Therefore it was expected that there will be more cases of double vaccinated people being admitted.

The presentation gave an oversight about how we will live with Covid in the future. It gave an overview of the Government's summer roadmap and recent Government guidance which included an updated control plan:

- Reinforce the country's vaccine wall of defence.
- Enable the public to make informed decisions through guidance, rather than laws
- Retain proportionate test, trace and isolate plans
- Manage risks at the border to reduce the risk of variants emerging
- Retain contingency measures while learning to live with COVID-19

It outlined the priorities moving forward for the LA7 region which were:

- Equitable and rapid deployment of covid and flu vaccination programmes
- Encouraging good infection prevention and control measures including hand washing, respiratory hygiene, good ventilation and face coverings where appropriate
- Coordinated Test, Trace and Isolate programme and management of outbreaks via Local Outbreak Management Plans
- Taking our communities with us via Beat covid NE using behavioural insights, consistent messages and community champions
- Protection of vulnerable individuals in the community;
- Continued monitoring and surveillance
- To re-focus our work on health inequalities

The presentation gave an overview of schools and how DfE and PHE will assist with children returning to schools safely:

- Revised DfE guidance for management of covid in schools and FE
- Close working between schools, education teams, public health and PHE
- Prevention – hand and respiratory hygiene, environmental cleaning
- Schools are continuing to test
- Regional documents to support outbreak management and measures

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- Still asking schools to report cases
- Other infections
- Likely increase in cases – Scotland
- Agreed NE arrangements
- 12 – 15 yr old vaccination

The Local Tracing Partnership (local contact tracing) was ongoing to ensure people engage with NHS Test & Trace. Modelling was underway to inform planning for moving to 'Local 4', where NCC would receive all or a proportion of cases from the national team after 4 hours. There were reported benefits from other LAs using this model which included better customer experience and engagement, linking into the local support offer and intelligence gathering. There was only one supervised asymptomatic testing site in Northumberland as demand had fallen due to the multiple channels where people could pick up tests including pharmacies and home direct.

It gave a progress report on outbreak prevention and control plan implementation. The key messages were;

- The only certainty is uncertainty
 - The covid vaccination programme
 - Case rates
 - Flu and other respiratory illness
 - Multiple variables - easing restrictions, how people change their behaviour around social distancing, use of face-coverings and testing, the duration of immunity from vaccination or past infection and the effect of schools returning.
- Acceptable levels of infection would be influenced by NHS ability to cope
- Continue to be cautious to get through the winter

Richard Hay, Head of Planning and Operations (NHS Northumberland CCG) gave an update on vaccine uptake figures in Northumberland. Statistics on vaccination uptake were provided and compared the region to the rest of the country. It showed that Northumberland had the highest percentage uptake of 16+ first doses and second dose of any Upper Tier Local Authority in England. The statistics also showed that the North East is above the national average and Northumberland was again largely above the North East average for vaccine uptake for both 1st and 2nd doses. It highlighted that the younger age bracket (16-39) had the highest difference which was a credit to the region.

The latest JCVI guidance was that all 16-17 year olds would receive one dose of the vaccine and eligible 12-15 year olds (with eligible health conditions) would receive both doses. JCVI had not recommended that 12-15 year olds without underlying health conditions be vaccinated. However Health Ministers were looking at the other benefits of vaccination for this cohort. Therefore plans were ready in the background should the go ahead be given.

JCVI advised Government in July that any potential booster programme should be rolled out by September to maximise protection to those most vulnerable. It should be offered in two stages:

- **Stage 1:** all those over 70 inc. Care Homes and all those over 16 who are

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- Clinically Extremely Vulnerable, frontline H&SC workers
- **Stage 2:** all those over 50 and all those 16-49 in a flu or COVID-19 'at-risk' group

It outlined the next steps for the vaccine rollout:

- Continue to provide 2nd doses to all eligible patients at 8 weeks and maintain an evergreen offer of vaccination into the Autumn/Winter
- Promote importance of second dose uptake to provide greater protection to patients and reduce opportunities for transmission
- Prioritise vaccination of eligible Children and Young People
- Deliver 3rd doses to those eligible immunosuppressed individuals
- Collaborate and co-operate across delivery models (PCN, Community Pharmacy, Hospital Hub) to complete Phase 2 and standby to deliver Phase 3, subject to JCVI guidance
- Deliver seasonal flu vaccinations as normal & without delay
- Increase activity and promotion of the benefits of vaccination in our most deprived communities to tackle inequity of uptake
- Communicate proactively and effectively with our patients and public

The following comments were made in response to questions:

- Several members expressed their pride at how well Northumberland were performing with the vaccine uptake. Especially the younger age brackets.
- From November it was to be mandatory for Care home staff to be vaccinated and the same regulations were being looked at for wider people who enter care homes but not necessarily visitors.
- Sometimes the death rate was higher than expected throughout the year and sometimes it was lower than expected
- It was agreed that Liz Morgan would do a deep dive on death statistics and share with members information regarding average death rate and non-covid deaths to help understand the impact of Covid in our region.
- Consent for younger people to be vaccinated (12-15 yr olds) could be more complex if parents disagreed or there was a disagreement between parents and children. Guidance may be needed to agree an approach to these issues when they arise. This would be addressed as part of the planning process but most.
- There was always going to be a proportion of the population who would not be vaccinated because they had a clinical condition that precluded it but in general, vaccine hesitancy could be attributed to complacency, a lack of convenience or lack of confidence. The health service has proactively worked to reach out to groups to promote the benefits of vaccination and many people had valid concerns which must be taken seriously
- Communications was a key factor in informing the public of the benefits of vaccination. Communication is being directed to different cohort groups for example expectant mothers.

15 COMMUNICATIONS AND ENGAGEMENT

Phil Hunter, Service Director gave an update on the communications, both national and local, that had been and were going to be published by the Council.

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He also gave an overview of the projects undertaken by the Council to engage with the public.

The presentation outlined the way in which it supported outbreak prevention through the following:

- Outbreak Prevention and Control Wraparound Groups
 - Care Homes
 - Education
 - Workplaces and businesses
 - High Risk Individuals, Communities and Settings
- LRF comms cell
- MPs / elected member briefings
- Cabinet Office / Government Communication Service
- Support the Community Champions programme

The new regional communication that was being introduced was Beat Covid NE which included communications around; 'keep the North East open', vaccination hesitancy, 'Acts of Kindness'.

There was an update regarding the community champion project. It was highlighted that over 50 champions had signed up to the scheme and it was being well received in the community.

The presentation outlined the next steps for the Council's communications:

- Continuing to amplify national campaign
- Refreshed town centre signage in place
- Continue Community Champions recruitment
- BeatCovidNE – ongoing campaign development
- Vaccination programme/hesitancy
- Further behaviour insight work (North East wide)

The following comments were made following the presentation:

Members gave thanks to Phil Hunter and commented on the importance of communications given to the public to push the importance of not being complacent. He also highlighted that vaccine hesitancy was a very real problem and must be tackled. He also stated that it was important not to alienate those who do have vaccine hesitancy in society and that communication shouldn't create stigma against them.

There is a lot of uncertainty around why people get side effects. Certain allergies can be an indicator but realistically there would always be some people who would have an adverse effect to the vaccine. Many people seek information on platforms such as social media where information may not be accurate. It was suggested that it was a big task to unpick the problem.

The Council were waiting for a lead from National Government and Cabinet Office on Covid passes and how they would be used.

Communication was going to be valuable to allow people to gain confidence in

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returning to voluntary groups etc. Many elderly people had become used to being locked down and isolated and communication was needed to reassure them that it is safe to go to groups and clubs.

It was acknowledged that communication needed to be given about still behaving appropriately in public regardless of their vaccination status. However there was an awareness that explaining this was complex.

16 **HEALTHWATCH ANNUAL REPORT 2020/21**

Derry Nugent gave a presentation on behalf of David Thompson who was unable to attend. The presentation included information about the annual report, annual survey and moving forward.

The presentation outlined what Healthwatch Northumberland had achieved throughout 2020/21 including; enabling people separated from loved ones in care homes to share what it meant and how it could be better. Building solid relationships which enabled them to relay messages about vaccination programme.

The annual survey by Healthwatch Northumberland focused on the NE23 and NE61 postcodes. There was a 67% overall satisfaction rate. The main concerns raised from the survey were quality of care for care service providers, access to GP's, dentists and mental health services, recovery of cancer services.

The priorities for Healthwatch Northumberland in 2021/22 are as follows:

Health

- Access to primary care – dentists and GPs
- Mental Health services
- Sight loss

Social Care

- Care homes – new support forum
- Enter & View (when we can)

Communication

- Here to Hear
- Patient and service user voice in the ICS

The following comments were made in response to questions:

Members echoed the concerns regarding access to GP's. The CCG and other members acknowledged that access to GP's was difficult. There were not less services available but essentially it was a supply and demand issue. Services were transforming which meant GP's would not be the first point of contact but it may have been a pharmacist or district nurse. It was acknowledged that communication was needed to inform and educate patients of the service changes.

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Access to dentists were questioned. It was highlighted that through speaking to colleagues across the North East that the region was experiencing the same issue. Patients were struggling to find access to NHS dentists and in some cases, patients were struggling to access a new dentist after the pandemic where they may have been from the practice.

Derry Nugent expressed her pride in the Healthwatch continuing throughout the pandemic with a small team and the relationships that had been built with services. She said the pandemic brought with it frustrations such as not being able to go out to speak to the public. The annual response rate to the survey was less than last year. Moving forward Healthwatch wanted to develop by integrating services and help with services at a local area level.

17 HEALTH AND WELLBEING BOARD – FORWARD PLAN

Paula Mead requested that the Children’s & Adult’s Safeguarding report be deferred to the December meeting

RESOLVED that:

- a) The forward plan be noted;
- b) the Children’s & Adult’s safeguarding report be deferred to the December meeting and be place in the December meeting for all future forward plans.

18 URGENT BUSINESS (IF ANY)

Ralph Firth raised that it would be his final meeting for the board as a representative for the voluntary organisation sector. He thanked the board for allowing him to attend. A new representative will be elected as a representative in the near future.

The Chair thanked Ralph Firth for his attendance to the meetings and the contributions he gave.

19 DATE OF NEXT MEETING

The next meeting will be held on Thursday, 14 October 2021, at 10.00 a.m. in County Hall, Morpeth.

CHAIR.....

DATE.....

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