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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 on Thursday, 10 February 2022 at 10.00 am.

PRESENT

B Flux (Chair) (in the Chair)

MEMBERS

J Boyack
J Lothian
L Morgan
G Sanderson
D Thompson

S Brown
P Mead
W Pattison
G Syers
R Wigham

OFFICERS

L M Bennett
R Mitcheson

Senior Democratic Services Officer
Northumberland CCG

36 APOLOGIES FOR ABSENCE

Apologies for absence were received from N. Bradley, C. McEvoy-Carr, R. O'Farrell, G. Renner-Thompson, E. Simpson, P. Travers and J. Watson.

37 MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 9 December 2021, as circulated, be confirmed as a true record and signed by the Chair:

38 UPDATE ON THE EPIDEMIOLOGY OF COVID 19, THE NORTHUMBERLAND COVID 19 OUTBREAK PREVENTION AND CONTROL PLAN

Members received an update on the epidemiology of COVID 19 in Northumberland, developments with the Council's COVID 19 Outbreak Prevention and Control Plan, and Vaccination Programme. Presentations filed with the signed minutes.

Liz Morgan, Interim Executive Director for Public Health and Community Services, gave a presentation to the Board and the key points included:-

- Trends in the seven day rolling rate per 100,000 population for infection

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episodes across the LA7 was very similar to the national rate with cases at a similar level to the week before Christmas.

- ONS survey rates for the week up to 5 February 2022 estimated that 1 in 19 showed evidence of infection. ONS had also surveyed for levels of antibodies in the population and in the week up to 10 January 2022 it was estimated that 98% of the adult population would have tested positive for antibodies. This level was much lower in 8 – 11 year olds at 63-72%.
- In Northumberland rates were decreasing across all age bands, however, cases remained high at 2,000+ per week. The highest rates were in primary school children. The high level of cases in the Druridge Bay ward was due to an outbreak at HMP Northumberland.
- Targeted community testing was still being supported but there had recently been many changes to the guidance. There were plans, nationally, to rationalise PCR testing sites. Hopefully, the situation would be clarified in the Spring Plan which was due to be announced on 21 February 2022.
- Regarding contact tracing, there was uncertainty about the responsibility for Local Authorities and funding beyond March 2022.
- Omicron was less severe but the unvaccinated were eight times more likely to be hospitalised.
- The unvaccinated/boosted were 8x more likely to be hospitalised than the vaccinated. There had been a number of large outbreaks but, fortunately, cases were mainly mild or asymptomatic.
- The situation was very different to 2021 in that there was the extensive vaccination and booster programme, extensive test and trace programmes, treatments and bespoke communications locally and nationally.
- It was possible that the end of legislative restrictions would take effect earlier than the planned date of 24 March 2022.
- Covid may be considered endemic when it became highly predictable or the level of harm was accepted due to the difficulty in eradicating it. Future waves of infection were to be expected and these would be determined by
 - New variants
 - Changes in number and age distribution of susceptible individuals
 - Seasonality
 - Extent of social mixing.
- The pattern in the UK was likely to be temporary until the global disease distribution settled. Covid could not yet be considered to be endemic.
- Current priorities across the LA7 included
 - equitable deployment of covid and flu vaccinations
 - continued encouragement of good infection prevention and control measures, hygiene, ventilation etc.
 - Coordinated Test, Trace and Isolate programme and management of outbreaks
 - Involving local communities and protecting vulnerable individuals
 - Monitoring and surveillance
 - Working on health inequalities
- A number of issues would have to be considered such as the future of test and trace, promotion of IPC measures that were of benefit, waste water testing, the need to stand up interventions again if needed and existing health inequalities along with those exacerbated by covid.
- Next steps
 - Joint workshop to be held on 14 February 2022 to look at priorities,

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actions and timescales.

- Develop a strategic framework for living safely with covid and to update the Local Outbreak Management Plan
- Review priorities and identify how can work together at scale, building on what had been learned and existing work.
- Agree a shared programme of work for LA7 to close the gap in health inequalities.

Rachel Mitcheson, Northumberland CCG, provided a presentation on the current vaccination programme and included the following:-

- Northumberland was performing strongly with vaccine uptake for 1st dose 90.3%, 2nd dose 85.6% and booster/3rd dose 71.1%.
- Uptake for booster jabs was slower than for previous jabs, however, 86% of eligible patients had received the booster. The under 50's were slower to come forward.
- Uptake for the booster programme had slowed over the New Year. This was mainly due to the high numbers of infection and the 28 day post infection period during which people could not receive their booster.
- Under 30s and pregnant women were being targeted to increase uptake in those cohorts.
- 4th doses for the severely immunosuppressed were being rolled out and 16/17 and 'at risk' 12-15 year olds would be invited for second doses and boosters when appropriate.
- 'At risk' 5-11 year olds were being invited for their first dose which was one third of a standard Pfizer dose.
- An evergreen offer of vaccination remained open to all eligible individuals and could be accessed via PCNs, pharmacies or vaccination centres.
- The Northumberland Vaccine Equity Board would continue to monitor vaccine uptake, areas of inequality and identify groups for targeted intervention.
- It was anticipated that an annual Covid booster vaccination would be required by all over 50s and cohorts 1-9. This was likely to be delivered in line with the seasonal flu vaccination campaign. Opportunities for co-administration would be maximised where possible.
- Invaluable lessons had been learned from the vaccine roll out and various scenarios were being planned for in response to high incidence and/or a new variant. It was necessary to ensure that vaccination services could run alongside routine health and care services.

RESOLVED that the two presentations be received.

39 PHARMACEUTICAL NEEDS ASSESSMENT

Members received an update on progress and plans for refreshing the statutory Northumberland Pharmaceutical Needs Assessment (PNA) and to consider the lower geographical level for assessment. Report presented by Liz Morgan, Interim Executive Director for Public Health and Community Services.

Members were informed that producing and publishing a Pharmaceutical Needs Assessment was a statutory responsibility of the Health & Wellbeing Board in conjunction with the Northumberland CCG. The PNA should be refreshed every

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three years, but the timeline had been delayed due to Covid. It was expected the revised PNA should be in place by September/October 2022. A Steering Group had been established and work commenced in August 2021. The Steering Group had agreed to use the previous CCG localities which split Northumberland into four areas, North, West, Central and Blyth. A draft would be produced in April with the final draft being approved in September 2022. The importance of later opening hours and holiday opening was stressed particularly for very rural areas in the North and West of the County.

RESOLVED that

- (1) the plan and proposed timelines for the statutory review of the PNSA be supported.
- (2) the use of previous CCG localities as the geographical basis of the PNA be approved.

40 **SAFEGUARDING ADULTS ANNUAL REPORT AND STRATEGY REFRESH AND NORTHUMBERLAND SAFEGUARDING CHILDREN BOARD (NSCB) ANNUAL REPORT AND UPDATE OF ISSUES IDENTIFIED**

Members received an overview of the work carried out under the multi-agency arrangements for Safeguarding Adults in 2020/21 and an overview of the work by the Northumberland Strategic Safeguarding Partnership 2020-21. Reports presented by Paula Mead, Independent Chair of the Safeguarding Adults Board and NSSP Independent Chair.

Safeguarding Adults

The North Tyneside and Northumberland Safeguarding Adults Board (SAB) had been forced to adapt very quickly during the Covid pandemic and change its way of working. A range of measures and assurance frameworks had been introduced to promote multiagency working arrangements and monitor and mitigate areas of risk and concern. During 2020/21 Northumberland experienced a 40% increase in safeguarding concerns and 14% rise in safeguarding enquiries. The location of the main area of increase was in peoples own homes and linked to lockdown restrictions. Locally, the trend had be in episodes of domestic abuse, physical abuse and self neglect. There had also been an increase in safeguarding concerns relating to isolation, mental health and wellbeing. Most referrals had been made by the Police and this was a similar picture nationally.

The Multi-agency Safeguarding Hubs (MASHs) had operated successfully and was unique in that it was an integrated adult and children's MASH. It had been a very positive arrangement, and this had been noted nationally. It had enabled very difficult transitional issues of vulnerable children moving into adult services to be tackled. There had been no Safeguarding Adult Reviews undertaken in Northumberland. However, there had been a joint learning review with the Children's Service within Northumberland.

Key highlights of the Board's work had been a focus on themes such as Transitional Safeguarding, Vulnerable Dependent Drinkers Project, Channel arrangements and updates, criminal exploitation and the local experience of

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Operation Momentum. Covid had been the overarching priority and had impacted on all of the Board's work.

There had been an independent review in which the joint North Tyneside and Northumberland Board had been valued and was working quite well. All of the partners felt, and was probably exacerbated by covid, that there needed to be more focus on Place. From April 2022, it had been agreed to separate the two Boards. Northumberland was very keen to join up and integrate the Adults' and Children's Boards much more robustly. This had not been possible whilst working with North Tyneside.

Safeguarding Children Board

Paula Mead reported that local Safeguarding Boards had been disbanded a few years ago and the new arrangements had strategic partners with equal responsibilities for safeguarding children. These strategic partners were the Local Authority, Police, Northumberland CCG. Other partners such as health, schools and voluntary organisations still had a role to play in safeguarding children. Partnership working in Northumberland was very much a strength and had come into its own over the period of the pandemic. There was still work to be done to solidify the new arrangements and development work had been done with the partners. It had been identified that the adults and children's arrangements should work more closely together.

Very specific matters were required to be dealt with within the children's report such as evidence of impact, analysis of progress against stated priorities, inclusion of decisions and information around local and national safeguarding reviews, information on how feedback from children had been included and built into planning, and review of restraint at any secure unit.

Priorities focused on prevention, early help, work with fathers and improvement on focus on the child's experience and criminal and sexual exploitation. These were now sufficiently embedded to enable other priorities to be considered. The overarching priority was the impact of covid, children and young people's mental health, neglect, early help, domestic violence including child to parent abuse and non-accidental injury to under ones.

Paula Mead explained that her role was also as an independent scrutineer and her opinion was that good progress was being made, that the partnership working continued to be effective, the processes and assurance frameworks were working as well as they could do

Members welcomed both reports and raised the following points:-

- Having the three statutory partners had been a good development, but there also needed to be more involvement from relevant partners going forward.
- It was important to maintain independence and scrutiny in the process.
- A lot of the good practice in Northumberland had been picked up nationally. Partners were always trying to push the boundaries and do the best for vulnerable adults and children.
- There had been detailed national guidance as to what should be included the children's report. The evidence base and data used for the children's

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report was more robust and detailed than that for adults. This was partly due to history and how the two boards had evolved and that good quality data was more easily obtainable for children. It was more challenging to obtain adult data and comparing this data with that from North Tyneside did not work very well as the data was collected in different ways.

- The qualitative impact of the data was also being looked at along with the quality of practice arising from the performance data and the opportunities for us to integrate to the two partnerships and take the learning developed from the children’s work and develop this alongside the adults work.
- Practitioners had worked quite hard to make safeguarding work personal by listening to and integrating their wishes and experiences into their plans. It was important to find ways of supporting children and their transition into adulthood more effectively.
- There were cultural differences in the approaches to adult and children’s safeguarding. There was education to be done around the assertiveness and use of Mental Health Act especially around people with complex problems and alcohol use. There was a lot to be learned and combining the two to make them on an equal footing would be very useful.
- Work with alcohol dependant and resistant people over the last year had been very helpful as it had enabled the training of practitioners

RESOLVED that

- (1) The content of the North Tyneside and Northumberland Safeguarding Adults Annual Report 2020-21 be noted.
- (2) contents of the Northumberland Strategic Partnership (NSSP) Annual Report 2020-21 be noted.

41 HEALTH AND WELLBEING BOARD – FORWARD PLAN

It was noted that the Health Inequalities Summit would be held on 25 March 2022 and invites would be issued soon.

It was requested that the following be added to the Forward Plan

- An update on the progress with ICS was requested for the next meeting.
- Child Death Overview Panel Annual Report

RESOLVED that the forward plan be noted.

42 DATE OF NEXT MEETING

The next meeting will be held on Thursday, 10 March 2022, at 10.00 a.m. in County Hall, Morpeth.

CHAIR.....

DATE.....

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Northumberland
County Council

Covid 19 Public Health Update

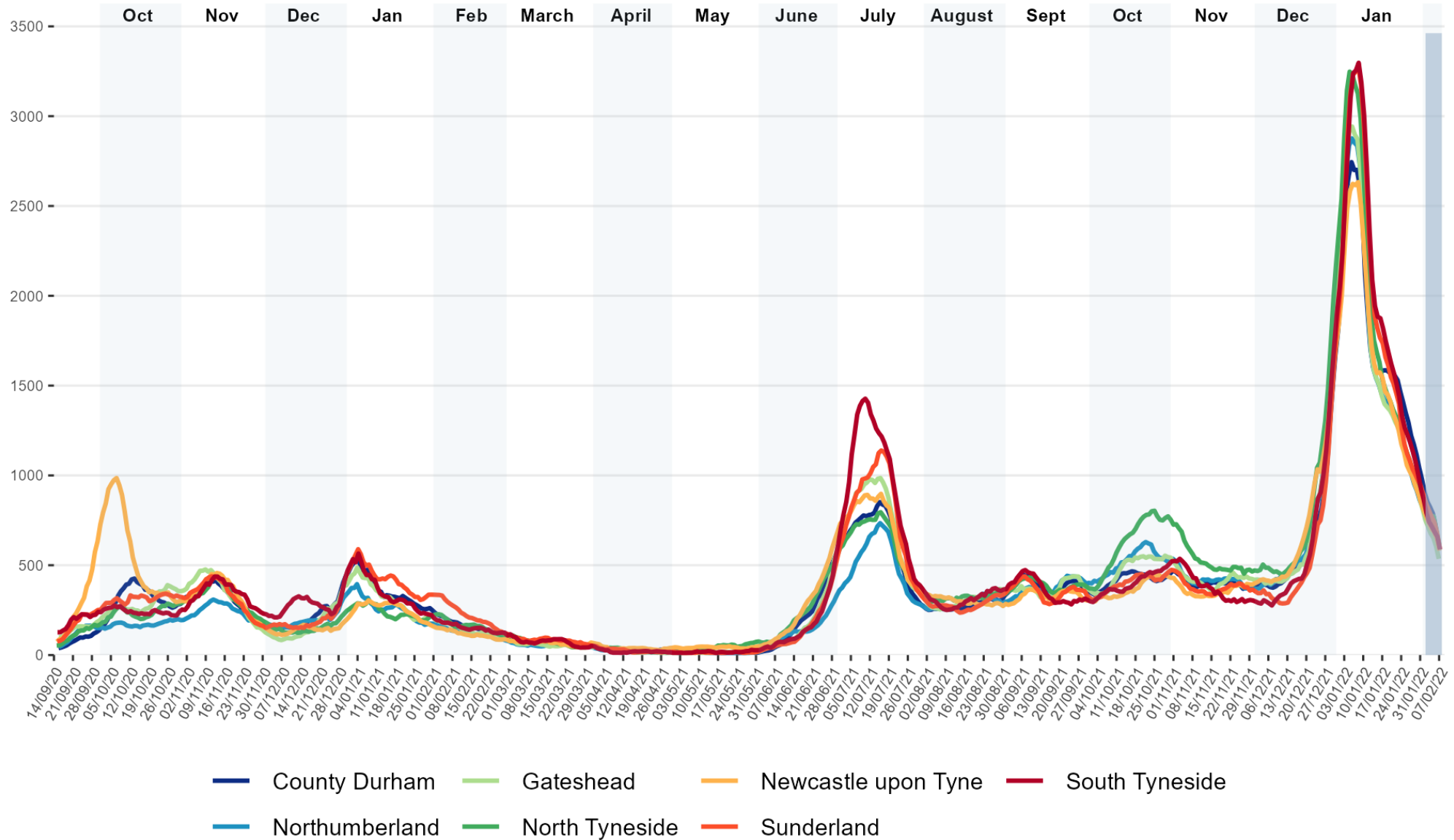
Health and Wellbeing Board

Liz Morgan – Interim Executive Director of Public Health and Community Services

10th Feb 2022

www.northumberland.gov.uk

Infection episodes as a 7 day rolling rate per 100,000 population (2019 estimates), of North East local authorities.
 Most recent days liable to change due to reporting delays. Includes results announced 08 Feb, 2022.



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Weekly Change in Rate per 100,000 - week beginning

| | | | | | | | | |
|-----------------|------------------|------------------|------------------|----------------|-----------------|-----------------|-----------------|-----------------|
| 6 December 2021 | 13 December 2021 | 20 December 2021 | 27 December 2021 | 3 January 2022 | 10 January 2022 | 17 January 2022 | 24 January 2022 | 31 January 2022 |
| 440.99 | 542.89 | 969.67 | 2,176.21 | 2,722.81 | 1,503.00 | 1,287.75 | 915.01 | 695.14 |

Rate of Positive Cases per 100,000 - 31/01/2022 to 06/02/2022

695.1

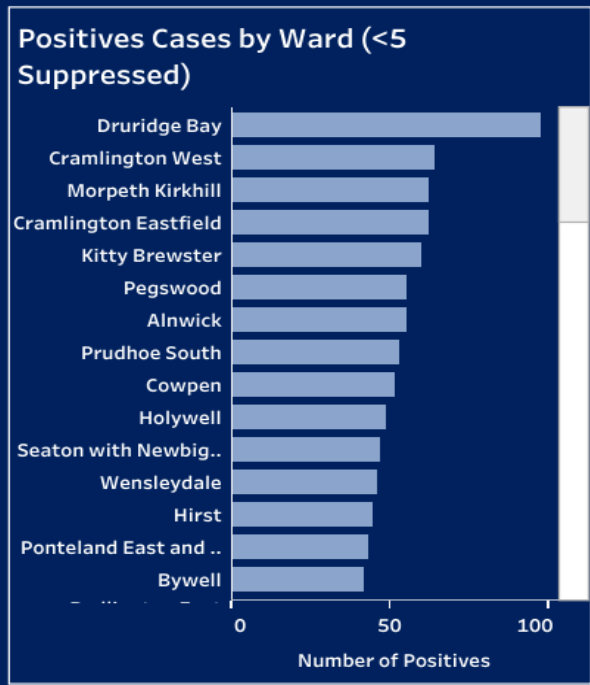
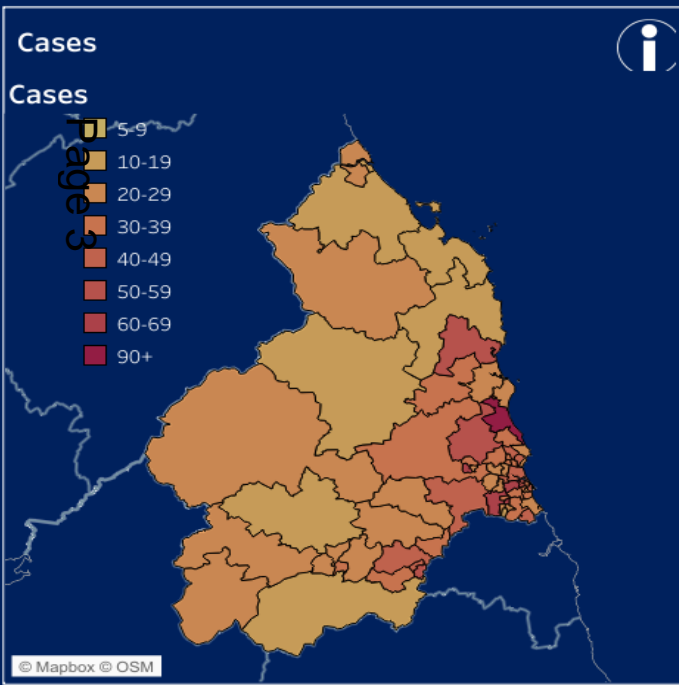
New Confirmed Positive Cases - 31/01/2022 to 06/02/2022

2,251

Epidemic Curve - Click below to select view

Possible Reinfections

| Date | Number of Cases |
|-----------------|-----------------|
| 6 February 2022 | 36 |
| 5 February 2022 | 20 |
| 4 February 2022 | 21 |
| 3 February 2022 | 28 |
| 2 February 2022 | 36 |
| 1 February 2022 | 50 |
| 31 January 2022 | 46 |



Daily Cases - This data is subject to change and cases will be added retrospectively on a daily basis

| | | |
|-----------------|-----|---|
| 6 February 2022 | 275 | ▲ |
| 5 February 2022 | 219 | ▼ |
| 4 February 2022 | 262 | ▼ |
| 3 February 2022 | 299 | ▼ |
| 2 February 2022 | 326 | ▼ |
| 1 February 2022 | 429 | ▼ |
| 31 January 2022 | 441 | |

Where are we now?

- Very different to 2021. Vaccination and booster, extensive test and trace (including local provision), treatments, communication
- Still high rates ONS survey 1 in 19 in England positive and significant response was required to Omicron variant. Significant disruption to people's lives and services
- Less severe disease but 8 times more likely to be hospitalised if unvaccinated than vaccinated and boosted ([UKHSA](#)); lower hospital admissions and deaths
- Outbreaks across key settings including schools and care homes
- Continued vaccination programme
- Local outbreak management plans continue to provide framework and COMF funding in place
- **Spring Plan** – expected 21st Feb
- All remaining legislation relating to covid restrictions likely to end on 24 March (if not before)
- Restrictions on visits to care homes in England likely to be eased further.
- Best defence remains vaccination; expecting guidance on next steps

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Is covid-19 endemic?

- What do we mean by endemic?
- Uncertainty about long term patterns but we should expect future waves
- Pattern determined by:
 - New variants.
 - Changes in number and age distribution of susceptible individuals
 - Seasonality
 - Extent of social mixing
- UK pattern likely to be temporary until global disease distribution settles.
- Not there yet with covid-19

LA7 Covid-19 current priorities

1. Equitable and rapid deployment of covid and flu vaccination programmes
2. Encouraging good infection prevention and control measures including hand washing, respiratory hygiene, good ventilation and face coverings where appropriate
3. Coordinated Test, Trace and Isolate programme and management of outbreaks via Local Outbreak Management Plans
4. Taking our communities with us
5. Protection of vulnerable individuals in the community;
6. Continued monitoring and surveillance
7. To re-focus work on health inequalities

Things to consider

- What will test trace and isolate look like once the need to self-isolate is removed
- Will we need to test and what will 'high risk' settings require
- What will happen to NHS Test and Trace at end of March
- How can we effectively promote IPC measures that are of benefit
- Can we utilise other mechanisms e.g waste water testing for disease surveillance
- We need to be prepared to stand up interventions again if needed – vaccination, testing, support for self-isolation
- How we 'pivot' to other health inequalities, existing and those exacerbated by covid-19

Next steps

- Short term 'living safely with covid-19' - joint workshop with ADASS, ADCS, UKHSA, OHID and NHS to build detail into the priorities, actions and timescales. Set up for 14th February
- Develop a strategic framework for living safely with covid-19 and update Local Outbreak Management Plan
- Review our priorities and identify where we can work together at scale building on what we have learnt and existing work
- Agree a shared programme of work for LA7 to close the gap in health inequalities

Key messages

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[BeatCovidNE.co.uk](https://www.beatcovidne.co.uk)

- Case rates are falling but still remain high, especially in primary school age children.
- We are likely to experience further waves of infection which we need to prepare for.
- Vaccination remains the lynchpin of protection from severe disease and death.
- Continuing with the basic measures – hands, face, space, self-isolation have little impact on our daily lives but are effective at reducing transmission (of many respiratory infections).

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COVID-19 Vaccination Programme Update

Northumberland Health & Wellbeing Board

11 February 2022

Rachel Mitcheson

Service Director: Transformation & Integrated Care

SRO COVID-19 Vaccination Programme (NCCG & NCC)



Vaccine uptake (12+) in Northumberland

2

2nd Highest % uptake of 1st doses across UTLAs in England

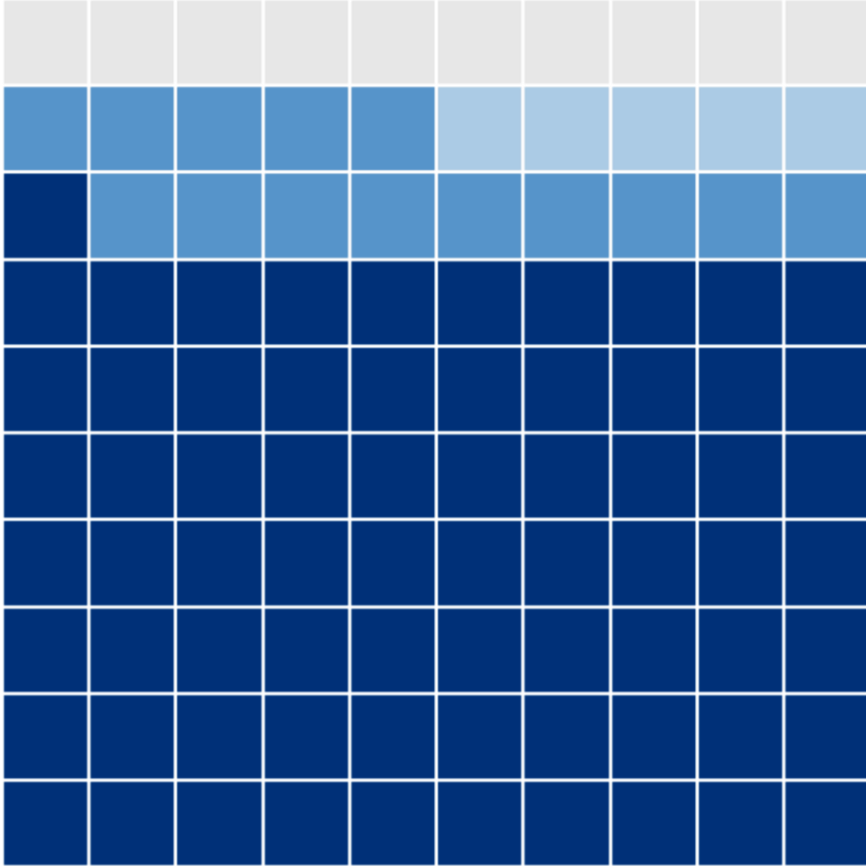
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Highest % uptake of 2nd doses across UTLAs in England

7

7th highest % uptake of booster/3rd doses across UTLAs in England



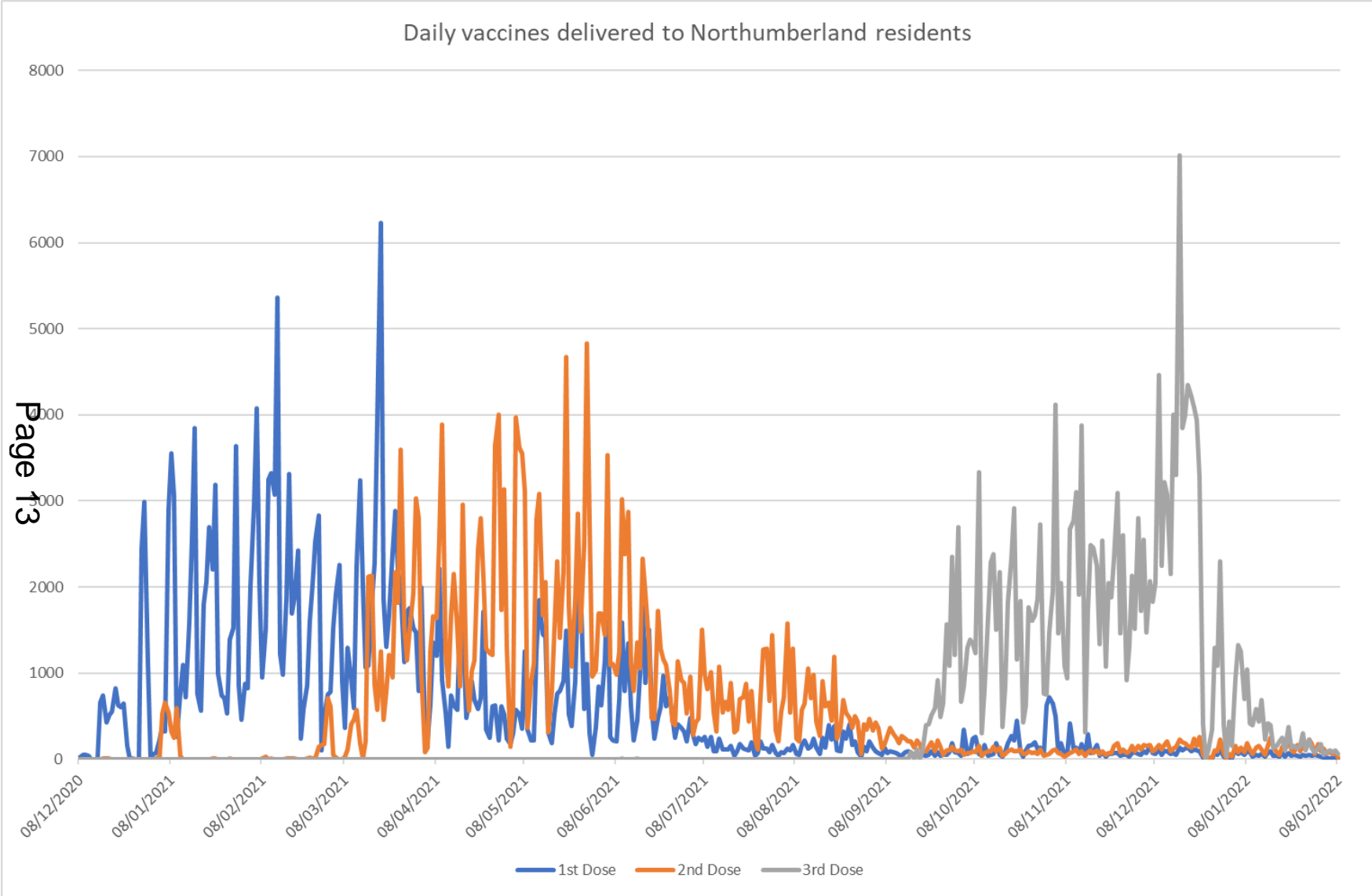
1st dose: 90.3%

2nd dose: 85.6%

Booster or 3rd dose: 71.1%



Vaccine uptake (12+) in Northumberland



Vaccine uptake (12+) in Northumberland

| Age Band | Population | 1st dose | 2nd dose | 3rd/boost | 1st dose % | 2nd dose % | 3rd dose % |
|--------------|---------------|---------------|---------------|---------------|-------------|-------------|-------------|
| 90+ | 3,134 | 3,044 | 3,024 | 2,885 | 97.1 | 96.5 | 92.1 |
| 85_89 | 6,151 | 6,013 | 5,986 | 5,772 | 97.8 | 97.3 | 93.8 |
| 80_84 | 10,432 | 10,195 | 10,143 | 9,878 | 97.7 | 97.2 | 94.7 |
| 75_79 | 16,322 | 15,982 | 15,902 | 15,561 | 97.9 | 97.4 | 95.3 |
| 70_74 | 23,146 | 22,549 | 22,438 | 21,851 | 97.4 | 96.9 | 94.4 |
| 65_69 | 22,862 | 22,126 | 21,959 | 21,177 | 96.8 | 96.1 | 92.6 |
| 60_64 | 25,367 | 24,308 | 24,094 | 22,697 | 95.8 | 95.0 | 89.5 |
| 55_59 | 26,454 | 25,069 | 24,761 | 22,765 | 94.8 | 93.6 | 86.1 |
| 50_54 | 24,016 | 22,421 | 22,062 | 19,780 | 93.4 | 91.9 | 82.4 |
| 45_49 | 19,988 | 18,199 | 17,816 | 15,124 | 91.0 | 89.1 | 75.7 |
| 40_44 | 18,550 | 16,448 | 15,952 | 12,717 | 88.7 | 86.0 | 68.6 |
| 35_39 | 18,821 | 16,232 | 15,526 | 11,347 | 86.2 | 82.5 | 60.3 |
| 30_34 | 18,844 | 15,608 | 14,682 | 9,588 | 82.8 | 77.9 | 50.9 |
| 25_29 | 17,471 | 14,284 | 13,297 | 8,017 | 81.8 | 76.1 | 45.9 |
| 18_24 | 21,915 | 18,399 | 16,970 | 9,519 | 84.0 | 77.4 | 43.4 |
| 16_17 | 6,846 | 5,450 | 4,147 | 556 | 79.6 | 60.6 | 8.1 |
| 12_15 | 14,049 | 9,447 | 3,229 | 23 | 67.2 | 23.0 | 0.2 |
| Total | 294368 | 265774 | 251988 | 209257 | 90.3 | 85.6 | 71.1 |

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- 86% of eligible patients have received a booster (>3 months post 2nd dose)
- Particular focus required to increase booster uptake in the under 50s



Boosters and 4th doses

- **'Get Boosted Now'** campaign during December 2021 saw a huge increase in booster delivery
- **Reduced demand** so far in 2022, key that we continue to promote the importance of being boosted across all eligible cohorts
- Given v.high case rates in the **Omicron wave** a large number of eligible patients have had to observe the **28-day post infection period** where they cannot receive their booster
- Regional comms & engagement campaign targeting **under 30s** ('change of heart') which aims to increase uptake in these cohorts
- Particular push around promoting uptake of boosters (and 1st/2nd doses) amongst **pregnant women** – lots of positive work already done with this cohort in Northumberland in partnership with maternity services
- **4th doses** (effectively a 2nd booster) for the severely immunosuppressed cohort are now being rolled out
- **16/17 and 'at risk' 12-15 year olds** now eligible for a booster and being invited at the appropriate interval




Vaccinating Children and Young People

- Programme delivered 1st dose vaccinations to **healthy 12-15 year olds** rolled out **in schools** from late September – November '21
- 1st dose uptake for 12-15 and 16-17 year olds both within the **top 10 UTLAs** nationally
- **12-17 year olds** now beginning to be invited for 2nd doses and boosters as they become eligible – via local and national booking
- **2nd doses to 12-15 year olds** being rolled out now using a **hybrid approach** of in-school clinics and wider access via the National Booking Service at selected PCN and Pharmacy sites
- **5-11 year olds** who are considered 'at risk' have been identified by PCNs and are being invited to come forward and receive a 1st dose of vaccination ($\frac{1}{3}$ of a 'standard' Pfizer dose for this cohort, delivered via a special paediatric preparation)
- Awaiting further **advice and guidance from JCVI** on the potential vaccination of the wider 5-11 year old cohort and whether 12-15 year olds will require a booster



Providing an evergreen offer of vaccination

| People not vaccinated... | with a 1 st dose | with a 2 nd dose | with a 3 rd /Booster |
|--------------------------|-----------------------------|-----------------------------|---------------------------------|
| Aged over 50 | 6,177 (3.9%) | 7,515 (4.8%) | 15,518 (9.8%) |
| Aged 16-49 | 17,815 (14.6%) | 24,045 (19.6%) | 55,567 (45.4%) |
| Aged 12-15 | 4,602 (32.8%) | 10,820 (77.0%) | Not yet eligible |
| Total | 28,594 (9.7%) | 42,830 (14.4%) | 85,111 (28.9%) |

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- Unvaccinated people are at **highest risk** from serious illness and death from COVID-19
 - An **evergreen offer** of vaccination **remains open to ALL** eligible individuals who have yet to be vaccinated and is accessible via all delivery models (PCN, Pharmacy, Vaccination Centre)
 - **Northumberland Vaccine Equity Board** continues to monitor vaccine uptake and areas of inequity and identify groups for targeted intervention (e.g. pregnant women, BAME groups, indices of multiple deprivation)
 - Focus on **convenience, confidence, and complacency**
- 

Next Steps – transition to BAU

- Our current assumption is that an **annual COVID-19 booster vaccination** will be required for all adults over 50 and those consider 'at risk' (JCVI cohorts 1-9) – subject to final JCVI advice and guidance
- Delivery likely to be during **Autumn/Winter** (September – December) 2022, in line with seasonal flu vaccination campaign
- Flu and COVID-19 vaccination supply chains unlikely to be aligned for autumn/winter 2022 campaign however all **opportunities for co-administration** of vaccines will be maximised
- Planning and analysis is now beginning to understand what a **sustainable vaccination service** looks like (*how, what, where, when, who etc.*) learning invaluable lessons from the COVID-19 vaccine rollout
- Various scenarios will be planned for, from '**BAU rollout**' alongside flu to '**surge rollout**' (e.g. in response to high incidence and/or a new variant)
- A **sustainable workforce solution** is essential to ensure vaccination services can run alongside (and not instead of) routine health and care services to support tackling the **COVID-19 backlog of elective care**

