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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 March 2022 at 10.00 am.

PRESENT

B Flux (Chair) (in the Chair)

MEMBERS

L Morgan
C Riley
E Simpson
D Thompson
J Watson

W Pattison
G Sanderson
G Syers
P Travers

OFFICERS

L M Bennett
R Hudson
P Lee
G Matthewson
S McMillan
E Wheeler

Senior Democratic Services Officer
Northumberland CCG
Public Health Consultant
Northumbria NHS Foundation Trust
Assistant Director Policy Team
Northumbria NHS Foundation Trust

43 APOLOGIES FOR ABSENCE

Apologies for absence were received from J. Boyack, S. Brown, J. Lothian, C. McEvoy-Carr, P. Mead and R. O'Farrell.

44 MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 10 February 2022, as circulated, be confirmed as a true record and signed by the Chair:

45 UPDATE ON THE EPIDEMIOLOGY OF COVID 19, THE NORTHUMBERLAND COVID 19 OUTBREAK PREVENTION AND CONTROL PLAN, AND THE VACCINATION PROGRAMME

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. Presentation filed with the signed minutes.

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

- It was increasingly difficult to make sense of the case data due to the changes in Government guidance. Testing rates had dropped and testing in schools had ceased. There was an increase in case rates due to the BA2 sub-variant which appeared to have a transmission advantage although there was no evidence of any impact on severity of illness or vaccine effectiveness. Routine asymptomatic and symptomatic testing would end on 31 March 2022.
- As a result of the Government announcement on 21 February 2022, contact tracing had ceased. There was no longer a legal requirement to self isolate (although there was still a need to self isolate) and self-isolation support payments were no longer available.
- Changes in statutory sick pay would revert back to previous arrangements.
- Mobile, local and regional testing sites would cease to function at the end of March 2022 and most would then be demobilised and sites handed back.
- The best source of data was the ONS Survey which provided estimates of the prevalence of infection. In the week up to 26th February it was estimated about 1 in 30 people in England would have tested positive which was a decrease from the previous week. Covid was not naturally a mild disease, it was just less severe in people with reasonable immunity.
- **Living with Covid** – the new plan covered four main areas:-
 - Removing domestic restrictions whilst encouraging safer behaviours through public health advice, in common with longstanding ways of managing other infectious illnesses.
 - Protecting the vulnerable through pharmaceutical interventions and testing, in line with other viruses.
 - Maintaining resilience against future variants.
 - Securing innovations and opportunities from the Covid-19 response, including investment in life sciences.
- **Next Steps and Future Response**
 - It was planned to revert back to previous arrangements with outbreaks being handled by the Regional Health Protection Team.
 - Maintaining and building on the Infection Prevention and Control (IPC) skills and capacity within care homes, high risk settings, education and child care settings and businesses.
 - There was an opportunity to review the sickness benefits system nationally to help families on low incomes and employed in jobs with less favourable sickness benefits so that they could self-isolate without financial consequences.
- **Vaccination Programme**
 - The programme was continuing and had an evergreen offer of 1st, 2nd and booster jabs. It was expected that there would be an autumn booster programme which would have greater alignment with other vaccination programmes.
 - Local Authorities had a clear role to support the vaccination programme by working closely with the CCG.
 - There was now a vaccination offer to 5-11 year olds, and there would be a spring booster dose for over 75s, residents of older adult care

homes, and 12+ who were immunosuppressed. This was in addition to the evergreen offer and continued community engagement to promote uptake and access to the vaccine.

- Contingency plans had to be in place in case of a surge in cases.
- It was important to embed behaviours to prevent the spread of Covid which would also prevent the transmission of most other infectious respiratory illnesses. This included looking at the 'presenteeism' culture. Communication remained crucial and should comprise of simple, consistent messages.

RESOLVED that the presentations be received.

46 **DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2020**

Members received a report presenting the Director of Public Health (DPH) Annual Report for 2020/21 which focused on protecting the health of our communities from the impact of Covid 19. (Report and Presentation from Liz Morgan, Interim Director of Public Health and Community Services).

Liz Morgan highlighted the following key points:-

- Directors of Public Health had a statutory duty to write an Annual Public Health Report on the health of the local population. The report was developed during the 4th wave of COVID-19 in July 2021 and reflected the situation up to that point.
- The report focused on inequalities experienced within different sectors of the community such as mortality in people with BAME backgrounds, with disabilities, and those in the most deprived areas. The effects were not just direct but also indirect including loss of employment amongst young people, some children finding it difficult to study from home and health & social care staff who were at increased risk of adverse mental health outcomes.
- A lot of mitigation measures had been put in place which were highlighted in a series of videos attached to the report and these had had a very positive impact on Northumberland's communities.
- The report also made recommendations on what more could be done to address the widening inequalities attributable to COVID-19.
- The videos focused less on health and more on the social determinants of health
 - Video 1 – Introduction and Overview
 - Video 2 – Impact of COVID-19 on income, job security, social isolation and mental health
 - Video 3 – How the wider determinants of health have shaped the experience
 - Video 4 – The groups disproportionately affected by COVID-19, children and young people; digital inclusion.
 - Video 5 – The Council's response and recommendations

The following comments were made:-

- There was some disappointment that the report had not acknowledged the valuable, joined-up approach of the LA7 Local Authorities working together during the pandemic for the benefit of the community. Northumberland

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County Council's Officers and Members had worked very well together to ensure that local Members were aware of what was happening on a weekly basis. It was noted that the aim of the report was to highlight the impact the pandemic had had on the community and about the Council's response over the last two years.

- With regard to the quality of housing, every effort was made to ensure that the quality of the housing managed on the Council's behalf met the required quality standard and had good pathways in place to ensure a rolling programme of routine maintenance and repairs. It was more difficult in the private rental sector as there was less influence over the quality of the housing. It could be time consuming to go through the legal processes available to address issues in this area. A Selective Licensing Scheme could be used in particular areas of Northumberland to improve the quality of housing which also had an impact on other things such as anti-social behaviour, improving social cohesion and health and wellbeing.
- The Inequalities Summit would focus on inequalities and what could be done collectively across Northumberland to address this. The pandemic had highlighted that COVID-19 had exacerbated existing inequalities.
- Following the report at a previous meeting by Dr. Kathryn Bush on excess deaths data, work was just commencing on drilling down into the data to find out where the issues were such as cardiovascular disease or stroke.
- Some of the data used within the report would also be included within the data pack being used at the Inequalities Summit to focus the minds of attendees on the inequalities that existed. There would be wide representation at the Summit and there would then be consideration as to how Northumberland could address them and involving many other agencies and including the voluntary sector.
- The report had been considered at Informal Cabinet and Health and Wellbeing Scrutiny but it was suggested that in future years the draft Annual Report be brought to the Health & Wellbeing Board to enable Members to have some input.

RESOLVED that the recommendations contained within the Director of Public Health's Annual Report be accepted as follows:-

- Undertake a COVID-19 Inequalities Impact Assessment and use that to inform the council's recovery plan to ensure that areas of deepening inequalities are recognised and addressed. This should inform future budget and planning cycles.
- Develop an integrated carbon reduction, equality and health inequality approach as part of our policy development and appraisal process. This would be consistent with the Health in All Policies approach we are developing.
- Build on the strong community networks and increased social cohesion to ensure residents are at the centre of processes to design initiatives and services which meet their needs and aspirations.
- Encourage people to shop local, support local businesses, support the local development of skills to enable employment, especially those living in Northumberland who are furthest away from the employment market and exploit the wider social value of the Northumberland pound.

Members received a report describing progress to date to reduce suicide in Northumberland and setting out priorities for continuing to help reduce suicide over the period 2021-2025.

Pam Lee, Consultant in Public Health, raised the following key points:-

- Suicide figures for Northumberland were low but the rate was higher than the regional and national average. However, one or two incidents could quickly cause a change in the trend and data.
- The Executive Summary took into account where Northumberland was in terms of its data and COVID-19. The psychological effects of the pandemic could be present for 10-20 years. The data appeared to show a reduction in suicide figures nationally, however, this could be a false picture due to delays within the Coroner's system in confirming suicides.
- Priorities – Some people were at higher risk than others and the risk spread over a whole range of the population from those in our most to least deprived areas.
- There was a multi-agency approach with the CCG, Adults and Children's Safeguarding Teams, Mental Health Trust, and the Voluntary Sector. All the services which were commissioned were listed in the report.
- Defining suicide was very important as it was a very emotive subject. A lot of information was contained in the report to aid this understanding.
- The economic impact of suicide could not be underestimated and there was a clear link between unemployment and suicide. Good quality jobs with support built in were very important.
- The way suicide was reported in the press was important as there could be a contagious effect.
- The following factors were known to increase the risk of suicide: Age and sex, mental illness, substance misuse, social isolation and loneliness, gender and ethnicity, veterans, prisoners and those in contact with the criminal justice system.
- Efforts were being made in conjunction with the British Transport Police and Network Rail to design out the likelihood of suicide and trespass on railway lines.
- A lot of work was carried out around good mental health promotion and prevention and support. Efforts were being made to improve young people's mental health.
- There were a whole range of online sites and trainers who could help someone identified to be at risk.

The following comments were made in response to questions:

- It was important to ensure that professionals were trained and sensitive to risk to be able to make a difference to a person. Also to look for opportunities missed and what services were available. Some individuals may attempt suicide several times before succeeding whereas with others there was no warning.
- The Samaritans was a very highly regarded service, however, they were only able to signpost people to other services who may be able to help an individual. The organisation did promote itself at sites where there was a

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- high risk of suicide.
- The CNTW Mental Health Trust dealt with individuals who were distressed or depressed. It was feared that suicides would increase during the pandemic due to social isolation, however, this appeared not to be the case. Many did still feel anxiety arising out of the pandemic and also with fears about society opening up again. The Trust worked with a number of other organisations in this area. Some people in the public eye such as footballers or social media stars were opening up about what it was like to be considering suicide.
- Discussions had been held with Network Rail regarding the unmanned railway station at Cramlington to see if there were ways to improve the outlook of the station. It was hoped to secure the open line around the station and it was known to be an area popular with young people using alcohol and drugs. It was noted that local County Councillors and Cramlington Town Council were keen to see improvements and refurbishment at the station.

RESOLVED that

- (1) Progress to date be noted.
- (2) The revised Suicide Strategy 2021-25 be accepted.

48 NORTHUMBERLAND CANCER STRATEGY AND ACTION PLAN

Members received a presentation from Dr. Robin Hudson, Medical Director at Northumberland CCG and Graham Matthewson Operations Service Manager at the Northumbria Healthcare NHS Foundation Trust.

- It was emphasised that the levels of collaboration had been very high in Northumberland. The Cancer Locality Strategy Group was joined with North Tyneside to align priorities and thinking and there was also a wider ICP Cancer Group which met with the three hospital Trusts, Newcastle, Northumbria and Gateshead and the four CCGs. These Forums looked at performance relating to cancer in the whole region.
- Overall there was a lot of volatility in performance. Currently, activity levels were back to pre-pandemic levels, however, over the two years of the pandemic there had been a reduction in the number of expected referrals.
- Performance by speciality – key areas of focus were dermatology and breast cancer pathways. The figures regarding children appeared to be poor and had been the subject of a deep dive and it was found that the majority of referrals were found not to be cancer.
- A key area of pressure regarding breast cancer was the volume of cases and there was an issue with diagnostic capacity. In dermatology, a tele-derm app had been introduced which enabled remote referral including a photograph of skin tissue to a consultant. Patients in this pathway were now being seen well within the two week standard following referral.
- Primary Care was encouraged to keep services running during the pandemic particularly for cervical screening and funding was provided to practices for this purpose. It was important to build patients' confidence generally to encourage them to visit their GP. Also ensuring that patients stuck to the pathway and did not fall through the net.

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- A lot of effort had been put into the Cancer Recovery Plan and particularly focused on people who had waited a long time.
- There were interesting trends as to how patients were coming through the system. 6,000 colorectal patients seen last year and the diagnosis rate remained roughly the same over the last four years. In haematology pathway, referrals remained similar but diagnosis rate had gone up to 75%.
- The biggest focus nationally was the way cancer pathways were looked at and would move towards '28 days past diagnosis'. The aim was to diagnose patients more quickly and to start their treatment plan.
- Work was concentrating on breast and skin cancer. The new system using photographs for dermatology was working well.
- Colorectal services was a challenging pathway at the moment and work had been done to ensure that the pathway was as smooth as possible. Diagnosis was now quicker and there was increasing use of CTC (computed tomographic colonography). A new CTC scanner was due to be installed at North Tyneside which would double capacity across all services.
- Vague Symptoms Pathway was being trialled for patients with unexplained symptoms such as weight loss and abdominal pain.
- NHS Galleri Research Trial was aimed at 50-77 year olds with no cancer symptoms and would detect 22 cancers early.
- Lung cancer pilot jointly with North Tyneside to encourage early diagnosis. In the last 12 months, 300 patients had been scanned with 10 lung cancers detected, nine of which had curative treatment.
- Personalised care, including rehabilitation, health and wellbeing information and advice and signposting, empowering and improving patient outcomes. A digital monitoring system had been introduced to monitor patients throughout the process.
- Challenges to the service included the impact of Covid on staffing which created slight increases in diagnostic times; social distancing reducing capacity and increases in treatment length for Oncology services.
- Highlights were increasing staffing in Oncology, new Cancer Navigator posts to support new pathways and the installation of a second CT scanner due to be operational by March 2022.
- Cancer awareness should be raised with emphasis on the importance of early diagnosis, symptom awareness, cancer screening campaigns and support of national and regional campaigns.

RESOLVED that the presentation be received.

49 **NORTH OF TYNE COMBINED AUTHORITY WELLBEING FRAMEWORK: NORTHUMBERLAND APPROACH**

Members were briefed on the work across North of Tyne to develop and agree a Wellbeing Framework, and the Board's views were sought on the proposed actions to implement the framework by Northumberland County Council and how the Board would wish to be involved in its adoption and implementation. Report by Sarah McMillan, Assistant Service Director, Policy.

The following key points were made:-

- The Framework was developed by local Government to help understand what mattered to people in terms of their own wellbeing. This assisted

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policy makers to think through important issues as connected issues rather than in isolation. This was looked at in terms of recovery from the pandemic and what it looked like for the region's wellbeing. It supported the North of Tyne's inclusive economy vision at the heart of the devolution deal.

- A roundtable approach was used to develop the framework and 12 specialists from various sectors were selected to carry out this work. Views from citizens and experts were gathered over a period of six months to form the evidence base.
- The model used was developed by the Carnegie Trust, comprising social, economic, environmental and democratic wellbeing and was used as a framework on which to base evidence and discussions. Different components of evidence gathering included:-
 - Policy and Literature Review
 - Call for Evidence
 - Community-Led Consultations
 - YouGov Survey
- Ten wellbeing outcomes were identified and mapped across the social, economic, environmental and democratic wellbeing for people living in the North of Tyne. These outcomes had 52 indicators sitting below them.
- The Framework comprised the Vision, the 10 wellbeing outcomes which were underpinned by 52 indicators based on regional, national, local data sets which allowed tracking of progress towards the 10 outcomes.
- Implementing the Framework – the NTCA Cabinet endorsed the report and the method of implementation was being considered. Progress would be regularly monitored and updates provided as necessary.
- In terms of Northumberland County Council, it was being considered how to take forward the Framework alongside its own priorities and strategies. The Framework would be discussed at the Health Inequalities Summit. Also, to develop the 'Health in all Policies Approach' and develop a tool to assist officers in ensuring that wellbeing was embedded in the decision-making process.

RESOLVED that

- (1) the Wellbeing Framework and the proposed areas for its implementation in Northumberland be endorsed.
- (2) Regular reports be submitted to the Health & Wellbeing Board.

50 IPC PROGRESS REPORT

Members received a presentation updating on IPC Progress from Dr. Graham Syers.

Dr. Syers raised the following key issues:

- The Clinical Commission Group had a statutory duty to sign off decisions and monitor the quality of services in Northumberland. From July 2022 that statutory function would transfer to the Integrated Care Board (ICB). Northumberland partners needed to think about how 'place' worked within that.
- The new arrangement had to build on the strength of what already existed in

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Northumberland. The Health & Wellbeing Board had to ensure that it played into this rearrangement of governance in the county.

- A Chief Executive Officer, Sam Allan, was now in place and she was listening to what needed to happen in place to ensure the right decisions were made and which were most appropriate to the needs of the people in Northumberland.
- A shadow board would be in place from April 2022 and a transitional process was going on with an operational framework now being suggested.
- Integrated Care Partnership – There was a huge footprint across the North East and Cumbria and this had presented huge challenges. The long established sub-regional partnership working between CCGs, Trusts and Local Authorities was recognised.
- Northumberland had a System Transformation Board (STB) where partners met to discuss issues around certain pathways. There was work to be done as to how the Health & Wellbeing Board interacted with the STB.
- A diagram showed how the ICS would work alongside the ICP. It was important to remember that Northumberland was a very large county with many diverse communities in it. Listening to local communities to ensure appropriate primary care groupings and there was involvement by voluntary organisations.
- Structures had to be effective and appropriate planning arrangements.
- The decision process for allocation of resources would look slightly different. Whilst decisions were still made by ICB, it was still expected that spending would be delegated to a place level to ensure the right decisions were made for the people of Northumberland. The STB needed a refresh in the light of the revised ICB governance arrangements to ensure the right representation and leadership.

The following comments were made:-

- The Chief Executive of the ICS was currently undertaking an engagement process and it was expected that she would meet with the Health & Wellbeing Board at some point.
- There needed to be a closer liaison between the Health & Wellbeing Board and STB, but it was unclear where the Health & Wellbeing Overview and Scrutiny Committee fitted into the process.
- It would be a huge challenge to simplify the complex range of organisations involved to avoid duplication and to ensure they all complemented each other.
- Social determinants such as housing and education must be part of the conversation about meeting the challenges otherwise it would be a retrograde step.
- The public and communities needed to be involved to aid awareness and contribute to what was being decided. The People and Communities Strategy was being prepared in this respect.

RESOLVED that the presentation be received.

51 **HEALTH AND WELLBEING BOARD – FORWARD PLAN**

Members received the latest version of the Forward Plan.

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RESOLVED that the Forward Plan be noted.

52 **DATE OF NEXT MEETING**

The next meeting will be held on Thursday, 14 April 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 Mar 2022

www.northumberland.gov.uk



21 February 2022 to 27 February 2022

Number of Cases

915

Rate of Cases Per 100,000

282.6

28 February 2022 to 6 March 2022

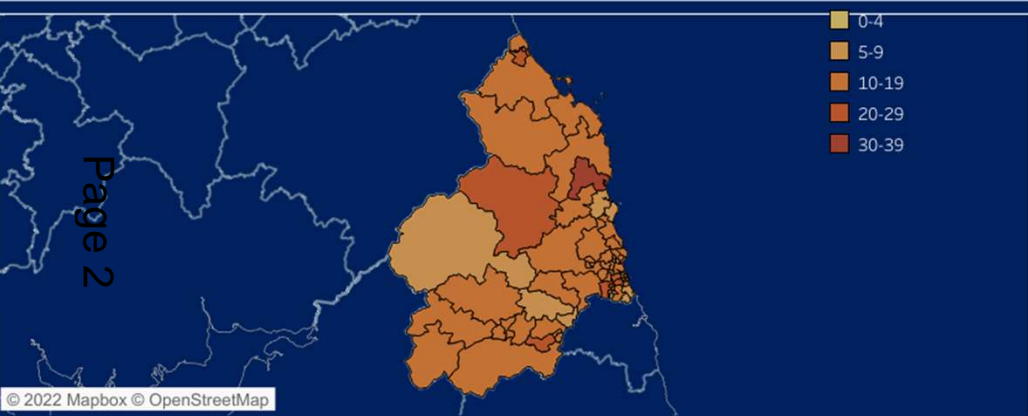
Number of Cases

1,134

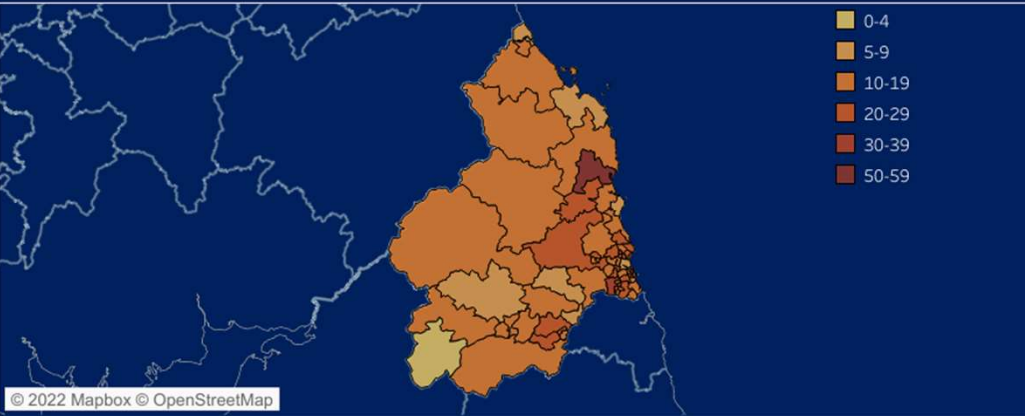
Rate of Cases Per 100,000

350.2

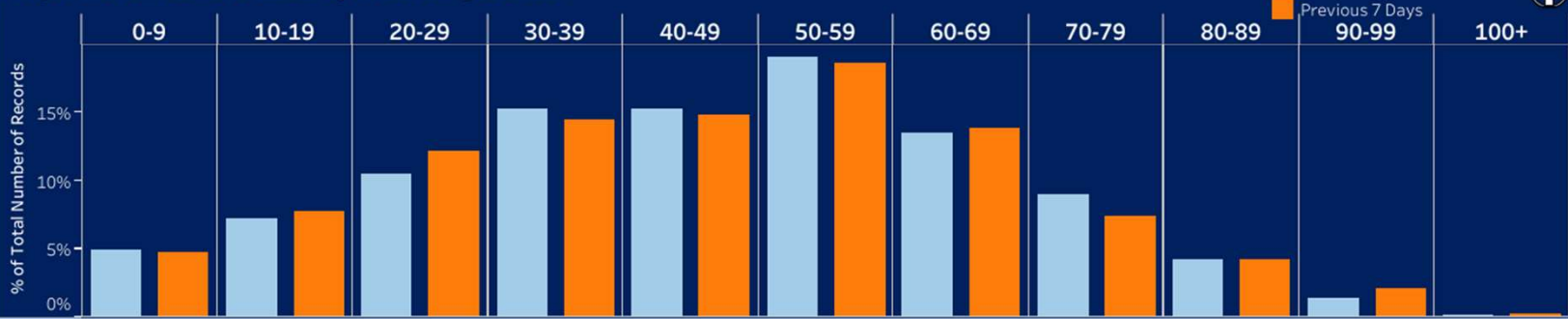
Cases



Cases



Proportion of Positive Cases by Week & Age Bands



Percentage Change in Cases

+23.93%

What has changed since we last met?

Most elements of the national response effort have now been scaled back.

- Routine national and local contact tracing (the Council's Local Tracing Partnership ceased on 24th Feb);
- The legal requirement to self-isolate (but not the need to self-isolate) and the provision of accompanying self-isolation payments have stopped;
- Routine testing in school children and staff (with some exceptions);
- Free universal symptomatic and asymptomatic testing for the general public (from 1 April) – regional, local and mobile testing sites will all be demobilised;
- Changes to statutory sick pay will revert back (individuals will be able to claim from Day 4);
- The removal of guidance for venues on having systems in place that allow individuals to 'check in';
- Expiration of the 'No 3 Regulations' meaning that the powers available to LAs to respond to COVID-19 outbreaks will revert to align with those available to respond to infectious disease outbreaks more generally.

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**Estimated number of people with COVID-19
in the week ending 26 February 2022**

(not living in hospitals, care homes and/or other communal establishments)

England	Wales	N. Ireland	Scotland
1 in 30	1 in 30	1 in 17	1 in 19

Source: Coronavirus (COVID-19) Infection Survey, UK: 4 March 2022

Office for National Statistics

COVID-19 RESPONSE: LIVING WITH COVID-19



The plan covers four main pillars:

- Removing domestic restrictions while encouraging safer behaviours through public health advice, in common with longstanding ways of managing other infectious illnesses.
- Protecting the vulnerable through pharmaceutical interventions and testing, in line with other viruses
- Maintaining resilience against future variants, including through ongoing surveillance, contingency planning and the ability to reintroduce key capabilities such as mass vaccination and testing in an emergency
- Securing innovations and opportunities from the COVID-19 response, including investment in life sciences

Next steps and future response

- SARS-CoV-2 will be managed regionally and locally as part of a wider all hazards approach, using existing health protection frameworks.
 - We can expect to see surges of infection over the next few years.
 - The focus will be on protecting those settings known to be at highest risk through local COVID-19 outbreak investigation and management activities.
 - Limited symptomatic testing for a small number of at-risk groups and free symptomatic testing will remain available to social care staff. A testing strategy is in development.
 - Awaiting further guidance on multiple areas – businesses and workplaces, care homes, Infection Prevention and Control; scaling up in response to a resurgence; future role of LAs and the Local Outbreak Management Plan; surveillance.
- Some specific issues/opportunities:
- Supporting residents who are at higher risk of severe illness or have less confidence in returning to everyday activities.
 - Maintaining and building on the excellent work on Infection Prevention and Control (IPC) skills and capacity within care homes, high risk settings, education and child care settings and businesses etc.
 - Families living on low incomes in jobs which have less favourable sickness benefits continue to be disadvantaged in terms of being enabled to adopt those behaviours that prevent transmission. Escalated.



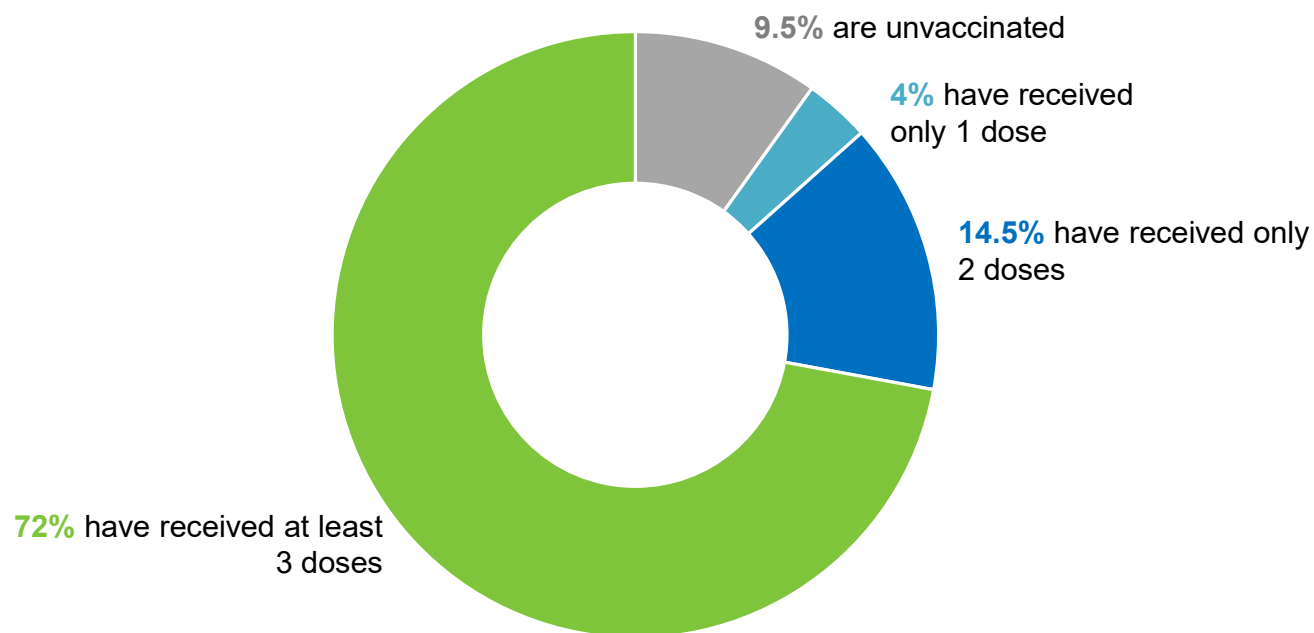
COVID-19 Vaccination Programme Update

Northumberland Health & Wellbeing Board

10 March 2022



Vaccine uptake (12+) in Northumberland



2

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

1

Highest % uptake of
2nd doses across
UTLAs in **England**

5

5th highest % uptake of
booster/3rd doses across
UTLAs in **England**

Graphic of COVID-19 vaccine uptake in Northumberland (<https://coronavirus.data.gov.uk>)

Next steps for the COVID-19 Vaccination Programme

- For the year ahead there are **three key priorities**:
 1. **Continued access** to COVID-19 vaccination
 2. Delivery of an **autumn** COVID-19 vaccination programme **if advised by JCVI**
 3. Development of detailed **contingency plans** to rapidly increase capacity if required
- Across each, the focus must remain on **increasing uptake** and **addressing unwarranted variation**.
- For 2022/23, we need to maximise every opportunity to build **greater alignment** with other vaccination programmes and **strengthen relationships** to support effective delivery and make best use of resources, wherever clinically and operationally possible.
- This means identifying opportunities to **co-deliver** and co-promote, as well as **co-administer** alongside other vaccination programmes (e.g influenza or pneumococcal vaccines) where appropriate.
- All vaccination sites will be expected to create opportunities to **improve population health**, delivering as a minimum **health promotion advice** and offering **health and screening checks** where possible to further address health inequalities.



Next steps for the COVID-19 Vaccination Programme

1. **Continued access** to COVID-19 vaccination
 - i. A vaccination offer to all **children aged 5-11 years**
 - ii. A vaccination offer of a **spring booster dose** for adults aged 75+, residents in older adult care homes, and individuals 12+ who are immunosuppressed
 - iii. A continued **evergreen offer** to those who have recently become eligible, including: at risk 5-11s, 12-15s, and newly at risk groups such as those who are pregnant, eligible severely immunosuppressed and their families/households
 - iv. Continuous **community engagement to improve confidence and promote uptake** support by appropriate access to vaccination. The configuration of which should be co-designed to meet **local population needs**.
2. Delivery of an **autumn** COVID-19 vaccination programme **if advised by JCVI**. It is the JCVI's interim view that:
 - an **autumn 2022 programme of vaccinations** will be indicated for persons who are at higher risk of severe COVID-19;
 - precise details of an autumn programme cannot be laid down at this time
 - this advice should be considered as **interim** and for the purposes of operational planning



Next steps for the COVID-19 Vaccination Programme

3. **Contingency plans** to rapidly increase capacity

- Learning from our response to the Omicron variant, systems need to be able to rapidly increase capacity to offer vaccination to everyone aged 12 years and older, should this be advised by JCVI. Systems will need to have the ability to surge to reach required capacity **within two weeks**
- Building on what worked well previously, surge plans will need to consider options for quickly increasing capacity such as **extending opening hours, roving models and additional pop ups**.

A plan for the **North East and North Cumbria Integrated Care System (NENC ICS)** is being pulled together with input from CCG and Local Authority colleagues and has the following areas of focus:

- **Addressing inequality**
- **Coverage / Access**
- **Capacity**
- **Ramp-up to surge**
- **Workforce**
- **Balancing wider NHS activity**





- The vaccination programme has enabled us to shift our approach and continues to be pivotal to success
- Embedding behaviours that prevent transmission of covid, will also prevent transmission of most other infectious respiratory illnesses.
- Use what we've learned to support people to stay at home if they have significant illness. 'Presenteeism' does nobody any favours.
- Some communities continue to be disproportionately affected.
- Communication remains crucial – simple, consistent messages.

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