NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

At a remote meeting of the **Health and Wellbeing Board** held on Thursday, 11 March 2021 at 10.00 a.m.

PRESENT

Councillor R.R. Dodd
(Chair, in the Chair)

BOARD MEMBERS

Dungworth, S.
Firth, R.
Jones, V.
Lothian, J.
Mead, P.
Morgan, E.
Riley, C. (substitute member)
Thompson, D.
Travers, P.
Warrington, J. (substitute member)
Watson, J.

ALSO IN ATTENDANCE

Bridges, A.	Head of Communications
Caffrey, N.	Drummond Central, BeatCovidNE Campaign
Mitcheson, R.	Service Director: Transformation and Integrated Care
Todd, A.	Democratic Services Officer

81. APOLOGIES FOR ABSENCE

Apologies for absence were received from N. Bradley, C. Briggs, S. Brown, J. Mackey, C. McEvoy-Carr, Councillor G. Renner-Thompson, Councillor H.G.H. Sanderson, G. Syers and C. Wardlaw.

82. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on Thursday, 11 February 2021, as circulated, be confirmed and signed by the Chair.

ITEMS FOR DISCUSSION

83. COMMUNICATIONS AND ENGAGEMENT

Anne Bridges, Head of Communications gave a communications and engagement update. The update included:

- The national messages from the Government and NHS were continuing to be shared along with reminders of the key advice given.
- The Government had now set out its roadmap and timeline for rollout and easement of COVID restrictions.
- Information re-emphasising key messages about vaccination and trying to dispel some of the myths surrounding it. Continuing to work closely with NHS colleagues on key messages.
- Promotion of community testing.
- The home testing kits had now been extended to nurseries and early years.
- Monday saw the return of pupils to schools for face-to-face education. A lot of support and advice had been put into schools to help with the return of pupils.
- To continue to promote vaccine rollout and reassure people to be patient until called for their vaccination.
- Digital vans working over half term in popular hotspots. Messages were also being carried on buses, bin wagons and fire engines.
- Support was continuing with the wraparound support groups.
- As well as regular briefing working with the regional campaign with LA7. Developing workplace safety campaign.
- The Community Champions scheme was up and running and recruitment was still ongoing. They would receive weekly updates and the scheme had been well received by all.
- It was believed as the weather improved, and more restrictions were slowly lifted it would become more challenging to ensure social distancing remained.
- Taking a partnership approach with all to ensure a communication strategy based on key dates was now a priority area. It was hoped that this would include partners such as The National Park, Police, NHS and regional neighbours to create a cohesive strategy going forward.
- The need to continue to drive forward changes based on intelligence and data collected.
- The focus now would be to reinforce the stay at home message and the workplace safety campaign. It was reported that since the roadmap was announced more people had been out and about particularly at coastal areas and at beauty spots.

Neil Caffrey, from Drummond Central then provided an update on the various strands of work they had been commissioned to undertake on behavioural insight in relation to the regional campaign BeatCovidNE. (A copy of the powerpoint presentation has been filed with the signed minutes).

Members were advised of the communications campaign designed to reduce the number of positive Covid-19 cases by March 2021. The update included:

- The objectives of the campaign.
- The evaluation/feedback of the substantive campaign including how safe people now felt after seeing the campaign.
- The changes in behaviour seen since December.

Several comments were made including:

- Congratulations on the fantastic results seen so far by the campaign.
- A suggestion that a comparison could be taken with other areas that did not mobilise as quickly as the LA7 and to learn from the findings.
- The welcomed approach of enabling NHS voices to also be involved in the campaign.
- The concern from a NHS perspective, that once restrictions started to be lifted there would be an increased pressure on services. It was reported that the NHS was to start to ramp up their voice to advise all on the need to still do your bit, make sensible choices and to not access services inappropriately.
- A query was raised regarding whether the data collected had been drilled down to more specific groups or areas that may need more targeted work. In response, it was confirmed that this had not been necessary. The sample used had been very robust and the campaign had reached a large proportion of people.

Members were also advised of the LA12 insight project that had been taking place across 10 local authorities. The first draft report was to be produced on 12 March, but the findings so far included:

- Tension and mental/emotional and physical fatigue were rising.
- Social connection and a desire to 'care' sometimes led to lapses.
- The challenge faced to deliver messages and communications to front line workers.
- Recognition of progress made.

Members were informed that it was hoped that further work would take place with the LA7 stakeholders to continue to build audiences and campaign activity. It was also hoped that this work would link in with the Vaccination Equity Board.

The presentation also informed all of the vaccine hesitancy and mass testing campaigns. The vaccine hesitancy campaign had been established to address commonly held concerns about vaccine safety in a way that would feel inclusive without placing any group or community in the regional spotlight. It was noted that so far both campaigns were seeing positive results.

The following comments were then made:

- The need to explore further the specific issues regarding vaccine hesitancy once the full LA12 insight project report had been published. It was noted that this work would need to target audiences such as care workers, health workers, specific age ranges of people, and not just those of one specific background.

- Confirmation that Newcastle Hospitals were the vaccine leads for the local area and should be involved in the communications and insight work being carried out.
- The need to continue to have clear and consistent messages across a wider area, not just Northumberland. Travel between Northumberland and other local areas was quite common, and it was hoped partnership work with all regional neighbours would continue to further enhance the message of togetherness and consistency. The Head of Communication agreed to take this action back to her regional colleagues to discuss.

RESOLVED that the information provided within the presentation be noted.

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

Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan

Members were provided with an update on the epidemiology of COVID 19 in Northumberland and developments with the Council's COVID 19 Outbreak Prevention and Control Plan. (A copy of the presentation has been filed with the signed minutes).

Liz Morgan, Director of Public Health, updated Members on the latest figures and actions agreed in response to the increasing rates of infection being seen in Northumberland. The presentation covered the following:

- The Northumberland epidemic curve showed a gradual reduction. The rate of decline was not as rapid as that seen after the first lockdown as the restrictions were not as strong.
- There had been a decrease in cases across all age groups.
- PCR testing sites were operational across the county along with a mobile service.
- Information on national studies on prevalence was reported.
- The positivity rate was slowly reducing with much fewer outbreaks and incidents recorded.
- Lateral Flow Tests for asymptomatic people were being carried out.
- An appreciation of the work being carried out by schools. So far there had been a modest number of cases recorded following the start of the school testing process.
- The vaccination programme and plans to continue with the age group bands for the under 50s were noted.
- A Vaccination Equity Plan was being developed to examine the update of the vaccine.
- The need to refresh the Council's COVID 19 Outbreak Prevention and Control Plan to reflect the many changes that had happened since it was first drafted and to ensure that it was still fit for purpose. The refresh was being worked on by the Health Protection Board and would be submitted to the Health and Wellbeing Board for consideration.

Ch.'s Initials……

- The work being carried out by the wraparound groups was noted.

Members made a number of comments including:

- A concern that the pandemic had further highlighted the health and wider inequalities across the country and in some ways increased them. It was questioned what plans were in place to tackle this issue going forward. It was agreed that COVID 19 had re-emphasised structural inequalities across communities. It was suggested that a community impact assessment could be carried out. The assessment would focus on the wider determinants and impacts of COVID 19 on communities. This data could then be used as a basis to drive a recovery programme.
- Discussion on the long-term actions that may have to be in place to keep the prevalence of COVID 19 low.
- The similarities and differences between COVID 19 and the flu virus. This year had seen low numbers of flu which indicated that COVID 19 was much more transmissible and not just a respiratory illness.
- Concerns regarding the stress being placed on Primary Care. Colleagues in Primary Care were continuing to roll out the vaccination programme and at the same time were expected to resume all services from April. The national booking system was also causing mass confusion. It was noted that Primary Care in Northumberland was continuing to work extremely hard to delivery vaccines and without a mass vaccination site.
- It was reported that there were indications that further collaborative work was to be called upon. There was a worry that this would put further strain on services at an already challenging time.
- It was advised that Healthwatch continued to be informed of a small number of people having real difficulties in accessing a vaccination site.
- Congratulations, praise, and continued support be sent to all those involved in the vaccination rollout.

RESOLVED that:

(a) the presentation and comments made be noted.

(b) a community impact assessment be undertaken to look at health inequalities and help enable a recovery programme to be started.

(c) the Health and Wellbeing Board continue to support all partners and stakeholders during this difficult period.

85. COVID 19 Vaccine Roll Out

Rachel Mitcheson, Service Director for Transformation and Integrated Care provided a presentation on the COVID 19 vaccine roll out. (A copy of the powerpoint presentation has been filed with the signed minutes).

The presentation detailed the following:

- 954,591 vaccinations had been carried out in the North East and Yorkshire region, 113,574 in Northumberland.
- Northumberland had offered vaccinations to all within priority groups 1-4.
- Primary Care was making excellent progress despite the challenges of having little control over the supply of vaccine.
- The National vaccination centre was based at the Centre for Life and used a national online booking system. However, people could still choose to be vaccinated via their own PCN.
- Second doses of the vaccine had started last week.
- After vaccination, people were still required to follow the national rules re. PPE, lockdown, and social distancing.
- A roving model had been proposed to reach more rural areas and harder to reach communities in Northumberland.
- Delivery across the county and the coverage of the varying sites were detailed in the presentation slides.
- The CCG had commissioned Age UK to support with transport of patients to local vaccination sites.
- A Vaccine Equity Board Joint Group had been established between CCG and LA Public Health colleagues. It had been set up to identify and address potential areas of inequity within the vaccination roll out.
- The key message to the population was to be patient and wait to be called for vaccination. Evidence was now beginning to be observed of a significant reduction in hospital admissions and deaths amongst our most elderly patients because of vaccination.

The following comments were made:

- Difficulties being faced by some in trying to book an appointment online at one of the mass vaccination sites were highlighted. Appointments seemed to be only available at certain sites and it was queried whether this was due to a distribution issue. It was confirmed that distribution was being examined to monitor the vaccine supply to Northumberland compared to that of the mass vaccination sites, and so far, the distribution had been evenly spread.
- Confirmation that the national vaccination invite letters were being sent out quite far in advance and not in conjunction with what was happening in Primary Care. It was thought this could be the reason mass vaccination sites seemed to be fully booked, particularly the more established sites.
- Currently the vaccination sites and hospitals had no control over the programme or when the next allocations of vaccines were to be delivered, which was making planning difficult.
- A query as to the vaccination uptake for care home staff in Northumberland. It was confirmed that Northumberland's percentage was higher than other areas in the North East and Yorkshire. It was noted that many care home staff were young, and data had shown that it was often the younger generation that were more hesitant to take up the offer of a vaccination. However, work would continue to inform and encourage all staff in care homes to be vaccinated.
- It was felt that local GP practices had gone above and beyond in arranging vaccinations.

RESOLVED that the presentation and comments made be noted.

Ch.'s Initials……

86. HEALTH AND WELLBEING BOARD – FORWARD PLAN

Members were presented with the Health and Wellbeing Board Forward Plan (a copy of which has been filed with the signed minutes as Appendix A).

Ralph Firth, on behalf of the VCS Assembly, advised the board of their monthly zoom meetings that had been taking place with health and social care voluntary organisations. The outcome of the meetings highlighted an overall concern regarding the social isolation aspect being felt by all. It was suggested that loneliness and social isolation needed to be addressed and queried whether there was any practical support available to help. In response, it was suggested that the proposed community impact assessment would be able to explore these issues in more depth.

RESOLVED that:

(a) the forward plan be noted, and

(b) the following items be included in the document for consideration at future meetings:

- Community Impact Assessment. Including examining health inequalities and social isolation.
- COVID 19 Outbreak Prevention and Control Plan Refresh.

87. DATE OF NEXT MEETING

RESOLVED that the next meeting will be held remotely on Thursday, 8 April 2021 at 10.00 a.m.

CHAIR _____

DATE_____