

**NORTHUMBERLAND COUNTY COUNCIL**

**HEALTH AND WELLBEING BOARD**

At a remote meeting of the **Health and Wellbeing Board** held on Thursday, 8 April 2021 at 10.00 a.m.

**PRESENT**

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

**BOARD MEMBERS**

Brown, S.  
Dungworth, S.  
Jones, V.  
Lothian, J.  
McEvoy-Carr, C.  
Mead, P.

Morgan, E.  
Thompson, D.  
Travers, P.  
Warrington, J. (substitute member)  
Watson, J.  
Wigham, R. (substitute member)

**ALSO IN ATTENDANCE**

Bridges, A.  
Hay, R.  
Mitcheson, R.

Head of Communications  
Head of Planning and Operations  
Service Director: Transformation  
and Integrated Care  
Democratic Services Officer

Todd, A.

**88. APOLOGIES FOR ABSENCE**

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

**ITEMS FOR DISCUSSION**

**89. 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 continued to show a gradual reduction.
- There had been a decrease in cases across all age groups.
- PCR testing sites were operational across the county along with a mobile service.
- The positivity rate was slowly reducing with much fewer outbreaks and incidents recorded.
- There had been a laboratory processing error which had resulted in 850 cases from PCR tests being reported as positive instead of void. The tests carried out between 23-25 March were primarily in the Northeast and Yorkshire. Within Northumberland some of the cases had included care homes. However, all cases and contacts had now been notified and where there had been an error, asked to repeat their PCR test.
- There had been a handful of cases in the last week at schools.
- From 1 April those deemed as clinically extremely vulnerable would be subject to the national restrictions alongside the rest of the population but would be advised to take extra precautions. It was reported that Northumberland Communities Together would continue to provide any assistance to those who had been previously shielding.
- There had been testing policy changes including the reintroduction of follow-up PCR testing following a positive test using a lateral flow device.
- Discussion on the variants of concern.
- It was noted that there were many ways the community could now be tested and confirmation that from 9 April everyone would have access to twice a week testing.
- Information was provided on data received from recent studies of interest.
- Information regarding the expansion of Local Authority responsibility for contact tracing was provided. This included the Local 0 pilot which would see local authorities tracing all cases as soon as the positive result was received by NHS Test & Trace rather than picking up cases which the national team failed to contact within 24 hours.
- The important work being carried out by the wraparound groups was noted particularly in preparation for re-opening of tourist and visitor destinations.

Members made a number of comments including:

- There had been a spike in cases in Newcastle which had been the result of a controlled outbreak at a hotel near the Northumberland border. It was confirmed that the outbreak had been identified and was being managed by Newcastle City.

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- Regarding the lateral flow test which would now be available to all twice a week, it was confirmed that some of the access routes for these devices were still in development, such as community pharmacies. Some communication work would take place to advise all on this additional route including where people could collect testing kits. However, many people already had access to testing kits through work-based testing and families of school aged children.

**RESOLVED** that the presentation and comments made, be noted.

## 90. VACCINATION UPDATE PRESENTATION

Richard Hay, Head of Planning and Operations provided members with an update on the current position of the Vaccination Programme.

The presentation included:

- 166,219 people had been vaccinated with a first dose which was 59% of the eligible population.
- 27,559 second doses had been delivered.
- 96.4 % of Care Home residents and 84.5% of staff had received their first dose of the vaccine.
- There had been some variation in the percentage of people within groups 1-9 offered a vaccine. However, it was noted that proactive steps to address this variation had already started to take place.
- As previously notified, there was to be a significant reduction in supply nationally during April. As a result, volumes for first doses would be significantly constrained.
- The vaccination programme continued to be supplied via a push model.
- An update about the very recent announcement on the AstraZeneca vaccine was provided. It was reported that there had been reports of an extremely rare adverse event of concurrent thrombosis (blood clots) and thrombocytopenia (low platelet count) following vaccination with the first dose of the AstraZeneca vaccine. The Joint Committee on Vaccination and Immunisation (JCVI) had weighed the relative balance of benefits and risks and advised that the benefits of prompt vaccination with the AstraZeneca COVID-19 vaccine far outweighed the risk of adverse events for individuals 30 years of age and over and those who had underlying health conditions. The JCVI had stated that all those who had received a first dose of the AstraZeneca COVID-19 vaccine should continue to be offered a second dose, irrespective of age. Although, for an extremely limited, and clinically specific number of people it would not be recommended to have a second dose of the AstraZeneca vaccine. Guidance regarding this issue was to be published as soon as possible.
- The benefits and risks of the AstraZeneca vaccine per age group were discussed but it was stressed that vaccines continued to be safe and effective.
- An update on the work of the Vaccine Equity Board including the proposal to establish a roving vaccination service to target harder to reach groups was provided.

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- Confirmation of the new local messages being provided regarding the vaccination programme.
- PCN sites would continue to prioritise patients accordingly with the number one key message; to wait your turn, be patient and you will not be missed.

Members made several comments including:

- Clarification was sought on the length of time between the first dose and second dose of the vaccine. It was confirmed that the guidance stated that the second dose of the vaccine should be administered anywhere from three weeks after the first dose up to twelve weeks. If people had booked their vaccination via the National Booking System, then they would have been provided with their second dose appointment at the same time. Those who had received their vaccine locally by a Primary Care Network site would be called into receive their second dose once deliveries had been confirmed. Normally second dose delivery had been sent out at eleven weeks (or 77 days after the first doses) to vaccinate people with their second doses during their twelfth week. It was noted that some individuals had gone beyond the 12-week threshold for a number of reasons; they had COVID symptoms, were ill in hospital or they missed an appointment. It was stated that it was not critical to have a second dose within the 12 weeks and guidance was continuing to emerge on the long-term benefits from the first and second doses. However, if anyone had gone beyond 12 weeks, they should contact their GP practice.
- It was reported that between January and March of this year Healthwatch Northumberland received quite a few comments about the vaccination programme. Following this a report on the comments raised by members of the public had been produced and shared with the CCG for action.
- It was reported that many of the council's health and social care workforce were under the age of 30 and it was queried what would happen if someone declined their second dose of the AstraZeneca vaccine. It was confirmed that specific guidance on this kind of scenario was yet to emerge. But the overwhelming message from the JCVI and MHRA was that if you had not experienced side effects the first-time round in terms of blood clotting then you would be encouraged to get a second dose. If anyone did have any queries or concerns, then it was suggested they speak with a clinician.
- It was suggested that following the announcement regarding AstraZeneca a proactive approach should be initiated to ensure there was a plan for dealing with anyone, particularly staff, who may decline to have their second dose of AstraZeneca.
- It was reported that there was an issue being raised regarding a small number of people going over the 12 weeks vaccination process and the mechanisms in place to identify them. Issues such as people moving areas during lockdown and changing GP practices could result in it being more difficult to contact patients. It was stressed that those individuals who had not received their second dose within 12 weeks should contact their doctor surgery to ensure they had not been overlooked, and relevant contact information was up to date.
- Congratulations was expressed to all those involved in the vaccination programme for the incredible work being carried out across the county.

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**RESOLVED** that the presentation and comments made, be noted.

## **91. Communications and Engagement Update**

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.
- Work was being done in preparation for further easing of restriction on the 12 April.
- The businesses pages on the County Council website had been reviewed and updated to provide more detailed and sector specific information.
- Information re-emphasising key messages about vaccination and trying to dispel some of the myths surrounding it continued. Also continuing to work closely with NHS colleagues on key messages including that of the recent announcement regarding the AstraZeneca vaccine.
- Promotion of community testing.
- Continued support to those who would no longer be shielding through the Communities Together Team and the community and volunteering networks.
- Continued support to schools who would be returning following the Easter break. It was noted face coverings for secondary school aged children would continue for the time being.
- Further communications on the mobile distribution testing facilities.
- It was noted that reporting of testing results had been a challenge in terms of the low numbers of people reporting a negative test result. People seemed to only notify if a positive result was produced so more work within the communications team was to take place to increase the number of people reporting all test results.
- To continue to promote vaccine rollout and reassure people to be patient until called for their vaccination.
- Digital vans had been working over half term in popular hotspots.
- Support was continuing with the wraparound support groups.
- Work was continuing on the BeatCOVID Northeast campaign and the next phase was in development.
- The business pack had been issued and was being promoted across the LA7. It was also being included in a newsletter distributed to the tourism industry, ADVANCE and added to the BeatCOVID Northeast website.
- Continued work with partners to share real time data to quickly identify any issues once more businesses and tourist attractions opened.

A comment was made on the need to communicate with Northumberland residents more in order to listen to their issues and concerns and offer support and reassurance to them. It was stated that as well as visitors, residents needed to feel supported and protected. It was crucial that the Council continued to communicate with them during this time, especially during the further easing of restrictions. It was advised that the Communications Team would look to work on this and ensure messages were resident focused and specific.

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**RESOLVED** that the information and comments made be noted.

**92. CHILDREN AND YOUNG PEOPLE'S JOINT COMMISSIONING UPDATE**

Cath McEvoy-Carr, Executive Director of Adult and Children's Services introduced the report which updated members on the Children and Young Peoples Joint Commissioning from Northumberland Clinical Commissioning Group (CCG). (A copy of the report and powerpoint presentation has been filed with the signed minutes).

Rachel Mitcheson, Service Director: Transformation and Integrated Care gave a presentation to members which highlighted the following as detailed within the report:

- The strategic overview of the joint commissioning.
- The joint commissioning road map that had been created.
- The suggested core principles.
- The key priorities incorporating the core principles.
- New ways of working and next steps in the process to further improve joint commissioning.

It was reported that the recent SEND peer review in January 2021 showed that whilst some progress has been made around joint commissioning, there was still a need to develop a shared understanding of the approach strategically, operationally, and individually. It was advised that the SEND Peer Review had provided some clear guidance for next steps within Northumberland's joint commissioning with positive progress being made. Although the full impact of COVID 19 had yet to be understood, throughout the pandemic it was noted that the system had pulled together to maintain services, transformed delivery, and commissioned new services at pace to meet new demands. It was reported that as a result some aspects or service redesign and engagement had really challenged ability to progress ambitions around joint commissioning. However, it was hoped that the report did demonstrate a road map to achieve the three key core priorities.

**RESOLVED** that the report be noted.

**93. 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).

**RESOLVED** that the forward plan be noted.

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**94. DATE OF NEXT MEETING**

**RESOLVED** that the next meeting will be held on Thursday, 10 June 2021 at 10.00 a.m.

**CHAIR** \_\_\_\_\_

**DATE** \_\_\_\_\_

*The Chair advised that this was the last Health and Wellbeing Board of the current Administration. He offered his thanks to all Members of the Board, past and present, and officers for all their help and support over the last four years.*

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