

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Well-being Board** held in County Hall, Morpeth on Thursday, 8 July 2021 at 10.00 a.m.

PRESENT

Councillor B. Flux
(Chair, in the Chair)

BOARD MEMBERS

Brown, S.	Travers, P.
Firth, R.	Thompson, D.
Morgan, E.	Watson, J.
Pattison, W.	Wigham, R. (substitute member)
Sanderson, G.	

ALSO IN ATTENDANCE

R. Hay	Head of Planning and Operations COVID-19 Incident Management Lead, NHS Northumberland Clinical Commissioning Group
R Little	Assistant Democratic Services Officer
N. Turnbull	Democratic Services Officer

1. MEMBERSHIP AND TERMS OF REFERENCE

The Membership and Terms of Reference had been circulated for information.

The Chair welcomed the new Members and invited all members and officers to introduce themselves.

RESOLVED that the Health and Well-Being Board's membership and terms of reference, be noted.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from J. Lothian, J. Mackey, P. Mead, C. McEvoy-Carr, R. O'Farrell, G. Renner Thompson, E. Simpson, G. Syers, and J. Warrington.

3. MINUTES

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

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- a) 11 March 2021
- b) 8 April 2021

4. UPDATE ON THE NORTHUMBERLAND COVID19 OUTBREAK PREVENTION AND CONTROL PLAN

Members received a report presenting the Council's updated COVID-19 Outbreak Prevention and Control (copy enclosed with the signed minutes).

Liz Morgan, Director of Public Health, explained the roles of the Health and Well-Being Board which were to:

- Provide assurance that the Plan was fit for purpose
- Ensure that the plan was being delivered through the work of the Health Protection Board which met weekly.
- To ensure internal incident response processes were operating as they should be.

The revised plan builds and updates on key themes contained in the original plan and added additional plans and issues which had arisen since the plan had last been published in June 2020. New areas included:

- Responding to new variants of concern
- Enhanced contact tracing
- Non pharmaceutical interventions
- Role in supporting vaccination
- Responding to variants of concern and surge testing, if required.

She commented on the excellent cross border control models and management arrangements; the effective and award-winning communications campaign; development of a comprehensive surveillance mechanism; the Northumberland local tracing partnership; and management of community outbreaks. These functions had previously been undertaken by the regional health protection team.

The plan would need to be updated following changes anticipated on 19 July to reflect the revised approach.

The following information was provided in answer to questions:

- A measured and pragmatic approach was now required to allow the economy to open up however there remained a pool of people who were unvaccinated and there were new variants of the disease which could emerge in this group. The non-pharmaceutical interventions such as good ventilation, hand washing, face coverings and social distancing had worked well to prevent transmission and it was recommended that they be continued as part of everyone's daily lives. As an employer, the Local Authority had not determined its approach to changes proposed after 19

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July 2021, and whether it would recommend car sharing, however health and safety legislation required staff to be kept safe. There was to be a shift between interventions laid down in legislation to personal responsibility and individuals own risk assessment of what they deemed appropriate for a situation.

- It was not intended that a separate document be produced for seasonal flu; the principles within the Covid 19 Outbreak and Control Plan would be effective for flu and the normal winter processes.
- The Council would be feeding into a national inquiry which was about to commence to review actions during the pandemic. At a suitable time, the Council would also reflect on what had worked well and areas which could be improved as it would inform the pandemic flu plan.
- Communications messages, to resonate with the local population, would be extremely challenging following the changes due to be implemented after 19 July.

RESOLVED that:

- (1) The contents of the updated COVID 19 Outbreak Prevention and Control Plan and the ongoing approach to COVID 19 prevention and control, be noted.
- (2) The COVID-19 Outbreak Prevention and Control Plan, be endorsed.

5. COVID 19 UPDATE

Members were provided with an update on the epidemiology of COVID 19 in Northumberland. (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 included the following:

- Positive test results were increasing in all regions but were highest in the North East.
- Northumberland had the lowest number of positive cases (428.1) as a 7-day rate per 100,000 population out of the local authorities in the LA7 region.
- Up to half of people testing positive in Northumberland were experiencing no symptoms.
- The prevalence of infection in the community (individuals participating in the ONS Coronavirus Infection Survey) had increased from 1 in 520 to 1 in 180 people for the week ending 26 June 2021 compared to 2 weeks earlier. Rates were highest in 16-24 year-olds.
- The number of new confirmed positive cases for 29 June – 5 July (1,371) was higher than the previous peak in January 2021, 60% of which related to those under 30 years old. 1 in 9 PCR tests were positive.
- The number of positive cases tended to be lower in rural communities.

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- Rates in ages groups under 24 years old were over 1,700 per 100,000 population. There were more modest increases in the over 60's which was attributed to the success of the vaccination programme.
- There were increasing cases in care homes and the care sector, but these largely related to staff and were still relatively small numbers.
- Increasing cases were being seen in schools; this was a huge disruption to children's education and the resilience of schools and their ability to provide education. Nearly 3,000 children and staff were either positive cases or self-isolating due to being close contacts.
- The Public Protection team was dealing with an increasing number of complaints about premises failing to apply controls, mainly during football matches at hospitality venues.
- There were 23 incidents of multiple outbreaks in workplace settings resulting in a shift in focus from proactive work to outbreak control.
- There was no correlation this time between hospital admissions and case detection rates, unlike the position in January. Individuals were less unwell and spending less time in hospital although there had been a spike over recent days.
- Management of staff absence was an issue for all organisations including the NHS, 20% was attributable to covid nationally although in the North East this was as high as a third.
- Step 4 and the lifting of restrictions shifted control measures from those being enshrined in legislation to guidance and individuals making informed choices how preventative measures should be applied.
- Individuals would still legally be required to self-isolate at home if they tested positive for Covid 19.
- Revised proposals were in place for close contacts from 16 August for those that were post 2 weeks from receiving second vaccination and under 18-year olds. Guidance for schools had been released by the Department for Education which was being reviewed.
- The Customer Care Team working as the Council's local tracing partnership were dealing with an increasing number of cases where the national track and trace team had been unable to make contact within the first 24 hours. The capacity of the team had been increased and 388 cases referred between 30 June and 7 July. Calls were prioritised to those in older and vulnerable groups as well as those in deprived communities.
- A door knocking service by Covid Marshalls had recently been introduced if there were concerns about an individual's welfare.
- Use of the supervised testing facility at Ashington was much lower and had largely been replaced by the distribution of lateral flow tests via 3 mobile vans, employers, community pharmacies and online ordering. Increasing take up of asymptomatic testing was proving challenging.
- Key messages included the prioritisation of the vaccination programme to break the link between transmission and disease and retention of non-pharmaceutical interventions (hand washing, ventilation, testing, isolating, face coverings in high risk settings).

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- Work of the 4 wraparound groups continued for care homes, educational settings, high risk individuals, communities and settings, workplaces and businesses.

Richard Hay, Head of Planning and Operations, Northumberland Clinical Commissioning Group, provided members with an update on the current position of the vaccination programme in Northumberland and next steps. (A copy of the presentation has been filed with the signed minutes). He highlighted the following:

- 435,950 doses had been given to Northumberland residents.
- There were 20 vaccination sites across Northumberland including 10 primary care sites, 8 community pharmacies, 1 hospital hub (Wansbeck), 1 vaccination centre at Hexham and 1 roving vaccination unit.
- Vaccinations could be booked via local health providers or the national booking service.
- Priority groups were set out by the Joint Committee on Vaccination and Immunisation (JCVI). Groups in phase 1 had been offered a first dose by 15 April. Approximately 7,000 people over 50 years old had not yet received their first vaccination, an open invitation existed for these individuals to book at any time.
- Phase 2 had now opened up to everyone over 18 years old and aimed to offer a first vaccination by 19 July.
- 3 different types of vaccine were now being administered. Cohorts 1 to 9 had been vaccinated using 1 of 2 products, Pfizer BioNTech or Oxford/AstraZeneca, the latter being logically easier to roll out due to the short life of the Pfizer vaccination once removed from the freezer (3.5 days). An alternative to Oxford/AstraZeneca was now recommended for those under 40 years old (cohorts 10-12) due to the potential risk of a rare blood clotting condition. The Moderna vaccination was now also in use. An additional 3 vaccines were currently in development and awaiting authorisation for use by the MHRA.
- The interval between first and second dose of vaccinations had initially been a period of 3 weeks for the Pfizer vaccinations. This had quickly changed to a 12-week period before a minimum 8-week interval had been introduced.
- 88.3% of the adult population in Northumberland have had a first dose of the vaccination. This was the highest percentage uptake of any upper tier local authority in England. 71.2% had received a second dose which meant that the Government target of 66% by 19 July 2021 had been achieved.
- Uptake across age bands was highest in those over 50 at 95.5% and an uptake in excess of 70% for those under age 25 who were still receiving first doses.
- Over 90% of over 50s had received a second vaccination although younger age groups were still awaiting a second dose after the new minimum 8-week interval.

- There was a strong uptake of vaccinations in care homes where 96.7% of residents had received a first dose and 95.4% a second dose. 90.9% of staff had received a first dose and 83.9% a second vaccination.
- High vaccination rates had also been seen in social care staff with over 90% across 3 settings and second doses in progress. There had been excellent multi-agency collaboration to book staff into vaccination slots.
- A Northumberland Vaccine Equity Board had been established jointly between the CCG and the Council's Public Health team to identify and address potential areas of vaccine inequity.
- The Roving Vaccination Unit (RVU) was being utilised to target harder to reach groups, in the west, homeless shelters, independent residential settings and workplace settings. Pop up clinics were also being held at Fire Station sites across the county. The RVU has also been used to assist North Tyneside CCG with surge vaccinations in response to the rising cases of the Delta variant and pop-up clinics to improve vaccination uptake rates in deprived communities in Newcastle's West End.
- Interim guidance had recently been received for phase 3 of the vaccination programme. Booster vaccinations for the most vulnerable were due to commence between 6 September – 17 December 2021 in 2 stages, those over 70, in care homes and identified as clinically extremely vulnerable then over 50s and those at risk in younger age groups.
- Clinical trials were ongoing to see if the vaccine could be administered at the same time as the flu vaccination and to determine the best vaccine to use.
- The biggest challenges and successes of the vaccination programme were identified as well as next steps.

The following information was provided in response to comments and questions from Members:

- The highest rates of infection were in younger age groups who had only recently become eligible for vaccination and many had not yet received a first dose. It was unknown exactly why rates escalated in some areas. The North West had experienced high rates of infection for some time and also had some of the highest rates of deprivation and was adjacent to the North East.
- It was not yet known how long immunity would be provided by the Covid vaccination. It was a new disease with new drugs and vaccinations. The immunogenicity data suggested that a booster programme was necessary this winter to increase protection for the most vulnerable in society, with potentially an annual programme for any new variants that emerge.
- Whilst Covid was a significant issue for the Board, there was a delicate balance in relation to other issues to ensure residents received the care they needed. Extra inequalities had been identified whilst dealing with the pandemic and there were increasing demands and pressure on the health and care system. Winter levels of demand were being seen in hospitals, use of ambulance services and respiratory infections in children.

- Every person involved in the vaccination programme were to be commended for their work to keep people safe and healthy in Northumberland.
- The approach to communications would be changing given the changes from actions being mandated to guidance. Individuals would be encouraged to implement behaviours which it was easy to adopt, such as hand washing, keeping windows open, good respiratory hygiene ‘catch it, bin it, kill it’ and use of face coverings in situations where this would be of most benefit. Whilst some people would likely proceed with caution, it would be a challenge to get the message across to others.
- It was anticipated that more detailed guidance would be issued by the Government with regard to the changes proposed on 19 July. Some meetings needed to be held face to face as the remote meeting legislation had not been extended. The Council would likely be taking a cautious approach as case rates were incredibly high and increasing through the age bands and therefore all steps necessary to avoid infection should be implemented.
- The Director of Public Health was thanked for her calm and measured guidance throughout the pandemic.
- It was noted that there would be increasing interaction and travel between neighbouring local authority areas, returning university students and attendance at large sporting events. Vaccination uptake was particularly poor in some of these areas. It was confirmed that vaccination supply would be diverted, via roving models, to where it was most needed. This included use of Northumberland’s Roving Vaccine Unit to maximise vaccination uptake where it was currently lower. The decision was a personal choice and how people chose to be vaccinated. There were strong links in the North of Tyne Integrated Care Partnership who were working collaboratively to increase vaccination rates. It was hoped that students would get vaccinated over the summer break.
- It was acknowledged that the national booking service was not the easiest system to use and background work had been undertaken to improve visibility of appointment availability to enable individuals could cancel their second vaccination at 12 weeks and be confident that they could rebook it. Primary care providers were also contacting patients to bring forward appointments and supply was being adjusted nationally to enable second vaccinations from 8 weeks. Information was available on the CCG website and shared with local authority colleagues to be promoted on all available social media channels. Sharing of the information was appreciated.

Officers were thanked for their presentations.

RESOLVED that the presentation and comments made be noted.

6. COMMUNICATIONS AND ENGAGEMENT

Liz Morgan, Director of Public Health, gave a brief update on the communication campaigns that were being undertaken by the local authority which included national campaigns as well as promotion of local messages

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particularly in regard to vaccination and use of NHS services. At the current time these were targeted on increasing case rates and in response to outbreaks.

Reference was made to the Beat Covid NE, an award winning and successful campaign. This currently focused on improving vaccination confidence and keeping the North East open.

A more tailored approach to communications with communities was to be adopted, as recommended by the Chief Medical Officer.

RESOLVED that the update be noted.

7. HEALTH AND WELL-BEING BOARD – FORWARD PLAN

Clarification was provided regarding changes to the Terms of Reference. It was agreed that it was important to review the Board's activity which needed to be balanced against its responsibility to provide assurance on the outbreak control plan and how it was delivered.

Pam Travers, CNTW, requested that references to NTW be amended to CNTW and that she replace Russell Patton as the officer responsible.

RESOLVED that:

- a) The forward plan be noted.
- b) Development session(s) be reintroduced for the benefit of new members.
- c) Health and Well-being strategy be refreshed, at an appropriate time.
- d) A presentation be given to explain how Place fit within the integrated care system when there was certainty at national level.

8. DATES OF NEXT MEETINGS

RESOLVED that the next meeting of the Health and Well-being Board be held on 9 September 2021 at 10.00 a.m.

CHAIR _____

DATE _____

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