

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health & Wellbeing Overview and Scrutiny Committee** on Thursday, 9 December 2021 at 1:00 pm.

PRESENT

Councillor V Jones
(Chair, in the Chair)

MEMBERS

L Bowman	G Hill
R Dodd	I Hunter
D Ferguson	K Nisbet
C Hardy	

OFFICERS IN ATTENDANCE

C Angus	Scrutiny Officer
H Bowers	Democratic Services Officer
E Morgan	Director of Public Health
G O'Neill	Deputy Director of Public Health

ALSO IN ATTENDANCE

R Hayes	Northumberland CCG
R Mitcheson	Northumberland CCG
D Thompson	Northumberland Healthwatch

33. MEMBERSHIP AND TERMS OF REFERENCE

The Chair referred to the changes in the membership which Council had made on 3 November 2021.

RESOLVED That the changes be noted.

34. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Wilczek.

35. MINUTES

RESOLVED that the minutes of the meeting of the Health & Wellbeing Overview & Scrutiny, held on 5 October 2021, as circulated be confirmed as a true record and signed by the Chair.

36. FORWARD PLAN OF CABINET DECISIONS

The Committee considered the Forward Plan of key decisions. (Schedule enclosed with the signed minutes).

RESOLVED that the report be noted.

37. HEALTH AND WELLBEING BOARD

RESOLVED that the minutes of the Health & Wellbeing Board be agreed.

REPORTS FOR CONSIDERATION BY SCRUTINY

38. COVID/VACCINE UPDATE

Members received presentations from Gill O'Neill, Deputy Director of Public Health, Liz Morgan, Director of Public Health, Richard Hayes and Rachel Mitcheson, Northumberland CCG on the latest COVID-19 figures and Public Health Strategies. (Presentations attached to the signed minutes).

The Deputy Director of Public Health reported the following:-

- England figures were broken down by regional levels, with the south east being the highest. The north east was now lower with 388 per 100,000 population
- Dashboard – Northumberland 378 per 1000 population
- Ward levels fluctuated on a daily/weekly basis
- 7 day average – Northumberland trend data, measures were being looked at how to slow down cases
- The severity of illnesses and hospitalization remained low
- There were Community PCR test for cases and contacts
- 50% had chosen to go to a testing site
- 22% had chosen to receive postal tests
- Good coverage across the county
- Asymptomatic testing and national programme for care homes
- Community programme within pharmacies
- Contact tracing – there was a national coordinated programme through the NHS Test and Trace at a local level with NCC Customer Services Teams trained up

- Scientists were working on the speed of transmission and new measures around quickening up the booster programme
- Anyone coming into the UK would be asked to take tests before and after. There would be more guidance following the announcement of Plan B.
- There were now over 500 cases of the Omicrom variant across England
- Close work was being carried out with the Health Protection Teams
- People with confirmed cases were asked to isolate for 10 days
- Rapid PCR tests were in place
- The key messages were daily testing and continued to be cautious, considerate and kind.

The Director of Public Health then shared her presentation with the following information:-

- There were 568 known confirmed cases of Omicrom across the UK, but this could be higher.
- The pressure on the NHS had been unsustainable and early indicators was that boosters gave higher protection
- Additional preventative measures around face covering were mandatory in major indoor venues
- People had now been asked to work from home
- From 15 December, subject to Parliamentary approval, NHS passes were required for indoor and outdoor venues
- The priority was to keep the work force safe going by re-introducing daily contact testing
- There was a lot of uncertainty about the virus and respiratory disease, there was no evidence that Omicrom caused more disease. Science was awaited around areas of uncertainty.

Richard Hayes and Rachel Mitcheson of Northumberland CCG provided a presentation on the update of the Vaccination Programme:-

- It was the first anniversary since the first ever vaccination in England and a week later in Northumberland
- Since then, 635,139 vaccinations had been carried out in Northumberland with an average of 1740 jabs per day, 72 vaccinations per hour

Vaccinations in Northumberland

- Northumberland had a network of 11 primary care sites; 11 community pharmacies; 1 hospital hub; 1 roving vaccination unit; 1 school age immunisation team; community nursing teams; walk in and pop-up clinics.

Vaccine Uptake

- Northumberland had the highest percentage uptake of 1st and 2nd vaccines and was in the top 10 for the uptake of the booster
- 10.4% more of Northumberland's under 50 population have received two doses than the national average

Care Homes and Care Staff

- Boosters had been delivered to older adult care homes to residents and staff and mop up sessions were in progress. Boosters were in progress in younger adult care homes. The staff booster uptake was well above average for each group.

Vaccinations in Children and Young People

- A programme to deliver 1st dose vaccinations to healthy 12–15-year-olds had been rolled out in schools in September with a fantastic uptake
- This was alongside wider offer for all 16-17 year olds (1 dose) and vulnerable 12-15 year olds (2 doses) being delivered by PCNs
- The post-infection vaccination interval had been extended to 12 weekly
- 1st dose uptake for 12-15 and 16-17 year olds both within the top 10 nationally
- Most recent guidance (November '21) from JCVI was for 12-17 year olds to receive 2 doses, 12 weeks apart
- 16-17 year olds were being invited for 2nd doses as they become eligible – via local and national booking
- Plans were being developed to deliver 2nd doses to 12-15 year olds in early 2022 using a hybrid approach of in-school clinics and wider access via the National Booking Service at selected PCN and Pharmacy sites

Phase 3

- Phase 3 Booster programme commenced in late September 2021 to deliver boosters to JCVI Cohorts 1-9 in order to maximise protection in those who were most vulnerable to serious COVID-19
- mRNA vaccines – should be delivered no sooner than six months after the 2nd dose of a patient's primary course
- Boosters could be co-administered alongside flu vaccines
- Phase 3 also included delivery of a 3rd primary dose to severely immunosuppressed individuals
- 128,257 3rd and booster doses had been delivered to date to Northumberland residents

Evergreen Offer

- An evergreen offer of 1st and 2nd dose vaccination remained open to all eligible individuals
- The Northumberland Winter Vaccine Equity Board continued to monitor vaccine uptake and identify groups for targeted intervention

Where are we now?

- The Programme was currently at its most complex point with a combination of different priority cohorts, dosing intervals and points of delivery
- The single biggest expansion and acceleration of the programme was recently announced in response to emerging Omicron variant
- JCVI had recommended extension of the booster programme to all adults aged over 18
- UK Government target to offer all adults a booster by 31 January 2022
- Booster doses for severely immunosuppressed patients were also recommended, 8 weeks after the 3rd primary dose

Challenges and Next Steps

- Additional capacity was being made available across all delivery models to enable expanded and accelerated programme to be offered
- National command & control continued to leave local teams with all of the responsibility but none of the control over the programme
- Several course corrections and changes in guidance, often at very short notice and usually in the media first
- Unpredictable supply chain continued to make long-term planning of both workforce and delivery incredibly difficult
- Vaccine fatigue within both the workforce and the general public; maintaining momentum is critical to enable continued success
- Effective communication and engagement on the benefits of booster vaccines was vital to ensure public support and confidence in the programme remained high
- Planning for further expansion and extension of the vaccination programme
- The Government had secured booster supply through to the end of 2023. Strategic, long-term planning was essential in order to embed sustainable vaccination services within local communities
- A multi-integrated approach had meant that a comprehensive, efficient and effective service had been delivered to patients
- Thanks were conveyed to all teams and stakeholders who had contributed to the excellent delivery of service

The Chair thanked the officers for their presentations.

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

- In terms of compliance and prevention Need to be clear about the science and the uncertainty of scientific evidence currently. The evidence of Pfizer was open access data and had been peer reviewed by academics across the scientific community. mHRA were the arbiters of the evidence.
- COVID had provided extra challenges, including prevention of infections in hospitals. There would normally be respiratory cases in the winter, but there was a longer period of recovery for Covid patients which caused extra pressure.
- National Policy required people to get a code before collecting lateral flow tests. However, for those who could not access or were unfamiliar with IT, rolling vans were in place, dropping off kits at pharmacies, venues and post offices to make sure they targeted those communities who might find online access difficult. There was also review of capacity to deliver the accelerated booster programme across the county asking for expressions of interest for more community pharmacies which had included Berwick and Seahouses.
- Letters from Doctors' practices were sent out to ethnic communities.
- Vaccinations of BAME groups, a huge amount of work was going on with NCT, encouraging faith leaders and trying to encourage vaccinations and good behaviour. Any ideas of how to engage were welcomed. Blyth was large area of challenge, and more work was to be carried out on engagement. There were resources for language in those communities through Vaccination Board.
- Most GP sites recall locally in priority order, Alnwick operated a local booking system.

RESOLVED that the information be noted.

39. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2020

Members were presented with the Director of Public Health (DPH), Annual Report for 2020, which for this year, was focused on protecting the health of our communities from the impact of Covid 19.

- Directors of Public Health in England had a statutory duty to write an Annual Public Health Report on the health of the local population; the Local Authority has a duty to publish it.
- The DPH Annual Report was a vehicle for informing local people about the health of their community, as well as providing necessary information for commissioners and providers
- This year's report focused on Covid 19 and the pandemic and reflected the situation up to June/July 2020
- The same pandemic was being experienced differently by sectors of the community. Differences in mortality from BAME backgrounds, disability and the more deprived backgrounds.

- The direct and indirect effects, eg, loss of employment had been higher in young people; children find it difficult to stay at home.
- Mitigation measures had been put in place and all of the information was highlighted in the videos.
- The report made recommendations to address inequalities which had been apparent over the last 20 months
- Video 1 was an introduction and overview of the report and what was hoped to achieve.
- The second video focused on income, job security, social isolation and mental health
- The third video talked about how the wider determinates of health had shaped the experience eg, poor housing and health behaviours with evidence from BALANCE regarding alcohol consumption
- The fourth video focused on those who had been affected more than others by being digitally excluded; those on low income, care workers; long term health conditions and those less able to work
- The final video focused on the Council's response looking at the support around employment, libraries, NCT which had been instrumental in supporting the vulnerable.

The Annual Report made the following four recommendations:

- 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 had been presented earlier at the Health & Wellbeing Board.
- Introduce an integrated carbon reduction, equality and health inequality approach as part of our policy development and appraisal process.
- Build on the strong community networks and increased social cohesion to ensure residents were at the centre of processes to design initiatives and services which meet their needs and aspirations.
- Support the local economy by shopping local and supporting local development of skills to enable employment, especially those living in Northumberland who were furthest away from the employment market and exploit the wider social value of the Northumberland pound.

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

- Northumberland was better at vaccinating people which was testament to the population and agencies involved. There were communities with great community spirit, pulling together, eg, at the beginning of the pandemic when people were self-isolating, communities rallied around to support those who were vulnerable.
- The issue around mental health and children and young people had been important even before the pandemic and a lot of investment had taken place in mental health support in schools, on line to children and

also teaching staff. Practitioners were really well placed to pick up early signs of behavioural or attachment problems.

- The issue of the clinics would be discussed with NHS colleagues
- In respect of the shops at Blyth, that was separate and was possibly an insurance issue.
- A lot of work was going on around inequalities. The ICS had a Health Inequalities Working Group, the Northumbria Trust had an Inequalities Board, and the Council was keen to develop a plan and bring all work streams together and develop an Inequalities plan for Northumberland to ensure that all work was done coherently. It had been agreed earlier at the Health & Wellbeing Board to develop an Inequalities summit for Northumberland which would oversee how the plan was developed and what the priorities should be.

Members agreed that the report was positive.

RESOLVED that:-

- A COVID-19 Inequalities Impact Assessment to inform the council's recovery plan to ensure that areas of deepening inequalities were recognised and addressed be undertaken.
- An integrated carbon reduction, equality and health inequality approach as part of our policy development and appraisal process be introduced.
- The strong community networks and increased social cohesion to ensure residents were at the centre of processes to design initiatives and services which met their needs and aspirations should be built on.
- The local economy by shopping local and supporting local development of skills to enable employment, especially those living in Northumberland who were furthest away from the employment market and exploit the wider social value of the Northumberland pound, be supported.

REPORT OF THE SCRUTINY CO-ORDINATOR

40. Health and Wellbeing OSC Work Programme

The Committee reviewed its work programme for the 2021/22 council year. (Report enclosed with the signed minutes).

The Scrutiny Co-ordinator reported that:-

GP Access and End of Life Strategy reports were listed for February.

Members requested the following reports:-

Paramedics at Berwick – this was listed for January but that would be followed up.

A report on E cigs/Vaping APBG to be brought to a future committee

Future Winter reports/emergency winter reports following Storm Arwen was suggested.

RESOLVED that the work programme be noted.

41. DATE OF NEXT MEETING

The next meeting was scheduled for Tuesday, 4 January at 1:00 pm.

CHAIR _____

DATE _____