



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

Demographics and Comparison

Data up to: 06/03/2022



Overview



21 February 2022 to 27 February 2022

28 February 2022 to 6 March 2022

Number of Cases

915

Rate of Cases Per 100,000

282.6

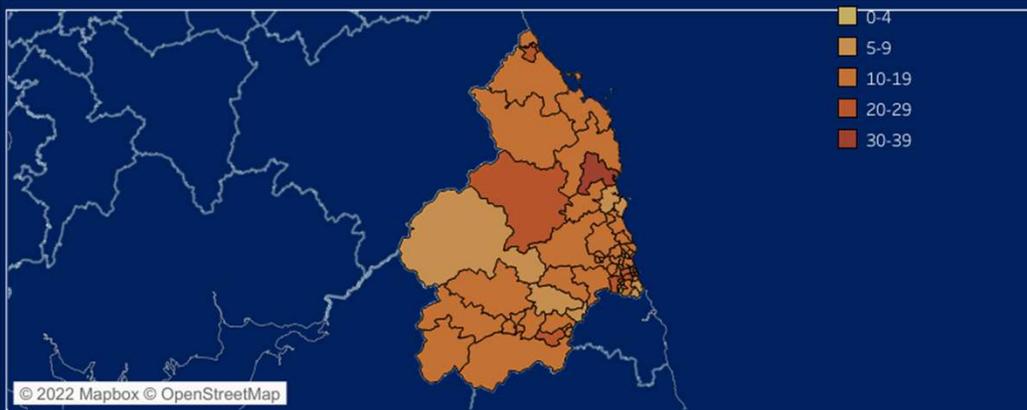
Number of Cases

1,134

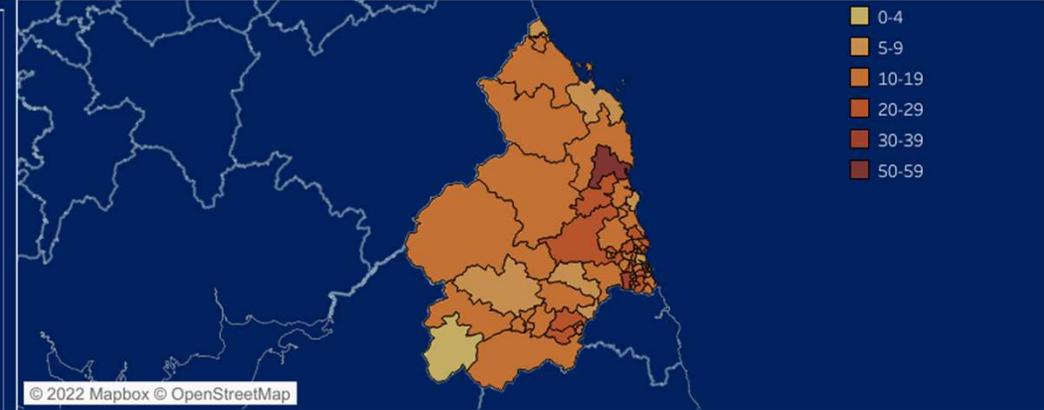
Rate of Cases Per 100,000

350.2

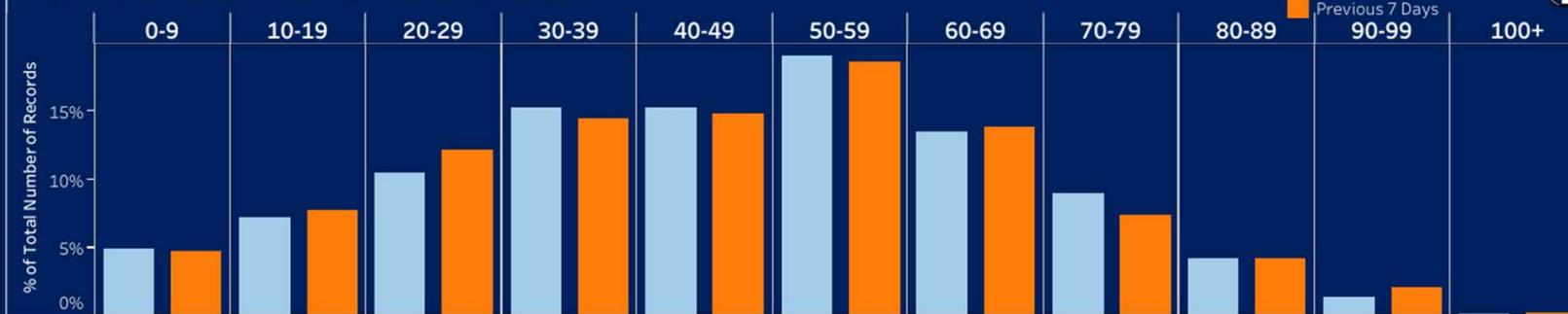
Cases



Cases



Proportion of Positive Cases by Week & Age Bands



Percentage Change in Cases

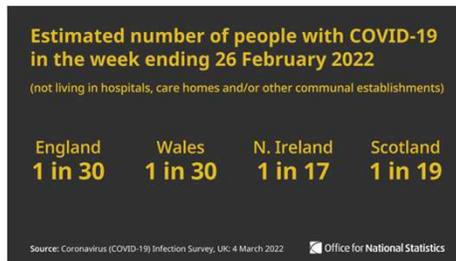
+23.93%

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.

BUT



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.

Clinicians commissioning healthcare for the people of Northumberland

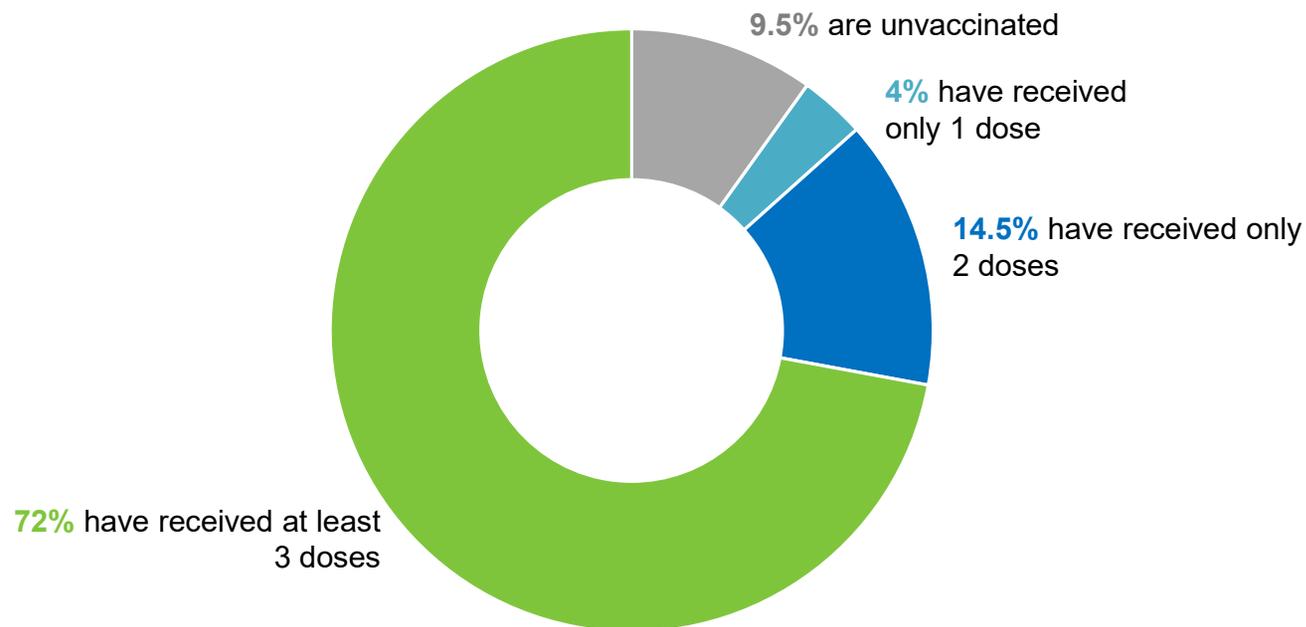


COVID-19 Vaccination Programme Update

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.