



Northumberland
County Council

Living with Covid

Health and Wellbeing Board

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www.northumberland.gov.uk

Changing the way we manage the pandemic

Why now? No 'right time' BUT

- We know much more about the virus (but still learning)
- We have an effective vaccination programme.
- High prevalence not translating into high admissions/critical care/deaths (that's not to say there isn't significant pressure on the NHS)
- We have PCR and LFT testing
- If people are admitted, we can treat them more effectively
- Antibody and antiviral treatments for people with coronavirus (COVID-19) who are at highest risk of becoming seriously ill.
- Ongoing research programmes e.g. PANORAMIC study; vaccine development
- We're heading into spring

AND

- Current approach unsustainable

Principles:

- ☐ Removing domestic restrictions while **encouraging safer behaviours through public health advice**, in common with longstanding ways of managing most other respiratory illnesses.
- ☐ **Protecting people most vulnerable** to COVID-19: vaccination guided by Joint Committee on Vaccination and Immunisation (JCVI) advice and deploying targeted testing.
- ☐ **Maintaining resilience**: ongoing surveillance, contingency planning, and the ability to reintroduce key capabilities such as mass vaccination and testing in an emergency; and
- ☐ **Securing innovations** and opportunities from the COVID-19 response, including investment in life sciences.

COVID-19 RESPONSE: LIVING WITH COVID-19

February 2022

Changes to testing



Testing for care:

- In hospitals, community and primary care to support clinical decisions during the care and treatment pathway.
- On admission (emergency/unplanned); in advance of admission (elective); and on discharge (into other care settings).

Testing to treat:

- High risk patients in the community – symptomatic testing to access treatment.

Testing to protect:

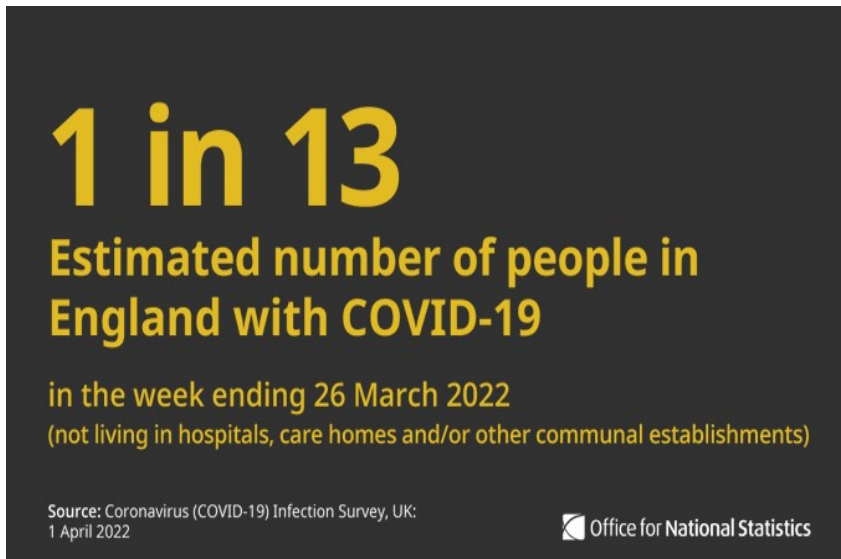
- Symptomatic and asymptomatic testing in high risk settings e.g. NHS staff, ASC staff and social workers, hospices, detention settings

Surveillance

What are the sources and what is it telling us?

The ONS survey – geography, age, race

- Vivaldi study – looking at how many care home staff and residents have been infected with COVID-19, to inform decisions around the best approach to COVID-19 testing in the future (concludes Apr 22).
- Siren study – whether prior infection with SARS-CoV2 protects against future infection with the same virus (healthcare workers)
- Ongoing testing programmes
- Inpatient genomic sequencing
- Networks across other countries e.g. US CDC



Advice to the public

[Living safely with respiratory infections including COVID-19](#)

- Get vaccinated (not just Covid)
- Let fresh air in
- Remember the basics of good hygiene (hand and respiratory hygiene)
- Choose to wear a face covering or face mask

[Guidance for people with symptoms of a respiratory infection inc Covid 19](#)

- If you have respiratory symptoms and a high temperature or do not feel well enough to go to work, stay at home (until at least temperature has gone)
- If you have a +ve test, stay at home until at least 5 days after test result (if you can)
- Follow guidance about how to minimise spread of COVID

Management

Regionally returning to pre-pandemic processes:

- Outbreak management largely led by regional UK Health Security Agency Health Protection teams (with input from LA staff and others).

Locally:

- Propose to stand down the update of, and arrangements around the COVID-19 Local Outbreak Control Management Plan (the national Contain Framework now redundant)
- Stand down the Health and Wellbeing Board role as the COVID-19 Control Board
- Maintain the Health Protection Board:
 - Broaden TORs to provide assurance across wider range of health protection issues – infectious disease management, HCAI, immunisation uptake, cancer screening, surge testing and vaccination, future pandemic planning

Opportunities

Vaccination programmes. Apply the good practice and insights into more equitable delivery of the COVID 19 vaccine into other vaccination programmes

Infection Prevention and Control (IPC).

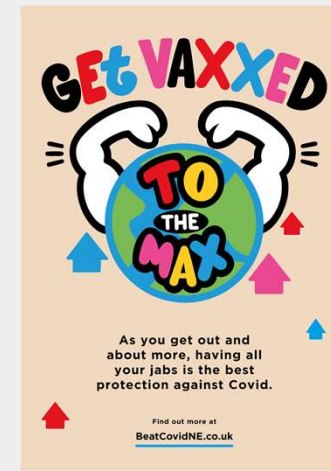
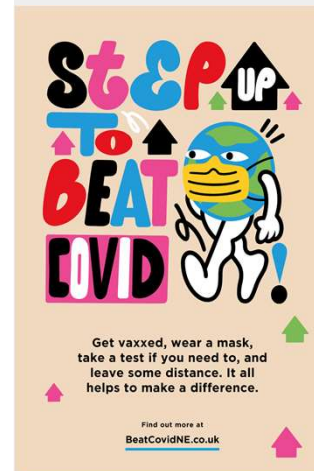
- Build on the relationships developed with care settings and with other partners (e.g. CCG/Trust IPC team) to maintain improvements in IPC.
- Develop an IPC strategy which straddles care settings, schools and workplaces (requires investment). Culture change for some – presenteeism has a greater impact on productivity than absenteeism

Health Protection Board. Pivot the Health Protection Board role to consider wider health protection issues.

Working across the LA7. Goals, short to medium term priorities and next steps

Communications

- Simple
- Explain why
- Easy to follow
- Consistent
- Nuanced for different communities
- Behavioural insights



Key messages

BeatCovidNE.co.uk

- We should anticipate a bumpy exit (years not months).
- Waves can occur rapidly so we need to be able to respond quickly.
- Vaccination remains the lynchpin of protection from severe disease and death and will require boosters.
- Continuing with the basic measures – hands, face, space, self-isolation have little impact on our daily lives but are effective at reducing transmission (of many respiratory and other infections).