



Health and Wellbeing Board COVID-19 in Darlington 18th March 2021

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Director of Public Health





Test 1

The vaccine deployment programme continues successfully.



Test 2

Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated.



Test 3

Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS.



Test 4

Our assessment of the risks is not fundamentally changed by new Variants of Concern.

The Four Tests

Only when the Government is sure that it is safe to move from one step to the next will the final decision be made.

Decisions will be based on four tests.

Roadmap: Key Points

- From 8th March, there is a plan for restrictions start to lift.
- To ensure a safe exit from lockdown restrictions will be eased in four steps with restrictions being lifted across the whole of England at the same time.
- These steps will be informed by the data to avoid the risk a surge in infections, hospitalisations and deaths.
- There will be a minimum of five weeks between each step: four weeks for the data to reflect changes and for these to be analysed; followed by one week's advance notice of further easements.



Wash Hands

Keep washing your hands regularly.



Cover Face

Wear a face covering over your nose and mouth in enclosed spaces.



Make Space

Stay at least one metre away from people not in your household.

Stay at Home Campaign

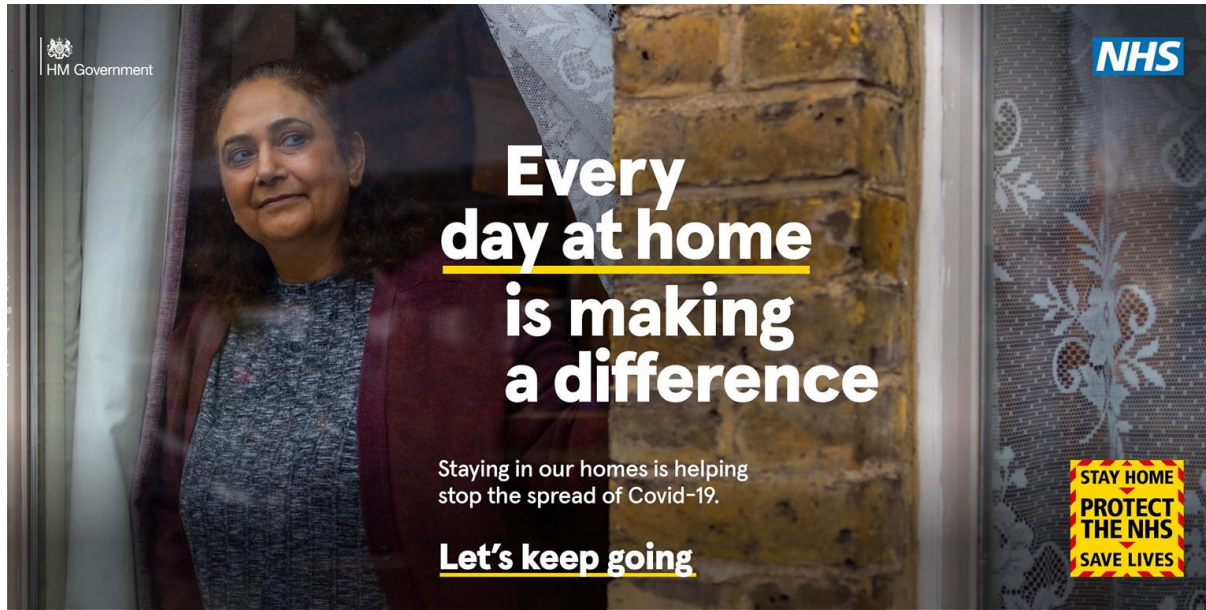
Throughout all stages in the Road Map a national campaign will continue to reinforce key messages for the public to maintain vigilance. This campaign will cover topics such as:

- Safe behaviours
- Ventilation
- Wearing a face covering where appropriate

STAY HOME ▶ PROTECT THE NHS ▶ SAVE LIVES

Stay at Home Campaign





HM Government

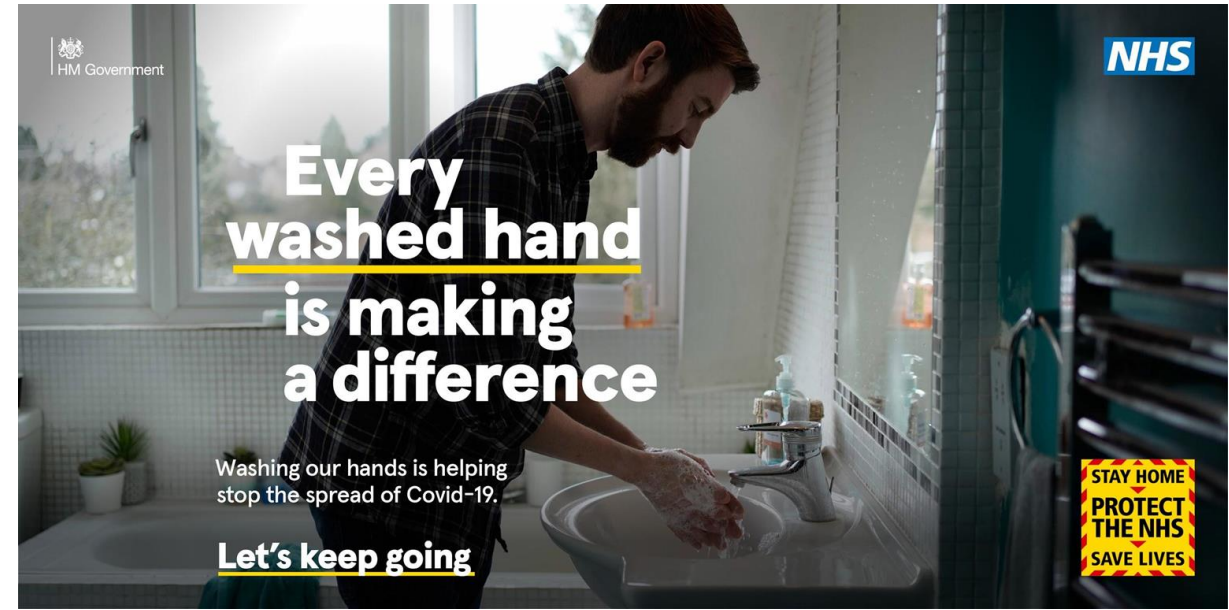
NHS

Every day at home is making a difference

Staying in our homes is helping stop the spread of Covid-19.

Let's keep going

STAY HOME
PROTECT THE NHS
SAVE LIVES



HM Government

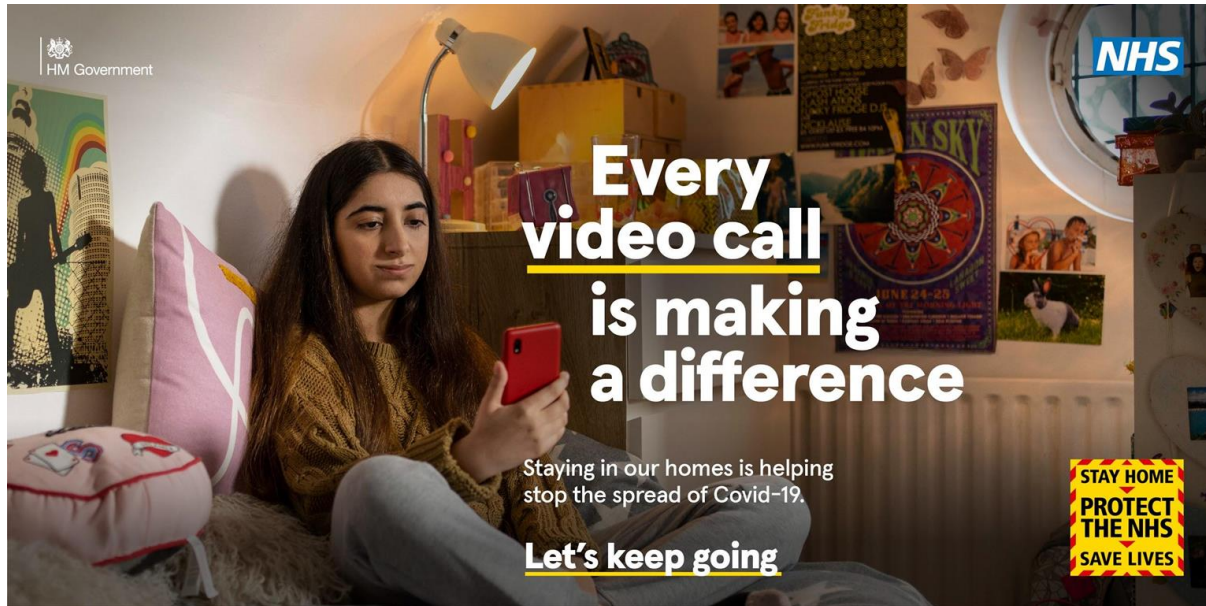
NHS

Every washed hand is making a difference

Washing our hands is helping stop the spread of Covid-19.

Let's keep going

STAY HOME
PROTECT THE NHS
SAVE LIVES



HM Government

NHS

Every video call is making a difference

Staying in our homes is helping stop the spread of Covid-19.

Let's keep going

STAY HOME
PROTECT THE NHS
SAVE LIVES



HM Government

NHS

Every covered face is making a difference

Covering our mouth and nose is helping stop the spread of Covid-19.

Let's keep going

STAY HOME
PROTECT THE NHS
SAVE LIVES

Darlington Situation Report

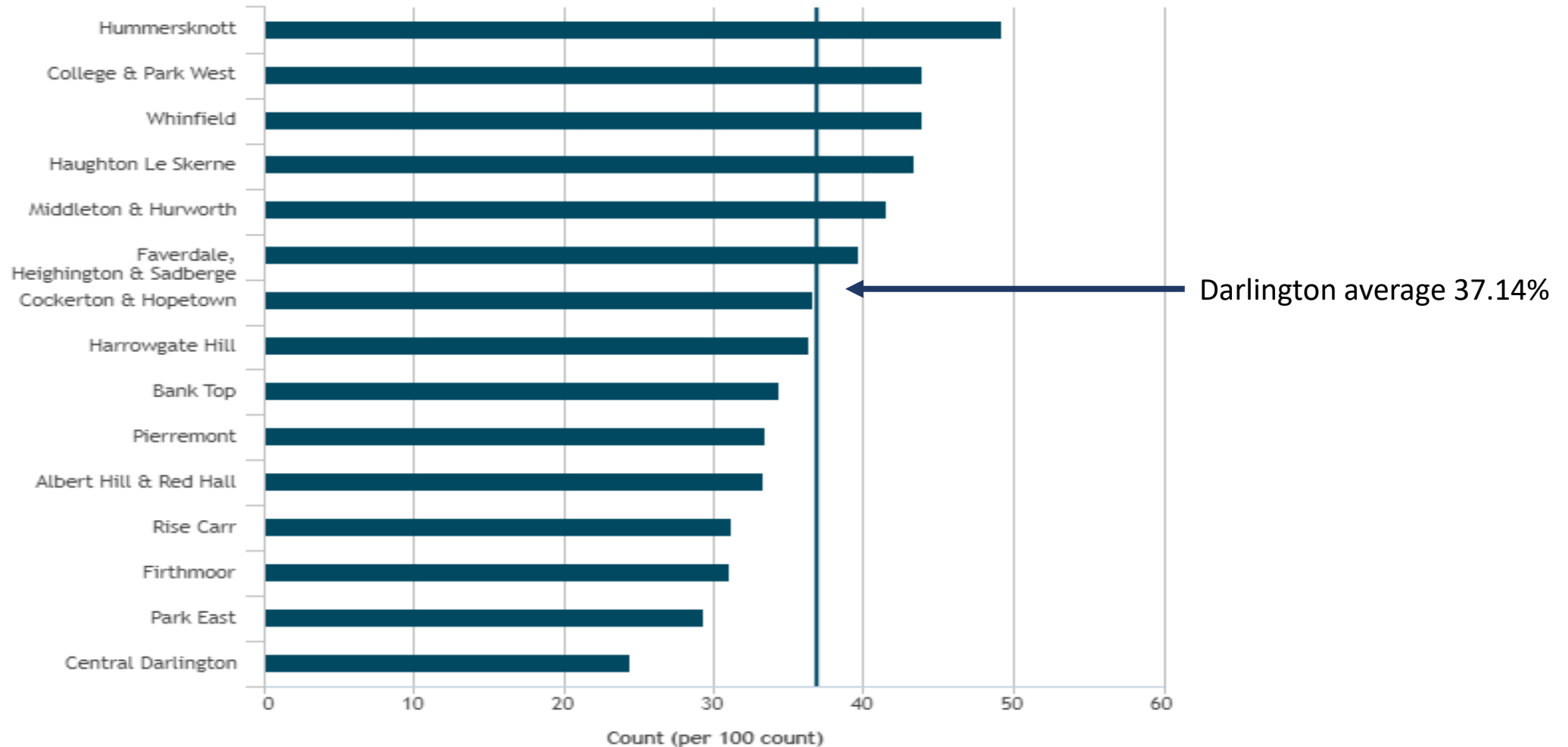
Test 1: The vaccine deployment programme continues successfully

In Darlington (as of 11th March)

- 34,489 vaccines have been given.
 - 94% of all those aged 70 years have received their first dose of vaccine
 - 9 out of 10 residents in care homes have received their first dose of vaccine.
 - 37.14 per cent of all adults (16+years) have had their first dose of vaccine.
 - Uptake is varies between areas from 24.48% in Darlington Central to 49.21% in Hummersknott
-
- Second doses of vaccines to start this month.
-
- Vaccination sites include:-
 - Feethams House – manned by local GPs
 - Mass Vaccination Centre – Darlington Arena
 - Cockerton Pharmacy – West Auckland Road

Percentage Of Darlington Residents Who Have Received a COVID 19 Vaccine by Medium Super Output Area

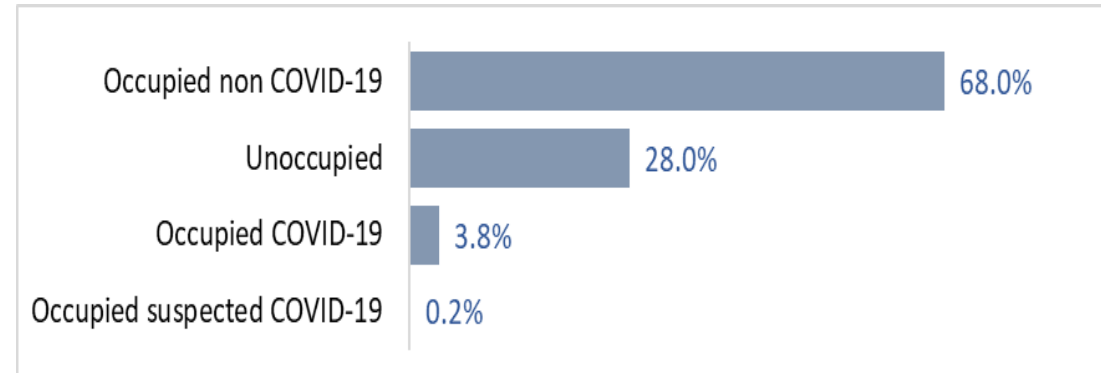
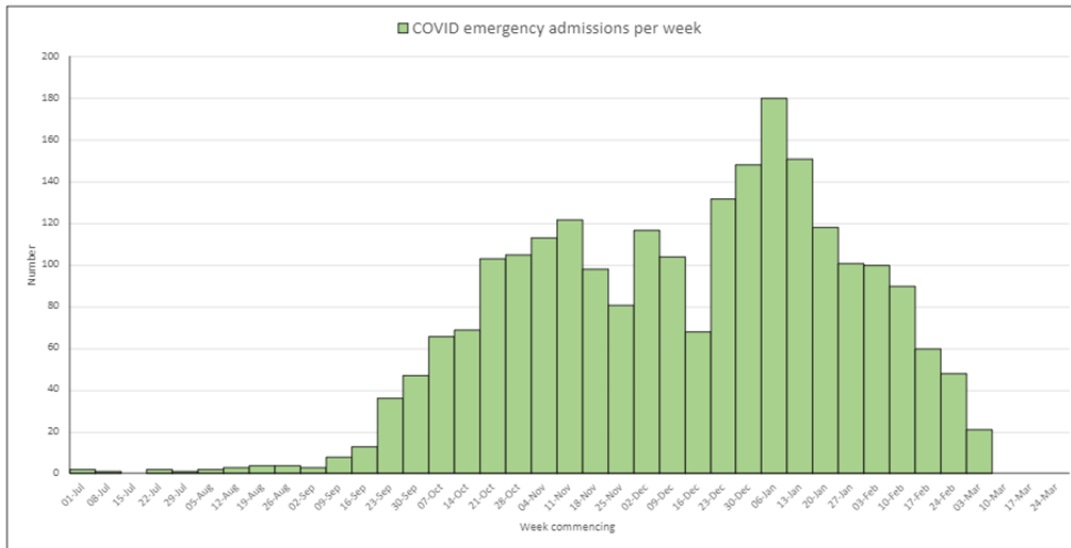
(11th March 2021)



Test 2: Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated

There have been 21 COVID emergency admissions week ending 9 March 2021

Hospital beds occupied by COVID-19, suspected COVID-19, non COVID-19 and unoccupied

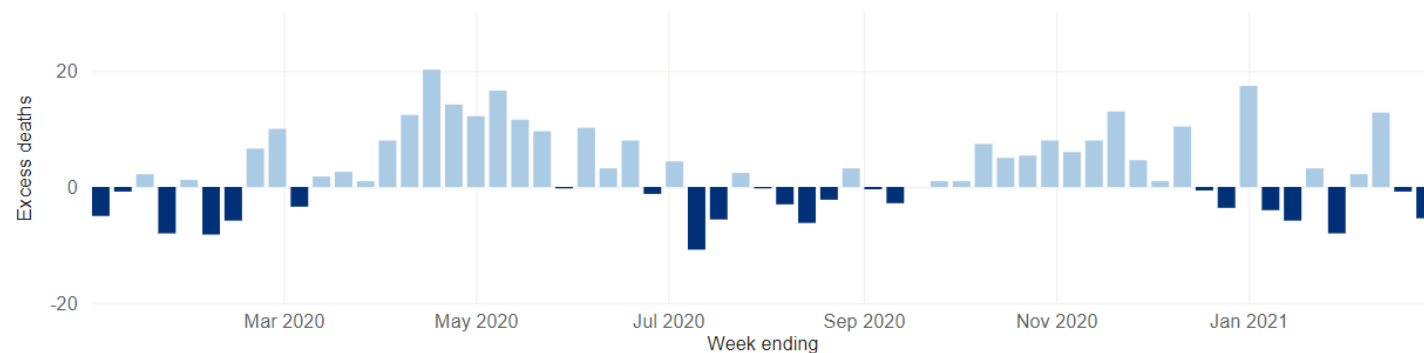


Test 3: Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS.

Case Detections Rate All Ages

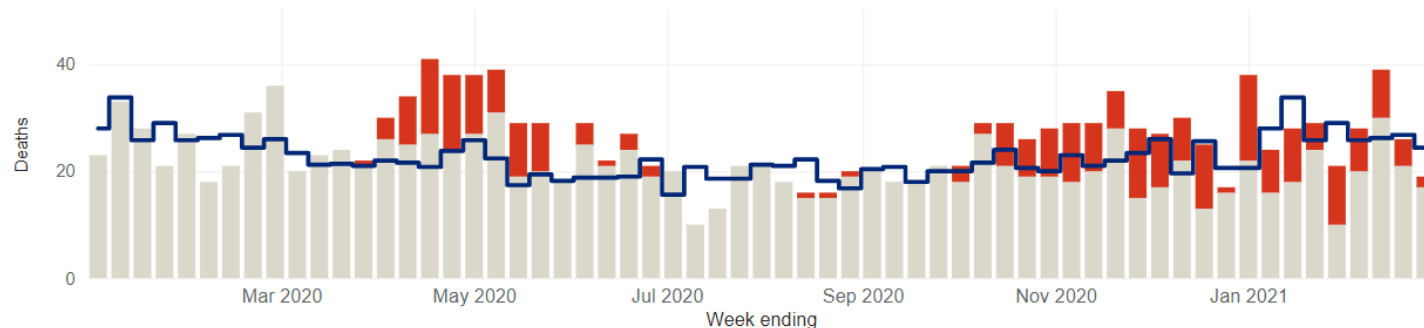
Greater than the five year average Less than the five year average

Excess deaths (2020 deaths minus 2015 to 2019 average); Darlington



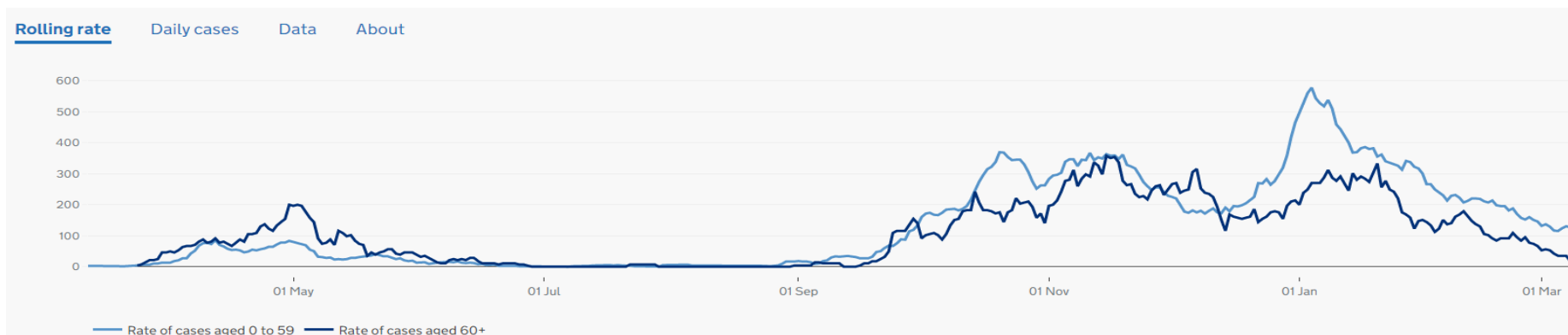
All deaths in 2020 by week, with proportion where COVID-19 is mentioned and weekly average occurrence 2015 to 2019; Darlington

COVID-19 not mentioned COVID-19 mentioned Average weekly deaths

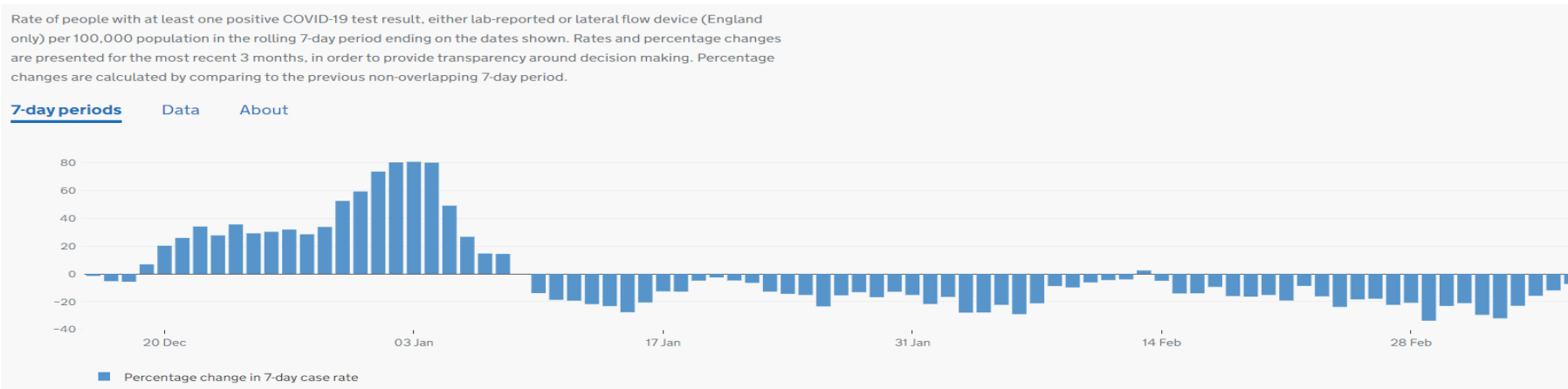


Case Detection Rate Over 60's

The rates in those over 60 in Darlington have increased from the end of December but at a much slower rate than those under 60 and remain lower than the under 60 rate overall



The percentage change in the 7-day case rate is showing a slowing in the rate of new positive case



Test 4: Our assessment of the risks is not fundamentally changed by new Variants of Concern.

Percentage of new positive lab samples with the new variant (S gene target failure) present.

UTLA LTLA hierarchy - UTLA	UTLA LTLA hierarchy - Area name	Cases with SGTF
PHE Centre	North East	98.7%
Darlington	Darlington	98.2%
Hartlepool	Hartlepool	97.5%
Middlesbrough	Middlesbrough	99.4%
Redcar and Cleveland	Redcar and Cleveland	100.0%
Stockton-on-Tees	Stockton-on-Tees	98.3%

Local Testing

Testing: Cumulative Totals for Darlington

PCR Tests (Pillar 1&2)

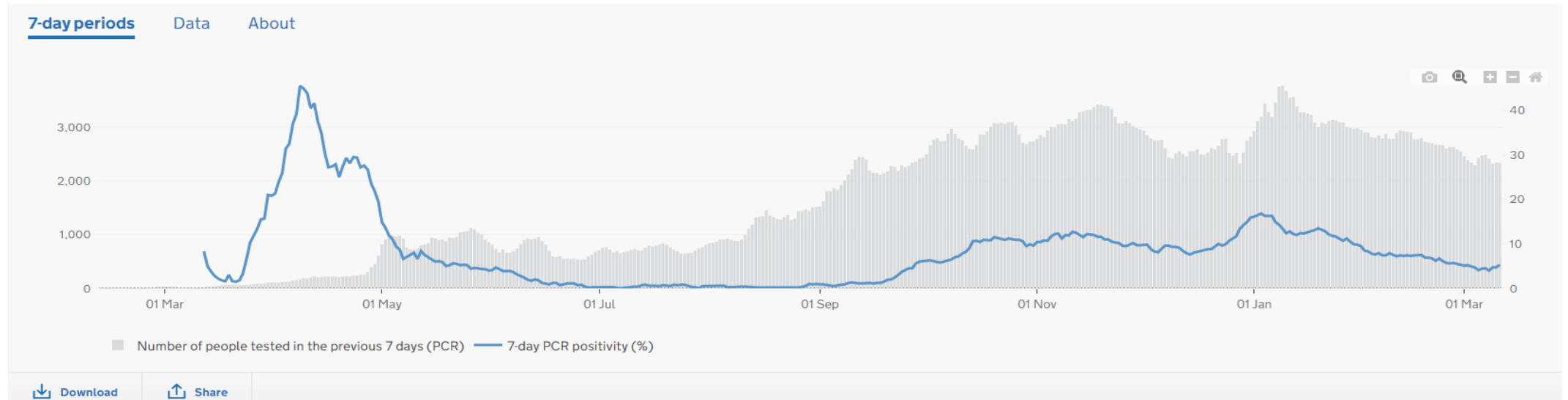
- Total individuals tested= 53,510
- People tested +ve = 7,183
- People tested –ve =46,327

Lateral Flow Testing

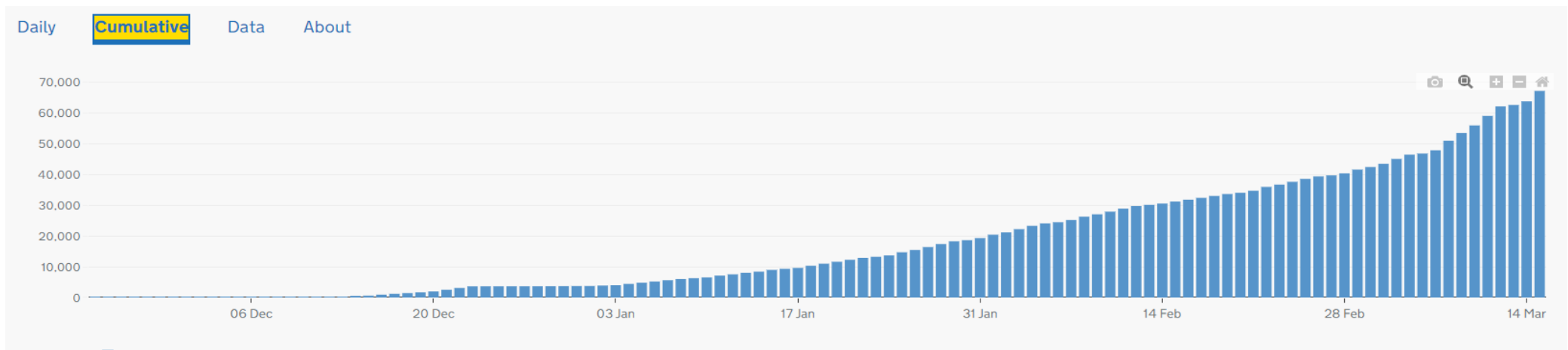
- Community Testing (from Dec 14th)
 - Total Tests= 24,553
 - People tested +ve = 357
 - People tested –ve = 24,196
- School Based Testing (staff & Pupils)
 - Total tests = 26,288
 - Total tested +ve = 19
 - Total tested –ve = 26,269

Testing: PCR and Lateral Flow Tests

PCR



LFT



Testing: Developments

The DHSC are currently planning an expansion of opportunities for testing in the coming weeks including :-

- Community Collect – programme to allow tests to be collected and undertake their own tests at home
- Institutional Testing – targeting larger employers (>50 employees) to enable them to undertake testing in their own workplace
- Schools Home Testing – parents provided with tests kits to take home and undertake tests at home prior to attending school

COVID-19 Recovery

Next Steps

Developing COVID-19 Recovery Frameworks in the North East

- COVID-19 has presented a unique opportunity to further incorporate health, wellbeing, inequalities and the wider determinants of health within local strategic approaches, such as a recovery framework.
- A recovery framework also offers the opportunity to align this public health approach with other agendas such as economic recovery and climate change.
- In support of this, published recovery plans have been analysed by PHE to identify potential public health practice.

Vulnerable Groups

A health inequalities impact assessment has been carried out by partners across the North East. It identifies vulnerable groups based on a variety of factors, namely their vulnerability to poor outcomes from COVID-19.

Existing frameworks make few references to these vulnerable groups, perhaps due to their framing being in the context of economic recovery.

However, an economic-focused recovery plan may benefit from considering these groups in order to address inequalities and promote equitable economic growth. These vulnerable groups are:-

- People living in care homes
- Older people
- People with underlying health conditions
- People shielding
- BAME communities
- People living with substance misuse
- People working in high risk occupations
- People who are sleeping rough
- Sex workers
- People living in multi-occupancy households/overcrowded households
- People whose first language is not English
- Gypsy, roma traveller groups
- Asylum seeker/refugee groups
- Vulnerable children and young people
- People who are victims of domestic abuse
- Low income families
- People who are unemployed and/or living in economic insecurity
- People living with disabilities
- People living with sensory impairments
- People living with learning disability



Public Health
England

Summary

Best start in life	Consider: <ul style="list-style-type: none"> Investment in childcare settings Digital inclusion Early years development and school readiness 	<p>Core principles</p> <ul style="list-style-type: none"> Consideration of key vulnerable groups listed in the North East Health Inequalities Impact Assessment Proportionate universalism Community Asset-Based Approaches
Maximising capabilities	Consider: <ul style="list-style-type: none"> Antisocial behaviour Inequalities in educational attainment Lifelong learning opportunities 	
Creating fair employment	Consider <ul style="list-style-type: none"> Inequalities in work and pay The role of anchor institutions Employer standards 	
Healthy standard of living	Consider <ul style="list-style-type: none"> The impact of the built environment on health The root causes of poverty Proportionate universalism 	
Sustainable and healthy places	Consider <ul style="list-style-type: none"> Align health and climate change Affordable and sustainable housing Upscaling active travel 	
Ill-health prevention	Consider <ul style="list-style-type: none"> Health in all policies is everyone's responsibility The capacity of the public health system Strategies with named accountability for inequalities 	



Any questions?

