

HEALTH SCRUTINY PANEL

Date: Monday 1st November, 2021
Time: 4.00 pm
Venue: Virtual

Please note this is a virtual meeting.

**The meeting will be livestreamed via
the Council's YouTube channel at
[Middlesbrough Council - YouTube](#)**

AGENDA

1. Apologies for Absence
2. Declarations of Interest
To receive any declarations of interest.
3. Minutes - Health Scrutiny Panel - 5 October 2021 3 - 6
4. Health Inequalities - Tees Valley Regeneration Initiatives
The Chair of the Tees Valley Local Enterprise Partnership will be in attendance to provide an update on how Tees Valley regeneration initiatives can help to reduce health inequalities.
5. Health Inequalities - Council Regeneration Initiatives 7 - 22
The Council's Director of Regeneration will be in attendance to provide an update on how Council regeneration initiatives can help to reduce health inequalities.
6. Covid-19 Update 23 - 38
Mark Adams, Director of Public Health (South Tees) will be in

attendance to provide an update on COVID-19 and the local Public Health / NHS response.

7. Chair's OSB Update
8. Any other urgent items which in the opinion of the Chair, may be considered.

Charlotte Benjamin
Director of Legal and Governance Services

Town Hall
Middlesbrough
Friday 22 October 2021

MEMBERSHIP

Councillors D Coupe (Chair), D Davison (Vice-Chair), R Arundale, A Bell, A Hellaoui, T Mawston, D Rooney, C McIntyre and P Storey

Assistance in accessing information

Should you have any queries on accessing the Agenda and associated information please contact Scott Bonner, 01642 729708, scott_bonner@middlesbrough.gov.uk

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on Tuesday 5 October 2021.

PRESENT: Councillors D Coupe (Chair), D Davison (Vice-Chair), A Bell, A Hellaoui, D Rooney and P Storey

ALSO IN ATTENDANCE: C Blair (Director Of Commissioning Strategy and Delivery) (TVCCG), K Hawkins (TVCC), Mrs J Henderson (Prospect Surgery) Dr M Kesavalu (Prospect Surgery) Dr S Saleem (Prospect Surgery)

OFFICERS: M Adams, S Bonner

APOLOGIES FOR ABSENCE: Councillors R Arundale, T Mawston and C McIntyre

21/95 **DECLARATIONS OF INTEREST**

There were no declarations of interest received at this point in the meeting.

21/96 **MINUTES - HEALTH SCRUTINY PANEL - 7 SEPTEMBER 2021**

A member queried progress against an action from the previous meeting about the number of children who were no longer in receipt of Free School Meals following the introduction of Universal Credit. It was agreed this would be followed up with the relevant service area.

ORDERED that:

- 1) That the action relating to the number of children no longer in receipt of Free School Means since the introduction of Universal Credit would be pursued with the relevant service area.
- 2) The minutes of the Health Scrutiny Panel meeting held on 5 October 2021 were submitted and approved as a correct record.

21/97 **PROSPECT GP SURGERY - CQC INSPECTION**

The Chair welcomed Drs Saleem and Kesavalu and Mrs Jane Henderson from Prospect Surgery as well as Dr Nanda as Clinical Director of the Central Middlesbrough Primary Care Network and Karen Hawkins as Director of Commissioning, Strategy and Delivery (Primary & Community Care).

The Chair emphasized that the panel's intention was to act as critical friend in this matter.

The Director of Commissioning explained to members that the CQC was a regulatory independent body for health and social care services. The CQC had produced an inspection report that identified Prospect GP surgery had been found to be inadequate in three domains.

It was explained that the CQC ordinarily carried out announced visits with GP Practices usually receiving two weeks' notice of such an inspection. The CQC inspection in this case was unannounced and carried out in July 2021 with the resulting report produced in September. There were three areas of focus within the report; safety, effectiveness and well-led with all three areas found to be inadequate. The inspection did not inspect the caring and responsive elements of the practice but did find two breaches of regulation specifically regulation 12 regarding safe care and treatment as well as regulation 17 regarding good governance. The practice had until the 1st October 2021 to respond to the former and the 6th December 2021 for the latter breach.

Members were informed that the practice had put robust action plans in place to address the issues in the report and that the Local Medical Committee, Local GP Federation and the CCG were all working to support Prospect. It was recognized that remedial action was required to reassure patients and reinforce their confidence in the practice.

Importantly, while the CCG would be supporting the practice with their action plans they were not a regulator and as such would not be signing off any responses to the CQC.

Naturally, the practice were disappointed with the outcome of the report but were working hard to ensure any failings were being remedied. It was also noted that the CQC could, within the next six months, carry out a further inspection should any further concerns be raised. The panel were reassured that the practice has positively engaged with the CQC and they were able to remedy several of the issues identified in the report.

Representatives from Prospect GP practice advised the panel they were thankful for the opportunity to address members. Members heard how the practice had been previously rated as good by the CQC and there was a number of factors that contributed to the most recent rating. Those factors included the impact of the Covid-19 pandemic which led to some patients having to isolate and refusing to attend their usual appointments. Similar impacts were felt due to staff isolation which resulted in staff shortages at critical times, especially during the vaccination programme.

Importantly, changes to how patients were monitored for chronic diseases meant reviews were not being carried out as they should have been. There were also challenges in recruiting staff to key posts, namely nurses, and where recruitment was possible, there was often a need to train those staff which took time. However, the practice had put temporary measures in place to reduce impact on patients while this process continued.

The practice had also appointed a new pharmacist which would assist in areas including medication reviews and management of high-risk drugs.

The Covid Pandemic had also meant a shift to virtual meetings with patients which presented significant challenges for the practice, but this pressure was now easing.

The practice was also meeting fortnightly with all staff to ensure a degree of transparency. Individual teams within the practice now had a named lead and there was also a degree of oversight from the practice manager which would allow for a more joined up way of working.

Overall, the practice was disappointed with the outcome of the report but were committed to delivering safe and effective care to its patients.

The chair again emphasised that the panel were acting as a critical friend and would provide what assistance they could.

The panel was advised that the surgery was previously inspected in 2015 and 2017 with both ratings being good. It was also clarified that in terms of nurse recruitment several of Prospect's Practice Nurses had left their positions creating vacancies. Recruitment to those vacancies was difficult owing to shortages in those positions. When those positions were filled, however, it was with district nurses who required training to carry out important procedures such as cervical screening and childhood vaccinations.

A member asked the practices' representatives to identify key indicators from the inspection that would inform how to avoid a return to the conditions experienced at the time of the inspection.

The practice stated that some of the factors leading to the rating were outside of its control, but once those circumstances return to normal with Covid-19 restrictions easing the processes and mitigations explained previously should be sufficient to avoid a repeat of the latest inspection results.

It was queried why the practice seemingly prescribed a high number of opioids which were ordinarily prescribed to patients with drug or alcohol abuse issues. The practice clarified that the appointment of a pharmacist would assist with core drug prescribing. However, prescribing opioids was not just for those with drug or alcohol abuse problems they were also prescribed for pain, usually prescribed by a specialist pain clinic. As such the practice was often prescribing such drugs to patients but did not initiate those prescriptions.

The practice was also using guidance issued by the National Institute of Clinical Excellence and their own internal guidance to try and reduce prescribing drugs of that nature. The practice was also engaging with those patients in receipt of that kind of painkiller.

Given Prospect Surgery's location in the town centre, and the larger number of deprived communities it serves, a member commented that the Public Health Service had been asked to conduct a mapping exercise that would help understand patient demographics which could inform what other services may be required for the area.

Members were reassured that due to the actions being put in place by the practice should the CQC conduct another unannounced inspection in the near future a good rating would be found.

The clinical director for the Central Middlesbrough Primary Care Network and Executive GP on the Primary Care Quality Team advised she had sight of Prospect's action plan and was assured that with the assistance of the other practices in the Central Middlesbrough Network the relevant remedial action could be taken.

While members were reassured by the comments made by prospect surgery there remained concerns regarding how the community would be affected especially those with long term illnesses and the seemingly large number of children that were not receiving their routine vaccinations.

As such the panel felt an interim update be provided before required six month deadline in December. It was agreed that the CCG would return to the panel with an update on progress against the action plan three months from the meeting.

Prospect surgery thanked the panel for its constructive feedback.

ORDERED that:

- 1) The Public Health Service develop a usage map to understand patient usage that could inform future service provision
- 2) The CCG provide the panel with an update report no later than three months hence and
- 3) The information presented be noted.

21/98

COVID-19 UPDATE

The Director of Public Health provided an update on the ongoing response and recovery to COVID-19 and made the following points:

- Covid infection figures for Middlesbrough were falling, albeit slowly with town sitting at 97th in the league tables. The peaks of infection in Middlesbrough during September were 407 compared to approximately 200 in October.
- It was commented that the 0-19 age group were inflating the infection figures although there was a notable decline in infections across all age groups.
- It was noted that only one school had mobilized onsite Covid testing and that positive cases at that school were very low.
- Schools generally reflected the community transmission rate.
- Schools were maintaining some social distancing processes, including the bubble system.
- In terms of hospital admission figures; there were 47 cases including those needing critical care. However, while these numbers were falling the health system as a whole was still stressed.
- The Covid related mortality rate was much smaller than in previous waves.
- There were currently 76% of people having received the first dose of the Covid Vaccine with and 68.8% having had the second.
- There was a similar pattern of vaccine take up by age range to previous patterns, with the number of over 50s that were unvaccinated was coming down, albeit slowly.
- A discussion took place regarding the so-called winter plan the main. It was commented that the main strategy was to build and maintain defences through pharmaceutical interventions and vaccines as well as advising people on how to take care of themselves. This strategy was known as Plan A.
- There was also the potential for a Plan B in the event the winter period placed strain on the health system. This included face coverings being made a legal requirement.

- Guidance was being produced for vaccinating healthy children as part of third phase of the vaccination rollout.
- Vaccine boosters were to be Pfizer or Moderna with Primary Care Network's targeting care homes in the first instance.
- In terms of the vaccine for young people; there has been locally not vaccinate 12-15 year olds if their parents had not consented.

The chair commented that Middlesbrough had previously followed other areas in terms of infection rates and queried if this would be the case going forward. It was confirmed that other areas may now be following Middlesbrough, and that the town was likely to have experienced its infection peak.

A member queried what actions were being taken with regard to room ventilation to assist with Covid compliance measures. It was confirmed that in some venues, such as schools, carbon monoxide monitors were being deployed to ensure that air quality in those venues remained safe should occupancy levels be high.

A discussion took place about demonstrations held outside a school in Newcastle by so-called anti-vaxxers. It was confirmed that such activity was not present in Middlesbrough.

A Member queried what stage the vaccination process was at in schools. The Director of Public Health stated he would provide current information on this. It was commented that there was pressure to complete the vaccination process in schools by the half term break but this was made difficult by the need for parental consent.

ORDERED that:

- 1) The Director of Public health provide members with vaccination progress in schools;
- 2) The slides presented to be the panel be circulated to members and;
- 3) The information presented to be noted.

21/99 **HEALTH INEQUALITIES - REGENERATION INITIATIVES**

The panel agreed that this item be deferred until its November meeting.

21/100 **CHAIR'S OSB UPDATE**

The Chair advised the panel that at OSB's last meeting on the 8 September the Mayor was in attendance and provided the Board with an update on his aims and aspirations as well as progress made to date and to highlight any emerging issues.

The Board also received updates from all Scrutiny Panel Chairs, and were advised as to the contents of the Executive Forward Work Programme.

The Chief Executive was also in attendance and provided the Board with an update on the Council's ongoing response to COVID-19 and other organizational matters.

NOTED

21/101 **ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.**

None.

Health and Regeneration



Clear Link

- People in work tend to be healthier
- Physical health
- Mental Health
- Good environments promote wellbeing
- Better integration of health agenda into placemaking promotes wellbeing
- Health provision can be a catalyst for regeneration

Town Centre Example

- Job creation
- Impact of public spaces
- Health as an employer
- Health facilities as a footfall driver
- Easy access for users – sustainable travel
- Good design integrating wellbeing
- Human connections
- Leisure time
- Control / limit negative influences on wellbeing

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Public Health and Regeneration Programmes

Context

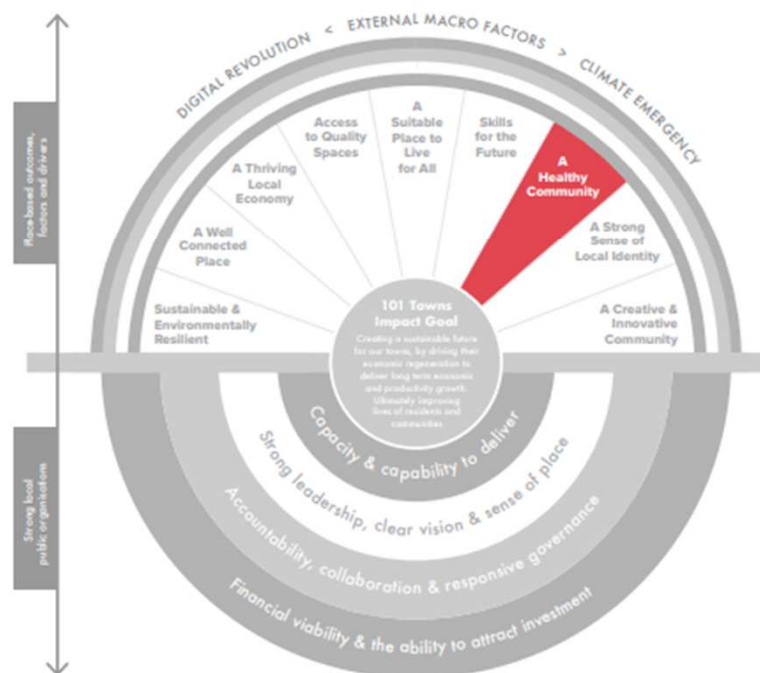
Good health and wellbeing contribute to the economy and minimise the increasingly unaffordable burden of healthcare costs. The focus is shifting to the wider determinants of health. How towns and buildings are planned, designed, built, operated and experienced can make a significant contribution.

Middlesbrough is in the fortunate position of receiving both Towns Fund and Future High Street Fund resource. Future funding may also come from the Levelling Up Fund and the Shared Prosperity Fund. As we commence the design and delivery phase of these programmes, joint working is key to maximise the reach and benefit of the funds to Middlesbrough's population.

Total Towns Outcomes Framework



Place-based outcomes and assets



Place-based outcomes & assets

A healthy community

What does good look like?

There is a strong local community who are provided with opportunities to be active participants in civic life. People are empowered to stay well through access to services and activities that support their health and wellbeing. Local organisations have the capacity to support those most in need - in particular those experiencing poverty and inequality - and are able to work together to address increasing demand for support and services. People feel safe and crime rates are low and well-managed. There is a strong sense of community cohesion and neighbourliness and volunteering groups are active and supported.

Some examples below to help prompt thinking might include:

- Health and wellbeing is included in the objectives of every investment
- Good links to health organisations, and wider community benefits are considered when planning new health facilities
- Strong voluntary and community sector (VSCE) partnerships and collaboration
- Thriving local communities including faith and youth groups, who are engaged in the planning of new projects
- Easily accessible and safe local cycling and walking infrastructure
- Good and inclusive access to green and blue spaces
- Social and cultural events which promote social inclusion are held regularly

Work in Progress

FHSF/Towns Fund

- Future Proofing New Venues
- Investment in Green Spaces at Ward Level
- Improved Cycling and Walking Networks
- Covid Recovery Grants

Welcome Back Fund

- Creation of Town Centre App
- Outdoor Seating Provision
- Supported Businesses with Pavement Licences

Planning Policy

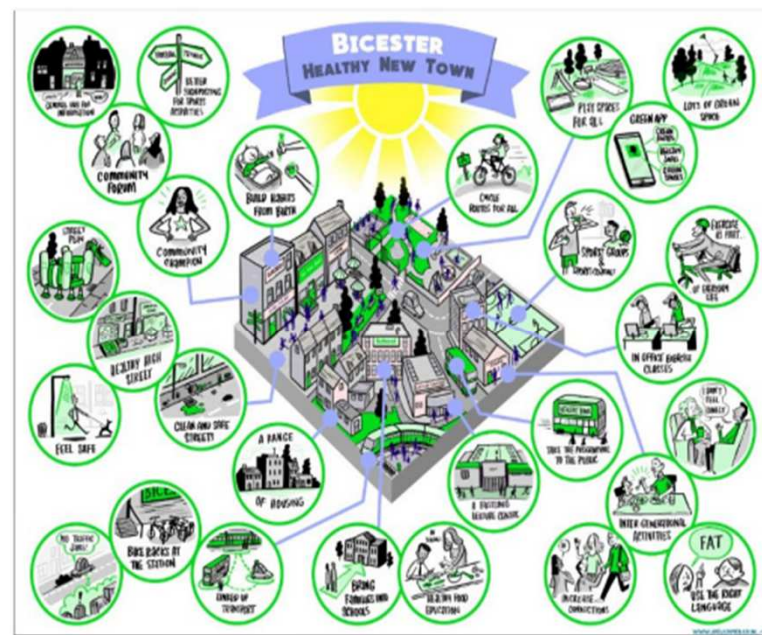
- Public Health principles embedded in the (pending) Local Plan which reflects the importance of local open spaces, wellbeing and policy against the proliferation of hot food takeaways etc.



Examples of Collaboration

Bicester: 'a walk-able and cycle-able community' - (Developers, NHS and local Council)

The Bicester Healthy New Towns Partnership, has core members including Cherwell District Council, Oxfordshire Clinical Commissioning Group, Oxford Academic Health Science Network and A2 Dominion Housing Group. A key aim for the partnership is to increase physical activity amongst residents in Bicester. To do this the partnership is using physical connectivity, green corridors and community assets to build a 'walkable and cycleable community' that links the new areas of housing within the existing market town.



Picture taken from Healthy Bicester Facebook page - <https://www.facebook.com/HealthyBicester/>

Leeds Climate Innovation District - (Developers and local Council)

The city's Climate Innovation District turns a central brownfield site into a resilient, green, mixed-use neighbourhood of 516 low energy homes with integrated amenities for everyday life. Working closely with a forward thinking developer, the masterplan converts an industrial environment into a walkable, healthy, family friendly environment.

<https://citu.co.uk/citu-places>



Picture taken from Citu website - <https://citu.co.uk/citu-places/the-place>

Design Council Study

Top five barriers to creating healthy places to live and work



1. Insufficient funding

2. The requirements or expectations of developers



3. Other priorities drive my projects/programmes/policies

4. The requirements and expectation of politicians



5. Insufficient time

Middlesbrough's Priorities

What is Middlesbrough's key Public Health priority?

- Increased Physical Activity
- Improved Environment/Air Quality
- Access to Employment Opportunities

Do we look to tackle one specific issue in the design, planning and construction of proposed building works or programmes of activity?

Utilising Existing Provision

- Sharing of priorities, key areas of work and overall vision
- Public Health involvement in relevant planning applications
- Build on Public Health's relationships and engagement methods with external partners to maximise the reach of consultation, ensure schemes meet residents needs and gain buy-in on Regeneration proposals
- Share best practice and success stories

The 10 Principles

- 1** **PLAN AHEAD COLLECTIVELY**
- 2** **ASSESS LOCAL HEALTH AND CARE NEEDS AND ASSETS**
- 3** **CONNECT, INVOLVE AND EMPOWER PEOPLE AND COMMUNITIES**
- 4** **CREATE COMPACT NEIGHBOURHOODS**
- 5** **MAXIMISE ACTIVE TRAVEL**
- 6** **INSPIRE AND ENABLE HEALTHY EATING**
- 7** **FOSTER HEALTH IN HOMES AND BUILDINGS**
- 8** **ENABLE HEALTHY PLAY AND LEISURE**
- 9** **DEVELOP HEALTH SERVICES THAT HELP PEOPLE STAY WELL**
- 10** **CREATE INTEGRATED HEALTH AND WELLBEING CENTRES**



Useful Links

- [10 Priorities for Health and Wellbeing – Arup](#)
- [Creating healthy places pdf.pdf \(kingsfund.org.uk\)](#)
- [Healthy Placemaking Report.pdf \(designcouncil.org.uk\)](#)
- [Spatial Planning for Health: an evidence resource for planning and designing](#)
- [Healthier places \(publishing.service.gov.uk\)](#)
- [Exploring a health led approach to infrastructure – Arup](#)
- [Cities Alive: Towards a walking world - Arup](#)

Middlesbrough COVID-19 Update

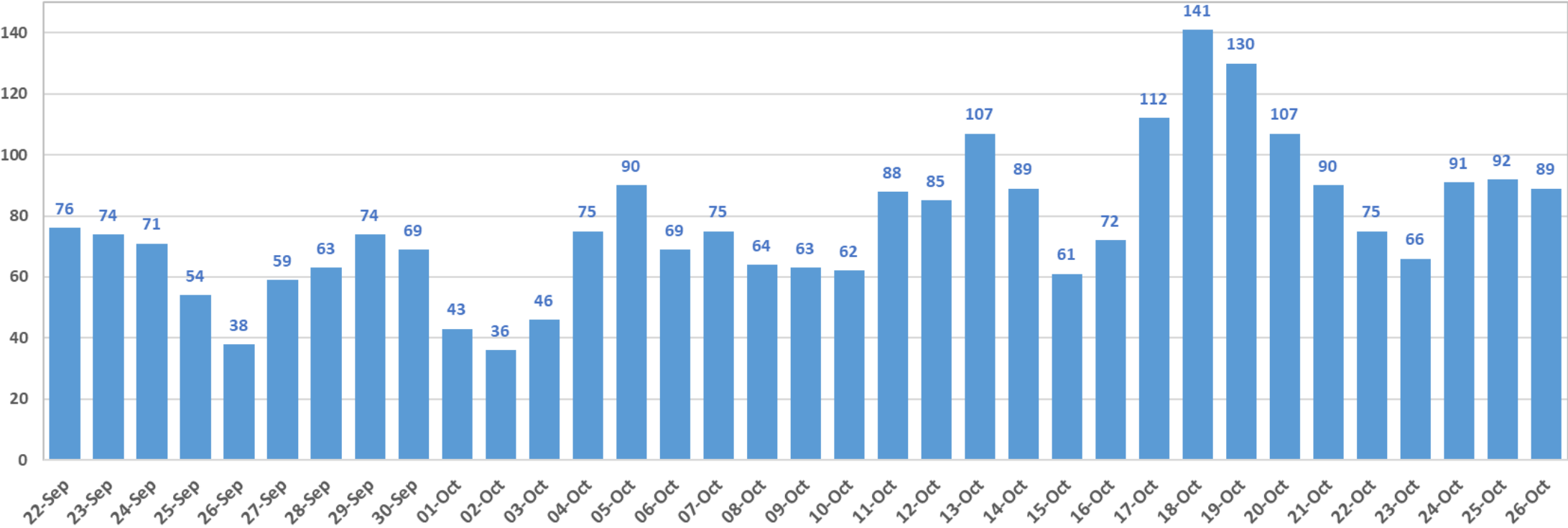
1 November 2021

National LA Summary

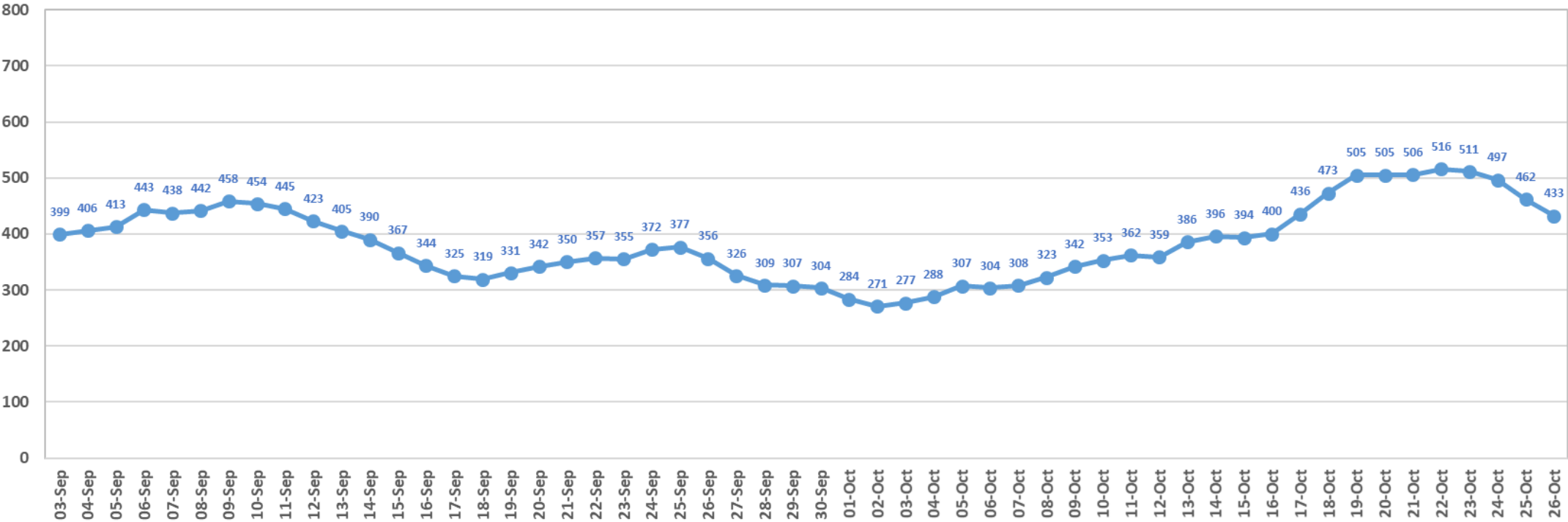


Local Authority	Current Week <i>Up to 25th October</i>		Previous Week <i>Up to 18th October</i>		Weekly Rank Change	Weekly Rate Change
	Rate per 100,000	Rank	Rate per 100,000	Rank		
Bath and North East Somerset	878	1	1,076	2	1	-18%
Swindon	827	2	1,089	1	-1	-24%
Gloucestershire	807	3	1,003	3	0	-19%
North Tyneside	787	4	691	12	8	14%
South Gloucestershire	745	5	921	5	0	-19%
North Somerset	736	6	980	4	-2	-25%
Wiltshire	728	7	919	6	-1	-21%
Somerset	708	8	887	8	0	-20%
West Berkshire	692	9	906	7	-2	-24%
Buckinghamshire	646	10	634	16	6	2%
Hampshire	612	11	627	17	6	-2%
Central Bedfordshire	599	12	498	55	43	20%
Bristol, City of	599	13	762	9	-4	-21%
Wokingham	585	14	677	13	-1	-14%
Rotherham	569	15	640	15	0	-11%
Telford and Wrekin	566	16	606	22	6	-7%
Halton	561	17	708	10	-7	-21%
Northumberland	561	18	567	29	11	-1%
Dorset	553	19	573	27	8	-3%
Southampton	550	20	541	41	21	2%
Middlesbrough	455	64	472	73	9	-4%

Middlesbrough COVID Cases by Specimen Test Date



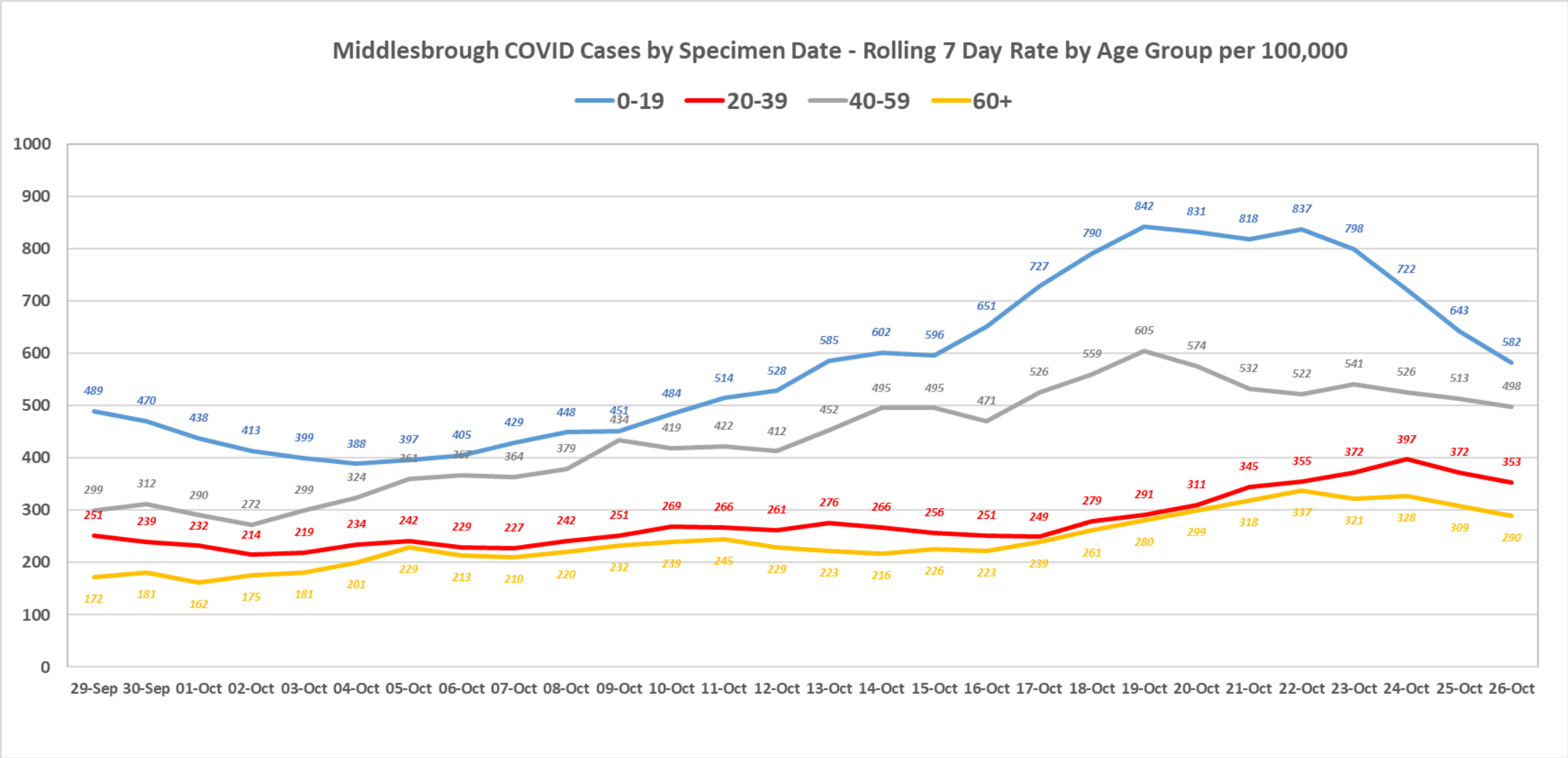
Rate of Middlesbrough Cases based on Specimen Test Date - Rolling 7 Day Average
Rate per 100,000



COVID Case Rate – Age Groups



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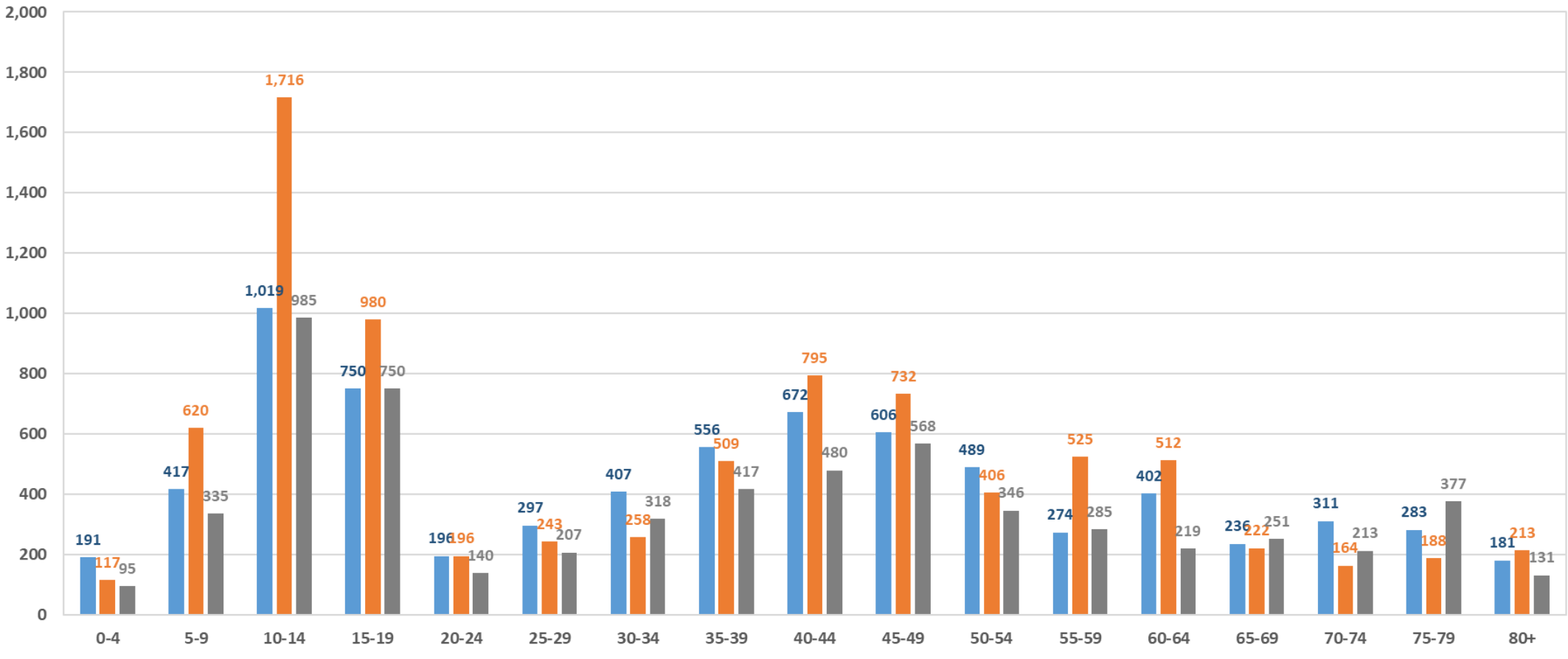


COVID Case Rate – Sub Age Groups



Middlesbrough Cases by Age Group - Weekly Change
Rate per 100,000

7 Days to 26th Oct 7 Days to 19th Oct 7 Days to 12th Oct



COVID School Cases



Cases reported to Public Health Team via Middlesbrough schools with test date in previous 2 weeks up to 26th October (some may live out of area). The PHE linelist shows there were 451 children aged between reception and year 11 with positive tests during the same 2 week period.

Cases reported to Public Health Team via Middlesbrough schools by week

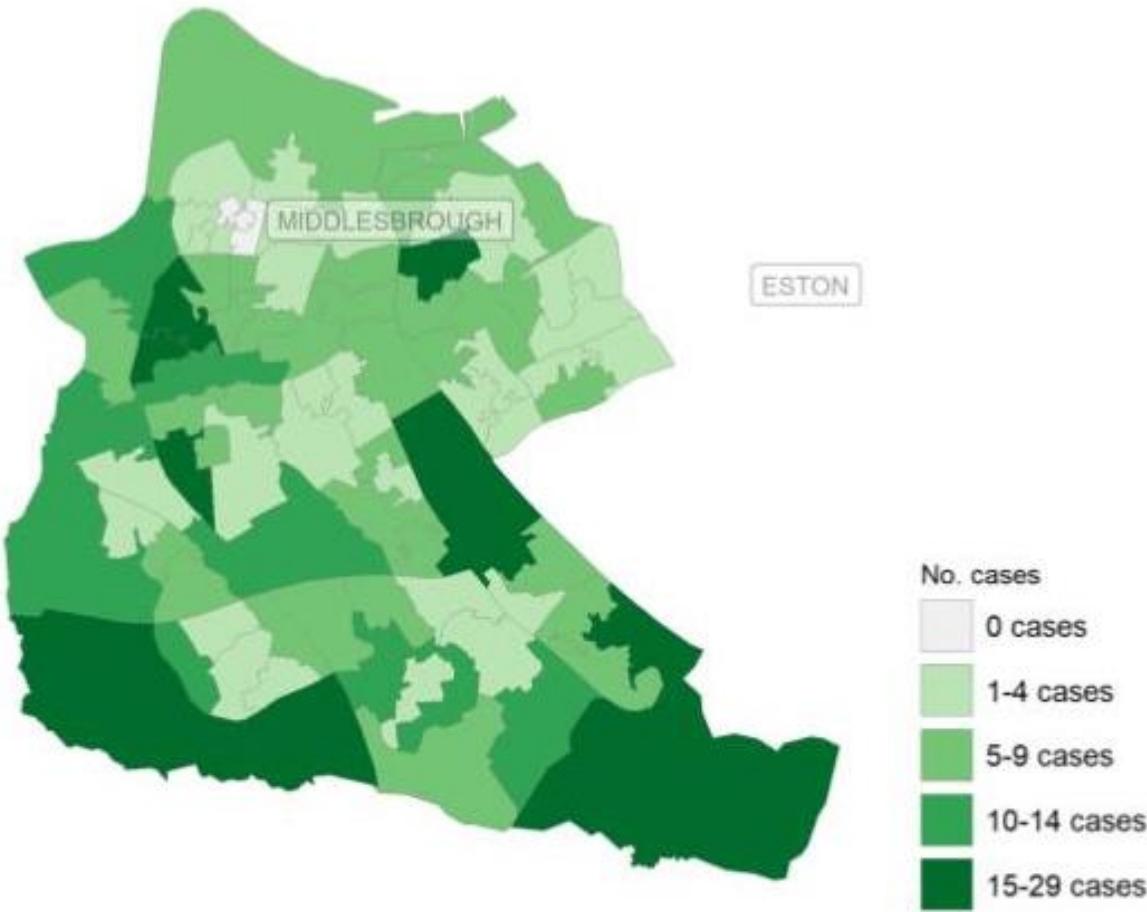
Week Commencing	Primary		Secondary		Specialist		Total
	Pupil	Staff	Pupil	Staff	Pupil	Staff	
16/08/2021			1				1
23/08/2021	3	1	7				11
30/08/2021	19	4	28	3	1	1	56
06/09/2021	80	15	112	2	2	4	215
13/09/2021	84	20	164	8	1	3	280
20/09/2021	93	13	149	6	1	4	266
27/09/2021	69	14	147	9	1	2	242
04/10/2021	84	26	236	9	8	9	372
11/10/2021	84	22	354	9	14	3	486
18/10/2021	59	7	212	7	3		288
25/10/2021		4	6		1		11
Total	575	126	1416	53	32	26	2228

LA & School	Pupil	Staff	Total
Primary	73	19	92
Pallister Park Primary School	9	5	14
St Augustines RC Primary School	12	1	13
Green Lane Primary Academy	8		8
Sunnyside Academy	2	4	6
Kader Primary Academy	6		6
Berwick Hills Primary School	1	4	5
Linthorpe Community Primary School	5		5
St Alphonsus RC Primary School	5		5
Whinney Banks Primary School	3	2	5
St Clares RC Primary School	4		4
The Avenue Primary School	3		3
Beech Grove Primary School	3		3
Marton Manor Primary School	2	1	3
Newport Primary School	2		2
Hemlington Hall Academy	2		2
Chandlers Ridge Academy	1	1	2
St Josephs RC Primary School	1	1	2
Breckon Hill Primary School	1		1
Trinity Catholic College	1		1
Corpus Christi RC Primary School	1		1
Captain Cook Primary School	1		1
Secondary	198	7	205
Macmillan Academy	118		118
Outwood Academy Acklam	19	3	22
Acklam Grange School	16	4	20
Trinity Catholic College	18		18
The Kings Academy	17		17
Outwood Academy Ormesby	7		7
Unity City Academy	3		3
Specialist	7	1	8
Beverley School	4		4
Priory Woods School	3	1	4
Total	278	27	305

LSOA Map & Ward Rate – Previous Week



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Ward	Pop	Cases	Rate per 1,000
Stainton & Thornton	2,931	28	9.6
Marton East	5,342	38	7.1
Linthorpe	6,488	46	7.1
Coulby Newham	8,528	58	6.8
Kader	5,170	35	6.8
Nunthorpe	4,890	29	5.9
Hemlington	6,330	36	5.7
Ayresome	6,141	34	5.5
Trimdon	4,819	26	5.4
Marton West	5,298	28	5.3
Berwick Hills & Pallister	9,154	43	4.7
Acklam	5,645	24	4.3
Park	9,776	39	4.0
Ladgate	5,395	18	3.3
Longlands & Beechwood	10,691	28	2.6
Brambles & Thorntree	8,697	21	2.4
North Ormesby	3,068	7	2.3
Park End & Beckfield	7,756	15	1.9
Central	12,783	21	1.6
Newport	12,078	18	1.5
Total	140,980	592	4.2

NHS – South Tees COVID Patients

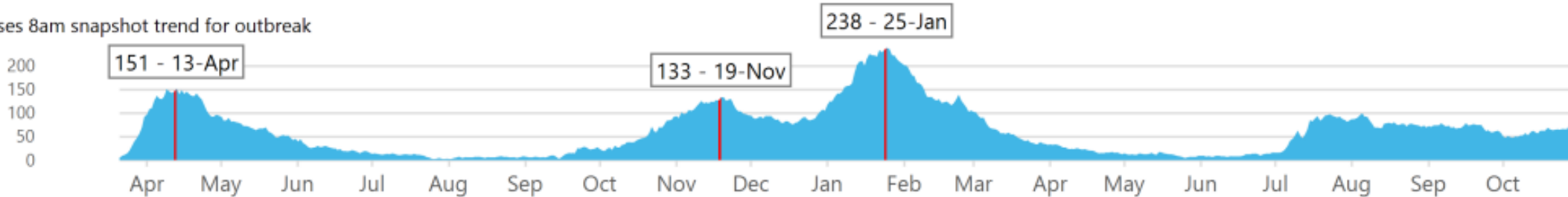


Daily SitRep Totals : 28-Oct-21

Outbreak Totals : Spells : 4338 Unique patients : 3881



Cases 8am snapshot trend for outbreak

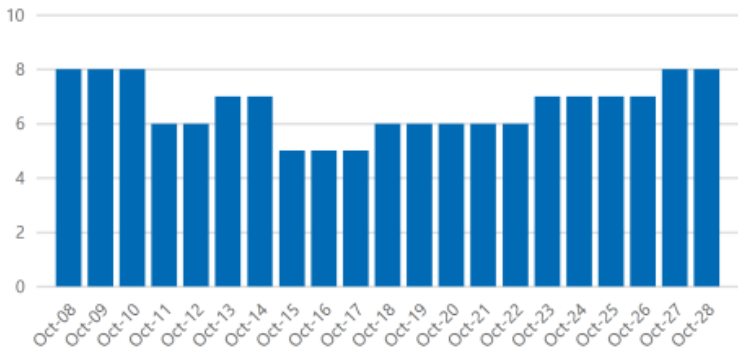


There are currently 75 inpatients with a positive PCR result within their hospital stay, and are reported nationally in line with the guidance.

Of those reported nationally the patients below are still being treated as positive operationally.

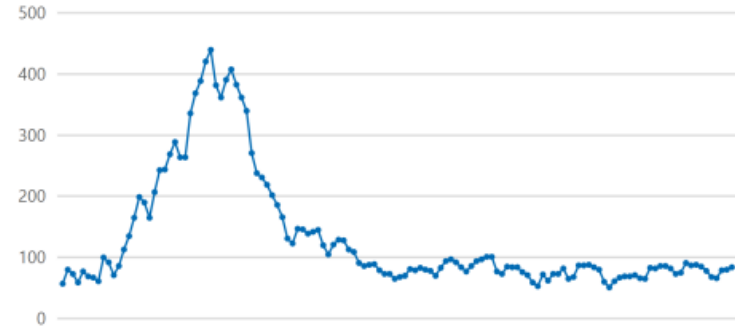


Daily number of COVID-19 patients in critical care: last 21 days



Staff absences associated with COVID-19: last 21 days

All reasons : Self/Household isolation, childcare/carers leave, track and trace etc.

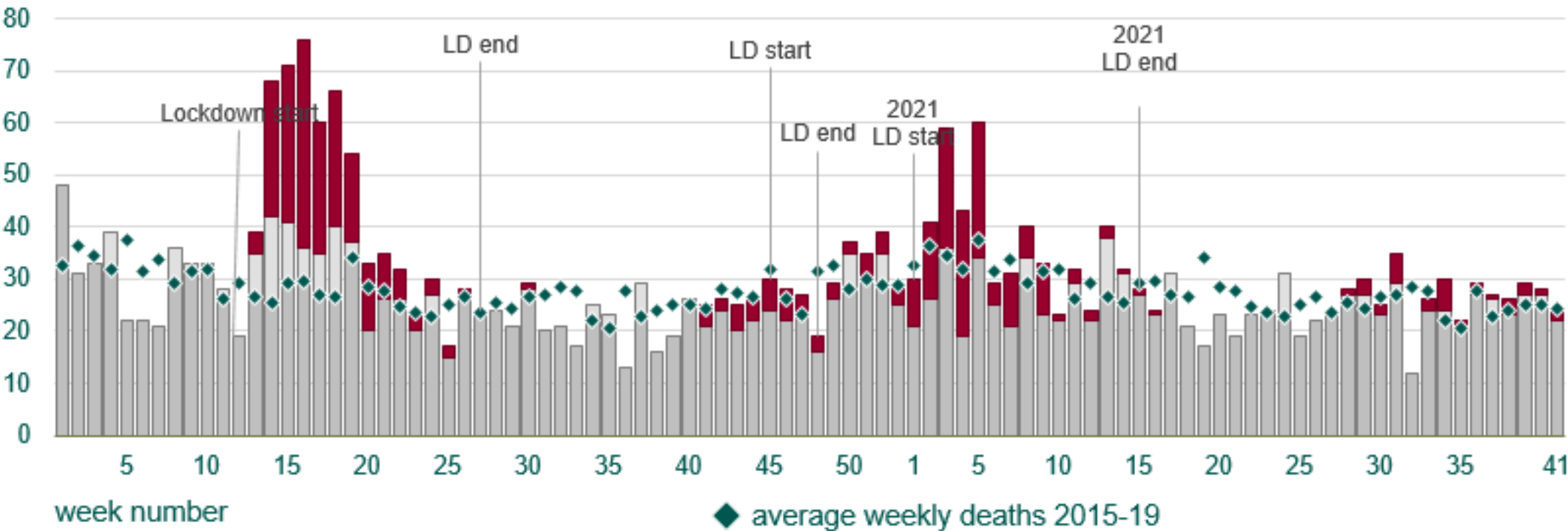


COVID Deaths

- There has been 2 COVID deaths reported in previous week up to 15th October
- Total of 432 COVID deaths since start of pandemic

All deaths in 2020 and 2021 by week, with proportion where COVID-19 is mentioned

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Vaccination Uptake Rates – 12+



National & NE LA COVID Vaccination Rates - 24th October 2021 (12+ years)

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Local Authority	Dose 1 %
1 Northumberland	86.7
2 Derbyshire	86.3
3 Shropshire	86.0
3 Dorset	86.0
3 Cumbria	86.0
6 East Riding of Yorkshire	85.9
7 Hampshire	85.8
8 Rutland	85.5
8 Wiltshire	85.5
10 North Tyneside	84.9
11 North Yorkshire	84.8
12 West Berkshire	84.6
12 North Somerset	84.6
14 Gloucestershire	84.3
14 Devon	84.3
14 Herefordshire, County of	84.3
17 Isle of Wight	83.9
17 Somerset	83.9
17 Cheshire West and Ches	83.9
20 Wokingham	83.7

103 Middlesbrough	72.7
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England Average	76.5
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Local Authority	Dose 2 %
1 Northumberland	81.6
2 Dorset	81.4
3 East Riding of Yorkshire	81.3
4 Derbyshire	80.5
5 Cumbria	80.4
6 Shropshire	80.3
7 North Yorkshire	80.0
8 Hampshire	79.9
8 Wiltshire	79.9
10 North Somerset	79.7
11 Gloucestershire	79.4
12 Devon	79.3
13 Herefordshire, County of	79.1
14 Rutland	78.9
15 North Tyneside	78.7
16 West Berkshire	78.6
17 Somerset	78.5
17 Cheshire East	78.5
19 Cornwall and Isles of Scilly	78.3
20 Staffordshire	78.2

105 Middlesbrough	65.6
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England Average	70.5
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NE Local Authority	Dose 1 %
1 Northumberland	86.7
10 North Tyneside	84.9
26 Redcar and Cleveland	83.1
37 County Durham	82.2
40 Darlington	81.8
41 Sunderland	81.5
46 Gateshead	81.3
53 Stockton-on-Tees	80.6
62 South Tyneside	79.8
68 Hartlepool	79.0
103 Middlesbrough	72.7
108 Newcastle upon Tyne	71.0

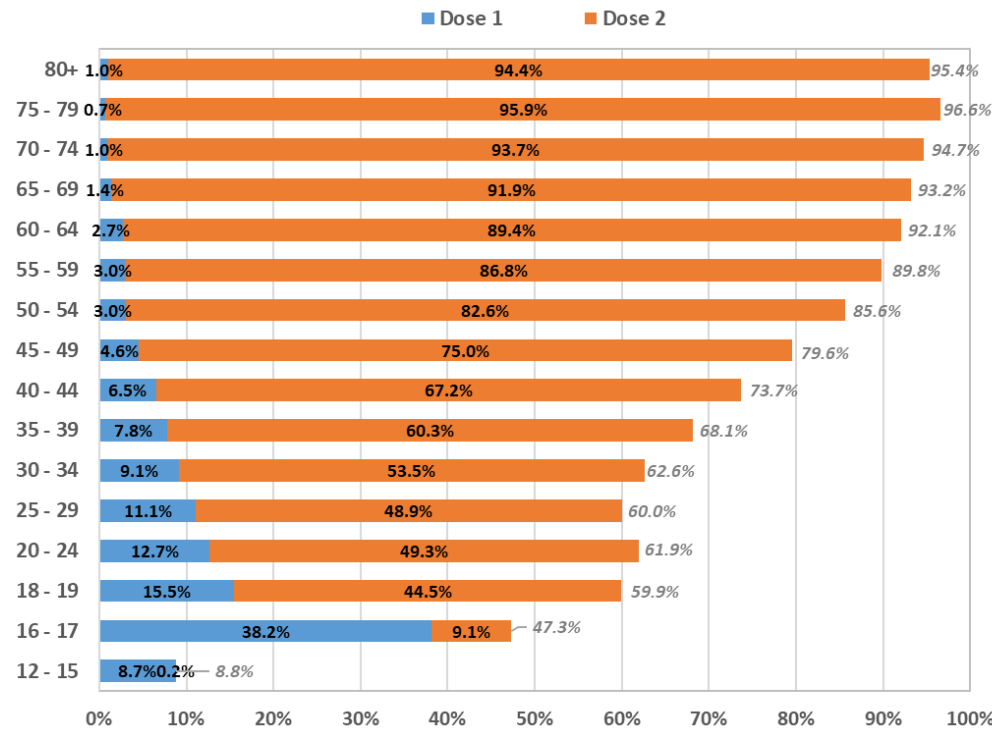
North East Average	80.6
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NE Local Authority	Dose 2 %
1 Northumberland	81.6
15 North Tyneside	78.7
29 Redcar and Cleveland	77.3
36 County Durham	76.7
41 Darlington	75.6
43 Sunderland	75.5
50 Gateshead	75.0
54 Stockton-on-Tees	74.6
61 South Tyneside	74.0
67 Hartlepool	73.3
105 Middlesbrough	65.6
109 Newcastle upon Tyne	63.8

North East Average	74.6
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Vaccination Uptake Rates – Age Groups (12+)

Middlesbrough Vaccination Uptake Rates by Age Group



Age Band	Unvaccinated	Dose 1 Only	Dose 2	Population	Unvaccinated	Dose 1 Only	Dose 2
12 - 15	7,458	711	13	8,182	91.2%	8.7%	0.2%
16 - 17	2,047	1,481	353	3,881	52.7%	38.2%	9.1%
18 - 19	1,368	528	1,519	3,415	40.1%	15.5%	44.5%
20 - 24	4,208	1,400	5,451	11,059	38.1%	12.7%	49.3%
25 - 29	5,294	1,468	6,469	13,231	40.0%	11.1%	48.9%
30 - 34	4,952	1,208	7,074	13,234	37.4%	9.1%	53.5%
35 - 39	3,841	941	7,276	12,058	31.9%	7.8%	60.3%
40 - 44	2,601	645	6,637	9,883	26.3%	6.5%	67.2%
45 - 49	1,867	418	6,848	9,133	20.4%	4.6%	75.0%
50 - 54	1,380	293	7,935	9,608	14.4%	3.0%	82.6%
55 - 59	1,030	300	8,772	10,102	10.2%	3.0%	86.8%
60 - 64	733	247	8,287	9,267	7.9%	2.7%	89.4%
65 - 69	515	104	6,984	7,603	6.8%	1.4%	91.9%
70 - 74	349	63	6,137	6,549	5.3%	1.0%	93.7%
75 - 79	151	32	4,303	4,486	3.4%	0.7%	95.9%
80+	289	62	5,865	6,216	4.6%	1.0%	94.4%
Total	38,083	9,901	89,923	137,907	27.6%	7.2%	65.2%

Over 50s

49,384 | 91.7%

Over 50s

4,447 | 8.3%

Over 50s Dose 1

1,101 | 2.0%

Least Dose 1 **72.4%**

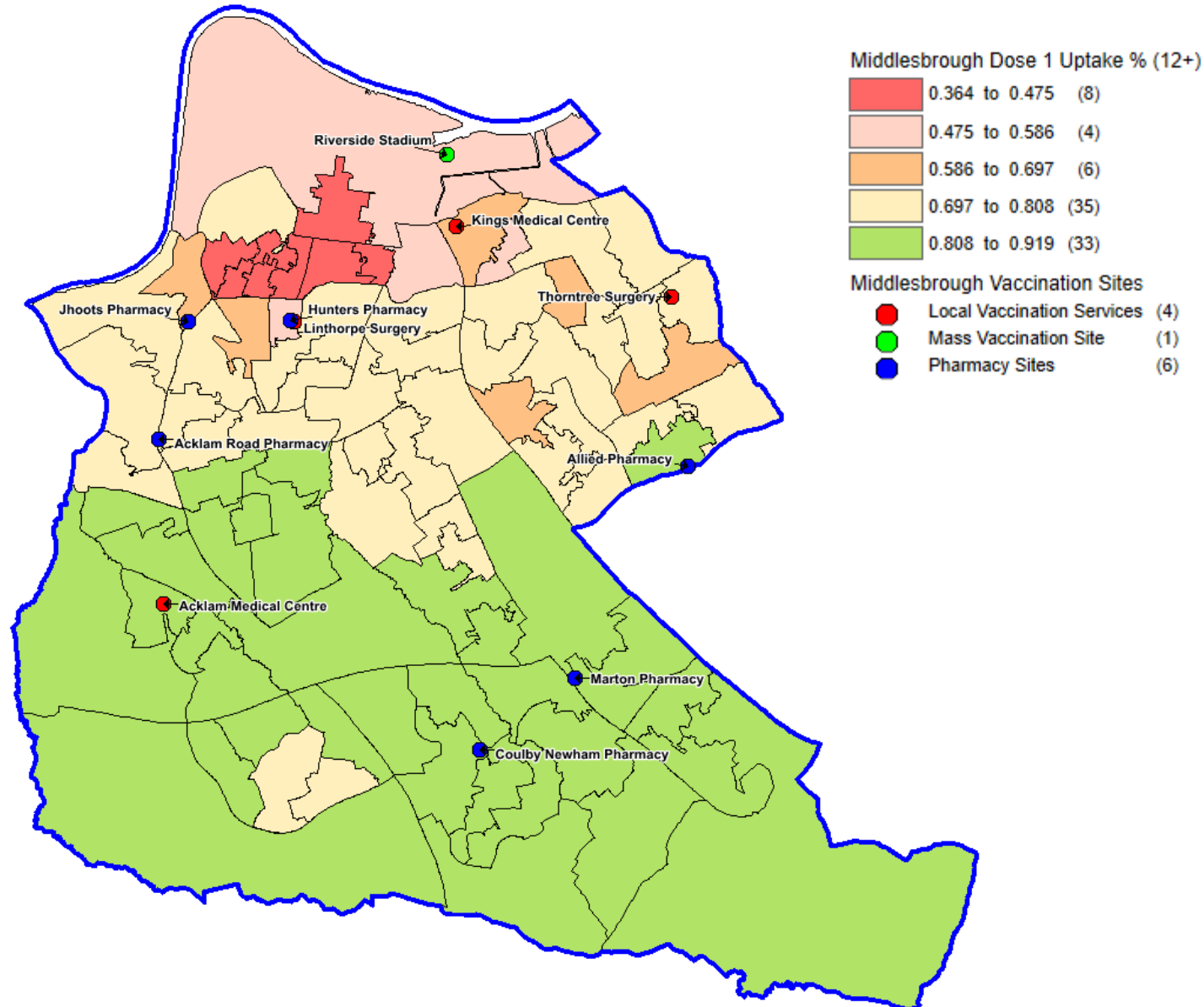
- Data up to 26th October 2021
- Source – PHE from National Immunisation Management Service (NIMS)
- Denominators, ages and geographies are derived from electronic health records

Vaccination Uptake Rates Dose 1 – MSOAs

MSOA	12-15	16-17	18-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	Total
Ayresome	5%	22%	23%	44%	41%	33%	36%	41%	48%	62%	71%	80%	75%	86%	90%	81%	44%
Middlesbrough Central	5%	30%	51%	51%	45%	39%	46%	52%	56%	66%	73%	73%	77%	86%	88%	87%	50%
North Ormesby & Brambles	3%	36%	50%	52%	52%	58%	57%	67%	72%	77%	85%	88%	91%	91%	95%	89%	64%
Linthorpe East & Albert Park	12%	44%	63%	63%	62%	65%	69%	71%	77%	83%	87%	89%	93%	91%	93%	94%	72%
Park End	4%	41%	54%	60%	62%	65%	70%	81%	82%	90%	93%	94%	92%	95%	99%	95%	72%
Beechwood & James Cook	7%	45%	53%	65%	65%	70%	70%	77%	83%	83%	87%	94%	95%	95%	95%	94%	73%
Park Vale	10%	49%	55%	62%	66%	67%	72%	75%	83%	87%	89%	92%	95%	93%	97%	92%	73%
Berwick Hills	6%	43%	58%	65%	63%	71%	77%	80%	81%	89%	92%	95%	95%	95%	97%	95%	73%
Newport & Maze Park	13%	42%	52%	69%	66%	70%	78%	78%	83%	90%	91%	94%	94%	95%	96%	94%	74%
Linthorpe West	13%	48%	61%	66%	65%	68%	73%	75%	83%	86%	90%	91%	92%	94%	97%	94%	74%
Thorntree	4%	46%	62%	62%	64%	70%	71%	78%	84%	89%	90%	93%	95%	93%	98%	96%	75%
Easterside	7%	46%	62%	69%	65%	72%	80%	83%	85%	87%	94%	97%	96%	95%	98%	97%	79%
Stainton & Hemlington	8%	56%	66%	74%	73%	79%	79%	83%	88%	89%	93%	94%	95%	97%	97%	98%	81%
Coulby Newham	6%	67%	74%	78%	78%	76%	83%	87%	89%	90%	94%	95%	97%	95%	96%	97%	84%
Acklam	18%	55%	80%	80%	73%	83%	83%	85%	91%	95%	94%	95%	97%	95%	98%	98%	85%
Kader	20%	58%	74%	79%	76%	81%	88%	83%	92%	90%	94%	96%	94%	97%	98%	97%	85%
Nunthorpe & Marton East	10%	64%	80%	81%	81%	82%	88%	91%	89%	92%	94%	95%	97%	97%	98%	97%	86%
Trimdon	27%	65%	83%	80%	79%	85%	86%	91%	90%	95%	94%	96%	96%	99%	99%	98%	88%
Marton West	9%	66%	88%	86%	82%	80%	87%	93%	94%	94%	95%	96%	98%	97%	99%	99%	88%
Total	9%	47%	60%	62%	60%	63%	68%	74%	80%	86%	90%	92%	93%	95%	97%	95%	72%

- Data up to 26th October 2021
- Source – PHE from National Immunisation Management Service (NIMS)
- Denominators, ages and geographies are derived from electronic health records

Vaccination Uptake Rates Dose 1 – LSOAs



NIMS Vaccination Uptake – 3 Middlesbrough PCNs

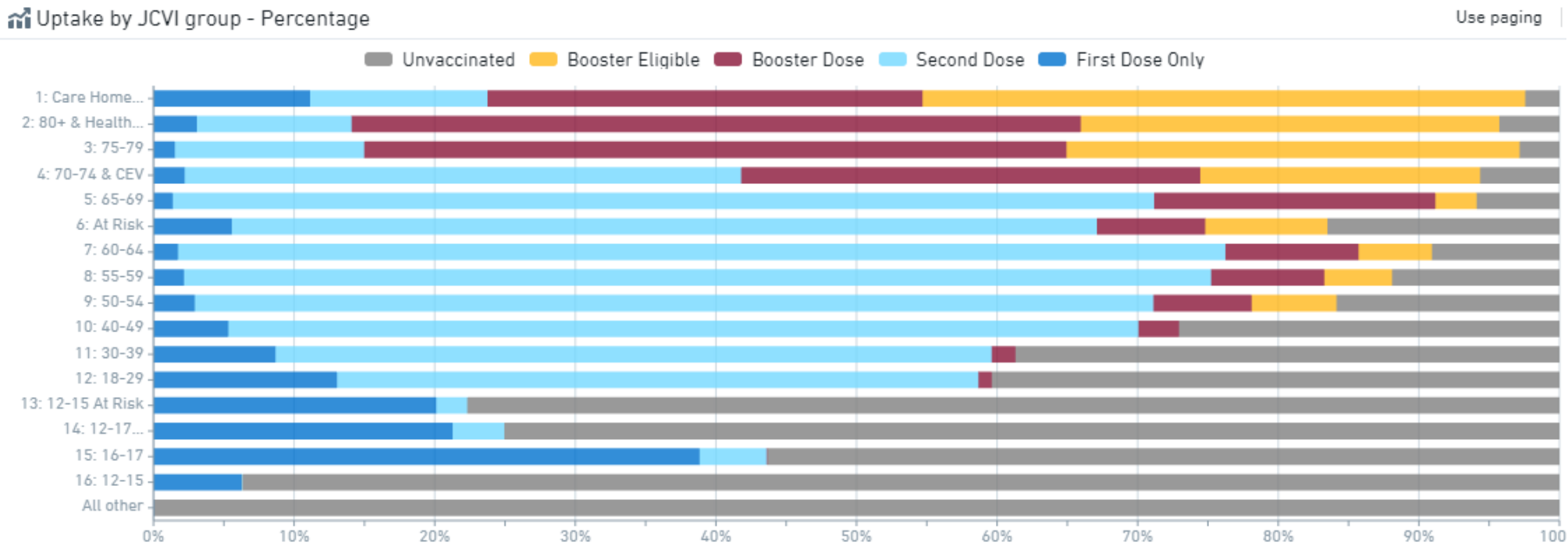


UPTAKE WITHIN SELECTED POPULATION			
158,429	62.7%	99,306	89,793
Population size	Received a vaccine dose	First doses	Second Doses

BOOSTER UPTAKE WITHIN SELECTED POPULATION		
26,012	64.6%	16,792
Booster Eligible Population	Received a booster dose (of eligible population)	Booster Doses

Note: Booster eligible population is calculated using a 182 day gap from the completed second dose and inclusion in one of the booster cohorts (cohorts 1-9). As cohort sizes change and days pass this total eligible population will increase.

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