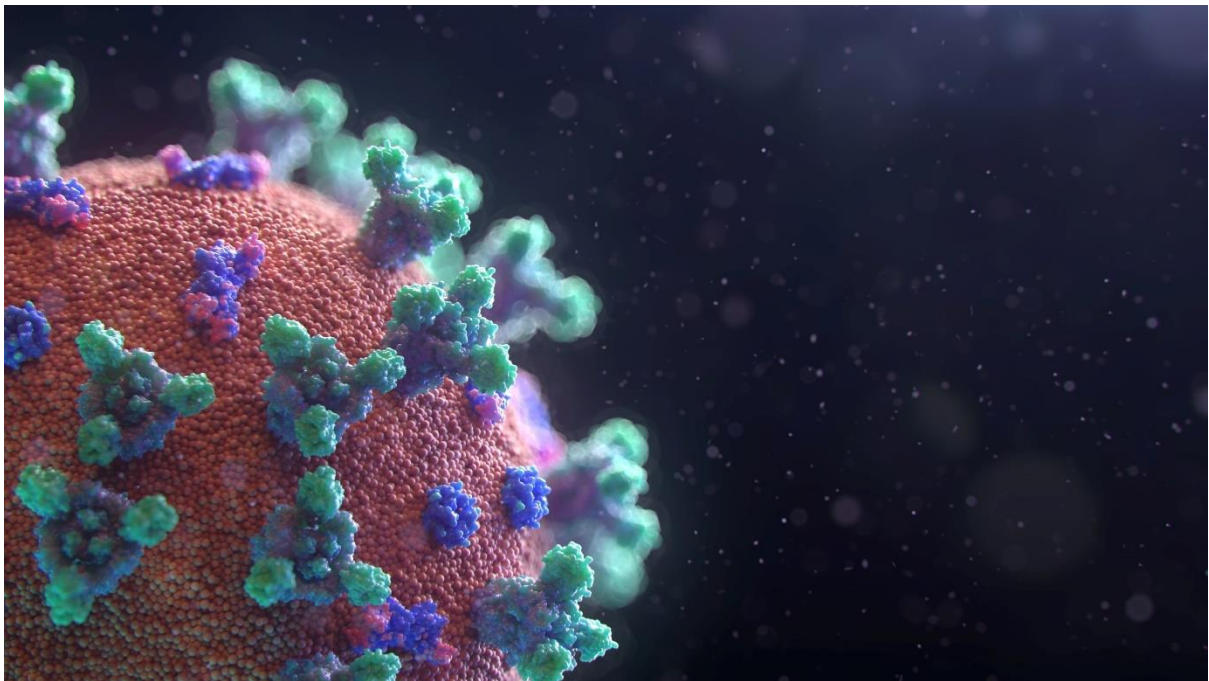


# North Tyneside Covid-19 Outbreak Control Plan



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# North Tyneside COVID-19 Outbreak Control Plan

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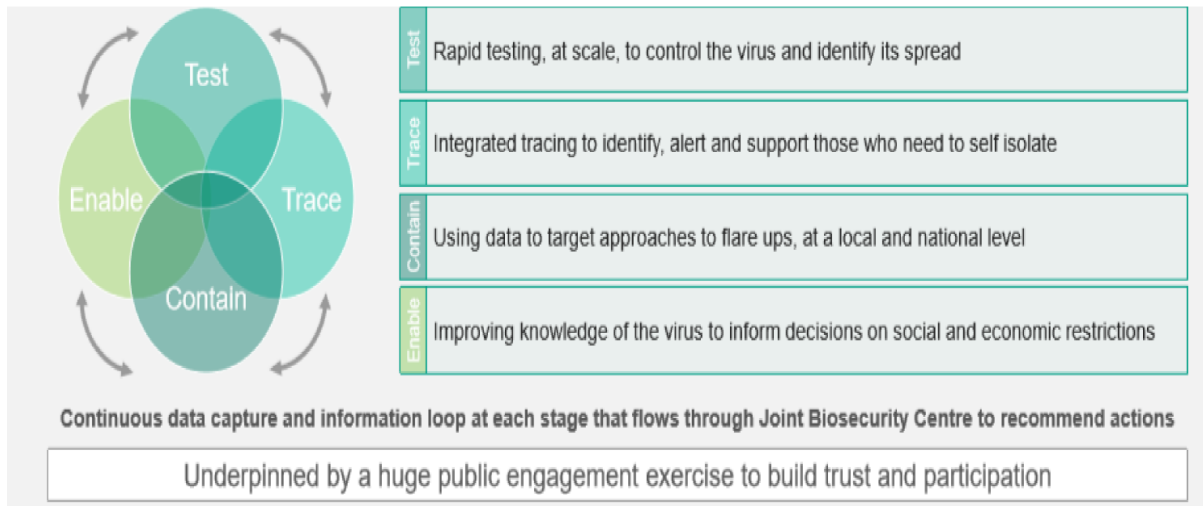
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## Introduction

The national NHS Test and Trace service was launched on 28<sup>th</sup> May 2020 as part of the UK Government's strategy to respond to and recover from Coronavirus (SARS-Cov2).

**Figure 1: NHS Test and Trace**



Directors of Public Health (DPH) in each local authority have been asked to put into place specific local arrangements to prevent local outbreaks and, where not possible to contain them locally to minimise the spread of the virus and avoid the need for escalation to a national lockdown.

The arrangements for North Tyneside are set out in this COVID-19 Outbreak Control Plan and forms an important part of our recovery framework for the borough. In line with Our North Tyneside Plan the recovery framework for North Tyneside has the following strategic objectives:

### For our people we will:

- provide calm and resilient leadership – both within the Council and across the Borough as a whole – mitigating the deep impacts of the pandemic on the Authority, communities and the local economy
- protect the vulnerable as a priority
- restore hope and confidence in future amongst communities and creating a platform for social recovery
- contain the spread of infection
- protect the safety of staff, residents and visitors
- address the impacts of the pandemic from an equalities point of view in relation to protected characteristics, health, well-being education and income

### **For our places we will:**

- ensure Covid Secure open spaces and town centres to support confidence and to keep North Tyneside a great place to live, work and visit

### **For our economy we will:**

- support local businesses to enable economic recovery and growth

### **For our organisation we will:**

- ensure clear democratic oversight is in place
- follow national Government guidance in all that we do and link in with relevant plans and initiatives at a regional level

## **Objectives of the North Tyneside COVID-19 Control Plan**

The plan will focus on preventing and containing the transmission of Coronavirus (SARS-Cov2) and managing the consequences of incidents and local outbreaks of COVID-19.

The plan will:

- Set out measures to prevent the transmission of the virus in the population.
- Describe the process to provide an early identification system for local outbreaks.
- Document the steps to be taken to proactively manage local outbreaks.
- Detail the coordination of local resources and capabilities.

In keeping with national guidance, the plan will be structured around the following seven key themes set out in figure 2 below.

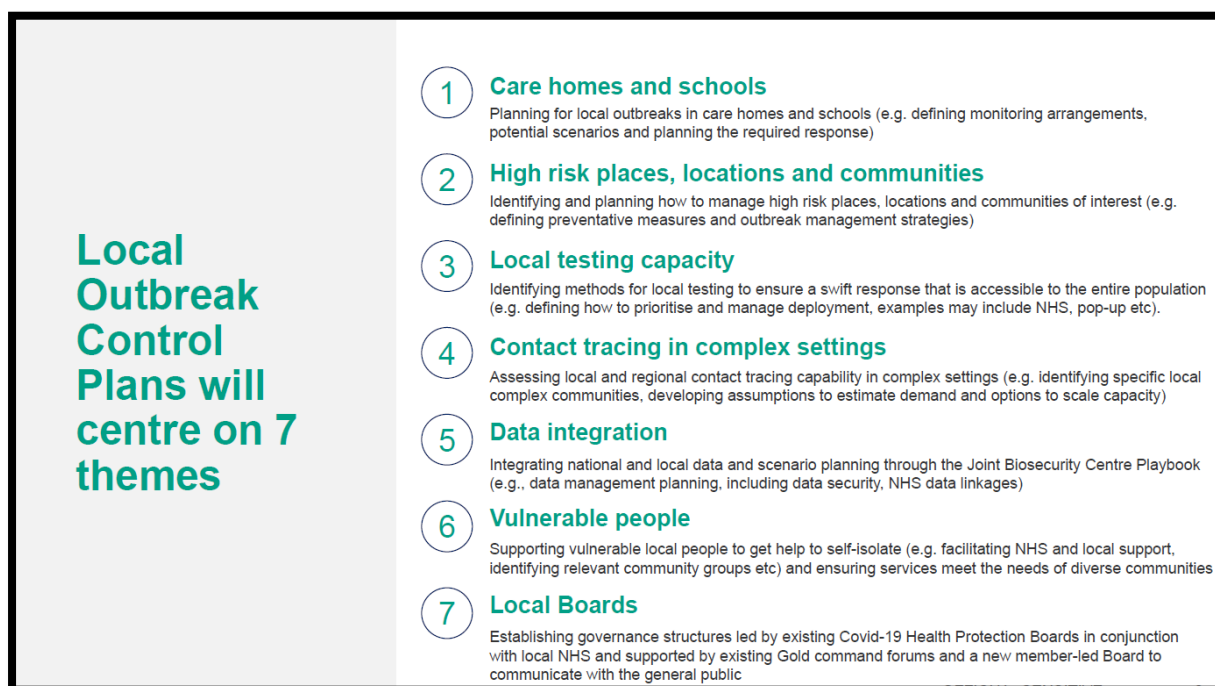
## **Principles**

Under the leadership of the Director of Public Health the plan will bring together a combination of health protection expertise and capabilities (epidemiology, surveillance, infection prevention and control techniques, contact tracing and evaluation) and multiple agencies supporting a whole system public health approach and action at scale where needed to prevent and manage outbreaks of COVID-19.

The approach will be underpinned by:

- understanding the trends and patterns of infection and the needs of our communities
- evidence of what works to inform our actions
- collaboration across agencies utilising expertise and capacity
- sharing of data inform action, monitor outcomes
- public engagement to build confidence and trust in the arrangements

**Figure 2: National requirements of local outbreak control plans**



## Prevention

Preventing outbreaks from happening is a key part of our approach in North Tyneside. Proactive communication with the public across the borough promoting the measures to help people stay safe and reduce the transmission of Coronavirus will continue to be important. This includes general messages about how coronavirus spreads, key messages on social distancing and minimising contact with those who are unwell, hand and respiratory hygiene and other infection control measures across all settings.

We also need to engage with communities to ensure that our communication and action is effective.

Targeted work with high risk settings to reinforce the measures they should take to reduce transmission of infections is a key theme in the plan. Building on the work that has already been done with care homes and schools and identifying other high-risk settings, communities and groups.

## Managing and controlling outbreaks of COVID-19

It is anticipated that the next phase of the COVID-19 pandemic will be dominated by outbreaks in a range of high risk settings, principally care homes but in other settings where people are in close contact with one another and social distancing may be difficult, where infection control procedures are not well embedded and adhered to and where there is greater vulnerability to disease.

Outbreak management and control is the approach to both identifying where there is a clustering of cases of COVID-19 and then putting in place measures to reduce the spread. Key elements of the approach which are included in this plan are testing, contact tracing and isolating people who have COVID-19. This aims to slow the transmission of infection and reducing the basic reproduction number ( $R_0$ ) of the virus in order to reduce the likelihood of a 'second peak' within the pandemic.

## Our approach to controlling outbreaks of COVID-19

We will use four mechanisms to control outbreaks COVID-19 in North Tyneside described in Table 1.

**Table 1: Our approach to controlling outbreaks of COVID-19**

<b>Prevent</b>	<b>Communicate</b>	<b>Respond</b>	<b>De-escalate</b>
<ul style="list-style-type: none"> <li>Public health advice on respiratory and hand hygiene</li> <li>Public health advice on social distancing</li> <li>Awareness of COVID-19 symptoms and when to self-isolate</li> <li>Access to symptomatic testing</li> <li>Embedding Infection Prevention and Control (IPC) measures</li> <li>Training on when and how to use PPE</li> <li>Access to additional PPE</li> <li>COVID-19 risk assessment and Covid secure places</li> </ul>	<ul style="list-style-type: none"> <li>Coordinated communication strategy that conveys information on the situation, who is affected and provides clear public health advice and information</li> </ul>	<ul style="list-style-type: none"> <li>Testing of symptomatic individuals</li> <li>Identification of contacts</li> <li>Exclusion and isolation advice for confirmed cases and contacts</li> <li>Application of IPC measures and quality assuring that the right measures are being implemented</li> <li>Testing of contacts</li> <li>Mutual aid and workforce capacity</li> <li>Establishing effective outbreak control teams</li> <li>Supporting vulnerable people and communities to self isolate.</li> </ul>	<ul style="list-style-type: none"> <li>Closing an active outbreak and providing clear communication to all stakeholders that conveys information on the closure of the outbreak and provides public health advice</li> <li>Where required ensure that there is a strategy to assist in reputational and financial recovery</li> <li>Embedding IPC and social distancing messages to prevent the spread of coronavirus and further outbreaks</li> </ul>
<p><b><i>Core principles to prevent, manage and recover from COVID-19 outbreaks</i></b></p>			
<p>Data and intelligence            Risk assessments            Scenario testing and risk management            Reflection and identifying lessons learnt to prevent further outbreaks</p>			

## Theme 1 Schools and Care Homes

### Schools including early years settings

It is important to protect our children and young people in schools and early years settings from COVID-19. The potential for the spread of the virus is higher in institutional settings due to the shared spaces and the frequent close contact between children and young people who often find social distancing much harder.

In North Tyneside Early Years provision is split into childminder (108), day nursery (48), out of school care (18), pre-School playgroups (12), plus 2, 3 and 4 year offer in some of our primary schools.

In North Tyneside, we have 55 first and primary schools with a capacity of 17,779 places, 16 secondary schools with capacity of 14,081 places (this includes 4 middle schools and an academy), 6 special/alternative provision, 1 FE college and a university campus.

All our early year settings and schools in the borough are supported by a School Improvement Service led by the Assistant Director of Education and Director of Children's Services, with excellent working relationships and regular contact with all managers and head teachers. A lead officer has been identified from the membership of the COVID-19 Health Protection Board for this theme who will play a key role in the prevention and management of outbreaks in schools and early years settings working with a team of people from public health, school improvement, health and safety and human resources.

A list of all schools and early years settings can be found in Appendix 1.

Table 2 describes actions.



**Table 2 Our approach to controlling outbreaks in schools including early years settings**

Prevent	Communicate	Respond	De-escalate
<ul style="list-style-type: none"> <li>• Schools and early years settings have undertaken a risk assessment and are Covid secure</li> <li>• Application of IPC measures</li> <li>• Schools and early years settings employ nationally recommended measures such as social distancing and cohorting pupils</li> <li>• Regular hand washing and access to hand sanitiser</li> <li>• Regular cleaning of surfaces and shared items</li> <li>• Guidance on isolation when staff or pupils are symptomatic</li> <li>• Guidance and access to PPE where required for AGPs, personal care and symptomatic staff/pupils)</li> </ul>	<ul style="list-style-type: none"> <li>• Clear communication to staff, students and parents that conveys information on the situation and provides public health advice and information</li> </ul>	<ul style="list-style-type: none"> <li>• Testing of symptomatic staff and pupils</li> <li>• Exclusion and isolation advice for confirmed cases (staff and pupils)</li> <li>• Identification of close contacts and provision of isolation and testing advice</li> <li>• Application of IPC measures and quality assuring that the right measures are being implemented</li> <li>• Mutual aid and workforce capacity</li> <li>• Supporting vulnerable staff, pupils and their households to self-isolate</li> <li>• Establishing effective outbreak control teams to include named lead officer from the Health protection Board for this theme</li> </ul>	<ul style="list-style-type: none"> <li>• Closing an active outbreak and providing clear communication to staff, students and parents that conveys information on the closure of the outbreak and provides public health advice</li> <li>• Preparing for staff and students to return to school (including deep clean)</li> <li>• Embedding IPC and social distancing messages to prevent the spread of coronavirus and further outbreaks</li> </ul>

## Care Homes

Care home residents are more at risk because of individual vulnerabilities to COVID-19 including age and underlying medical conditions, shared living space and frequent close contact with others who can unwittingly spread COVID-19 within and between settings. Protecting residents in care homes during the COVID-19 pandemic is an absolute key priority in North Tyneside.

In North Tyneside we have 31 elderly care residential homes with capacity for 1481 residents and 14 learning disability/mental health care homes with capacity for 185 residents.

The Adult Social Care Plan in England identified the additional support to be provided to care homes during the pandemic. In North Tyneside our care homes are currently supported by staff working in Adult Social Care, the Commissioning Team and the Clinical Commissioning Group and a team has been developed to offer enhanced support. There is weekly contact with each home and the capacity tracker is used to identify new positive cases of COVID-19 and prevent outbreaks.

The actions in this plan build on the work that has been in place since an early stage in the pandemic. A lead officer has been identified from the membership of the COVID-19 Health Protection Board for this theme who will play a key role in preventing and managing outbreaks in care homes.

A full list can be found in Appendix 2.

Table 3 describes actions.

**Table 3 Our approach to controlling outbreaks in care homes**

<b>Prevent</b>	<b>Communicate</b>	<b>Respond</b>	<b>De-escalate</b>
<ul style="list-style-type: none"> <li>• Prevent and Protect team provide enhanced support to care homes to embed IPC measures (hand and respiratory hygiene, use of PPE)</li> <li>• Adult Social Care and Commissioning Team use the capacity tracker data to monitor and support homes to prevent outbreaks</li> <li>• Awareness of coronavirus symptoms (staff and residents) and the actions required to implement isolation procedures</li> <li>• Staff are trained in use/disposal of PPE and have access to required levels of PPE</li> <li>• Staff are adhering to social distancing guidance in and out of work</li> <li>• Only essential visitors are permitted to enter the care home</li> <li>• Care homes have tested out the impact of an outbreak on staffing and resident care and have a business continuity plan in place</li> <li>• Community admissions are tested for COVID-19 prior to admission</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinated communication strategy that conveys information on the situation, who is affected, identifies stakeholders and provides clear public health advice and information</li> </ul>	<ul style="list-style-type: none"> <li>• Application of IPC measures and quality assuring that the right measures are being implemented – enhanced cleaning</li> <li>• Cohorting residents (confirmed, suspected and contacts of a case)</li> <li>• Fixed teams care for COVID-19 positive residents</li> <li>• Isolation advice for residents and staff</li> <li>• Testing arranged for symptomatic resident and staff</li> <li>• Data – monitoring (acknowledge that care homes may experience multiple outbreaks)</li> <li>• Mutual aid and workforce capacity</li> <li>• Restricting movement of staff between care homes</li> <li>• Making provision for psychological support for staff and residents</li> <li>• Testing of symptomatic individuals</li> <li>• Establishing effective outbreak control teams to include named lead officer from the Health protection Board for this theme</li> <li>• Supporting staff and their households to self-isolate</li> </ul>	<ul style="list-style-type: none"> <li>• Using local intelligence and data to inform decision to close an outbreak</li> <li>• Deep clean of care home</li> <li>• Embedding IPC and social distancing messages to prevent the spread of coronavirus and further outbreaks</li> <li>• Supporting health and wellbeing including psychological support for staff and residents</li> <li>• Reflecting on outbreak and identifying lessons learnt and planning to prevent further outbreaks</li> </ul>

## Theme 2 High Risk Places, Locations and Communities

There are many places, locations and communities in North Tyneside that are at higher risk of outbreaks characterised by a mix of some of the following factors:

- Close proximity of many people on one site
- Confined spaces
- Refrigeration
- Underlying vulnerabilities of individuals which include age, medical conditions, ethnicity
- Low understanding of individuals of the risks of infection and the risks of the disease
- Inability of individuals to keep to infection prevention measures
- Poor infection control measures

A full list by category is provided in Appendix 3.

Each of these categories has a lead officer identified in the membership of the Covid-19 Health Protection Board who will play a key role in the prevention and management of outbreaks within the setting.

Full lists with contact details are kept in the COVID-19 Operational Guidance.

The four mechanisms for controlling COVID-19 shown in table 4 will also be applied in these high-risk settings and communities.

**Table 4 Our approach to controlling outbreaks in high-risk sites and communities**

Prevent	Communicate	Respond	De-escalate
<ul style="list-style-type: none"> <li>• All workplaces are Covid secure and have undertaken a COVID-19 risk assessment and have implemented the necessary measures required (IPC, social distancing and additional PPE)</li> <li>• Employees are aware of the symptoms of COVID-19 and actions required isolation and accessing testing</li> <li>• Workplaces are aware of how to report</li> </ul>	<ul style="list-style-type: none"> <li>• Clear communication to the public, business owners and employees that conveys information on the situation and provides public health advice and information</li> </ul>	<ul style="list-style-type: none"> <li>• Exclusion and isolation advice for confirmed cases</li> <li>• Identification of close contacts and provision of isolation and testing advice</li> <li>• Cleaning and sanitising measures implemented</li> <li>• Workforce capacity and implementing business continuity plans (essential services)</li> </ul>	<ul style="list-style-type: none"> <li>• Closing an active outbreak and providing clear communication to the public, business owners and employees that conveys information on the closure of the outbreak and provides public health advice</li> <li>• Reputational and financial recovery</li> </ul>

suspected/confirmed cases			<ul style="list-style-type: none"><li>• Preparing for employees to return to work and/or to reopen a closed business - including deep clean and risk assessment</li><li>• Embedding IPC and social distancing messages to prevent the spread of coronavirus and further outbreaks</li></ul>
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## Theme 3 Local Testing

Local testing capacity is essential not only for diagnosis for those who have symptoms but is also important in response to the management of a COVID-19 outbreak. The targeted deployment of local facilities alongside regional and national testing programmes will ensure that there is a swift response outbreaks as well as providing testing which is accessible to the entire population of North Tyneside.

The current process involves taking a a throat and nose swab and using an antigen (PCR) test to establish if an individual is positive for Coronavirus (SARS-Cov2).

### Current testing arrangements

Swab tests can be accessed through the local NHS Trusts and they are processed through NHS laboratories, this is referred to as Pillar 1 testing. Testing can also be accessed through the national testing programme, which is referred to as Pillar 2 testing and tests are processed through a laboratory in Milton Keynes.

### Pillar 1 (NHS Foundation Trusts)

#### Eligible groups:

- NHS staff (via their employer)
- GP's and Practice Nurses
- Social care staff (via North East Commissioning Support Unit (NECS). <https://nhscovidtestne.onk2.com>)
- Symptomatic care home residents (via GP)
- Asymptomatic care home residents who are transferring from community or other care home (via GP)
- Patients being admitted overnight to hospital for overnight stay are tested

### Pillar 2 (National Testing Programme)

#### Eligible groups:

- Anyone who has symptoms of coronavirus, whatever their age
- Essential workers who are self-isolating either because they or member(s) of their household have coronavirus symptoms
- Whole care home asymptomatic testing

Testing can be accessed via the national testing portals <https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested>.

Testing is currently offered:

- At the fixed drive through testing site based at Great Park and Ride Newcastle with a daily capacity of 1200 tests
- At various locations across North of Tyne through a mobile testing unit (MTUs) that moves around on a weekly rota and is accessed on a drive through basis. In North Tyneside the MTU uses the overflow car park at The Parks Leisure

Centre as a site. The MTU has a daily capacity to undertake 300 tests. It is hoped that this will become a permanent site in North Tyneside soon

- Through ordering a postal self-test kit swabs are delivered direct the home address and returned in the post
- Care home portal for whole care home testing swabs are delivered direct to the care home

A crucial issue in relation to testing is the turnaround time of tests. The rapid turnaround for vulnerable populations and settings and fast return of results improves the effectiveness of the contact tracing and isolation system and prevents the spread of the virus. The turnaround time for Pillar 2 testing has improved with the majority of results received in 24 hours. For home tests kits the built in delay due to postage means results can take as long as 5 days.

### **Deploying targeted testing facilities**

The Director of Public Health can also deploy additional Mobile Testing Units (MTU) in response to an outbreak. This is activated nationally via the Council's lead officer/SPOC and resources are deployed as appropriate to the outbreak situation. Mass testing may be an appropriate and rapid means in situations where there are a large number of people suspected of having COVID-19 in a particular setting.

### **Testing capacity**

Access to Pillar 2 testing sites is dependent upon having a car as both the fixed and mobile sites operate on a drive through basis. Walk in options are required as many households in North Tyneside (around 30%) do not have access to a car which means they are reliant on postal self-test kits with much longer turnaround time for results. In terms of the daily testing capacity that is available for residents in North Tyneside, in the short term it is not anticipated that demand will exceed current availability.

## Theme 4 Contact Tracing in Complex Settings

The national NHS Test and Trace (T&T) system ensures that anyone who develops symptoms of COVID-19 can quickly be tested to find out if they have the virus. The T&T system will also trace close recent contacts of anyone who tests positive for coronavirus and, if necessary, notify contacts that they must self-isolate at home to help stop the spread of the virus.

There are three tiers in the tracing system:

- Tier 3 are call handlers recruited by Serco. Call handlers will call all the identified contacts and give them isolation advice which is to isolate for 14 days.
- Tier 2 are NHS professionals. They will conduct telephone interviews with the case to identify all their contacts.
- Tier 1 is the local North East Public Health England Health Protection Team (NE PHE HPT). This tier deals with contact tracing in complex settings and high-risk sites.

Complex settings are categorised in table 6.

**Table 6 Complex settings**

Settings – attended setting while infectious	Employee Groups – at work while infectious	Complex information
<ul style="list-style-type: none"> <li>• Educational and childcare</li> <li>• Care homes and day care facilities for those with complex needs/ older/vulnerable people</li> <li>• Homeless hostels, shelters and refuges</li> <li>• Healthcare for non Covid reasons</li> </ul>	<ul style="list-style-type: none"> <li>• Healthcare workers</li> <li>• Emergency Services workers</li> <li>• Border Force and Immigration officers</li> <li>• Prison or other places of detention</li> <li>• Working in special schools</li> </ul>	<ul style="list-style-type: none"> <li>• Concerns about deductive disclosure</li> <li>• Contacts can't be identified without disclosure of name to employer or other third party</li> <li>• Employers/workplaces unwilling or unable to provide information</li> </ul>

### Escalation and management of cases within complex settings and high-risk sites in the NHS Test and Trace Service

Complex cases identified at 'Tier 2' are escalated to the 'Tier 1' NE PHE HPT based in Newcastle who will initially manage the case giving relevant advice and guidance. This will include undertaking all contact tracing arising from these settings.

The NE PHE HPT have doubled the capacity of staff to undertake this role. Any additional capacity required for Tier 1 surge would be supported locally from the system via the North Tyneside COVID-19 Health Protection Board and also through mutual aid via the NE public health network led by Directors of Public Health via secondments to PHE from a range of different staff who already have skills in contact tracing.



The Director of Public Health and other local authority officers will support the HPT in the contact tracing in complex setting and high-risk sites facilitating access to vulnerable individuals and communities through local knowledge and contacts, as required.

Clusters or outbreaks of COVID-19 will be notified to the local authority in line with agreed joint protocols. The initial management will be undertaken via HPT led Outbreak Control Team (OCT) and will be escalated to the LA led OCT in line with joint protocols (see the later section on notification, activation and response for further details).

## Theme 5 Data Integration

Data is required to prevent and manage local outbreaks, deploy local testing capacity, deliver effective contact tracing, support vulnerable people, monitor local public confidence and also in terms of employing local restrictions.

The provision of data available to local authority Directors of Public Health significantly improved from July 2020. A COVID-19 Testing Rapid Data Sharing Contract between North Tyneside Council and PHE has been agreed for the purpose of receiving confidential patient information of residents who test positive for COVID-19 and their contacts to support the management and mitigation of the spread and impact of the current outbreak of COVID-19. There is a clear process in place for receiving, storing, access and use of the data which is compliant with information governance requirements.

The data currently available to both the public and to local authority Directors of Public Health is summarised in Appendix 4.

The establishment of the Joint Biosecurity Centre (JBC) has brought together expertise and analysis to inform decisions at a national, regional and local level on tackling COVID-19.

Real-time analysis about infection outbreaks is provided to identify and respond to outbreaks of COVID-19 as they arise. The centre will collect data about the prevalence of the disease and analyse that data to understand infection rates across the country. It will also utilise the alert levels to advise on how the government should respond to spikes in infections (see figure 3 below).

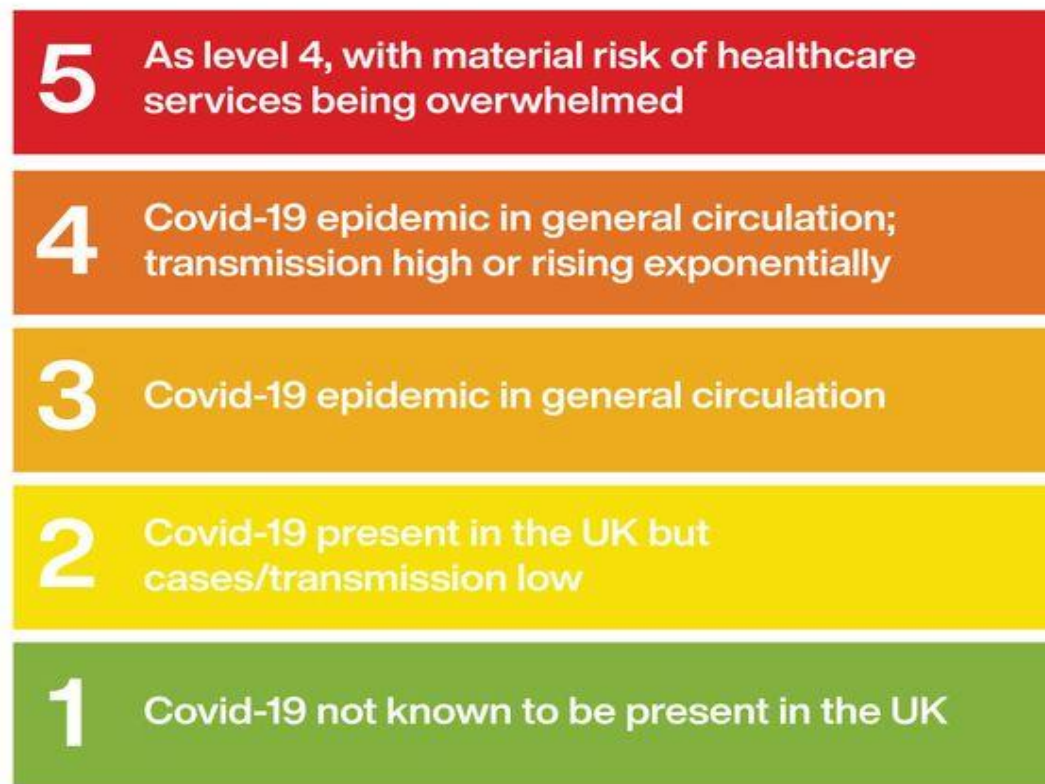
Other professionals are also encouraged to share information with the HPT on any concerns they may have in relation to suspected cases, clusters or outbreaks. Soft intelligence can also add to the picture providing insights into perceived impacts of COVID-19 within our communities.

Using all the data available to us, we have developed a local surveillance system to monitor the on-going incidence and prevalence of COVID-19 in North Tyneside using this data. We analyse and interpret this data to inform the action we need to take at a community level, in a timely way, to prevent the transmission of infection and outbreaks at community level.

Figure 3

## Covid-19 alert levels

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PA graphic

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## Theme 6 Supporting vulnerable people to self-isolate

During the response phase of the COVID-19 pandemic, North Tyneside Council established a 'Shielding Hub' to coordinate effort across the council and a range of local partners. This hub distributed the national support packages and provided a range of support services to the most vulnerable residents.

As part of the range of services developed by this hub and its teams, support for those self-isolating was also accessed by many residents and remains in place with the council and some local voluntary services and community groups. This support has included things like shopping services, pharmacy collections and telephone calls to combat loneliness and check on wellbeing. It is this work which will need to continue throughout the recovery phase and could be stepped up further if needed.

The opening hours for the NTC COVID-19 support hub are Monday to Friday, 8am to 5pm, and is available by telephoning 0345 2000 101 or emailing [contact.us@northtyneside.gov.uk](mailto:contact.us@northtyneside.gov.uk).

The Volunteer Centre and the Good Neighbour Scheme both run by VODA (and accessed via the details above) as well as the NHS Volunteer scheme accessed through GP surgeries will also be an important source of support for many people.

Establishing a contact tracing system in the UK will mean that people who have had close contact with a case will be contacted and advised to self-isolate. A lead officer has been identified to be part of both the Health Protection Board and the Outbreak Control Team so that early support needs can be identified and stood up at the onset of an outbreak.

As well as our pre-identified high-risk communities and those clinically vulnerable groups who are being 'shielded', there are some people whose circumstances might make them vulnerable in a local outbreak and/or during any periods of self-isolation. These include (but are not limited to):

- Low income families
- Ethnic and religious minorities whose needs might vary widely
- Inclusion groups (homeless, migrants, asylum seekers, Gypsy and Roma, sex workers)
- Unemployed people
- New benefit system claimants
- Homeless people
- People aged 70
- Households who are self-isolating and cannot access local amenities and services

The COVID-19 Operational Guidance details the activation and escalation processes to increase local support provision in the event of large local outbreaks.

## **Theme 7 Governance**

The governance arrangements for outbreak control in North Tyneside are set out in figure 4 below in keeping with the national requirements for outbreak control arrangements.

Two new boards have been established:

- At an operational or tactical level, a multi-agency North Tyneside COVID-19 Health Protection Board has been established to develop and implement the outbreak control plan. Terms of reference are set out in Appendix 4. A local authority led Outbreak Control Team will be stood up from the membership of this group in response to outbreaks escalated from the NE PHE Team.
- At a strategic level a member-led multi agency North Tyneside COVID-19 Engagement Board has also been established to provide oversight and assurance of the outbreak control arrangements. Terms of reference are set out in Appendix 5.

### **Managing risks**

A risk register will be compiled to identify the key risks and controls in the delivery of effective outbreak control in North Tyneside and the implementation of the plan. Key risks include compliance of the public with infection prevention and control measures and self isolation, access to testing for those people who do not have a car, turnaround time of test results and access to adequate data effective Test and Trace service with rapid data flows.

### **Northumbria Local Resilience Forum (LRF)**

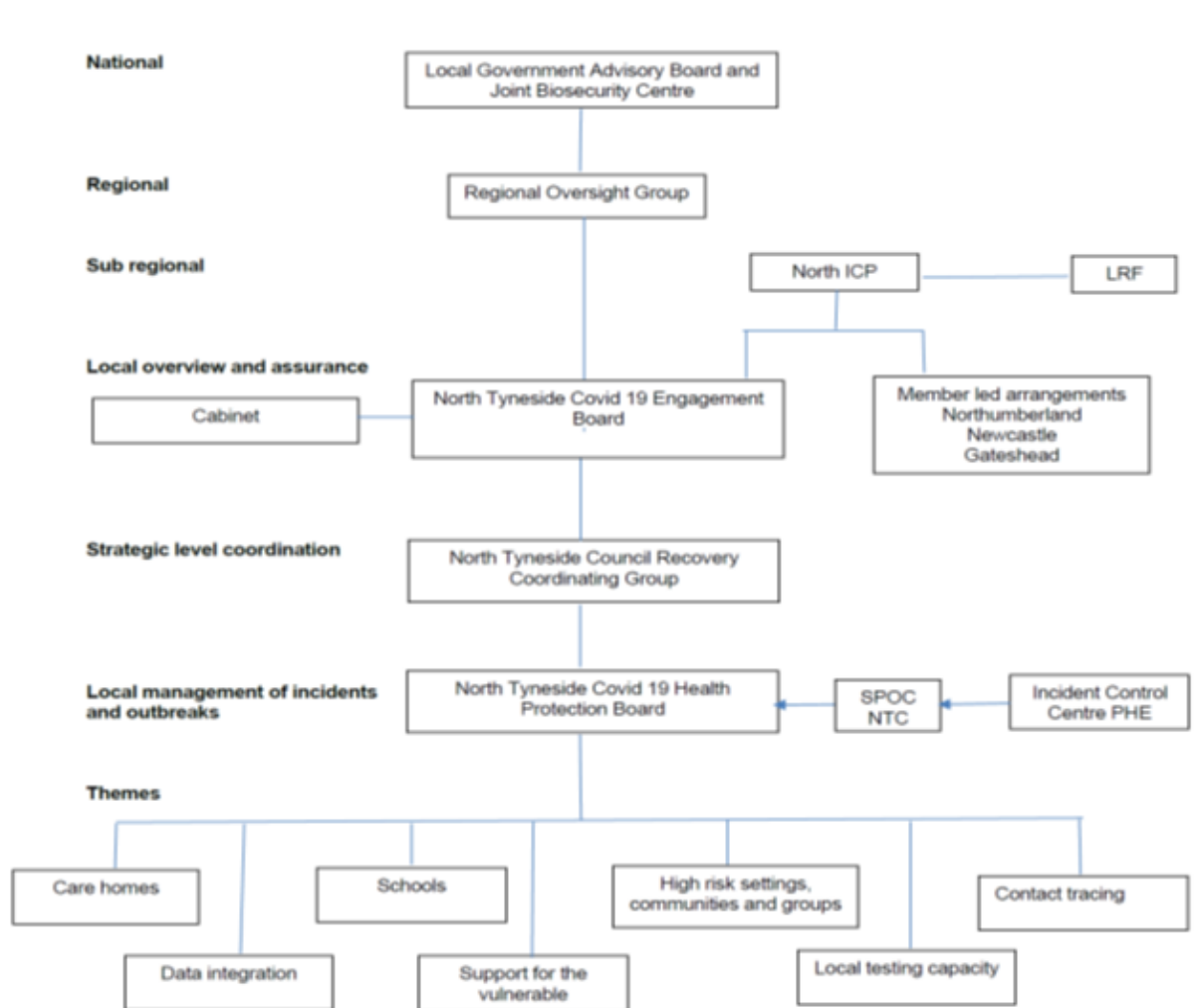
Some large and complex outbreaks may require a strategic multi-agency response. This might happen in the event of simultaneous outbreaks in the borough or where an outbreak has spread across local authority areas. At the time of publication of this plan, the Northumbria Strategic Coordinating Group (SCG) is being stood down as the recovery phase takes over management of the pandemic.

The DPH maintains an active reporting link with the North Tyneside Recovery Coordinating Group (RCG), which feeds into the LRF RCG. The Outbreak Control Team can activate standing arrangements with the LRF when necessary. This would be done via a discussion with the Chief Executives of the ICP in the first instance.

### **Regional oversight group**

As part of the national 'Contain' arrangements a regional oversight group has been established comprising a lead Local Authority Chief Executive, the Chair of the North East Association of Directors of Public Health, the Regional Director of Public Health England and a former senior local authority executive. Its role will be to support the arrangements in each of the local authorities in the North East with assistance from the Joint Biosecurity Centre by providing a regional overview of new infections of COVID19 across the region, enable sharing of good practice, peer review and sector-led improvement. It will also provide intelligence and insight from the region to inform the Joint Biosecurity Centre.

**Figure 4 Governance arrangements for outbreak control in North Tyneside**



### **Legal powers to contain the spread of Coronavirus<sup>1</sup>**

The UK Government has a duty to protect the health of the public under article 11 of the European Social Charter 1961 (Council of Europe 1961). This requires measures such as the removal of the causes of ill health, education to promote health and encouragement of individual responsibility for health.

To protect the population from infectious and communicable diseases and contamination additional measures are available through the Public Health (Control of Disease) Act 1984 (as amended by the Health & Social Care Act 2008) together with three sets of regulations protects the health of the public through a system of surveillance and action. Surveillance allows for the identification, investigation and confirmation of an outbreak of a disease or a case of contamination with appropriate and timely intervention to control the spread of the disease including isolation.

<sup>1</sup> Details taken from Griffith, R. (2020) 'Using public health law to contain the spread of COVID-19', *British Journal of Nursing*, 29(5), pp. 326–327. doi: 10.12968/bjon.2020.29.5.326 is outlined below.

The Act also gives powers to local authorities, which can be used without approval from a court. From 17 July the Government significantly increased the powers available to local authorities as part of its new 'Contain Framework'. Local authorities have the power to close individual premises, public outdoor places and prevent specific events (<https://www.legislation.gov.uk/ukSI/2020/750/regulation/2/made>). This means that they will no longer have to make representations to a magistrate in order to close a premises. Premises which form part of essential infrastructure will not be in scope of these powers. A non-exhaustive list of the types of categories of infrastructure is set out in government guidance.

These powers must be used with discretion and should only to be used by a LA having had regard to any advice given to it by its DPH. In exercising any of these powers the LA must notify the Secretary of State as soon as reasonably practicable after the direction is given and review to ensure that the basis for the direction continues to be met, at least once every 7 days.

They should not be applied to settings of national importance without prior consultation with the setting owner and the NHS Test and Trace Regional Support and Assurance team, who will work with the relevant government department to determine the best course of action.

Under the Health Protection (Local Authority Powers) Regulations 2010 and the Health Protection (Local Authority Powers) (Wales) Regulations 2010, local authorities are able to request or require action to be taken to prevent, protect against or control a significant risk to human health for example when a person may be asked to self-isolate. A request only allows the local authority to ask a person to comply. If the person refuses, the local authority must go to court to seek an order of enforcement.

The powers can also:

- Require that a child is kept away from school
- Require a head teacher to provide contact details of pupils attending their school
- Request individuals or groups to cooperate for health protection purposes
- Request the disinfection or decontamination of premises or articles
- Restrict contact with or relocate a dead body for health protection purposes.

To further protect the health of the public the 1984 Act gives powers to Justices of the Peace (magistrates) in cases of infection and contamination. Where a magistrate is satisfied that the criteria are met, they can issue an order to protect against infection or contamination that presents a risk of significant harm to human health.

The Health Protection (Coronavirus) Regulations 2020 in England regulations create additional powers to control people who may have coronavirus now the Secretary of State has declared that its transmission is a serious and imminent threat to public health. The powers apply where either:

- The Secretary of State or a public health consultant believes that a person may be infected with coronavirus and there is a risk that they might infect others; or

- The person has arrived in England on a ship, aircraft or train and has left an infected area in the previous 14 days.

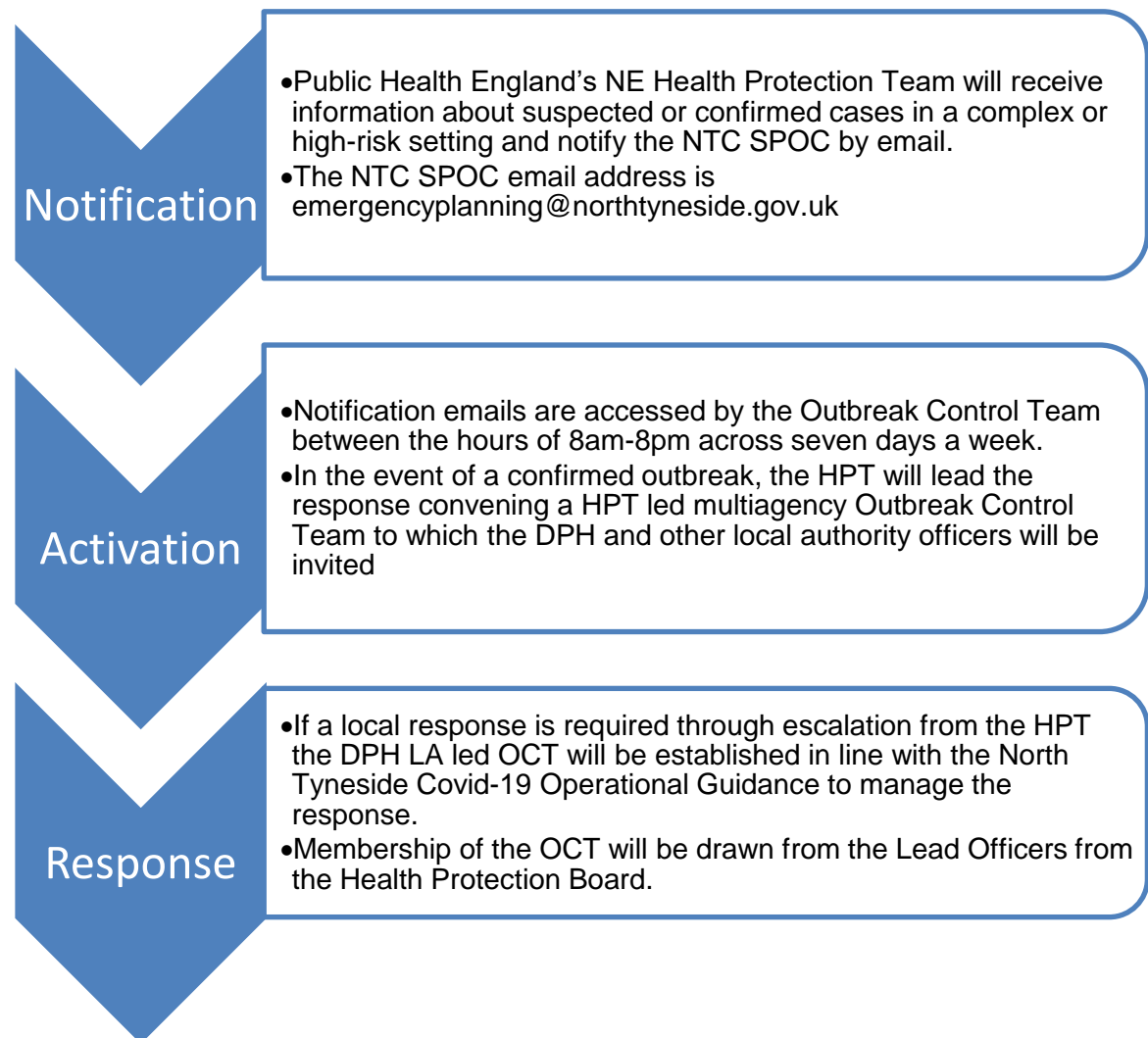
The Coronavirus Act 2020 allows the police to intervene to prevent the spread of COVID-19. The Act also includes powers for a constable to return someone to detention or isolation by using reasonable force where necessary and to remove someone to a hospital or enter any premises in order to do so on the basis of reasonable suspicion that the person may be infected with coronavirus. Northumbria Police use the Engage, Explain and Encourage approach communities in relation to the current restrictions to prevent outbreaks. As the legislation is amended throughout the recovery phase, officers may enforce the law with those individuals who disregard infection prevention and control measures and put other people at risk.

Other legislative powers include the rights accorded to the Health and Safety Executive (HSE) inspectors by the Health and Safety at Work etc. Act 1974 and also powers through the Food Safety Act 1990 (as amended) which provides the framework for all food legislation in the England, Wales and Scotland. In the event of an outbreak in a food processing plant we would use Food Safety Act powers to investigate and where necessary close the plant with colleagues from the Public Protection Team and our Environmental Health Officers.



## Notification and Activation

There is a clear notification process in place to provide as early an alert as possible.



## COVID-19 Outbreak Control Process

Directors of Public Health in Local Authorities and Health Protection Teams within PHE have specific roles and responsibilities set out in statute, for preventing, identifying and managing outbreaks of infectious disease, including COVID-19. The arrangements are emerging in line with new regional and national structures that are being established by the JBC.

In order to avoid duplication and to enhance working at a local authority level during the management of COVID-19 outbreaks, detailed joint standard operational procedures (SOPs) are being developed between the NE PHE Health Protection Team and local authority Directors of Public Health across the region. The SOPs will describe the actions required by the HPT, the DPH and local authority officers. Alongside the SOPs national activation cards are also in development for setting specific advice and actions.

Table 7 below sets out the definitions that have been agreed for clusters and outbreaks and clusters that would trigger a local outbreak management response.

**Table 7 Definitions and triggers**

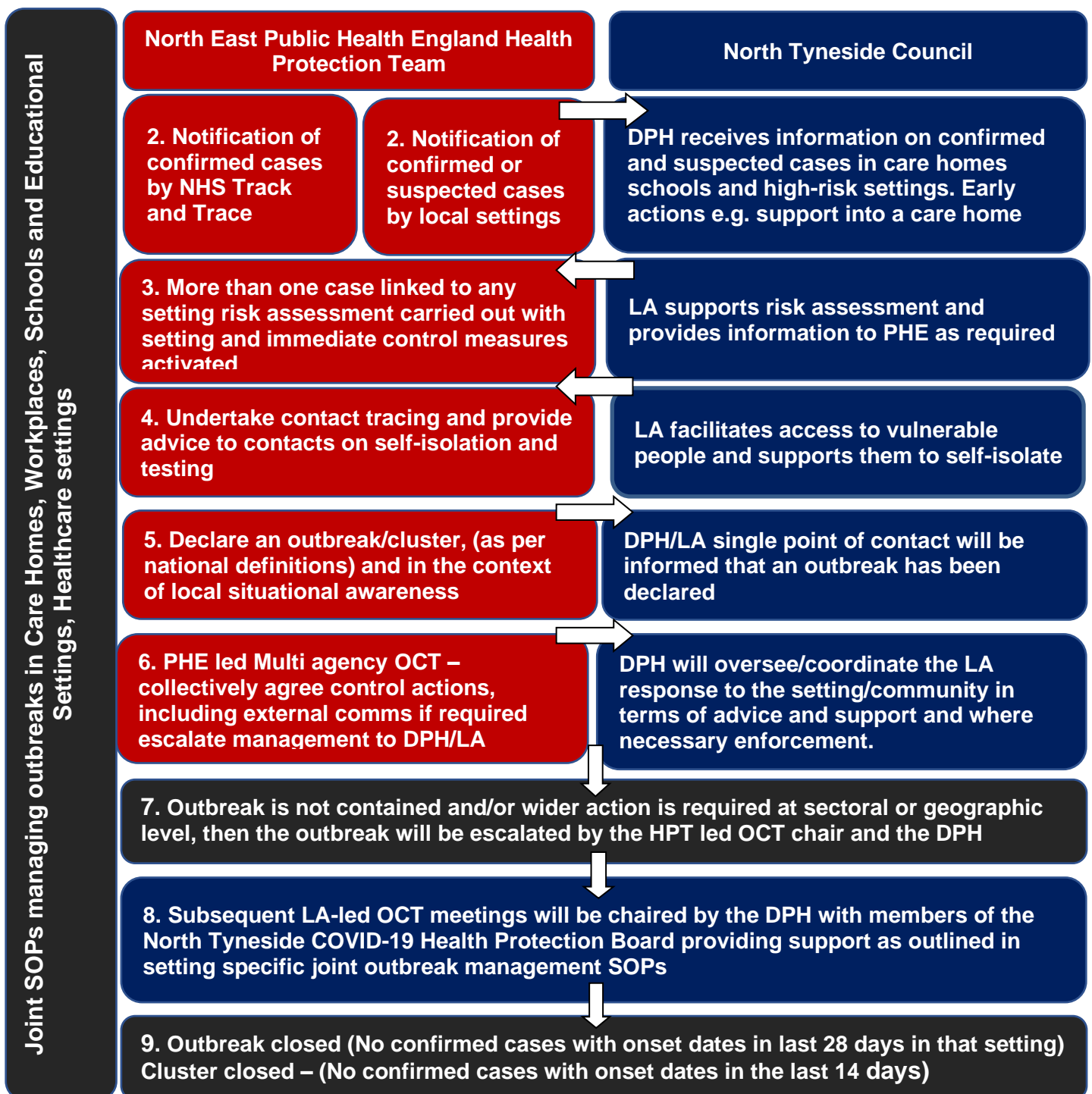
<b>Cluster non-residential settings (e.g. workplace, school)</b>		
Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days		
<b>Outbreak</b>		
<b>Non-residential setting (e.g. workplace, school)</b>		
Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days <b>AND ONE OF</b> the following:		
Identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the putative index case		
<b>OR</b>		
When there is no sustained community transmission or equivalent JBC risk level 1 or 2 and there is an absence of alternative source of infection outside the setting for initially identified cases		
<b>Healthcare or residential setting</b>		
<b>Outpatient healthcare setting</b>	<b>Inpatient healthcare setting</b>	<b>Residential Setting</b>
Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days	Two or more confirmed cases of COVID-19 OR clinically suspected cases of COVID-19 among individuals associated with a specific setting with onset dates 8-14 days after admissions within the same ward or wing of a hospital.	Two or more confirmed cases of COVID-19 OR clinically suspected cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days
A single laboratory confirmed case would initiate further investigation and risk assessment for the above settings		

Figure 5 below describe the joint management of COVID-19 outbreaks from prevention to declaring an outbreak or cluster closed between PHE and the local authority.

**Figure 5 Joint Management Responsibilities and Actions**

**1. Joint responsibility for prevention of outbreaks:**

- Public Health Advice (social distancing, respiratory and hand hygiene)
- Symptom awareness and self-isolation
- Access to symptomatic testing
- Embedding Infection Prevention and Control (IPC) measures
- Access to PPE and training on when and how to use PPE
- COVID-19 risk assessment and Covid secure places and settings



## Communications and Engagement

A COVID-19 outbreak control communication and engagement plan has been developed to support and sit alongside this plan and it focuses on three key areas:

- Preventing local outbreaks of COVID-19 and engaging with everyone in North Tyneside, but with a particular focus on high risk settings and individuals to make sure they practice social distancing and good hand and respiratory hygiene, are alert to symptoms, access testing when needed and self-isolate if positive or if contact traced
- Providing assurance and clarity to stakeholders and the public that plans for management and control of outbreaks are effective
- Providing the public with clear and credible information in the event of outbreak scenarios in order to promote community solidarity with a focus on care and support

### Preventing local outbreaks

The national campaign titled 'People Protect People' will be deployed locally. The campaign addresses the identified key barriers of low awareness of testing, low symptom knowledge and low understanding of isolation.

The plan targets key audiences and engages particularly with our most vulnerable groups and those who are disproportionately affected by COVID-19.

Priority audiences include:

- BAME communities
- Single mothers with young children
- 65+
- People aged 18-24
- Workers aged 25-64

### Key messages

- Limit contact with other people
- Keep your distance if you go out and follow latest guidelines
- Wash your hands regularly for 20 seconds
- Cough or sneeze into a tissue ('Catch it, Bin it Kill it')
- Wear a face covering on public transport and in enclosed public spaces if you can
- Got any of these symptoms? Cough, temperature, loss of taste or smell?
- Get tested immediately and isolate your household
- If positive, isolate your household for 14 days
- If you're told you've been in close contact with someone who has tested positive, isolate for 14 days to protect others
- Testing - why get tested, who can get tested, how and where to get a test, what is a test like,
- Contacts - why give your contacts, what if you are contacted, why is self-isolation important, what support is available, what are the rules, how to spot scams

- For further government, health information and advice please visit [gov.uk](http://gov.uk) or [nhs.uk](http://nhs.uk)

We engage with residents through a range of channels and use the resources from PHE at: <https://campaignresources.phe.gov.uk/resources/campaigns>

## **The Local Outbreak Plan**

Our key messages for the public are as follows:

- It has been developed so that we are well prepared to effectively contain the virus and reduce its spread in the community.
- It is led by North Tyneside Council in conjunction with Public Health England, and supported by the NHS Test and Trace local team and is designed to enable day-to-day working and rapid escalation of actions when required with:
  - Detailed governance arrangements with clear roles and responsibilities
  - Identified links with key stakeholders and flow of information in case of an outbreak
  - Trigger points for escalation
  - Communications and engagement plan
  - Focus on seven key themes.

## **Control of outbreaks**

There is a long history of the joint management of outbreaks between local Public Health England and including the management of both reactive and proactive communication with the public. In terms of COVID-19 outbreaks the audience for the communication will vary depending on the nature of the setting (workplace, school, care home etc), community (ensuring socio-demographics are taken into account), people who are clinically extremely vulnerable and relevant stakeholders including the Mayor, Ward Councillors, other elected members and MPs

Key messages will vary depending on the nature of outbreak and response but could include some of the following:

- Alert that cases are rising and for the public to take extra care, reminder of guidance and restrictions
- Acceleration of testing
- Closure of specific setting(s)
- Closure of certain businesses and venues
- Cancellation of organised events/ large gatherings
- Closure of outdoor public areas
- Working from home where possible
- Limit schools to certain year groups
- Close schools
- Limit / close transport network
- Stay at home

Central support will be available in the event of significant local outbreaks and local communications activity to be jointly agreed with council authorities to ensure appropriate tailoring.

## **Local authority test and trace service support grant**

All local authorities in England have received a test and trace service support grant from Government.

The purpose of the grant is to provide support towards any expenditure incurred in relation to the mitigation against and management of local outbreaks of COVID-19.

The grant for North Tyneside is approximately £1.1m and it will be used to support our approach to prevention, communication, responding and de-escalating outbreaks of COVID-19 across the key themes of work.

This will include:

- Support to ensure robust infection prevention and control across targeted and high-risk settings
- Training to equip lead officers to support preventative action
- Robust processes for local data flows and analysis to enable rapid identification of clusters and outbreaks and action
- Communication and engagement with the public and communities
- Support for those who are vulnerable and need to isolate

## Appendix 1 Schools including early years settings

<b>First Schools (8)</b>	
Appletree Gardens First	Rockcliffe First
Coquet Park First	Southridge First
Langley First	South Wellfield First
Marine Park First	Whitley Lodge First

<b>Primary Schools (47)</b>		
Amberley Primary	Hadrian Park Primary	St Bernadette's RC
Backworth Park Primary	Hazlewood Primary	St Columba's RC Primary
Bailey Green Primary	Holystone Primary	St Cuthbert's RC Primary
Balliol Primary	Ivy Road Primary	St Josephs RC Primary
Battle Hill Primary	King Edward Primary	St Marys RC Primary (FH)
Benton Dene Primary	Monkhouse Primary	St Marys RC Primary (NS)
Burradon Primary	New York Primary	St Stephens RC Primary
Carville Primary	Percy Main Primary	Star of the Sea RC
Christ Church CofE	Preston Grange Primary	Stephenson Memorial
Collingwood Primary	Redesdale Primary	Wallsend Jubilee Primary
Cullercoats Primary	Richardson Dees Primary	Wallsend St Peters
Denbigh Primary	Riverside Primary	Waterville Primary
Fordley Primary	Shiremoor Primary	Western Primary
Forest Hall Primary	Spring Gardens Primary	Westmoor Primary
Grasmere Academy	St Aidan's RC Primary	Whitehouse Primary
Greenfields Primary	St Bartholomew's CofE	

<b>Middle Schools (4)</b>
Marden Bridge Middle
Monkseaton Middle
Valley Gardens Middle
Wellfield Middle

<b>Secondary Schools (11)</b>	
Burnside College	Monkseaton High
Churchill Community College	Norham High
George Stephenson High	North Gosforth Academy
John Spence	St Thomas More
Longbenton High	Whitley Bay High School
Marden High	

<b>Special Schools (6)</b>	
Beacon Hill	Southlands
Benton Dene School	Woodlawn
Silverdale	Moor bridge

<b>All through (1)</b>
Kings Priory Academy

<b>FE College</b>	<b>Northumbria Univeristy</b>
Tyne Metropolitan College	Coach Lane Campus

## Appendix 2 Care Homes

<b>Elderly Care Homes (31)</b>		
Appleby Care Home	Evergreens	Princes Court
Ashfield Court	Hadrian House	Redesdale Court
Charlton Court	Heatherfield	Risedale Residential
Coble House	Holmlea	Rosemount
Collingwood Court	Howdon Care Centre	Seaview
Croft Dene	Kendal House	St Anne's Residential Care Home
Earsdon Grange	Kingfisher Care Home	St. Peters Court
Eastbourne House	Lawns Residential Home	West Farm Residential Care
Eothen Homes (Wallsend)	The Old Vicarage	The Ferns
Eothen Homes (Whitley Bay)	Park View Care Home	Primrose Lodge
		Windsor Court

<b>Learning Disability Care Homes (14)</b>	
Manor Lodge	Parkvale
Lenore	Rocklyn
Albany	Cordingly House
Falmouth	Station Road
Chipchase/Ferndene	Melrose House
Hadrian Court	Queensbridge
Milton Lodge	Leybourne



## Appendix 3 High Risk Settings

### Healthcare Settings:

- A list of all 26 GP Surgeries in North Tyneside can be found [here](#)
- A list of all 52 pharmacies across the borough can be found [here](#)
- Dentists
- North Tyneside General hospital (GP-led urgent treatment centre, diagnostic testing, 24 wards, outpatient clinics and care of the elderly).
- There is one private medical facility, the Cobalt Hospital in Cobalt Business Park.
- Renal Unit has one Dialysis Unit in Orion Business Park which is run from their Newcastle site.

### High Risk Communities:

- People who misuse drugs/dependent drinkers
- Homeless people
- Faith communities
- Places of Worship

### Temporary Homelessness Accommodation and Capacity:

- Budget Hotel (8)
- Alcatraz Hotel (5)
- Courtney (1)
- Melrose (2)
- Dorset Arms (8)

### Other Residential:

- Whitley Bay Holiday Park – a number of key workers living there as of June 2020.
- Refuge
- People receiving support with a learning disability across a wide provision listed [here](#) but including residential units (9) and supported living providers (19)
- Children’s Residential Facilities listed [here](#), but including:
  - Starting Point (Purley Close (5) and Edmund House (5))
  - Sycamore House (6)
  - Riverdale (5)

### Tourist Accommodation:

Self-catering	
Burradon Farm Houses and Cottages	Seafront Apartments, Cullercoats
Dukes Holiday Cottages	Southcliff Apartments, Cullercoats
Field House	Tynemouth Holiday Cottages

<b>Guest Houses</b>		
Aabba Guest House, Whitley Bay	Lindsay Guest House, Whitley Bay	The Dorset Arms Inn
Aarden Grange Guest House, Whitley Bay	No.61, Tynemouth	The Pines Guest House, Whitley Bay
Alcatraz Guest House	Oaktree Lodge, Whitley Bay	The Metropolitan, Whitley Bay
Chedburgh Hotel, Whitley Bay	Park Lodge, Whitley Bay	Windsor Hotel, Whitley Bay
Dunes Hotel, Whitley Bay	Sandsides, Whitley Bay	York House Hotel, Whitley Bay
Esplanade Lodge, Whitley Bay	Seacrest Hotel, Whitley Bay	
Lighthouse Guesthouse, Whitley Bay	The Cara, Whitley Bay	

<b>Hotels</b>	
Grand Hotel, Tynemouth	Royal Hotel, Whitley Bay
Park Hotel, Tynemouth	Village Hotel
Premier Inn, Whitley Bay	Hotel 52, Whitley Bay
Premier Inn, North Shields	Premier Inn, Holystone

<b>Food production sites</b>
Burradon Abattoir, Burradon
Fish processing plant – North Shields Fish Quay
Greggs, Quorum Business Park

<b>Large employers</b>	
BT (including EE)	Concentrix
Tesco Bank	Smulders
Accenture	DXC Technologies
P&G	Newcastle Building Society
Sitel	Greggs

<b>Large public sector employers</b>
North Tyneside Council
NHS Hospitals
HMRC

<b>Transport sites</b>
Port of Tyne
Metro (Nexus)
Bus Operators (Arriva, Stagecoach, Nexus, Go North East)

<b>Tourist attractions</b>	
Segedunum	Blue Reef Aquarium
George Stephenson Railway Museum	Bars and Restaurants
St Marys Lighthouse and Visitors Centre	

## Appendix 4 Data Sources

### 1. Data in the Public Domain

#### Summary of national figures

- National figures for COVID-19 tests, cases, deaths for the UK and every country of the UK are produced daily  
<https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public>
- National figures for the NHS Test and Trace service are produced weekly. This includes numbers of people tested; people testing positive; time taken for results to become available; numbers of people transferred to the contact tracing service; the time taken for them to be reached; close contacts identified for complex and non-complex cases, and the time taken for them to be reached.  
<https://www.gov.uk/government/collections/nhs-test-and-trace-statistics-england-weekly-reports>

#### Public dashboards with geographic breakdown

- The Weekly Coronavirus Disease 2019 (COVID -19) Surveillance Report, produced by Public Health England (PHE), summarises information from a variety of surveillance systems covering *national* data on cases, age, gender, rates, ethnicity, NHS111, google searches, general practice consultations, emergency attendances, hospitalisation rates deaths (age, ethnicity, excess mortality) antibody testing, global data. There is also *regional* data and weekly rates of cases by *local authority including a PHE top 10 of UTLAs with the highest weekly rate of cases*  
[www.gov.uk/government/publications/national-covid-19-surveillance-reports](http://www.gov.uk/government/publications/national-covid-19-surveillance-reports)
- The Coronavirus (COVID-19) in the UK dashboard contains information at UTLA and LTLA level on cases and rates and is updated daily  
<https://coronavirus.data.gov.uk/>
- A new dashboard, launched on 25 June, has been updated with sub-national data including people tested and positive cases at national, regional and local authority level. This includes the ability to view epidemic curves and 7-day averages as well as the ability to look at positive cases as a proportion of all tests
- From 10 July, weekly case numbers at middle layer super output area (MSOA) were available on a map and in a spreadsheet (in the “about data” section)  
<https://coronavirus-staging.data.gov.uk/>
- On Friday 3 July, NHS-Digital released a public version of the Containment dashboard, Progression, that enables triages and cases to be tracked through time at UTLA level: that includes, by UTLA, the number of people with coronavirus identified through an NHS lab (Pillar 1) or from a commercial swab testing (Pillar 2). In addition, the count (not people) of triages of coronavirus symptoms through NHS Pathways by calls to NHS 111 and 999 and through NHS111 online  
<https://digital.nhs.uk/dashboards/progression>

## 2. Individual (record) level data accessible by local authorities

- From 24 June PHE started providing record-level test data, enabled through a Data Sharing Agreement with local authorities. This contained additional information such as full postcode, age and ethnicity where available
- From Friday 17 July, PHE started providing daily individual test and case data, having previously provided weekly data
- Under this arrangement, a Data Sharing Agreement is in place enabling the local authorities to be the data controllers and therefore they are responsible for what they share and publish. The local authority must ensure compliance with the relevant standards

## Information on individual cases to help outbreak management

- PHE shares information with DsPH as part of the routine investigation of outbreaks and incidents. This includes information on individual cases and their contacts as required to support the public health response. This continues as the usual part of the management of COVID-19 outbreaks in specific settings or groups
- From Monday 20 July and to augment the standing local arrangements between PHE and DsPH, PHE shared fully identifiable (including names) test, case and contact tracing data via a digital platform with DsPH, to further support their investigation of the COVID-19 outbreak. This is updated daily and continues to be enhanced and expanded, in collaboration with DsPH
- From Tuesday 4 August, DsPH were able to access a tool called CO-VIS which has been developed to support DsPH to both visualise and undertake spatial analysis of the data that they already receive daily. It is accessible via the same digital platform through which they currently access the record level data.

## 3. Aggregated and interactive dashboards and reports accessible to approved users

- All the following (except the Containment and LRF dashboard) products are currently available to DsPH

### Local Authority COVID-19 Containment Dashboard

- This dashboard, produced by NHS-Digital, has been available since 11 June and provides a picture in the local area of cases and Covid triage data. There is a geographic breakdown to LTLA of the number of tests conducted, the total number of positive cases and a rolling average, as well as information on 111, 999 and online triage cases related to COVID-19. It enables easy comparison of areas
- From 6 July the number of positive tests and 111 and 999 telephony triages is available to LSOA level. This dashboard is updated daily with a three-day lag due to the changeable nature of new data
- The next development is to provide data at the full postcode level within the dashboard. Given this information is more sensitive it is reliant on a more robust security infrastructure that is being developed including Two Factor Authentication. Access to this NHS Digital dashboard has been temporarily delayed but is due to be rolled out shortly
- Requests for new accounts should be emailed to NHSD Contact Centre at [enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk) with 'Pillar 2 Dashboard' in the subject line. Each requestor to provide the following information:

- Name, NHS Email Address, Role, Organisation, Mobile Number, Business Justification (reason for access)
- After approval, the login info and T&Cs will be sent out

### Contact Tracing

- PHE produce a daily contact tracing report – this report provides information on contact tracing activity at a regional and UTLA level. This includes cases invited, cases completed, contacts identified, contacts reached, including aggregate totals of contacts associated with incidents
- A more detailed contact tracing report is produced weekly with a set of quality and epidemiological information including numbers of cases, case outcomes, number of contacts, contact outcomes, numbers of contacts per case and by exposure setting and time to completion. Data is presented at regional and UTLA level

### Daily Situational Report

- PHE provides a daily situational report - this is a *national summary* of tests, cases, ethnicity, residential property type, workplace outbreaks, contacts by exposure settings/activities, links to healthcare settings. There is breakdown for some of this data by *region*. By *local authority* there is information on those UTLA's with the highest rates of incidence, testing, positivity rates, exceedances, outbreaks in educational settings. The aim is to bring together much of the information and intelligence on where the epidemic is currently taking place both in terms of place and groups of the population to help inform local action. It is anticipated that the Covid-19 Situational Awareness Summary will be shared with the *public* in the next few days

### Daily Exceedance Report

- PHE provides a regional daily exceedance report to DsPH. Exceedance scores are calculated using the current and historic data on cases of COVID-19 for each lower tier local authority area. An exceedance means that an area has a greater than expected rate of infection compared with the usual background rate for that location. This is a way of assessing a recent change in incidence in that area. Every day, PHE produce in depth reports for the areas that have exceeded (RED reports) shared with appropriate DsPH

### Daily Surveillance Report

- PHE produce a daily surveillance report. The report provides descriptive information (trends and demography) at health protection team and local authority level of case data, testing data, in-hospital mortality data, outbreaks reported in a range of settings, syndromic surveillance data (GP out-of-hours calls, NHS 111 calls, emergency department attendances) and COVID-19 Hospitalisation in England Surveillance System (CHESS) data

### Bespoke epidemiological reports(deep dives)

- In addition, PHE Field Service teams also support local partners with more detailed epidemiological analyses as needed to inform local action and agreed locally

## Local Resilience Forum Dashboard

- The LRF dashboard is run by MHCLG to show multiple data points showing whole system response and resilience. It is accessible through the Local Resilience Forums and contains indicators such as police workforce, food supply, proportions of population shielding and ventilator availability

## Appendix 5 North Tyneside COVID-19 Health Protection Board

<b>Strategic objectives</b>
<p>The purpose of the board is to protect the health of the population of North Tyneside from outbreaks of COVID-19 through:</p> <ul style="list-style-type: none"> <li>• Preventing the transmission of SARS-Cov2 in the population</li> <li>• Early identification of local outbreaks of COVID-19</li> <li>• Proactive manage of local outbreaks</li> <li>• Coordinating local resources and capabilities within the local system response</li> </ul>

<b>Membership</b>		
Wendy Burke	Director of Public Health	<i>Chair</i>
Heidi Douglas	Public Health	<i>Vice Chair</i>
Joanne Lee	Public Protection	
Lindsey Ojomo/Victoria Crennell	Resilience	
James Moore	Communications	
Scott Woodhouse/Craig Nicholson	Commissioning	
Toby Hartigan-Brown	Housing	
Diane Buckle/Lisa Rogers	Schools	
Ellie Anderson/Liz Hanley	ASC	
Maureen Grieveson/Adrian Dracup	CCG	
Anthony Laing	Health and Safety	
David Tate/Judith Stonebridge	NHFCT	
Felicity Shoemith	CVS/Faith/Shielding hub	
Dave Tomson/Kirsten Richardson	Primary Care Network	

<b>Objectives</b>
<p>The objectives of the board are:</p> <ol style="list-style-type: none"> <li>1. To lead the development and implementation of Local Outbreak Control Plan</li> <li>2. To collate a range of local data in the context of regional and national trends and develop a dashboard to identify and monitor the risks to the population of NT</li> <li>3. To identify local high-risk places, locations and communities and plan jointly with the PHE HPT how outbreaks will be managed in each</li> <li>4. To receive information from PHE on the notification of local incidents and outbreaks</li> <li>5. To rapidly establish an Outbreak Control Team meeting from the membership of the board in response local incidents and outbreaks</li> <li>6. To manage local testing capacity with partners to ensure swift testing of those who have had contacts in local outbreaks#</li> <li>7. To identify surge capacity within the local system for responding to multiple outbreaks</li> </ol>

8. To provide training to staff who support outbreak control response
9. To use local knowledge to support PHE HPT with contact tracing in complex settings
10. To support vulnerable local people to get help to self-isolate and ensuring services meet the needs of diverse communities
11. To escalate any resurgence in cases or outbreaks to the Recovery Coordinating Group
12. To report arrangements and progress to the Member-led North Tyneside COVID-19 Engagement Board

#### **Governance**

The C-19 HPB will have tactical oversight of COVID-19 outbreaks in the local area and will direct operations to control the outbreak.

The C-19 HPB will report to the COVID-19 Local Engagement Board.

The C-19 HPB will need to stand up quickly in the event of an outbreak. Members should have nominated Deputies to enable this.

#### **Products and Information Sources**

The C-19 HPB will produce an Action and Decision Log.

The C-19 HPB will also consider a Dashboard as a key information source to maintain a shared situational awareness.

The C-19 HPB will deliver situation reports as required.



## Appendix 6 North Tyneside COVID-19 Engagement Board

### Role and Purpose

The COVID-19 Engagement Board is responsible for the political, strategic and public oversight of the local COVID-19 outbreak control arrangements in North Tyneside, including prevention, surveillance, planning and response, to ensure they meet the needs of the population and assure residents and stakeholders that the arrangements for controlling outbreaks of COVID-19 in North Tyneside are effective.

### Membership

Norma Redfearn	Elected Mayor	Chair
Matt Wilson	Councillor	Vice Chair
Paul Hanson	Chief Executive	North Tyneside Council
Wendy Burke	Director of Public Health	
Jacqui Old	Director of Children's and Adult Services	North Tyneside Council
Jackie Laughton	Head of Corporate Strategy	North Tyneside Council
Lesley Young Murphy	Executive Director of Nursing: Chief Operating Officer Chief	North Tyneside Clinical Commissioning Group
Paul Jones	Chief Officer	Healthwatch North Tyneside
Claire Riley	Executive Director of Communication and Corporate Affairs	Northumbria Healthcare NHS Trust
Robin Fry	Chief Executive	Voluntary Organisations Development Agency (VODA)
Janice Hutton	Chief Superintendent	Northumbria Police
Tobyn Hughes	Managing Director	Nexus
Karen Goldfinch	Chair	North Tyneside Business Forum

### Objectives

The Board will:

- a) provide oversight and assurance of the local outbreak control arrangements in North Tyneside
- b) agree and publish the North Tyneside Covid-19 Outbreak Control Plan;
- c) develop a local communication and engagement strategy in relation to outbreaks of COVID-19
- d) develop a communication and engagement plan with frequent and consistent messaging through a range of channels, targeting multiple groups of people in order to build trust and confidence during outbreaks and increase adherence of local people to the measures which prevent the spread of infection

- e) share the epidemiology of COVID-19 in North Tyneside in the context of regional and national trends

The COVID-19 Engagement Board has no executive decision-making powers. If decisions are necessary, these will be taken in accordance with the relevant decision making processes as set out in the Council's constitution.

### **Accountability**

The COVID-19 Engagement Board will be accountable to Cabinet and will report to the regional oversight group and LRF (Via ICP)

See Appendix A.

### **Meetings**

Meetings will be held monthly. Extraordinary meetings will be arranged if necessary.

When face to face meetings are not possible, they will be held using video conferencing technology.

Meetings may, but are not required, to be open to the press and public.

An agenda and papers will be prepared and circulated prior to each meeting. The agenda papers may, but are not required, to be published on the Council's website.

Elected members must declare any interests in accordance with the Code of Conduct. Other members should declare any conflicts of interest.

### **Quorum**

There must be at least one elected member at any meeting of the Board.

### **Review**

The terms of reference will be reviewed on a regular basis.