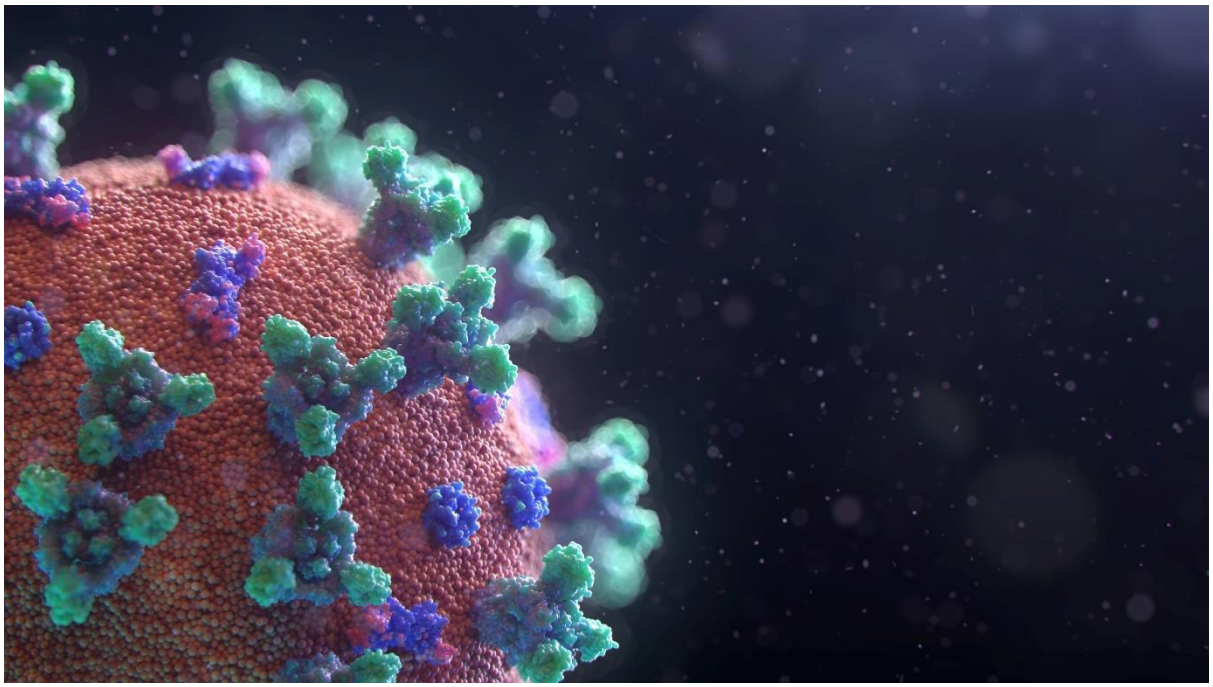
North Tyneside COVID-19 Outbreak Control Plan



Author: Wendy Burke, Director of Public Health
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North Tyneside Council

North Tyneside COVID-19 Outbreak Control Plan

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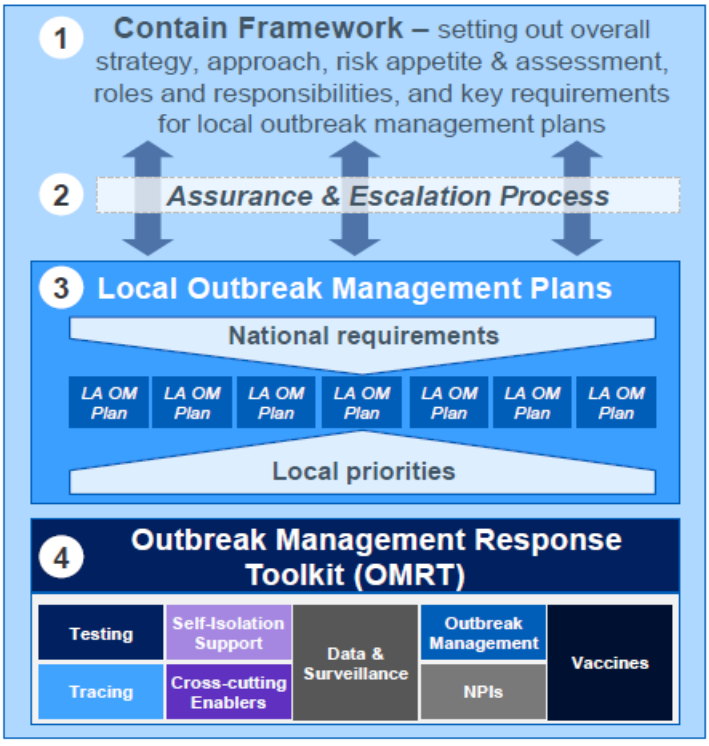
1. Background

Local Authorities have an ongoing statutory responsibility to have Local Outbreak Management Plans (LOMPs) in place for responding to emergencies in their areas as part of their existing duty for safeguarding and protecting the health of their population. They were tasked by Government to produce specific plans by end of June 2020 in response to the ongoing COVID-19 pandemic.

The plans are set within the national CONTAIN framework which sets out how national and local partners work with the public at a local level to prevent, contain and manage outbreaks. Successful management of local outbreaks is a core element of NHS Test and Trace's ambition to break the chains of COVID-19 transmission to enable people to return to and maintain a more normal way of life. It has been 9 months since the first iteration of the Contain Framework was developed. Since then, there has been significant evolution of the core foundations that underpin the work to manage and respond to COVID-19 outbreaks which will be reflected in a new updated Contain Framework.

Figure1 National Outbreak Management Response Overview March 2021



Publication of the Government's Roadmap for exiting national lockdown highlight the importance of LAs urgently reviewing and updating their Local Outbreak Management Plans in order to ensure they remain fit for purpose as well as aid national understanding. Effective planning and deployment at local level is the first line of defence and critically underpins the achievability of the Roadmap. Living safely with the virus (SARS-Cov2) will be the key as it will not be eradicated but will become endemic and will continue to circulate in pockets in the community.

2. Introduction

This updated COVID-19 Outbreak Control Plan sets out the arrangements for North Tyneside and underpins the next phase of recovery for the borough in line with the Government's Roadmap.

The plan is set within the context of the Our North Tyneside Plan and the following strategic objectives:

For our people we will:

- provide calm and resilient leadership
- 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 inequalities in the impact of the pandemic

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

2.1 Aims and objectives of the North Tyneside COVID-19 Control Plan

The overarching aim is to prevent, contain and manage the transmission of SARS-Cov2 in the context of:

- Enduring transmission in some communities
- The dominant variant and
- Variants of Concern (VOC).

Under the leadership of the Director of Public Health the updated plan builds on the work undertaken to date in the response to the pandemic and the health protection expertise and capabilities that have developed of health protection (epidemiology, surveillance, infection prevention and control techniques, contact tracing and evaluation) across multiple agencies who have supported a whole system public health approach and action at scale.

2.2 Working in partnership with neighbouring local authorities

The seven local authorities of County Durham, Gateshead, Newcastle, North Tyneside, Northumberland, South Tyneside and Sunderland have been working as a collective LA7 since September 2020 focusing on a joint approach to COVID-19. This has included political leadership to seek early intervention and local restrictions, coupled with financial support.

The approach is based on a deep understanding of our local communities and informed by data and intelligence which centred around the inequalities that local communities have faced, either directly or indirectly due to COVID-19. The work centres around a small set of priorities, informed by Directors of Public Health:

1. Engage our communities and work with them to address inequalities
2. Localised, regionally coordinated Test, Trace and Isolate programme;
3. Roll-out of targeted community testing
4. Protection of vulnerable individuals in the community;
5. Rapid implementation of a vaccine programme

This work will continue and our local plan for outbreak control in North Tyneside will be underpinned by this joint approach.

3. Key mechanisms to control outbreaks of COVID-19

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

Table 1: Controlling outbreaks of COVID-19

Prevent	Communicate	Respond	De-escalate
• Public health advice on respiratory and hand hygiene • Public health advice on social distancing • Public health advice on face coverings • Awareness of COVID-19 symptoms and when to self-isolate • Access to symptomatic testing • Embedding Infection Prevention and Control (IPC) measures • Training and reinforcement of when and how to use PPE • Access to additional PPE • COVID-19 risk assessment and COVID secure environments • Promote high uptake of vaccination in line with JCVI priorities and address inequalities in uptake	• Coordinated communication strategy that conveys information on the situation, who is affected and provides clear public health advice and information • Engagement with specific communities and groups, targeting areas of highest risk and greatest need	• Testing of asymptomatic individuals • Testing of symptomatic individuals • Identification of contacts • Exclusion and isolation advice for confirmed cases and contacts • Application of IPC measures and quality assuring that the right measures are being implemented • Testing of contacts • Mutual aid and workforce capacity • Establishing effective outbreak control teams • Supporting vulnerable people and communities to self-isolate. • Ensuring compliance with self-isolation and where necessary using enforcement	• 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 • Where required ensure that there is a strategy to assist in reputational and financial recovery • Embedding IPC, social distancing messages to ensure COVID secure environments and prevent the spread of coronavirus and further outbreaks
Assets, capabilities and tools			
Data and surveillance Risk assessments Resources Governance Reflection and identifying lessons learnt to prevent further outbreaks			

4 Key Themes

4.1 High risk settings, locations and communities

There are many settings, locations and communities in North Tyneside that are at higher risk of outbreaks characterised by a combination 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

Education Settings including early years

It is important to protect our children and young people in schools and colleges including 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 1 maintained nursery school, 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 although academy), 6 special/alternative provision (plus 2 independent special schools),1 FE college and part of 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 North Tyneside COVID-19 Health Protection Board for this theme who plays a key role in supporting 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 to support head teachers and managers across these settings. There is close working with the NE PHE Health Protection Team in line with a jointly agreed SOP.

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

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 there are 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 comprehensive support is provided to all care homes by a team of staff working across Adult Social Care, Commissioning Team, Public Health, the Clinical Commissioning Group and Northumbria Healthcare Foundation Trust. The Prevent and Protect Team offer enhanced support with a specific focus on infection prevention and control. There is weekly contact with each home and the capacity tracker is used to closely monitor the situation in each home.

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 North Tyneside COVID-19 Health Protection Board for this theme who plays a key role in working with the NE PHE Health Protection Team to manage outbreaks in care homes in line with a jointly agreed SOP.

A full list of care homes can be found in Appendix 2.

Other high risk settings

Such settings include food manufacturing plants, healthcare settings, factories, open plan office accommodation such as call centres. A list by category is provided in Appendix 3.

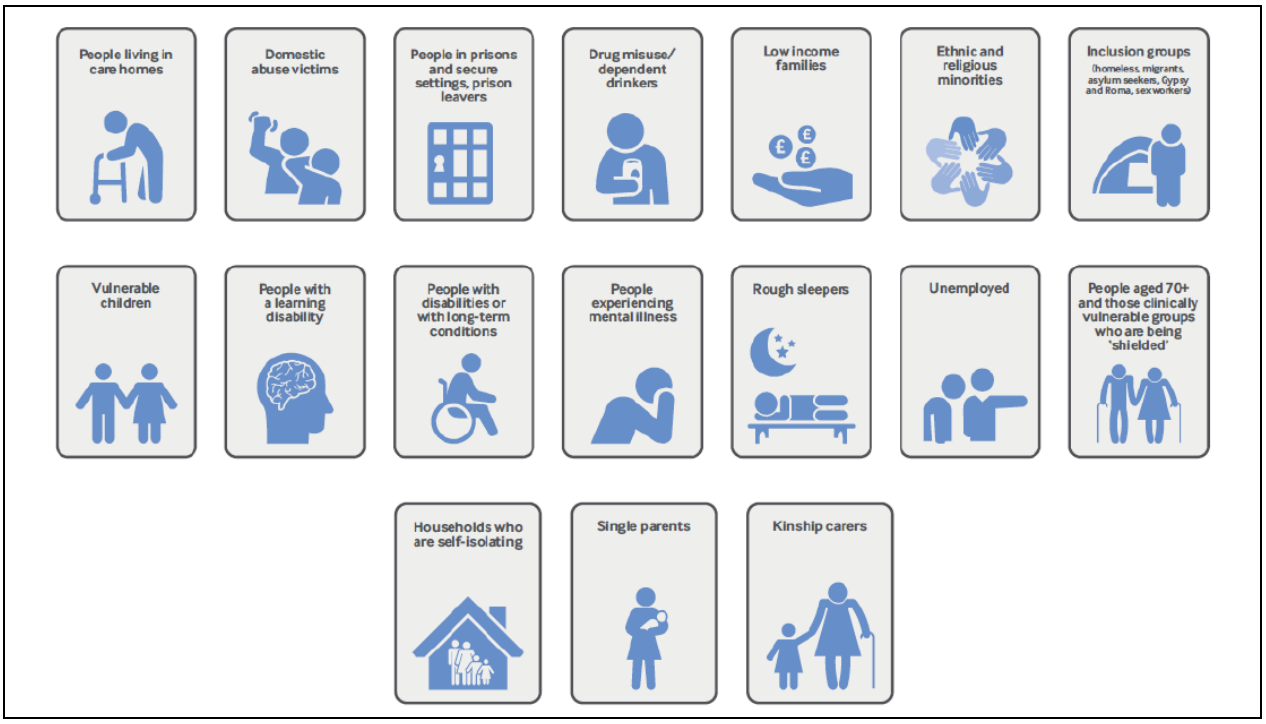
Each of these categories has a lead officer identified in the membership of the North Tyneside COVID-19 Health Protection Board who plays a key role in the prevention and management of outbreaks within the setting. Across each sector those settings that represent the high risk have been identified and lead officers work closely in support of the settings.

An important strand of work is ensuring that settings are COVID secure, have undertaken a COVID-19 risk assessment and have implemented the necessary measures required to reduce transmission of coronavirus (IPC, social distancing and additional PPE).

4.2 Vulnerable and underserved groups

There are also wards and groups of people across the borough that have been disproportionately affected having had higher rates of COVID-19 and also poorer outcomes than others. Figure 3 below identifies some of these groups such as BAME communities and occupational groups such as taxi and bus drivers and care staff.

Figure 3: Vulnerable groups



Cumulative data collected since the start of the pandemic in North Tyneside in March 2020 identifies greater rates of COVID-19 in some parts of the borough. There have been higher rates of infection in our more socioeconomically deprived areas in particular Chirton, Riverside, Howdon and Wallsend.

Enduring Transmission

Transmission and case rates remain higher in some areas and amongst some groups. Evidence to date suggests no single cause for enduring COVID-19 rates and therefore no silver bullet to resolve the issue. The cause is likely to be due to a unique mix of factors in each location such as low-income key workers, crowded low quality housing, areas with high deprivation, cultural and language barriers, or high proportions of grey economy workers, temporary staff or agency staff). It is clear that targeted action is required to promote the public health measures, encourage access to testing, support for self-isolation and promote uptake of the vaccination programme to prevent enduring transmission and this work will be a key part of the communication and engagement plan as well as the plan to address inequalities in uptake of the vaccination programme.

4.3 Compliance and Enforcement

Legislative powers

The legislative framework in the UK developed in response to the pandemic has significantly enhanced the ability of public bodies across the UK to provide an effective response to tackle the pandemic including specific powers to control the spread of the virus. The purpose of these powers is to save lives by protecting the public and the NHS.

The Coronavirus Act 2020 grants the government emergency powers to handle the pandemic. The act allows the government the discretionary power to limit or suspend public gatherings, to detain individuals suspected to be infected by the virus, and to intervene or relax regulations in a range of sectors to limit transmission of the disease, ease the burden on public health services, and assist healthcare workers and the economically affected.

The Health Protection (Coronavirus) Regulations 2020 is a statutory instrument made under the Public Health (Control of Disease) Act 1984 created additional and substantial powers to contain and slow the virus to manage the spread of coronavirus. The regulations have been subject to several amendments since they came into force.

The legislation grants powers to local authorities to make directions which respond to a serious and imminent threat to public health including restricting access to, or closing individual premises, prohibiting or restricting certain events (or types of event) and restricting access to, or closing, public outdoor places (or types of outdoor public places). The legislation also places a legal duty on all those who test positive for COVID-19 or are identified by NHS Test and Trace as a close contact, to self-isolate. Failure to comply is an offence carrying a fine of at least £1,000 and up to £10,000 for multiple breaches.

These powers have been used in North Tyneside during the pandemic but they have been used with discretion and the directions issued have been based on advice given by the DPH.

Working with the Police

The Coronavirus Act 2020 and the Health Protection (Coronavirus) Regulations 2020 allows the Police to intervene to prevent the spread of the virus and increasing rates 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.

Working with the Health and Safety Executive

Other legislative powers include the rights accorded to the Health and Safety Executive (HSE)inspectors and local authority Environmental Health Officers by the Health and Safety at Work etc. Act 1974. Local Authority Environmental Health Officers also have powers through the Food Safety Act 1990 (as amended) which provides the framework for all food legislation in the England, Wales and Scotland.

Regulations made under the Health and Safety at Work etc Act place an obligation on employers to carry out a risk assessment to identify and control health and safety hazards that may present a risk to their employees and customers. Local Authority and HSE enforcement officers have worked together to assess the adequacy of COVID 19 risk assessments and control measures as part of the investigation and control of outbreaks in workplace establishments. Authorised officers have powers to serve improvement notices to require employers to rectify any deficiencies identified during investigations.

Working with the Food Standards Agency

In the event of an outbreak in a food processing plant, all relevant powers are used to investigate and where necessary close the plant with colleagues from the Public Protection Team and Environmental Health Officers. Officers consult with the Food Standards Agency in the event of such an outbreak to ensure that food safety management and control at the plant is not compromised during the control of the outbreak.

Ensuring compliance and enforcement

Ensuring compliance with regulations together with adherence to government guidance for controlling spread of the disease within workplaces and business settings is a key objective for North Council's COVID-19 Enforcement Officers and continue to be an important element in preventing outbreaks. This work has been a priority for officers engaged in surveillance, re-active and pro-active contacts with businesses. Officers take enforcement action where necessary and proportionate to protect public health usually only when other informal approaches to secure compliance have not been successful.

The Public Protection Team has taken the lead to ensure that businesses comply with the restrictions placed on them. Supported by several other teams in the LA including community protection, planning, enforcement and highways and external organisations such as Northumbria Police and the Health and Safety Executive.

A Customer First Team was established to act as the first point of contact for all COVID-19 relating complaints and enquires received by the Council. The team respond to these enquires and where relevant refers complaints to other teams such as the Public Protection Team who have a centralised enforcement hub for all enforcement issues. Regular meetings are held with the Customer First Team to discuss complaints and issues. Weekly enforcement meetings are also held.

A stepped and proportionate approach has been taken which has involved initially providing advice and encouragement to businesses to comply with the legislation. However, where businesses do not act responsibly and fail to comply with Regulations formal enforcement action can be taken against them.

Planning and directing the work of the COVID-19 Enforcement Officers is coordinated with the Police and other agencies such as the HSE and Fire Service. This is achieved through weekly liaison meetings. Inter-agency joint working is beneficial for dealing with transmission risk posed by business activities which may result in gatherings outside of premises or social distancing issues caused by restricted space in the curtilage of business establishments.

Targeted proactive inspections are regularly used, such as visits to all local supermarkets and convenience stores to ensure compliance. Other joint proactive inspections have also been carried out with Northumbria Police such as to public houses and take away businesses.

Other existing legislation such as the Licensing Act 2003, Food Safety Act 1990, Environmental Protection Act 1990 and the Anti-social Behaviour, Crime and Policing Act 2014 is also considered when dealing with certain COVID-19 related issues.

Environmental Heath colleagues use opportunities presented during the course of their routine work to explain COVID-19 related rules to businesses and the public, encouraging them to comply, and enforcing where necessary e.g. compliance with COVID-19 Regulations during food hygiene visits and private sector housing visits.

A team of COVID-19 Marshals was recruited and has been in place in North Tyneside since the autumn last year to aid public awareness of the regulations and encourage compliance working hand in hand with the public protection team, EHOs and Police colleagues, the team have been deployed across the borough in a range of settings.

The Public Protection Team will continue to review and assess the impact of changes in National Restrictions and work closely with partners to encourage compliance. There will be an increased presence of COVID-19 Marshals and other council officers at open space areas of high footfall throughout the Spring and Summer to engage with members of the public and the understanding of the Roadmap. Where necessary appropriate enforcement action will be taken against businesses that are found not to be operating safety putting members of the public and employees at risk.

4.4 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.

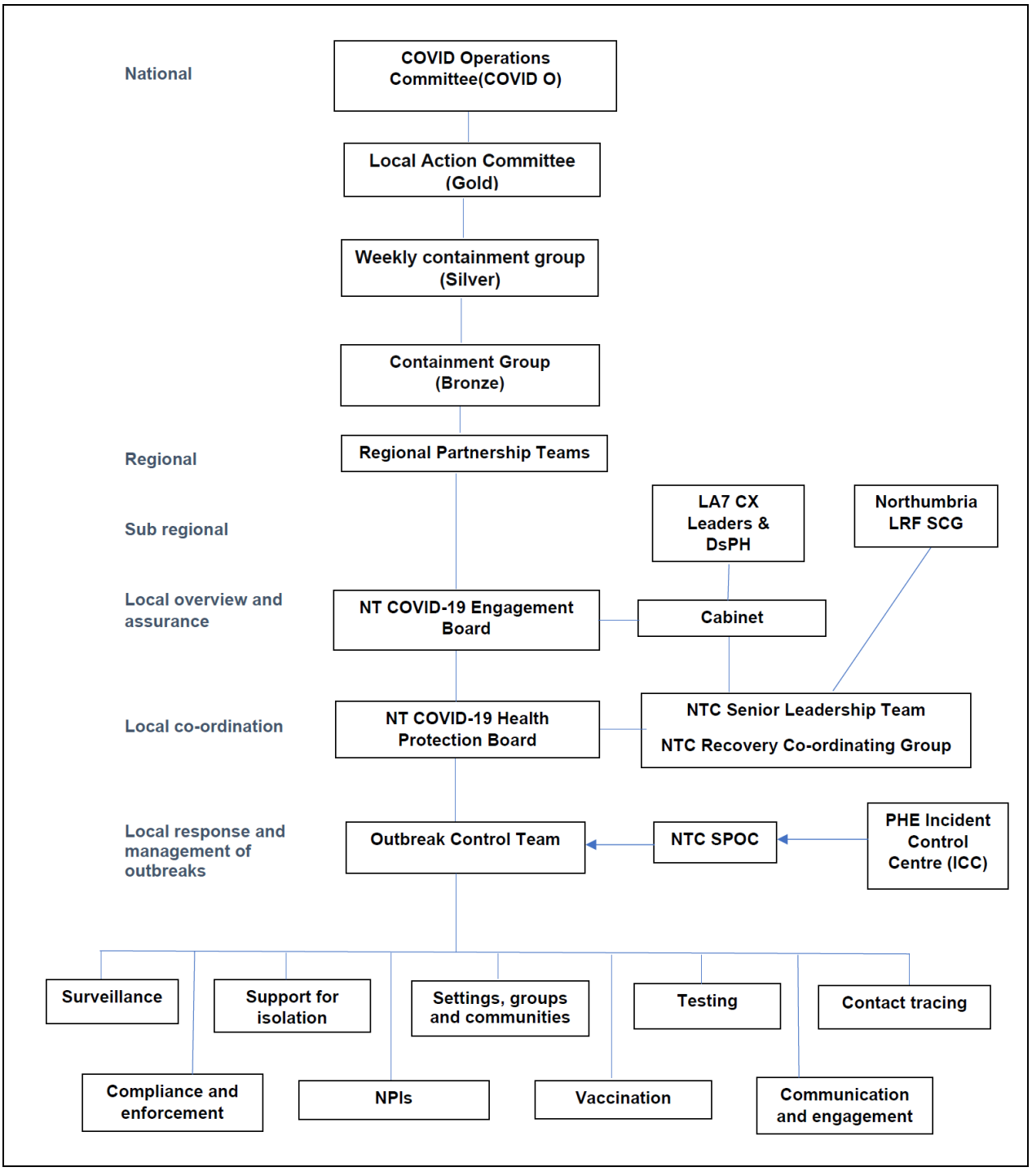
The following boards have oversight of the arrangements:

- At an operational or tactical level, a multi-agency North Tyneside COVID-19 Health Protection Board is in place chaired by the DPH and ensures that the

arrangements are effectively preventing, responding and managing local outbreaks in line with the plan. Terms of reference are set out in Appendix 4.

- At a strategic level a member-led multi agency North Tyneside COVID-19 Engagement Board is in place chaired by the Elected Mayor to provide oversight and assurance of the outbreak control arrangements. Terms of reference are set out in Appendix 5.

Figure 4 North Tyneside outbreak control governance arrangements



Northumbria Local Resilience Forum (LRF)

Some large and complex outbreaks or cross border response to Variants of Concern may require a strategic multi-agency response. This may happen in the event of simultaneous outbreaks in the borough or where an outbreak has spread across local authority areas. The LRF Strategic Coordination Group plays a key role in resource coordination.

Regional oversight group

As part of the national 'Contain' arrangements a regional oversight group is in place 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 is 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.

Clinical governance

Assuring the quality of outbreak control arrangements and managing risks and incidents are the key components in order to ensure the systems, processes and services that are provided are safe, effective, responsive, caring and well led. The DPH has responsibility for ensuring effective clinical governance is in place and together with the senior public health team for implementing the processes and procedures. The DPH reports issues direct to the NT COVID-19 Health Protection Board and the NT COVID-19 Engagement Board.

Quality assurance processes include checking that the standards for outbreak control are being met and are continuously improved and that the arrangements are safe, effective, person-centred, timely, efficient and equitable. The mechanism that are being used include:

- Robust induction and training of staff to ensure competency
- Effective management and supervision of staff
- Clarity of roles and responsibilities
- Following national Government guidance and expert advice from PHE
- Adhering to agreed standard operating procedures
- Adhering to jointly agreed protocols
- Assessing and ensuring effective performance and value for money
- Receiving and acting on feedback

Managing risks and incidents is achieved through the provision of a comprehensive risk register for the outbreak control arrangements in North Tyneside. The risk register is reviewed and updated monthly by the NT COVID-19 Engagement Board and identifies the key risks and controls in the delivery of effective outbreak control in North Tyneside and the implementation of the plan. Any incidents in the outbreak control arrangements are notified and managed through the Council's incident management pathway.

4.5 Resourcing

Local authority Test and Trace Service support grant and Contain Funding

All local authorities in England received a Test and Trace service support grant in 2020 from Government and continue to receive ongoing financial support for outbreak control and specific Contain funding which will continue be provided in 2021/22.

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

The work that has been funded to date and will be continued includes:

- Support to ensure robust infection prevention and control across targeted and high-risk settings
- Training for staff and volunteers to support preventative action
- Enforcement and compliance
- Communication and engagement with the public and targeted communities
- Support for those who are vulnerable and need to isolate
- Localised testing
- Local contact tracing

Staffing capacity

Staffing capacity to manage outbreak control arrangements in North Tyneside has been through a mix of substantive public health posts, redeployment, internal and external secondments and recruitment of new staff on fixed term contracts.

A significant number of new staff have been recruited specifically to provide capacity for testing, contact tracing and enforcement and compliance. Fixed term contracts have been extended into 2021/22 to ensure continuity of the required aspects of outbreak control.

Staff on secondment are also available to continue the work into 2021/22.

Plans for staffing capacity have taken account of need for some deployed staff returning to their original roles.

4.6 Communications and Engagement

A COVID-19 outbreak control communication and engagement plan has been developed to support and sit alongside this plan. The overarching aim is to build trust and compliance with public health measures by taking our communities with us.

The plan focusses on:

- Providing assurance to stakeholders and the public that plans for management and control of outbreaks are effective.

- Preventing local outbreaks of COVID-19 and engaging with everyone in North Tyneside, but with a particular focus on high risk settings locations and communities and vulnerable and underserviced communities to prevent enduring transmission.
- Providing the public with clear and credible information in the event of outbreaks in order to promote community solidarity with a focus on care and support.

Preventing local outbreaks

Our approach to controlling outbreaks is through the continued promotion of Non Pharmaceutical interventions (see section 4.6) and the COVID-19 vaccination programme. A communications strategy to promote vaccination uptake and address inequalities in vaccine uptake has been developed with NHS and voluntary sector partners as part of the work of North Tyneside COVID-19 Vaccination Board.

Key messages in preventing local outbreaks:

- 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 when required
- Get tested immediately if you have symptoms and isolate your household
- If positive, isolate your household for 10 days
- If you're told you've been in close contact with someone who has tested positive, isolate for 10 days to protect others
- Access asymptomatic testing if you are eligible
- Why it is important to 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
- Download the COVID-19 app
- Get your vaccination when invited

Engagement

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

A key part of the engagement strategy has been through Community and Voluntary Sector partners. Accessing community leader leaders and an army of volunteer's engagement sessions have been held across the borough.

The COVID-19 Community Champions Programme was established at the end of last year through VODA, a key third sector partner in North Tyneside. Using local people to engage with communities has been an effective mechanism to encourage compliance and use of the NPIs. The programme is being extended to undertake work to promote vaccination uptake.

Joint work across the LA7 authorities of the North East (North Tyneside, Newcastle, Northumberland, South Tyneside, Gateshead, Sunderland and County Durham to provide behavioural insights and deliver a nuanced local campaign to promote engagement and compliance with public health measures and restrictions. This work will continue to develop further understanding as well as work to promote vaccination uptake.

4.7 Non Pharmaceutical Interventions and living safely with COVID-19

A variety of different non-pharmaceutical interventions (NPIs) have been adopted in the UK since the start of the COVID-19 epidemic to slow and reduce the spread of COVID-19 until further pharmacological interventions like medicines and vaccines are developed and rolled out fully.

NPIs consist of various evidence based public health measures used in combination and to varying degrees, have played a critical role in reducing transmission rates and the impact of COVID-19 in the UK and continue to be the main public health tool against COVID-19.

There are three main categories of NPI:

- Individual, such as hand hygiene, respiratory hygiene and use of face coverings.
- Environmental, such as cleaning and ventilation of indoor spaces.
- Population-related, such as promoting physical distancing and limiting and restricting movement and the gathering of people.

Sustained public compliance is critical for effectiveness while the use of NPIs is guided by national policy and the epidemiological context . For the foreseeable future, we will need to maintain NPIs to reduce the risk of infection and to live safely with the virus.

NPI's consist of a range of measures taken in combination to varying degrees according to their feasibility and in line with national guidance at the time. Personal protective measures include hand hygiene, respiratory protocol (catch it, bin it, kill it), facemasks, while environmental standards include regular surface and object cleaning, use of ultraviolet lights, increased ventilation, etc. Social distancing measures include contact tracing, isolation of individuals, quarantine of exposed individuals, school measures and closures, avoiding crowding. Travel-related measures include travel advice, entry and exit screening, international travel restriction, and border closures.

Widespread, timely testing and contact tracing are cornerstone measures of the response at all stages of the epidemic and underpin NPI measures to isolate cases and quarantine contacts. The effectiveness of NPI measures have been well documented and will continue to play a key role in North Tyneside's outbreak control plan depending on national guidance at the time, local data, evidence and circumstances on a case by case basis e.g. individuals, workplaces, schools, neighbourhood / ward level (which might have enduring transmission) or population level, will influence to what degree NPI's are used.

4.8 Data Integration and Information Sharing

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.

Local Authorities and Directors of Public Health receive timely and relevant data to support local system decisions around preventative actions to curb the spread of COVID-19. Data within secure portals holds personally identifiable data and access is restricted to DPH and relevant local authority officers, but details are uploaded daily by PHE and include record level test, case and contact tracing data, outbreaks, clusters and settings data, plus modelling and forward plans.

A COVID-19 Data Sharing Contract and Agreement between North Tyneside Council and PHE has been agreed for the purpose of access to a range of confidential information including information at an individual patient level. The Authority has a clear process in place for receiving, storing, access and use of the data which is compliant with information governance requirements.

Data in the Public Domain includes summaries, dashboards and interactive maps of national figures on infection rates and deaths

- https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public
- https://www.gov.uk/government/collections/nhs-test-and-trace-statistics-england-weekly-reports
- http://www.gov.uk/government/publications/national-covid-19-surveillance-reports
- https://coronavirus.data.gov.uk/
- https://coronavirus-staging.data.gov.uk/
- https://digital.nhs.uk/dashboards/progression

Secure portals include confidential individual record level data including test data, positive cases and contacts as well as vaccination data through the PHE COVID Situational Explorer Portal and confidential reports provided by PHE for local authority Directors of Public Health through the PHE COVID-19 Local Authorities Report Store. Reports include Daily Contact Tracing update by Upper Tier Local Authority, Daily COVID-19 Surveillance Reports and Exceedance reports.

Access to the national contact tracing and advisory service data or CTAS for the purposes of local contact tracing through the Local Partnership Established with NHS Test and Trace.

Bespoke epidemiological reports through the PHE Field Service teams also support local partners with more detailed epidemiological analyses as needed to inform local action and agreed locally.

Secure access to vaccination data through NHS England NHS COVID-19 Data Store known as Foundry

5. COVID-19 response

5.1 Local Testing

Testing is a key component of the outbreak control plan and is central to the national NHS Test and Trace system. The aims of our testing plan in North Tyneside are to contribute to action to reduce transmission of SARS-CoV2 and to address COVID-19 related health inequalities.

The purpose of our local testing plan is to:

- Find positive cases of COVID-19 within the population, and ensure they self-isolate to reduce transmission to other people; this also includes regular testing of the contacts of a case
- Ensure safety by isolating COVID-9 positive cases in the community to protect others in the population.
- Enable return to normal activities by reducing transmission and thereby the impact of the COVID-19 pandemic.

North Tyneside Council works closely with Department of Health & Social Care (DHSC) to a lead testing plan locally underpinned by the following principles:

- COVID-19 testing is available to all residents who require it
- COVID-19 testing is accessible to all residents as far as reasonably practicable
- COVID-19 testing for outbreaks is prioritised to reduce further transmission to the community

Access to testing has improved dramatically since the start of the COVID-19 pandemic. Testing capacity in North Tyneside is delivered through a combination of national and local provision. We are working with our NHS national and regional testing leads and local partners to ensure that we optimise our testing offer, ensuring it meets the needs of our population, particularly our most vulnerable or at risk communities.

There are two types of COVID-19 test:

Polymerase Chain Reaction (PCR) tests - involves taking a nose/throat swab, **which is sent to a lab** where the PCR test identifies whether any SARS-Cov-2 genetic material is present. Results are usually available with 24 hours of taking the test.
These are the tests that are used if someone has symptoms of COVID-19. These tests are also used in the regular testing of some key workers who do not have symptoms.

Lateral Flow Device (LFD) tests - also involves taking a nose/throat swab but they do not need to be sent to the lab. They are a fast and simple way to test people **who do not have symptoms** and give results in 30 minutes. These tests are important as 1 in 3 people who have COVID-19 do not have any symptoms and could unknowingly spread the virus.

Table 2 below describes the testing arrangements for different groups of people across North Tyneside.

Table 2 COVID-19 testing available in North Tyneside

Population group	Testing Route	How to access
Residents of North Tyneside aged 5 years and over **with symptoms** of COVID-19	National system provided by DHSC PCR testing via Local Testing Sites	Book online www.gov.uk - The Parks, North Shields - Coronation Street, Wallsend Online PCR home test kit
Children under 5 **with symptoms** of COVID-19	PCR testing at a hospital	via Newcastle NHS Foundation Trust by emailing **nuth.communityscreening@nhs.net**
Residents of North Tyneside **without symptoms**	LFD Testing at local Community Rapid Test Site	Book appointments www.bookwhen.com/northtyneside. Riverside Children's Centre Community Rapid Testing Site
Bangladeshi community **without symptoms**	LFD Testing local Community led Rapid	Islamic Cultural Centre Whitley Bay
Essential workers (including NHS staff and social care staff) or members of their household **without symptoms** of COVID-19	LFD Testing via workplace twice a week	Supplied by the employer on site or home test kits
Education settings and households with children		
Universities – staff and students **without symptoms**	National system provided by DHSC	Universities are provided with LFD tests for twice weekly onsite testing
Secondary schools and colleges – staff and pupils **without symptoms**		Schools supplied with LFD testing kits for staff and pupils to test at home. Some on site testing provision for vulnerable pupils.
Primary Schools staff **without symptoms**		Schools supplied with LFD home testing kits for twice weekly staff testing only.
Early year settings – staff **without symptoms** attached to schools, state-maintained nurseries, private, voluntary and independent nurseries		Supplied with LFD home testing kits for twice weekly staff testing only.
Households of school children, members of support bubbles, childcare and those in related occupations **without symptoms**	National system provided by DHSC through: Community Collect Home LFD tests	Collect from a specified collection point Find your nearest home test kit collection point (in North Tyneside the collection points are test sites at The Parks, North Shields and Coronation St Car Park, Wallsend) Order rapid lateral flow home test kits only on offer for those who cannot collect home test kits.

Adult care homes		
Care home residents - regular **asymptomatic** testing **plus symptomatic** testing as required	Nationally agreed regime of testing via PCR every 4 weeks for asymptomatic testing	Care home orders test kits and undertakes testing.
Care home visitors **without symptoms**	Local system of LFD testing	Care home to provide LFD tests for visitors prior to them visiting residents
Care home staff	LFD and PCR testing PCR test and LFD on day 1, followed by a mid week LFD	Care homes order test kits and staff test.
Other adult social care		
Domiciliary Care, Day Centres and personal assistants **without symptoms**	National system PCR testing weekly	A testing service for homecare workers in England - GOV.UK (www.gov.uk) Coronavirus (COVID-19) testing for adult day care centre workers - GOV.UK (www.gov.uk) Coronavirus (COVID-19) testing for personal assistants - GOV.UK (www.gov.uk)
Children's care homes		
Children's care homes – staff and resident **with symptoms**	National system PCR testing	DHSC allows 10 PCR test kits to be bulk ordered every 21 days online.
Local workplaces, organisations, and business		
All businesses in North Tyneside can sign up to receive free rapid coronavirus tests for employees **without symptoms**	National system LFD testing: Government's workplace testing programme	LFD tests supplied directly to organisations who sign up. Coronavirus (COVID-19) workplace testing
Fire station workforce **without symptoms** at Tynemouth and Wallsend Stations	Local system: Community Rapid LFD testing	LFD testing kits have been supplied directly to the Fire stations.
Mobile testing units (MTUs)		
Request are made to deploy MTUs offering PCR testing to agreed locations in borough on a rolling basis to ensure equity of access to testing - a number of locations have been agreed in North Tyneside. MTUs can also be deployed in the event of a large outbreak or in a high-risk setting		

Surge testing

Surge testing is increased testing together with enhanced contact tracing in order to detect and assess the spread of specific variants of SARS-CoV-2.

The aim of surge testing is intended to enable PHE, NHS Test & Trace and the Joint Biosecurity Centre to closely monitor any community spread of a new variant, and then take steps with local partners to restrict further transmission. Genomic sequencing is also included, analysing the virus samples to understand they compares with other cases.

As part of our plans to implement surge testing if and when it is required we will work with the Regional Partnership Team to mobilise this and the actions will include the following:

1. Undertake enhanced contact tracing (ECT) to identify contacts and likely source/s of exposure jointly with colleagues in the NE PHE HPT.
2. In response to the ECT and in co-operation with NE PHE HPT design a targeted community surge testing plan which clearly defines:
    a. Eligible population
        - Age
        - Employment
        - Residential institutions e.g. care homes, prisons
        - Other settings
    b. Geography
        - Ward vs LSOA vs Postcodes
    c. Timeline – from when and to when (how far back)
3. Working with the DHSC Offer PCR testing for those identified as eligible without symptoms, irrespective of vaccination status.
4. Deploy community testing through the following means (or a combination of) mobile testing units, collect and drop locations, door to door drops.

In order to support the implementation of localised surge testing when a confirmed case of a COVID-19 variant has been identified we will work together with DHSC, PHE, NHS Test & Trace and the Joint Biosecurity Centre.

Mobilising support and capacity to undertake surge testing will be the responsibility of both the NT COVID Health Protection Board and Engagement Board.

In instances where cross border asymptomatic surge testing is required the Northumbria LRF SCG will play a key role in coordination and support.

Wastewater testing

The Environmental Monitoring for Health Protection (EMHP) Programme involves monitoring wastewater for the presence of COVID-19, including variants of concern. Managed by the JBC and run in partnership with DEFRA, the Environment Agency, Centre for Environment Fisheries and Aquaculture Science, academia and the water companies, wastewater testing provides an understanding of where the virus is circulating in the population and swiftly identifies future potential spikes in infection.

Wastewater testing has been used to support a number of Local Authorities to rapidly understand occurrences of local outbreaks and to detect the emergence of Variants of Concern in their areas. This involves working intensively with the Local Authority and Public Health teams to identify areas for focused wastewater testing. The testing results are analysed by a team of data analysts and scientists at the Joint Biosecurity Centre, then are considered jointly to rapidly build up a picture of infection levels. Wastewater testing has not yet been undertaken in North Tyneside but is expected to expand to provide continuous monitoring at the local level and right across England. This will become part of our approach to outbreak control in the near future.

5.2 Contact Tracing

The aim of contact tracing is two-fold:

- to identify people who have been exposed to cases of COVD-19 and ensure that they are given the correct advice about isolation; and
- to gather information which might identify the source of a case's infection.

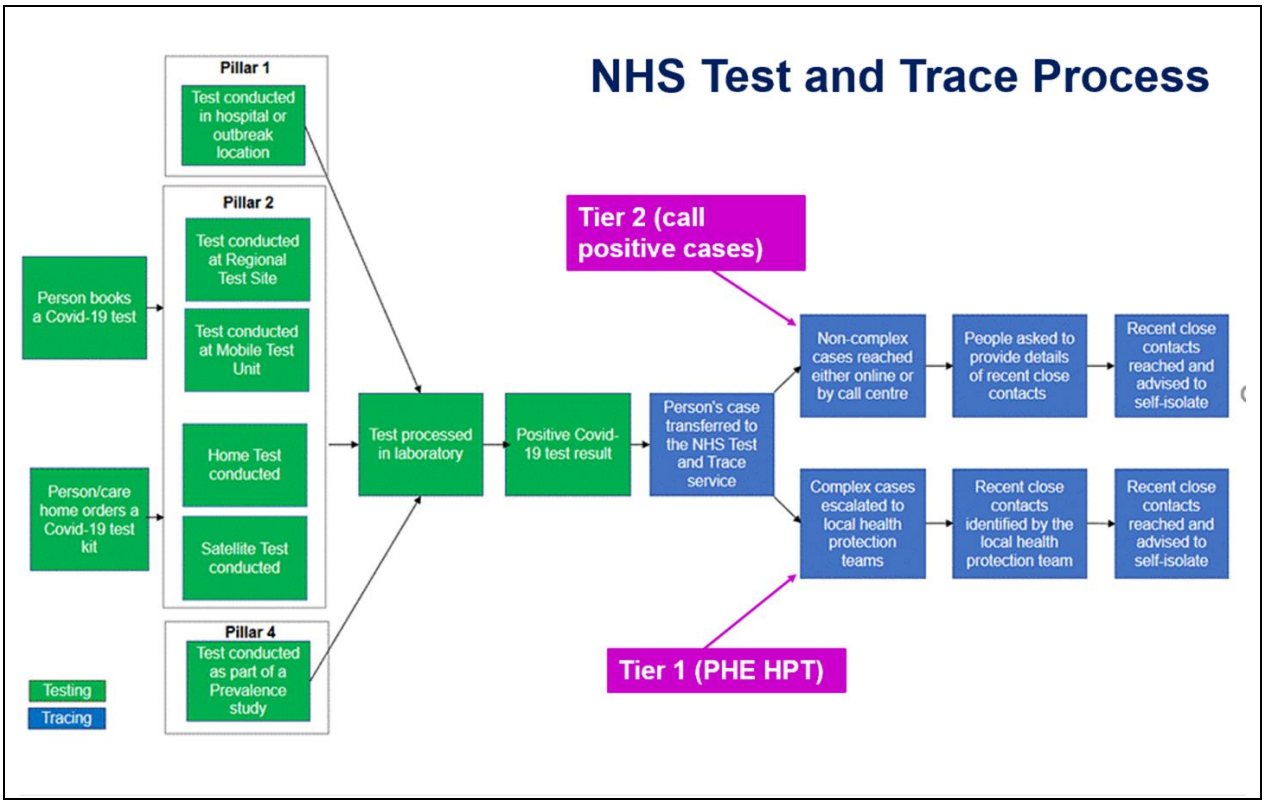
This information is gathered through NHS Test and Trace interviews with cases and includes information on:

- where they have been prior to their infection (the possible source); and
- where they have been whilst infectious (possible contacts).

There are many other routes by which local teams receive information about possible sources / concerns about COVID-19 transmission including:

- reports from premises / businesses reporting illness in their staff;
- reports on cases in care homes (the Capacity Tracker); and
- proactive work done by local teams working with businesses and other settings to encourage reporting.

Figure 5 NHS Test and Trace



NHS Test and Trace is delivered either through national the Test & Trace system as depicted in Figure 5 above or through a combination of the national system and a Local Tracing Partnership.

In North Tyneside a Local Tracing Partnership has been established with NHS Test and Trace which allows for positive cases, who have not been reached by the national team within the first 24 hours to be passed to the local authority for follow up. This allows a holistic approach with individuals/families, that is closely integrated with local expertise and experience and works closely with other stakeholders who provide support for contact traced individuals who are isolating.

Our contact tracers receive cases from the national team daily and successfully connect with residents who have not been reached by the national team, leading to the identification of their direct contacts (who in turn would be advised to self-isolate) who ordinarily would not have been identified.

Working with Coordination and Response Centre of the Integrated COVID Hub North East the 12 local authorities in the North East have agreed a road map to develop a localised approach to contact tracing. The next step on the journey will be for our Local Tracing Partnership to take cases from the national system within the first 24 hours.

Enhanced contact tracing
Through the LTP and the local authority surveillance the public health team in partnership with the NE PHE Health Protection Team identify clusters or outbreaks of cases by using multiple strands of information. For each of these, a risk assessment is undertaken, and a judgment made about whether further investigation and / or action is required.

'Enhanced Contact Tracing' is the systematic use of the information gathered from case interviews to identify clusters of cases and activities / settings where transmission may have occurred.

The information gathered from case interviews is used inform two approaches. Common exposures help identify shared locations, settings and activities to understand whether there is an outbreak associated with that setting, or measures required to make that setting more COVID secure. Postcode coincidence uses the information to look forward to identify where the positive case has been while infectious and therefore may cause a risk of transmission to others.

An important factor is how frequently to review this information and respond will change as the prevalence of infection in the community changes. Cases and clusters may have a different meaning depending on the prevalence or national restrictions in place, so the regular expert review is critical to informing the most appropriate response.

5.3 Support for isolation

Self-isolation of people who have coronavirus, or are at high risk of having the virus, is an integral part of the COVID-19 response and will remain so throughout the medium term, alongside ongoing roll-out of vaccination, particularly in light of the threat posed by new variants. To achieve this goal, it is essential both to ensure high levels of

compliance with self-isolation for people who test positive for coronavirus and their close contacts.

The main barriers to self-isolation are:

- A lack of understanding about self-isolation requirements and the importance of self-isolation.
- Concerns about financial consequences and employment risks.
- Practical, social, and emotional consequences of self-isolation, including access to food and other essential supplies, not being able to carry out caring responsibilities, practical tasks such as dog walking, impact on mental health and wellbeing, including loneliness and boredom.

An effective approach to ensuring high levels of adherence to self-isolation involves the following elements:

- Communications to improve awareness of when people need to self-isolate, how long for, what this involves, its importance in stopping the spread of the virus, the support available and the consequences of breaking the rules (see section 4.6)
- Practical, social, and emotional support for those who need it, organised by councils and community groups.
- Financial support for people on low incomes who are unable to work from home and will lose income through self-isolating.
- Targeted enforcement of breaches of the legal requirement to self-isolate, as well as council enforcement against employers who pressure their employees to break self-isolation when they are required to do so (see section 4.3).

Practical, social, and emotional support

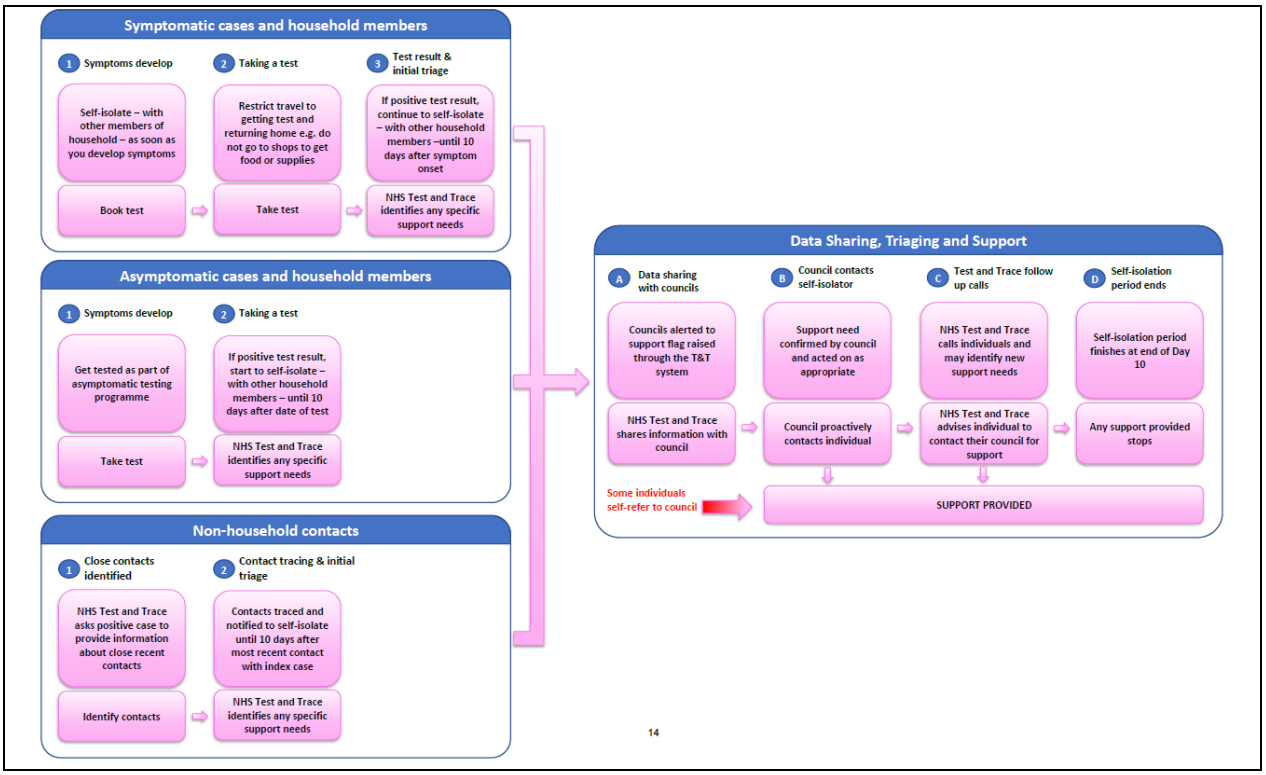
The Government has set out an advisory framework on the essential elements of practical non-financial support which should be in place in all local areas. It is designed to support councils in providing a triaging process and support package for individuals who are required to self-isolate and need practical, social, or emotional support to do so. The process map in figure 6 set out how the end to end process will optimise the provision of support to positive cases and contacts.

The framework identifies that people who are self-isolating should be supported to:

- access food where they are unable to rely on family, friends or other support networks.
- access support in carrying out essential tasks and social or emotional support if they do not have alternative support networks.

- 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 has continued to provide a range of support services to the most vulnerable residents. The Volunteer Centre and the Good Neighbour Scheme both run by VODA are also integral to this local offer, together with established referral processes to North Tyneside Citizens Advice for financial support including support to claim for a test and trace support payment.

Figure 6 Process map to provide isolation support



The North Tyneside COVID-19 support hub is well placed to develop deliver the elements of practical non-financial support of the Government's framework going forward, integrated with the local approach to contact tracing. The hub will continue to be available Monday to Friday, 8am to 5pm, by telephoning 0345 2000 101 or emailing contact.us@northtyneside.gov.uk.

The hub will also have the capability to provide additional support to residents over and above the minimum expectations, for example where there are localised incidents of COVID-19 variants identified.

Financial support

The Test and Trace Support Scheme is a payment that is available to encourage people to self-isolate. To qualify for a £500.00 main scheme payment the person must:

1. Have been asked to stay at home and self-isolate by NHS Test and Trace either because they've tested positive for coronavirus or have recently been in close contact with someone who has tested positive, and responded to messages received from NHS Test and Trace, and
2. Be employed or self-employed and be unable to work from home and will lose income as a result; and
3. Be currently receiving Universal Credit, Working Tax Credit, income-based Employment and Support Allowance, income-based Jobseeker's Allowance, Income Support, Housing Benefit and/or Pension Credit

To qualify for a £500 Discretionary scheme payment, claimants must meet points 1-3 and be in financial hardship.

The scheme will continue into the summer of 2021, and will be expanded to cover parents who are unable to work because they are caring for a child who is self-isolating, and discretionary support payments will also be available.

A comprehensive assessment of applications and the use of Test and Trace Support Scheme has been undertaken and plan is in place to ensure that from March 2021 no resident in North Tyneside is financially disadvantaged by contracting the virus. This will be achieved by relaxing the criteria and income threshold on the Discretionary scheme and will mean that those that are financially impacted by having to stay at home and who will lose wages and who are not in receipt of a qualifying benefit (that would allow a Main scheme payment) so falls within the Discretionary scheme, will qualify for a £500.00 payment to encourage them to stay at home.

5.4 COVID-19 Outbreak Management Process

An Outbreak Control Team has been established under the leadership of the DPH. The team is managed by a Public Health Senior Manager and an Outbreak Control Co-ordinator. The team meets daily and has daily oversight of infection rates and any ongoing or new outbreaks of COVID-19. The team works closely with the NE PHE HPT to respond to and manage outbreaks of COVID-19.

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) have been developed between the NE PHE Health Protection Team and local authority Directors of Public HealthCOVID-19. Alongside national activation cards and detailed local operational guidance this increase local the effectiveness of outbreak response.

There is a clear **notification and activation** process in place to provide as early an alert as possible set out below in Figure 7.

Figure 7 Notification and activation of the local outbreak response

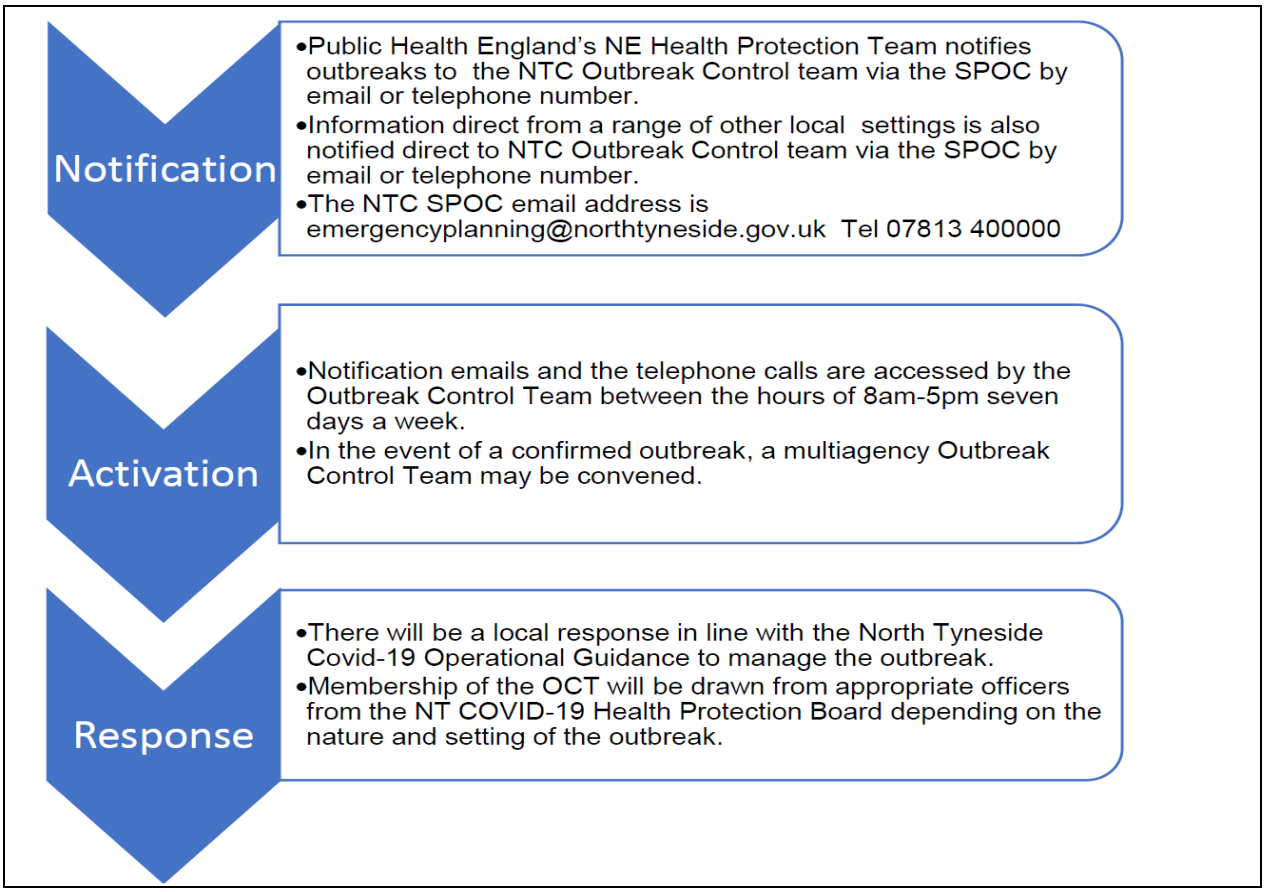


Table 3 below sets out the **definitions for clusters and outbreaks and clusters** that would trigger a local outbreak management response and figure 8 the joint response to outbreaks, both have been agreed with NE PHE HPT.

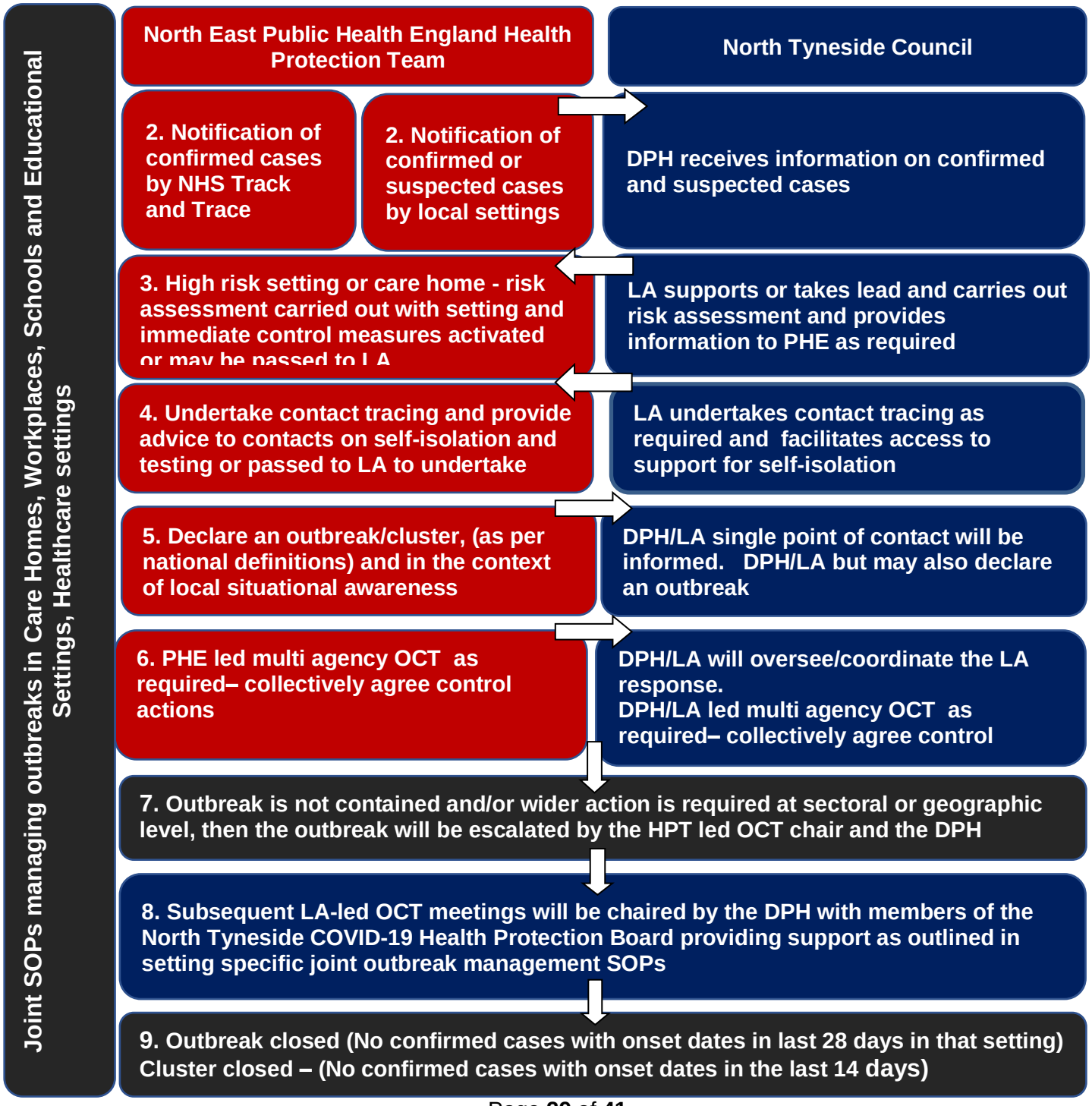
Table 3 Definitions and triggers

Cluster non-residential settings (e.g. workplace, school)		
Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days		
Outbreak		
Non-residential setting (e.g. workplace, school)		
Two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days **AND ONE OF** 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 **OR** 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		
Healthcare or residential setting		
Outpatient healthcare setting	**Inpatient healthcare setting**	**Residential Setting**
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 8 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



5.5 Surveillance

Surveillance is the continued watchfulness over the distribution and trends in the incidence of disease through the systematic collection, consolidation and evaluation of morbidity and mortality reports and other relevant data.

Effective surveillance allows us to monitor and assess how well the steps that are taken to limit infections, are working. This information is used to quickly detect outbreaks and help make decisions about how to respond and control the spread.

Surveillance is a core function for Public Health England (PHE) there are a range of sources of data used in the national coronavirus (COVID-19) surveillance systems to understand and monitor the pandemic in England.

Using the data that we have access to and that is shared with us at a national and regional level (see section 4.8) together with a range of sources of local intelligence, we have developed a local surveillance system to monitor the on-going incidence and prevalence of COVID-19 in North Tyneside. We analyse and interpret this data and work with colleagues in NE PHE 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.

A comprehensive daily dashboard is produced which is scrutinised by the DPH and Outbreak Control Team and is reported into the Health Protection and Engagement Boards. A public dashboard is also published twice per week for residents. This information will continue to underpin our approach and the actions taken.

5.6 Variants of Concern (VOC) or Variants under Investigation (VUI)

Where cases of new variants are detected, Directors of Public Health, supported by the Regional Director of PHE, will work to quickly assess the risks, particularly where there is evidence of community transmission – for example, if someone who has tested positive for a variant but has no link to international travel to the affected countries.

A local outbreak control team will be rapidly convened to investigate individual cases or clusters, identify potential routes of transmission both where infection could have been acquired and where and when it could have been passed on such as in workplaces or other settings, and create a risk management plan. Accelerated contact tracing will be undertaken to identify contacts and the outbreak control team will ensure all positive or probably variant cases are strongly supported to comply with isolation.

Communication and engagement to raise awareness of the threat and to seek cooperation with control measures using targeted campaigns, as well as through greater compliance will be a key part of the planning.

Where a dangerous Variant of Concern is identified and is likely to pose a significant risk to the vaccination programme or public health, the Government will lead immediate precautionary action.

6. Vaccination

Vaccines have always been at the heart of the Government's strategy to manage COVID-19. The goal of the vaccine programme is to reduce illness, deaths and hospitalisations. The Joint Committee on Vaccination and Immunisation (JCVI) identified nine cohorts for prioritisation in Phase 1 of the vaccination rollout to reduce mortality (figure 9).

North Tyneside COVID-19 Vaccination Board is in place to provide oversight, operational management and ensure that the national targets for the vaccination programme are met.

Figure 9 JVCI national priority groups

Priority Group	JCVI Category	England (m)	UK (m)
1	Residents in a care home for older adults	0.3	0.3
	Residential Care Workers	0.4	0.5
2	All those 80 years of age and over	2.8	3.3
	Frontline health and social care workers	3.2	3.8
3	All those 75-79 years of age	1.9	2.3
4	All those 70-74 years of age	2.7	3.2
	Clinically Extremely Vulnerable (under 70)	1.0	1.2
Total priority cohorts 1-4		~12m	~15m
5	All those 65-69 years of age	2.4	2.9
6	All individuals aged 16 years to 64 years with underlying health conditions	6.1	7.3
7	All those 60-64 years of age	1.5	1.8
8	All those 55-59 years of age	2.0	2.4
9	All those 50-54 years of age	2.3	2.8
Total priority cohorts 5-9		~14m	~17m
Total priority groups		~27m	~32m
Rest of adult population		~18m	~21m
Total		~44m	~53m

The Government aims for everyone aged 50 and over and people with underlying health conditions (cohorts 5 to 9) to have been offered a first dose of the vaccine by 15 April, and a second dose by mid-July 2021. In North Tyneside plans are in place to achieve this ambition.

High vaccine uptake across all communities is vital in helping defeat COVID-19. The potential to leave certain population groups or communities behind in the roll out of the COVID vaccination programme is significant and will further exacerbate the inequalities caused by COVID19.

In the medium to long term, poorer uptake in certain communities will lead to a disproportionately adverse effect on the spread of disease and enduring transmission for some parts of the population. Enduring transmission increases the risk of continued outbreaks of COVID-19 and emergence of further variants of SARS-CoV-2.

There are early signs of lower vaccine uptake in lower income and some ethnic minority groups which North Tyneside is taking steps to address by exploring localised

community responses and clinics. The Director of Public Health leads the local response to tackling inequalities in vaccine uptake.

North Tyneside's plan to address inequalities in COVID-19 vaccination uptake takes a localised approach based on an understanding of our population's demographics and socio-economic circumstances.

- To **identify** actual and potential **inequalities** in uptake of COVID-19 vaccination in North Tyneside through analysis of available data across the priority vaccination groups.
- To actively **engage, ask and understand** the **reasons and attitudes for low uptake and vaccine hesitancy** in some population groups across North Tyneside.
- To **increase uptake** of the COVID-19 vaccine in groups identified with poor uptake or vaccine hesitancy through **targeted evidence-based interventions and communications.**
- To **monitor and assess** the effectiveness of approaches.

Appendix 1 Schools and Colleges in North Tyneside

Maintained Nursery (1)	Sir James Knott

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

Primary Schools (47)		
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	

Middle Schools (4)
Marden Bridge Middle
Monkseaton Middle
Valley Gardens Middle
Wellfield Middle

Secondary Schools (11)	
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	

Special Schools (6)	
Beacon Hill	Southlands
Benton Dene School	Woodlawn
Silverdale	Moor bridge

All through (1)
Kings Priory Academy

FE College	**Northumbria Univeristy**
Tyne Metropolitan College	Coach Lane Campus

Appendix 2 Care Homes

Elderly Care Homes (31)		
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

Learning Disability Care Homes (14)	
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:

- BAME priority groups in North Tyneside include Bangladeshi Community groups x 2. Asylum Seekers and Refugees and small and diversely distributed black African/Caribbean/Asian/Chinese populations
- People who misuse drugs/dependent drinkers
- Those with LD or mental illness
- Homeless people
- Faith communities
- Places of Worship
- Parts of the borough that experience high levels of socioeconomic deprivation

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

Guest Houses		
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	

Hotels	
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

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

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

Large public sector employers
North Tyneside Council
NHS Hospitals
HMRC

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

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

Appendix 4 North Tyneside COVID-19 Health Protection Board

Strategic objectives
The purpose of the board is to protect the health of the population of North Tyneside from outbreaks of COVID-19 through: • Preventing the transmission of SARS-Cov2 in the population • Early identification of local outbreaks of COVID-19 • Proactive manage of local outbreaks • Coordinating local resources and capabilities within the local system response

Membership		
Wendy Burke	Director of Public Health	*Chair*
Chris Woodcock	Public Health	
Rachel Nicholson	Public Health	
Behnam Khazaeli	Public Health	
Joanne Lee	Public Protection	
Lindsey Ojomo/Victoria Crennell	Resilience	
James Moore	Communications	
Scott Woodhouse/Jemma Hurrell/ 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	NHFCT	
Felicity Shoesmith	CVS/Faith/Shielding hub	
Dave Tomson/Kirsten Richardson	Primary Care Network	

Objectives
The objectives of the board are: 1. To lead the development and implementation of Local Outbreak Control Plan 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 3. To identify local high-risk places, locations and communities and plan jointly with the PHE HPT how outbreaks will be managed in each 4. To receive information from PHE on the notification of local incidents and outbreaks 5. To rapidly establish an Outbreak Control Team meeting from the membership of the board in response local incidents and outbreaks

6. To manage local testing capacity with partners to ensure swift testing of those who have had contacts in local outbreaks#
7. To identify surge capacity within the local system for responding to multiple outbreaks
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 5 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.