



Northumberland County Council

HEALTH AND WELLBEING BOARD

13TH AUGUST 2020

Update on the Northumberland COVID 19 Outbreak Prevention and Control Plan

Report of: Cath McEvoy-Carr Executive Director of Adult Social Care and Children's Services

Cabinet Member: Cllr Veronica Jones - Adult Wellbeing and Health

Purpose of report

1. To provide an update on the epidemiology of COVID 19 in Northumberland and developments with the Council's COVID 19 Outbreak Prevention and Control Plan.

Recommendations

2. The Health and Wellbeing Board is invited to:

- Comment on the progress being made in developing and implementing the local COVID 19 Outbreak Prevention and Control Plan;
- Comment on any perceived gaps or areas of concern.

Link to Corporate Plan

3. This report is linked to the 'Living' priority included in the NCC Corporate Plan 2018-2021.

Key issues

4. The NHS Test and Trace Contain framework has been published which sets out the principles for preventing, managing and containing outbreaks; outlining roles and

responsibilities at local and national level and putting in place some mechanisms to impose local restrictions. The Contain framework also outlines the escalation process for external intervention although falls short of articulating the criteria for that process.

5. The availability of record level data is improving but not to the point where the records of all tests, cases and contacts are available to LAs. However, the feedback from national agencies is that this will be provided. There are ongoing issues with the quality of the data which have been fed back through multiple routes. At the time of this report being written, there are no concerns about levels of transmission in Northumberland

6. A comprehensive communications and engagement strategy is in development with dedicated support from an external provider. This will need to be consistent with national and regional messaging but will also need to deliver a local message which resonates with Northumberland communities.

7. The wraparound support teams are making progress in developing local prevention and outbreak management plans. These are most well developed for care homes and schools, reflecting the settings within which there has been significant concern and/or most outbreaks.

Background

NHS Test and Trace

8. NHS Test and Trace brings together four tools to control the virus:

- **Test**. Increasing the availability and speed of testing;
- **Trace**. The NHS Test and Trace service to identify any close recent contacts of positive cases and alert those most at risk of having the virus who need to self-isolate;
- **Contain**. A national Joint Biosecurity Centre working with local authorities and public health teams in PHE, including local Directors of Public Health, to identify localised outbreaks and support effective local responses, including plans to quickly deploy testing facilities to particular locations;
- **Enable**. Government learning more about the virus, as the science develops, to explore the further safe easing of infection control measures.

9. The [contain framework](#) was published on 17th July and sets out how local and national partners will work with the public at a local level to prevent, contain and manage outbreaks. The framework aims to clarify the responsibilities of local decision makers, empowering them to act at the earliest stage to take preventative action and ensure rapid national support is available if necessary.

Contain Framework:
Principles of an integrated national & local system

- ✓ Primary responsibility is to make the public safe
- ✓ Build on public health expertise & use a systems approach
- ✓ Open with data & insight – everyone can protect themselves & others
- ✓ Build consensus between decision-makers to secure trust, confidence & consent
- ✓ Follow well-established emergency management principles
- ✓ Consider equality, economic, social & health-related impacts of decisions

10. There are a number of implications for Upper Tier Local Authorities (UTLAs):

- **Local outbreak plans and powers.** The default approach is for outbreak actions to be undertaken in partnership with local communities. UTLAs now have powers to close individual premises, public outdoor places and prevent specific events without requiring representation to a magistrate. A direction may only be given if the local authority considers that tests relating to public health, necessity and proportionality are all met. There are a number of additional constraints and assurance processes. Ministers can direct UTLAs to act. Ministers can also use existing powers to implement more substantial restrictions (as they did in Leicester) on a case-by-case basis. This could include imposing restriction of movement, closing businesses in a defined geography or restricting local/national transport systems. The nature of the restrictions will depend on what is driving transmission of infection. For instance, recent measures imposed in Greater Manchester restricting different households from meeting has been put in place because transmission among households is a key infection pathway in the area. We are working across legal, public protection and public health to establish what the process to impose restrictions would look like in Northumberland but, as in Greater Manchester, these could well be imposed swiftly by central government following discussion with the council and the regional PHE team.
- **Roles and responsibilities.** Established local and national public health and emergency planning arrangements for the basis of response. The new Regional Oversight Group, chaired by CE Durham County Council and attended by a DPH

representative, a DASS representative (Cath McEvoy-Carr), the PHE Regional Centre Director and other government representatives, is there to:

- Provide a link between local and national government;
- Represent Whitehall working within local structures and provide a report back to ministers;
- Offer advice about escalating critical issues;
- Rapidly scale up responses.

Four groups of indicators will be monitored to inform the level of risk by UTLA:.

- PHE and NHS Test and Trace data e.g. the number and rate of increase of positive cases and the number of outbreaks in an area;
- Syndromic surveillance e.g. increase in NHS111 calls regarding COVID-19 like symptoms;
- NHS activity e.g. hospital admissions for COVID-19;
- Other indicators e.g. mortality data.

Some UTLAs will be designated by the national command structure as:

- Area(s) of concern. Highest prevalence areas where target action is being taken to reduce prevalence;
- Area(s) of enhanced support. Areas at medium/high risk for national intervention with a plan agreed with the national team and additional resources provided for the local team e.g. additional mobile testing capacity, or local restrictions;
- Area(s) of intervention. Areas with high rates of new cases and evidence of significant spread of infection will require a divergence from the measures in place for the rest of England, with a detailed action plan and local resources aided by national support. Examples of interventions are closure of schools, travel restrictions, encouraging working from home, inspections of businesses, closure of certain businesses e.g. shops, cafes, gyms, cancellation of organised events, closure of outdoor public areas or bespoke measures for those shielding. This may be required when local leaders request an intervention from the government, if multiple outbreaks require additional resources than can be provided locally (e.g. if PPE demands outstrip local supply), if outbreaks are of national importance (e.g. impacting on critical infrastructure) or if local community protections are not effective.

The majority of areas will just be operating business as usual.

- Data, reporting and further guidance. PHE and the Joint Biosecurity Centre can be drawn upon to provide data, analysis and advice on outbreak control measures. Each UTLA is expected to be communicating widely with the public, supplementing national campaigns to promote behaviour which contains the virus.

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11. Data. Data is the starting point for public health activity and decisions are determined by the degree of timely, reliable data available. The information system is a core part of any public health activity including the council's response to this epidemic. The purpose is to transform data into information and then into intelligence which can lead to evidence-based decisions for action. Data is required for surveillance i.e. assessing and monitoring changes in the level of infection in an area; and we to then actively prevent or manage any clusters or outbreaks that may occur.

12. DsPH require access to timely and robust data, including data related to testing (including all negative tests), the number of cases, data on contact tracing undertaken (linked to the cases), and local clusters or outbreaks in places such as schools, hospitals and care homes, hospital use and deaths. The integration of both national and local data and intelligence is essential for scenario planning, rapidly responding to outbreaks and informing and supporting more effective targeting of interventions to prevent and manage outbreaks.

13. The provision of data has improved enormously. LAs are receiving daily national and regional situational awareness reports which include information on LAs of concern, testing uptake rates, incidence rates (rates of new cases) and trend data, hospital admissions, deaths, outbreaks and situations, syndromic surveillance, NHS 111 triage rates. Daily exceedance reports use modelled data on expected trajectories to RAG rate LAs and identify those where there may be a significant change in trend (needs to be interpreted with caution). Specific reports are produced for those rated as RED. Daily NE surveillance reports provide a similar overview of cases, outbreaks, age/sex demographics etc; contact tracing reports (also provided weekly) provide data on the cases appearing on the NHS Test and Trace web tool, and follow up of cases and contacts at Tier 2/3 (national NHS Test and Trace service components) and Tier 1 (our local PHE Health Protection Team). This has highlighted significant differences between Tiers 2/3 and Tier 1 in the proportion of contacts followed up of which DHSC is aware of from other areas.

14. A restricted access LA testing dashboard provides a visualisation and data at LA, LSOA¹ and postcode level which includes the number of Pillar 2 (commercial laboratory) tests undertaken, number of positive tests, number of positive cases, numbers of Pillar 1

¹ Lower Layer Super Output Area (LSOA) is a geospatial statistical unit used in England and Wales to facilitate the reporting of small area statistics. They are part of the ONS coding system created by the Office for National Statistics. They have a minimum population of 1000 with a mean size of 1,500.

(NHS labs) positive cases plus NHS 111 triage data. This provides trend and comparator data to other LAs in the NE and elsewhere.

15. The Public Health Intelligence team are using the record level data for cases and a variety of other national (restricted) and council data sets to develop our own surveillance dashboard. The data currently available is interrogated on a daily basis by the council and PHE to identify any changes in incidence rates. Additional capacity is likely to be sought to accelerate the development of the dashboard, access to which will be made available to appropriate stakeholders through a licence and restricted log in process.

16. DsPH are continuing to ask for the complete data sets relating to all tests (+ve and -ve), all cases and all contacts. This will increase our ability to identify clusters and outbreaks earlier; ensure equity of access to testing; and identify communities which may require targeted local action earlier.

Communication and engagement plan

17. The Communications and Engagement Sub Group met for the first time on the 30th July 2020; dedicated resources have been identified and secured to support the council's communications team with this piece of work. Work is underway to identify and map stakeholders against the five priority areas which will include identifying existing networks linked with the council and partners; reviewing the communications channels and routes; and identifying key influencers and leaders within each of the groups. Mapping this will support the development of a matrix of stakeholders and identify any gaps, develop key messages and the required targeted activity.

18. Work is also underway to amplify the national test and trace campaign messages by sharing tailored messaging to key audiences in PR and social media. This allows partners to repeat messages on self isolating, getting a test if symptomatic and responding to NHS Test and Trace if contacted.

19. Alongside this, some local graphics are being developed that will act as a reminder to follow advice such as handwashing and social distancing. These will appear online, on social media and also in busy places and may take the form of e.g. lamp post signs, bollard covers, posters, roundabout ads, ads on the side of refuse vehicles. This allows the rapid deployment of local resources to act as a reminder for residents and visitors. The key message is 'Protect yourself, protect others and protect Northumberland.' Joint partner campaigns are being explored to allow messaging to be shared right across the region.

20. The council will actively start to recruit Community Covid Champions who can help get the messages out. Champions could be anyone in the community which might include existing community activists but could include anyone who wished to actively promote key messages in their community. Community champions would be provided with the latest

information about COVID to share with anyone in their community, however they wanted. This approach has been successful in other areas.

21. Northumberland has also been successful, as part of a North of Tyne bid, to work in partnership with VisitEngland/VisitBritain and HM Government to participate in the HM Government's 'Enjoy Summer Safely' campaign. This will be a bespoke campaign North of Tyne and will be funded centrally.

Testing

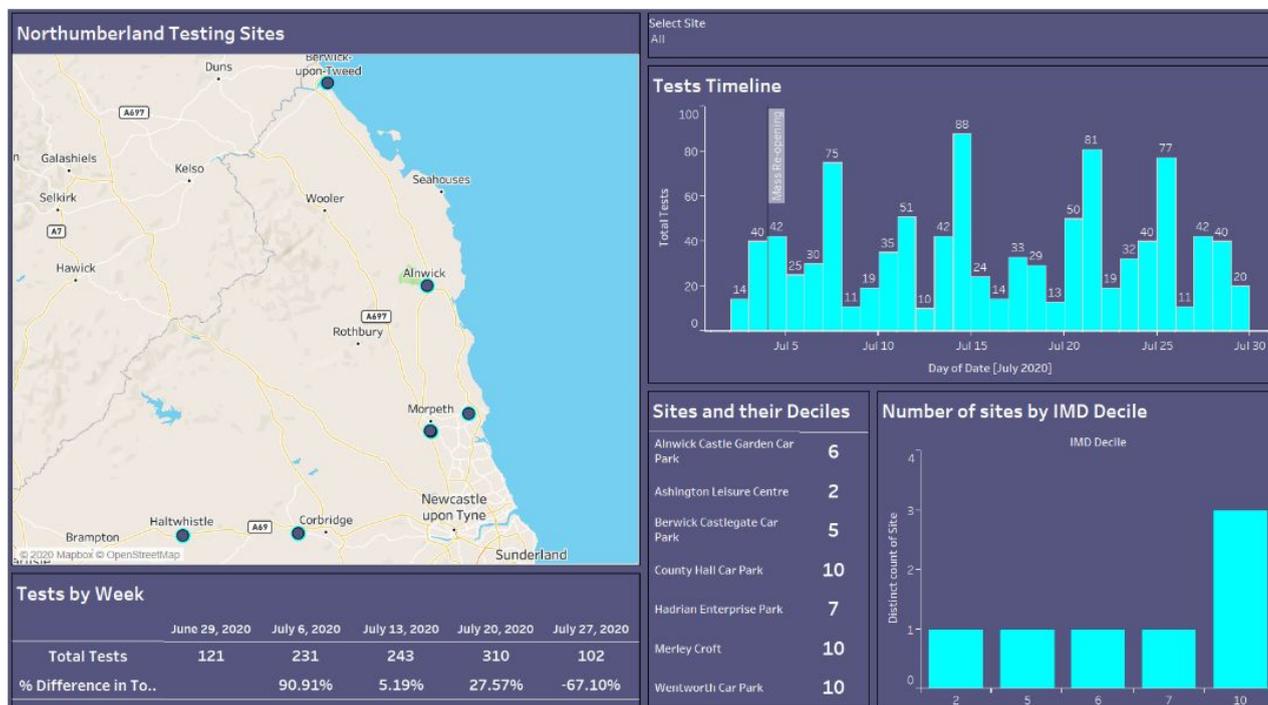
22. Testing uptake for Pillar 2 remains similar to about half the LAs in England, between 60.1 and 90 tests/100,000 per day. Home testing rates are at the higher end for the NEY&H region which may reflect the rural nature of the county and issues around physical access.

23. Clear arrangements are in place for symptomatic and asymptomatic testing in care homes using both local and national mechanisms and for the local testing of individuals in the community prior to entering a care home. Turnaround times for Pillar 2 testing remain an issue and these are being highlighted on an ongoing basis through a variety of routes.

24. Mobile Testing Units (MTUs). Northumberland is supported by two MTUs which will be run in due course by a civilian contracted provider rather than the MoD. An overview of numbers of people accessing MTUs is in Table 1 below. More work needs to be done to map testing uptake at lower geographical areas to ensure that our most deprived communities have equity of access to testing through these routes and locations for an MTU site in Blyth are being explored.

25. A generic testing strategy for the county is being developed which will outline the principles for testing in the event of an outbreak or a localised or wider geographical increase in cases that require action.

Table 1. Overview of weekly and daily testing through MTUs (Source: Northumberland Surveillance Dashboard)



Wraparound support teams

26. Care homes. Extensive work has been undertaken by a multi-disciplinary group from across social care, Trust infection prevention and control (IPC), council public health and CCG staff to develop a prevention and response plan for care homes. This group meets weekly and has put in place a range of SOPs and support mechanisms for care homes from prevention to response including a 7 day response to positive cases and more recently a visitor policy. This work builds on the good working relationships in place between council social care staff and care homes and the positive links being put in place between Primary Care Networks and care homes. This work is also supported by a regional public health led care home support group and regional SOPs developed by PHE on roles and responsibilities when responding to cases or outbreaks in a care home setting.

27. Routine asymptomatic testing of all residents and staff is now in place through national routes but this remains fragile as tests are prioritised for areas where the numbers of new cases are high. Work is ongoing to assess the extent to which Northumberland care homes are engaging with the routine testing process; the process is administratively burdensome. Further work with PHE is required to improve the quality, timeliness and consistency of reporting.

28. Educational settings. Significant support has been provided to schools both to enable them to extend access to pupils working extensively with council H&S staff on developing risk assessments; to provide advice on PPE and cleaning e.g. use of musical instruments; and to develop a clear process on the appropriate response to a symptomatic

or confirmed case in a child or staff member but also to provide reassurance to staff and parents through a local FAQs document. These have been augmented by regular virtual meetings with headteachers and union representatives with input from council education, H&S, HR and public health staff. It is to the credit of Northumberland schools that towards the end of the school term, about 22% of pupils were attending school in comparison to the 16% England average. Since the advice on responding to possible and confirmed cases was communicated to school, there have been no instances when children in a 'bubble' were sent home inappropriately or prior to advice being sought from PHE. Schools and settings are well prepared for a full covid safe return in September. They have received guidance and training and have risk assessments in place.

29. The numbers of schools and educational settings provide a challenge in terms of ensuring everyone is covid safe and understands and applies all the procedures. There is an increased risk of linked cases in any schools that are not consistently applying the guidance. Effective communications will be essential and good relationships and intelligence systems should highlight any schools or settings not taking the correct precautions.

30. Businesses and workplaces. This support team is now meeting weekly and is working on and considering a wide range of activities including the risk assessment of businesses, taking into consideration which organisation is the enforcement authority i.e. Health and Safety Executive (HSE), Food Standards Agency (FSA) or Local Authority (LA). Support for businesses, including advice and guidance has been available through local routes from implementation of the national lockdown arrangements, via the Public Protection service as a regulatory body and Advance Northumberland.

31. The aim is to expand the membership of the group with representation from businesses and the support team is being enhanced by a representative from HSE as well as dedicated project management support. Existing mechanisms are in place to respond to whistleblowing incidents relating to concerns over COVID secure workplaces. Workplace outbreaks in other areas of the country, notably in food processing settings and on farms involving crop picking, provide opportunities for shared learning.

32. The government has published action cards to help businesses and other organisations work effectively with their local public health teams to manage an outbreak which will be promoted through the council and other mechanisms. These will be continuously updated. The action cards:

- Explain how to notify the local public health teams and what will happen after notification and provide examples of actions that may be required in the event of an outbreak;
- Provide specific advice on the issues different types of organisations may face;
- Give the opportunity for organisations to consider what they may need to do to prepare for an outbreak, as well as the steps to follow in that event

33. Communication and engagement will be an important component of the prevention plan and some of the challenges include:

- The trade off between productivity and maintaining a COVID secure workplace. This includes the need for employers to encourage employees to self isolate if symptomatic, testing positive or identified as a contact; and to support employees whose employment conditions are not conducive to self isolating when required.
- Different enforcement authorities and the limitations of the council to intervene in some settings. This makes close partnership working with the HSE and FSA essential;
- Capacity within the public protection and environmental health teams;
- The lack of a single body which represents businesses within Northumberland, coupled with the range of business and workplace settings across the county, including those operated by the BAME community.

33. High risk individuals and communities. The high risk consequence/individuals and communities subgroup has now met twice. It has an established membership and clear terms of reference and is currently working to a specific action plan which has been developed from the initial scoping exercise carried out by the group. Membership of the group has been increased and services engaging with high risk/consequence individuals and communities are now well represented within the subgroup. Information and guidance on checklists for use by staff, Test and Trace flowcharts and infection prevention and control information have been shared within the group; some basic scenario planning has been cascaded for use within the group.

34. In addition to this, the group is focusing on establishing how best they would manage an outbreak in high risk/consequence individuals and communities by familiarising themselves with pathways, establishing what data sharing would need to take place in such situations and identifying SPOCs within services.

Ongoing challenges relate to:

- Data sharing and information flows - some services are still concerned regarding sharing information. Work is ongoing around scenario planning to assist with understanding in relation to this.
- Access to testing and responding to the NHS Test and Trace service in these groups which for many would require significant support. Training requirements in contact tracing need to be explored and agreed.
- Consistency of communications.
- Better understanding of PHE processes in relation to managing positive cases in these groups.

35. High Risk Settings. The group, building upon the local authority coordination CELL, a multi agency meeting established to address issues arising from Covid 19 for those people who were homeless and/or rough sleeping, has been formally established with

agreed terms of reference and membership. To determine existing good practice and help identify opportunities for progression, members of the group have been asked to complete the original settings proforma, the consolidated outcomes of which will be discussed at the next meeting.

36. The scope of the team's responsibilities includes planning for likely scenarios of COVID-19 outbreaks, but the focus will be primarily on prevention and control of COVID-19 and influenza.

37. The objectives of the group is to develop:

- A High Risk Settings sector outbreak prevention and control plan and monitor the effectiveness of the plan.
- To support the development of a usable and timely surveillance dashboard to inform outbreak prevention and control measures.
- To ensure appropriate, structured support is offered to accommodation providers to prevent and respond to outbreaks.
- To monitor and support testing of staff, residents and potential new admissions.
- To inform the local PHE Health Protection team of any cases or outbreaks that may not have already been reported, and support PHE and the NHS Test and Trace service to undertake contact tracing where necessary using existing trusted relationships.

Governance and assurance

38. An assurance document has been developed for the plan which will be presented to the next meeting of the COVID 19 Control Board/H&WB.

Summary

39. Significant effort is being made during this period of low transmission to put plans in place for an escalation of cases and outbreaks across a wide range of settings in the future. This is being done largely via the five wraparound support groups for high risk/high consequence settings. The implementation of effective prevention plans remains a priority. Communication and engagement is a critical component of the outbreak prevention and control plan whilst we remain in a position in which a significant mechanism to prevent transmission is human behaviour. Capacity across the system is likely to be a challenge if we enter a phase of multiple outbreaks across diverse settings but some additional capacity is being pursued in specific areas. This continues to be a rapidly evolving situation with frequent changes in guidance which may be location specific.

Implications

Policy	Strategic policy implications have been considered in relation to the Council receiving policies from the Central Government and developing policy locally
Finance and value for money	The Council has robust records relating financial expenditure for COVID 19 related activities and these are being reported in line with reporting structures locally, regionally and nationally. The Council has received additional funding for COVID-19, some expenditure against which has been agreed.
Legal	Legal advice is being sought from the Head of Legal Services/Monitoring Officer throughout the COVID-19 response.
Procurement	Procurement support has been provided by the Council's Shared Procurement Service including support for the sourcing and purchase of additional PPE.
Human Resources	The Council has operated within its existing policies and procedures as part of its COVID-19 response and has worked with trade union colleagues to develop new policies, procedures and protocols where appropriate.
Property	Property regulations have been adhered to throughout the emergency response with additional support provided for Facilities staff in relation to cleaning regimes as per any additional guidance received.
Equalities (Impact Assessment attached) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	The effect of COVID 19 has been to exacerbate existing inequalities so all plans must ensure that groups are not disadvantaged.
Risk Assessment	Risk Assessments have been undertaken for a wide range of Council related activities and these are held centrally for reference purposes.
Crime & Disorder	The Council has maintained regular contact with Northumbria Police throughout the COVID-19 emergency response, paying particular attention to national policy including lockdown arrangements, travel and any anti-social behaviour/crime issues which have been managed locally.
Customer Consideration	Northumberland Communities Together and our Contact Centre/Customer Services colleagues have worked closely to ensure that we have responsive service available to our

	residents at all times, particularly those in need and who are vulnerable.
Carbon reduction	The Council has continued with its climate change work during the emergency response and this will be monitored.
Health and Wellbeing	This paper is relevant to the health and wellbeing of our residents and our staff and the Council's Director of Public Health has been involved in the Council's emergency response throughout. COVID 19 disproportionately affects those who already live in deprived circumstances and the plan will take all steps to ensure that health inequalities are not perpetuated.
Wards	All

Background papers:

None

Report sign off

	Full name of officer
Monitoring Officer/Legal	
Executive Director of Finance & S151 Officer	
Relevant Executive Director:	Cath McEvoy-Carr
Chief Executive	Daljit Lally
Portfolio Holder(s)	Cllr Veronica Jones

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