Public Document Pack

GATESHEAD HEALTH AND WELLBEING BOARD AGENDA

Friday, 23 April 2021 at 9.00 am via Microsoft Teams
Live Stream available via: https://www.youtube.com/channel/UCQ1-mg1zlr5f-f4h_CheLDA

From the Chief Executive, Sheena Ramsey

Item	Business
1	**Apologies for Absence**
2	**Minutes** (Pages 3 - 10) The minutes of the business meeting held on 5th March 2021 and Action List are attached for approval.
3	**Declarations of Interest** Members of the Board to declare an interest in any particular agenda item.
	Items for Discussion
4	**Covid-19 Response & Vaccine Update - Alice Wiseman & Lynn Wilson / All**
5	**Refresh of Gateshead Covid-19 Local Outbreak Management Plan - Marc Hopkinson** (Pages 11 - 94)
6	**Taking forward recommendations from the Director of Public Health's Annual Report 2020 - Alice Wiseman** (Pages 95 - 146)
7	**Gateshead Health & Care System Update**
7a	**Update - Mark Dornan / All**
7b	**SEND Visit - Caroline O'Neil**
	Assurance Items
8	**BCF 2020/21: End of Year Reporting Arrangements - John Costello**
9	**Updated from Board Members**
10	**A.O.B.**

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Date: Thursday, 15 April 2021

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GATESHEAD METROPOLITAN BOROUGH COUNCIL

GATESHEAD HEALTH AND WELLBEING BOARD MEETING

Friday, 5 March 2021

PRESENT	Councillor Lynne Caffrey	Gateshead Council (Chair)
	Councillor Leigh Kirton	Gateshead Council
	Councillor Bernadette Oliphant	Gateshead Council
	Councillor Ron Beadle	Gateshead Council
	Councillor Gary Haley	Gateshead Council
	Councillor Michael McNestry	Gateshead Council
	Councillor Paul Foy	Gateshead Council
	Dr Mark Dornan	Newcastle Gateshead CCG
	James Duncan	Northumberland Tyne and Wear NHS Foundation Trust
	Alice Wiseman	Gateshead Council

IN ATTENDANCE:	John Costello	Gateshead Council
	John Robinson	Gateshead Council
	Kate Bond	Gateshead Council
	Andrew Beeby	NHS
	Stephen Kirk	NHS
	Joanna Clark	NHS
	Lindsay Murray	Gateshead Council
	Teresa Graham	NHS
	Steph Downey	Gateshead Council
	Lynn Wilson	CCG/Gateshead Council
	Michael Brown	Healthwatch

HW239 APOLOGIES FOR ABSENCE

Apologies for absence were received from Caroline O'Neill, Lisa Goodwin, Mark Adams and Siobhan O'Neill.

HW240 MINUTES

The minutes of the last meeting held on 22 January 2021 were agreed as a correct record.

The Chair welcomed Dr Stephen Kirk as a new member of the Board and noted thanks to Bill Westwood for his contributions to the Board and to Gateshead.

The Board also received an update on items contained within the Action List; it was noted that the Board is to receive a substantive update on the development of the Homelessness/Rough Sleeping strategy and an update on the Gateshead Health & Care System.

HW241 DECLARATIONS OF INTEREST

RESOLVED:

(i) There were no declarations of interest.

HW242 COVID-19 RESPONSE & VACCINE UPDATE - ALICE WISEMAN & LYNN WILSON / ALL

The Board received a presentation providing an update on the Covid-19 pandemic response and vaccination rollout.

From the presentation a case summary was provided showing that at the time of the meeting there had been a total of 13270 cumulative Covid-19 cases in Gateshead. A discussion also took place on inequalities across the borough highlighting that 75% of positive cases in Gateshead were from 50% of the most deprived areas.

A breakdown of cases by age was provided, the Board noted that cases were declining across all age groups in Gateshead. The Board were also provided with a summary of Covid-19 related deaths across 2020/21.

The Board also received an update on the vaccination programme across a variety of sites in Gateshead. It was highlighted within the update that the QE hospital had administered around 9,000 vaccines. It was noted that the vaccination programme is being rolled out on a huge scale both locally and nationally with staff across the system pulling together.

A discussion took place on pop-up vaccination sites being rolled out for residents who may be difficult to engage with; this included the homeless, refugees and asylum seekers. It was further noted that those from the travelling community are being considered in this planning.

A comment was made noting that a debate had taken place on BBC Radio 4 on the matter of private sector care providers mandating their staff to be vaccinated. The Board agreed that this was a contentious issue that required careful and thoughtful consideration from employers.

The Board agreed that the vaccine rollout had been a good example of the excellent partnerships and working relationships across the system.

RESOLVED:

(i) The Board noted the update.

HW243 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT - ALICE WISEMAN

The Board received a cover report and presentation on the Director of Public Health's annual report titled: 'It's raining, it's pouring: an update on inequalities in Gateshead 2017/20'.

The Board were advised that the report is a statutory function of the Director of Public Health and is required to be independent. It was highlighted that the report

examines work across Gateshead partners over the last three years. It was noted that the report touches briefly on the Covid-19 pandemic to set out inequalities that have been exacerbated by the virus.

It was noted that unlike previous years, the new annual report would not be printed on mass in line with environmental targets; it was stated that the report would be available digitally.

From the presentation, the Board received updates on the following:

- Economic inequality
- The Poverty Truth Commission
- Child poverty
- Adverse Childhood Experiences
- Economic, Innovation and Skills
- Inequalities and Covid

A discussion took place on the impact of Covid on the development of the Health and Wellbeing Strategy for Gateshead; it was noted that the demands of the pandemic have impacted on work to progress the strategy.

A comment was made thanking the Director of Public Health for the inclusion and focus on children and young people within the report. The seven recommendations with the report were supported.

RESOLVED:

(i) The Board considered and commented on the findings outlined within the report.

HW244 GATESHEAD HEALTH & CARE SYSTEM ALLIANCE AGREEMENT - JOHN COSTELLO & MARK DORNAN

The Board received a report providing an update on work to develop an Alliance Agreement for the Gateshead Health and Care System from 1st April 2021.

It was reported that it is envisaged that the Agreement will be between Newcastle CCG, Gateshead Council, Gateshead Health NHS Foundation Trust, Cumbria, Northumberland Tyne and Wear NHS Foundation Trust, Newcastle upon Tyne Hospitals NHS Foundation Trust, Gateshead Primary Care and VCS.

The Board were advised that the Agreement is intended to facilitate further progress towards integrated commissioning and delivery of health and care services across Gateshead.

From the report, an overview of the Agreement vision and core objectives was provided in addition to a summary of the Agreement context, key work programme areas and governance arrangements. It was noted that the Alliance Agreement is a legally binding arrangement for the continued development of place-based collaborative work on health and care in Gateshead.

A comment was made noting that there has been an exciting and natural development of existing working arrangements to arrive at the Agreement and that things are moving in the right direction for the Gateshead Place system.

RESOLVED:

(i) The Board noted the significant work that has taken place to develop the Alliance Agreement and thanked all partners for their contribution to this work.

(ii) The Board endorsed the Alliance Agreement for the Gateshead Health & Care System from April 2021.

HW245 GATESHEAD COUNCIL'S CORPORATE PERFORMANCE MANAGEMENT FRAMEWORK: A NEW APPROACH - LINDSAY MURRAY & KATE BOND

The Board received a report and presentation to seek its views on the proposed new approach to Gateshead Council's Performance Management and Improvement Framework.

It was reported that the development of a new approach began on the agreement of some underpinning guiding principles which aim to develop a framework that:

- Is shaped around the characteristics needed to enable people to thrive
- Is simple, responsive, timely and meaningful indicators
- Empowers employees to drive improvement
- Evidenced impact of investment and resources (financial, asset, employees)
- Considers partnerships, communities and aligned to key policies and strategies such as the Health and Well-being Strategy, housing and schools
- Recognises locality-based approaches, population and community level interventions to improve
- Incorporates qualitative and quantitative approaches
- Is intelligence led, using evidence to learn and improve
- Considers how to incorporate a wider range of data, for example linking to a 'Data hub' approach
- Measures the health of the organisation (balanced scorecard approach)
- Enables members of the Council to scrutinise performance and see the impact of decision making

The Board noted that the Corporate Performance Framework would be structured around six policy objectives of the Health and Wellbeing Strategy, this included giving every child the best start in life.

A summary of officer engagement was provided from the presentation, this set out a positive and honest approach to rolling out the Framework. It was also highlighted that greater prominence of inequalities was needed.

The Board noted that Councillors would be engaged and consulted throughout the development of the Framework and that wider consultation would take place with partners. It was agreed that Board members views would be sought as part of this exercise.

From the presentation, the Board were then provided with a roadmap for the implementation of the Framework over the next 12 months; this included engagement with Overview and Scrutiny Committees and Cabinet.

RESOLVED:

(i) The Board noted the contents of the report and presentation.

(ii) The Board agreed to canvas views amongst partners to make contributions to the Framework.

HW246 UPDATES FROM BOARD MEMBERS

A discussion took place on the use of digital technology in primary care. It was highlighted that some service users have struggled, particularly those will no access to the internet and the elderly to participate in remote consultations. It was agreed that a fair balance needs to be struck to ensure that services can continue whilst maintaining patient safety during the pandemic.

RESOLVED:

(i) The Board noted the update.

HW247 A.O.B.

RESOLVED:

(i) There was no other business.

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Item 2.2

GATESHEAD HEALTH AND WELLBEING BOARD
ACTION LIST

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from HWB meeting on 5th March 2021			
Gateshead Council's Corporate Performance Management Framework: A New Approach	To canvas the views of partners to make contributions to the Framework	L Murray	Email sent to Board Members
Matters Arising from HWB meeting on 22nd January 2021			
Homelessness / Rough Sleeping Update	To receive a substantive update on the development of a strategy at a future meeting	K Scarlett	To come to the Board in June
Matters Arising from HWB meeting on 11th December 2020			
Addressing Poverty in Gateshead: An Overview	To provide the Board with an update on work being done within the community and voluntary sector at a future meeting	A Dunn & L Goodwin	To feed into the Board's Forward Plan
Older Persons Care Home Model	To bring back an update on the progression of the model to a future Board meeting	B Norman	To feed into the Board's Forward Plan
Matters Arising from HWB meeting on 6th March 2020			
Integrated Care Partnership (ICP) Suicide Prevention Developments	The Board agreed to receive an update on the matter in 6 months.	I Miller	To feed into the Board's Forward Plan

AGENDA ITEM	ACTION	BY WHOM	COMPLETE or STATUS
Matters Arising from HWB meeting on 17th January 2020			
Childhood Immunisations	The Board to receive an update report in the summer (to include details of the immunisations programme for 2020/21).	R Chapman & F Neilson, NHS England	To feed into the Board's Forward Plan

Gateshead COVID-19 Local Outbreak Management Plan

Published: 30th June 2020

Revised: 5th August 2020

Revised 12th March 2021

Alice Wiseman, Director of Public Health

Contents

Introduction - COVID-19 in Gateshead

The Council's vision is to make Gateshead a place where everyone thrives. This is based on a recognition that inequality is a common experience for many people and that this is bad for everyone. COVID-19 has not only shone a light on inequality, but also increased it for many, with BAME groups and more socially deprived communities disproportionately affected. We want to make sure that our COVID-19 response reflects this and provides help where it is needed, when it is needed.

As COVID-19 restrictions are eased in line with the Governments Contain Framework (Dec 2020) and COVID-19 Response ('roadmap' Feb 2021), it is important to maintain local vigilance to prevent and reduce the opportunities for the virus to spread within the community and key settings within Gateshead. Non-pharmaceutical interventions (NPIs) such as social and physical distancing, good hygiene and face coverings, remain important and reduce the likelihood of spread even from those cases without symptoms.

After 12 months of responding to the pandemic, now is the ideal time to take stock, learn lessons and tailor our local response to ensure there is a consistent test, trace and supported isolation programme in place and which links with the NHS vaccination programme. Our challenge is to find a balance that will allow lockdown restrictions to be lifted while preventing a resurgence of the virus.

This COVID-19 Outbreak Management Plan sets out the role of the Gateshead system in preventing and controlling COVID-19 with a focus on robust management of outbreaks and providing support for complex settings, communities, and individuals where required. It aims to protect the health of Gateshead's population from COVID-19 and assure stakeholders, and the public, that efficient and effective arrangements are in place.

The Plan remains a dynamic document which will be updated according to learning and experience in dealing with the COVID-19 response. The Public Health Team will keep the Plan under regular review and amend/update according to local, regional and national developments. It will, for instance, be aligned to the updated version of the Government's Contain Framework when that document is published. Likewise, the publication of the planned Outbreak Management Response Toolkit.

Purpose and principles

Purpose

Our purpose is to reduce transmission of COVID-19 in Gateshead, to protect the vulnerable, prevent increased demand on healthcare services and ensure provision of an effective and timely response as cases and outbreaks are identified.

We know that our most disadvantaged communities are those most impacted by this disease, for a range of complex reasons. We will work with our most vulnerable communities to minimise the impact of COVID-19 in Gateshead.

Principles

Public Health leadership: this plan is based upon a public health approach, under the leadership of the Director of Public Health. This means we will be concerned with:

- Surveillance: so that action is informed by an understanding of the needs of the people of Gateshead
- Evidence: our actions should be based on the evidence of what works
- Policy and strategy development: through this COVID-19 Outbreak Management plan
- Collaborative working for health and wellbeing
- Public engagement to build confidence and trust in the arrangements

A whole system response: the capabilities of the whole system need to be mobilised in preventing and managing outbreaks.

An efficient and effective system: the need for clear communication and timely access and sharing of information, data and intelligence amongst local agencies and between local, regional and national systems to inform action, monitor outcomes and deliver rapid and proactive management of outbreaks.

A properly resourced response: each agency will have the necessary capability, both financial and in respect of skills and expertise, to carry out their responsibilities.

Testing

The purposes of testing can be described as follows:

- Case finding – identifying positive cases of COVID19 within the population, and ensuring they self-isolate to reduce transmission to other people; this could include regular testing of the contacts of a case
- Ensuring safety – discovering COVID19 status in the community to isolate and to ensure the ongoing safety of other individuals within the population.
- Enabling return to normal activities, reducing the impact of the COVID-19 pandemic

Local testing capacity is essential not only for diagnosis for those who have symptoms but is also important in response to the management of a COVID-19 outbreak. The targeted deployment of local facilities alongside regional and national testing programmes will ensure that there is a swift response to outbreaks. Testing is also being used proactively to identify asymptomatic cases, who can then be supported to isolate to prevent on-going transmission.

Current testing arrangements

Pillar 1 (NHS Foundation Trusts)

Eligible groups:

- NHS staff (via their employer)
- GP's and Practice Nurses
- Other Key workers
- Symptomatic care home residents (via GP)
- Asymptomatic care home residents who are transferring from community or other care home (via GP)
- Patients being admitted overnight to hospital for overnight stay are tested

Pillar 2 (National Testing Programme)

Eligible groups:

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

Testing can be accessed via the national testing portals or by dialling 119.

https://www.gov.uk/get-coronavirus-test

A crucial issue in relation to testing is the turnaround time of tests. The rapid turnaround for vulnerable populations and settings and fast return of results improves the effectiveness of the contact tracing and isolation system and prevents the spread of the virus.

Asymptomatic Testing

Targeted community testing (lateral flow testing) can be used to test people without symptoms. The results are available within half an hour without the need for laboratory processing. These tests are not as accurate as the tests available for people with symptoms and some people who have COVID-19 will receive a negative result in error. We know that up to one in four people who have coronavirus never show any symptoms but that does not mean they are not infectious. So, these tests are trying to find people who may have no symptoms but are carrying the virus. The Government is sending out supplies of lateral flow tests to care homes, staff in early years settings, staff in primary schools and staff and pupils in secondary schools. Businesses of over 50 employees can also register to deliver their own workforce testing at https://www.gov.uk/get-workplace-coronavirus-tests.

Via the Local Authority testing sites, Lateral flow testing is accessible to frontline staff working with vulnerable people in the community, and staff whose work means that they are at higher infection risk as they must travel together in vehicles for example Care Call, refuse services, home adaptations and repairs. Further expansion of the asymptomatic testing is planned to allow access for wider workforces to access testing to support their COVID-19 risk assessments

A Community Collect model to enable home testing for the wider public, as lockdown restrictions are reduced, is currently being developed in Gateshead. Home testing kits for

families where a household member is returning to primary or secondary school are available via online ordering or collection from test sites. It is anticipated that Community Collect target audience will widen in future months.

A sustainable model is planned to enable access to home testing kits across Gateshead and ensuring that all our communities have access to the resource. The development of community hubs in Gateshead locality provides an opportunity for access to home testing kits alongside a range of support right in the heart of our communities, utilising the engagement skills and relationships that are already in place.

Clear communications and messaging to support this roll out are being developed.

Testing kits are currently available via the main testing sites, but this resource will be phased out from April as our capacity to provide the kits in a more local way develops.

Surge Testing

Surge testing is increased testing together with enhanced contact tracing and commenced on 1 February in specified areas in England, in order to detect and assess the spread of a specific variant of SARS-CoV-2 known as VOC-202012/02 which originated in South Africa. 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 of concern (VOC), 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. The current national programme of surge testing is known as Operation Eagle.

The process involves testing people who do not have any symptoms of coronavirus and identifying positive cases. Contact tracing then identifies people who have had close contact with the case while they were infectious and requires them to self-isolate, thereby breaking the chain of transmission. Enhanced contact tracing provides a retrospective focus on the 7-day period before the case is infectious in order to try to identify the likely source of infection. In this way additional cases can be identified from potential shared sources of infection.

In response to new VOCs being detected, Public Health England (PHE)/DHSC will provide the LA with stocks of Polymerase Chain Reaction (PCR) test kits and postcode details of where the new strain has been detected. It will be the LA's responsibility to distribute the kits in the target postcodes with the aim of reaching 10,000 test results. Once used the test kits will go to a designated laboratory for analysis including genomic sequencing to provide information about the spread of the strain in a community.

An Action card is in place within Gateshead detailing the process that would be undertaken if surge testing is required (appendix 1)

DHSC will inform the LA via agreed contact routes. The DPH and Public Health leads will be notified of the alert. There is an expectation that the surge testing will begin within 48 hours of the notification. The routes used to distribute the PCR kits into the community will be decided by the DPH, PHE and DHSC. Options may include

- Collect/drop off points
- Mobile testing units
- Door to door

To enable these actions, relevant officers have been identified to support with communications, digital, vehicles, operating locations, staff, PPE, location information, and finance. All staff have been advised of the requirements of surge testing.

We recognise that where a dangerous VOC is identified and is likely to pose a significant risk to the vaccination programme or public health, the Government will take a highly precautionary approach, acting fast to address outbreaks. In such cases very close cooperation and engagement between local and national teams will be essential and we would ask that the local system is consulted to ensure a coordinated approach which reduces the need to re-impose economic and social restrictions at a local or even regional level.

Local contact tracing

The aims of contact tracing are

- to identify people who have been exposed to cases of COVD-19 and ensure that they are given the correct advice about isolation;
- to identify if an individual has any support needs that might enable them to isolate more effectively
- to gather information which might identify the source of a case's infection.

This information is gathered through interviews with cases (via national the Test & Trace system or Local Tracing Partnerships) and includes information on:

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

In Gateshead, a case investigation call centre was set up in September 2020 to gather intelligence on the activities of COVID-19 cases and to develop the processes for eventually undertaking local contact tracing in Gateshead. Case investigation calls are made to cases after they have been contacted by the national contact tracing team. These "local voice" phone calls have been welcomed by cases and callers will follow up with wellbeing calls where there are concerns about vulnerable cases. We have developed data systems to pull out important intelligence from this activity, for instance, links with particular premises, locations or activities.

All positive cases of COVID-19 are entered into the national NHS Test and Trace service and individuals are emailed or texted an invite to fill in an online questionnaire to give details of

the people who they have had close contact with and the places they have been around the time of their infection. After 8 hours, if the questionnaire has not been completed, the case will begin receiving calls from the national contact tracing team to conduct a contact tracing interview. All those who are identified as potentially infected through close contact with a case will receive calls from the national contact tracing team. Close contacts will be advised to isolate for 10 days and seek testing should the person develop symptoms. The identity of the original case will be protected.

We have an online reporting system, which was set up in October 2020, to enable schools and early years settings to report positive cases directly to us. There is a dedicated team who work directly with these settings and support them with contact tracing, isolation advice and any other advice that may be required.

Local tracing partnership processes

On 15th February 2021 Gateshead Council joined a "local tracing partnership" (LTP), where council employees would undertake contact tracing phone calls for cases classed by the national system as "hard to reach". Contact tracing phone calls are very similar to case investigation phone calls, with the addition of asking about people who may have been infected by the case, and the responsibility for providing self-isolation advice.

In the first stage of joining the local tracing partnership, Gateshead Council has been granted responsibility for cases that have not been reached by the national system in 32 hours from the test result. In the first 8 hours after a test result, the case is sent their result by SMS or e-mail and invited to fill in the contact tracing questionnaire online. In the following 24 hours, national contact tracers will make several attempts (maximum of 10) to reach the case. After 32 hours in the national system have elapsed, the team leads of our call centre receive and allocate out a real time list of these cases through a national contact tracing IT system. Our call handlers will manage these calls through the same system. We are running a 7-day service and will attempt to call cases 6 times over 3 days at different points in the day.

Doing contact tracing locally ensures that we can quickly give support to those who need it and to respond promptly to issues in the local area. We are looking at contacting "hard to reach cases" by getting details for people from local authority systems (e.g. housing, ASC, electoral roll) and by potentially using door-knocking teams. We are using the data from local contact tracing to understand how the virus is being spread in our area and what we can do to better control it.

Collaboration

We are working with the other 11 North East local authorities to use funding which has been granted to a regional COVID hub coordination and response centre (CRC) to improve the public's understanding of when they should be getting tested, to help individuals prepare should they need to isolate, to provide support to isolate, to work across

boundaries, and to develop the use of the contact tracing data. The PHE Health Protection Team are closely involved with this as are colleagues from DHSC.

It is anticipated that collaboration with the CRC will provide capacity for mutual aid and opportunities to work across local authority boundaries. Innovations to come out of this work include upcoming pilots using enhanced local contact tracing approaches in areas of concern, to help individuals plan for self-isolation early and providing support to people self-isolating. We are currently planning our involvement in national and regional pilots which may see the Gateshead contact tracing model outlined above change quite substantially and rapidly, so that we may tailor our response for the needs of Gateshead and take responsibility for managing more cases in our residents.

With this in mind, we are exploring opportunities with the CRC and our adjacent local authority, Newcastle City Council. With strong regional partnerships across the North East, we aim to rapidly expand our local Test Trace and Isolate programme to have a sustainable model in place for the coming years. This approach is intended to optimise our contact tracing capacity as population rates of Covid cases decline and more targeted and comprehensive action of each chain of transmission can be pursued. Further information on CRC is included at appendix 2.

It is our aim that as the LTP develops, the team will start to contact people from the point of testing COVID-19 positive (Local '0'). As the number of cases reduce across the population, the team will then additionally contact all the 'close contacts' identified. To do this the team will need to grow and the intention is to recruit from local communities, cultures, and languages. This will be developed in combination with our wraparound teams, Community Champions programme and broader community engagement activities. Through this approach we are looking to reduce inequalities by facilitating contact tracing for every case and close contact in partnership with our local communities, from voluntary sector organisation to drug and alcohol services and community faith leaders.

A programme of work is being scoped to develop this approach shortly in preparation for lower population prevalence in partnership with Newcastle City Council, and includes specific workstreams in relation to:

- Workforce planning and resilience
- Communications and engagement strategy
- Outbreak data and intelligence
- Operational delivery

Further information on the scale of collaboration on COVID-19 initiatives is included in appendix 3.

Supported isolation

For many different reasons, it is not always easy for people to comply with COVID-19 guidance and supporting self-isolation will remain a key priority for Gateshead. It is likely that this will become more challenging as restrictions ease. We currently facilitate the Test and Trace Support Payment scheme (SIP) in which the Government funds £500 payments to people on low incomes who need to self-isolate. Targeted local communications, more timely payments, and more personalised non-financial support are key to continuing to improve the numbers of people who test positive for COVID-19 and go on to isolate. We remain committed to learn from examples of best practice in other areas. Where a household does not qualify for the SIP scheme, we have a range of options available to support people. These include:

- Hardship grants distributed in 2020 and for 2021
- Support via Community Hubs to include emergency food and help with utilities
- DWP Winter Grant Scheme
- Welfare Benefit maximisation and signposting to other support to include Citizens Advice
- Discretionary Housing Payments
- Crisis payments
- Benefit processing as quickly as possible
- Council Tax team supporting clients in arrears or in financial difficulties

In some areas of the country transmission rates have remained high and above the national average for long periods of time, resulting in 'enduring' transmission. It is likely this is caused by a range of factors, many of which will be linked to inequality. Along with testing, contact tracing, and vaccination, supported isolation will be important in reducing enduring transmission. It is also congruent with our aim to reduce the disproportionate impact of COVID-19 on our most under-served communities, that are already at greatest risk of the burden of ill health due to COVID-19.

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
- Practical, social and emotional support for those who need it, organised by Local Authorities 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 Local Authority enforcement against employers who pressure their employees to break self-isolation when they are required to do so

Vaccination

We know that the vaccine is effective at reducing the risk of mortality and hospitalisation from COVID-19. However, it is still possible for someone who has the vaccine to catch the virus, and have no or few symptoms, potentially infecting others who are not protected. For this reason, it is important that people who have been vaccinated continue to adhere to all guidance and restrictions.

The Gateshead vaccination plan is based on the four themes of the national COVID-19 Vaccine Uptake Plan (Feb 21) See: UK COVID-19 vaccine uptake plan - GOV.UK (www.gov.uk):

Working in Partnership

The oversight and implementation of the vaccine programme is led by the CCG, working with Primary Care Networks, GPs, the Gateshead Health NHS FT, other NHS bodies and the Council. A specific work programme has been established to achieve equitable uptake amongst the groups where low uptake is more likely.

Barriers to Access

We have established 5 vaccination sites in local premises in Gateshead, in addition to the QE Hospital and the mass vaccination sites at the Centre for Life in Newcastle and the Nightingale Hospital in Sunderland. Transport is available for certain groups, with the support of Age UK. All who are registered with GPs will be invited for vaccination in line with JCVI priorities, and subsequently recalled for a second dose. However, a one-size fits all approach will not be effective in ensuring take up in all our communities, so in addition to sound call/recall systems targeted work will be required to cover groups and communities including:

• Deprived communities	• Refugees and asylum seekers
• People with severe mental health problems	• People from black and minority ethnic communities (BAME)
• Carers	• Gateshead's Jewish community
• People with learning disabilities	• Gypsies and Travellers
• Homeless people	• People with a substance misuse issue

Data and Intelligence

Information is essential to enable us to understand progress, identify gaps and inequalities in uptake, inform the action we need to take to deliver the programme effectively, and provide assurance to system leaders and the local community.

Progress on this part of the plan will be dependent on the quality and timeliness of data made available to us.

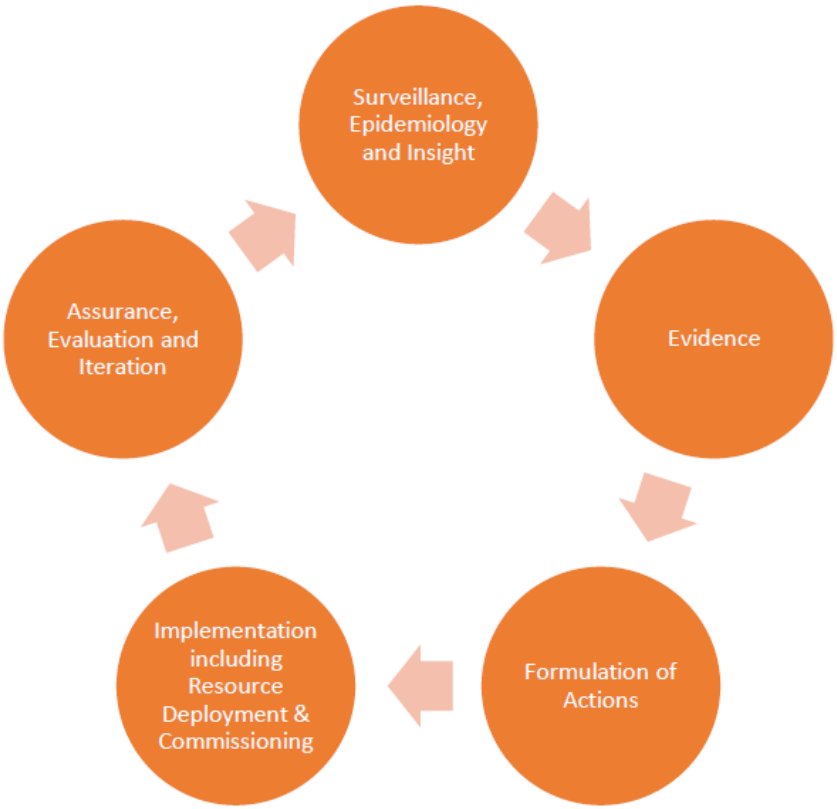
Conversations and engagement

We will develop locally appropriate, tailored communications that foster and maintain a high level of vaccine confidence in the general public and increase confidence amongst the vaccine hesitant, and this will build on the established regional campaigns that we already support. This will make use of behavioural science approaches to motivate those not inclined to have the vaccine and support myth busting. We will use local insight, knowledge and expertise to understand community views and develop targeted and effective campaigns. We will identify and support a network of COVID Champions and engage directly with local communities. Our vaccine equity plan is included as appendix 4.

Health Protection Action

Outbreak management and contact tracing within it are part of a cycle of health protection action which starts from surveillance and epidemiology (reports of infection) through evidence of what is effective, the rapid formulation of actions, their implementation (requiring capabilities from many agencies in large outbreaks), assurance and evaluation and finally iteration as needed to prevent, suppress and reduce outbreaks of infection. This cycle remains the same regardless of setting. Each of these actions are necessary to manage outbreaks, even if they are extremely rapid in execution in practice.

Contact tracing can be both a part of surveillance/epidemiology on local outbreaks and a tool for implementing outbreak control.



In the context of COVID-19 this means:

- Timely data flows from testing to be able to predict and intervene in outbreaks
- Ongoing intelligence on the spread of infection and control measures
- Implementation of a range of actions including testing, contact tracing, supported isolation and public communication, amongst others.

Outbreak Control Process

In order to avoid duplication and to enhance working at a local authority level during the management of COVID-19 outbreaks, detailed joint arrangements for the investigation of multiple COVID-19 cases reported in premises / settings have been developed for use across the North East Public Health System (see appendix 5).

Local public health teams (LAs and PHE) identify clusters or outbreaks of cases by using multiple strands of information. 'Enhanced Contact Tracing' (as described by the national Test & Trace programme) is the systematic use of the information gathered from case investigation to identify clusters of cases and activities / settings where transmission may have occurred. As outlined in Data and Intelligence sections, Common Exposure and Postcode Coincidence reports generated nationally will be crucial to this process.

An outbreak response may therefore be triggered via data and intelligence monitoring or in response to an alert from PHE/HPT via the council's COVID-19 Single Point of Contact (SPOC). The intelligence will be assessed by Public Health professionals who will make a professional judgement on the information received from NE PHE HPT and other non-

clinical sources of information and determine the course of action required. As community prevalence decreases, the timely recognition of new cases / clusters of cases associated with a premises or activity becomes increasingly important, therefore timeliness of review of the 'Common Exposure' and 'Postcode Coincidence' reports become more important.

The SPOC mailbox will be monitored between 8am – 8pm, seven days per week.

From national briefings, it is expected that local authorities and / or HPTs will shortly have to report on action taken on the settings / activities flagged up on the 'Common Exposures' and 'Postcode Coincidence' reports. At present, it is not clear what metrics will be collected or which organisation(s) will be responsible for data collation and reporting. Gateshead will continue to collect information for each setting / activity via the SPOC Decision and Action Log (DAL) to record every contact from NE PHE PHT and the wider public queries including:

- Summary of situation
- Location
- Whether this relates to a complex setting or community
- Status assessment
- Whether the case has been discussed with the DPH
- Date / time of decision

The DAL will be updated and will be accessible only by named Public Health officers in line with data sharing governance and agreements. Public Health professionals will ultimately use their experience and judgement to decide on the most appropriate course of action required for a case.

Principles for local investigation and risk assessment

- Settings are identified through a range of routes:
    - Postcode coincidence reports to the HPT
    - Common exposure reports on PowerBI
    - Reports from the settings about cases in staff / residents e.g. care homes, workplaces, food / drink venues
    - Schools and early years online reporting system

- In each situation, an initial assessment needs to be undertaken to verify information, including
    - Number of cases
    - Period over which cases have occurred
    - Dates of attendance at the setting
    - Likelihood of transmission having occurred between the cases in setting (or is it coincidence as large / busy venue)
    - Are cases being reported from backward contact tracing (setting is possible source) or forward contact tracing (possible risk of transmission to others in the setting)?
    - Has any action been taken to identify contacts within the setting?
    - What COVID secure measures are in place at the setting?

- At the point of initial information gathering, advice should be given to the setting about
    - Case / contact definitions
    - Isolation advice for cases and contacts
    - COVID secure measures for the setting

- Following the initial information gathering, an assessment will be made about
    - Likely transmission in the setting
    - Assessment of control measures – are they adequate?
    - The settings engagement with COVID secure practices
    - Further actions needed re identifying cases and contacts
    - Further control measures needed

- In some situations, the 'lead' organisation / team will feel comfortable making this assessment
    - Where there are no concerns / no further actions are required, there is no need for wider multi-agency discussion

- Where there are concerns, or an organisation / team wishes to discuss their assessment with colleagues, a multi-agency discussion will take place
    - In some situations, a simple call between LA and HPT to review information and agree that actions are appropriate will suffice
    - In others where a fuller discussion of concerns and agreeing actions is needed, a more structured OCT meeting will be convened
      The organisation / team who have undertaken the initial information gathering should make arrangements for the OCT and someone from that team chair the OCT, subject to agreement with PHE.

Our overall approach in Gateshead can be summarised as follows:

Prevent	**Communicate**	**Respond**	**De-escalate**
Public health advice on respiratory and hand hygiene	Coordinated communications strategy that conveys information on the situation, who is affected and provides clear public health advice and information	Testing of symptomatic individuals	Closing and active outbreak and providing clear communication to all stakeholders on the closure of the outbreak and provides public health advice
Public health advice on social distancing		Identification of contacts	Where required ensure that there is a strategy to assist in reputational and financial recovery
Awareness of COVID-19 symptoms and when to self-isolate		Exclusion and isolation advice for confirmed cases and contacts	Embedding IPC and social distancing to prevent the spread of

Access to symptomatic testing		Applications of IPC measures and quality assuring that the right measures are being implemented	coronavirus and further outbreaks.
Embedding Infection Prevention and Control (IPC) measures		Testing of contacts	
Training on when and how to use PPE		Mutual aid and workforce capacity	
Access to additional PPE		Establishing effective outbreak control teams.	
COVID-19 risk assessment and COVID-19 secure places		Supporting vulnerable people and communities to self-isolate	
Core principles to prevent, manage and recover from COVID-19 outbreaks Data and intelligence Risk Assessments Scenario testing and risk management Reflection and identifying lessons learnt to prevent further outbreaks.			

Schools and early year settings

It is vital that we ensure that these settings are supported to best prevent the transmission of 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.

There is a diverse range of school and early year provision in Gateshead:

- Early Years provision is split into childminders (99), day nurseries (32), out of school care (30 - note some of which are on the same site/under the same management as some of the day nursery provision), pre-school playgroups (22). We also have 2 Jewish independent nursery school provision and 4 private Jewish nurseries plus a small number of childminders. Early years settings in the borough are supported by the Councils Early Help Team who have excellent working relationships and regular contact with managers and settings.

- There are 67 primary schools with a capacity of 15,299 places

- 9 secondary schools with capacity of 11,870 places (8 of which are academies and one independent, 7 special/alternative provision and 1 FE college. Some of our primary schools offer nursery provision for children over the age of two during term time and within school hours.

- 7 independent Jewish Schools and colleges with around 1250 students, providing education for children aged 5-16, plus colleges for older children and young people. These include boarding establishments.

State schools are supported by a School Improvement Service led by the Director of Education Schools and Inclusion and the Strategic Director of Children, Adults and Family Services with excellent working relationships and regular contact with schools headteachers and managers.

In line with the principles for local investigation and risk assessment above, Lead Officers from Public Health have been working closely with the Education Service and directly with schools to provide support on implementation of national regulations, COVID-19 secure measures, isolation and testing. This has led to dedicated email and telephone contact over seven days as schools build their confidence in dealing with the many changes they have faced since March 2020. Further information below and SOP in appendix 6.

Our approach to controlling outbreaks in schools and early years settings

Prevent	**Communicate**	**Respond**	**De-escalate**
Schools and early years settings have undertaken a risk assessment and are COVID-19 secure Voluntary testing of asymptomatic staff in schools and early years settings and pupils in secondary schools	Clear communication with staff, students and parents that conveys information on the situation and provides public health advice and information	Testing of symptomatic staff and students	Closing an active outbreak and providing clear communication to staff, students and parents that conveys information about the closure of the outbreak and provides public health advice
Application of IPC measures		Identification of close contacts and isolation advice for confirmed cases (both staff and pupils)	Preparing staff and students to return to school (including deep clean)
Schools and early years settings employ nationally recommended measures such as social distancing and minimising of contacts and mixing		Mutual aid and workforce capacity	Embedding IPC and social distancing to prevent the spread of coronavirus and further outbreaks.
Regular hand washing and access to hand sanitiser		Applications of IPC measures and quality assuring that the right measures are being implemented	
Regular cleaning of surfaces and shared items		Testing of contacts (where appropriate)	
Guidance and access to PPE where required for AGPs, personal care and symptomatic staff/pupils)		Supporting vulnerable people and communities to self-isolate	

Guidance on isolation when staff or pupils are symptomatic		Establishing effective outbreak control teams.	

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 Gateshead there are a total of 57 care homes. Gateshead council commission 28 elderly care residential homes with capacity for 1547 residents and 20 learning disability/mental health care homes with capacity for 241 residents.

The Adult Social Care Plan in England identified the additional support to be provided to care homes during the pandemic. In Gateshead our care homes are currently supported by staff working in Adult Social Care, the Commissioning Team and the Gateshead Community Partnership. There is regular phone contact, once a week, with each home, through which the Commissioning Team can identify new positive or suspected cases of COVID-19, collect soft intelligence about what is happening in the sector, target IPC resource and build an understanding of how to prevent outbreaks. When a home is in outbreak, the Commissioning Team have phone contact with the home daily. The Care Home completes a daily capacity tracker which includes COVID-19 related information and outbreak status. Information from the capacity tracker is collated by the Commissioning Team along with local intelligence and information received from the Health Protection Team. This is shared with key contacts once a week.

All homes are involved in the national testing programme and are aware that they should notify PHE and Local Authority Commissioners if they have any positive cases or symptomatic residents/staff.

The actions in this plan build on the work that has been in place since an early stage in the pandemic. In line with the principles for local investigation and risk assessment above, Lead Officers from Public Health were identified to play a key role in preventing and managing outbreaks in care homes.

ISL and Extra Care Settings

In addition to the Care Home settings there are a large and varied number of residential care settings in Gateshead. It is acknowledged that there are similar risks from COVID-19 due to the individual vulnerabilities of residents in these settings and the complexity of the settings. The approaches developed for Care Homes are now mirrored in these settings. A SOP is included as appendix 7.

Our approach to controlling outbreaks in care homes

Prevent	Communicate	Respond	De-escalate
Prevent and Protect team provide enhanced support to care homes to embed IPC measures (hand and respiratory hygiene, use of PPE)	Coordinated communication strategy that conveys information on the situation, who is affected, identifies stakeholders and provides clear public health advice and information	Information is shared from PHE Health Protection teams risk assessment completed with the Care Home	Using local intelligence and data to inform decision to close an outbreak
		Application of IPC measures and quality assuring that the right measures are being implemented	
Adult Social Care and Commissioning Team monitor and support homes to prevent outbreaks		'Cohorting' residents (confirmed, suspected and contacts of a case)	Embedding IPC and social distancing to prevent the spread of coronavirus and further outbreaks.
Awareness of coronavirus symptoms (staff and residents) and the actions required to implement isolation procedures		Fixed teams care for COVID-19 positive residents	Deep clean of care home
Staff are trained in use/disposal of PPE and have access to required levels of PPE		Isolation advice for residents and staff and testing arranged for symptomatic residents and staff	Reflecting on outbreak and identifying lessons learnt and planning to prevent further outbreaks
Staff are adhering to social distancing guidance in and out of work		Data – monitoring (acknowledge that care homes may experience multiple outbreaks)	
Care Home visiting is reflective of the current guidance		Restricting movement of staff between care homes	
Care homes have tested out the impact of an outbreak on staffing and resident care and have a business continuity plan in place		Establishing effective outbreak control teams. Supporting staff and their households to self-isolate	
Community admissions are tested for COVID-19 prior to admission and complete isolation period		Making provision for psychological support for staff and residents	
		Mutual aid and workforce capacity	

Workplaces

The evidence about safety and transmission of the COVID-19 virus in the workplace indicates that the risk of transmission is most strongly associated with close and prolonged contact in indoor environments. The highest risks of transmission are in crowded spaces

over extended periods. Emerging evidence suggests that other factors that could be implicated in workplace linked transmission include:

- Failure to observe social distancing during refreshment, toilet and smoking breaks
- Shared transport to and from work
- Shared living accommodation for workers based away from their usual home

Physical distancing is an important mitigation measure (high confidence). Where a situation means that 2m face-to-face distancing cannot be achieved it is strongly recommended that additional mitigation measures including (but not limited to) face coverings and minimising duration of exposure are adopted.

In line with the principles for local investigation and risk assessment above, Lead Officers from Public Health have developed the process for responding to workplace issues in Gateshead. Where cases have been reported to the Local Authority SPOC, these have been followed up with the workplace to ensure that appropriate advice has been provided on isolation periods and contacts. Our Business Compliance Team has been instrumental in helping to provide advice on COVID-19 security measures and NPIs. They have also been vital in managing the demand for information as various iterations of national regulations have been released. Further information of this approach is included as appendix 8.

Other High-Risk locations and communities.

There are many places, locations and communities in Gateshead that are at higher risk of outbreaks characterised due to factors, these might include:

- Confined living spaces and multi occupancy housing
- 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

We are working with our partners to engage employers, community leaders, interest groups and individuals to identify and understand how to support our COVID-19 response in these settings. This is particularly important knowing what we do about COVID-19 and inequalities, and the likelihood of enduring transmission and lower vaccination/self-isolation in these groups. Likewise, the increased risk of transmission posed by VOCs or variants under investigation (VUI). In this case the need to work with communities to raise awareness of the threat and to seek cooperation with control measures will be important.

Healthcare settings

In some healthcare settings patients with COVID-19 contracted the disease over the course of the pandemic, while already being treated there for another illness. Action has been taken to reduce the risk of nosocomial infections and COVID-19 testing of health and care staff is now rigorously enforced.

Some of the infections were passed on by hospital staff who were unaware they had the virus and were displaying no symptoms, while patients with coronavirus were responsible for the others.

We are working very closely with the Gateshead Health NHS Foundation Trust in all or outbreak planning and delivery. A copy of the Trust COVID-19 Infection Prevention Control: High level summary of standard operating procedures and outbreak plan is attached as appendix 9.

Data Integration

We have established a local surveillance system to monitor the on-going incidence and prevalence of COVID-19 in Gateshead. Data from national & local sources including PHE, DHSC, NHS and local stakeholder intelligence is analysed and interpreted to inform action in a timely and proportionate manner.

Local surveillance is under constant review, refinement and development. We aim to build upon strong relationships with partners and foster an unimpeded sharing of data to best support the Gateshead system.

Core elements of the Gateshead local surveillance system encompass:

(1) Utilising patient identifiable information provided under a data sharing agreement with PHE, enabling a coherent strategic and operational intelligence viewpoint which is reported upon daily supporting internal stakeholders and external system wide strategic partners.

(2) Daily monitoring of a consolidated dashboard drawing upon PHE Common Exposure and Postcode Coincidence reporting, supplemented by locally gathered TTI intelligence, identifying emerging and potential outbreaks within community settings at the earliest possible time.

(3) Consolidation and interpretation of local and national epidemiology data.

(4) Bespoke reporting to interrogate data on emerging and potential outbreaks, high risk settings and inequalities for the purpose of control and prevention.

(5) In development, detailed evidence-based understanding of inequalities due to COVID-19, to better support all the communities across Gateshead

This holistic approach provides a strong foundation to monitor, act and report upon as the need emerges.

Compliance and enforcement

As the Local authority, we are responsible for ensuring businesses comply with measures outlined in COVID-19 regulations and guidance and taking enforcement action where a business is not complying with the regulations. We are also responsible for making sure that public spaces such as parks and green spaces are COVID secure. Increasing business

compliance with COVID 19 guidance and regulations will help reduce transmission risk as sectors reopen and more social contact is permitted.

We will continue to deploy resources according to our strategy of engaging, educating and building relationships with local and business communities to encourage compliance. Where businesses have not been complying with the regulations, we have used enforcement powers to take decisive action.

Our Enforcement Liaison and Compliance group meets three times weekly in order to share information and intelligence about workplace outbreaks, reported issues of concern and upcoming events to have a coordinated plan of action to help reduce risk of COVID-19 transmission. This group consists of a range of partners including the Police. We have also deployed COVID-19 marshals and will continue to do so if necessary.

The Business Compliance Team of the Council is responsible for providing advice and guidance to the business community in Gateshead concerning the rules and guidance on COVID-19 compliance. The team consists of a mix of enforcement officers and COVID-19 Support Officers who work together to ensure businesses of all types are complying with the legislation and have the best help and guidance available. The team attends the Enforcement Liaison and Tasking Meeting, which also has its own daily Data Screening Meeting. These meetings aim to coordinate activities and undertake some predicting of future issues.

The team investigates outbreaks of Coronavirus within the business environment and supports businesses to react and manage the outbreak to prevent the spread of the disease. This involves coordination with Public Health and PHE staff and attendance at OCT meetings as necessary. Notifications of outbreaks come from PHE, Public Health, businesses themselves and the general public via complaints. As well as providing advice and guidance the Business Compliance Team takes enforcement action in respect of those businesses who are not complying.

Vulnerable and under-served communities

NHS Test and Trace may identify individuals who will need additional support during isolation for example because of their social circumstances or clinical need. They may also identify individuals who may be unwilling or unable to comply with restrictions such as self-isolation. Some may not engage with the process of identifying their close contacts. In these circumstances the case will be escalated to the NE PHE HPT and then notified to the Local Authority for follow-up.

Social Support

Gateshead residents in need of help during this emergency (to include those who are self-isolating or described as clinically extremely vulnerable) can register online at www.gateshead.gov.uk/staysafe If people need help to register this is available from schools, community leaders, employers and Council staff. For those who cannot access the

website calls can be made to the Council's Customer Service Unit telephone 0191 433 7112 (Monday – Friday, 8am – 5pm.)

The Council can provide support, in partnership with local third sector organisations including:

- emergency food parcels (free of charge)
- help with routine shopping (for those who can pay and wish to choose their groceries)
- collection of prescriptions and digital enablement for future needs
- support if people want to talk to someone, befriending and reassurance
- help and advice with money, benefits, employment or housing problems via Citizens Advice Gateshead

- Referrals to mutual aid volunteers for things like dog walking or small household tasks

The Gateshead Council Call Centre continues to contact residents who have been registered as being Clinically Extremely Vulnerable (CEV) to provide welfare support, find out whether they have any support needs as a result of following the Governments advice regarding shielding and refer any residents who require additional support to the community hubs to follow up. The call centre is also contacting residents who have tested positive for Covid to ensure they are adhering to guidance requiring them to self-isolate whilst ensuring they have support in place to help as necessary.

Complex individuals

Where an individual is unwilling or unable to comply with restrictions such as self-isolation, the following process will be followed:

- The duty consultant / SPOC will contact key services including the CCG, Social care, Housing, Substance Misuse and Police to determine whether the individual is already known to services.
- Either the existing key worker or the CCG and duty consultant will convene a multi-disciplinary discussion with relevant services to put in place a risk-based action plan to ensure the individual's social, clinical and others needs are met.

A detailed operating procedure will be developed, and the COVID-19 Control Board will agree arrangements for monitoring the delivery of these action plans.

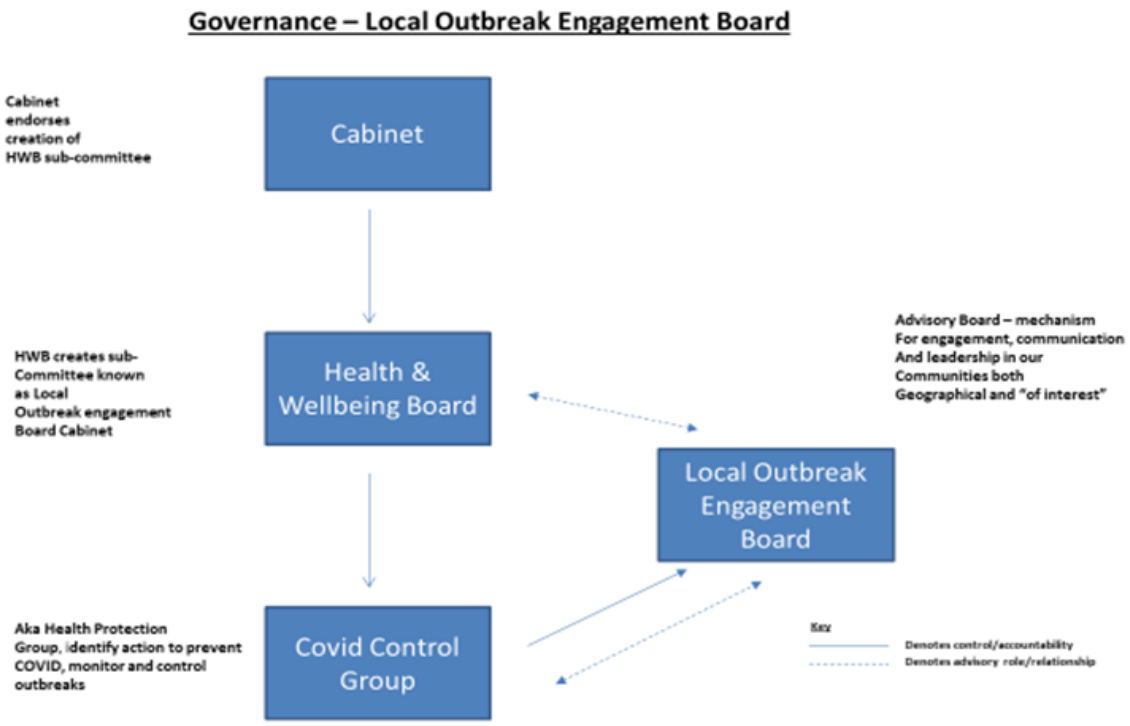
Governance

Two new boards have been established to have oversight of the COVID-19 response in Gateshead. **The Gateshead COVID-19 Control Board** is an operational or tactical level board which takes management responsibility for this Outbreak Management Plan and overall management of the local response. The group will be responsible for:

- Leading and co-ordinating our work to prevent the spread of COVID-19 in Gateshead

- Identifying local high-risk places, locations and communities and planning how outbreaks will be managed in each
- Reviewing data on outbreaks and cases to monitor epidemiological trends in Gateshead
- Managing local testing capacity with partners to ensure swift testing of those who have had contacts in local outbreaks
- Using local knowledge to help with contact tracing in these complex settings
- Supporting vulnerable local people to get help to self-isolate and ensuring services meet the needs of diverse communities
- Using our local Environmental Health enforcement powers in response to outbreaks if required
- Reporting to Council Members and partners including PHE
- linking to the Local Resilience Forum
- Establishing governance structures

The COVID-19 Control Board is accountable to the Gateshead Health and Wellbeing Board.

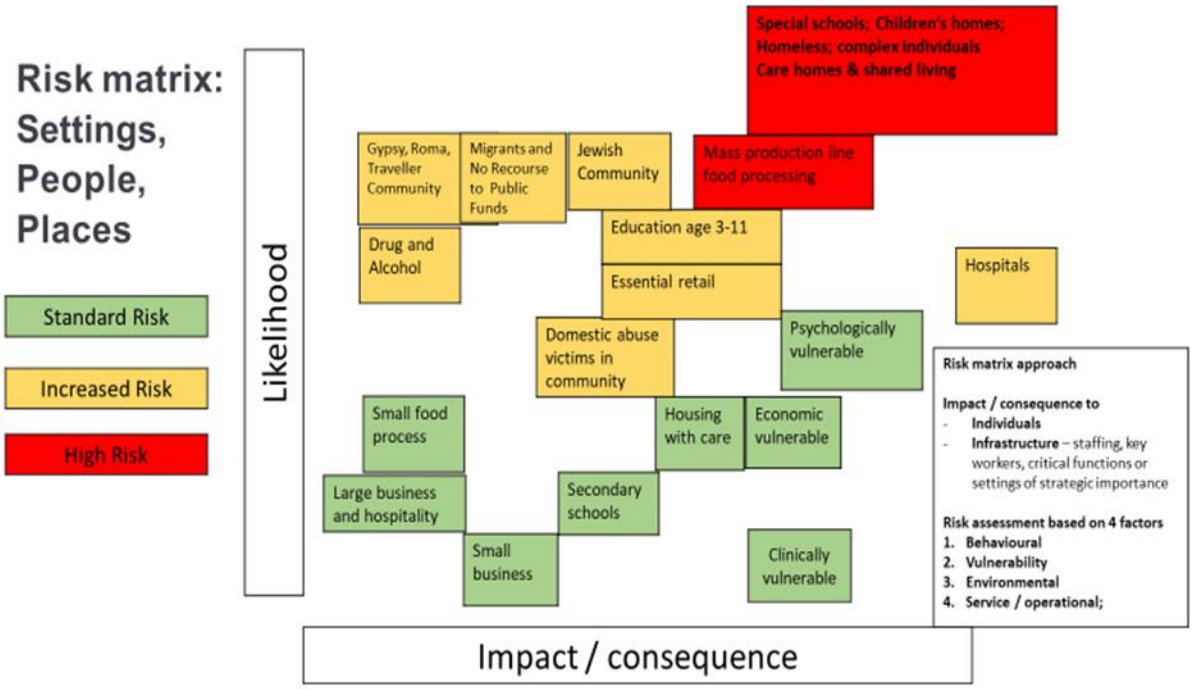


Risk management

A risk register has been prepared to assess the delivery of the key areas that this plan is expected to address and will be monitored by the COVID-19 Control Board

All outbreaks will be reported to the COVID-19 Control Board for assurance and oversight. Standard operating procedures have been developed for key settings such as Care Homes, workplaces and schools, but it is recognised that each outbreak will require a specific and

probably individual response. A risk matrix for settings, people and places is shown in the diagram below.



The Local Outbreak Engagement Board (LOEB) will provide political ownership and public-facing engagement and communication for outbreak response. Through this group, and Health and Wellbeing Board oversight of the COVID-19 Control Board, the key role of Elected Members in this work will be explored. Its role will be to provide strategic advice and support to the COVID Control Board and to further support its work.

The LOEB will provide leadership on communication and engagement with affected communities, using established mechanisms and trusted relationships. This will include the arrangements for supporting those who are self-isolating with food, essentials, errands and practical problem-solving around work, housing, benefits and education. The LOEB will also provide advice and support to the Health and Wellbeing Board on this.

The LOEB will be chaired by the Council's Deputy Leader and have a core membership including the Council Leader, Chair of the Health and Wellbeing Board, Cabinet member for Communities & Volunteering, the Director of Public Health and representatives of Social Care, Education, NHS partners, Emergency services, business, faith leaders and BAME leaders. Others will be co-opted as necessary an on ad hoc basis.

Communication and Engagement

As the Local Authority, we have an important role in community engagement to reinforce national messaging, encourage compliance, and understand the barriers to adherence to different NPIs. This includes using tailored local communications and messaging to bolster national communications and taking a leading role in joint communications at regional and sub-regional level. This will become increasingly important as restrictions are eased. Public perceptions of the threat of the virus are shifting, and this may lead to a reduction in compliance so we will ensure our communications are tailored appropriately to provide clear information.

Communications is a key element in outbreak management. Providing accurate and timely information to residents, businesses and settings and having the ability to respond to any localised outbreaks quickly and efficiently is essential. We have recruited a dedicated communications professional, who will work as part of the Public Health Team to ensure that positive behavioural change messages are used and that we increase the understanding of all stakeholders, including residents, of how they can play their part in preventing further outbreaks. Our communications are based on the Prevent – Respond – De-escalate model:

Prevent will amplify and supplement the national campaigns with localised materials that make use of well-established channels and relationships. This will be communicated to a wide audience through social media, radio, TV and outdoor advertising and via the local press. We will continue to work with neighbouring local authorities (the LA7 group) and other LRF partners to ensure consistency of messaging across the region and address emerging issues. Language and tone will be persuasive, supportive, community focused and person centric. The EAST framework will be used to present all calls to action as Easy, Attractive, Social and Timely.

The LOEB will support the development of communications for different groups in our community. A social marketing approach will aim to ensure that the information is relevant and appropriate for different audiences. The prevention work will draw on positive relationships and communicate across all partner platforms and mediums. Verbal briefings, direct emails and engagement will be a key part of communication. A network of COVID-19 Community Champions has been established, whereby representatives from key partner organisations, stakeholder groups and communities are trained to disseminate relevant information. They will help to shape materials and provide feedback on where specific communications activity may be required – for example, common misconceptions or areas of concern.

Respond is quick, accurate and direct communications of any localised outbreak and relevant response level (Yellow – Amber – Red – Red Plus). Settings will be consulted on the best methods for communication and statements provided quickly to local press and via social media. The key element of this stream is the need for accurate and easily distributed information. Existing channels – such as school text systems to parents, business forums etc – will be mapped out and utilised in line with the outbreak scenario.

De-escalate as active outbreaks are managed, clear communication to the public, business owners and employees that conveys information on the outbreak and also when it is over is

critical. This work will focus on managing public anxiety, communicating well about actions that have been taken and explaining why.

The understanding, consent and compliance of the public is key to effective COVID-19 outbreak management. We need to be open and honest with our community to help to further build on existing relationships and trust. We expect people to be interested and concerned (we don't operate in a vacuum; our work is very visible) and so we will always take a collaborative approach and seek to learn and improve our communications over time. A communication strategy is included as appendix 10.

COVID-19 Community Champions

Gateshead Making Every Contact Count (MECC) organisations, represent 40 of the most marginalised and vulnerable communities across Gateshead (BAME, learning disabilities, carers, veterans, LGBTQ, grandparents, DV, refugees and asylum seekers, addictions, frail/elderly, deafened and visually impaired) and they formed the baseline for Gateshead's COVID-19 Community Champions (GCCC) in May 2020. They assisted to develop a Gateshead COVID-19 Community Champions (GCCC) concept, by trialling Covid related training, resources, key messages and contact methodologies that could be implemented in a variety of formats and suitable for local communities, services and businesses.

The GCCC approach has reached over 6900 local people via social media, involved over 300 local people in our training programme and created over 100 trained adult champions who highlight COVID based issues, problem solve together, cultivate ideas and nurture partnerships across all sectors. They help to ensure people across Gateshead hear correct and consistent information about Coronavirus developments. They assist Gateshead Public Health to gather insight about what's working well in our communities, services and business and what isn't. GCCCs tell us what questions people are asking, types of resources people need and what people think we can do better. They share some of the challenges and opportunities we are facing in providing services and support for those in need in a COVID-19 world.

The project is flexible and currently we are developing junior champions so they can be peer educators for their friends and families. We envisage our adult and junior GCCC's will continue to develop their knowledge, skills, confidence and competence to assist the people of Gateshead in their COVID-19 recovery journey for mental, social and physical wellbeing by using a MECC approach.

Resources - Test and Trace Service Grant/Contain Outbreak Management Fund

Local authorities in England were provided with a Government grant to cover costs incurred in relation to the mitigation and management of local outbreaks of COVID-19. The grant for Gateshead is approximately £1.5m. The grant will be used to support 5 key areas of focus and aligned to the operational needs of the plan:

- Surveillance:
  - rapid identification of clusters and outbreaks
  - decision making about local prevention actions
  - community buy in
- Provision: Strengthen local capacity to provide robust Infection, Prevention and Control advice and support
- Knowledge and skills: Equip local leaders to take local COVID-19 prevention action
- Communication and engagement
- Support for those who need to isolate

Subsequently, the Contain Outbreak Management Fund was set up to provide further financial support. To date Gateshead has received approximately £4m of this funding and is using to develop and refine our response to the pandemic. This includes, but is not limited to:

- Building and maintaining testing capacity
- Maintaining and training local contact tracing response
- Supported isolation for identified cases and contacts
- Compliance measures
- Information and communication
- Support for Clinically Extremely Vulnerable
- Support for wider vulnerable groups
- Targeted interventions for populations of interest
- Support for educational outbreak response
- Behavioural insight and COVID-19 experience in communities

Appendices

Appendix 1 – Surge Testing (Operation Eagle)

Background

In the event of a notified outbreak of a new strain of COVID19 and/or the invocation of Operation Eagle this action card should be used to assist in the planning of large-scale testing in a concentrated geographical area.

Operation Eagle is the response to a new strain of COVID19 being detected. Public Health England (PHE) / Department Health & Social Care (DHSC) will provide the authority with stocks of Polymerase Chain Reaction (PCR) test kits and postcode detail of where a new strain has been detected. These kits are to be distributed in the target postcode(s) with the aim to achieve 10,000 test results. Once used, test kits will be analysed in a designated laboratory, including genomic sequencing to compare the sample with other cases. This will allow PHE to better understand new variants and suppress the spread of coronavirus.

Initiation

DHSC or PHE will contact the authority via Care Call, duty Public Health officer or direct to Al Tose. **If you are notified that Operation Eagle has been initiated ensure the following are made aware as soon as possible:**

- Director of Public Health (Alice Wiseman)
- Public Health Consultants (Andy Graham, Gerald Tompkins)
- Public Health Leads (Julia Sharp, Al Tose)

There is an expectation that testing will begin within 48 hours of notification, if not sooner. It is unlikely, but possible, that notification will happen outside of normal working hours.

Immediate Actions

Distribution of the PCR test kits can be through 3 routes, any and all of these routes may be used to be decided by Director of Public Health and PHE/DHSC:

- Collect / drop off points – residents of the targeted area attend a site established by the Council to collect PCR test kits, they take the kit home, test themselves and return the kits to the site. Returned kits are transported to the designated Local Testing Site (LTS), these are Central Library carpark NE8 4LN, Leam Lane Wirralshir carpark NE10 8DX, or Blaydon Leisure Centre carpark NE21 5NW, from where they are transported to the laboratory for processing.
- Mobile Testing Units (MTU's) – these van-based assets are deployed by DHSC to the locality, requiring a minimum carpark space of approximately 20 cars and deployed hygiene facilities (these 'welfare units' to be requested via Fleet Management, ext 7436). This will provide a temporary testing facility for residents to use which may be by appointment only or on a walk-in basis.

- Door-to-door – PCR test kits will be hand delivered to households in the target area with instructions on how to use them, to be collected later and transported to the designated Local Testing Site. The delivery and collection of these test kits will be by local authority and/or volunteers.

To enable the above contact should be made with relevant officers to address the following needs:

- Communications – Iain Burns for public communications and members. Jo Carslake to keep Customer Services informed. Ian Stevenson to engage with local community groups in the targeted postcode(s).
- Digital – Roger Abbott to create an online postcode checker for residents to see if they are in the targeted postcode(s).
- Vehicles – Martin Warriner to source any required vans for general transportation and welfare units to support deployed staff with washing and toilet facilities – these may need to be redeployed from construction activities.
- Operating Locations – Zoe Sharratt and Michael Lamb to identify appropriate locations in the targeted postcode(s) for collect / drop off points to be established or MTU's to deploy to.
- Staff – a team of approximately 20 will be initially required to operate at least 1 collect / drop off point and door-to-door distribution of testing kits. These can be sourced from Hubs (Ian Stevenson), Covid Support Officers (Elaine Rudman/Peter Wright) and LFT Testing Sites (Al Tose / Peter McGhee).
- PPE – Michael Greeves to supply staff deployed will require hi-viz weather appropriate clothing. There is a stock of other PPE that may be required (gloves, masks and aprons) in a storage cupboard in Bewicks, Civic Centre – access to this is controlled by Peter McGhee and FM. This stock will suffice for initial deployment and replenishment can be arranged through normal channels.
- Information about the target postcode(s) – Simon Lewthwaite / Matthew Liddle can provide information such as total population and number of residential properties in the target postcode(s).
- Finance – Gaynor Carle to provide guidance on accounting for additional expenditure.

All of the above have been advised of the possibility of Operation Eagle being invoked in Gateshead.

Collect / drop-off points Site Set Up

Whilst available infrastructure/equipment will dictate exact layouts, each site should consist of:

a. **Queuing areas.** Two separate entrances for subjects to collect test kits and drop off test kits. Each entrance consists of an appropriate queuing area in which barriers or markings will ensure social distancing between subjects.

b. **Collection area reception desk.** This will be the initial point of encounter with a subject when picking up a test kit. It will consist of a demarcated one-way system for subjects. It will include a 'check-in zone' at the reception desk. Subjects will receive the test kit and a leave via well demarcated exit route while socially distanced from new subjects arriving.

c. **Drop off area desk.** A second door will allow subjects to drop off their test kits which is separate from the collection only area. This will be clear through a distinct wall or physical barrier. Subjects will be assisted by operatives and a one-way walking system. A well demarcated exit route will allow subjects to socially distance from other subjects dropping off completed test kits. The drop off area is where subjects will place test kits in the delivery box.

d. **Storage Area (for tests returned).** Unused kits and completed kits handed back in by subjects must be stored in clearly marked different location to those in the collection area. Completed kits and unused kits that are returned must be stored in boxes marked clear as "Operation Eagle". Once the boxes are full (30 tests) or at the end of the day, the box is sealed with red (or similar) tape.

Further information on site operations, safety considerations and clinical governance can be sought from DHSC and from Resilience Direct page: https://collaborate.resilience.gov.uk/RDService/home/251283/Op-Eagle-and-Surge-Testing

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Supplemental Information - How the Test Works

- **Polymerase Chain Reaction (PCR) Tests.** The test detects the presence of a protein (antigen) produced by the virus. The person's sample is sent to the LHL for processing to detect the presence of antigen. If the person's sample is positive, this test is then sequenced to understand if the positive sample is derived from the South African Variant.
- **Timing.** In general, it takes up to 72 hours for the person to receive their result. If the test is positive, it can then take a few weeks for the sample to be analysed and fully

sequenced in a lab to determine if the sample is derived from the South African Variant.

- **Product Specifics.** The Innova SARS-CoV-2 Antigen Test has undergone independent validation for NHS Test & Trace. These are CE certified and MHRA registered. The PCR tests need to be stored between 8 – 22 degrees Celsius i.e. a designated cool area away from direct sunlight. Completed kits should be stored at ambient temperature (2 – 30 degrees Celsius). Completed test kits will need to be packaged appropriately to mitigate infection risk to members of staff and members of the public.

Appendix 2

Coordination and Response Centre (CRC) Support

The purpose of this document is to provide the North East Local Authorities with information on the regional support that CRC has provided to support the effective management of the consequences of Covid-19 and how CRC has been part of the North East approach to tackling Covid-19.
It also provides information on what future support CRC can offer and is designed to help the LAs revise their outbreak control plans.

Introduction

Local Authorities (LAs) and Public Health England (PHE) work closely in the North East with respect to health protection functions. Close working with the national Test and Trace Service and with the NHS enables an integrated response to Covid-19
The over-riding purpose of CRC is to support these existing collaborations and augment their functions.
This document describes the current specific offer that CRC can make to its partners.
The purpose of the centre - the "Coordination and Response Centre" (CRC) - **is to support the system** to manage as effectively as possible - and reduce - the consequences of Covid 19.

- CRC works at three levels - national (& international), the north (NHS region) and "the north east" (the population served by "LA12"[1])
- The primary aims are focused at LA12 level and will include direct support to the local systems, a service to help integrate, coordinate (with supporting analytics), respond and learn - and to devise better processes to respond to pandemic threats in the future.
- We work in partnership to create value. What we do and learn will support all regional partners, the wider NHS and national policy
- The CRC is one of three main components of the Integrated Covid Hub North East ICHNE:
    1. A new 'Lighthouse' Covid-19 testing lab (40k tests per day)
    2. An innovations lab. (linking science and business to innovated in testing)
    3. The Coordination and Response Centre (CRC)

The CRC Offer

The CRC offer includes:

- Support, where requested, to implement the Local Trace Partnership (all 12 LAs are engaged in LTPs)
- Coordination of and support to the further localisation of NHS Test and Trace through nationally agreed pilot processes.
- Local T&T pilot schemes to support further localisation of Track, Trace & Isolate.

Our pilot offer currently includes:

- Community champions (encouraging everyone who needs it to engage with testing)
- Getting ready for your result (helping people, as they come forward for a test, to prepare for how to respond if the result is positive)
- Support to isolate (helping to support people who need to isolate)
- Support to the agreed LA12-wide engagement plans
- Adding innovation to the local analytics associated with tracking Covid-19 testing and positive results
- Providing extra capacity to support smaller authorities (and/or specific communities) to help ensure outcomes are equitable across the region
- Providing surge capacity to support testing or trace activities as and when local demands exceed planned supply
- Providing shared capacity - for example in call centre resource - if required
- Supporting evaluation through methodological expertise, data collection and analysis and engaging specialist partners

Testing

What we can offer	**What we have provided already**
1. Train the trainer 2. Personal Protective Equipment 3. Site set up 4. Mass testing sites 5. Micro testing sites 6. Assurance visits 7. Continued point of contact 8. Resources 9. Staff self-testing	1. Trained over **320** staff face to face 2. Worked across 12 different sites across the region 3. Supported Blue Light Services with staff self-testing 4. Provided assurance visits 5. Prevented an outbreak within Durham and Darlington Fire Service
We can offer future support with surge testing	**Feedback received from survey**
1. Providing training for PCR testing and LFT testing 2. Train the trainer 3. Training blue light services to support with "boots on the ground" for testing 4. Offering 15-20 staff to support with training and testing	1. We have received 165 survey responses, indicating a 55% response rate, with an average score of 4.59 out of 5 2. The most useful part of the training was the practical element of the training *3. "Due to training we are able to*

5. Support with mobile testing units (set up and testing) 6. Assurance visits 7. Offer continued support and guidance on testing	*ensure all testers are performing to a high standard and correctly, thus providing reliable results"* *4. "The facilitators were knowledgeable and professional*" received the highest average score of 4.70
Contact Tracing	
What we can offer	**What we have provided already**
The CRC have a team of staff fully trained in e-LfH, with full access to CTAS. Benefitting from in house management of the Contact Centre, any requirement to add call handlers can be quickly accommodated. Call handler training is also managed in house with the ability to test and silently monitor calls. Agents are able to make calls from the office or from home, using their preferred device, the number presented to the case, will be consistent for all call handlers.	1. Support to mobilise Newcastle LA and Darlington LA with the local trace partnership 2. Support with contact tracing for Newcastle LA, South Tyneside LA, Darlington LA and Stockton LA 3. Weekend stand-by support for Stockton LA
Future Support with the Local-0 Project	
The CRC will be able to offer increased contact tracing support for any local authorities that require additional capacity to take on the Local-0 project. This includes: • The ability to present numerous local dialling codes relevant to the Local Authority CRC are supporting. CLI will be managed in house to allow the caller line identifier to be presented for several Local Authorities simultaneously, which will enable greater flexible support. • Call recording Calls will be recorded and stored locally, in line with Information Governance and retention guidelines. • SMS bulk send CRC will be able to upload a list onto an online messaging portal then initiate the SMS bulk send. There is no limit to the number of variations sent as multiple templates are permitted. Full reporting on the number of SMS sent. – Interpreter service	
Nationally agreed North East Pilot Schemes	
The current TT&I pilot offer specifically includes: **Community Champions:** – Improving recognition of symptoms – Support to understand the purpose of track and trace and why it's important to provide accurate data	

- Offering support to complete the T&T journey

Getting ready for your result and what you'll need to do if it's positive:

- Provide more information at the test centre
- Provide a telephone number for people to call if the test positive (opt in) and/or consent to being called by a local call handler if result is positive
- Talk them through isolation support
- Explain that they will be contacted by T&T and how to complete the T&T form and identify contacts
- Explain the importance of everyone in the household isolating and if any other household members get symptoms they should be tested

Support to Isolate:

- Can the links to support be offered at an earlier point in the T&T journey
- Collate local approaches and impact of support models & develop best practice

Evaluation

CRC in partnership with the national behavioural insights team will support evaluation of the pilot schemes.

Engagement Support

Engagement is an element of the CRC that runs across each of the work streams. We can provide local authorities with communication and engagement materials in different forms relating to testing, contact tracing, the Local-0 project and the North East Pilot Schemes.

Directory of Resources:

The CRC has compiled a directory of resources for protected groups in the area along with nationwide multi-lingual resources for non-English speakers. This covers different equality strands, e.g. BAME communities, people with learning disabilities and LGBT+ people and includes resources for British Sign Language information, Easy Read English and audio-visual information for people with autism.

Funding and Grants:

A resource of funding and Grants available for different groups across the region, together with the Resource Directory, the CRC can offer stakeholders signposting to relevant support groups / networks and guidance on what grants are available to different communities region wide where this is required.

[1] Darlington, Durham, Gateshead, Hartlepool, Middlesbrough, Newcastle-upon-Tyne, Northumberland, North Tyneside, Redcar and Cleveland, South Tyneside, Stockton and Sunderland

Appendix 3

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 restrictions, coupled with financial support, in September 2020 when infection rates were increasing rapidly across the area.

The approach was 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 joint approach has centred 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

It has included funding and delivery of a well evaluated public facing campaign Beat COVID-19 NE informed by insights from local people. This has given a joint message across the LA7 geography (link to campaign). A focus on health inequalities and taking our communities with us during the pandemic and representing the neds of those most affected by COVID-19 has been based on working with our communities. Community champions have been core to this work.

The development of a more localised test and trace programme has centred on the Integrated North East Integrated COVID-19 Hub and the move towards a more regional and local focused test and trace programme, including local trace partnerships, support for testing and has drawn additional funding into the North East.

A joint approach to testing based on a set of principles has also been developed for the LA7 to ensure the roll out of targeted community testing is based on the protection of the most vulnerable, support for safe working arrangements and to contribute to action to reduce COVID-19 transmission and COVID-19-related health inequalities.

Dedicated work with our care homes and the production of materials to support guidance, quality assurance toolkit and support for testing arrangements within care homes have formed part of this work. More recently support for the implementation of the vaccination programme has been focused on support from local authorities, seeking a core data set, leadership into the oversight of the vaccination programme and insight work on vaccine hesitancy. A dedicated group to ensure high uptake of the vaccination programme is established.

Finally, the LA7 work is now also taking a joint approach to recovery, embedding health and wellbeing as a key outcome of economic recovery.

Appendix 4

Gateshead COVID Vaccine Uptake and Equity Plan

Introduction

The successful development of vaccines for COVID-19 represents significant progress in the tools that are available to us in bringing the pandemic under control.

Whilst vaccination is known to reduce the risk of serious illness or death from COVID, we do not yet fully understand its impact on its transmission. Vaccination therefore has to be only part of our strategy to tackle COVID in Gateshead; it does not obviate the need for continued focus on other elements of the strategy, including social distancing, hand hygiene, infection control, education, testing, contact tracing and support, treatment, etc.

To secure high levels of uptake we need to ensure that any barriers to access are addressed, including overcoming vaccine hesitancy in sections of the population, through provision of information and education. Failure to address these barriers risks creating a range of inequalities in uptake of and access to the vaccine, so specific action is required to ensure this is does not arise, and we have developed this plan in response.

Purpose: to ensure the COVID vaccination programme in Gateshead is delivered to all those eligible, across all the communities of Gateshead, as quickly and efficiently as possible

Desired Outcomes:

- Maximum efficiency for the vaccine programme
- Maximise uptake with the aspiration of herd immunity (this will require at least 80% take-up)
- Optimise equitable uptake of vaccine across the population to reduce inequalities

Aims:

1. Addresses local health inequalities, tailoring and targeting interventions when necessary.
2. Deliver the vaccine in culturally sensitive ways to meet the needs of diverse populations.
3. Include procedures to identify and support those individuals considered vulnerable and hard to reach.
4. Consider any specific needs for people with protected characteristics and follow equality guidance.
5. Involve service users if possible, reflecting the local community and those with protected characteristics

Themes/enablers

The national COVID-19 Vaccine Uptake Plan (Feb 21) See: UK COVID-19 vaccine uptake plan - GOV.UK (www.gov.uk) outlines four enabling themes:

- working in partnership
- removing barriers to access
- data and information

- conversations and engagement

This local plan is focussed on the additional work we need to do to ensure equitable uptake across all communities in Gateshead, rather than the basics of the establishment and delivery of the programme which are already in place.

Working In Partnership
Arrangements are already in place to oversee and manage the implementation of the vaccine programme, bringing together the CCG, Primary Care Networks, GPs, the Gateshead Health NHS FT, other NHS bodies and the Council. This has enabled us to establish and staff vaccination centres in convenient and accessible locations across Gateshead and deliver the vaccine into care homes and to housebound people.

Partnership work will be essential in achieving equitable uptake amongst the groups where low uptake is more likely, and to provide assurance to system leaders and to communities on progress.

Actions:

- An inequality group with input from the PCN lead, Public Health, key Council services, commissioned organisations, and community groups will be convened to take forward the various actions required. This group will report regularly to the COVID vaccination group, COVID Control and Local Outbreak Engagement Boards and the Health & Wellbeing Board Boards: **Gerald Tompkins/Teresa Graham**

Barriers to Access
We have established 5 vaccination sites in local premises in Gateshead, in addition to the QE Hospital and the mass vaccination sites at the Centre For Life in Newcastle and the Nightingale Hospital in Sunderland. Transport is available for certain groups, with the support of Age UK. All who are registered with GPs will be invited for vaccination in line with JCVI priorities, and subsequently recalled for a second dose. However, a one-size fits all approach will not be effective in ensuring take up in all our communities, so targeted work will be required in addition to the basic, sound call/recall systems to cover the following communities:

- Deprived communities
- Homeless people
- Carers
- People with learning disabilities
- People with severe mental health problems
- People with a substance misuse issue
- People from black and minority ethnic communities (BAME)
- Refugees and asylum seekers
- Jewish community
- Gypsies and Travellers
- Sex workers

Actions:

- PCNs and Public Health will develop action plans in respect of all the targeted communities – see Annex 1. **Teresa Graham/Gerald Tompkins**

Data and Intelligence
Information is essential to enable us to understand progress, identify gaps in uptake and inform the action we need to take to deliver the programme effectively.
Actions: **Public Health** will

- Develop a standard reporting framework to
    - enable us to monitor progress in each Priority cohort, by dose;
    - Track attrition from dose 1 to dose 2
    - Support regular reporting to vaccine group, PCNs and COVID Control Board
- Identify and report on inequalities in uptake – geography, deprivation, care homes, BAME groups, etc
- Provide information to the public on the levels of uptake via the Council's websites

Progress on this part of the plan will be dependent on the quality and timeliness of data made available to us.

Conversations and engagement
We will need to develop locally appropriate, tailored communications that foster and maintain a high level of vaccine confidence in the general public and increases confidence amongst the vaccine hesitant. This will make use of behavioural science approaches to motivate those not inclined to have the vaccine and support myth busting

Actions: This will include

- Using local insight, knowledge and expertise to understand community views and develop targeted and effective campaigns, drawing on analysis of local uptake data
- Identifying and supporting a network of COVID Champions – trusted, culturally diverse voices to instil confidence in the vaccine across all communities, help increase understanding of the vaccine and reduce hesitancy
- Community engagement to directly support harder to reach groups
- Magnifying regional campaigns locally,
- Use of video presentations by clinical leaders and role models
- Development of material in different formats and languages

This work will be led by the **Public Health** team

Target groups – rationale and intelligence

Target Group	Rationale	What we know
Deprived communities	Higher risk of COVID-19 infection, hospitalisation and ICU admissions due to COVID 19, and dying from COVID 19. Evidence of lower vaccine uptake.	Overall, Gateshead is the 47th most deprived local authority in England, out of 317 local authorities. Around 32,700 (16%) people in Gateshead live in one of the 10% most deprived areas of England, and if we extend this nearly 62,600 (31%) live in the 20% most deprived areas. More than 50% of the population of Felling, Deckham and High Fell wards live in the 10% most deprived areas in England.
Homeless	May not registered with a GP, less likely to receive formal diagnoses or be identified as being in a priority group for vaccination, low vaccine uptake. Poor existing health in particular for rough sleepers	There are 118 people currently engaged with Basis Gateshead. 25 of these people are considered clinically vulnerable. There are 26 people in their commissioned supported accommodation services;
Carers (nb: not care workers)	Carers are in frequent close contact with vulnerable people, who are at high risk of harm from COVID-19. Carers may infect or be infected by the person they are caring for	Census data suggest as many as 22000 people in Gateshead may be carers, although the number on GP Carers registers is far fewer – around 7500. There are numerous organisations working with carers, providing them support and guidance.
People with learning disabilities	Increased risk of dying from COVID-19. Evidence that those with learning disabilities are under-vaccinated.	Approximately 1200 people are included in GP Practice Learning Disability registers, but these may well not include all those with a learning disability, with those with mild disability being less likely to be recognised and included. National estimates suggest there could be closer to 4000 people with a learning disability in Gateshead
Severe mental illness	Increased morbidity and mortality from COVID-19. Vaccination may increase anxiety and distress.	GP records indicate that over 1,900 people have been diagnosed with a severe mental illness (schizophrenia, bipolar affective disorder and other psychoses)
BAME	People of Black ethnicity at higher	It is estimated that around 3.7%

	risk of COVID-19 infection People of Black and Asian ethnicity People of Bangladeshi, Black Caribbean, Other Black, Chinese, Other Asian, Pakistani and Indian ethnicity have an increased risk of dying from COVID Evidence of low vaccine uptake and engagement with health services, mistrust	(7,500) of the population are from a black or minority ethnic (BME) group. There have been significant increases in residents of Chinese (+690) and African (+695) origin, and 2% of households do not contain anyone who considers English to be their main language. Bridges ward is home to the largest number of people from Black or Minority Ethnic groups at 1,281 or 14.2%, followed by Saltwell with 1,030 or 10.7%.
Refugees and asylum seekers	Vulnerable migrants may be less likely to receive formal diagnoses or be identified as being in a priority group for vaccination. May not be registered with GP. May not speak English	In recent years hundreds of refugees and asylum seekers have been housed in Gateshead, including many families from Syria.
Jewish community	Many live in large, multi-generational households; high level of digital exclusion	Resident population estimated to be ca 4000, excluding students from other parts of the UK (and Europe) attending the various colleges
Substance misuse	Some evidence to suggest that people who have substance misuse issues may be under vaccinated as and less likely to engage with healthcare services	In the year to March 2019 there were just under 1,000 opiate users and almost 300 non-opiate users in treatment
Gypsies and Travellers	Evidence of low vaccine uptake and engagement with health services, mistrust	Two permanent sites for Gypsies and Travellers in Gateshead, in Birtley and Felling

Target groups – action

Target Group	Action to date	What more we need to do	Leads
Deprived communities	Possible housing-linked locations identified. Council mobile unit available to take out to key locations	Need better data on uptake at local (LSOA) level to identify any pattern of low uptake linked to deprivation. Liaise with Edberts House and the Council's community hub leads to identify other vulnerable patients/ deprived areas Further work to agree locations, tied to priority housing schemes and to low uptake (subject to data)	Public Health/ PCNs
Homeless	Basis Homelessness Resource Centre has a clinical room which can be used for a vaccination clinic, and will work with us to implement vaccination sessions. Agreement in principle to provide dedicated vaccinations session(s) using mobile unit.	Agree timescale and confirm siting for mobile unit. Clinical vulnerability info on those in commissioned support services for homeless people is being gathered	Central/ South PCN
Carers	Practices to invite those included on their Carers registers. Practices being advised of those carers known to social care.	Engage with carers organisations to ensure communications distributed to encourage carers to come forward for vaccination	PCNs Council commissioning team
People with learning disabilities	Practices to invite those included on their Learning Disability registers	Need to develop communications to promote uptake, including video walk-through of vaccination centres	Each PCN
Severe mental illness	Practices to invite those included on their severe mental illness registers Discussions underway on use of mobile. Contact with Gateshead Clubhouse	Develop plans with CNTW, Gateshead Clubhouse and other local voluntary organisations working with mental health clients.	PCN lead
BAME	COVID Champions recruited from various BAME groups and have received basic training in respect of COVID including vaccination. Local Outbreak Engagement Board includes BME representatives and are	Develop appropriate communications and target social media routes to reach these communities	Public Health

	used to support messaging. Practices will invite individuals as part of overall programme.		
Refugees and asylum seekers	Discussions begun with Mears and Home Office, and with Comfrey Project. RAS who are registered with GPs will be invited in line with JCVI priority groups. Second Street practice is a 'safe surgery' for RAS and can register RAS from anywhere in Gateshead	Further planning work required. Need to register RAS with GPs. Possible use of mobile unit	Central/ South PCN
Jewish community	Considerable work done with Jewish Community. South Central PCN already working with JCC to support Jewish patients to get vaccinated, eg offering earlier vaccination slots to ensure patients could avoid coming on Sabbath or close to it. Rawling Road site accommodated Hatzola and The Gateshead Hebrew Burial Society to get vaccinated.	Recruit COVID Champions? PH to agree programme of communications with JCC including action to promote vaccination and give assurance on safety. Further discussions with JCC to plan vaccination event(s) for the community, (venue could be Bewick Centre, mobile unit or Rawling Rd) to ensure good uptake of the vaccine. Issues include identification of members of Jewish community; culturally sensitive invitations and promotional material; marshalling by members of the community.	Public Health / JCC Teresa Graham; Central/ South PCN
Substance misuse	Agreement with GRP to run a clinic in or close to Jackson St at same time as the hepatitis clinic and review clinics so that patients attending can also be vaccinated. GRP staff and recovery workers will support us in identifying clinically vulnerable patients and ensuring that we book the clinics and ensure patients can get into the centre.	Agree timescale and confirm siting for mobile unit	Central/ South PCN

Gypsies and Travellers	GPs have existing relationships	Invite in line with JCVI prioritisation	East PCN Birtley/Oxford Terrace PCN

Appendix 5

North East Public Health system (LAs and PHE North East) arrangements for investigation multiple COVID-19 cases reported in premises / settings (including enhanced contact tracing)

February 2021

Background

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 interviews with cases (via national the Test & Trace system or Local Tracing Partnerships) 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.

'Enhanced Contact Tracing'

However, as described above, Local public health teams (LAs and PHE) 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' (as described by the national Test & Trace programme) is the systematic use of the information gathered from case interviews to identify clusters of cases and activities / settings where transmission may have occurred.

While there is a particular national focus on local use of this specific data set, it is important that local action continues to integrate all strands of information to ensure that as many clusters or outbreaks of COVID-19 are identified as possible, and that assessment and (where indicated) action is undertaken as quickly as possible. This is especially important given that other data sources often highlight issues for investigation more quickly than information gathered through contact tracing interviews. For example, workplaces will often telephone local authorities or the PHE Health Protection Team to report multiple COVID-19 cases in their setting before the Test & Trace contact tracing process has been completed.

'Enhanced Contact Tracing' reports and how they are used

The information gathered from case interviews is used to produce two types of report which are published on the PowerBI dashboard that local authorities and PHE Health Protection team use.

'Common Exposure' reports

- use contact tracing data from the 'backwards' period to identify shared locations, settings and activities reported by two or more cases in a defined period
- investigation of these settings
    - establishes whether there is an outbreak associated with the setting
    - establishing whether, even if no outbreak associated, there are measures that could be put in place to make the setting more COVID-secure

'Postcode Coincidence' reports

- use contact tracing from the 'forwards' period to identify where the case has been while infectious – and so potentially cause risk of transmission to others
- action may be taken if
    - any settings with vulnerable people identified
    - there are opportunities to review COVID secure measures in a setting and so mitigate the risk of any onward transmission is someone attended while infectious

North East approach

Following a workshop on 23 February 2021, the following approach was agreed across all North East local authorities and the PHE North East Health Protection Team

1. Review of 'Common Exposure' and 'Postcode Coincidence' reports
   Local authorities will review the common exposure reports for their area on a regular basis
   See below how thresholds for review of information and for taking action may change as prevalence in the community changes.

2. As per agreed arrangements for the initial investigation of cases linked to a setting (see below), the setting will either be 'managed' by the local authority team or passed to the Health Protection Team for review and investigation

3. For any setting (managed by LA or HPT) the following steps will be followed
    a. Review if setting already known / under investigation

For known settings / exposures

i. Review case numbers – often the numbers reported on common exposure reports do not match with local intelligence, but may be worth checking with premises depending on how 'active' the current investigation is
ii. Review timing of cases known locally with those reported on common exposure report

b. For ‘new’ settings / exposure, undertake a risk assessment as to whether further investigation +/- action is required
    i. Initial investigation may exclude some settings / exposures at an early stage (e.g. shopping at large supermarket)
    ii. Review case numbers, background information about setting (e.g. size of workforce, type of setting – vulnerabilities) and timeline of cases to determine whether further investigation and / or action required
c. If action is required, lead organisation will be as per local agreements (below)
d. If a multi-agency OCT is required, the lead organisation will convene and chair the meeting

4. NOTE: the same approach outlined for the use of the ECT reports will be followed for information received through any other routes

5. NOTE: the national definition for outbreaks should be considered when assessing the information. It may be that a premise, which is known to the LA or HPT team, has cases which meet the definition of ‘new outbreak’ https://www.gov.uk/government/publications/covid-19-epidemiological-definitions-of-outbreaks-and-clusters/covid-19-epidemiological-definitions-of-outbreaks-and-clusters-in-particular-settings

Changes to risk assessment as community prevalence changes

An important factor to note is that the thresholds for how frequently to review the reports and for when to initiate investigation / action will change as the prevalence of infection in the community changes.

As community prevalence decreases, the timely recognition of new cases / clusters of cases associated with a premises or activity becomes increasingly important, therefore timeliness of review of the ‘Common Exposure’ and ‘Postcode Coincidence’ reports becomes more important. At present, these are published daily.

While community prevalence is high, concerns about small numbers of cases in large workplaces may be low but as community prevalence falls these cases may be important early warning of a rise in community transmission and rapid, intensive investigation and control measures will be required.

In situations where community prevalence is low, a much lower threshold for an early multi-agency OCT should also be applied; it may be more appropriate for HPT staff to undertake the detailed contact tracing of cases in some situations – the decision about this will be agreed at between the local teams.

Recording actions taken

From national briefings, it is expected that local authorities and / or HPTs will shortly have to report on action taken on the settings / activities flagged up on the ‘Common Exposures’ and ‘Postcode Coincidence’ reports.

At present, it is not clear what metrics will be collected or which organisation(s) will be responsible for data collation and reporting. As an interim / preparedness measure it was agreed that each LA will consider processes for internally collecting the following information for each setting / activity reported on PowerBI, which we expect may be representative of the metrics requested nationally:

- Was the setting /activity already known to local team
  e.g. risk assessment been undertaken / control measures taken / OCT held
  Records the date at which local action started
- Was this a new outbreak that was flagged up through the Common exposures report?
  And if so, actions taken as a result
- Other organisations that are involved (e.g. HSE, CCG etc.)
- Comments field gives opportunity to explain why action taken / not taken (and capture settings where another organisation is leading – e.g. hospital outbreaks which are commonly flagged up)

As the HPT manages some situations, there may need to be a mechanism by which information about HPT-managed outbreaks is fed back to LAs if LAs are expected to report on all settings / activities flagged up; or vice-versa, if the HPT is expected to report. Suggested mechanisms for this information sharing include:

- Existing mechanisms for information sharing about care home outbreaks (i.e. the information already sent from the HPT to LAs could be adapted to include any relevant metrics).
- Some LA teams have weekly round-up meetings that are attended by a member of the HPT. These meetings could be used to check the lists of common exposures and update with information from HPT.
- The weekly LA review meeting (hosted by the HPT) could be used to check any outstanding queries.

We also discussed an 'iCERT' tool currently under national development. This integrates both sets of Enhanced Contact Tracing reports and allows both the HPT and LA to update each identified setting or activity with the action taken. If this is developed in a timely manner and becomes the source of national metrics, the LA and HPT could simply update it for situation they are managing, negating the need for a single organisation to collate information about all settings / activities.

We will seek further agreement on the exact process for reporting actions taken as and when the national expectations become clearer.

Kirsty Foster & Simon Howard, on behalf of the HPT and DPH Network, February 2021

PREVIOUSLY AGREED NORTH EAST WAYS OF WORKING – NOVEMBER 2020

Principles for local investigation and risk assessment

- Settings are identified through a range of routes including
  - Postcode coincidence reports to the HPT

    - Common exposure reports on PowerBI
    - Reports from the settings about cases in staff / residents e.g. care homes, workplaces, food / drink venues

- In each situation, an initial assessment needs to be undertaken to verify information, including
    - Number of cases
    - Period over which cases have occurred
    - Dates of attendance at the setting
    - Likelihood of transmission having occurred between the cases in setting (or is it coincidence as large / busy venue)
    - Are cases being reported from backward contact tracing (setting is possible source) or forward contact tracing (possible risk of transmission to others in the setting)?
    - Has any action been taken to identify contacts within the setting?
    - What COVID secure measures are in place at the setting?

- At the point of initial information gathering, advice should be given to the setting about
    - Case / contact definitions
    - Isolation advice for cases and contacts
    - COVID secure measures for the setting

- Following the initial information gathering, an assessment will be made about
    - Likely transmission in the setting
    - Assessment of control measures – are they adequate?
    - The settings engagement with COVID secure practices
    - Further actions needed re identifying cases and contacts
    - Further control measures needed

- In some situations, the 'lead' organisation / team will feel comfortable making this assessment
    - Where there are no concerns / no further actions are required, there is no need for wider multi-agency discussion

- Where there are concerns, or an organisation / team wishes to discuss their assessment with colleagues, a multi-agency discussion should take place
    - In some situations, a simple call between LA and HPT to review information and agree that actions are appropriate will suffice

In others where a fuller discussion of concerns and agreeing actions is needed, a more structured OCT meeting will be convened. The organisation / team who have undertaken the initial information gathering should make arrangements for the OCT and someone from that team chair the OCT

Lead organisation / team:
The organisation / team which leads the initial investigation of a situation should be based on the typical type of support / advice needed. Where another team is directly contacted in

the first instance by the setting it may be helpful to gather information to complete an initial risk assessment and share with the lead organisation.

Cross-border working: It is highly likely that larger situations (cluster / outbreak) will involves cases and contacts from more than local authority area. In line with 'normal' outbreak response, the area where a premise (e.g. a workplace) is located would take the lead for the overall investigation, but the responsibility for investigating cases / contacts may be delegated to their 'home' teams and that information reported back into an over-arching OCT.

Setting	Lead team / organisation*	Comments	Resources to support investigation
Care Homes	HPT	- Advice is mainly infection control and arrangement of testing - HPT informs LA SPOC of details of each home where testing is being arranged - Daily line list to all SPOCs / DsPH re care home outbreaks (incl weekends) - Situations where there are specific concerns will be flagged directly to the commissioner - 68 care homes were reported in the last week; initial risk assessment and documentation for each home takes between 1-3 hours - Note: there are ~220 ongoing COVID situations on our system – most of which are care homes. Not all require daily input but are 'active' in terms of ongoing / follow-up required, therefore capacity to provide detailed updates is extremely limited and will only be possible for situations where there are concerns. - Arrangements in LA teams (review meetings / level of contact with care homes) is very variable; further work to review this and rationalise the numbers of people contacting care homes / rationalise testing arrangements is being taken forward through the Regional Care Home Group	- Care Home Pack and FAQs - Wrap-around team arrangements in place in each LA (exact arrangement vary between areas) - Ongoing IPC advice / support available through LA teams (although this is quite variable in terms of capacity and availability)
Children's Homes	LA	- Can be complex issues relating to staffing/business continuity following identification of contacts, and commissioning arrangements, requiring multi-agency liaison - Advice is usually about infection control and COVID secure measures - Any complex situations can be discussed with the HPT via the ICC - Work being taken forward through CYP network regarding advice on PPE	- Work through CYP network
Domiciliary Care providers / Supported living services	HPT	- Advice is mainly IPC (and in some situations discussions about testing) - May require co-ordination of IPC support requiring liaison between LA and HPT. - Providers to not always fall within a single LA footprint - HPT informs LA SPOC about cases, enquiries / situations being managed	- Domiciliary care SOP in place. Outbreak/issue definition detailed within the SOP dependent on transmission within the

		as they arise. – Options to include in daily care home line list for SPOCs / DsPH to considered via regional care homes group - Need discussion between HPT and LA/IPCNs as required.	setting. - Regional FAQs for domiciliary care - Ongoing IPC advice / support available through LA teams (although this is quite variable in terms of capacity and availability) - Testing to be made available to CQC registered Dom care providers
Primary Care / Dental practices	HPT	- Advice is mainly IPC and staff isolation (and in some situations discussions about testing) - May require coordination between HPT / LA / CCG and NHSE	- Primary Care and Dental SOPs in place - FAQs for primary care and dental settings - Dental PH team undertake initial risk assessment of staff cases and report any concerns to HPT (HPT manage dental patients)
Schools	LA	- Reports of school cases/issues into the HPT (via the national helpline or direct report) are reported daily to SPOCs prior to any communication with the setting. - Main advice is about managing bubbles / identifying contacts and ensuring COVID secure measures in place - Careful assessment is needed to determine whether transmission is occurring in the school setting or whether positive results reflect community transmission - Business continuing issues may arise as a result of staff shortages - Schools are becoming increasingly confident in managing situations ins some areas - LA teams have been managing these since early October and have well-established relationships with school settings - Any complex situations can be discussed with the HPT via the ICC	- Schools FAQs - Support through regional CYP network (further FAQs to be capture through this network) -

		Thresholds for discussion will vary depending on setting but may include high numbers of cases / cases in several year groups or bubbles / reports of severe illness - Lower threshold for multi-agency discussion in SEN schools	
Universities	LA	- Advice is mainly about ensuring COVID secure measures are in place and that contact tracing has been completed by the setting - LA teams have well established relationships and reporting arrangements in place with Universities - Universities are advised to report linked cases (on campus or in halls of residence) to the ICC - HPT liaise with LA and any complex situations can be discussed - Thresholds for discussion/requirement for and OCT will vary and may include high numbers of cases / reports of severe illness	- FAQs for Universities - Initial risk assessment template - Template letters for contacts
Workplaces	LA	- Advice in these settings is mainly about ensuring COVID secure measures (EHO / Public Protection Teams +/- HSE) are in place and that contact tracing has been completed by the setting - Careful assessment is needed to determine whether transmission is occurring in the workplace or whether positive results in staff members reflects community transmission (i.e. other plausible sources of infection) - A multi-agency meeting is often useful (may include the workplace) to reinforce messages about COVID secure practice and to offer support in settings where this may be more challenging - Any complex situations can be discussed with the HPT via the ICC - As part of the roll-out of mass testing with LFDs, there are workplace pilots – we may want to consider this for workplaces where COVID secure practice is more difficult	- Workplace checklists (including re-vamped JBC action cards) - Standard email (with links to guidance and checklist for information to gather) for LA / HPT team to share with the workplace when they first report cases - Template letters for contacts and wider workforce - There are examples of asymptomatic testing in workplace – we (HPT) are gathering lessons learned
Emergency Services	HPT	- Advice is mainly IPC and ensuring contact tracing has been completed by the setting - Settings do not always fall within a	

		LA footprint - May be business continuity issues as a result staff shortage	
Prisons (and secure children's facilities)	HPT	- Advice is mainly IPC (and in some situations discussions about testing) - Careful assessment is needed to determine whether transmission is occurring in the prison setting or whether positive results in staff members/inmates reflects community transmission (i.e. other plausible sources of infection) - May be complex issues resulting from staffing issues or restrictions impose within the setting	- National HMPPS guidance
Hostels	LA	- Advice is mainly IPC and ensuring contact tracing has been completed by the setting - May be complexities and support required to access testing - Any complex situations can be discussed with the HPT via the ICC	

Information sharing after initial investigation

Where a caller directly contacts an organisation that is not the lead for a particular situation, clarification should be sought about if/who they have spoken to in the lead organisation.

Where there have been previous discussions with the lead organisation, the caller should be re-directed to the individual who is managing the situation.

Where there has been no prior contact, initial information should be gathered and formally handed over to the relevant SPOC (ICC for the HPT) by e-mail notifying the caller that this is the process.

Appendix 6

Updated 3 March 2021

Standard operating procedure for the joint local management of confirmed COVID 19 cases in schools and childcare settings in Gateshead (staff/pupils/children/young people)

Responsibilities

Directors of Public Heath (DPH) have a specific role in managing outbreaks in their Local Authority (LA) area, in particular advising on and implementing measures at geographic and sectoral level.

The DPH and the Local Authority have a pivotal role in the prevention of outbreaks through community leadership, management, supervision, support, statutory and enforcement roles. For COVID 19 this has included the development of the Gateshead COVID Local Outbreak Control Plan.

Local Health Protection Teams within Public Health England (PHE) have a lead role in supporting the LA to investigate and manage outbreaks, where required. The North East Health Protection Team (NE HPT) is Tier 1 of the national Test and Trace system and will continue to manage cases in keeping with the published guidance.

Applicable settings

This document describes management in schools and childcare settings and applies to staff/pupils/children and young people in these settings.

Current situation

We are now in a situation of sustained community transmission and rising background prevalence of COVID-19 infection. As such, it is not unexpected that we will see multiple cases of COVID associated with specific settings and it becomes increasingly difficult to disentangle potential sources of exposure and routes of transmission.

Where multiple cases are linked to a setting, there is a collective responsibility for LA's and the NE HPT to respond collaboratively as a public health system, working with settings and communities to complete a risk assessment and implement control measures.

Local Authority actions for confirmed cases

In most instances the LA's PH Team will receive reports of confirmed cases in schools/childcare settings through their electronic reporting system.

However, in some instance cases may have been escalated to the NE HPT from NHS Test and Trace or the DfE helpline because they have reported attending a particular venue / setting (e.g. schools, childcare settings). This information will be shared with LA PH teams to ensure that there is awareness of the setting. The NE HPT will inform the single point of contact (SPOC) in the LA about these cases via covidoutbreak@gateshead.gov.uk

Liaison with the NE HPT will be through the email address ICC.NorthEast@phe.gov.uk

The LA SPOC will liaise with the PH programme leads, who have responsibility for schools and childcare settings, to check if they are aware of the cases and are taking necessary action.

The PH programme leads will contact the school/childcare setting and carry out a risk assessment to identify who has been in close contact with the case during the infectious period and advise that any pupil/staff member must isolate for 10 days following their last contact with the case. The close contacts will not be allowed to attend school for the 10 day isolation period.

Close contact in these settings means anyone who has had any of the following types of contact with someone who has tested positive for coronavirus (COVID-19) with a PCR or LFD test:

a. face-to-face contact including being coughed on or having a face-to-face conversation within 1 metre
b. been within 1 metre for 1 minute or longer without face-to-face contact
c. sexual contacts
d. been within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)
e. travelled in the same vehicle or a plane

Anyone who lives in the same household as someone with coronavirus symptoms or who has tested positive for coronavirus (e.g. sibling who attends the setting or partner of staff member who attends the setting) will be classed as a close contact and advised to isolate.

School/childcare settings have been provided with template text for inclusion in letters to those/the parents of those who need to isolate.

Arrangements for outbreak investigation and management

Either the LA Authority or the North East HPT can declare an outbreak of infection in accordance with national outbreak definitions, although, given the background prevalence in the region the threshold of '2 cases = outbreak' may no longer be appropriate.

At this stage in the pandemic it is no longer sustainable nor effective / necessary to hold a formal outbreak control team (OCT) meeting for every outbreak situation and situations may be managed in accordance with any emerging national guidance on settings in relation to COVID.

Key public health actions will be to ensure:

1. Prompt identification and advice to cases to self-isolate
2. Prompt and accurate identification of contacts (using national definitions)
3. COVID secure measures are in place to limit any potential for ongoing transmission
4. Prompt notification of any subsequent cases so that the situation and risk assessment can be reviewed

The PH programme leads, with responsibility for schools and childcare settings, will collate the information for the confirmed cases within the setting to enable the DPH and/or PH Consultant to consider any further action required. This information may include, but is not limited to, details of school or childcare set up, total number of staff confirmed positive, total number of pupils confirmed positive, number of contacts, current measures in place and how these are implemented e.g. social distancing and infection prevention control, wider context e.g. external sources of transmission

In many situations in schools and childcare settings, a local discussion between the LA's PH team, the health and safety team and the setting will be sufficient to undertake a risk assessment and provide advice about isolation and control measures and a formal OCT may not be necessary. Advice will also be sought from the NE HPT, where considered necessary, by either the LA's DPH and/or PH Consultant.
The PH Consultant will brief the DPH to provide assurance that no additional support or action is required, or to discuss escalation as appropriate.
If it is decided a formal OCT is not required the management of the outbreak will be overseen/led by the PH Consultant with input from the PH programme leads, health and safety team and the school/childcare setting.

However, in some situations the initial risk assessment and discussion may determine that a formal HPT **or** LA led OCT should be convened. Situations where a formal OCT meeting is most likely to be of value are:

- Where there is not a clear link between cases or an alternative plausible explanation for the cases, resulting in a suspicion that something unexplained is happening in that setting
- Where there are reports of severe illness e.g. multiple hospitalisations/deaths
- Where there is significant media attention
- Where there is a need for control measures that require multi-agency coordination.

Formal OCT convened
When the need for a formal OCT is agreed an initial meeting will be convened rapidly, chaired by a Registered PH Consultant and advised by the NE HPT. Regional JBC officers and other national bodies may be involved depending on the outbreak/situation.

The following agencies may be represented, in addition to the school/childcare setting, at the formal OCT: Education Gateshead, Early Help Team, Gateshead NHS FT Community Services, HDFT 0-19 Public Health Nursing Service, LA Facilities Services, LA Health and Safety, Communications and any other agencies as required. They will be required to assist in ensuring that control measures identified in response to the HPT risk assessment and through the initial response phase are put in place.

The formal OCT will meet to agree:

- control actions to be delivered by the setting
- the appropriate management approach for the outbreak
- criteria for escalation and de-escalation (in line with guidance)

- further meetings.

The NE HPT will also monitor the incident/outbreak and inform the DPH if further action is required in response to additional possible and/or confirmed cases in the school or childcare setting, or if the Headteacher/Manager of the setting is unwilling to comply with advice

An effective communications response is an essential part of the management of any incident/outbreak. External communication and national reporting will be via the PH team. If required the Local Outbreak Engagement Board will support public facing engagement and communication as part of any local outbreak response,

Testing

In order to effectively manage incidents and outbreaks it is essential everyone is able to access a test when they need to and that they can receive their results in a timely manner. The PH Consultant will support access to and appropriate use of testing during the outbreak, where required. This could include:

a. signposting to national testing routes for symptomatic pupils and staff
b. utilisation of local testing capacity for symptomatic pupils and staff
c. deployment of mobile testing units (where available)
d. establishment of alternative testing arrangements

The NE HPT may wish to utilise their own testing arrangements dependent on the nature of the incident or outbreak, and the other tests that may be required in addition to the COVID 19 testing. This will be discussed and agreed as part of the formal OCT.

The LA with Gateshead NHS FT Community Services has developed an effective local response to the ongoing COVID-19 pandemic. Primarily this is targeted at care homes settings as detailed in the Care Home SOP.

However, if an incident or outbreak is identified at a school or childcare setting consideration will be given to any support with testing or infection prevention control advice that could be offered from Gateshead NHS FT Community Services. Where resources allow test swabs may be processed through the QE hospital which provides a fast turnaround of results.

Testing and infection prevention control advice may also include support from the Gateshead 0-19 PH Service School Nurses, under the remit/management of Gateshead NHS FT Community Services.

Each incident or outbreak would need to be discussed to determine the most appropriate approach for testing and support, considering the particular circumstances and advice from NE HPT.

Where appropriate the PH Consultant will identify and escalate the need for any additional resources to the Covid 19 Control Board.

Escalation

The NE HPT and DPH will escalate the incident, in keeping with the LA outbreak plan, if:

a. Whole school closure is required
b. Linked cases are identified in other schools
c. Increase in cases across several schools

Further action may be required such as closure of all schools in a given area. This will be led by the DPH/LA, advised by the NE HPT, in keeping with the LA outbreak plan.

The DPH or PH Consultant will de-escalate the outbreak in accordance with guidance and with the agreement of the formal OCT meeting.

Appendix 7

STANDARD OPERATING PROCEDURE FOR THE LOCAL MANAGEMENT OF OUTBREAKS IN CARE HOMES DURING 'TEST, TRACE, CONTAIN AND ENABLE'

Responsibilities

1. Directors of Public Health have a specific role in managing outbreaks in their local authority area, in particular advising on and implementing measures at geographic and sectoral level.

2. The Director of Public Health and local authority have a pivotal role in the prevention of outbreaks through community leadership, management, supervision, support, statutory and enforcement roles. The local authority also has specific roles in terms of statutory accountability, commissioning or direct management of care homes, and prevention will be integral to these roles. An enhanced local offer and team has been established to strengthen support.

3. Local Health Protection Teams within Public Health England have a lead role in investigating and managing outbreaks. The North East Health Protection Team (HPT) is Tier 1 of the national Test and Trace system and will continue to manage cases in keeping with the published guidance.

Declaring and Ending an Outbreak

4. If there is a single laboratory confirmed case, this would initiate further investigation and risk assessment.

5. An outbreak in a residential setting is defined as 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.

6. The criteria to end an outbreak in a residential setting is no confirmed cases with onset dates in the last 28 days in that setting.

Health Protection Team Actions

7. The HPT will receive electronic reports of confirmed cases twice daily (10:00 and 15:00 hours) from NHS Test and Trace.

8. Cases may also be brought to the attention of the HPT through care homes or the local authority contacting directly to report confirmed cases among residents or staff, or to report multiple suspected cases.
9. The HPT will undertake Risk Assessments whenever the care home makes contact with HPT.

10. Following notification of exposure in a care home the HPT will undertake the following actions:

Suspected case: Resident

11. The care home should notify the HPT of any possible cases in residents.

12. Advice will be given in relation to the resident(s) who is a possible case. Residents with symptoms of COVID-19 should be isolated for 14 days from the onset of symptoms. If a resident has a negative COVID results they can come when they are clinically well and have been afebrile (not feverish) without medication for 48 hours.

13. The HPT will conduct a risk assessment with the care home to gather information about whether there are other symptomatic or confirmed cases in the care home and whether this constitutes a new outbreak situation. Where there is no evidence of a new outbreak situation, HPT will arrange swabbing of symptomatic individuals.

14. . Where there is evidence of a new outbreak the HPT will arrange whole care home testing.

Confirmed Case: Resident

15. The HPT will contact the care home to gather information on the onset of illness and test date to determine the infectious period.

16. Advice will be given in relation to the resident who is the confirmed case. This will include isolating the confirmed case for 14 days from the onset of symptoms (or date of the positive test if the case is asymptomatic).

17. If the resident is a new admission to the care home, there may be household and community contacts who require self-isolation advice. Any such contacts will be identified and managed appropriately through the national contact tracing system and the HPT will ensure adequate information has been provided to NHS Test and Trace to enable this to happen.

18. If the resident was admitted from another care home or health care setting the HPT will contact that setting.

19. Where individuals are identified as meeting the criteria for a significant contact, they will be advised to isolate for 14 days from the date of exposure.

For residents in care homes, national guidance advises isolation for 14 days because of the risk of transmission to other residents in a vulnerable group, and because the average incubation period in this group tends to be longer.

Suspected case: Staff Member

20. The care home should notify the HPT of any possible cases in staff.

21. Advice will be given in relation to the member(s) of staff who is a possible case. Staff with symptoms of COVID-19 should be advised to access testing via Pillar 2. Staff who test negative for COVID-19 can return to work when they are clinically well and have been afebrile (not feverish) without medication for 48 Hours.

22. The HPT will conduct a risk assessment with the care home to gather information about whether there are other symptomatic or confirmed cases in the care home and whether or not this constitutes a new outbreak situation.

23. Where there is evidence of a new outbreak the HPT will arrange whole care home testing.

Confirmed Case: Staff Member

24. The HPT will contact the confirmed case and establish the onset date of their illness, the date on which they were tested and their attendance at work during the infectious period. The case will be advised to self-isolate until the latest of:

- 10 days after the onset of symptoms (or 10 days after the test date if they are asymptomatic).
- The time at which all of the following are no longer present: high temperature (without medication for 48hrs) and they are medically fit to return
- no earlier than 10 days from symptom onset, provided clinical improvement has occurred and they have been afebrile (not feverish) without medication for 48 hours and they are medically fit to return
- if a cough or a loss of or a change in normal sense of smell (anosmia) or taste is the only persistent symptom after 10 days (and they have been afebrile for 48 hours without medication), they can return to work if they are medically fit to return (these symptoms are known to persist for several weeks in some cases)

25. The staff member will be encouraged to inform the care home of their result.

26. If the staff member identifies contacts in the care home the HPT will contact the care home in order to provide the appropriate infection control advice.

27. Any such contacts will be identified and managed appropriately through the national contact tracing system and the HPT will ensure adequate information has been provided to NHS Test and Trace to enable this to happen.

28. Any household and non-household social contacts will be identified and managed appropriately through the national contact tracing system and the HPT will ensure adequate information has been provided to NHS Test and Trace to enable this to happen.

29. All household contacts of the case will be advised to self-isolate for 10 days from the day the confirmed case's isolation period starts. Where other individuals are identified as meeting the criteria for a significant contact with the case they will also be advised to isolate for 10 days from the date of exposure (or 14 days if the contact is a resident)

30. If staff are symptomatic when tested
    Symptomatic staff who test positive for SARS-CoV-2 or who have an inconclusive test result, and symptomatic staff who have not had a test, can:

- return to work no earlier than 10 days from symptom onset, provided clinical improvement has occurred and they have been afebrile (not feverish) without medication for 48 hours and they are medically fit to return
- if a cough or a loss of or a change in normal sense of smell (anosmia) or taste is the only persistent symptom after 10 days (and they have been afebrile for 48 hours without medication), they can return to work if they are medically fit to return (these symptoms are known to persist for several weeks in some cases)

31. If staff are asymptomatic when tested
    Staff who test positive for SARS-CoV-2 (either by PCR of LFD) and who were asymptomatic at the time of the test must self-isolate for 10 full days following the date of the test. If they remain well, they can return to work after their isolation period.
    If, during the 10 days isolation, they develop symptoms, they must self-isolate for 10 days from the day of symptom onset. They can:

- return to work no earlier than 10 days from symptom onset, provided clinical improvement has occurred and they have been afebrile (not feverish) without medication for 48 hours and they are medically fit to return
- if a cough or a loss of or a change in normal sense of smell (anosmia) or taste is the only persistent symptom after 10 days (and they have been afebrile for 48 hours without medication), they can return to work if they are medically fit to return (these symptoms are known to persist for several weeks in some cases)

Significant Contact

32. A significant contact is defined as any of the following:

- Lives in the same unit or floor as a confirmed case (e.g. shares the same communal areas), unless the resident(s) (i.e. potential contacts) are effectively isolating in their rooms throughout the infectious period of the
- case(s) or vice versa.
- Direct face-to-face contact with a confirmed case (within one metre);
- Being within 1 metre of a confirmed case for 1 minute or more;
- Being within 2 metres of a confirmed case for 15 minutes or more;
- Travelled in a small vehicle with a case

- Staff who have cleaned a personal or communal area of the home where a confirmed case has been located (note this only applies to the first time cleaning the personal or communal area)

Where appropriate PPE has been worn, then a contact is not classed as significant even if meeting any of the above criteria except for travelling in a small vehicle. PPE is only considered in workplace vehicles which have been fully risk-assessed and included in the workplace's COVID-safe plan. Where a person has travelled in a private car with a confirmed case, they are classed as having had significant contact even if PPE was worn.

33. The timeframes in which significant contact occur are defined as 48 hours prior to the case's symptom onset OR date of test if asymptomatic. Cases in staff members are considered infectious for 10 days from symptom onset OR date of test if asymptomatic. Cases in care home residents are considered infectious for 14 days from symptom onset OR date of test if asymptomatic.

HPT Reporting to Director of Public Health / Local Authority

34. The HPT will inform the DPH of the care home via an automated report which is sent daily (Monday-Friday) to the agreed single point of contact in the Local Authority. This automated report includes all new care homes that the HPT has had contact with/in relation to one or more confirmed or suspected cases of COVID-19 infections in staff or residents since the last report was issued.

35. A new situation is declared in a care home if there is one new case (suspected or confirmed) of COVID-19 infection in a care home which has had no cases of COVID-19 infection for the preceding 28 days. This means that some care homes may appear on the daily report multiple times.

36. The HPT will advise on whole home testing in, and following on from, an outbreak situation using Pillar 2 tests. In addition, Rapid Response daily LFD testing will be carried out by the Care Home until there have been 5 days with no additional positive tests for a minimum of 7 days.

37. On declaring a situation, an email will be sent to the local authority SPOC which will detail name of care home; address; outbreak number; symptoms; date of onset; proportion of residents with symptoms; proportion of staff with symptoms; proportion of staff confirmed; proportion of residents confirmed; number of deaths; and number of hospitalisations.

38. Once all results are available for a care home these will be communicated to the local authority SPOC via email.

39. If the HPT has particular concerns about a care home, including (but not limited to) issues in adherence to control measures, staffing or resource concerns then additional contact will be made with the local authority through the nominated SPOC (including out of hours).

40. Liaison will be through the HPT ICC email address.

41. The HPT will inform the SPOC / DPH if further action is required.

Local Authority Actions

42. The local authority will provide a SPOC for the HPT to report outbreaks to, available seven days a week between 08:00 and 20:00

43. The designated duty Public Health Consultant will be responsible for reviewing the information provided by the HPT. This could include any risk assessments undertaken, infection control advice given and any particular concerns shared about a care home, including (but not limited to) issues in adherence to control measures, staffing or resource concerns.

44. As part of the initial response phase the duty Public Health Consultant will liaise with the Local Authority Commissioning team and Community Service IPC leads to ensure that there is engagement with the care home to:

- understand the current position in relation to suspected or confirmed cases amongst residents and staff; agree the preferred channel of communication and confirm contact details; agree frequency of contact.
- provide advice and guidance to support the care home to implement control measures and relevant national guidance.
- assess areas including PPE requirements and usage, staffing, occupancy, training requirements and health and wellbeing checks for residents and staff.
- highlight any particular concerns about a care home shared by the HPT and agree mitigating actions and timescales for implementation.
- establish if resident cases are being supported in the home or are in hospital.
- establish if staff cases are self-isolating at home and advise appropriately if this is not the case.
- discuss risk assessments for residents and staff, including environmental issues such as the ability to isolate residents.
- discuss business continuity arrangements and any emerging risk.
- where appropriate identify and escalate the need for any additional resources.
- agree monitoring arrangements to review progress in implementing control measures.

45. If following the initial response it is necessary to establish a Local Outbreak Control Team this will be convened in accordance with agreed procedures for in hours and out of hours response, using an agreed key contact list.

Local Outbreak Control Team

46. When the need for Local Outbreak Control Team (OCT) is indicated an initial meeting will be convened rapidly, chaired by a Registered Public Health Consultant and advised by the HPT. Regional JBC officers and other national bodies may be involved depending on the outbreak/situation.

47. Public Health, Adult Services, Commissioners, Community Services and Communications (other agencies as required) will be represented at Local OCT meeting to assist in ensuring that control measures identified in response to the HPT risk assessment and through the initial response phase are put in place.

48. The Local OCT will meet to agree:

- control actions to be delivered by the setting
- the appropriate management approach for the outbreak
- criteria for escalation and de-escalation (in line with guidance)
- further meetings
- how any learning from outbreak will be disseminated

49. An effective communications response is an essential part of the management of any incident or outbreak. External communication and national reporting will be Public Health. The Local Outbreak Engagement Board will support public facing engagement and communication as part of any local outbreak response.

50. In order to effectively manage incidents and outbreaks it is essential everyone is able to access a test when they need to and that they receive their results in a timely manner. Any issues identified in access to testing are to be escalated appropriate channels.

51. Where appropriate the Public Health Consultant will identify and escalate the need for any additional resources to the Covid 19 Control Board.

52. The Public Health Consultant will de-escalate the outbreak in accordance with guidance and with the agreement of the Health Protection Team.

Escalation

53. The DPH will escalate the incident in accordance with the Covid Control Plan and with advice from the HPT if further action is required due to:

    i. Persistent evidence of ongoing transmission in the care home despite the additional support provided by the LA.
    ii. Other concerns about the quality of care in the care home
    iii. The care home failing to apply control measures.

54. Further actions taken may have system-wide impacts such as closure of the care home or action across a group of care homes.

55. If the management of the outbreak causes a significant test to the system's capacity and capability to respond and manage the issues, then consideration should be given to the declaration of an emergency or major incident, and activation of the Emergency Response Process.

Appendix.

Description of Gateshead testing process.

- The Local Authority with Gateshead Community Services have developed an effective local response to the ongoing COVID-19 Pandemic.
- Information is shared between partners as soon as there is an indication of a potential COVID-19 case (from Health Protection Team or direct reporting from the care home).
- The Local Authority Commissioning team maintain daily / weekly contact with all care settings and record and action any reported infection, requests for PPE etc.
- Community Services have developed strong working relationships with the Care Homes, providing IPC training and supporting with swabbing of residents if required.
- A positive result is then followed up by IPC leads from the QE and LA commissioners, to offer support and guidance if required. The process for swabbing care home residents is documented below.

Care home testing guidance for residents and staff: PCR and rapid lateral flow (England) (publishing.service.gov.uk)

Appendix 8

Approach to preventing and managing outbreaks in workplaces (not schools or care homes)

Background

As part of national measures to control the spread of COVID-19, the number of workplaces open for business is limited to those providing essential services. As the pandemic has continued, decisions were made nationally to progressively ease measures to allow businesses to re-open until the most recent lockdown in January 2021.

The evidence about safety and transmission of the COVID-19 virus in the workplace indicates that:

- The risk of transmission is most strongly associated with close and prolonged contact in indoor environments. The highest risks of transmission are in crowded spaces over extended periods.

- Emerging evidence suggests that other factors that could be implicated in workplace linked transmission include:

    - Failure to observe social distancing during refreshment, toilet and smoking breaks
    - Shared transport to and from work
    - Shared living accommodation for workers based away from their usual home
    - Poor ventilation

- Physical distancing is an important mitigation measure (high confidence). Where a situation means that 2m face-to-face distancing cannot be achieved it is strongly recommended that additional mitigation measures including (but not limited to) face coverings and minimising duration of exposure are adopted

In summary, it is clear that there is an increased risk should workplaces operate with employees in close indoor contact for long periods and that reduction of social distancing has the potential to increase transmission of the virus within workplaces and therefore, in the community. For this reason, Gateshead Council has recommended that the 2-metre social distancing advice should be maintained.

General advice for workplace

Workplaces should be referred to the Working Safely During Coronavirus guidance that has practical steps to take. These should complement – not replace – steps already taken to adhere to health and safety requirements, working with Environmental Health Teams and Public Health Teams within Local Authorities, and Public Health England's Health Protection Team.

Carry out a COVID-19 risk assessment: refer to the HSE guidance and consult staff or trade unions
Review cleaning, handwashing and hygiene procedures: provide hand sanitiser around the workplace to complement hand washing facilities and frequently cleaning and disinfecting objects and surfaces that are touched regularly

Maintain 2-metre social distancing, where possible: put up signs to remind workforce of social distancing guidance and use tape to mark 2-metre distance between workspaces, reduce numbers of workers on site to maintain social distancing, cohort staff, limit car sharing and revisit shift patterns

Where people cannot be 2-metres apart, manage transmission risk: by using screens or barriers to separate people from each other and staggering arrival and departure times.

Managing cases and outbreaks in workplaces
Where symptomatic individuals are identified, workplaces should be advised to follow national guidance (link) and the individuals should self-isolate, not return to work and access testing in line with current advice (dial 119 for advice).

Responsibilities
Directors of Public Health (DPH) have a specific role in managing outbreaks in their local authority area, advising on and implementing measures at a geographic and sectoral level. This role is being developed as part of the work led by the Joint Biosecurity Committee. This includes the development of Local Authority level outbreak control plans (locally termed the COVID-19 Control Plan).

The HPT have a lead role in investigating and managing outbreaks and are designated as Tier 1 of the national NHS Test and Trace Service and will continue to manage cases in keeping with national guidance.

Identification
COVID-19 cases within workplaces will likely be identified in two ways.

- Individual confirmed cases are reported to the NHS Test and Trace service who provide advice on self- and household isolation and undertake contact tracing (with contacts also being advised on isolation). If the case is linked with a workplace the HPT is notified.
- Cases will also come to light through workplaces directly contacting the HPT or Local Authority, for example to report any suspected or confirmed cases among staff as described above.

HPT actions
The HPT may contact confirmed cases escalated through the NHS Test and Trace Service and establish the onset date of their illness, the date on which they were tested, their attendance at work and contact details for the workplace. They may also refer the contact's details to the DPH for further investigation.

Cases may also come to light through workplaces directly contacting the HPT or Local Authority to report confirmed cases among staff or to report multiple suspected cases. The HPT, or LA at the request of the HPT, will provide advice.
The HPT, or the LA at the request of the HPT, will:

- Contact the Workplace and disclose (in confidence) the name of the worker and undertake a joint risk assessment to identify close contacts who will require 14 days self-isolation from their last contact with the worker case.
- Close contact is defined as any of the following (without PPE):
  - Direct face-to-face contact with a confirmed case;
  - Being within 1 metre of a confirmed case for 1 minute or more;
  - Being within 2 metres of a confirmed case for 15 minutes or more.
  - Travelling in a small vehicle with the confirmed case
- Provide template text for inclusion in a letter from the workplace to those who need to be self-isolated.
- Refer the workplace to the LA Business Compliance Team for advice on making the workplace COVID secure.
- Provide advice to the workplace about escalation criteria and how the situation will be monitored (e.g. further cases linked to premises either reported through workplace or identified through Test & Trace)

The HPT will also inform the DPH of the incident, the initial risk assessment and the advice given to the workplace via email to the Council's single point of contact: CovidOutbreak@Gateshead.gov.uk.
The HPT will also monitor the incident and inform the DPH if further action has been required in response to further possible and/or confirmed cases in the workplace or if the Workplace appears unwilling/unable to comply with advice.

Gateshead Council actions
The local authority will:

- Provide a single point of contact for the HPT to report outbreaks to. This will be monitored 7 days a week, between 8am and 8pm.
- A Public Health (PH) Consultant will be responsible for reviewing the information provided by the HPT, including the initial risk assessment and advice given.
- At the request of the HPT
  - Contact the Workplace and disclose (in confidence) the name of the worker and undertake a joint risk assessment to identify close contacts who will require 10 days self-isolation from their last contact with the worker case.

Close contact is defined as any of the following (without PPE):

- Direct face-to-face contact with a confirmed case;
- Being within 1 metre of a confirmed case for 1 minute or more;
- Being within 2 metres of a confirmed case for 15 minutes or more.
- Travelling in a small vehicle with the confirmed case

- Provide template text for inclusion in a letter from the workplace to those who need to be self-isolated.
- Refer the workplace to the LA Business Compliance Team for advice on making the workplace COVID secure.
- Provide advice to the workplace about escalation criteria and how the situation will be monitored (e.g. further cases linked to premises either reported through workplace or identified through Test & Trace)

Take further action at a local authority level if required, with PH being responsible for convening the appropriate outbreak resp. The PH Consultant will contact local leads for support depending on the identified need and consider whether to convene a virtual outbreak coordination group.

Escalation

The DPH/HPT will escalate the incident if:

- There are increasing numbers of cases in a workplace (2+)
- There are linked cases in the community or supply chain
- Media / political interest
- If the business is not cooperating with advice and support

If an outbreak coordination group is required to manage local responses, members will include:

- Public Health Consultant, Gateshead Council
- Economic Development, Gateshead Council
- Foundation Trust
- Environmental Health, Gateshead Council
- Others as required

This group will consider and implement further measures to support the workplace in controlling the outbreak. The group will report weekly to the Gateshead COVID Control Board. The most likely escalation scenario in a workplace setting is if large numbers of staff are infected and pose an increased risk of community transmission away from the workplace. Where further escalation is required, the Council will work with the HPT and appropriate stakeholders to for a local Outbreak Control Team (OCT) to determine further action and support for the workplace, and potentially for the local community. This may include the LA determining to close the workplace until satisfactory measures are in place. The OCT will continue to meet until the outbreak is under control, and will report to the Gateshead COVID Control Board

If the management of the outbreak causes a significant test to the system's capacity and capability to respond and manage the issues, then consideration should be given to the declaration of an emergency or major incident, and activation of the Emergency Response Process.

Testing

The Council PH Team will be able to provide advice on the importance of testing and how to arrange it. The option of bringing in a mobile testing unit or access to asymptomatic testing sites will be considered.

Assurance

6. Public Health Consultants will monitor progress on outbreaks in workplaces in order to assure the DPH that positive action is taken in all outbreaks.
7. All outbreak activity will be reported to the Health Protection Board (COVID-19) on a weekly basis
8. The duty Consultant will then brief the DPH to provide assurance that no additional support or action is required, or to discuss escalation as appropriate.

Contact for workplace EHO

Peter Wright PeterWright@Gateshead.Gov.UK
Stewart Sorrell StewartSorrell@Gateshead.Gov.UK
Lorna Roberts LornaRoberts@Gateshead.Gov.UK

Guidance Documents for Employers

This list of guidance documents pulls together national PHE, NHS and government guidance, and local resources. Hyperlinks are displayed here for reference (click on the link to be taken to the relevant guidance/information online).

Social distancing and stay at home

- PHE Stay at home: guidance for households with possible coronavirus (COVID-19) infection
- PHE Guidance for contacts of people with confirmed coronavirus (COVID-19) infection who do not live with the person
- Gov.uk Coronavirus (COVID-19): Social distancing
- PHE COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable

Infection prevention and control

- PHE Best practice: how to hand wash
- PHE Best practice: how to hand rub

Business-specific guidance and policy

- Gov.uk Working safely during coronavirus (COVID-19) There are 14 guides covering a range of workplace types.
- HSE Risk assessment during the coronavirus (COVID-19) pandemic

Cleaning and waste management

- PHE COVID-19: cleaning in non-healthcare settings

Testing and contact tracing

- DHSC NHS test and trace: how it works
- DHSC Guidance on the NHS test and trace service for employers, businesses and workers

- NHS Testing and tracing for coronavirus

Staff well-being

- PHE Guidance for the public on the mental health and wellbeing aspects of coronavirus (COVID-19)
- Gov.uk Find out what support you can get if you're affected by coronavirus

Appendix 9

Gateshead Health NHS Foundation Trust Covid-19 Infection Prevention Control: High level summary of standard operating procedures and outbreak plan

J Moore, Consultant Microbiologist
L Caisley, Head of Infection Prevention and Control
With input from G Horne, H Coutinho, A Wort (Consultant Microbiologists) and A Beeby (Director of Infection Prevention and Control)

24th June 2020
Updated: 11th March 2021

Standard principles

The trust will do all it can to **minimise the risk of patients and staff acquiring Covid-19 infection** within the hospital and through its community services. This is a top organisational priority.

The Infection Prevention and Control team, Consultant Microbiologists and the Director of Infection Prevention and Control (DIPC) will play an integral role in the trust's response to Covid-19.

Strict application of national and local Infection Prevention and Control guidance will be applied at all times to minimise the risk of Covid-19 infection occurring in patients and staff.

We will **work closely with colleagues in Public Health, the local council and the wider healthcare sector** as well as within the wider community to ensure a joined-up approach is established to prevent Covid-19 infection from occurring wherever possible.

ALL patients admitted to hospital will get a **Covid-19 molecular test on admission** (or in the 5 days preceding admission for certain surgical cases when shielding pre-op) regardless of symptomatology.

ALL patients will be nursed in **single occupancy room** accommodation until the result of their admission Covid-19 molecular test is known.

ALL patients with acute (i.e. infectious) Covid-19 infection will be nursed in either **single occupancy accommodation or in specialised designated Covid-19 cohorted** ward / area distinctly separated from non-Covid-19 patients.

ALL **staff members** have been strongly encouraged to ensure that they receive their **Covid-19 vaccination** at the earliest possible opportunity. To facilitate this the Trust has set up a Covid-19 vaccination service and continues to vaccinate staff at a rapid rate in line with national guidance.

Appropriate **personal protective equipment** (PPE) and all necessary training will be provided to ALL staff and visitors where required.

ALL **staff members** have open access to a HR advisory line through which rapid **Covid-19 molecular testing** can be conducted in the event of any staff member developing symptoms compatible with Covid-19 infection. Staff members will be excluded from work as soon as symptoms develop. ALL staff members diagnosed with Covid-19 will remain off work until the end of the infectious period.

The trust will promptly identify (both patient and staff) contacts of active infections and put systems in place to break the chain of infection such as **prompt isolation of patient contacts**, mandating exclusion from work / self-isolation of significant staff contacts and arranging for additional environmental cleaning and such like to take place.

In addition to symptomatic testing, ALL **staff members** have been offered the opportunity to engage with the **asymptomatic lateral flow Covid testing program**. This involves twice weekly lateral flow testing with the intention of identifying asymptomatic Covid-19 infection in staff members.

It is recognised that thorough and **regular decontamination of the hospital environment** is essential to prevent transmission of Covid-19 infection. Therefore, cleaning schedules are in place to minimise the risk of prolonged environmental contamination. We are now deploying **hydrogen peroxide** decontamination techniques in addition to conventional deep cleaning methodologies to any area where a high level of SARS-CoV-2 virus has been felt likely to have contaminated the environment.

Social distancing measures are in place throughout the organisation in line with government policies.

High quality and timely **Covid-19 molecular testing** will be performed in our own laboratory wherever possible.

The trust will **proactively manage ALL Covid-19 cases** both to optimise the management of the patient/staff member concerned and to do all we can to limit onward transmission of infection.

A **consultant Microbiologist together with the IPCN team** will actively and in real time **investigate each positive Covid-19 result** and assign the result into one of the following groups: Community onset, hospital onset indeterminate, probable or definite healthcare associated infections at the point the result is authorised. Each new result with be added to and cross referenced with a central IPC database to ensure that any clusters of cases or outbreaks are promptly identified.

Potential and confirmed Covid-19 **outbreaks will be managed pro-actively** with all necessary steps taken to reduce the risk of onward transmission at the earliest possible point. We will follow guidance set out in national documents and guidelines pertaining to outbreak management.

As soon as an outbreak is identified **immediate measures** will be taken to contain the situation. For instance, the ward/ area will be closed to new admissions, all visiting will be suspended and internal movements restricted, all discharges to residential facilities or for patients going home with care packages will be put on hold and extra cleaning arranged for the area.

All patients and staff in an area affected by an outbreak will be assessed to see if **routine enhanced Covid-19 molecular (swab) testing is required** to maximise the information available to the outbreak control team and identify all positive cases at the earliest opportunity.

An **outbreak control meeting** will be called (to be held within 24 hours) and the outbreak will be notified through the national reporting mechanisms. Appendix 1 lists the core group of individuals that will make up the outbreak control team. The local health protection team and public health director will promptly be informed of any outbreak and invited to participate in the outbreak control meetings. Appendix 2 contains a template agenda for the first meeting.

A **single point of contact** for the local health protection team and local director of public health will be allocated – this will usually be the Consultant Microbiologist(s) nominated the outbreak lead role. **Regular outbreak meetings** will take place until the outbreak is closed.

All **outbreaks will be thoroughly investigated** through established formal processes**. A post infection / outbreak review** will be conducted at the end of the outbreak and an outbreak report produced. A key part of this investigation process is to **learn lessons** from what has happened and **modify practice where required** recognising that this is a new virus and 'learning quickly from experience' is of paramount importance given the current limited understanding about many aspects of the virus. Covid-19 pathways and documents will be updated regularly as new evidence of learning from experience comes to light and national and local documents are updated.

The trust will be **transparent in reporting all nosocomial Covid-19 cases and outbreaks** through the appropriate national, regional and local reporting systems in a timely manner.

References:

PHE Communicable disease and outbreak management: Operational guidance.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/343723/12_8_2014_CD_Outbreak_Guidance_REandCT_2__2_.pdf

NE Yorkshire SOP for minimising nosocomial infections. NHS England and NHS Improvement and Public Health England with the support of the Regional Covid-19 Incident Team. 17th June 2020 V1

Minimising Nosocomial Infections in the NHS England and Improvement' letter dated 9 June 2020

Appendix 1:

Outbreak Control Team (Gateshead Health NHS Foundation Trust):

- Director of Infection Prevention and Control (Chair)
- Infection control doctor / Consultant Microbiologist (Outbreak lead / Vice-chair)
- Infection Prevention Control Nursing team
- Admin team support (record minutes/action log)
- Medical staff representative from affected ward / area
- Matron covering ward/clinical area
- Ward Sister for affected ward/ clinical area
- Occupational Health / Human Resources team
- Domestic supervisor
- Patient flow lead
- Communications team
- Any other individual(s) deemed necessary for the particular area affected
-

In addition, if felt to be required and able to attend:

- Health protection Team representative
- Local authority public health representative

Outbreak control meetings will be held remotely wherever possible Via Microsoft teams.

Appendix 2:

Outbreak Control meeting – template for standard agenda

Outbreak Control Team Meeting Agenda
(Insert Title of outbreak)
(Insert Date, time and venue)

1. Introductions
2. Apologies
3. Minutes of previous meeting (for subsequent meetings)
4. Purpose of meeting
5. At first meeting agree chair and terms of reference
6. Review of evidence:
    a. Epidemiological
    b. Microbiological
    c. Environmental
7. Current risk assessment

8. Control measures
9. Further investigations
10. Epidemiological
    a. Microbiological
    b. Environmental
    c. Communications
11. Public
12. Media
13. Healthcare providers (eg GPs, A&E etc…)
14. Others
15. Agreed actions
16. Any other business
17. Date of next meeting

Appendix 10

Covid-19 communications plan

Clear, accurate and timely communications is a key element in outbreak management. Providing accurate and timely information to residents, businesses and settings and having the ability to respond to any localised outbreaks quickly and efficiently is essential.

Using the OASIS framework as recommended by the Government Communications Service, this plan sets out our approach to communicating with Gateshead residents and other key stakeholders during the Covid-19 pandemic. It supplements the communications strategy set out within Gateshead Council's Local Outbreak Covid Control Plan, available at:

https://www.gateshead.gov.uk/article/16061/Gateshead-COVID-19-Local-Outbreak-Control-Plan

Objectives

To ensure all audiences remain:

- Informed – including local / national restrictions and the reasons for these
- Engaged – they need to understand the part they can play in preventing virus transmission, know what to do in certain situations and act accordingly
- Reassured – although the situation remains serious, support is available

Audience

Key groups include:

- Gateshead residents
- Gateshead Council staff and members
- Partners, including NHS bodies and emergency services
- Schools and other education settings
- Care homes
- Business owners and employees
- Community and voluntary organisations

Strategy and Implementation

The understanding, consent and compliance of the public is key to effective Covid-19 outbreak management. We need to be open and honest with our community to help to further build on existing relationships and trust. We will always promote a collaborative approach and seek to learn and improve our communications over time.

Our overarching communications strategy is based on a model of Prevent – Respond – De-escalate.

Prevent
We will amplify and supplement national campaigns with localised materials informed by audience insight. Key messages (see appendix 1) will be communicated to a wide audience through social and digital media, radio, TV and outdoor advertising and via the local press. Language and tone will be persuasive, supportive, community focused and person centric. The EAST framework will be used to present all calls to action as Easy, Attractive, Social and Timely.

A regional campaign is currently underway, thanking North East residents for their efforts in slowing the spread and urging them to keep going with relevant behaviours. We will continue to work with neighbouring local authorities (the LA7 group) and other LRF partners to ensure consistency of messaging across the region and address emerging issues.
The Local Engagement Board will support the development of communications for different groups in our community. A social marketing approach will aim to ensure that the information is relevant and appropriate for different audiences.

The prevention work will draw on positive relationships and communicate across all partner platforms and mediums. Verbal briefings, direct emails and engagement will be a key part of communication. A network of COVID-19 Community Champions has been established, whereby representatives from key partner organisations, stakeholder groups and communities are trained to disseminate relevant information. They will help to shape materials and provide feedback on where specific communications activity may be required – for example, common misconceptions or areas of concern.

Respond
When localised outbreaks occur, we will deliver quick, accurate and direct communications and relevant response level (Yellow – Amber – Red – Red Plus) depending on the scale of the outbreak.

Settings will be consulted on the best methods for communication and where appropriate, statements provided quickly to local press and via social media. The key element of this stream is the need for accurate and easily distributed information. Existing channels – such as school text systems to parents, business forums etc – will be mapped out and utilised in line with the outbreak scenario.

De-escalate
As active outbreaks are managed, clear communication to the public, business owners and employees that conveys information on the outbreak and also when it is over is critical. This work will focus on managing public anxiety, communicating well about actions that have been taken and explaining why.

Scoring / evaluation
The effectiveness of communications activities will be continuously evaluated in terms of outputs, outtakes and outcomes.

These may include, but are not limited to:

Outputs (activities and their performance)

- Social media reach and engagement metrics
- Website analytics
- Media coverage

Outtakes (how messages are received)

- Surveys
- Stakeholder feedback (e.g. Covid Community Champions and Local Engagement Board)
- Comments on social media and online news articles

Outcomes (behaviour change)

- Infection rates
- Vaccine / testing uptake
- Compliance with restrictions

Key prevention messages

Hands, face, space

To keep yourself, your family and your community safe:

- Wash your hands regularly (or use sanitiser)
- Wear a face covering where appropriate
- Stay 2m away from people you don't live with wherever possible

It's also essential that we all respect any restrictions in place, locally or nationally, to prevent the spread of the virus.

Testing

If you start to experience coronavirus symptoms (a new continuous cough, a high temperature or a change in your normal sense of taste or smell), you should arrange a test straight away. You and everyone in your household or support bubble should stay at home until you get the results.

If you or someone you have been in close contact with tests positive, you must self-isolate in line with government guidance. Support is available if needed.

Regular lateral flow testing is encouraged to help identify people who could be spreading the virus without realising. It should not be used to bring self-isolation to an early end or if the individual is showing symptoms.

Vaccines

The Covid-19 vaccine is safe and effective. It has been rigorously tested.

We need as many people as possible to have the vaccine, to help keep everyone safe.

It is being delivered nationally by the NHS, using a priority group system. You will be contacted when it is your turn.

The vaccine will prevent you from illness caused by Covid-19, but it may not prevent you from spreading the virus. For this reason, you will need to continue to follow prevention guidance and observe any restrictions in place.

The first dose of the vaccine will give you a good level of protection, but it is important for you to have the second dose for longer lasting effects.

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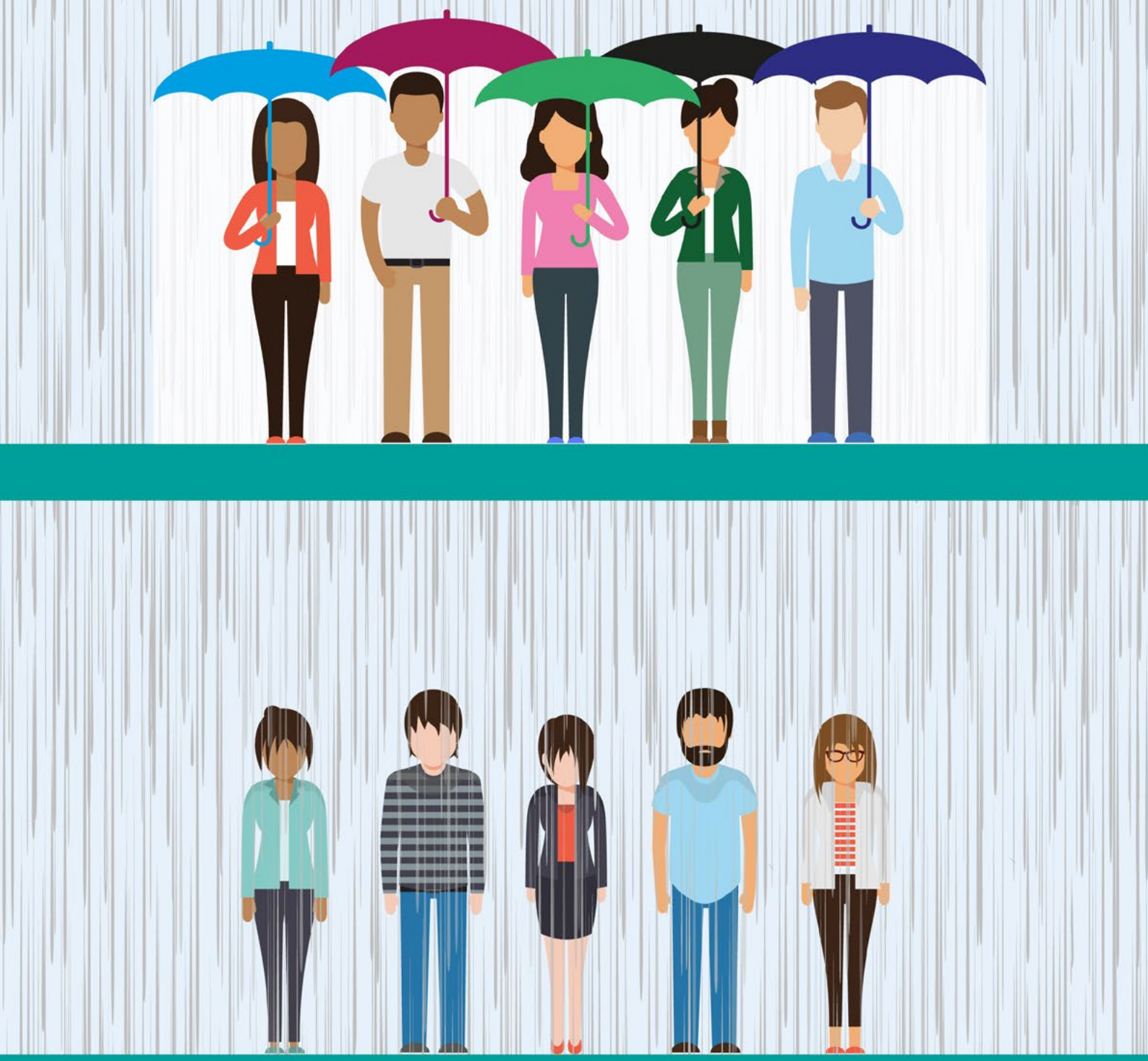


IT'S RAINING, IT'S POURING:

AN UPDATE ON INEQUALITIES IN GATESHEAD 2017/20

Gateshead Director of Public Health
Annual Report 2020

Gateshead Council

Contents

Foreword:

Alice Wiseman
Director of Public Health
Gateshead

It's raining, it's pouring

In 2017, my report as Director of Public Health in Gateshead was called '**It never rains but it pours**'. It focussed on inequalities and described how disadvantage can cluster and accumulate across the life-course.

In this year, 2019/20, the question is 'how are we doing'?

We know that poverty and social inequality are sources of enormous stress for local families.

We know that when parents are overwhelmed by stress, they can struggle to meet the basic emotional and physical needs of their children and this can adversely affect their physical, emotional and social development. This may have life-long implications, impacting a child's developing brain and immune system, leading to susceptibility to mental health problems and chronic disease later in life.

We know that, in our borough, rates of mental health problems and diseases such as high blood pressure, heart problems, inflammatory conditions and diabetes are disproportionately high in both people who experience adversity in childhood and for people living in poverty.

We have already agreed that, for Gateshead, this pattern of disadvantage is not acceptable.

This report will examine the work we have been doing over the last 3 years, to understand the progress we have made and the challenges which remain. I will also touch briefly on the COVID-19 pandemic which is so much a part of our lives at this time.

COVID-19 has created a position which has not only highlighted again the inequalities we knew about but has exacerbated them and created new pressures. We are not just dealing with a COVID-19 pandemic, but we are dealing with a syndemic (a combination of epidemics which interact, cluster and exacerbate the burden of disease).

COVID-19 has reminded us (as if we needed reminding) that we must do more to understand and mitigate the impact of the interaction between the biological and social causes of ill-health.

For COVID-19, we know that people in our deprived communities are more likely to be working in occupations where social distancing is more difficult to observe (e.g. manual occupations and key workers) and consequently they have a greater risk of exposure to COVID-19 infection. We also know that, during the restrictions, they were more likely to be furloughed, and despite Government support, 80% of minimum wage is not enough to live on. Once infected with COVID-19, they are more likely to experience a severe form of the virus due to the interaction between the virus, other diseases and poverty. We have seen this disproportionate risk evidenced in the deaths of key workers across all settings; the very people who kept our country running at the hardest of times. Our most disadvantaged communities are living with those experiences and that knowledge.

Our COVID-19 response has also demonstrated that it is impossible to untangle our community's health from the economy – they are two sides of the same coin. The long-term impact of COVID-19 on our population and economy remains unknown but the reality is that many people in Gateshead have been impacted and lost loved ones. Countries across the world that have demonstrated the best control of the virus are also the countries that have reported the lowest economic impact.

I am immensely proud of our local response to COVID-19 and incredibly grateful to be working in a place that has strived tirelessly to do the right thing regardless of how hard it felt. I've been overwhelmed by amazing colleagues across all organisations; the local authority, health, police, fire, local business, schools, our amazing community and voluntary sector, and not forgetting our fabulous residents, that have stepped up to the challenges COVID has brought us. If there is one silver lining from COVID-19 it is this. I know that Gateshead has the capacity to move forward into recovery with the same resilience and strength that I have observed over the past few months.

We must focus our economic recovery on creating well-being for all our residents. We will need to take bold decisions so our resources (time, money and people) are focussed towards creating a fairer Gateshead.

We must listen to those in Gateshead who experience disadvantage and involve communities in the solutions.

We must stand up for those who have the greatest level of need ensuring their voices are heard above the noise of those people in more powerful positions.

Finally I want to finish by making a commitment to everyone that I will continue to do everything that I can to protect and promote health and wellbeing and tackle inequalities with a focus on supporting Gateshead residents to overcome the hardships that COVID-19 has brought us.

1

Introduction:
Inequalities in Gateshead

In February 2020, Sir Michael Marmot published, Health Equity in England: The Marmot review 10 years on[1], in which he demonstrated that since 2010 life expectancy in England has stalled, something that has not happened since 1900.

In Gateshead we have seen our populations healthy life expectancy at birth slowing and in the case of female children, it is falling. Marmot says "the worsening of our health cannot be written off as the fault of individuals for living unhealthy lives. Their individual circumstances and poor life chances are to blame."

Austerity has taken its toll over the last 10 years, in the foreword to the report Marmot says

"From rising child poverty and the closure of children's centres, to declines in education funding, an increase in precarious work and zero hours contracts, to a housing affordability crisis and a rise in homelessness, to people with insufficient money to lead a healthy life and resorting to food banks in large numbers, to ignored communities with poor conditions and little reason for hope ... Austerity will cast a long shadow over the lives of the children born and growing up under its effects." Marmot 2020

Public funding cuts have had most impact on the most deprived communities outside of London and the South East and have accentuated the North South divide. Government funding for local authorities has fallen by an estimated 49.1% in real terms from 2010 to 2018. This equates to a 28.6% real-terms reduction in 'spending power'[2]

The COVID-19 pandemic has hit the country unevenly with a disproportionate effect on the North of England. In the 'Health for Wealth' report (2018), the Northern Health Science Alliance found that: improving health in the Northern Powerhouse would reduce the regional gap in productivity by 30% or £1.20 per-person per-hour, generating an additional £13.2 billion in UK GDP. However, the COVID-19 pandemic has vastly changed the regional context.[3]

Analysis by the Human Rights commission in 2018 shows that, overall, changes to taxes, benefits, tax credits and Universal Credit (UC) announced since 2010 are regressive, and that the largest impacts are felt by those with lower incomes. Those in the bottom two deciles have lost, on average, approximately 10% of net income, with much smaller losses for those higher up the income distribution.[4]

Poverty and health inequalities are placing an increasing demand on our services, so we need more than ever to focus our work and the money we have to spend, on what matters most. We want to help our communities not just survive, but to flourish, prosper and succeed.

Deprivation in Gateshead

Around 32,700 (16%) people in Gateshead live in one of the 10% most deprived areas of England. There are ten wards containing areas within the 10% most deprived in England.

It is estimated that around 3.7% (7,500) of the Gateshead population are from a black, Asian or minority ethnic (BAME) group. This does not include Gateshead's orthodox Jewish community; over 3000 people state that their religion is Jewish, although this also includes the non-orthodox Jewish population.[5]

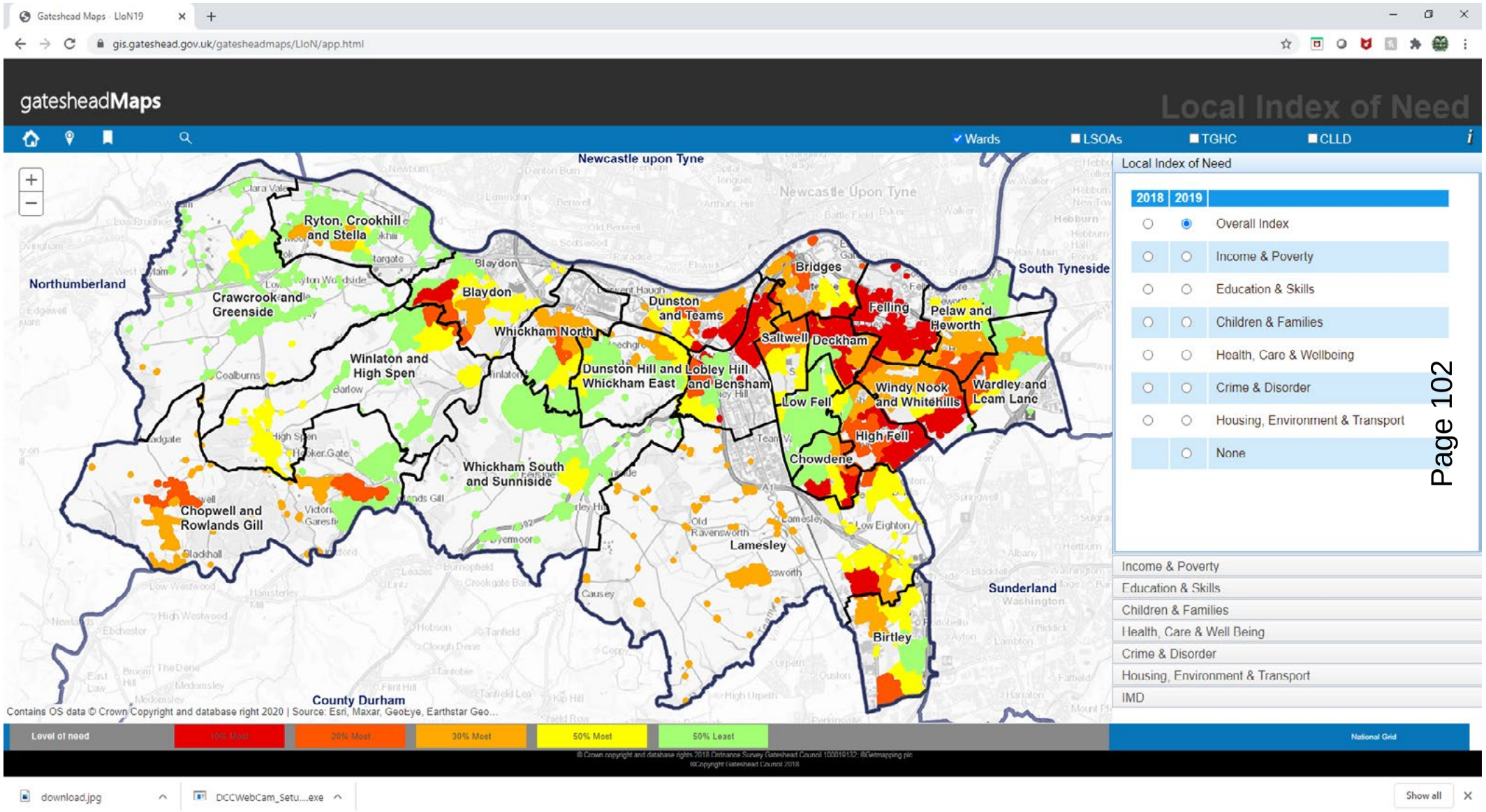
Gateshead's increasing diversity and the uneven distribution of groups within our localities may have implications in terms of support for different communities. Bridges ward is home to the largest number of people from BAME groups, followed by Saltwell ward.

We are also welcoming increasing numbers of asylum seekers who are adding to the diversity of our population. Many have significant challenges due to the trauma they are fleeing and also the complexity of the UK asylum seekers process.

The map on page 8, produced on the Gateshead Local Index of Need (LIoN) mapping tool clearly shows the our most deprived areas. The wards that have a high proportion of children in poverty are clustered in or around the central area of Gateshead and include Felling (40.4%), High Fell (33.8%) and Deckham (33.1%). Small pockets of significant child poverty are evident in Old Fold, North Felling, Beacon Lough East, Springwell Estate and Sheriff Hill, where more than 4 in 10 children live in families below the poverty line.[6]

A recent report by the Institute for Fiscal Studies[7] (June 2020) comments that the economic shock associated with COVID-19 has exacerbated old inequalities. Most people in the bottom tenth of the earnings distribution are in sectors that have been forced to shut down.

These are people who are unlikely to have been able to work from home and who are now facing significant hardship and job losses. Employment is changing, many were dependent on the gig economy with zero hours contracts. Current forecasters are talking about unemployment rates of 10-15%.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Local Index of Need
Wards
LSOAs
TGHC
CLLD
Newcastle upon Tyne
Northumberland
South Tyneside
Sunderland
County Durham
Ryton, Crookhill and Stella
Crawcrook and Greenside
Blaydon
Winlaton and High Spen
Whickham North
Dunston and Teams
Dunston Hill and Whickham East
Lobley Hill and Bensham
Bridges
Saltwell
Deckham
Felling
Pelaw and Heworth
Low Fell
Windy Nook and Whitehills
Wardley and Leam Lane
High Fell
Chowdene
Whickham South and Sunniside
Chopwell and Rowlands Gill
Lamesley
Birtley
Local Index of Need
2018
2019
Overall Index
Income & Poverty
Education & Skills
Children & Families
Health, Care & Wellbeing
Crime & Disorder
Housing, Environment & Transport
None
Page 102
Income & Poverty
Education & Skills
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Health, Care & Well Being
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Our revised Health and wellbeing Strategy: Good Jobs, homes, health and friends [8]

Making Gateshead a place where everyone thrives, is driving the major policy directions for Gateshead Council, aiming to redress the imbalance of inequality, championing fairness and social justice. Poverty and health inequalities are placing an increasing demand on our services, so we need more than ever to focus our work and the money we have to spend on what matters most. Gateshead Council have committed to five pledges to help and guide us when we make decisions:

Put people and families at the heart of everything we do

Tackle inequality so people have a fair chance

Support our communities to support themselves and each other

Invest in our economy to provide sustainable opportunities for employment, innovation and growth across the borough

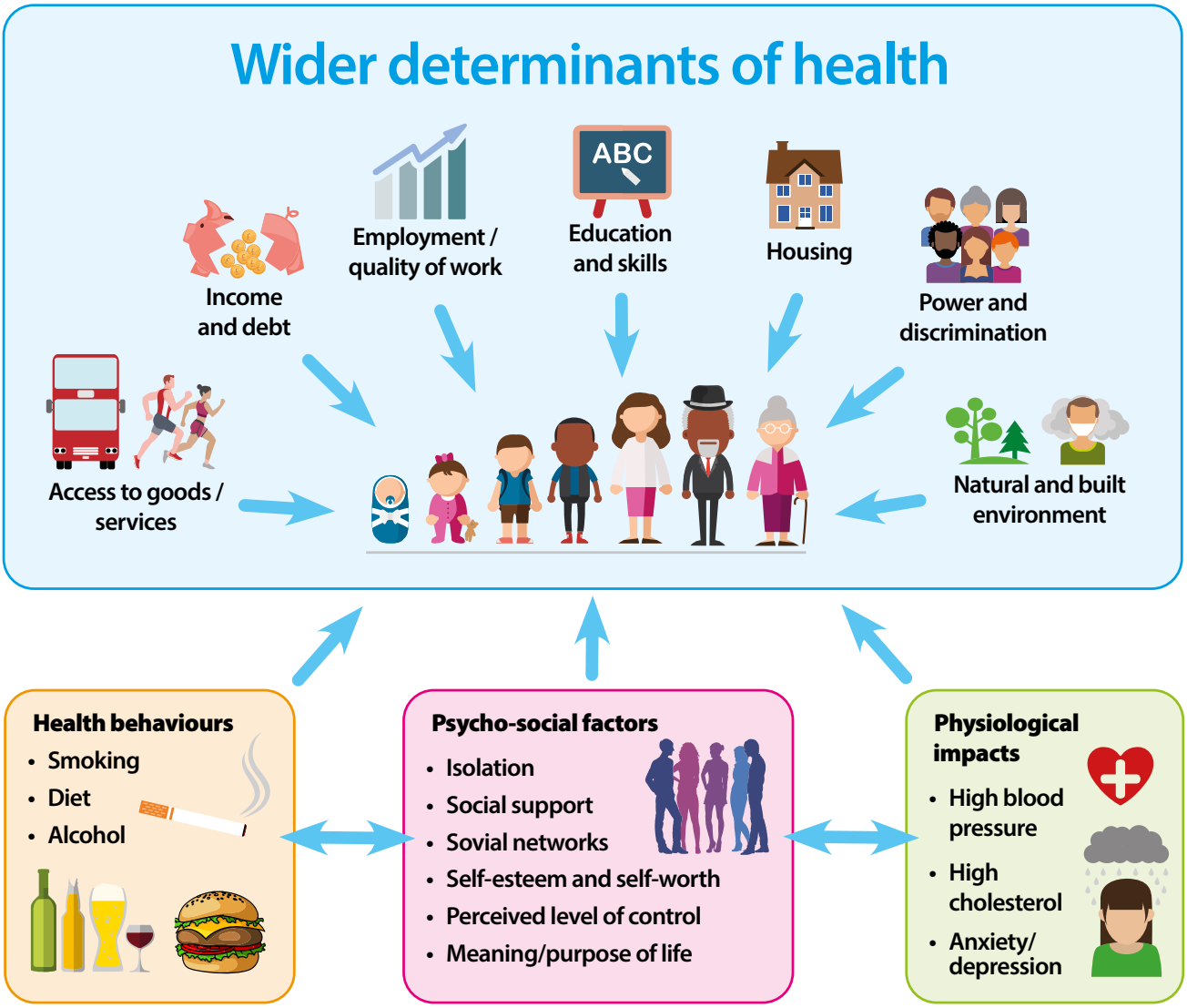
Work together and fight for a better future for Gateshead

We know that over half of people and families in Gateshead are either just managing or just coping, but more than 30% are in need or in vulnerable situations. We want to change those statistics and aim to make Gateshead a place where there are less people in need of council support and more people are thriving. We are working differently, with partners and others, to achieve the right outcome for those people and families who require more support.

Our strategic approach: To make Gateshead a place where everyone thrives, underpins our revised Health and Wellbeing Strategy: 'Good jobs, homes, health and friends', which is based on the key Marmot principles:

- giving every child the best start in life
- enabling all people to maximise their capabilities and have control over their lives
- ensuring a healthy standard of living for all
- creating fair employment and good work for all
- creating and developing healthy and sustainable places and communities.
- strengthen the role and impact of ill health prevention

The diagram below demonstrates the complexity of the issues which cause ill-health and allow inequalities to develop. It shows the different factors that impact our health, where they originate, and how they interact, multiply, and reinforce each other. At the centre of this are people and the communities in which they live. When viewed this way we can see that acting on single factors in isolation is likely to provide only a partial and incomplete response. Rather than acting on individual issues we recognise the need for a place-based approach.

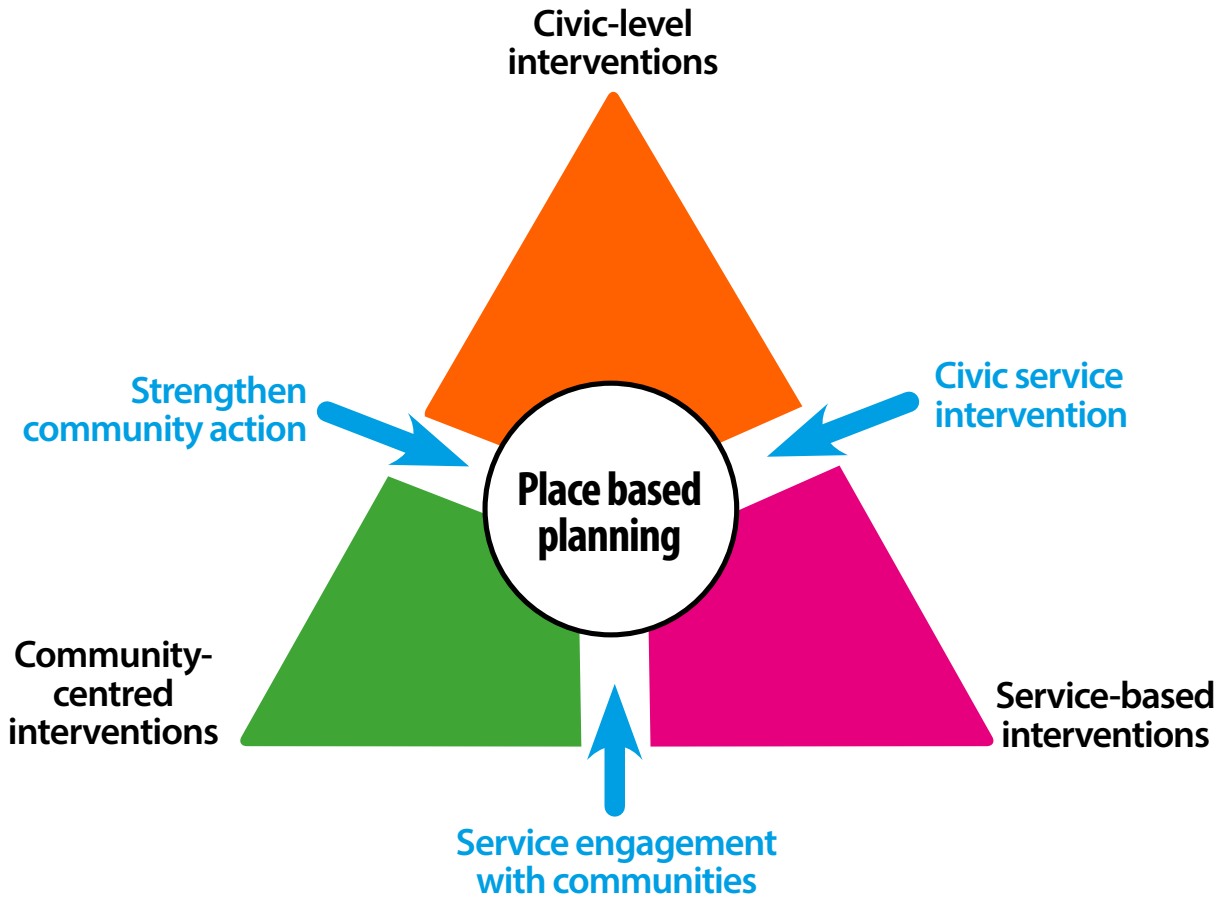


Our Health and Wellbeing Strategy recognises that to deliver improvements at a population level we will need comprehensive action across the whole system of community, civic, and service interventions. We accept that approaches which are multifaceted and complementary are more likely to be successful in reducing inequalities and helping people in Gateshead thrive.

We will develop methods which consider and address this complexity as a whole system. The Population Intervention Triangle[8] below illustrates how the different elements required for a joined-up approach fit together:

- Civic led interventions refer to a wide range of functions, across a range of public sector organisations, such as planning, broadband, water, housing, road infrastructure and schools
- Service-based interventions refer to the range of public services, for example the NHS
- Community centred interventions recognise the vital contribution that the community themselves make to health and wellbeing

While each element makes an important contribution, when isolated from each other the impact is not as great as it could be. No one part is more important than any other, but the ambition must be to effectively combine these parts into a coordinated, multifaceted whole through place-based planning.



This report will examine some of the progress and lessons learnt in tackling inequalities in the last 3 years and consider our current position. Finally, we will briefly discuss the implications of the COVID-19 pandemic and inequalities.

2

Economic inequality in Gateshead

Reducing health and social inequalities is not just a matter of fairness and social justice. Inequalities are bad for everyone in society. In unequal countries; civic participation decreases, household debt rises, and child well-being is worse. It is morally unacceptable that there is a direct link between lower social position and poorer health. In line with other parts of the UK, inequalities have started growing again in Gateshead.[8]

In our economically advanced society, rising inequalities suggest that the right policies are not in place to make use of all available resources to guarantee a decent standard of living for everyone.

Economic position

The country has had over ten years of austerity which has seen public sector funding continually reduced by central government – we have lost nearly half of our previous funding, the equivalent of £900 less to spend per year on every household in Gateshead. Austerity has resulted in a significantly reduced universal and preventative service offer which, combined with a growth in the older population alongside the local impact of welfare reform, has produced an increase in demand for more expensive crisis services. Intervening late is morally wrong, but it doesn't make economic sense either, as it leads to poor outcomes for individuals and escalates that overall cost.[8]

The combination of austerity and increasing need has meant it has become ever more difficult for all services to respond with the help and support people require. In this context closing the inequality gap is an even bigger challenge which will need us to look beyond ill health treatment and social care services. The most effective way of ensuring people have the best chance of thriving is to make sure they have a good education and access to good quality work and enough income to meet their needs.

Homelessness

In May 2017 the Gateshead Homelessness and Multiple and Complex Needs Health Needs Assessment[9] highlighted the strong overlap between homelessness and other support needs such as substance misuse, physical and mental ill health, cycles of physical and emotional abuse and involvement with the criminal justice system.

Homelessness is evidence of inequality and is a late marker of exclusion and disadvantage. Current evidence suggests that homelessness results from the impact of structural, institutional, relationship and personal risk factors and triggers which have a cumulative impact and are often underpinned by poverty and structural inequalities.

The prevalence of problematic childhood experiences among those with multiple and complex needs points to a need for improved understanding within services of routes into multiple exclusion homelessness and earlier targeted work with children who are experiencing issues that may relate to later homelessness.[10]

The HNA identified evidence to suggest that our current system is weakest where it needs to be strongest. The way services are funded, commissioned, monitored and measured often requires homeless, vulnerable individuals with multiple and overlapping needs to navigate a complex system that requires them to engage and manage relationships with numerous different agencies simultaneously in order to address their needs.

Homelessness is not just a Housing Issue

Catherine Hattam, The Gateshead Housing Company

"Any contact made by a potential client needs to be regarded by all services as an opportunity to meaningfully engage with that person. The contact should be used to identify signs or triggers which may indicate that a household may be at risk of homelessness."

As agencies, we come into contact with individuals and families at different stages and all have different triggers such as truancy, debt, multiple visits to A&E, offending history and referrals into children services etc. The trigger points should be used as opportunities to identify potential early intervention options to prevent homelessness.

The system in which we all work continues to create barriers for individuals and families who try to access services before crisis point. We have a culture of 'assessing clients out' of the system, rather than into services. Essentially by identifying why we cannot help rather than looking at how we can help.

By failing to use the opportunity of a contact, to see the person and take a full account of their needs and wants, we risk missing an opportunity to support people earlier (at a preventative stage) and instead, when things deteriorate, we end up responding to crisis contacts.

Unless we truly see the person from a holistic perspective and understand the root cause of the presenting issue or crisis, we will only continue to "patch up "and move them on until the next crisis. The Homelessness team are working hard to consider our approach to addressing some of these challenges and review how we work across the council.

The Gateshead Housing Company (TGHC) was successful in securing national funding for a 'Somewhere Safe to Stay Hub' for rough sleepers. The hubs provided an intervention tool to end rough sleeping. The Hubs allowed us to rapidly assess the needs of people who were sleeping rough and those who are at risk of sleeping rough and support them to get the right help quickly.

In the same round of funding, TGHC was also successful in securing funding for seven additional units of 'Housing First' accommodation for clients at risk of rough sleeping.

This funding helped TGHC to continue to work in partnership with Oasis Community Housing to increase the capacity of their Basis Beds (Housing First units) to assist more clients at risk of homelessness and rough sleeping.

The Housing First[11] approach is about doing things differently. It is an internationally evidenced based approach which indicates that individuals experiencing multiple disadvantage are more likely to lead fulfilling lives if they are provided with a stable home and good quality, open ended, support.

Although in its early stages some of the work we are doing on homelessness has started to give us a picture, of the broader reasons why, certain households lose their home end up in the worst form of homelessness, rough sleeping.

The approach taken with this client group has allowed staff time to get to know the clients and build a picture of their lives prior to becoming homeless. There are common themes of adverse childhood experiences, domestic abuse, sexual and physical abuse and a history of care. This knowledge brings an understanding of the true nature of homelessness and why it occurred, which then can help to create solutions. The solutions required are more than just bricks and mortar, to be effective they need to address the underlying causes.

The impact of Universal Credit

Mandy Cheetham, Embedded Researcher

It is the role of the Director of Public Health to understand how national policy is impacting on local people and to capture evidence of that impact and its health outcomes. Gateshead Council was a pioneer and early adopter of embedded research as a promising way to integrate evidence into public health practice.[12] This work has ensured that we understand and hear the voices of local people as well as looking at the reported statistics.

A place-based, community-led study undertaken in 2017 in an area of East Gateshead which faced significant inequalities, identified community members' concerns about the forthcoming roll out of Universal Credit (UC). Senior managers and leaders in Gateshead Council were keen to understand the health and social impact of the government's new policy to 'simplify the benefits system' and 'encourage people in to work'. The study was commissioned by public health to examine the impact of UC on community members and staff. A research team from Teesside University and Newcastle University interviewed 33 UC claimants and held interviews and focus groups with 37 staff supporting them.

The findings were a stark wake-up call and made for harrowing reading. The research showed the profoundly detrimental impact which UC was having on vulnerable claimants, including people with long term health conditions and disabilities, their financial resilience and employment prospects. The UC claims process was experienced as complicated, difficult to navigate, hostile and demeaning. The wait for payment of 5-12 weeks pushed many into debt, rent arrears and reliance on foodbanks, increasing the shame people felt.

The impact was so severe that some claimants said they had considered suicide.

One claimant felt UC "cuts the feet from under you at a time when you need it most".

Concerns about the increased risks of poverty and destitution among vulnerable claimants were voiced by staff and placed additional pressures on the wider health and social care system.

The research was published in an exclusive in the Guardian[13] and in an academic paper.[14]

Exclusive: universal credit linked to suicide risk, says study

Research for Gateshead council finds system increases depression and anxiety

▲ Participants in the study reported stress and depression, saying universal credit payment delays had left them too poor to eat regularly. Photograph: Andy Buchanan/PA

Members of the research team met with Phillip Alston, the UN Special Rapporteur on Extreme Poverty and Human Rights, who cited the research in his final report.[15] Local and national press coverage followed, including radio and TV interviews with the Director of Public Health in Gateshead.

A presentation to Gateshead's Health and Wellbeing Board in January 2019 prompted a jointly signed letter outlining concerns to be sent to the then Secretary of State for Work and Pensions, Amber Rudd, but received no response. The research team, meanwhile, continued to receive emails from claimants and staff across the UK highlighting similar concerns.

Having submitted written evidence to the Work and Pensions Select Committee enquiry in to the 5 week wait for Universal Credit in Feb 2020, Mandy Cheetham was invited to give evidence in response to MPs questions alongside a colleague from Liverpool University on 16th June 2020.[16]

In July 2020, the work and pensions secretary, Thérèse Coffey, announced changes to the ways vulnerable claimants are to be treated by DWP.

"In academia, we are encouraged to think about the impact of our research, but rarely is the complexity of this process acknowledged. Co-located, embedded research (ER) has enabled me to build trusting relationships with colleagues in local government and VCS organisations. Together we have explored the possibilities of different ways of working. ER has opened my eyes to the possibilities and challenges of using evidence to inform policy and practice in situ. I have gained enormously from being rooted in different bits of the system in which evidence is used, seeing how people and systems interact, working alongside community members facing the greatest inequalities.

I am enormously grateful to those who shared their lives and for the opportunity to investigate the effects of government policy, and share these at local, national and international events. Valuable moments have been created to share insights and affect change, frustratingly slowly and in small ways."

Mandy Cheetham, 2020.

Working with partners: Citizens Advice Gateshead

Impact of claiming Universal Credit.

In November 2019 Citizens Advice Gateshead, Tyne and Wear Research and Campaigns Cluster Group published a paper examining the barriers in claiming Universal Credit and the effect on Claimants' finances during the 5-week wait for their first Universal Credit payment.[17]

The report showed that many people who are on Universal Credit struggle to manage their money or cover essential costs, particularly during the 5-week wait for their first payment. Whether making a new claim for Universal Credit or migrating from 'legacy' benefits, the trigger for making a claim is often a disruptive change of circumstances, such as losing a job or breaking up with a partner. Therefore, getting the support and timescales correct between making an application for Universal Credit and the claimant receiving their first payment is crucial to the success of Universal Credit and reducing the financial impact upon claimants.

The report reflected the experience of claimants in Gateshead for whom it was reported, in evidence to the All-Party Parliamentary Group (APPG) on: The Economics of Universal credit (Feb 2020)[18] that:

'the five weeks wait for the first payment encourages borrowing and helps create and perpetuate a cycle of debt. People have to borrow just to get by during that period, and then their ongoing payments are lower to repay what they borrowed, which means they can't budget properly to cover the costs of their outgoings, so they are incentivised to borrow more. On top of that, direct deductions from people's UC can often leave them with next to nothing to live on'.

An example is a client who was left with £94 to last a month after deductions, the equivalent of £3 per day. Furthermore, paying the housing element, which is essentially a subsidy for landlords, direct to claimants instead of their landlord is suboptimal. If someone who has no money receives their housing element and they have to choose between paying their rent with it, or buying food, or putting their gas or electric on, or buying essentials for their children, they are forced to make an impossible choice.'

Since April 2019 Citizens Advice Gateshead have supported 3,416 people with Universal Credit issues.

- The majority of clients attended seeking help with their initial claim (73%), most of whom came to simply make sure they're applying for the correct benefit for their circumstances and for advice as to how they claim.

- 1 in 4 of those seeking help with their initial claim, 527 people, were struggling to manage their claim due to limited digital literacy.

- A significant proportion of the clients attending our drop-in service needed our help dealing with deductions and sanctions to their payments (11.9%, 407 people), and many of those needed further help from us through financial crisis, such as food bank access and advice in dealing with priority debts, such as rent, council tax and utility arrears.

Citizens Advice Gateshead state that 'in our experience UC can be a good system for many, but it is still causing problems for a significant number of claimants, and we feel this needs to be addressed'.

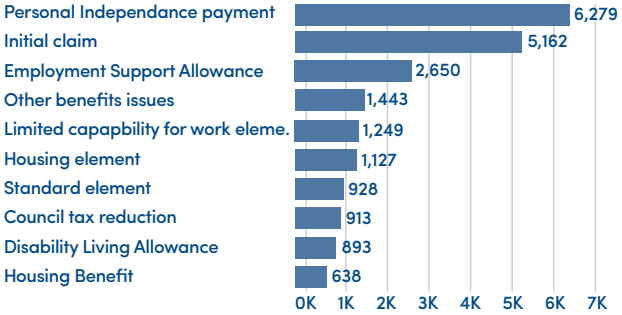
In 2019/20 Citizens Advice Gateshead provided support to 57,901 clients across a range of issues. Their clients come from all age groups and family circumstance but share the same challenges: problems with benefits, debt and universal credit.

Gateshead (member)

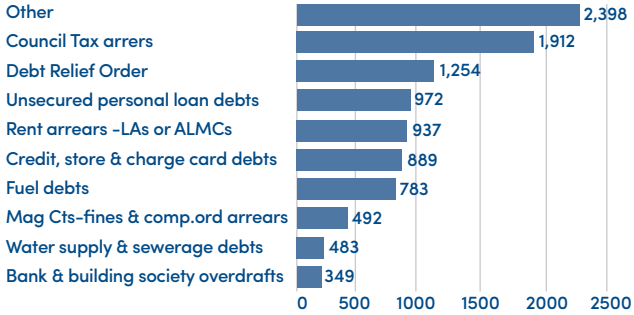
Issues

	Issues	Clients
Benefits and tax credits	16,427	4,431
Benefits Universal Credit	10,738	3,834
Consumer goods and services	993	646
Debt	14,056	2,582
Discrimination & Hate & GVA	241	173
Education	159	92
Employment	2,571	1,300
Financial services & capability	1,081	463
Health and community care	1,908	445
Housing	2,410	1,348
Immigration & asylum	578	264
Legal	968	570
Other	2,479	1,312
Relationships & family	1,621	962
Tax	241	167
Travel & transport	426	319
Utilities & communications	1,004	328
Grand Total	**57,901**	

Top benefit issues



Top debt issues



Source: Citizens Advice Gateshead 2019/20

Case study: Gateshead Poverty Truth Commission: who are we?

Gateshead Poverty Truth Commission exists to ensure that people who have experienced poverty first-hand are at the heart of how Gateshead thinks and acts in tackling poverty and inequality.

We are made up of 'experts by experience' of poverty. Together we are building relationships with people who hold power in Gateshead. We'll listen to and work with each other to tackle the causes and effects of poverty in Gateshead.

We believe that the only way to make change is to include the real experts in decision making. We believe **"nothing about us, without us, is for us"**.

Marie's Story – listening to communities.

I live in Highfield with my family. This part of Gateshead means the world to me. It's the best place to live with the countryside right on your doorstep. But it's been a hard over the last few years for this community. Sometimes it feels like everything has been taken away from us.

A healthy community is one where everyone looks out for each other and makes a difference. But everyone has to be involved to make a community work at its best. People have lost their hope and trust in the people who make decisions. The only way to get that back would be to be actually listened to, not just to have a talking shop.

My dream for Highfield is that it would have a community centre where everyone no matter their age could be together and have their voices heard.

Gateshead Poverty Truth Commission is a way for me to make sure people's voices are actually listened to when decisions are being made about their community.

Paul John's Story – listening to voices of lived experience.

I came to the PTC with 4 years' experience of mental health problems and poverty. I've been through different benefits and have experienced relapses in my mental health as a result of the pressures and stresses of the benefit system.

I joined the PTC because it uses those life lessons to educate and build awareness about how systems affect people – in my case the systems surrounding mental health and poverty. In my opinion decisions that are made purely with statistics can be dehumanising because they undermine the true impact on individuals and families of policies around poverty.

Prior to being a member of Gateshead PTC I felt I had an understanding of the effects of poverty on me and others like me but no outlet to talk about it or make change. The PTC has allowed me to express honestly those experiences to a listening audience.

I would hope that the use of life experience stories will become part of normal decision making in Gateshead and beyond. Not just as a box ticking exercise but to affect decisions that impact people's everyday lives.

Future ways of working

The conversations that we have had with local people, which is evidenced in these case studies, highlights the need to find ways to work alongside our community and develop a participatory leadership model that allows local people to truly influence future direction and policy for their local area.

The clear message from the work of the Poverty Truth Commission, the insight around universal credits impact and the day to day work of partners shows that we can only move forward in partnership with local residents, who know, by experience what will work best for them.

Economy, Innovation and Skills

The economy is identified as a key priority in our refreshed health and wellbeing strategy. While Gateshead's economy has grown in recent years and increasing numbers of residents have moved into employment, we know that opportunity and prosperity are unevenly distributed across the borough, which is unsustainable.

For too many, recent employment growth has been precarious; some jobs are out of reach, whereas other roles do not offer enough hours, pay or progression to support households and families. As a result, there are few incentives for residents to improve their skills and earning potential or pursue self- employment.

These trends are contributing to declining living standards and producing enduring and rising inequality. The economic and social cost: long hours; problem debt; family breakdown, poor health, and crime fuel insatiable demand for crisis support. As people struggle to find work or toil more for less in growing numbers, the council can no longer raise enough revenue to heal the harm. Austerity has compounded the problem – increasing the scale of the challenge – while reducing the funding of vital intervention.

There is scope to nurture an environment that encourages new businesses to start up and grow, create more good jobs, and ensure our residents have the knowledge, skills, and confidence to get on at work instead of struggling to get by.

We want Gateshead to be a place with a flourishing economy that enables everybody to achieve their full potential. Preventing Gateshead residents from getting stuck in poor quality employment, removing the working poverty trap, and making self-employment a viable option for local entrepreneurs are essential to a thriving economy and better future for the borough.

Gateshead is supporting local regeneration by helping people to gain new skills, get back into work, start their own business or repurpose community assets to improve local wealth. Self-employment can be a good option for people who want to generate their own income or run a business. The New Enterprise Allowance programme provides someone with either a mental health or physical disability to establish an enterprise to suit their needs.

CASE STUDY: Horizon Furniture

"I am a 41-year-old man who worked from the age of 15 until I suffered a traumatic brain injury at 36. I had always dreamed of working for myself; alongside my full-time job, I had several ventures buying and selling new and used products on eBay.

Now that ongoing health issues affect my everyday life, I figured going back to a structured 9-5 job would not work for me or an employer. This rekindled interest in working for myself.

Via the Job Centre, I discovered the New Enterprise Allowance programme, which helps people on benefits to start their own business. It has truly been the best thing that could have happened to me. Before I was put in touch with Carol, all doors to any help had seemed shut and double locked, but she worked patiently with me throughout the business planning process to ensure I was accepted onto the scheme. I was given lots of written information that I could read and refer to because Carol understood that my brain injury had left me with memory issues. She has stayed in touch and helped to promote my used furniture business. 'Horizon Furnishings' continues to grow steadily, and with Carol's, help I hope to expand in the near future."

Securing investment in Gateshead is fundamental to improving the quantity and quality of local employment opportunities. One of the ways to achieve this ambition is through our capital programme, which brings together public and private investment to build the homes, workspaces, local amenities, and infrastructure our communities need to thrive. This activity is expected to create thousands of job opportunities between now and 2030.

Major schemes in the pipeline starting in 2021 include:

- The £260 million development of Gateshead Quays, including a 12,500-seat arena, conference and exhibition centre, new hotels, green spaces, and improved links to Gateshead town centre, generating over 1200 jobs.

- Bringing forward land to develop 225,000sqm of industrial and distribution space that will provide up to 1,500 jobs in the distribution, logistics and manufacturing sector. As a designated Enterprise Zone, Follingsby has benefited from essential infrastructure necessary to facilitate commercial development of the site.

The council has a strong track record of using its influence and powers to generate community benefits from development taking place across the borough. Expanding the range of employment and training opportunities available to Gateshead residents is a prime objective. These outcomes are achieved by the council working collaboratively with partners and employers to enable the hiring of a diverse local workforce.

As well as creating more and better quality jobs, readiness for employment is essential if residents are to benefit from future opportunities, particularly those furthest from the labour market. This can require intensive employability support over several years, so long-term forward planning is essential.

Skills brokerage and employability support is provided to help unemployed or economically inactive residents to access training and employment opportunities with companies investing in the borough or overcome multiple barriers to work. As residents begin to reap the financial benefits of moving into employment, the increased money they spend locally helps to support businesses, retain jobs, and reduce demand on public services.

Employability and job coach case study

Employment support that has enabled an individual disadvantaged in the labour market to find and sustain work.

CASE STUDY: David's Story (name changed to protect anonymity)

Understanding

A lack of recent experience, low confidence, and a belief he was too old to be employed led to David thinking he could never find work again. He had been made redundant 2 years ago from a job he had been in for 15 years. The redundancy resulted in long-term unemployment and left David feeling rejected. He became a recluse in his own home, had no self-worth or self-esteem and began to suffer from ill health, gaining a substantial amount of weight and a diabetes diagnosis.

A Job Coach with David and she met with him at home where he felt safe. After the first three appointments, he agreed to leave the house to walk to a local coffee shop accompanied by his Job Coach. After 6 weeks David felt able to travel there alone. He started looking forward to the meetings and began shopping in the store where the coffee shop was. His diet improved as he purchased fresh food to cook for himself and no longer lived on takeaways. The Job Coach helped him access counselling to improve his mental health and travelled with him to his first session. Working with his Job Coach he began to realise he was the only one stopping himself from moving forward.

Work as a Reality

David's Job Coach found a vacancy with a local charity for a driver, but David was reluctant to apply for the role as he believed his age would let him down. After encouragement, he applied and was invited for interview within a week. The Job Coach secured funding for interview clothes and set up simulated interviews to provide him with experience of answering questions from people he didn't know.

David was offered the job but felt two barriers prevented him from accepting it– what to wear at work and who to call on for help if he needed it. Work clothes were organised by his Job Coach and fortnightly phone calls booked in the diary. David really enjoys his job. His relationship with his family has improved and he does not worry about leaving the house, he is losing weight, and has finished his counselling sessions. He now feels he is now in control of his life."

Most business and employment support programmes designed to meet the needs of Gateshead residents rely heavily on external funding streams, which are soon coming to an end. Interventions tailored to local conditions are vitally important to improve the health of the population and the economy. They enable us to pioneer and scale up successful activities that deliver positive outcomes for the borough's residents and businesses. Very often these initiatives fill gaps in provision, particularly those who are disadvantaged because of their background, experience or circumstances.

We know how important it is to give people the power to make the most of their money and their lives, to give people a fair chance and reduce the stress faced by people moving between benefit entitlements and work. An essential part of this is to tackle inequality so people of all ages have a fair chance and receive an income sufficient for healthy living. Like most other countries around us, the UK has voluntarily subscribed to international legal standards that declare that everyone is entitled to an adequate standard of living, including healthy food and decent housing.[8]

3

Societal inequalities

Children, young people and families

The foundation for a healthy life starts in pregnancy and extends throughout childhood. Early childhood is a critical time for development of later life outcomes, including health.

Evidence shows that positive experiences early in life are closely associated with better performance at school, better social and emotional development, improved work outcomes, higher income and better lifelong health, including longer life expectancy.

Conversely, less positive experiences early in life, particularly experiences of adversity, relate closely to many negative long-term outcomes: poverty, unemployment, homelessness, unhealthy behaviours and poor mental and physical health.

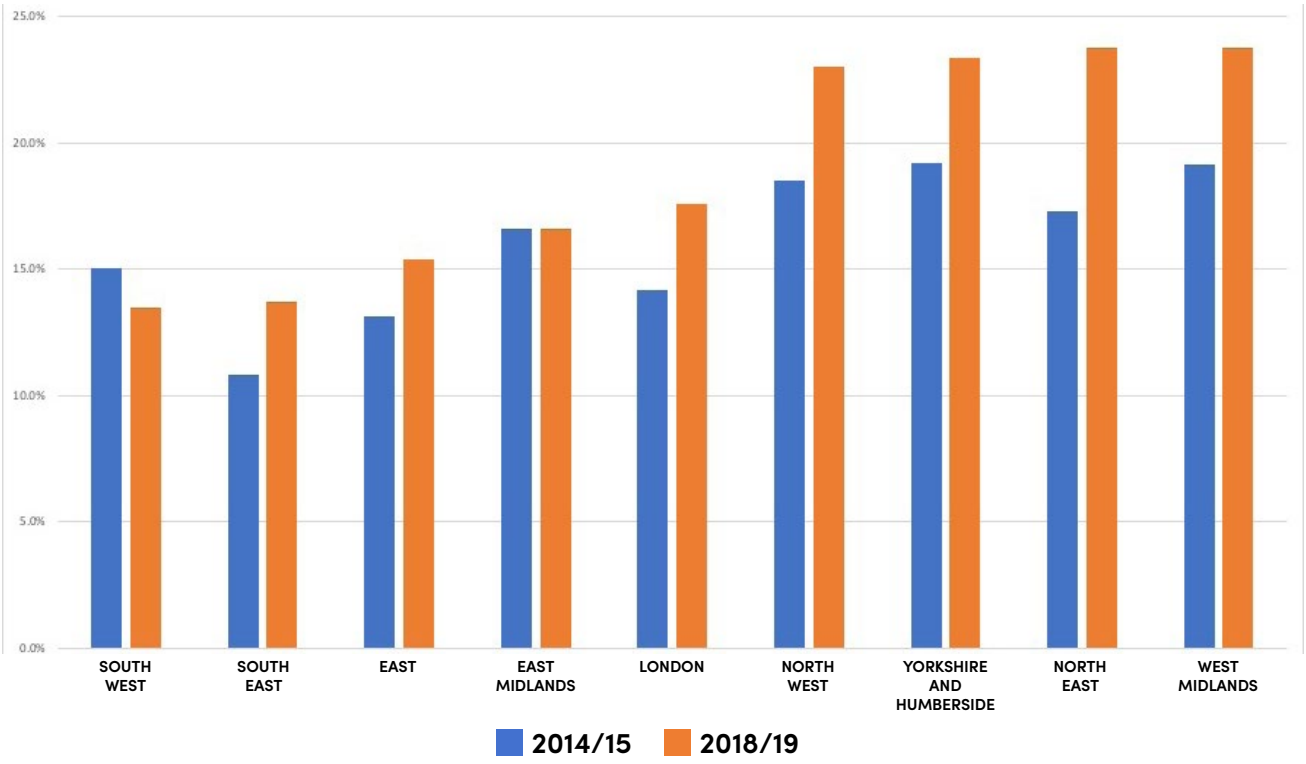
As with inequalities in the early years, inequalities experienced during school years have lifelong impacts in terms of income, quality of work and a range of other social and economic outcomes including physical and mental health.

Child poverty

The End Child Poverty coalition with Loughborough University (Oct 2020) has published an analysis of new data from the government that tracks four years of child poverty across Britain before housing costs are considered (2014/15-2018/19).[19]

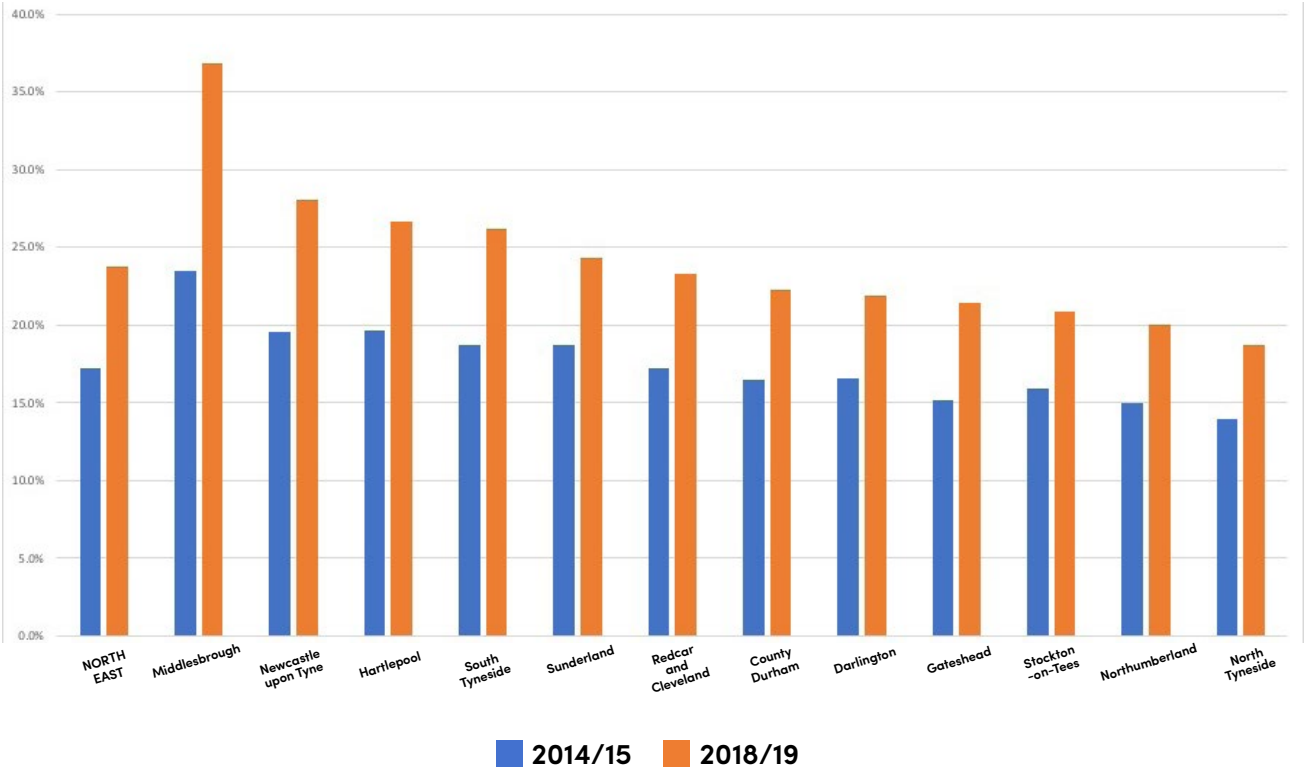
The report highlights those parts of the country where children are most likely to have been swept into poverty since 2014.

% Children living in poverty by region



The North East of England has seen the starkest increase in the country with a 6.5 percentage points increase over the past four years alone, leaving families in the region ill equipped to cope. In Gateshead 1 in 5 children (21.4%) are living in poverty, before housing costs are considered.

% Children living in poverty by Local Authority



Child poverty in England is unequal with children in some communities six times more likely to be growing up in poverty than in less deprived areas. While child poverty is deteriorating across all areas of the country proportionately, those places starting off with a high rate see more additional children pulled into poverty.

Adverse Childhood Experiences

We all face emotionally challenging situations during our childhood and adolescence.

It is a normal part of growing up and this emotional distress can come from a range of experience such as moving to a new area, feeling stressed revising for exams, falling out with friends or forming and experimenting with our identities and sexualities.

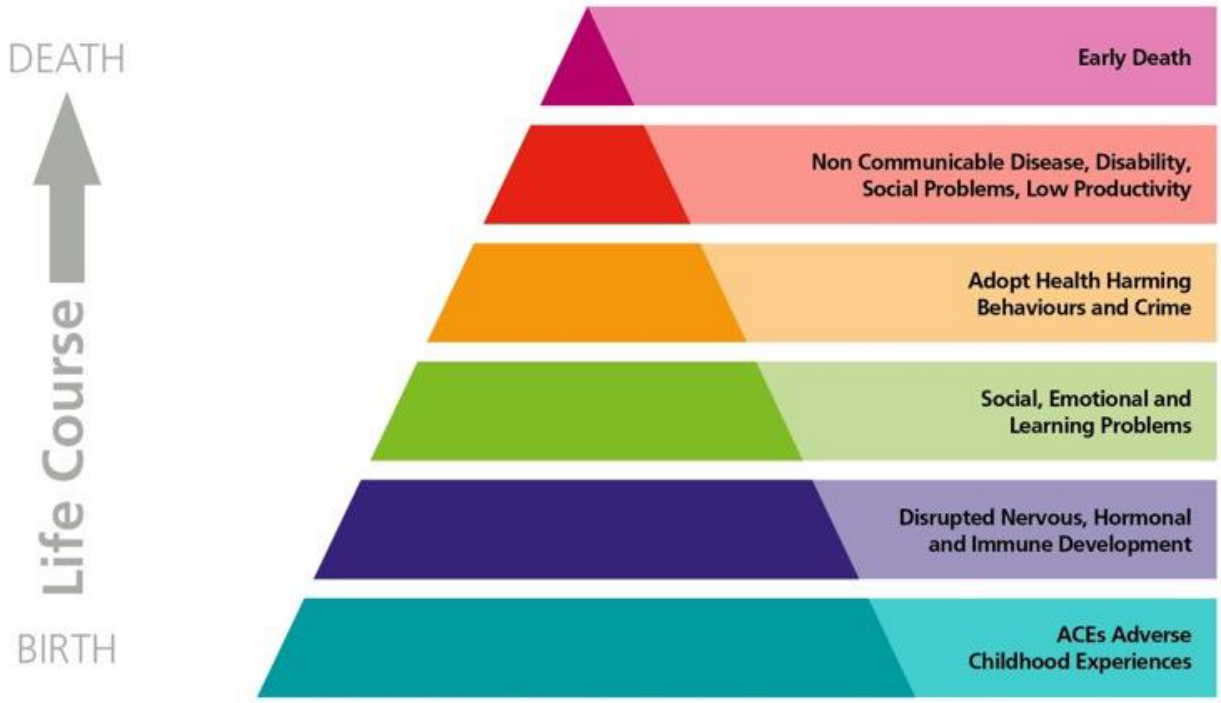
That said many children and young people grow up in environments, or have experiences, that are more emotionally distressing, difficult and frequent. These environments and experiences are adverse and can have a potentially traumatic and long-lasting impact on their development, health and way of life.

Adverse childhood experiences (ACEs) are more common that we might think. Almost half of all adults living in England have experience at least one form of adversity in their childhood or adolescence.

The ten sentinel markers of adversity in the above diagram are from the original American Adverse Childhood Experiences Study[20] and were deliberately limited to direct harm and factors taking place within the home.

Why ACE's Matter

ACEs are situations which lead to an elevated risk of children and young people experiencing damaging impacts on health, or other social outcomes, across the life course.[21]



In general, those children who experience ACE's are more likely to have had a parent who has also experienced ACE's. This perpetuation of disadvantage from one generation to the next contributes to societal inequalities as it places an extra burden on those children who come from disadvantaged backgrounds.

"There can be no keener revelation of a society's soul than the way it treats its children"

Nelson Mandela (Nobel Peace Prize,1993)

CASE STUDY: Ann, 55

I always knew when he came home, the house went quiet.

When I look back and people say 'you had adverse childhood experiences' I say 'that was how it was for us.'

My dad was a drinker and a workaholic. In his own way he was managing his own demons, the loss of his own father to suicide, the pressure to keep a roof over the family and food on the table and managing his mood swings. His relationship with my mum would now be termed as abusive, we never knew how it would be when he came home.

He wanted everything done in a certain way, he controlled mum's life and ours. I remember mum saying don't upset your father, go upstairs and hide, he is just tired, he loves you really. I remember when he hit me with a slipper for breaking a window and mum coming afterwards to tell me it was okay, that he still loved me, and it wasn't my fault. I remember when he shouted at mum and we tried to get in the way to protect her.

When dad left us, mum struggled to keep us together, she worked long hours and I cooked and looked after my sisters, we were survivors. At that time having no father was still shameful, but to us it was a joy.

What does all this mean:

I dropped out of sixth form and moved in with the first bloke who would have me. I ran wild, drank too much, slept around, took drugs and did things that I look back on with horror.

It means that I am afraid of confrontation, I literally feel sick if someone shouts near me or at me. I have lived with depression and fear and guilt for many years and needed the support of mental health services.

My early life shaped who I am and gave me challenges but it did not stop me finding a good husband and I have a good life. I was able to rebuild my education; have good jobs and I have used my experience to help others.

After many years I even got to know my dad as a person. His relationship with his second wife was very different. Life moves on.

Childhood Vulnerabilities

The Children's Commissioner for England report (2019)[22] on the scale and types of childhood vulnerability in England, aims to help local and national government better understand, measure and respond to the risks facing children.

Last year it showed that 2.3 million children in England were growing up with significant family risk factors such as domestic violence or parental addiction issues – of whom two-thirds were receiving unclear support or were not known to local services.

The most recently available data[22] shows that in Gateshead there were:

- 68 children living in temporary accommodation (in Q3 2019)
- An estimated 7600 children living in households with any of the so called 'toxic trio' issues of domestic abuse, parental mental health issues and parental drug/alcohol problems (in 2019/20)
- 4297 households with children claiming Universal Credit (in November 2019)
- 3471 children with SEND but no EHC plan (in January 2019)
- 148 children receiving treatment for substance misuse (in 2018/19)

Extra support for families

Further evidence of inequalities between north and south are highlighted in Growing Up North (2018)[23] which notes that,

'Like young people across England, northern children benefit from the incredible love, care and resilience of families and communities, even in the most adverse of conditions. But there are messages from social workers about the realities for children and their families.

Parts of northern England experience significantly higher levels of demand with 600 referrals made to social services for every 10,000 children in the North East compared to only 374 per 10,000 in the East of England.

This pressure is felt by social workers who, on average, work with more than 19 children each in the North West compared 16 children per social worker in London. And these regional variations of need and demand disguise enormous variation from neighbourhood to neighbourhood'[23]

As we move to a more community led, locality focussed model in Gateshead we aim to put a renewed focus on early intervention with families and support at the right time.

The Children's Commissioner also stated that earlier identification of special educational needs should be a public health priority. Too many children in the North are starting school with high-levels of development issues, but fewer children are having a special educational needs diagnosis before starting school. The earlier issues are identified the more effective – and cheaper – the support needed.

4

Impacts of food and financial insecurity

Marmot[1] states

"If everyone followed Public Health England's eating advice, people in the bottom decile of household income would spend 74 % of their income on food. So, there's not much point telling them follow the healthy eating advice they can't afford."

We need to create the right conditions and recognise the social determinants of health, to allow people to be able to take responsibility for feeding their families healthy food.

Foodbank usage

Harsh austerity measures including slashed welfare payments and dwindling public services have caused the rapid spread of food banks across Britain, new academic research suggests.

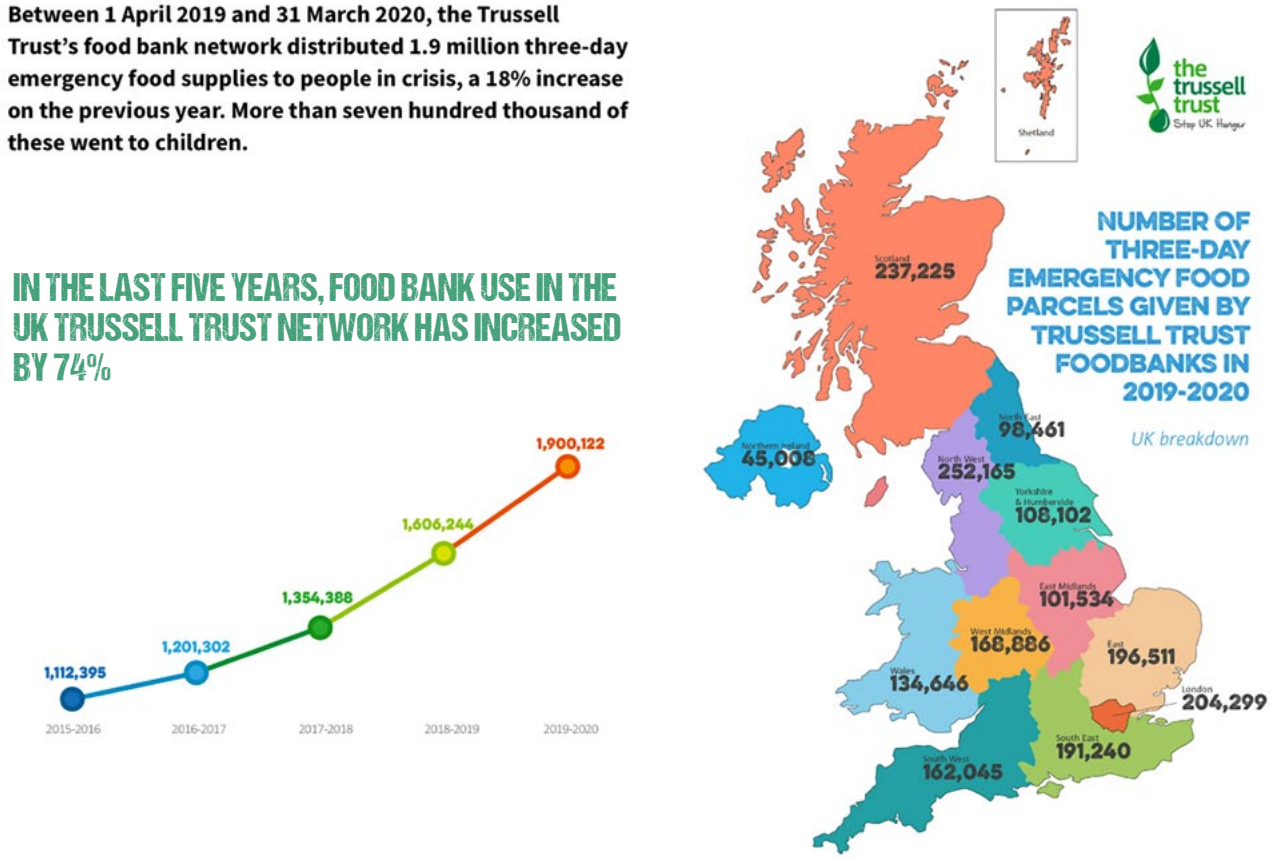
The research[24], "Austerity, sanctions, and the rise of food banks in the UK," noted that increasing numbers of doctors in Britain are witnessing their patients turn to food banks to survive and concluded that the UK government's argument that this trend is the result of supply rather than demand is false.

The study highlighted a concrete link between demand for food parcels and the government's austerity measures. It found demand for emergency food aid is highest in areas where poverty occurs in tandem with reductions in social welfare payments. It also revealed that emergency food assistance is particularly common in regions where high levels of unemployment exist.

In 2010, the Trussell Trust food banks were active in 29 local council areas in Britain. By 2013/14 this number had risen to 251. Over the same period, the Trussell Trust's rate of emergency food aid distribution had tripled, the Oxford University study said.

While soup kitchens have long been present in the UK, the rapid spread of food banks is a recent phenomenon. This new trend has been sharply criticized by the UK's Faculty of Public Health, which warned Prime Minister David Cameron in 2014 that Britain's welfare system was "increasingly failing to provide a robust last line of defence against hunger."

In 2019 over 7,800 people accessed foodbanks in Gateshead (including over 2,500 children), that is an increase of over 20% in demand since 2017.



Gateshead Community Food Network

In Gateshead, our approach to food and financial insecurity is developing, we know that food insecurity experienced during childhood, harms health at the time and throughout the rest of life.

In 2018/19 the Gateshead Poverty Board worked with partners to develop the Gateshead Community Food Network. The idea came from feedback provided at the first Gateshead Poverty Conference in 2018 where the attendees from all sectors of Gateshead, agreed that food poverty should be a key priority in order to tackle poverty in Gateshead.

The Community Food Network now has a detailed interactive map and understanding of exactly where in Gateshead certain types of food support is available and how it can be accessed by partners and families.

This includes foodbanks, food co-ops, FareShare sites, supermarket donations, Breakfast Clubs, Free Meals, low cost meals and pay as you feel cafes. By working better together, the network members can maintain a dialogue with each other, this means far greater opportunity to operate in cohesion rather than isolation. When there are overstocks of food items, network members are able to notify the other members of what's available, resulting in partners sharing food and not wasting anything.

This has also allowed the network to share resource, such as volunteers, transport, collections and so on. Before the network existed, many partners were unaware of what other food support was available, even those operating in the same area as them which has increased collaboration between partners.

‘Fill the Gap’ (Holiday Hunger) programme

For families of low income in Gateshead, the holidays, particularly the summer holidays, can be a very difficult time; causing stress, isolation, poor health and food insecurity. Poverty can be a real problem for families who normally receive free school meals.

There is evidence both locally and nationally that food banks experience a peak in demand during school holidays. As part of a DfE National Programme, Voluntary organisations and community groups participating in the ‘Fill the Holiday Gap’ scheme try to address these challenges by delivering a range of stimulating activities or experiences for children, providing children with a nutritious meal, a place for parents and children to socialise and providing parents with support. In 2019 holiday clubs with lunches benefited 2,020 children across 39 projects.

In 2019 Gateshead Council successfully bid for Department of Education Funding and received £204K to provide holiday clubs with a meal, targeting disadvantaged children and those eligible for free school meals. In 2019 local holiday clubs served 2,000 different children over 8,000 meals.

Holiday hunger projects continue to be supported in Gateshead, targeting those families most in need.

Our ambition: a healthy weight generation in Gateshead

The Marmot Review powerfully illustrated, inequalities in health arise because of inequalities in society – the conditions in which people are grown, born, live, work and age. Children who live in more deprived areas are more likely to suffer from obesity just as they are likelier to have a lower life expectancy

In Gateshead we acknowledge that no single intervention or policy approach can be implemented to deal with inequalities alone. To tackle this complex problem, a number of approaches have been implemented in Gateshead and although progress has been made, unfortunately this is not at the speed we would want or that is required.

In the context of tackling obesity, we understand as a Council that we are in an influential position to help lead transformational change. A whole system approach to obesity provides the process and methods to do this and demonstrates a genuine ‘health and wellbeing in all policies’ approach. Gateshead Council has committed to working with stakeholders and communities to develop an ambition for a healthy weight generation in Gateshead. Progress has been made working with a wide range of stakeholders through workshops and consultations to ensure a co-ordinated approach to healthy weight.

In 2019, Gateshead was one of the first areas regionally to sign up to the Healthy Weight Declaration, in partnership with Food Active. The declaration is focused on population level interventions which take steps to address a number of factors that affect people’s ability to change their behaviour.

Key interventions

Growing Healthy 0-19 Gateshead (health visitors and school nursing services) provided by Harrogate NHS, now has a dedicated infant feeding and nutrition lead. This is a key post as it provides a priority focus for breastfeeding, weaning and nutrition for the crucial early years period and also support the healthy weight agenda for school children.

The Daily Mile-Gateshead
is supporting the regional 'daily mile' programme, which is a targeted approach which contributes greatly to achieving the required 30 minutes of school-time activity recommended by the Chief Medical Officers report.

Approximately 30% of Gateshead schools are engaged with the programme and this has been closely aligned in a partnership approach with the school sport partnership and their health and wellbeing offer to schools.

The Gateshead Schools Health and Wellbeing Service
was developed in 2019 by the Gateshead School Sports Partnership. The service has already established a local network of 40 primary schools and Health and Wellbeing co-ordinators, all with the aim of improving the health and wellbeing of children and young people. The service provides a range of tangible services to schools, providing effective support across the four key themes of; Emotional Health & Wellbeing, Healthy Eating, PSE and Physical Activity.

Our Food environment/Food consumption
is an innovative approach between Gateshead Young People's Assembly and Gateshead Health NHS Foundation Trust, who have focused on the lived experiences of young people and the impact of the food environment.

The young people have captured images of the food environment in and around Gateshead and highlighted the impacts of the food environment upon young people's personal food choices. The images captured and stories by the young people highlighted the vast availability of food choices and the impact of food advertising and promotion in our communities. The young people described a clear distinction between food available in different areas of the borough and this support the link between more fast food takeaways in areas of deprivation.

CASE STUDY: Gateshead Youth Assembly- What we think of Our Food Environment

'During 2019 Gateshead Youth Assembly members started an informal conversation with Emma Gibson from Public Health and Dr Ann Dale from the QE hospital about food choices. The conversation wound its way to focusing on the frustrations of the availability of fast food and often poor quality food (we never said that all fast food was poor quality though, we do like our pizza and burgers in moderation).

As we were about to start our summer programme, we talked about doing a bit of a research project about the kinds of foods available in the parts of Gateshead we regularly access and how our food environment can influence what we eat.

This wasn't qualitative data collection; it was more 'off the cuff' snapshots of the areas young people spend time. We have a bus day every summer, where we buy all day tickets and see where we get to, this enables some of our members to get used to using public transport (in the days of parents dropping us off everywhere) ... and we spend a little bit of time looking around the places we visit, so this year, we decided to take photos of the food shops available in the vicinity of the bus stops and surrounding areas in Gateshead.

The results, when we really looked at them were shocking for the young people In areas which are in wards of high deprivation in Gateshead, we saw options, of maybe a corner shop and a chippy, in 'posher' areas, there are still chippies and corner shops but there are also restaurants, bakeries, butchers, greengrocers, just really more access to fresh foods. How can we expect people to make good choices, when the options most available to them are all fairly poor?

Our plan was never to criticise the takeaways, like we say, we love a takeaway now and again as a treat. But, we all need local access to decent fresh food.'

The young people expressed their views:

Sophie "I'm not surprised by the results of our project, but I am shocked, and disappointed at what we found in Gateshead. There was a huge difference in what was available, depending on where you live'

Freya "How can we expect people to buy good food if they have to get buses to find it, if you are on benefits, the bus fares are huge!"

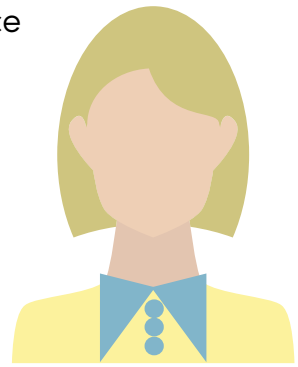
Benjamin "We found it easier to get a bag of chips and a can of pop, than an apple. That can't be right!"

Controlling the wider environment and planning

Gateshead led the way nationally in 2015 with their Supplementary Planning Document (SPD), supported by an integrated public health policy. Many areas are now seeking to develop their own SPD's.

The SPD has been used successfully to control the number of hot food takeaways in areas with high levels of child obesity and areas of deprivation. Since the SPD was adopted in Gateshead, no new planning applications for hot food takeaways have been approved and the number of applications has also dropped, which is a huge success for the area. As we recognise the complexity and societal influences on food choices we are supporting a PHD student, who is researching access to food in Gateshead.

CASE STUDY: Researcher in Residence Zoe Bell



I am exploring people's inability to access and have the choice of an affordable, acceptable and healthy diet in Gateshead and the social determinants of food insecurity; to understand how this affects health and wellbeing, contributing to wider health and social inequalities.

The focus of this research is on women, mothers and the early years of life (recognised as an important period of development for a child's health, then and into adulthood). Early research in Gateshead has identified different models of service provision offering food to women and mothers who are struggling to access or afford adequate nutritious food.

In the coming year I will be talking to women and mothers who access these services. The aim is to listen and to understand the situations that lead them to use of these services; to learn from their experiences about what extra support is needed, if any, to have access to an affordable, healthy balanced diet in Gateshead. This will help us to understand if and how we can improve available services and resources.

I will also be listening to frontline workers experiences and perspectives of responding to the health and wellbeing challenges posed by lack of access to and affordability of a healthy diet in Gateshead.

5

How the Gateshead MECC Approach Has Challenged Inequalities

Making Every Contact Count (MECC) is an approach that uses the many day-to-day interactions that organisations and individuals have with people as an opportunity to enhance health and wellbeing. MECC training provides staff, volunteers and community members with the skills to engage people in conversations about the benefits of behaviour change to boost physical and mental health and wellbeing

Inequalities

MECC has supported and empowered people from across all sectors to understand what inequalities are and the complexity interactions between different kinds of inequalities.

MECC has raised awareness within our most marginalised populations that inequalities are avoidable, as well as unfair. This has enabled participants to consider some of the challenges and solutions regarding the differences in the status of people's health based on where they live, lifestyle and access to services.

Challenges

Health Status: Raising awareness of the differences in life expectancy across the borough using ward data has highlighted to local people the types of health conditions that impact upon their lives and what aspects they can take control of.

Access to Services: MECC has enabled people to know how to sign post people to relevant and varied services that can support people with life generally and when in crisis. It also has discussed accessibility for the most marginalised and vulnerable communities

Behavioural Risk Factors: MECC training embeds the key messages on how to have a conversation around alcohol, mental health, tobacco, physical activity. Our sessions on healthy weight, nutrition, food and mood, vitamins and minerals, menopause and drugs have enabled people to become competent as brief advisors and be aware of why behaviour change is a complex process and requires support and planning

Socio-economic Factors: Income is a barrier that is discussed in every topic and the implication this has on inequalities. MECC discusses opportunities to gain support from local services and organisations as well as sharing ideas to help alleviate some of the issues regarding income e.g. cooking on a budget and meal planning, free physical activities such as benefits of walking, wellbeing ideas that are local and free.

Geography: MECC helps local people and local services consider their environment and what is available, which often highlights gaps in provision as well as some of the factors that contribute towards lifestyle choices and influences of standard of living. The neighbourhoods where MECC organisations deliver their support are across all the most deprived areas of Gateshead.

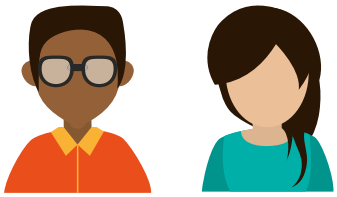
Specific Characteristics: Most of the challenges for MECC and inequalities come from the specific characteristics and differences in healthy life expectancy and disability free life expectancy. Many of the MECC trained organisations use a human approach to support their community members with various long-term conditions, disabilities, diverse ethnicities, gender focused or age specific requirements. They have the expertise to adapt their methodology and resources to be suitable for brief interventions but also for more extended and expert interventions. Adapting key Public health information for dissemination by MECC organisations has taken 3 years of building two-way trust, respect and rapport to become a partnership approach.

Wider Determinants of Health: Income, housing, transport, education, environment and employment are the principal drivers for most MECC organisations. They support people daily with the impacts they experience as a consequence of general life. The influence of high concentrations of fast food outlets, fuel poverty, lower educational attainments, low income and the effects from high levels of anti-social behaviour in the communities where they live, all result in poorer mental, physical health and social health

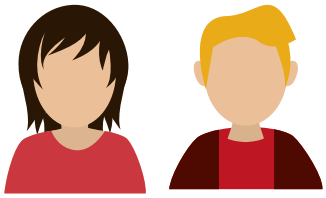
Conclusion

The Gateshead MECC approach enables key issues relating to holistic health to be discussed, fundamental factual information to be circulated at scale, solutions considered, and feedback received from many of the most deprived, marginalised and vulnerable community members of Gateshead. The MECC network has been focusing on supporting the COVID response since March 2020.

CASE STUDY: Skills4Work



Skills4 Work Gateshead Ltd supports young adults aged 16-30 years. Their focus is to assist these young adults with a variety of disabilities and/or mental health conditions to make the difficult transition from education to the workplace and maintain positive mental wellbeing.



Skills4Work were one of the first organisations to participate in the Gateshead MECC training programme. Three members of the group attended the MECC training programme in its entirety:

- **What Is MECC**
- **Behaviour Change principles**
- **Motivational Interviewing techniques**
- **5 Ways To Wellbeing**
- **Physical Activity**
- **Healthy Weight**
- **Nutrition**
- **Have A Word about Alcohol**
- **Tobacco Awareness**
- **Drugs Awareness**

The group then used the information gained in these training sessions to adapt weekly activities for their clients, to include key messages from these sessions. These include portion sizes when trying to reduce weight gain, a rainbow of colour when cooking together to balance their vitamin and mineral intake and behaviour change support techniques when helping each other to make increase their physical activity levels.

After the first round of training was completed, discussions occurred to enable more bespoke workshops to be held, these included nutrition quizzes, a focus on mental health through the Connect 5 training programme, menopause awareness and linking mental health to physical activity with physical minds training.

The final MECC training opportunity permitted several members of the group to participate in the Train The Trainer programme which would enable them to train other members of their group on the MECC principles and methods.

Participation in the MECC programme has expanded the support and opportunities that organisations like Skills4Work have access to through the partnership, these have included:

Because of the MECC partnership meetings, Skills4Work have been introduced to key workers at the QE. This enabled a workshop from Infection control team at the hospital, to teach the young adults about hand hygiene in a fun and interactive way that they now remember.

Skills4Work now have access to work placements at the QE as a consequence of introductions through partnership working.

Skills4Work met members of the Gateshead Council Employment Services team, who were also MECC trained. Support for placements, workshops and funding has been accessed by Skills4work group members

North East Energy Action (NEA) were invited to a MECC event and because of this NEA were able to support 3 families linked to Skills4Work with fuel poverty.

MECC has linked Skills4work with two organisations who support LGBTQ communities, and this has raised awareness to their members of the support available to lesbian, gay, bisexual, transgender and questioning community members.

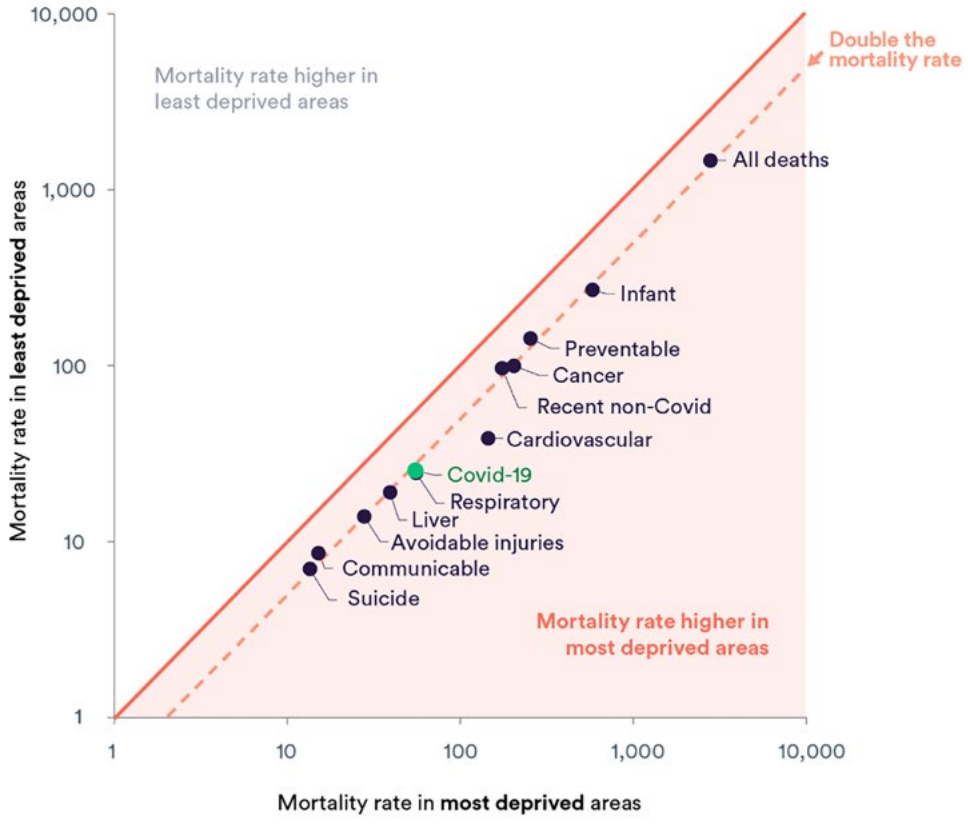
6

Inequalities and COVID-19

In the year when COVID-19 entered our lives, the link between inequalities and poor health outcomes has become increasingly clear. As we are still in the pandemic phase, we are unable to fully quantify the impact of COVID-19 in Gateshead, but there are some early observations to make about the likely impacts on local people.

Recently published data suggests that the most deprived areas of England have twice the rate of deaths involving COVID-19 than the most affluent. But COVID-19 is not unique in this respect: inequalities in mortality have long been evident. Indeed, deaths from suicide, conditions such as liver disease and cancer as well as overall mortality rates, all show that death rates for people living in the most deprived areas of the country are higher than those in the least deprived.[25] Gateshead is the 47th most deprived local authority in England, out of 317 local authorities. Around 32,700 (16%) people in Gateshead live in one of the 10% most deprived areas of England.[5]

As the chart shows, not only do all causes of death lie below the equality line, most death rates for the most deprived areas are around twice those in the least deprived.



Source: Nuffield Trust Analysis of ONS data

Wellbeing

Advising people to self-isolate risks serious social and psychological harm. Quarantine of people exposed to an infectious disease is associated with negative psychological effects, including post-traumatic stress symptoms.[26] The effects are exacerbated by prolonged and multiple isolation episodes, fear, frustration, boredom, financial loss, bereavement and stigma. When quarantine is voluntary, the effects are less and impact is also mitigated with clear and rapid communication and when the period is short, and people are protected from financial loss. This has not been the case with COVID-19 and we know that for many the pandemic has had a very negative impact on their mental health and wellbeing.

Housing

We know that exposure to poor quality housing is associated with certain health outcomes, for example, damp housing can lead to respiratory diseases such as asthma while overcrowding can result in higher infection rates and increased risk of injury from household accidents.

Housing also impacts health inequalities materially through costs and psychosocially through insecurity. Lower socio-economic groups have a higher exposure to poor quality or unaffordable, insecure housing and therefore have a higher rate of negative health consequences. These inequalities in housing conditions may also contribute to inequalities in COVID-19. For example, deprived neighbourhoods are more likely to contain houses of multiple occupation and smaller houses with a lack of outside space, as well as have higher population densities and lower access to communal green space.[27]

Black, Asian and minority ethnic (BAME)

Evidence suggests that COVID-19 may have a disproportionate impact on people from Black, Asian and minority ethnic (BAME) groups. The relationship between ethnicity and health is complex and likely to be the result of a combination of factors. People of BAME communities are likely to be at increased risk of acquiring the infection. There are many reasons for this; BAME people are more likely to live in urban areas, in overcrowded households, in deprived areas, and have jobs that expose them to higher risk. People of BAME groups may also face barriers in accessing services that are created by, for example, cultural and language differences.

BAME communities are also likely to be at increased risk of poorer outcomes if they acquire COVID-19. For example, people of Bangladeshi and Pakistani background have higher rates of cardiovascular disease than people from White British ethnicity, and people of Black Caribbean and Black African ethnicity have higher rates of hypertension compared with other ethnic groups. Data from the National Diabetes Audit suggests that type II diabetes prevalence is higher in people from BAME communities.

At risk groups

COVID-19 has affected different sections of the population to different degrees. As the pandemic goes on, we are becoming more aware of groups who are at risk for many different reasons.

PHE looked at the numbers and rates of death for people with learning disabilities between 21 March and 5 June 2020. COVID-19 accounted for 54% of deaths of adults with learning disabilities in residential care in the review period, slightly less than for people with learning disabilities generally, but still much more than in the general population.[28]

We also know that during the COVID-19 lockdown that social stress coupled with restricted movement and social isolation measures, has resulted in increased levels of gender-based violence. Many have been forced to 'lockdown' at home with an abusive partner while services to support survivors are being disrupted or made inaccessible.

Our understanding of the impacts of COVID-19 will become clearer in the future as we are better able to analyse and understand the data and experiences of different groups.

Employment

The longer-term and largest consequences of the 'lockdown' for health inequalities will be through political and economic choices. Economists fear that the economic impact will be far greater than the financial crisis of 2007/2008, and they say that it is likely to be worse in depth than the Great Depression.

Previous research has found that sudden economic shocks like the global financial crisis lead to increases in morbidity, mental ill health, suicide and death from alcohol and substance use. These health impacts were not shared equally though - areas of the UK with higher unemployment rates had greater increases in suicide rates and inequalities in mental health increased with people living in the most deprived areas experiencing the largest increases in psychiatric morbidity and self-harm. Unemployment is disproportionately experienced by those with lower skills or who live areas with fewer employment opportunities.[27] We also know that unemployment is likely to disproportionately affect the at-risk groups, women, young people and the poor.

A recent report warns that despite the measures put in place by government to protect jobs, unemployment is set to rise further and faster than during any recession on record. There were over 400,000 Universal Credit claims in a week at the end of March, a figure over seven times higher than the year before. The number of claims is nearly five times higher than the peak in claims for Jobseekers Allowance – the main unemployment benefit at the time – during the height of the great recession in 2009.[29]

Analysis suggests that the gains of five years of jobs growth – during which employment increased to a record high – have been reversed in just one month. The analysis found that unemployment had already increased by half – from 3.9% to 6%, and that is likely to go higher still.

The economic pain inflicted by COVID-19 will be felt unequally across the UK. Compared to the UK as a whole, the North East and the North West of England both have a higher proportion of employment in 'shutdown sectors' – which have had to significantly reduce operating in recent weeks to slow the spread of the virus, such as retail and manufacturing.

Access to care

Access to healthcare is lower in our disadvantaged and marginalised communities, and amongst rural communities. In England, the number of patients per general practitioner is 15% higher in the most deprived areas than that in the least deprived areas.[27] This reduced access to healthcare, before and during the outbreak, contributes to health inequalities.

People with existing chronic conditions are less likely to receive treatment and diagnosis during the pandemic as health services have had to focus on the COVID-19 emergency. We expect that there will be significant knock on effects caused by COVID-19 delays to elective surgery, cancer treatment and ongoing management of long-term conditions.

Children and Families

The closure of our schools will potentially increase educational inequality, as it is most likely to impact the most disadvantaged young people through their time in education and into the workplace.

In Early Years education, even in normal circumstances, the poorest children are already 11 months behind their better-off peers before they even start at school. There are significant risks of both short term and long-term impacts on the most disadvantaged children, who may not have a suitable home learning environment. Extra support will be needed for many children when returning to school.[29]

Ensuring access to technology and online resources is a challenge. Previous research[30] found that 34% of parents with children aged 5-16 reported their child does not have access to their own computer, laptop or tablet that they can use to access the internet on at home. There are also concerns regarding online learning in higher education, where exams and courses have largely been replaced with online lectures and tuition. This mode of learning may put students who do not have access to technology or a suitable workspace at a disadvantage.

Childcare support is critical during this time for single, working mothers, however, many informal networks of support have been restricted during this time.[31] Adverse outcomes may occur amongst young people in terms of educational and social outcomes among families that lack study space, access to home computing and parental support and lack of food provision from schools. Some may be at risk of online abuse or exploitation.

Early research[32] suggests that the pandemic and subsequent measures are having significant impacts on the mental health of children and young people. This group are already at higher risk of developing mental health issues compared with adults. Children may be experiencing increased anxiety and stress about the virus, and school closures and social distancing measures have led to a loss of structure and social contact. Such circumstances, coupled with reductions in support services, could lead to a range of poor mental health outcomes.

Children and young people from certain groups (such as those from poorer households, young carers and those with disabilities) are already disproportionately affected by higher levels of mental health issues. For example, one study found that children from the poorest 20% of UK households are four times as likely to have serious mental health difficulties by the age of 11 as those from the wealthiest 20%. Experts express concern that the COVID-19 outbreak may widen these mental health inequalities, as well as increasing the overall prevalence of mental health issues in children.

Women make up almost 80% of the health and social care workforce and as such they are most exposed to COVID-19. This has impacted on women's mental well-being and inequalities, particularly amongst women who are single mothers. Single mothers are less likely to own houses, cars, and the most at risk for depression.

The complexity of these many stresses on family life and the impact of these inequalities, will become apparent in the future.

7

Recommendations

In my 2019 report I re-stated the Thrive pledge that 'putting people and families at the heart of everything we do was essential'. That is more important than ever as we work to support our communities who have been caught in the 'perfect storm' of welfare reform, austerity and now the COVID-19 pandemic. We must also focus on tackling inequalities so people have a fairer chance including ensuring the people of Gateshead have enough to eat, that they can participate in society and that they can keep a roof over the heads of their family.

Through our locality-based services we will work to ensure that nobody goes hungry, or cold.

We must continue to prioritise our work to challenge inequalities, we have started our journey, but we have not finished it, we will continue to strive to do the right thing.

Recommendation 1: Strategy Implementation

We must continue to prioritise the implementation of the recommendations set out in the Health and Wellbeing Strategy (published February 2020). This should include a review of the arrangements for the Health and Wellbeing Board.

Recommendation 2: Understand and engage

We must strengthen our targeted support for our most disadvantaged citizens working with our partners to engage local communities and groups, to understand need, as experienced by our residents, and address the causes of inequality.

Recommendation 3: Tackle inequality

We must make sure that our resources, time, people and assets, are targeted and proportionate to the needs in our community. This means that people living in more disadvantaged positions will receive more. It is only if we do this that we will start to address the unacceptable inequalities we currently see across Gateshead.

Recommendation 4: Participatory leadership

We should continue to embed the MECC approach into all aspects of our work, empowering local people to own, understand and engage with their own peers, improve health literacy, build trusting relationships and facilitate a participatory leadership model.

Recommendation 5: The economy as a driver for well-being

Our work on economic recovery should focus on creating well-being. We must continue to focus on developing the Gateshead economy as we recognise the importance of good quality employment, training and development for all. We recognise the need for flexibility to allow people to make choices to support their wellbeing.

Recommendation 6: Equitable health and care

The Gateshead system leaders have recognised the need to work more closely and in the last year have laid the foundations to develop integrated services. It is essential that the transformation of public services is focussed on local need and meaningfully involves communities in development of the future arrangements. We must ensure that health equity is central to this and proactive action to address the entrenched inverse care law is a priority for all partners.

Recommendation 7: COVID-19 impact assessment

During 2020/21 we should, as partners across the public, community and business sectors, complete a fuller analysis of the impacts of COVID-19 in Gateshead. We must use this impact assessment to direct our future response to tackling inequalities.

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Appendix 2. Acknowledgements

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