**South Tyneside’s Living with Covid-19 Response Plan (health protection response) 2022-23**

1. **Context**

This is South Tyneside Council’s short to medium term response plan to the health protection issue that is Covid-19. The intention is to set out how the Council and wider partners are adapting to Covid-19, and ensure the system is working together with prevention being fundamental as we respond to new ways of working including developing polices and strategies that include learning from Covid-19 and support the workforce who may be at risk of fatigue and long-Covid.

There are a lot of indirect consequences of Covid-19 that are being addressed through other programmes of work for example the Council’s Corporate Plan, Economic Recovery Plan, Long Term Conditions Strategy and the new Joint Health and Wellbeing Strategy.

It is important to highlight that this is a working plan that needs to remain proactive and responsive to the evolving nature of the international patterns of Covid-19, waves of Covid-19 and new variants. Lessons learned over the past two years have helped us to be more responsive rather than reactive but it’s important that we have clear arrangements in place that will enable the Council and wider partners to stand arrangements up quickly should the need arise.

This plan will be tested out to ensure it is fit for purpose, and an extraordinary meeting will be held in autumn in anticipation of winter, so we are prepared and responsive as we can.

1. **Introduction**

Due to the success of the vaccination programme and falling infections, we now need to learn to deliver recovery locally in a way that has the greatest impact for our communities.

The purpose of South Tyneside Covid response plan is to clearly outline how we intend to move forward and learn to live with and adapt to Covid-19, embedding the learning and experiences to be better prepared to respond to new variants of concern and future waves. This means the plan may be adapted as we learn more from the data and intelligence, to provide a rapid and responsive approach to inform our action to:

* Strengthen prevention and preparedness for future waves and other epidemics.
* Protect and enable people and communities at greatest risk from Covid-19 and its consequences.
* Protect critical infrastructure including the NHS and social care.
* Support the wellbeing and development of children, young people and adults and enable the recovery of economic and social activities.

The plan will cover the following 9 key priorities:

* Vaccination
* Infection, Prevention and Control
* Test, Trace, Treat and Isolate
* Outbreak Management
* Communications and Engagement
* Welfare – Workforce and Residents
* Monitoring and Surveillance
* Health Inequalities
* Governance

1. **Our Key Priorities**
   1. **Vaccination programmes**

The vaccination programme has helped grow high levels of population immunity and remains our best defence against Covid-19. Therefore, we need to maintain our efforts to increase vaccination uptake across the eligible groups. It is possible that further doses of the Covid-19 vaccine may be offered in the future to reinforce protection. Subject to advice, this may include annual vaccination programmes – as is the case with the flu vaccination – for those who need additional protection. Reformulated vaccines to target new variants of the virus and new ways of administering vaccines could play a role in future vaccination programmes.

A further booster programme in spring 2022 took place for the over 75s, residents in care homes and those age 12 plus who are immunosuppressed. A booster programme took place from April 1 for those children aged 5-15 to receive two doses of the Pfizer vaccine 12 weeks apart and autumn 2022 booster programme will target residents in a care home for older adults and staff working in care homes for older adults, frontline health and social care workers, all those 65 years of age and over and adults aged 16 to 64 years in a clinical risk group.

The Joint Committee on Vaccination and Immunisation (JCVI) has now published its final recommendations for this autumn’s programme.

Under the advice, those eligible for a further dose will be:

* all adults aged 50 years and over
* those aged 5 to 49 years in a clinical risk group, including pregnant women
* those aged 5 to 49 years who are household contacts of people with immunosuppression
* those aged 16 to 49 years who are carers
* residents in a care home for older adults and staff working in care homes for older adults
* frontline health and social care workers

In addition, the Department of Health and Social Care (DHSC) will be widening the offer of the free flu vaccine to more eligible groups. These additional groups will only be eligible once the most vulnerable, including previously announced pre-school and primary school children, those aged 65 years and over and those in clinical risk groups, have been offered the jab.

The additional groups set to be offered the free flu vaccine in England will be:

* all adults aged 50 to 64 years
* secondary school children in years 7, 8 and 9, who will be offered the vaccine in order of school year (starting with the youngest first)

The NHS will announce when and how eligible groups will be able to book an appointment for their Covid-19 autumn booster, and when people aged 50 to 64 years old who are not in a clinical risk group will be able to get their free flu jab.

**South Tyneside Vaccinations**

Vaccines are currently given in 3 doses. In South Tyneside at the end of the 10th of July 2022, **115,073** people had been given a first dose. **109,824** people had been given a second dose. **87,131** people had been given a booster or third dose.

**South Tyneside Vaccination Programme Board**

The vaccination programme is directed nationally but facilitated locally by South Tyneside Vaccination Programme Board. The Board coordinates and delivers assurance across the system to maximise delivery of influenza and Covid-19 vaccinations to the eligible population in South Tyneside. Flu and Covid-19 vaccination programmes are commissioned by NHS England for defined groups of the general population and from a range of providers.

There has been a huge drive nationally to increase Covid-19 vaccination and this year less emphasis on the flu vaccination programme. This has been a challenge for the programme board and in future, coadministration of both vaccines may improve the uptake rates with less pressure on the system. This will also support the early planning of the flu programme for 2022/23 although at this stage coadministration does not seem likely to take place this Autumn. Accurate, up to date data has also been an issue and a reliable nationally supported data set would help manage the overall programme and support uptake in the lowest uptake cohorts. Currently there are also regional discussions regarding other vaccines being incorporated into the board’s remit.

**South Tyneside Health Inclusion and Outreach Group**

South Tyneside Health Inclusion and Outreach Group is a subgroup of the vaccination programme board and was set up to support equitable and rapid deployment of vaccination for our most vulnerable groups including asylum seekers, homeless, Black, Asian & Minority Ethnic Communities, learning disabilities, SMI and lowest uptake wards including West Park, Westoe, Simonside and Rekendyke. These groups needed support and engagement or more bespoke offerings for vaccination – these included:

* Outreach clinics in places of worship
* Specialised clinics at local vaccination sites available for identified patient groups – supported by Voluntary Community Sector partners
* Hosting specific outreach clinics for learning disability patients, at a familiar setting, including vaccination for carers whilst offering an annual health check at the same facility
* Outreach clinics within commissioned services e.g. Places for People at Tyne Dock – targeting high risk homeless / drug / alcohol clients

**Future response and contingency**

As emerging variants and periods of waning immunity threaten the effectiveness of the vaccine, the Government is committed to research and development in order to provide the best protection. As a system we have the mechanism in place to roll out any new vaccines and the process to reach our most vulnerable residents.

* 1. **Infection, Prevention and Control**

Throughout the pandemic there has been a huge emphasis to continually promote good infection prevention and control measures. To help with the recovery it’s important we continue to encourage these safer behaviours and actions, particularly in our more vulnerable settings that include care homes and schools.

**Ventilation**

Ventilation is also an important measure for controlling transmission indoors. Letting fresh air into indoor spaces by opening doors, windows and vents can help remove air that contains virus particles and reduce transmission of other respiratory infections such as influenza and Covid-19. There are also potential wider benefits of good ventilation, for health, concentration, and lower absence rates.

Where natural ventilation is not providing a good level of fresh air, then the use of portable air purifying devices can be considered, particularly in our care homes, schools and offices.

The Government recommend local authorities use their allocations from the £60 million Adult Social Care Omicron Social Fund to audit and improve fresh air in adult social care.

**Recommendations**

* Natural ventilation is the best approach, as taking accurate CO2 reading and installing air purifiers can be complex
* Check if natural ventilation is available
* Check if any mechanical ventilation is correctly set
* When using CO2 monitors ensure the guidance is followed
* Also consider how the room will be used – size, capacity, use such as singing, where people sit etc.
* If the CO2 readings indicate a problem, air purifiers can be considered
* Seek advice on the right machine for the use of the room

**Face coverings**

Whilst there is no longer a legal requirement to wear a face covering, they have low economic costs and there is strong evidence they can be effective in reducing transmission in public and community settings, by reducing the emission of virus-carrying particles when worn by an infected person and may also provide a small amount of protection to an uninfected wearer. In settings where we have an outbreak situation, we should encourage the public to continue to wear one, especially where they may come into contact with people they do not usually meet.

**Hand Hygiene**

Ongoing promotion of good hand hygiene e.g., washing with soap and water or using hand sanitiser should continue. Having hand sanitiser stations in public buildings and in more vulnerable settings such as care homes would be an effective way to reduce the risk of catching Covid-19.

**Respiratory Hygiene**

The ‘catch it, bin it, kill it’ approach continues to be very important. Encouraging the public to carry tissues and use them to catch coughs and sneezes, then to bin the tissues and to kill the germs by washing hands.

* 1. **Testing, Trace, Treat and Isolate**
     1. **Testing**

**Four pillars of testing**

Despite the Government announcing in its ‘Living with Covid-19’ plan that universal free testing would end for the general public on 31 March 2022, testing will still have a role to play in the short to medium term as part of the recovery from the pandemic and moving into endemicity, in order to detect any new variants and control outbreaks, particularly in higher-risk settings.

**Testing to care**

Asymptomatic lateral flow testing continues in some high-risk settings where infection can spread rapidly while prevalence is high.

This includes:

* patient-facing staff in the NHS and NHS-commissioned independent healthcare providers
* staff in hospices and adult social care services, such as homecare organisations and care homes
* a small number of care home visitors who provide personal care

Free symptomatic testing will be provided for patients in hospital, where a PCR test is required for their care and to provide access to treatments and to support ongoing clinical surveillance for new variants.

**Testing to treat**

Free symptomatic testing will be provided for people who are eligible for community Covid-19 treatments because they are at higher risk of getting seriously ill from Covid-19, for example those who are immunosuppressed will also have access to antivirals. People in this group will be contacted directly and sent lateral flow tests to keep at home for use if they have symptoms as well as being told how to reorder tests.

**Testing to protect**

For those working in high risk setting some asymptomatic testing will continue.

This includes:

* Care homes
* home care
* extra care and supported living for both staff and residents, however for those staff not providing personal care who are entering a adult social setting they are not required to test.
* NHS workers and those working and living in hospices
* staff in some prisons and places of detention and in high-risk domestic abuse refuges and homelessness settings
* People will also be tested before being discharged from hospital into care homes and hospices

**Surge testing and surveillance**

Plans are in place to enable rapid testing response should a new health threat emerge, such as a new variant of concern emerge and also includes genome sequencing.

The internationally recognised Community Infection Survey delivered through the Office for National Statistics will continue to provide a detailed national surveillance capability in the coming year so the government can respond appropriately to emerging developments such as a new variant of concern or changing levels of population infection. Infections in health and care settings will also be monitored through bespoke studies including the Vivaldi study in residential care homes, the SIREN study in the NHS and Royal College of General Practitioners (RCGP) surveillance in primary care.

The Government has retained the ability to enable a rapid testing response should it be needed, such as the emergence of a new variant of concern. This includes a stockpile of lateral flow tests and the ability to ramp up testing laboratories and delivery channels.

The Government’s Therapeutics Taskforce and Antiviral Taskforce will also be merged into a single unit which will continue to focus on securing access to the most promising treatments for COVID-19.

**Local Testing Sites**

Throughout the pandemic, local community testing sites (LTS) offering free symptomatic testing for the general public have operated from Chuter Ede Community Centre and Jarrow Library, with a mobile testing unit (MTU) at Temple Park Leisure Centre. South Tyneside residents have also been able to access neighbouring authority testing sites plus regional testing sites (RTS) in Newcastle and Middlesbrough, if convenient, or during periods of high demand for tests. Residents have also had access to the offer of free PCR home kits via gov.uk, if accessibility is an issue.

These sites were decommissioned on 31 March, and UKHSA is working collaboratively with LAs to explore what interventions and capabilities will be needed to maintain or remobilise as a priority in local areas, to scale up an effective response to a resurgence of Covid-19 or a dangerous new variant.

In addition, it is clear that until the pandemic is largely over everywhere, there will be an ongoing need for surveillance for new variants that could cause significant new waves – and this requires PCR testing, not just LFTs.

**Asymptomatic testing**

LFDs offer a reasonable safety net and acceptable degree of accuracy in detecting asymptomatic infection within the general population, however the scale that they have been at has been extremely resource intensive and is unsustainable in the long term.

Within the Living with Covid Plan, Government stated that LFDs will not remain universally free across the population from 1 April 2022 and will be targeted towards more vulnerable populations and high-risk settings, with the general public and private workplaces needing to source these at cost if required. Staff and students in education and childcare settings no longer need to test twice a week, however regular twice weekly testing will continue to be recommended for staff in adult social care settings.

South Tyneside Council has retained a small supply of LFD home kits to support high risk settings in the event of future shortages or supply issues, and also to help maintain business continuity for high risk or business critical council teams who may be experiencing outbreaks, to prevent further spread.

**Targeted community testing**

The Government announced the cessation of the targeted community testing (TCT) programme from 1 April 2022, meaning any supervised asymptomatic testing sites must be decommissioned by this date. Any supervised testing which should take place beyond this date brings additional risks and liabilities previously protected by the terms and conditions of the TCT collaboration agreement. Remaining supervised testing kits have been donated to partners who are still required to test regularly on-site (social care and NHS settings) as per DHSC guidance.

Remaining LFD home kits were redistributed prior to this date, however there are no risks or liabilities associated with operating a home kit distribution function beyond this date, providing storage and distribution processes continue to meet the guidance within the clinical standard operating procedure. Remaining supplies of LFD home kits and associated PPE were also therefore distributed by STC.

Community testing staff developed a distribution plan for allocating remaining testing supplies to existing partners, services and business critical teams within STC by 31 March 2022, with a further supply of home kits retained for internal use for business-critical staff teams.

**Testing next steps**

In moving to this sort of approach it may be desirable to move towards a more local and regional system than the national distribution system that is currently in place. Screening testing for those admitted to hospital was removed in May 2022.

There is a caveat to the above in that Local Authorities will need some reassurance from Government and flexibility so that testing arrangements and previous functions can be quickly stood up and re-established in the event of future major outbreaks or new variants which may require testing on a larger scale across settings or populations.

* + 1. **Trace**

Previous government policy for people who develop Covid-19 symptoms is to self-isolate immediately and get a PCR test, even with mild symptoms and end self-isolation on the sixth day following 5 full days isolating and 2 negative rapid lateral flow test tests taken on consecutive days. Self-isolation was scrapped altogether on February 24th, as part of the government’s policy of *‘learning to live’* with the disease. Instead, current advice states:

‘*While you’re no longer required by law to self-isolate if you have Covid-19, you should still stay at home and avoid contact with other people. This helps reduce the chance of passing Covid-19 on to others’* NHS Covid Advice February 2022

The World Health Organisation branded the change ‘premature’ and argued that Covid-19 will persist throughout 2022, with further waves and clear concern about the emergence of new variants. The opposing view from the government, is that we must learn to live with Covid-19 in the similar way to flu.

However, Covid-19 is more severe and kills more than flu. Flu kills approximately 650,000 people globally each year and we have seen three major influenza epidemics in 20th Century.

The South Tyneside local contract tracing system was developed in September 2020. The focus of the team was dealing with local outbreaks of Covid-19, in pubs and restaurants. However, locally, and nationally, these outbreaks, were part of an accelerating wave that would result to a month’s lockdown in November 2020 and lead to a raft of new restrictions, including the tiered approaches throughout December and full lockdown on January 4th, 2021.

The team was stood down due to cases outpacing locally capacity to deal with the volume of outbreaks.

The team was stood up again in February 2021. This time focusing on ‘failed’ cases that national track and trace, were unable to contact. This has been our approach up until the current time, plus assisting with some local outbreaks.

At the current time, this approach is likely to have limited value, given the high number of cases and in the context of the governments next phase policy phase (March 2022). Contact may still have value in response to outbreaks in high-risk settings but not as a routine part of everyday public health business.

The trajectory of Covid-19 remains uncertain. It can mutate into new variants and the seriousness of these variants is unknown.

**Contingency**

The local authority has retained its Contact Tracing teams but currently stood down the function. Questions we need to address include how to maintain a multi-skilled workforce in local authorities that could support public health and environmental health with outbreaks in the future. What this means for workforce and emergency planning moving forward, for example HR policies may need to be adapted so staff can be redeployed/provide resilience to meet the Council’s change in needs. Also, refresher training will be important to maintain the skills and knowledge.

* + 1. **Treat**

The NHS is offering new antibody and antiviral treatments to people with Covid-19 who are at highest risk of becoming seriously ill. Antivirals can be used at the earliest stage of infection to help reduce the development of severe Covid-19 by blocking virus replication. These can be given at home to treat people whose immune systems means they are at high risk of Covid-19.

Once asymptomatic testing is no longer free for everyone there is a risk that those vulnerable may not know they have Covid-19 and therefore cannot get access to the antivirals in time to treat Covid-19.

The Government has said people at highest risk of developing severe Covid-19 can now access antivirals should they test positive for Covid-19. UKHSA has sent priority PCR tests to around 1.3 million people to support rapid turnaround of results so they can access the treatments as soon as possible after symptoms begin.

**Long Covid**

Long Covid is not fully understood, and there is no internationally agreed definition - so measures of how common it is or what symptoms are involved vary. Guidance for UK health workers describes long Covid as [symptoms that continue for more than 12 weeks after an infection which cannot be explained by another cause](https://www.nice.org.uk/guidance/ng188).

Studies into long Covid are ongoing we now know the prevalence of self-reported long Covid was greatest in people aged 35 to 49 years, females, people living in more deprived areas, and those working in teaching and education, social care or health care.

The effects of long Covid are likely to be greater for people in more deprived areas because they are more likely to have pre-existing existing health problems and, if they are able to work, are more likely to do so outside the home and in manual jobs. In some cases, they have to continue working despite having long Covid symptoms. Those who cannot work as a result of long Covid are more likely to go into debt and those who were already unemployed may face additional challenges such as finding it harder to find employment because of poor health.

Vaccination can help prevent people contracting the virus and developing long Covid in the first place.

At the moment there are no proven drug treatments, and the main focus is on managing symptoms and gradually increasing activity. Studies on how best to spot, treat and improve the lives of people living with long covid are continuing.

The Long-Term Conditions Alliance are updating their priorities for the next 1-3 years and long covid will be one of the key priority areas of work.

Employers should factor in the potential impacts long covid can have on their workforce as well as the the mental health and wellbeing of its staff as part of the recovery process.

* + 1. **Isolate**

The Government has now removed the legal requirement to self-isolate following a positive test. Adults and children who test positive will continue to be advised to stay at home and avoid contact with other people. After 5 days for adults, and 3 days for children, provided they do not have a temperature, they can safely return to their normal routine. Those who test positive should avoid contact with anyone in an at risk group, including if they live in the same household.

There will be specific guidance for staff in particularly vulnerable services such as adult social care, healthcare, and prisons and places of detention.

* 1. **Outbreak Management**

Local partners have significantly stepped up to support local outbreak management. In future the Government expects Covid-19 to be managed regionally and locally as part of a wider all hazards approach, using existing health protection frameworks.

The Government will revise current Covid-19 outbreak management advice and frameworks, to set out the support that local authorities and other system partners (such as LRFs, regional health protection teams, the NHS and others) can expect from regional and national stakeholders and the core policy and tools for contingency response. The Government will continue to provide guidance via UKHSA engagement with local partners.

The capabilities of the whole system have been crucial in both preventing and controlling outbreaks of Covid-19 in South Tyneside. The strong connections from key partners across the South Tyneside Alliance provided firm foundations for the delivery of our Outbreak Management Plan during the pandemic.

The Director of Public Health has and retains primary responsibility for the health of their communities. This includes being assured that the arrangements to protect the health of the communities that they serve are robust and are implemented.

At a local level UKHSA health protection teams and field services work will continue to work in partnership with Directors of Public Health, playing strategic and operational leadership roles in the management of outbreaks.

* + 1. **High Risk Settings**

The Government has now revoked The Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations. Local authorities’ roles in outbreak management will be more tightly focused going forward. As part of this approach, focus should be placed on protecting those settings known to be at highest risk through local Covid-19 outbreak investigation and management activities, led by UKHSA Regional Health Protection Teams (HPTs).

**Care Homes**

Care home residents, and those in receipt of adult social care at home and other

care settings, are often among the most vulnerable in society to Covid-19. To

protect these people, the Government introduced additional protective measures,

including:

a. Free PPE for adult social care workers;

b. Prioritisation of staff and residents for vaccinations

c. Designated settings to ensure that those who need residential care but are

still likely to be infectious with Covid-19 at the point of discharge from

hospital can complete a period of isolation before moving to their care home;

d. Introducing visitor restrictions at times of particularly high risk; and

e. In recognition of the challenges facing the sector, the Government published

its first ever set of winter plans for adult social care.

The Government will continue to support the adult social care sector with the

following protections:

a. Supporting and encouraging the take-up of vaccines amongst care recipients

and staff, including any further doses that may be recommended by JCVI for

Covid-19 and other infections.

b. Guidance on precautions for visitors and workers in adult social care; and

c. Providing access to free PPE to the end of March 2023 or until the UK IPC guidance on PPE usage for Covid-19 is amended or superseded (whichever is sooner).

As a part of living sustainably with Covid-19, the Government published updated IPC guidance. This replaced the Covid-19 IPC guidance for care homes, home care and other adult social care services. The Government will continue to work with local authorities and care providers to respond to outbreaks in care settings and manage local workforce pressures.

**Port of Tyne transport hub**

The Public Health team continues to support the Port of Tyne which is an important local employer as well as the infrastructure around the port being vital to delivering economic growth. The Port has offered free asymptomatic testing to its workforce to help minimise any potential outbreaks.

Any potential cases and outbreaks have previously been followed up with the Port and this support will be ongoing as well as the offer of public health messages to protect the workforce and limit the risk of infection and transmission of Covid-19 and other communicable diseases, via the Public Health team and/or UKHSA.

* + 1. **Non-High-risk settings**

**Schools**

For mainstream schools specifically, local authorities will continue to reassure schools that there is no special action required if multiple cases are detected.

**Businesses**

As the remaining coronavirus legal restrictions are withdrawn businesses are adapting to how they manage the pandemic.

Environmental Health, Public Health and Welfare Support teams have helped businesses throughout the pandemic and will continue to do so. Outbreaks have been seen mainly in the manufacturing industry

The current Government objective is to manage COVID-19 like other respiratory diseases. Key actions for businesses as they adapt to live with Covid-19 include:

* Continue to provide clean, well-ventilated workplaces and welfare facilities
* Review risk assessments and control measuresby reviewing the relevant working safely guidance (replaced with public health guidance), and make any reasonable adjustments needed for staff and customers with disabilities
* Encourage all staff to receive vaccination for Covid-19
* Maintaining Resilience by askingstaff to stay home if they have Covid- 19 symptoms or are feeling unwell (even with mild symptoms)
* Encourage wearing face coverings in crowded and enclosed spaces

**Compliance**

Responding to the Covid-19 pandemic has thrown up new challenges for all local authority services, not least those tasked with enforcing new regulation. The Council, through the work of its Regulatory Services teams has played a vital role in explaining rules to our communities and businesses, encouraging compliance and enforcing where necessary. Existing compliance and enforcement practices and systems were quickly adapted to help deal with the challenge of the pandemic. New sets of regulations and guidance were introduced at very short notice, at times incorporating tiered restrictions and with devastating impact on livelihoods. Managing compliance against such a complex public health and economic background was extremely challenging for enforcement officers.

In order to increase capacity for the Covid response, already limited resources were redeployed to focus on compliance and enforcement work. Officers with experience of communicable disease control, health and safety and food safety enforcement formed the core Covid enforcement team, however this work was bolstered by officers from across the wider Environmental Health, Trading Standards and Licensing teams.

Enforcement officers have shared learning informally and at events and forums organised by the Local Government Association and within our Local Resilience Forum Partnership. Inter-authority working arrangements for local authorities operating in the region were quickly established through mechanisms including the North-East Environmental Health Group, the Local Resilience Forum Compliance Cell and the North-East Public Protection Partnership’s (NEPPP) Regional Covid Compliance Group. The latter was a particularly valuable forum for the promotion of regional consistency on enforcement activities. The group facilitated detailed discussion on interpretation and application of the law and guidance and developed the NEPPP Regional Covid-19 Enforcement Framework.

At a local level, officers also built very effective working relationships with other enforcement bodies such as Northumbria Police and the Health and Safety Executive, which helped to drive up compliance. Contain Outbreak Management funding enabled the fixed-term employment of two additional Environmental Health Officers to support the work of the team. As the pandemic progressed, Business and Community Support Officers were also employed to assist enforcement officers and to closely support our business communities on the ground.

Our enforcement teams have learned a lot during the course of the pandemic, including understanding how we can best support our local business communities both in terms of communication and our enforcement approach. The teams have built resilience through the shared experience of officers tasked with Covid enforcement.

In the event of future outbreaks of Covid, or the emergence of new variants of concern, enforcement teams will again stand-up their officers to deliver the compliance and outbreak control response required. Fixed term Business and Community Support Officer posts have been secured to June 2022 and fixed-term Environmental Health Officer posts have now been established, increasing immediate resilience within the team and the ability to re-prioritise workloads at short notice. Depending on the situation presented, it is expected that the compliance structures that have proven to be effective both locally and within the region will be stood up again, as necessary.

* 1. **Communications and Engagement**

The pandemic has not only exposed pre-existing health inequalities affecting those in inclusion health groups, but it has also made them worse. NHS England has identified that people in inclusion health groups are at increased risk of severe disease and higher mortality and should be considered a priority for vaccination against Covid-19 and Flu. Therefore, we must tailor our communications approach to ensure that the key messages are available and accessible to everyone at risk in our communities.

As we move out of the national Plan A guidance in response to the Covid-19 pandemic into the new ‘Living with Covid-19’ guidance, South Tyneside Communications team will continue to work closely with the Public Health team in order to stay up to date with the local and national picture. This will help to inform the regular communications to staff and residents. These communications are likely to decrease in frequency as we move into the recovery phase of the pandemic.

As with previous stages of the pandemic, all communications will be informed by national government guidance but given local context. We aim to give residents and staff a clear understanding of which mitigation measures are required by law and which actions are advisory at any point in time. We will clearly communicate what measures are still in place in council buildings, as well as the rationale behind those decision. The safety and wellbeing of staff and residents remains our priority.

The South Tyneside Council website will continue to signpost to the gov.uk to ensure that all current advice and guidance is up to date. The local outbreak management will continue to be available on the council website and regular contact with the Public Health team will ensure that this is always the most update to date version of the document. The communications team will continue to support our care and education settings during any outbreak situations, for example by communicating changes to service delivery, visiting hours and/or re-introduction of mitigation measures such as face coverings.

Moving forward the communications team will build on the relationships established during the pandemic with other council departments and external partners. For example, the ongoing BeatCovidNE campaigns in conjunction with the neighbouring six local authorities and the additional vaccine campaigns with the other twelve North East local authorities.

These relationships will be crucial in helping to embed infection control messaging into future public health campaigns to ensure they stay in the public consciousness to tackle upcoming flu seasons and try to mitigate against outbreaks of other viruses in public settings.

DHSC has updated its Covid-19 Q&A toolkit in July 2022 including the latest developments and messages, with any changes highlighted in blue for ease.

DHSC has also added information on:

• NHS COVID-19 vaccine

• Living with COVID-19 – key behaviours

• Living with COVID-19 – if you are feeling unwell

• NHS materials for hospitals, GPs, pharmacies and other NHS settings

• Employer toolkit

These toolkits have been shared with the appropriate audiences.

**Bespoke Communications**

A range of bespoke communications and engagement work has taken place over the last two years with various settings who were impacted the most because of Covid-19. Settings such as care homes and schools have been supported through weekly calls to help understand various guidance and work through scenarios that they have faced in the workplace.

Tailored letters that schools could send out to parents/carers to alert them to an outbreak, and several newsletters to ensure social care staff including care homes and domiciliary were following the correct procedures and guidance have been shared with these settings. Letters advising businesses have also been issued.

These bespoke communications and meetings with care home managers, headteachers, school governors and unions are now needed less frequently as we move into the next phase. However, ongoing support is still provided by the Public Health team with meetings looking to be held monthly.

Public health messages will continue to be shared with these settings to ensure the importance of prevention and infection control in helping to deter Covid- 19, and other communicable diseases, that are spread from one person to another such as norovirus and the common cold.

**Covid Champions**

As part of the Covid response South Tyneside were successful in seeking additional funding to recruit residents to engage and promote key messages about the Covid guidance and the Covid vaccine. Community engagement was a key strand of the Covid response to ensure residents understood the information, were supported to comply when restrictions were in place and to come forward for the vaccine.

Over 70 champions were recruited from a range of ages, backgrounds and professions in South Tyneside.

The champions have engaged in various levels of engagement from sharing information with friends/family/colleagues/community to engaging with the public regarding vaccines, firstly as part of the surge weekend activity in August and then as part of the ongoing community outreach vaccination programme.

As the Covid response changes, and society returns to some normality we may lose some of the volunteers. Therefore, as well as recruiting additional champions, we will integrate them with other champion roles, offer additional training & resources, and broaden their opportunities to become involved with the wider priorities associated with Covid recovery.

We will expand the remit of the champions to cover all aspects of Health and Wellbeing in order to address health inequalities in the borough. This will be done by increasing the knowledge and skills of the champions and providing them with a brand (A Better U) that is recognised and trusted by residents. Working with partners and colleagues across the borough we will produce a team of knowledgeable and trusted volunteers to promote health messages to every corner of the borough.

In the event of future outbreaks of Covid or the emergence of new variants, the champions will be called upon to narrow their focus once again and provide assistance specifically to respond to the situation.

* 1. **Welfare**

The impact on the economy and individuals’ livelihoods has been severe, despite the Government’s actions. This is why the Government implemented a number of support schemes to support the economy and protect jobs across the UK with the Coronavirus Job Retention Scheme, Self-Employment Income Support Scheme, Test and Trace Support Payment scheme and Practical Support Payment schemes. On 24 March, the Covid-19 provisions within Statutory Sick Pay and Employment and Support Allowance regulations ended. People with Covid-19 may, subject to satisfying the conditions of entitlement, still be eligible for Employment and Support Allowance on the basis that they have a health condition or disability that affects their ability to work under the general Employment and Support allowance regulations.

There have been a number of support services set up to help support the people of South Tyneside during the pandemic and the welfare support service will continue to offer help with welfare benefit advice and support.

**Workforce welfare, wellbeing and resilience**

The continued efforts of the workforce during the pandemic cannot be underestimated. The constant pressure and fatigue due to Covid-19 has meant that the Council workforce and the workforce of the wider system has had to endure some very difficult and challenging times. However, we now need to pause for a moment and consider the welfare and wellbeing of staff as we adapt to living with Covid-19.

Working at the fast pace that we have become accustomed to during Covid-19 is not sustainable and if it continued, we could risk our workforce becoming very fatigued which could lead to an increased risk of sickness absence. Many staff may have also suffered the loss of family and friends, and some will have worked on the ‘frontline’ trying to contain Covid-19.

How we support the workforce needs to be a main priority as we know that if a new, more severe variant emerges the workforce will be called up on to respond. We need to consider that the majority of people who have self-reported long Covid are working age females who already have a long-term health condition or disability and those who work in teaching and social care roles have an even greater risk of suffering from long-Covid.

Building resilience needs to be considered as part of a wider range of health and wellbeing support measures for staff wellbeing such as access to Mental Health First Aiders, counselling and whether there is a need to continue to have a ‘wobble room’ where staff can have a space where they can talk openly about their experiences.

Workplace health programmes such as the Better Health at Work Award and the role of Occupational Health need to factor the impact of long term Covid into policies and interventions going forwards.

South Tyneside’s businesses signed up to the Pledge are promoting healthy lifestyles with their workforce. More join up between the BHAWA and the Pledge with an emphasis on living with Covid-19 could also support some of those businesses who endured large-scale outbreaks, such as factories where social distancing and working from home were not able to be implemented.

Workplace policies should also be reviewed to ensure that infection control is explicit including the importance of hand washing and staying away from work when poorly to avoid spreading infection to others.

**Mental wellbeing**

Covid-19 has had a profound impact on people’s lives over the last two years. The virus has brought a high death toll, affected the economy through the loss of jobs and insecurity and had a significant impact on those with pre-existing mental health conditions, increasing anxiety in young people, adults that have had to ‘shield’, ‘front line’ NHS and key workers.

The unprecedented nature of the pandemic has brought about a fundamental shift in the way people have been able to live.  The pandemic has also provided as sense of solidarity, community support and community co-operation.

Self-reported measures of mental health and wellbeing have worsened during the pandemic. These responses are not unusual to extraordinary and challenging circumstances and for many low mood and anxiety will pass. However, for others these difficulties thoughts and feelings will remain and there is concern that many will suffer long-term consequences requiring additional support.

Within the Covid-19 Recovery Plan it will be important to protect mental health and well-being of employees moving forward through workplace initiatives including:

* Promoting simple steps to improve sleep, increase physical activity and managing difficult thoughts.
* Encouraging everyone to reflect on what works for them, and to make use of the resources and advice available to keep up these lifestyle changes.

This includes the [NHS website](http://www.nhs.uk/), Public Health England’s (PHE) [*Better Health: Every Mind Matters* resources](https://www.nhs.uk/oneyou/every-mind-matters/) and personalised [Mind Plan](https://www.nhs.uk/oneyou/every-mind-matters/your-mind-plan-quiz/) – a targeted action plan with NHS endorsed advice and tips to improve your mood and wellbeing.

The Government estimates that of March 2021, over 3.2 million Mind Plans have been made since the start of the pandemic.

Promoting the Hub of Hope database, that brings together grassroots and national mental health services in one place, including numbers for NHS 24/7 urgent mental health helplines: <https://hubofhope.co.uk/>

Further promotion of PHE’s physical activity framework [*Everybody Active Every Day*](https://www.gov.uk/government/publications/everybody-active-every-day-a-framework-to-embed-physical-activity-into-daily-life), which supports getting people active across 4 key domains (active society, moving professionals, active environments and moving at scale). And *the* [*Better Health*](https://www.nhs.uk/better-health/) campaign which also promotes key messages and opportunities for adults to get and stay active.

Building on and reducing stigma around mental health through the *Time to Change campaign*.

* 1. **Monitoring and Surveillance**

Surveillance and data will continue to play a critical role in preventing, understanding and responding to outbreaks. Surveillance can also help us to assess the impact of measures taken to contain the virus and to inform current and future actions.

Regular Covid-19 intelligence updates have been provided to the Covid-19 Health Protection Board, as well as wider group of stakeholders who have been involved in our Covid response. However, following the end of Covid-19 restrictions on 24th February, routine contact tracing has ended and free universal symptomatic and asymptomatic testing for the general public ended on 1st April which means some data flows have stopped or will reduce significantly. The quality and utility of future updates will therefore be dependent upon the availability of data and as well as the ongoing requirements of local teams in our Covid-19 response.

Routine surveillance of Covid-19, where data are available, will eventually be subsumed within the quarterly Health Protection Board meetings which monitor all communicable disease risks in the borough.

* 1. **Health Inequalities**

The key approach to reducing health inequalities over the longer term is the prioritisation of prevention. As the original Marmot report stated, “early intervention and prevention in the early years can have lifelong impact, as well as yielding significant return on investment”. Protecting the most vulnerable in our community who are at increased risk of severe disease and mortality is a priority.

South Tyneside Health Inclusion and Outreach Group will continue to support equitable and rapid deployment of vaccination for our most vulnerable groups within our community.

The new Joint Health & Wellbeing Strategy was informed from research and insights from local people and groups, with a particular focus on members of marginalised, vulnerable, or otherwise under-represented populations. The strategy will be used by the local authority, NHS, and other partners to jointly plan and support delivery of improvements in health and wellbeing for the people in South Tyneside.

The Government will set out a strategy to tackle the core drivers of inequalities in health outcomes in a new white paper on health disparities this year.

* + 1. **Vulnerabilities**

Throughout the pandemic to date there have been sub-populations within our residents who are at increased vulnerability to severe disease and ongoing sequelae because of a variety of factors. These people are considered to be clinically extremely vulnerable (CEV) and had been advised to shield throughout the pandemic. Most people who were identified as CEV are now well protected after receiving their primary and booster vaccination doses. For most people who were CEV, are no longer at substantially greater risk than the general population and are advised to follow the same guidance as everyone else on staying safe and preventing the spread of Covid-19, as well as any further advice they may have received from their doctor. There is no longer separate guidance for people previously identified as CEV, although there are recommendations for anyone with underlying health conditions to take care to avoid routine coughs, colds and other respiratory viruses.

**Pregnant women**

During the pandemic, pregnant workers have been advised to follow strict social distancing to reduce the risk of severe illness from coronavirus. Employers must put the correct measures in place where a significant health and safety risk is identified for a new or expectant mother, in addition to the Covid risk assessment.

Some pregnant workers may be at greater risk of severe illness from coronavirus. They are defined as CEV and they should stay at home as much as possible and work from home if they can.

Employers will need to take this into account in their risk assessments:

* If a pregnant employee is vaccinated
* If the Outbreak management plan for the school / service comes into effect then all CV/CEV risk assessments must be reviewed by the manager and individual
* Depending on whether the necessary control measures can be put in place, they may need to refer the pregnant worker to Occupational Health

The favourable factors when planning a return to work for Pregnant employees may be:

* They are less than 26 weeks pregnant
* Have no risk factors as detailed below
* A low-risk pregnancy
* They have an individual pregnancy risk assessment **and** CV/CEV Risk Assessment
* Covid vaccinated
* The usual Covid-19 precautions, including social distancing, adequate ventilation, etc are in place

Pregnant women should work from home or have amended duties if all the following apply:

* They are more than 26 weeks pregnant and have risk factors
* The usual Covid-19 precautions, including social distancing are **not** in place

**Risk factors**

Pregnancy related risk factors can include but are not limited to:

* Multiple/twin pregnancy
* High BMI over 30
* High maternal age of 35 or over
* Other pregnancy associated complications
* Any medical condition that is covered under the government definition of CEV
* Any other significant relevant health concern

However, if home working or social distancing is not possible **and** pregnant women over twenty-six weeks gestation have significant or multiple risk factors, they should be referred to their workplace occupational health department.

* 1. **Governance**

To support the delivery of the Covid Recovery Plan, strong coordination and local oversight will be key.

**Covid -19 Leadership Board and Health Protection Board**

During the pandemic the Covid-19 Leadership Board and Health Protection Board were established to provide assurance and oversight to the delivery of the Outbreak Control Plan. Together the boards provided expertise from public health, environmental health, communications, clinical commissioning group and PHE. Going forward it would be reasonable to stand this group down while of course retaining the ability to stand it back up again if required. Currently the Helth Protection Board continues to meet monthly.

**Health Protection Emergency Preparedness Resilience and Response Group (HPEPRR)**

In South Tyneside we have an established HPEPRR Group which provides a forum to discuss emerging threats to the public, encompassing current planning for the prevention and response to health protection incidents and outbreaks across South Tyneside.

The Group link the core health protection and emergency preparedness responsibilities of other structures across the local area and the region. They also ensure the local implementation of national and regional guidance requirements in relation to Health Protection and Emergency Preparedness; Resilience and Response are enacted.

Please see **Appendix 1** for the governance structure.

**Role of Local Authority**

Local authorities will continue to promote government and UKHSA guidance to local

businesses, universities, schools and early years.

In addition, there is a role for the Council in encouraging the population to comply with the updated national guidance for Covid-19 cases. Isolation remains important despite the lack of legal standing and the Council will promote this message and link with the communications team.

The Council will continue to reassure mainstream schools that there is no special action required if multiple cases are detected and continue to ask schools to report in any outbreaks.

The Covid Inbox has been used as a mechanism for schools and businesses to report in cases and outbreaks and is currently monitored by the Public Health team. The Covid Testing Inbox has also been used as a way of responding to queries around testing and requests from various settings. The Testing box has now amalgamated into the Covid Inbox.

Promoting vaccine uptake and public health messaging specifically around need for good hygiene will be even more important as communities learn to live with and adapt to Covid-19 especially in the run up to winter.

**Role of UKHSA**

The HPT will continue to actively manage outbreaks in settings such as care homes and prisons with a ‘scale up’ or ‘scale down’ response to individual outbreaks to manage capacity and demand.

For high-risk settings, and for all relevant infection other than Covid-19, the HPT will continue to actively manage outbreaks and communicate with local authorities regarding outbreak management in these settings in line with existing practice.

In care homes and similar settings, the HPT consider it the Provider’s duty to comply with infection control advice.

Continued active management is possible because routine testing persists in these settings, so outbreaks can be reliably detected. Expectation is that outbreaks continue to be notified by telephone to the Health Protection Team though with some additional ‘back stop’ reporting arrangements (such as the Capacity Tracker for care homes) are expected to continue.

The HPT also considers schools for pupils with Special Educational Needs as high-risk settings, though it’s not yet clear on the national arrangements for testing in these settings.

HPT will need to amend its Single Operating Procedures and internal guidance.

**4.Next Steps**

There are many challenges ahead as we try to return life more to normal while keeping our local community safe and well. The role of the Council’s public health team has been at the centre of our Covid-19 response. Going forward will we have the resources to retain the knowledge, learning and experience gained during the pandemic within the public health team, council and wider partners.

What is clear at this stage is that we need to maintain a strong focus on health inequalities and the impact of Covid-19 on vulnerable groups in the community through tailored and target communication.

It is important that as we move forward in this fast-paced environment that we remain pragmatic but reflective to ensure we take lessons on board and adapt our plans accordingly.

This plan should be seen as a “live” document that is adapted in line with the circumstances in which we find ourselves to ensure it is fit-for-purpose such as having to stand up heath protection arrangements in light of a new variant or increase in new cases.

Training to test the plan in its current format is currently being prepared and any lessons earned following this task will then be update within the plan.

**Appendices**

Appendix 1 – Governance structure

Appendix 2 - Plan on a Page

**Appendix 1**

**South Tyneside’s Living with Covid-19 Plan**

**Governance structure**

Diagram

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Timeline

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