Darlington: In the Time of COVID-19

DARLINGTON BOROUGH COUNCIL

Annual Report of the Director of Public Health 2020

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Foreword

Welcome to the Annual Report of the Director of Public Health, Darlington.

This is my last report before I retire and welcome Penny Spring as the incoming Director of Public Health for Darlington.

It has been a privilege to work with so many people who strongly believe that health is for all, not just a few.

I could not have predicted the terrible epidemic of COVID-19 would dominate my last year as Director of Public Health, but there is much to celebrate.

As I leave I reflect on the improvements made to sexual health services, a new emphasis on recovery in drugs and alcohol services, a strong focus on mental health in our schools and colleges and a valued relationship with GPs and Practice teams in Darlington. The Healthy New Town legacy includes stronger relationships between the NHS, Local Authority planners and an understanding of the importance of place in health and wellbeing.

There are MANY challenges ahead but Darlington is full of resourceful, creative people and I am optimistic for the future.

October, 2020

Thank you to the Public Health Team

My great thanks go to the Public Health Team who have worked to tremendous effect all through this time of COVID.

Ken Ross, Abbie Metcalfe, Jane Sutcliffe and Emily Crathorne-Tennick.

Acknowledgements

Many thanks to Professor Paula Whitty, NEQOS, Natasha Telfer, Toni Geyer and Xentrall.

The early stages of the spread of COVID-19

Coronaviruses (CoV) are a large family of viruses that cause respiratory illness. A novel coronavirus (nCoV) is a new strain that has not previously been identified in humans.

On 31 December 2019 a cluster of pneumonia cases of unknown cause was reported in Wuhan City, Hubei Province, China. The World Health Organisation (WHO) named the novel coronavirus as "severe acute respiratory syndrome Coronavirus 2" (SARS – COV -) while the coronavirus disease associated with it is referred to as COVID-19.

As with other respiratory illnesses, symptoms of COVID-19 can include a new cough, fever, runny nose and other symptoms, including loss of smell or taste. Most people experience mild to moderate illness and recover without needing specialist treatment. It can be more severe for some people. As the disease has progressed the understanding of it has grown. A number of additional symptoms are now considered to be indicators of COVID-19.

Older people and people with pre-existing medical conditions (e.g. heart disease, diabetes) appear to be more vulnerable to becoming seriously ill. Public Health England published a review of disparities in the risk and outcomes from COVID-19, (June 2020). The review of data confirmed that the impact of COVID-19 has replicated existing health inequalities and in some cases has increased them. The largest disparity was by age. Among people already diagnosed with COVID-19, those who were 80 years or older were 70 times more likely to die than those under 40 years. The risk of dying among those diagnosed with COVID-19 was higher in males than females; higher in those living in more deprived areas than those living in the least deprived; and higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups. The existence of co-morbidities are strongly associated with the risk of death from COVID-19 and are likely to explain some of the differences.

By the end of January 2020 the outbreak was declared a public health emergency and spread globally.

The current number of reported cases in the **UK** as of 28 October 2020:
942,275 with **45,675** reported deaths.

Darlington cumulative confirmed cases were **2044** as of 27 October 2020 a rate of **294.9** per 100,000.

International, national and local statistics are available from the following sites:

https://covid19.who.int
https://coronavirus.data.gov.uk
https://lginform.local.gov.uk/reports/view
https://lga_research/covid-19-case-tracker
See Appendix 1 for examples of information

Response

In the UK the national response has been led by the Department of Health and Social Care (DHSC) with Chief Medical Officers (4) providing public health advice to all agencies.

The Scientific Advisory Group for Emergencies (SAGE) is responsible for ensuring co-ordinated scientific advice is provided to decision makers in COBR (the Civil Contingencies Committee which convenes in the Cabinet Office Briefing Rooms).

In England the tripartite partnership of DHSC, Public Health England (PHE) and NHS England provides strategic oversight and direction for the health and adult social care response to a pandemic with Department for Education (DfE) leading on the Children's social care response.

In the initial stages of the outbreak, the NHS and PHE were proactive in contacting people who had been at risk of being infected, testing them, and where people tested positive tracing who they may have come into contact with and managing/treating the cases.

Public Health England, supported by staff at regional centres, provides specialist technical expertise and advice. Darlington Borough Council has been in regular contact with these agencies.

DHSC launched a UK-wide public information campaign to advise the public on how to slow the spread of the virus and reduce the impact on NHS services. Information promoting important hygiene messages appeared in print, broadcast and social media.

DHSC worked across government to produce sector-specific guidance, to reflect the challenges across a number of settings, for example, transport, education, social care and hospitality. As the outbreak spread and more was learned about the disease guidance was revised.

Policy announcement milestones

(Note, this is not an exhaustive description the following are the key milestones mostly relating to public health related response)

On 3 March 2020 the government published its Coronavirus (COVID-19) Action Plan which set out a four-phase response:

Contain: detect early cases and follow up.

Delay: slow the spread, lower the peak impact, push away from Winter.

Research: learn about the disease, innovate response, diagnostics, drugs and vaccines.

Mitigate: care for people who are ill, support hospitals, maintain essential services.

On 12 March 2020 the government published "stay at home" guidance. The government recognised the virus was spreading generally throughout the country, no longer being contained therefore shifting the plan from 'Contain' to 'Delay'.

A UK-wide lockdown was announced on 23 March 2020, the instruction was "Stay at home, Protect the NHS and Save Lives". The government advised that

police would enforce the rules re social distancing and closure regulations.

The first NEQOS report containing cumulative rates per 100,000 population, with data up to 28/4/2020.

Five Tests

On 16 April it was confirmed that lockdown would be extended and set out "five tests" that must be met to allow easing of restrictions:

(a) Evidence that the NHS can cope.

(b) A sustained fall in death rates (daily).

(c) Evidence that the Reproduction number (R) is decreasing.

(d) Confidence in testing arrangements, enough PPE to meet demand.

(e) No risk of a second peak.

"Our Plan to Rebuild the UK (COVID-19 Recovery Strategy)" was launched on 11 May 2020. This set out a five point scale to indicate the level of threat to society due to COVID-19 and included a phased approach to recovery, with incremental steps to relax control and public protection measures.

North East Response

In the North East, the initial emergency preparedness, resilience and response to COVID-19 was structured around the established North East Pandemic Influenza Framework, which had developed by NHS England (NHSE) and Public Health England (PHE) and adopted by all three Local Resilience Forums (LRFs) in the region.

Initially, the command and control arrangements in the framework operated on a precautionary shadow basis, before the regional Health Strategic Coordination Group was stood-up formally in early March 2020 when the outbreak began to escalate in the region.

Public Health England took the lead in issuing public information and guidance and advice to partners in the local health system, universities, local boarding schools, prisons, LRFs, airports and ports. Detection and contact tracing also took place in the early phase of the pandemic until early March when the national plan shifted from 'contain' to 'delay'.

How did the Council and local partners respond?

The council responded locally, working with PHE, ensuring that local stakeholders received the necessary guidance and that information and advice was shared with services within the council. The council worked very closely with PHE on detection and tracing of cases during the early phases of the outbreak providing advice to those affected. Links to the national coronavirus information and advice from government and PHE were provided via our website and we supported the national public information campaign via our social media channels.
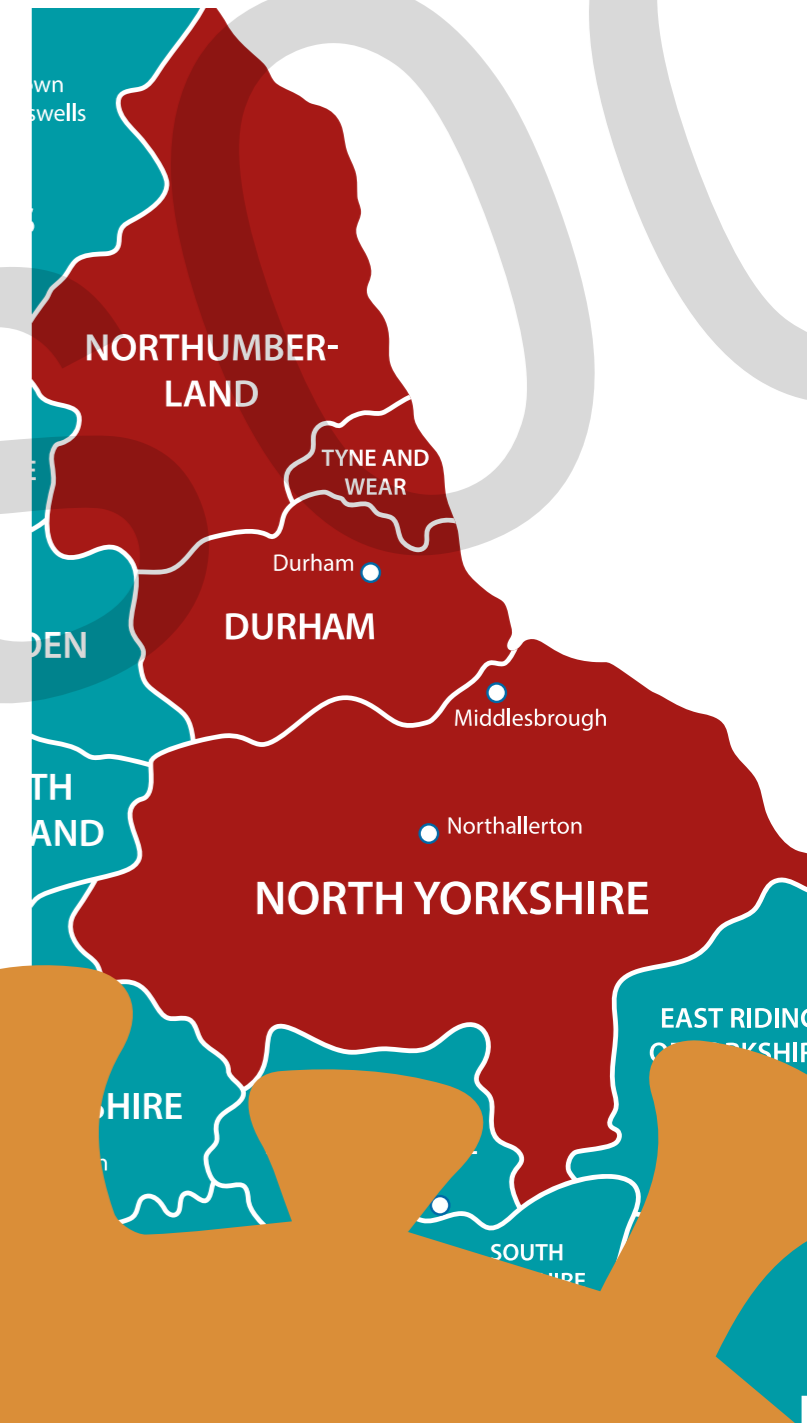
The council is a major Local Resilience Forum (LRF) partner and has played a significant role at all levels of response - participating in the strategic coordinating groups (SCG) and tactical coordinating groups (TCG) and chairing and resourcing all of the multi-agency support cells established to manage our response:

- **Community Support** – developing and coordinating support mechanisms for vulnerable people and those shielding from COVID-19, including facilitating and supporting volunteering and local community action;

- **Excess Deaths** – working with GPs, hospitals, mortuaries, registrars, crematoria, funeral directors, town and parish councils and faith groups, to manage the increased number of deaths while supporting the bereaved;

- **Intelligence and Data** – collecting, processing, analysing and interpreting local, regional and national data to inform LRF (and council) planning and decision-making;

- **Media** – developing and coordinating the communication of consistent messages and public information across LRF agencies as well as monitoring broadcast, print and social media and responding to media enquiries;

- **Multi-agency Information** – providing a one-stop-shop for agency information, producing daily situation reports, threat assessments and feedback reports for and on behalf of the SCG;

- **PPE** – establishing a distribution hub for emergency supplies of PPE, receiving government PPE drops, securing our own more reliable supply lines of PPE and processing and responding to requests for PPE from the social care sector and organisations in difficulty;

- **Recovery** – planning for recovery and restoration, undertaking impact assessments and coordinating multi-agency programmes to support individual, communities and businesses

Governance and Response

Council Chief Officers established governance arrangements meeting daily as a COVID-19

Response Executive to monitor the spread and impact of the pandemic, receive regular reports from service areas and review emerging national guidance.

Cabinet members and the leaders of the council's political groups continued to receive briefings on key issues. In addition, regular email briefings have been provided to all Elected Members.

The council's Public Health team led the initial planning and response to the outbreak, liaising with NHSE and PHE on the regional command and infection control arrangements, in line with the North East Influenza Pandemic Framework.

The team has been proactive in assessing guidance, providing public health advice to council services and partner organisations.

Infection Prevention Control

Through our collaborative approach to public health, County Durham and Darlington Councils have in place a dedicated, public-health commissioned community infection prevention and control team, which has been at forefront of our efforts to contain and mitigate the pandemic, not exclusively but largely supporting care homes.

Community Hub

On the 20 March 2020 each Local Authority was instructed to establish a 'Hub' to support those at risk in the area who had no access to a support network. The Darlington Community Support Hub became operational on 24 March 2020 including a Help Line offering a seven-day service.

Much of the energy in the early stages of the response was focussed on establishing the HUB to respond to local need and to meet government guidance to support the shielded community. Information flows and the ability to gain much needed food supplies were initially very challenging, but our team responded well, achieved all deadlines and provided much needed support to the community of Darlington. This support provided by many seconded Council staff was significantly supplemented by groups of volunteers

The Community Support Hub assisted over 8000 people across 6 months.
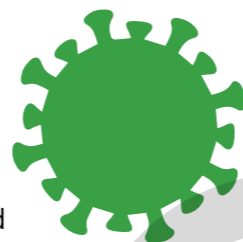
and the voluntary sector across the Borough. The Community Support Hub assisted over 8000 people across 6 months.

Social Care and Care Homes

COVID-19 presents a challenge for social care. The council built on its local knowledge of the sector when developing a mandated "COVID-19 Local Care Home Support Plan". This is published on the Council website.

PPE

The government has worked to provide LRFs with emergency PPE drops to address local shortages. Issues with PPE supply and distribution have caused the council to work with other local authorities in the region to secure more reliable supply and in some instances, prioritise its own PPE use in order to direct supplies to support frontline social care services

Public Health non-COVID services

Local Authority commissioned public health services including – stop smoking, sexual health, 0-19 years and substance misuse services have maintained service delivery.

Education

The Education service has been proactive in providing advice and guidance to schools and parents through all stages of the pandemic. Schools received relevant public health advice during the initial weeks of the pandemic before the national decision to close schools for the majority of pupils. They continue to be supported as they plan for future delivery. Once fully open schools have accessed advice and support in daily "clinics" and weekly strategy meetings.

Testing

A key element of the national response has been the introduction of testing to monitor and enable

containment of the spread of the virus and to develop intelligence which can support the development of treatments and vaccines.

The Director of Public Health has worked with regional colleagues from NHSE, Public Health England and local NHS Foundation Trusts to develop and coordinate local testing programmes for NHS workers, social care staff and key workers from LRF responding organisations including the council.

Since the end of April 2020, the council has worked with the LRF on the use of Mobile Testing Units (MTUs) under the National Testing Programme. The Council has also expressed an interest in developing a Local Testing Site.

National NHS Test and Trace Service

The NHS Test and Trace Service was introduced on 28 May 2020. The purpose is to trace the spread of the virus, isolate new infections and interrupt the further spread of COVID-19.

In order to do this the Test and Trace service will:

- Ensure people who develop symptoms of COVID-19 can be quickly tested to find out if they are infected.

- Trace contacts of people who test positive for coronavirus and, if necessary, advise them to self-isolate.

Contact tracing is expected to be the responsibility of Public Health of England, North East Health Protection Team while the Council is responsible for the management of the impact of cases or contacts in a range of settings. However there continues to be a wide debate about the benefits and costs to delivering a locally "enhanced" system of contact tracing. The National Test and Trace Service has developed an "offer" locally whereby the Council would "pick up" contact tracing where the national service has failed to make contact. The "offer" however requires additional significant resource which to date has not been part of the offer.

Local Outbreak Control Plan

"Local authorities will develop, maintain and implement their own local outbreak control plans to contain outbreaks in the community".
(Department of Health and Social Care)

The Local Outbreak Control Plan (LOCP) describes how Darlington Borough Council works with partners to prevent and control COVID-19, at a population level, in complex settings, with communities of interest and through the Test and Trace service where there are complex local outbreaks of COVID-19. The plan builds on existing relationships across Council and partnership planning and response to COVID-19.

The plan sets out the role of partners in preventing and controlling COVID-19 with a focus on robust management of clusters and outbreaks. The plan describes how, as national lockdown measures are eased, local surveillance aims to prevent and reduce the spread of COVID-19 within Darlington.

The aim of the plan is to reduce transmission of COVID-19 in Darlington and ensure provision of an effective and timely response to cases in complex settings.

Public Health leadership: this plan is based upon a public health approach, which includes:

- **Surveillance**: so that action is informed by an understanding of the needs of the people of Darlington.
- **Evidence**: actions should be based on the evidence of what works.
- **Policy and strategy development.**
- **Collaborative working for health and wellbeing**: The expertise and capacity of the whole local public health system – including the Council's Public Health team, other colleagues across the Council and Public Health England regional health protection functions – are central to the design and implementation of the plan, and this plan is tied into existing roles, responsibilities and governance structures, particularly the Health and Wellbeing Board.

A whole system approach: the capabilities of the whole system need to be mobilised in preventing and managing outbreaks. Each agency should be clear on its role and responsibilities. The voluntary sector, the NHS and many other bodies all need to work together as no single organisation has the resources or expertise to make the plan work. Strong public engagement is also crucial to building confidence and trust and maintaining compliance with public health. Councillors have an essential role here.

An efficient system: there needs to be clear communication and timely access to – and sharing of – information, data and intelligence amongst local agencies and between local, regional and national systems to inform action, monitor outcomes and deliver clear arrangements for 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. We have been allocated £778,834 from Government to support implementation of this plan.

The national approach to contact tracing was set out in announcements on 27 May (public information on the process can be found at: http://www.gov.uk/guidance/nhs-test-and-trace-how-it-works.

The normal contact tracing approach used in other outbreaks was being scaled up, was the responsibility of NHS Test and Trace and operated at 3 levels:-

(a) Tier 3: A newly recruited staff group (approximately 15000 nationally) of contact tracing call handlers based within a national call handling system providing phone-based contact tracing.

(b) Tier 2: A group (approximately 3000 nationally) of trained contact tracing specialists providing phone-based contact tracing to be recruited through a national recruitment approach. These staff include returning NHS professionals.

(c) Tier 1b: A regional offer providing contact tracing and outbreak control support in relation to complex settings, cohorts and individuals/households. This was through the established Public Health England Regional Health Protection Teams, including the team based in Newcastle.

(d) Tier 1a: A national co-ordinating function leading on policy, data science, and quality assurance of the service.

Timely access to robust and effective data and intelligence is crucial to effective outbreak management. Locally we need to be able to predict and intervene in outbreaks.

Testing Data

There are several different data sources (and agencies) that produce statistics on testing. Some are collated centrally by the Department of Health and Social Care.

Examples of Incoming Testing Data

- Public Health England Pillar 1;
- Public Health England Exceedance Report;
- Public Health England Contact Tracing Report;
- NHS Digital Testing Dashboard;
- Public Health England Care Home Outbreaks;
- Public Health England COVID-19 Report.

COVID-19 tests are carried out via a number of routes:

(a) Pillar 1: Swab testing in Public Health England laboratories and NHS hospitals for those with a clinical need, and health and care workers. Pillar 1 data for England is provided by the NHS and Public Health England.

(b) Pillar 2: Swab testing for the wider population. Pillar 2 data is collected by commercial partners.
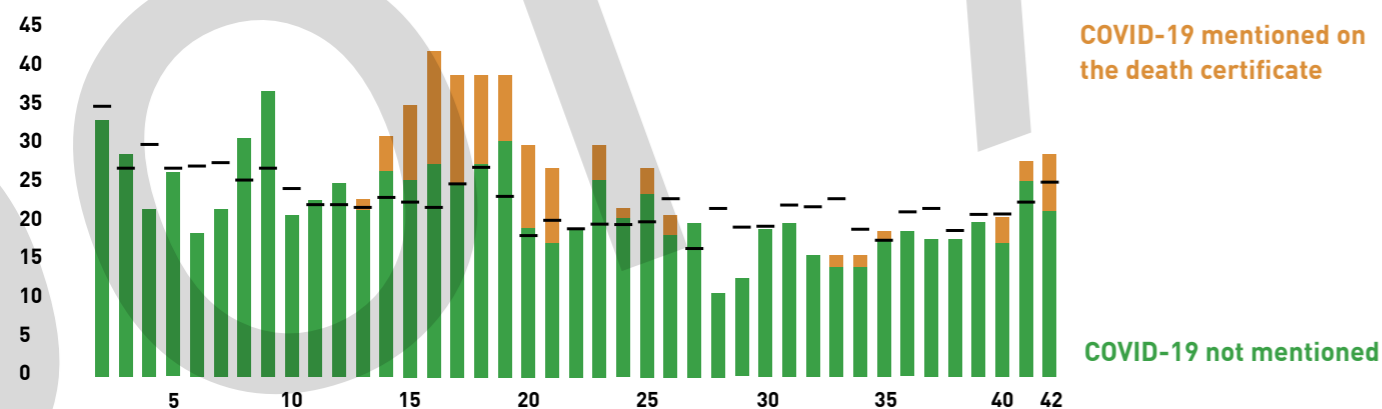
COVID-19 Mortality in Darlington

Mortality (or deaths) and particularly excess mortality are important measures of the effect of the COVID-19 pandemic. Excess deaths are the additional deaths in a given time period compared to the number usually expected. Not all excess deaths will be directly due to COVID-19; some may be caused indirectly through pressure on the health system or by people not accessing health care when they need it.

The Office for National Statistics publishes provisional weekly and monthly mortality data.

A total of 976 deaths occurred in Darlington up to 16th October 2020 (weeks 2 to 42 inclusive). Coronavirus (COVID-19) was mentioned on the death certificate in 105 (10.8%) of these deaths.

Excess deaths occurred in Darlington in weeks ending 3, 5, 8, 9, 11 to 21 inclusive, 23 to 25 inclusive, 27, 30, 35, 41 and 42. Excess deaths are those above the weekly average, shown by the green line in the figure below. In weeks 2, 4, 6, 7, 10, 22, 26, 28, 29, 31 to 34 inclusive and 36 to 40 inclusive the number of deaths in Darlington was below the 5-year average (i.e. the number of deaths in these weeks was below the average for this period).

Local Information

The Health Protection Board needs local information at a level where it can take preventative measures as well as responding to outbreaks. The Board requires the following data:-

(a) Data to prevent and manage outbreaks;

(b) Data to inform local testing capacity;

(c) Data to support vulnerable people;

(d) Data to understand effectiveness of contact tracing.

Other data, non-clinical information will be used to increase understanding of the local situation. Partner organisations are asked to share information or concerns to keep the Health Protection Board with decision making. Non-clinical data may include:-

(a) Information from Ward Councillors;

(b) Information from social media;

(c) Press and media coverage;

(d) Information from council services and the community sector.

The Information Governance Access to personally identifiable clinical and nonclinical data is restricted to Public Health and other council professionals for the sole purpose of implementing COVID-19 control arrangements outlined in this plan. Identifiable information will be subject to strict data sharing agreements to ensure protection of individual data and appropriate legal use for purposes of infection control.

LOCP Governance Framework

We were required to put in place a Health Protection Board as part of the outbreak governance. The Health Protection Board takes management responsibility for the Local Outbreak Control Plan. The purpose of the Health Protection Board is to lead, co-ordinate and manage work to prevent the spread of COVID19. The Health Protection Board uses Public Health England North East Outbreak Control guidance and the Standard Operating Procedure (SOP) for outbreaks, developed by Public Health England in collaboration with local authorities.

On a day to day basis the Public Health team identifies actions that may be required, consider the range of information that has been gathered and task the Outbreak Response Group. A strong working arrangement exists between the Director of Public Health, Public Health England Health Protection Team and many Council Chief Officers.

The Health Protection Board is accountable to the Darlington Health and Wellbeing Board. The Health and Wellbeing Board has an inclusive membership of statutory partners, as well as representatives from NHS, Education, Community, and Police Crime Commissioner. The Chair is the Cabinet Portfolio Lead for Health and Housing. The Health Wellbeing Board also acts as the Engagement Board.

The Health Protection Board is an officer group, chaired by the Director of Public Health. Officers with an input to the Board include Public Health, Education, Environmental Health, Communications, Commissioning, Emergency Planning, Housing, Community Services, Strategy and Performance and the Darlington Partnership. Key strategic stakeholders have input to the Board including NHS E/I, Clinical Commissioning Group and NHS Foundation Trusts and Healthwatch.

The Health Protection Board reports formally to the Health and Wellbeing Board. The Health and Wellbeing Board is the Member-led board, engaging with residents, providing leadership on communication and engagement with communities in Darlington.

All Deaths in 2020 by week with proportion where COVID-19 is mentioned

COVID-19 mentioned on the death certificate

COVID-19 not mentioned

ONS - Deaths registered weekly in England and Wales. Provisional

Death occurrences in week 42	28
Excess death occurrences in week 42 (using 2015 - 19 weekly averages)	4
Death occurrences mentioning COVID-19 in week 42	7
Death occurrences mentioning COVID-19 in weeks 1 to 42	105

Figure: Week 42 Darlington, death occurrences

Excess deaths (2020 deaths minus 2014 to 2018 average) up to 16th October)

(Note: Week 1 is currently not being displayed. Average counts were lower than expected and this is being investigated) Historic average weekly deaths are presented here as the mean of the years 2015 to 2019

Outbreak Response Group

In the event of an outbreak the Director of Public Health or Public Health Principal activates the Darlington Outbreak Response Group. The Council works closely with HPT (PHE) when an Outbreak Control Team meeting is required. The Outbreak Response Group (ORG) implements the operational response for Darlington.

The membership of the local ORG depends on the setting or group of people affected. The meeting operates to a standard agenda, but the leads vary. An ORG meeting may focus on a care home outbreak, workplace, education setting or vulnerable community setting. Since the beginning of October 2020 ORG meetings take place twice a week.

Local Resilience Forum

In line with government guidance on developing Local Outbreak Control Plans a relationship must be clear with the Local Resilience Forum (LRF). County Durham and Darlington LRF established a Strategic Command Group (SCG) with supporting cells and groups in response to COVID-19. Darlington senior officers have been members of the LRF SCG and supporting groups.

On standing down the SCG a Strategic Recovery Group (SRG) has been established. Close liaison with the LRF will provide oversight of local outbreak management.

Joint Biosecurity Centre

A Regional Liaison or Oversight Group has been established which acts as a link between the Local Authority and the Joint Biosecurity Centre. The role of the ROG will be to support the arrangements in each Local Authority by providing a regional overview on new infections of COVID-19 across the region, share good practice, peer review and sector-led improvement.

Local Outbreak Control Plan - Key Themes:

Care Homes and Schools

There are 32 registered Care Homes across the Borough. This includes homes for older people, people with physical sensory impairments, learning disabilities and mental ill health.

Planning for outbreaks in care homes, requires definition of monitoring arrangements, development of potential scenarios in Darlington and planning the required response by developing a Standard Operating Procedure (SOP). (Note: In draft at 24/06/2020).

There are 27 primary schools, 7 secondary schools, 1 secondary school with sixth form provision, 2 colleges, 2 "free schools", and a university satellite site in Darlington. Local working arrangements with schools and early years settings are well established. Planning for outbreaks in education settings involves the same processes i.e. monitoring arrangements, scenario development and SOP procedures.

High risk places, locations and communities

We continue to identify and plan how to manage high-risk places, locations and communities of interest in Darlington. This includes workplaces where activity has increased as lockdown eases. Liaison with voluntary and community organisations is crucial to defining monitoring arrangements and planning required response.

Workplaces

As restrictions are eased, more workplaces have re-opened. Government guidance exists to assist employers in making reasonable adjustments to their working arrangements to help employees and other people on their premises to keep safe. It is important to have the ability to see the early signs or indicators of an outbreak e.g. absenteeism in the workplace, as part of understanding the local situation.

We are considering methods of local testing to provide a swift response that is accessible to the whole population. Define how to prioritise and manage deployment of Mobile Testing Units (MTU's). Consider delivering tests to isolated individuals, (draw upon Community Hub model). A 24/7 DHSC Ops Line is in place to mobilise MTUs to support Outbreak Management.

Contact Tracing in Complex Settings

DarlingtonSPOC@darlington.gov.uk

A Darlington Borough Council Single Point of Contact (SPOC), 0800 hrs – 2000 hrs 7 days/week is required to work with the NE Health Protection Team and respond to urgent queries. The structures in the plan will manage outbreaks short of those needing an LRF Gold Command Response.

Data Integration

The local authority has progressed on integrating information from all sources to do the following:

(a) Contact tracing information from Health Protection Team (and local intelligence);

(b) Infection mapping and surveillance;

(c) Epidemiological analysis to inform outbreak management;

(d) Monitor effectiveness and impact.

Vulnerable People

Outbreak control and management may be more complex in certain settings and communities. The complexities can be because of vulnerabilities or circumstances of different groups or settings including:

(a) Potentially complex settings, including schools, care homes, residential children's homes, sheltered and supported housing or houses of multiple occupation.

(b) Potentially complex cohorts e.g. rough sleepers.

(c) Potentially vulnerable individuals and households (including clinically shielded, learning disability, mental illness, domestic abuse victims and those in complex social-economic circumstances.

Communication needs to operate in ways that build, maintain or restore trust between the public and appropriate organisations.

Risk Assessment

Risk assessment is fundamental to the management of all outbreaks of communicable disease. The purpose of the risk assessment is to collect and review information about the outbreak and the risk of further spread of COVID19 in order to plan and implement measures that will minimise the changes of further spread and protect the health of the community. A risk assessment will be undertaken for all outbreaks of COVID-19 or for cases where there are complicating factors (e.g. a confirmed case in a workplace or school).

Each risk assessment will take account of:

Factors associated with the outbreak to understand the risk of transmission of COVID-19. This will include an assessment of:

(a) The environment including the proximity, duration and nature of contact between people.

(b) Mitigating factors to reduce spread, including social distancing, hygiene measures and personal protective equipment.

(c) Specific risk factors, including risks to people who are at particular risk of serious infection.

Community Transmission of COVID-19

The risk of further spread depends on the current transmission of COVID-19 in the local community. This includes a review of surveillance data and intelligence about:

(a) Current community transmission of COVID-19 at a regional and local authority level.

(b) Transmission of COVID-19 within the specific setting.

Risks Associated with Control Measures

The risks or unintended consequences of any mitigation or control measures are considered. For example, the full or partial closure of a school may have adverse effects on the emotional and educational wellbeing of students, and this is considered within the risk assessment in order that actions are proportionate and reasonable.

Risk Communication

Communicating risk is an important aspect of the management of outbreaks or similar situations. The outbreak control group ensures that the risk to those in the particular setting and the wider community is communicated appropriately.

Do your bit!

Keep a safe distance from others
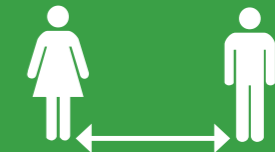
Wash your hands regularly for at least 20 seconds

Catch it, bin it, kill it!

For more ways to stay safe go to gov.uk/coronavirus

Communication

Communication is key throughout all the processes to manage outbreaks. The Health Protection Board together with the Local Engagement Board manages the appropriate dissemination of critical information across relevant organisations. Communications must be in ways that build, maintain or restore trust with the public.

Communication about local outbreak response is shared with key stakeholders, the wider community and support broader public understanding by responding to media requests and planning proactive messages. A Strategic Communication Plan to support a "contain" strategy is in development centrally. The Local Engagement Board is key in sharing consistent 'contain' messages.

A communications protocol has been developed to detail the steps to respond to an outbreak, identify stakeholders and develop clear messaging. The protocol details response times for updates and incident recording.

The communication protocol includes briefings for the Leader and Cabinet, Elected Members, and Chief Officers Executive and Chief Officers Board.

The plan is shared with the Community Safety Partnership a multi-agency board with a focus on community safety, community confidence and public protection.

Local Authority COVID-19 Test and Trace Service Support Grant

Local authorities in England have been provided with additional funding to support them develop and implement action plans to mitigate against and manage local outbreaks of COVID-19. The grant for Darlington is £778,834. There are a number of key areas which require support.

The combination prevention approach relies on interventions at a range of levels:

- BIOLOGICAL (e.g. vaccination);
- SOCIAL (e.g. physical distancing, social norms);
- ENVIRONMENTAL (e.g. COVID-secure workplace);
- LEGISLATIVE (policy and law).

The approach recognises that a focus on enforcement will not build community capacity which is needed to confidently prevent COVID-19 transmission by preventing infection and spread, recognising symptoms, accessing testing and self-isolating, with support if required.

A key requirement of the Local Outbreak Control Plan is to protect and support vulnerable people in all settings, including care homes.

A key next step is to build a further understanding and commitment with communities in Darlington. Working with the voluntary and community sector is critical to developing a community based understanding of actions to keep well, stay connected with others and contribute to a strong borough.

Appendices

Slide 1

NHS

North East Quality Observatory Service
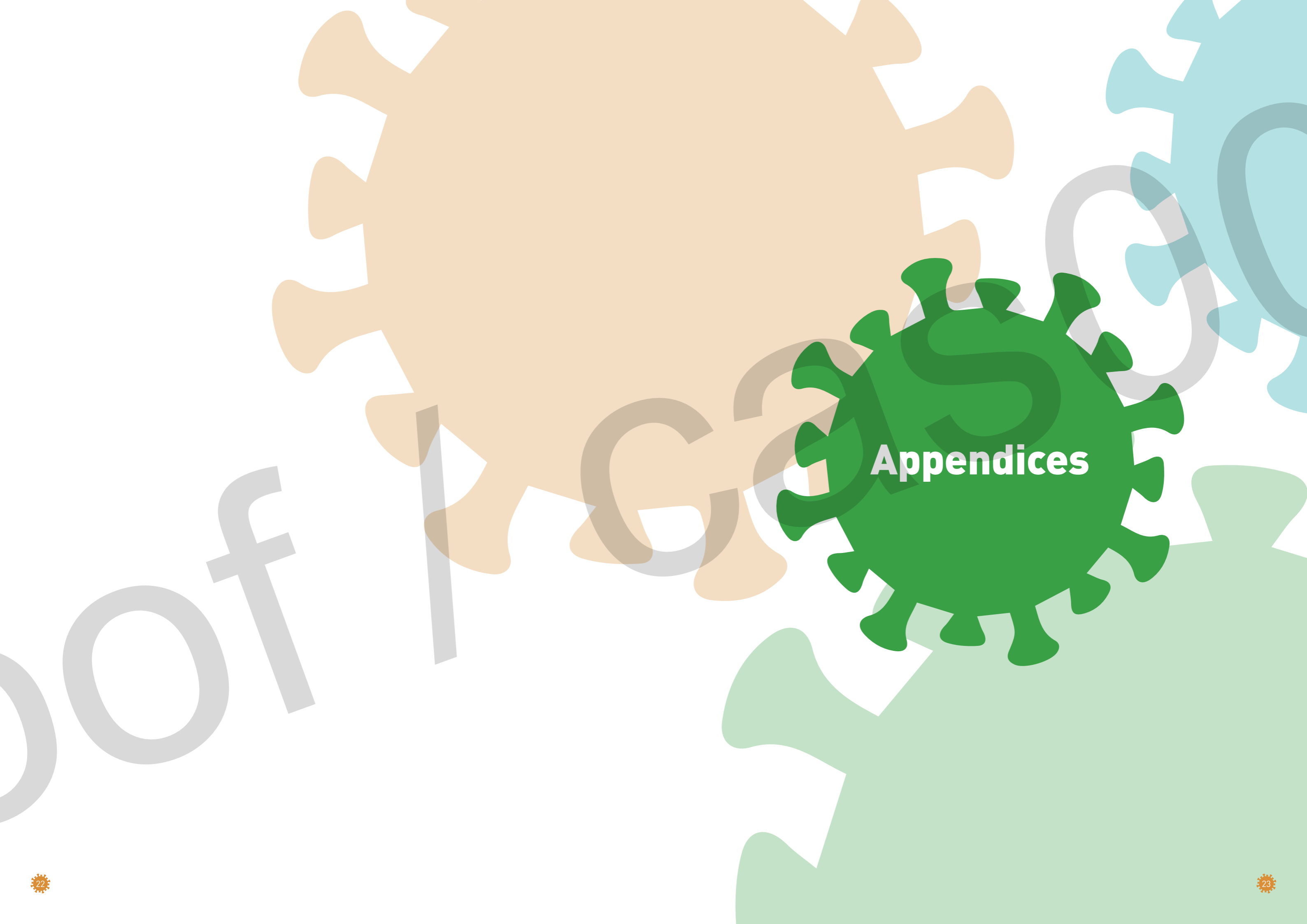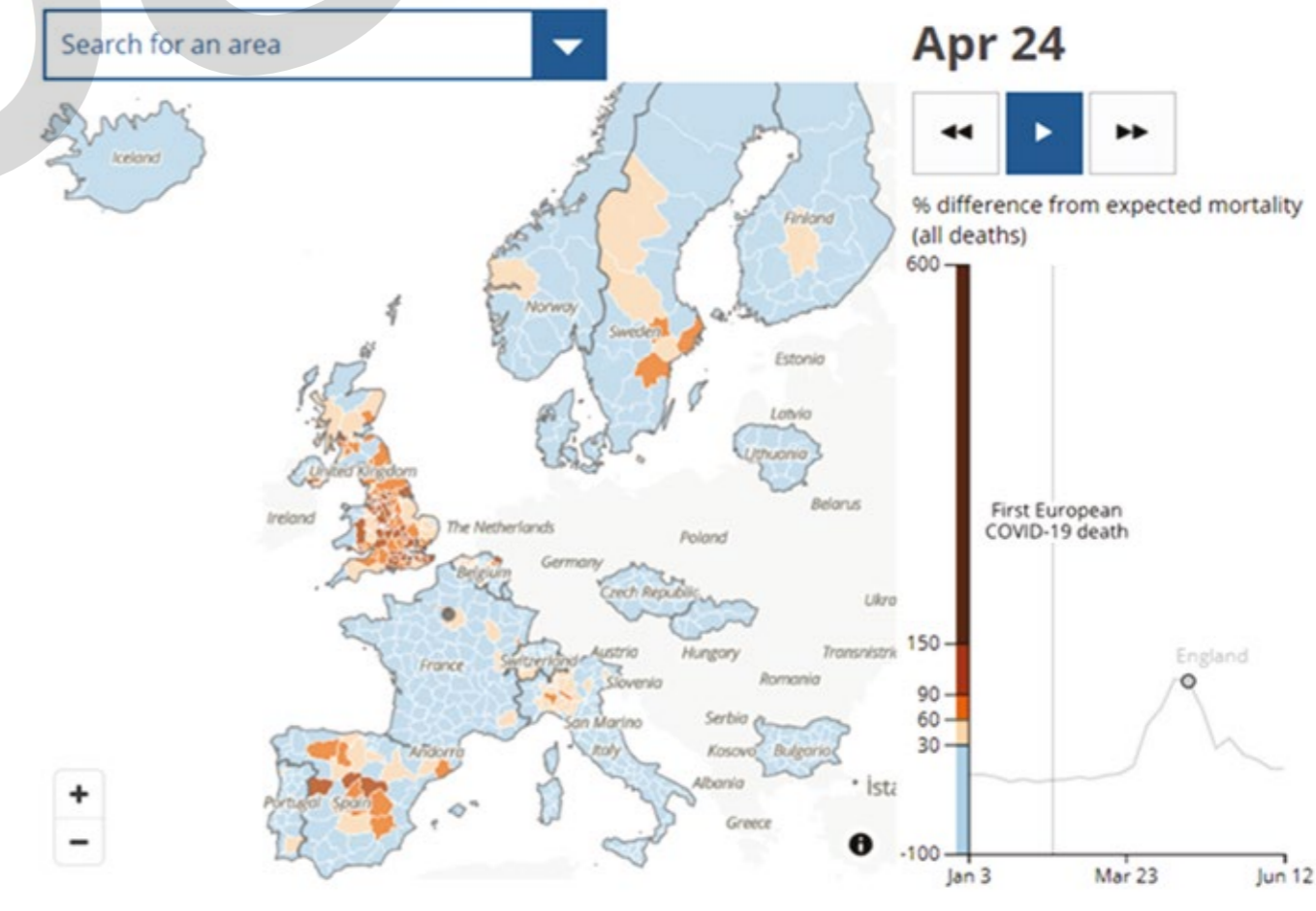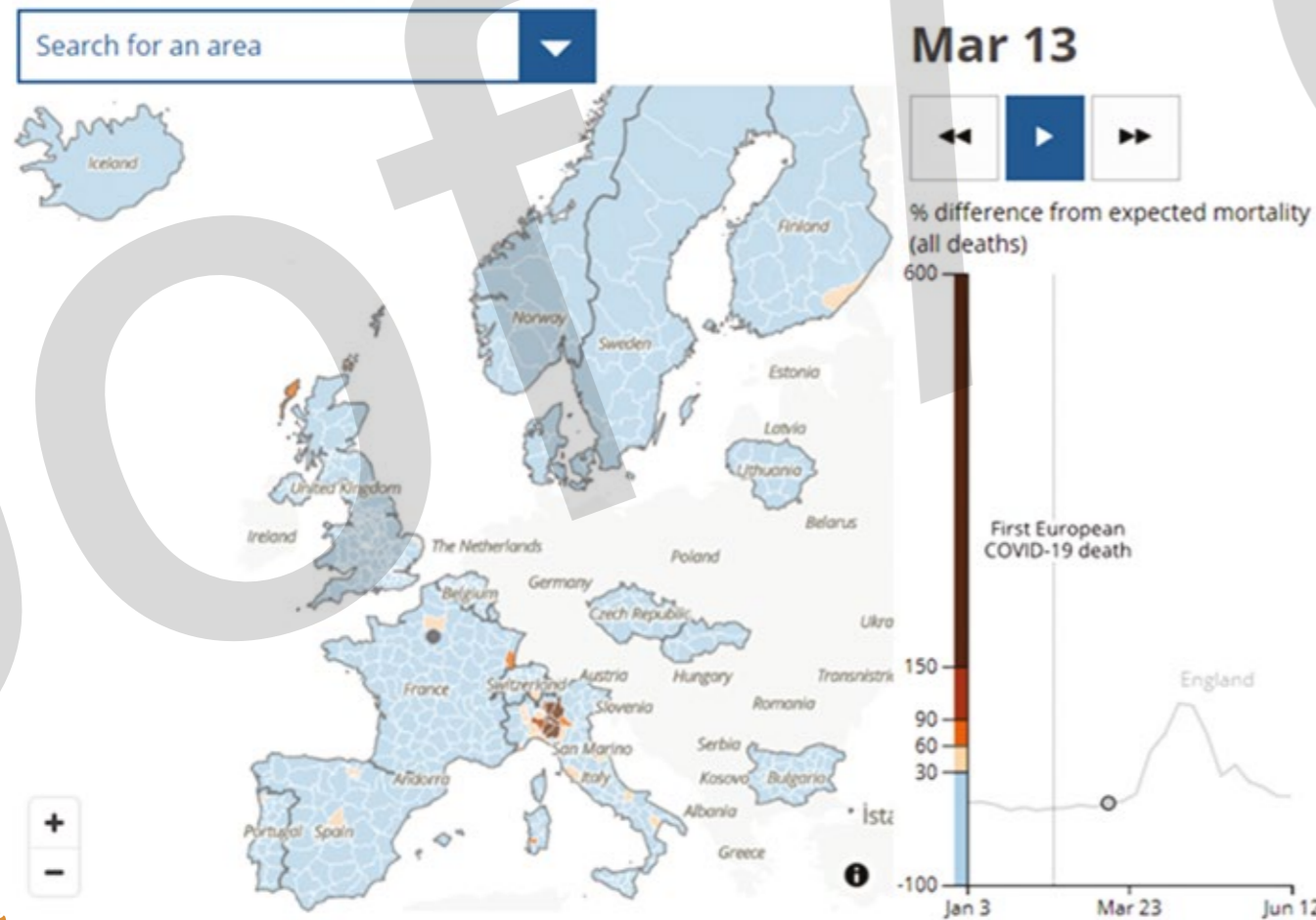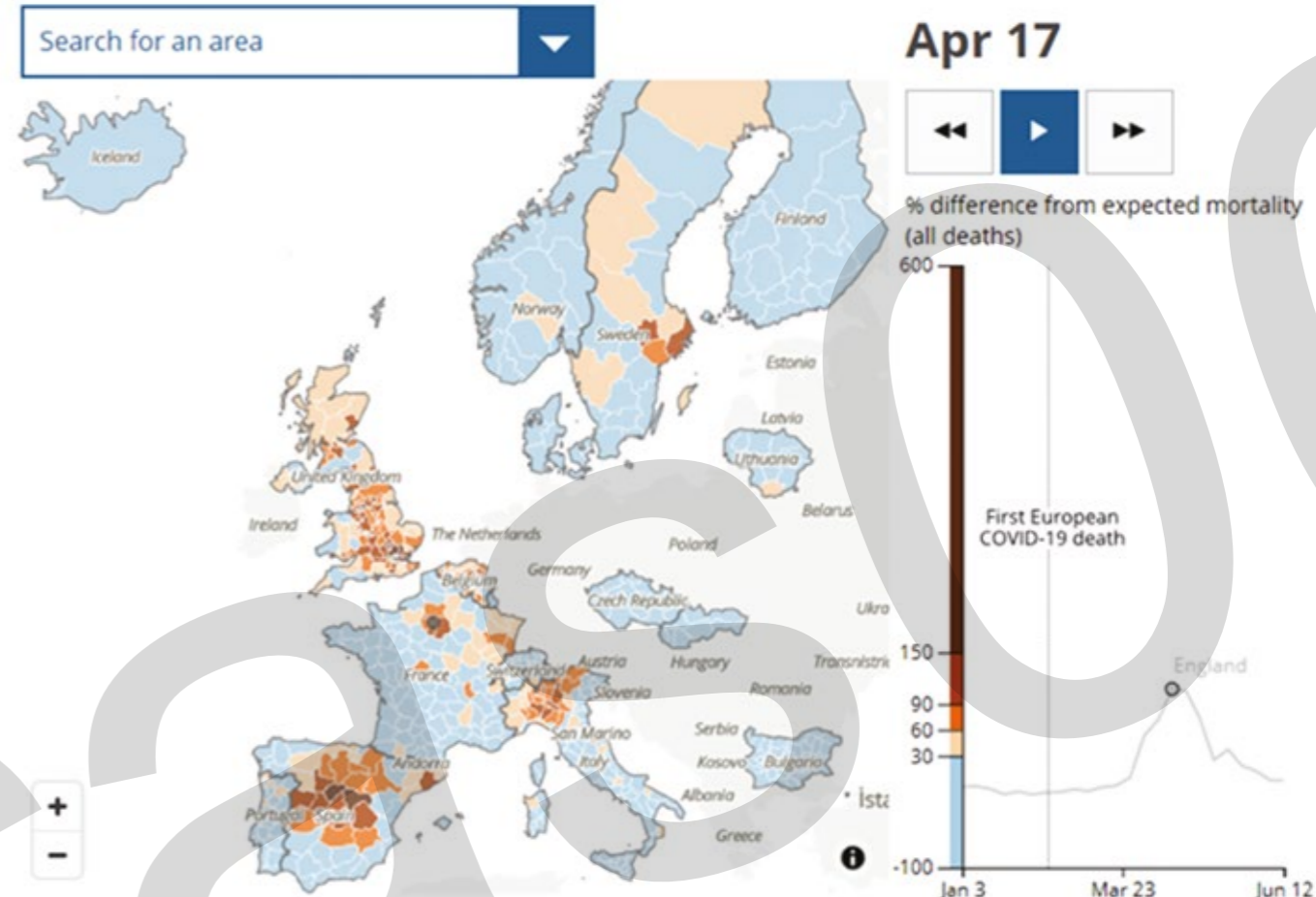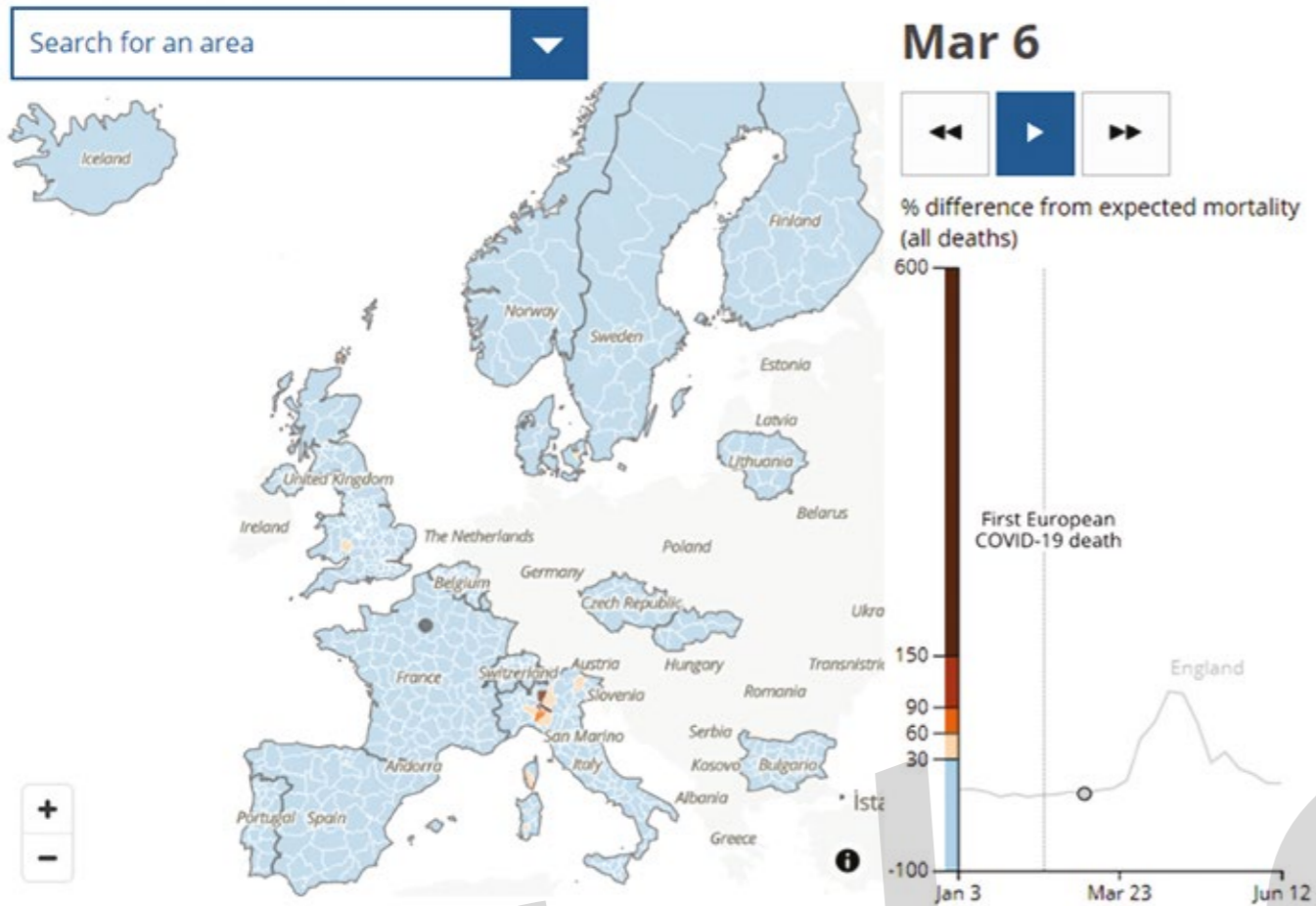
Extracts from NEQOS COVID-19 dashboard for Darlington Local Authority

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Slide 2

NE Local Authority cumulative reported cases, rate per 100,000 - data to 28/4/20

NHS

North East Quality Observatory Service

North East Local Authority reported cases, rate per 100,000 population (reported case numbers inside base of bar)

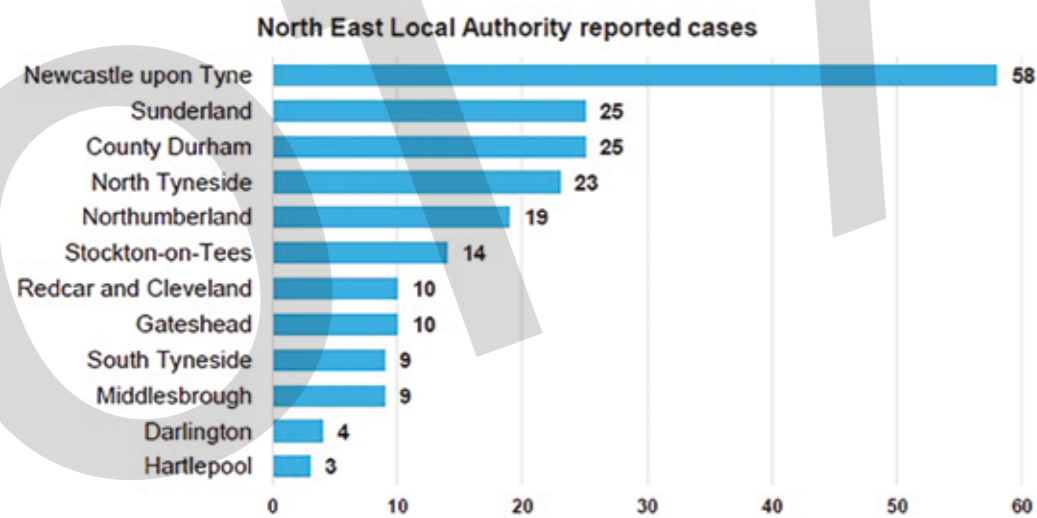| Local Authority	Cases	Rate
Sunderland	1098	395.8
Gateshead	752	371.3
Middlesbrough	509	362.2
South Tyneside	501	333.4
Newcastle upon Tyne	843	280.8
County Durham	1256	238.3
Darlington	244	229.0
Northumberland	729	227.6
North Tyneside	450	218.5
Redcar and Cleveland	297	217.2
Hartlepool	165	177.0
Stockton-on-Tees	330	167.3

Data source (reported cases): https://coronavirus.data.gov.uk/   Data source (LA populations): https://www.ons.gov.uk/

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Slide 3

NE Local Authority reported cases (cumulative numbers) – Data to 25/3/20

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North East Local Authority reported cases

Local Authority	Cases
Newcastle upon Tyne	58
Sunderland	25
County Durham	25
North Tyneside	23
Northumberland	19
Stockton-on-Tees	14
Redcar and Cleveland	10
Gateshead	10
South Tyneside	9
Middlesbrough	9
Darlington	4
Hartlepool	3

Data source (reported cases): https://coronavirus.data.gov.uk/   Data source (LA populations): https://www.ons.gov.uk/

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Slide 4
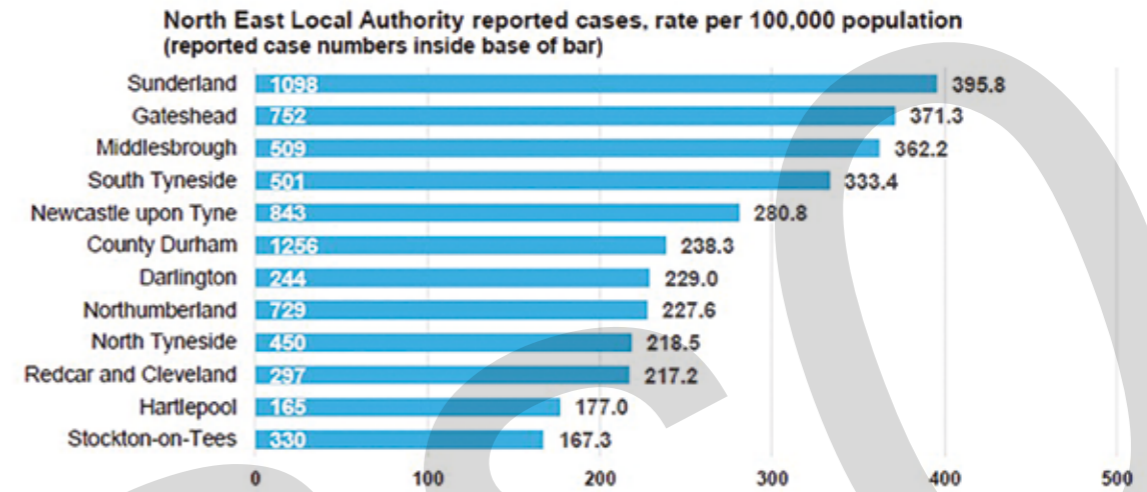
NE Local Authority cumulative reported cases, rate per 100,000 - data to 30/6/20

NHS
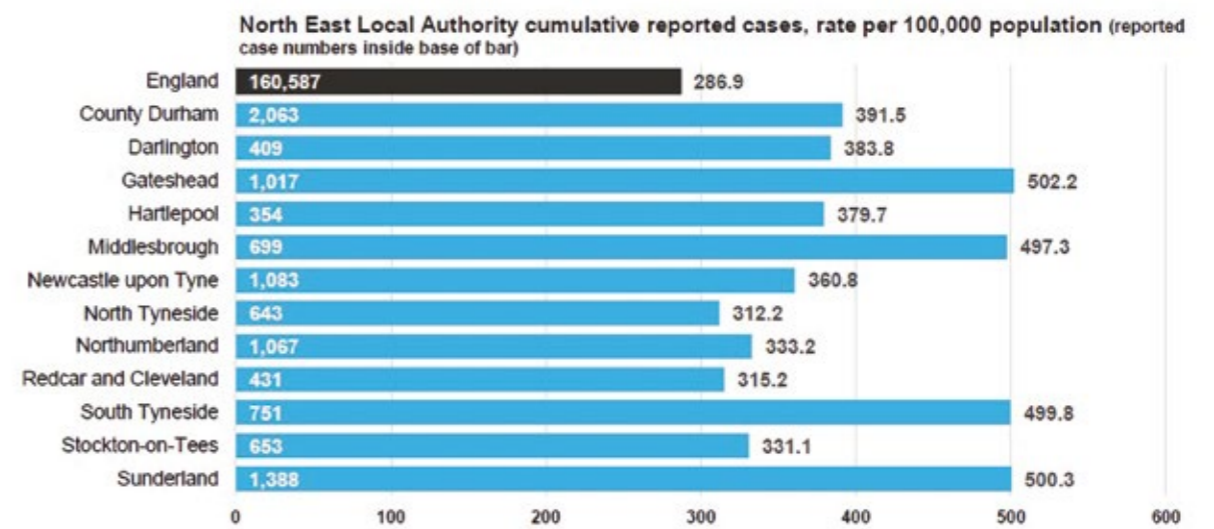
North East Quality Observatory Service

North East Local Authority cumulative reported cases, rate per 100,000 population (reported case numbers inside base of bar)

Area	Cases	Rate
England	160,587	286.9
County Durham	2,063	391.5
Darlington	409	383.8
Gateshead	1,017	502.2
Hartlepool	354	379.7
Middlesbrough	699	497.3
Newcastle upon Tyne	1,083	360.8
North Tyneside	643	312.2
Northumberland	1,067	333.2
Redcar and Cleveland	431	315.2
South Tyneside	751	499.8
Stockton-on-Tees	653	331.1
Sunderland	1,388	500.3

Data source (reported cases): https://coronavirus.data.gov.uk/   Data source (LA populations): https://www.ons.gov.uk/

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North East Local Authority reported cases, rate per 100,000 population
Bars represent incidence rate between 22/07/20 and 28/07/20, number in bar is number of new cases in this period (by specimen date), number on the far right is the cumulative total prevalence rate per 100,000

Local Authority	New cases	Incidence rate	Cumulative prevalence
England	4,706	8.4	469.4
County Durham	17	3.2	638.2
Darlington	2	1.9	572.4
Gateshead	2	1.0	639.5
Hartlepool	10	10.7	660.6
Middlesbrough	5	3.6	692.3
Newcastle upon Tyne		.0	517.0
North Tyneside	2	1.0	450.5
Northumberland	5	1.6	497.1
Redcar and Cleveland	1	0.7	520.0
South Tyneside	2	1.3	636.2
Stockton-on-Tees	8	4.1	499.0
Sunderland	3	1.1	644.2

Data source (reported cases): https://coronavirus.data.gov.uk/   Data source (LA populations): https://www.ons.gov.uk/

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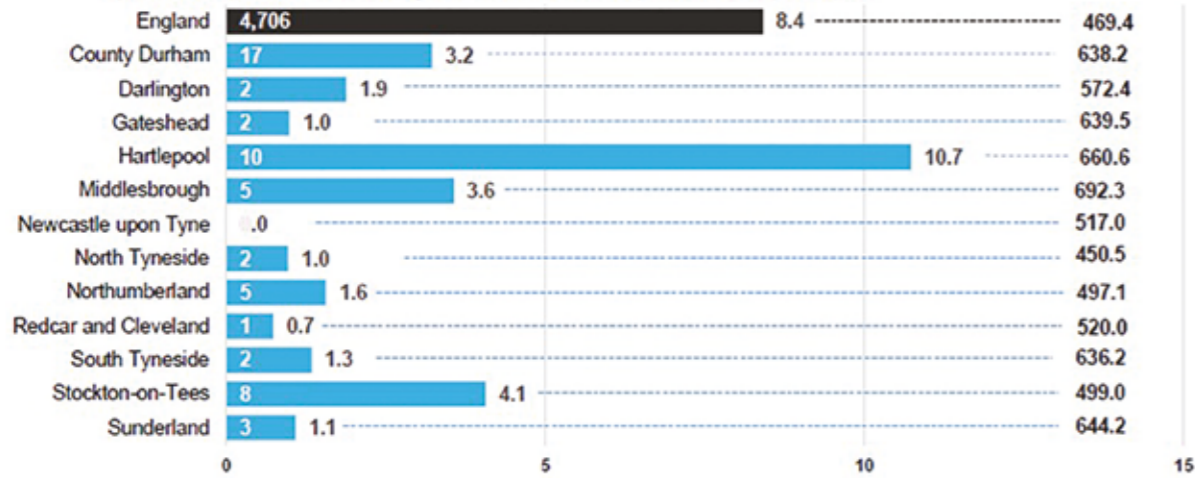
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North East and North Cumbria Local Authority reported cases, rate per 100,000 population
Bars represent incidence rate between 15/10/20 and 21/10/20, number in bar is number of new cases in this period (by specimen date), number on the far right is the cumulative total prevalence rate per 100,000
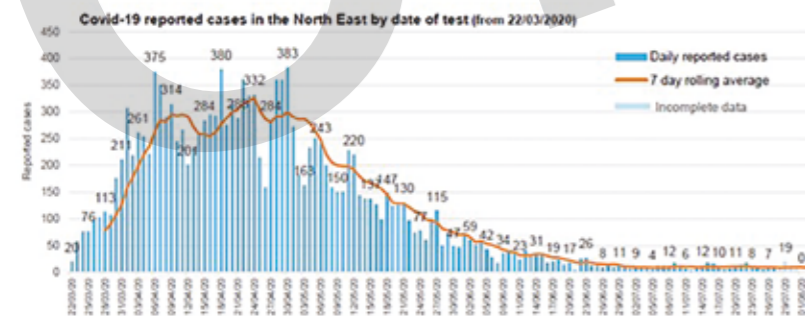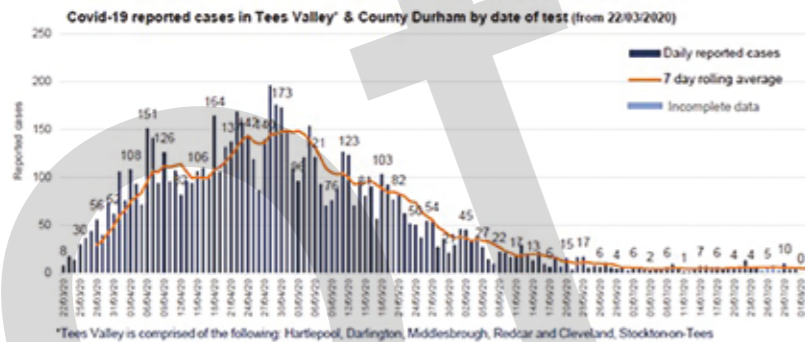

Local Authority	New cases	Incidence rate	Cumulative prevalence
England	117,863	209.4	1346.9
County Durham	1,649	311.1	2031.7
Darlington	322	301.5	1719.1
Gateshead	615	304.4	2192.5
Hartlepool	306	326.7	2204.7
Middlesbrough	567	402.2	2276.2
Newcastle upon Tyne	918	303.2	2690.0
North Cumbria	521	159.2	1055.0
North Tyneside	518	249.1	1755.1
Northumberland	541	167.8	1515.0
Redcar and Cleveland	477	347.8	1647.8
South Tyneside	382	253.0	2235.5
Stockton-on-Tees	894	453.0	2058.3
Sunderland	864	311.1	2400.0

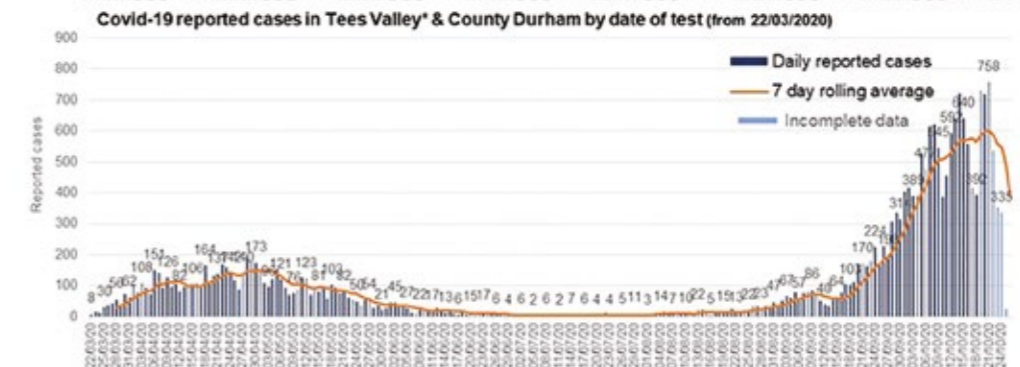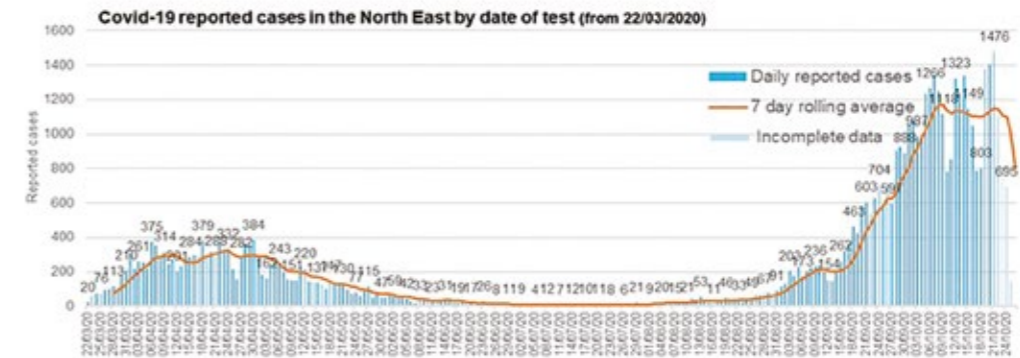Data source (reported cases): https://coronavirus.data.gov.uk/   Data source (LA populations): https://www.ons.gov.uk/

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North East Quality Observatory Service

Covid-19 reported cases in Tees Valley* & County Durham by date of test (from 22/03/2020)

*Tees Valley is comprised of the following: Hartlepool, Darlington, Middlesbrough, Redcar and Cleveland, Stockton-on-Tees

Covid-19 reported cases in the North East by date of test (from 22/03/2020)

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Covid-19 reported cases in the North East by date of test (from 22/03/2020)

Covid-19 reported cases in Tees Valley* & County Durham by date of test (from 22/03/2020)

Data source (reported cases): https://coronavirus.data.gov.uk/

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Impact of COVID-19 in Darlington

2/10/20

DARLINGTON BOROUGH COUNCIL

Local Wellbeing Framework

Economy	Unemployment Job quality Material deprivation
Education and childhood	Child learning Adult learning Children's wellbeing
Equality	WB inequality
Health	Health behaviour Overall health Mental health
Place	Green space Housing Democracy Local environment Crime & security Culture
Social relationships	Close support Generalised trust Personal relationships Community cohesion Volunteering

DARLINGTON BOROUGH COUNCIL

Economy

- UK officially in recession:
  - Largest decline in GDP on record (20% fall in Q2) and largest of G7 countries
  - Slight bounce back in June but still 1/6th below February level
  - Likely to last min. 12-18 months but effects will be felt much longer
- Productivity, investment (including local enquiries) and consumer confidence down significantly
- Town centres facing significant challenges - footfall / office demand / disposable income / dependency on shutdown sectors e.g. leisure and retail etc. for employment in Darlington
- Brexit will pose further risks such as tariffs
- However, currently no signs of major business casualties in the Borough with a lot of major employers being in the Public Sector

DARLINGTON BOROUGH COUNCIL

Economy

- Employment/Unemployment
  - No. employees on UK payrolls fell 695k from March to August
  - Darlington claimant count increased by more than a half March to July to 7.2% - highest since 1995
  - New claimants concentrated amongst shutdown sectors (and low paid / young / renters)
  - 24% of Darlington jobs estimated to be at risk
  - UK vacancies fell nearly 60% from April to a record low in June (rebounded 30% in July and August but still 40% below Feb level)
  - 14,300 (30%) Darlington employees furloughed and 3,000 self-employed individuals (77%) on equivalent support scheme - at risk when these end (despite recently announced replacement initiatives)
  - Particular issues for education leavers (harder to find work / longer scarring effects)

DARLINGTON BOROUGH COUNCIL

Economy

- Job Quality
  - Average UK weekly hours worked down by a record 28% from the start of 2020 to the end of April. Rebounded 23% by the end of July but still down 12% overall.
  - Shutdown sectors especially affected (already poor quality)
  - Nearly half new UC claimants are still in-work and 12% furloughed - also being used to top up low pay and hours resulting from COVID
  - Further negative impacts anticipated for pay and conditions from recession
  - Link identified between job quality and local outbreaks i.e. Leicester garment factories

- Material Deprivation
  - Significant increases recorded for support with essential costs and further growth anticipated e.g. >400 DBC website searches in 1st week of August for support with school uniform costs leading to a response by the Council to provide a uniform exchange service.
  - Disproportionate impacts on already struggling groups including previously 'just about managing' families highly susceptible to debt
  - Child poverty expected to increase by a further 5%
  - Private renters a key group of concern, particularly when evictions freeze ends in September

Health

- Health Overall
  - Growth in unmet needs e.g. urgent cancer referrals fell 60% in April
  - At least some delays due to concerns regarding infection / desire not to overburden services
  - NHS waiting list could increase from 4.2m pre-COVID to 10m by end of year
  - Serious health impacts for survivors
  - Likely further waves as UK enters winter

- Mental Health
  - Increased reports of anxiety, stress, depression during first lockdown, esp. young people, women, parents and low income groups
  - Preliminary evidence suggests impacts will be sustained and recession is likely to have further effects; TEWV estimates 52% of children and young people, 23% of adults and 22% of older people in Darlington will present with mental health system or secondary care needs over the next five years

  Health Behaviours
  - Nationally, improvements in smoking but overall expected to have exacerbated inequalities
  - Locally there has been an increase in first time presentations for alcohol treatment services

Education and Childhood

- Adult Learning
  - 60% employers had stopped new apprentice starts in May - young people particularly affected
  - A quarter of UK providers have reported being at significant risk of closure
  - Education leavers will face particular challenges and are more likely to suffer scarring effects
- Child Learning
  - Better-off families estimated to have spent 30% more time on home learning and more able to provide required resources
  - School closures estimated to further have increased the attainment gap by more than a 3rd
  - Risk of growth in absence / exclusions etc. without significant support
- Children's Wellbeing
  - Already vulnerable children disproportionately impacted
  - Growth in emotional and behavioural issues, especially primary aged children; locally there has been an increase in children known to social care displaying such issues over recent weeks
  - Nationally, children requiring foster care increased 44% and referrals of children to care homes 50%, but - conversely - during lockdown child protection referrals fell by more than 50% in some areas
  - No. Darlington children attending childcare has been increasing but still less than half of pre-COVID levels

Place

- Crime & Security
  - Local incidents down 9.3% between Q1 and Q2
  - Increases in ASB and Drugs (nationally, fraud / cyber crime / hate crime)
  - Concerns re: domestic abuse - slight decrease in local reports since start of lockdown but high demand for support services nationally and recent upticks in incidents, support service referrals and homelessness presentations for domestic violence in Darlington
  - Compliance with government guidance continuing to fall - just 18% of people with symptoms are estimated to actually self-isolate
  - Evidence of link between crime levels and inequality - potential increase as recession develops

Place

- Housing
  - Growth in homelessness presentations during lockdown with emergency presentations up 10% initially but falling now due to introduction of triage
  - Homelessness presentations by reason show:
    - Increase in non-violent relationship breakdowns and property disrepair
    - A reduction in the end of Assured Shorthold Tenancies due to the evictions freeze however these are expected to rise again now the courts are back in session
  - The 6 month notice period has been extended to May and a further temporary ban on evictions will be introduced between 11 December and 11 January
  - Almost 250k UK private renters are thought to have fallen into arrears since the start of the pandemic and 174k threatened with eviction
  - 55k England households were served eviction notices Mar-Aug and 33k expected to be activated immediately
  - Illegal evictions nationally are estimated to have increased by 50%
  - Housing sales and development activity have declined nationally and a similar decline locally will undermine the MTFP and growth plans.

Social Relationships

- Close support
  - Digital exclusion has proven to be a significant barrier for many residents' ability to access formal and informal support
  - Significant growth in unpaid carers (up 50%) nationally during lockdown
  - Impact on VCS as vital support provider:
    - 31 organisations have received at least 42 grants totalling almost £304k since March, including grants from the council's VCS Hardship Fund
    - CDCF have advised:
      - middle sized voluntary organisations and smaller community-based organisations who have gone off their radar since the start of lockdown are likely most at risk
      - The real financial pressures will start after March 2021 when reduced funding from donations / fundraising / trust funds starts to be felt
- Volunteering
  - More than 500 local residents signed up to support vulnerable people during lockdown - great opportunity to harness public interest in volunteering

Equality

- Health
  - Stark - death rates in disadvantaged areas more than 2x as high
  - Men more likely to die from but women more likely to catch COVID-19
  - BME populations and older people much more likely to be affected

- Income
  - Single parents and ethnic minorities have seen largest income shocks
  - Particularly affected groups include:
    - People in-work but on low pay
    - Younger people
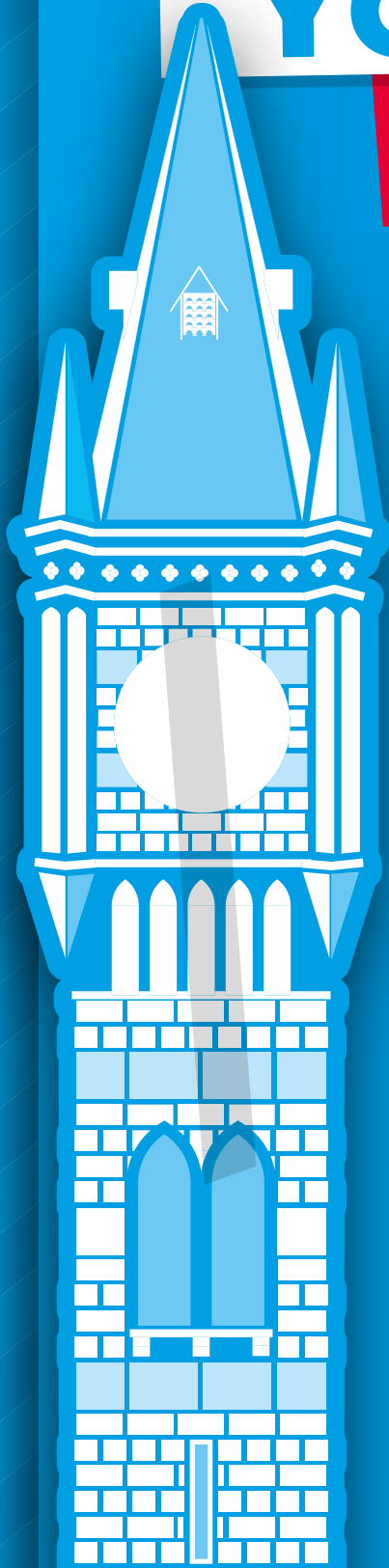   - Women
    - BME
    - Lone parents

Conclusion

- COVID has increased the challenges faced by Darlington's population in terms of increasing the gaps in life opportunities for many and increasing the numbers who are struggling to "make ends meet"

Play Your Part

Stay COVID-19 safe in Darlington

DARLINGTON BOROUGH COUNCIL

WASH HANDS
Keep washing your hands regularly.

COVER FACE
Wear a face covering over your nose and mouth in enclosed spaces.

MAKE SPACE
Stay at least one metre away from people not in your household.

Don't forget to download the NHS COVID-19 App.
Use it to check in when out & about

NHS COVID-19

GET IT ON Google Play
Download on the App Store

KEEPING DARLINGTON ON THE RIGHT TRACK