

NORTH YORKSHIRE OUTBREAK MANAGEMENT ADVISORY BOARD

REMOTE MEETING

ON: Wednesday 16th September 2020

AT: 1.00 p.m.

This meeting will be held using video conferencing.

The live broadcast of this meeting will start when the meeting commences. Members of the press and public who would like to view it can do so via the County Council's website. For help and support in accessing the meeting, please contact the Democratic Services Officer responsible for the meeting (see contact details below).

This Board is an informal, non decision-making body and therefore there is no facility for public questions or statements. If you would like to find out more about the North Yorkshire Outbreak Management Plan you can do so from the link [here](#)

AGENDA

NO.	ITEM	LEAD	INDICATIVE TIMINGS
1	Welcome/introduction	Chair	1.00 – 1.05
2	Apologies for absence	Chair	
3	Declarations of interest (if any)	Chair	
4	Notes of meeting held on 18 th August 2020 and any matters arising ENCLOSED	Chair	
5	Update on the current position in North Yorkshire. SLIDES ENCLOSED which contain data internationally; for the UK; North Yorkshire; and by Districts PLEASE NOTE: The data presented to the meeting will be updated, given the dynamic changes we are seeing.	Lincoln Sargeant, Director of Public Health and Victoria Turner Public Health Consultant	1.05 – 1.35

	<p>As part of this Item, there will also be an update on the following matters:</p> <ul style="list-style-type: none"> - The situation in specific localities – verbal update - Theme 1B of the Outbreak Management Plan: School Settings SLIDES ENCLOSED - Events SLIDES TO FOLLOW 	<p>Victoria Turner, Public Health Consultant</p> <p>Victoria Ononeze, Public Health Consultant</p> <p>Katie Needham, Public Health Consultant</p>	
6	Data Reporting: Outbreak Cluster Insight Product – Demonstration	John Kelly, Head of Data and Intelligence	1.35 – 1.50
7	Testing and Contact Tracing – verbal update	Victoria Turner and Matt Robinson, Senior Resilience and Emergencies Officer	1.50 – 2.20
8	Communications Update – specifically the targeted approach with regard to young people SLIDES ENCLOSED	Faye Hutton, Marketing and Customer Communications Officer	2.20 – 2.25
9	<p>Partner Updates - verbal (on an exception basis):</p> <ul style="list-style-type: none"> • Business / LEP • Care Sector • Healthwatch • Local Government • NHS • Police • PF&C Commissioner • Public Health England • Schools • Voluntary & Community Sector 	ALL	2.25 – 2.30
10	Next Meeting – Monday 19 th October 2020 at 12 noon	Chair	-
11	Any other business	Chair	-

Patrick Duffy
Senior Democratic Services Officer
Patrick.Duffy@northyorks.gov.uk
Tel: 01609 534546
11th September 2020



North Yorkshire Outbreak Management Advisory Board

Notes of a discussion held remotely, via Skype, on Tuesday 18th August 2020

THOSE WHO JOINED THE DISCUSSION:

North Yorkshire County Council Representatives

Councillor Carl Les, Leader of North Yorkshire County Council (Chair)
 Councillor Caroline Dickinson, Executive Member, Public Health, Prevention, Supported Housing
 Councillor Michael Harrison, Executive Member for Health and Adult Services
 Councillor Stuart Parsons, Leader of the Independent Group, North Yorkshire County Council
 Richard Flinton, Chief Executive, North Yorkshire County Council
 Lincoln Sargeant, Director of Public Health
 Richard Webb, Corporate Director, Health and Adult Services

District Council Representatives

Councillor Steve Arnold, Ryedale District Council (substitute for Councillor Keane Duncan)
 Councillor Richard Foster, Leader, Craven District Council
 Councillor Ann Myatt, Harrogate Borough Council
 Councillor Steve Siddons, Leader, Scarborough Borough Council
 Councillor Stephen Watson, Portfolio Holder for Environmental Health, Waste and Recycling, Hambleton District Council

Other Partners' Representatives

Judith Bromfield, Healthwatch, North Yorkshire
 David Richards, Vice-Chair, North Yorkshire and York Local Enterprise Partnership (substitute for David Kerfoot)
 Leah Swain, Chief Executive, Community First Yorkshire
 Sally Tyrer, Chair, North Yorkshire Local Medical Committee
 Ian Yapp, Head Teacher, Riverside Primary School
 Lisa Winward, Chief Constable

In attendance (all from North Yorkshire County Council, unless stated)

Ray Busby, Principal Democratic Services Officer
 Patrick Duffy, Senior Democratic Services Officer (Clerk)
 Faye Hutton, Marketing and Customer Communications Officer
 Katie Needham, Public Health Consultant
 Victoria Ononeze, Public Health Consultant
 Victoria Turner, Public Health Consultant
 Rachel Woodward, Test and Trace Service Manager

Apologies received from

Amanda Bloor, Accountable Officer, North Yorkshire Clinical Commissioning Group
 Councillor Mark Crane, Leader, Selby District Council
 Councillor Angie Dale, Leader, Richmondshire District Council
 Councillor Keane Duncan, Leader, Ryedale District Council
 David Kerfoot, Chair, North Yorkshire and York Local Enterprise Partnership
 Julia Mulligan, Police, Fire and Crime Commissioner
 Simon Padfield, Public Health England
 Mike Padgham, Chair, Independent Care Group

NO.	ITEM	ACTION
36	<p data-bbox="300 241 979 275">WELCOME AND INTRODUCTION BY THE CHAIR</p> <p data-bbox="300 309 1206 376">County Councillor Carl Les welcomed Members of the Board and any members of the public or media viewing the meeting.</p> <p data-bbox="300 409 1206 477">He advised that he is the Leader of North Yorkshire County Council and the Chair of this Board and that:-</p> <ul data-bbox="300 510 1206 1653" style="list-style-type: none"> <li data-bbox="300 510 1206 645">- the main role of this Board is to support the effective communication of the test, trace and contain plan for the county and to ensure that the public and local businesses are effectively communicated with; <li data-bbox="300 678 1206 813">- decisions of the Board are purely advisory and its recommendations will be considered through the governance arrangements of the bodies represented, which retain their decision making sovereignty <li data-bbox="300 846 1206 913">- the papers for this meeting had been published in advance on the County Council's website. <li data-bbox="300 947 1206 1653">- the Board comprises:- <ul style="list-style-type: none"> <li data-bbox="363 1014 1206 1081">• Three other County Councillors – Caroline Dickinson, Michael Harrison and Stuart Parsons <li data-bbox="363 1115 1206 1182">• Representatives – generally the Leaders – of each of the 7 District Councils in North Yorkshire <li data-bbox="363 1216 1206 1283">• The Chief Executive, Director of Public Health and Director of Health and Adult Services for North Yorkshire <li data-bbox="363 1317 1206 1350">• The Police, Fire and Crime Commissioner <li data-bbox="363 1384 1206 1417">• The Chief Constable <li data-bbox="363 1451 1206 1552">• Representatives of Business; the Care Sector; Healthwatch; the NHS: Public Health England; Schools; and the Voluntary and Community Sector (VCS) <li data-bbox="300 1585 1206 1653">- people can see the names of everyone on the Board and the organisations they represent on the Council's website. 	
37	<p data-bbox="300 1686 478 1720">APOLOGIES</p> <p data-bbox="300 1742 951 1776">As stated in the attendance on the previous page.</p>	
38	<p data-bbox="300 1809 738 1843">DECLARATIONS OF INTEREST</p> <p data-bbox="300 1865 804 1899">There were no declarations of interest.</p>	
39	<p data-bbox="300 1944 963 1977">NOTES OF MEETING HELD ON 30TH JULY 2020</p> <p data-bbox="300 2000 1161 2085">AGREED that these were an accurate reflection of the discussion. (There were no matters arising.)</p>	

UPDATE ON THE CURRENT POSITION IN NORTH YORKSHIRE

Slides had been circulated with the Agenda containing data internationally; for the UK; North Yorkshire and by District; and information on Theme 2 of the Outbreak Management Plan – High Risk Locations.

Lincoln Sargeant advised that, over the last few weeks, there has been an average of 3 cases per day of people testing positive. This has increased to 5/6 people per day in the last week or so. There are three categories evident:-

- the majority of spread is within households;
- we are seeing an increase in the number of cases in Care Homes due to more pro-active testing of both residents and staff; and
- the number of outbreaks has been kept relatively low and have occurred in workplace settings; factories and the hospitality sector

The low level of rates in the county give us confidence that there is no immediate likelihood of any lockdown action being required, although we remain vigilant.

Victoria Turner advised of the recent change in the reporting of deaths in England. Initially, everyone who died who had had a positive test for Covid-19 had been included in the figures. Public Health England had reviewed the data and introduced two new measures:-

- Those who had died within 28 days of a positive test.
- Deaths within a 60 day period of the first positive test, if Covid-19 appeared as a reason on the Death Certificate.

Other data, such as the number of excess deaths, will continue to be monitored.

Councillor Foster mentioned that Craven feel on the frontline, given their proximity to some neighbouring areas with high rates of infection and asked if there is any advice to employers. Lincoln Sargeant stated that this was being looked at. There are some situations that can be linked to cross border working, but there are not many at the moment. His Team work closely with Public Health England so that, where there are outbreaks, it is possible to track back if employees visited any areas with high levels of circulating Covid-19.

He added that his Team pro-actively share toolkits and other information with employers and bespoke communications for that sector.

Slides had also been circulated that contained information on Theme 2 of the Outbreak Management Plan – High Risk Settings. Katie Needham, who leads this Theme, with Rachel Richards, a fellow Public Health Consultant, talked through this aspect.

Theme 2 has been sub-divided into three main areas:-

	<ul style="list-style-type: none"> - Workplaces (which include closed essential business – production processes and packaging plants and military bases). - Communal accommodation settings (such as people who are drug and alcohol dependent; homeless people; people fleeing from abuse and violence; supported accommodation and Houses of Multiple Occupation. - Hospitality, Leisure and Tourism. This category is very wide ranging and includes hotels, self-catering accommodation; camping and caravan parks and amusement arcades. <p>There is also a new sub-theme – Events. This encompasses things like Remembrance Sunday and outdoor music events.</p> <p>There are three main responses:-</p> <ul style="list-style-type: none"> - Universal information. - A more targeted response, working proactively with the setting concerned. - Responding to an outbreak and providing a range of support and advice. <p>There have been a number of achievements so far including:-</p> <ul style="list-style-type: none"> - in liaison with partners, the development of a range of products that support preventative work and outbreak management; - Action Cards that dovetail with national Action Cards to provide an outline of the local notification process and response; - a Public Health offer has been developed to reflect the needs of High Risk Settings; and - regularly working with tenants and landlords to better understand and support them with any outbreak in Houses of Multiple Occupation. <p>Next steps include testing out plans; continuing to support businesses to navigate Covid-19 secure guidance and sharing/disseminating action points.</p> <p>Councillor Parsons commented that there seems to be confusion in retail establishments as to the wearing of facemasks. A lot of shop workers are not wearing facemasks and this is causing some concern. A standardised message is required. Lincoln Sargeant advised that Public Health is reinforcing national messages and, where there are serious concerns, working with District Council colleagues to follow these up. Customers should feel able to have a polite word with the Manager about their concerns as there is not the capacity to follow up on all concerns. Councillor Parsons advised that the people who had contacted him had tried this approach to no avail. That is why he considers a standardised message necessary.</p> <p>The Chair suggested this be picked up further under the Communications Update.</p> <p>NOTED.</p>	
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BEYOND THE DATA: UNDERSTANDING THE IMPACT OF COVID-19 ON BLACK, ASIAN AND MINORITY ETHNIC GROUPS

Slides had been circulated with the Agenda.

Lincoln Sargeant introduced this Item. It had become clear that certain groups suffered disproportionately.

In terms of people from Black, Asian and Minority Ethnic Groups (BAME), he wanted to engage the Board in a sophisticated response. For example, it would be a knee jerk response to shield all males, just because they are more likely to die from Covid-19 than women. Similarly, our analysis of this report must be more nuanced, than looking for one single, explanatory factor.

Victoria Turner took Members through the slides. Among the points she highlighted were:-

- the reports do not take into account other important factors such as occupation, co-morbidities, obesity or genetics;
- Key workers are more likely to be from BAME background;
- a higher death rate is occurring in lower skilled occupations;
- risks associated with transition morbidity can be increased by the housing challenges faced by some members of BAME groups;
- some pre-existing conditions that increase the risk are more common in BAME groups;
- poor examples of healthcare at work and historic racism can make people from BAME groups less likely to seek medical help; and
- there are clear links to economic disadvantage

Victoria outlined the seven recommendations in the Public Health England Report, together with ideas as to how we should respond and areas of potential focus, which included targeted work with BAME communities and individuals and consideration of ethnicity as part of the Joint Strategic Needs Assessment.

There were links into wider work being undertaken, such as the reviews by West Yorkshire and Harrogate, and Humber Coast and Vale Health and Care Partnerships.

Victoria Ononeze emphasised that the approach should not be to shield people who are from BAME communities but to address the wider issues outlined by Victoria Turner. This is a system issue.

Councillor Parsons commented that, since responsibility for smoking cessation had transferred from GP Practices, there was less mention of it within practices. A coherent approach is required. Lincoln Sargeant advised that there is such an approach but it is dependent on GP Practices signing up, as it is on a voluntary basis. He agreed there is a need for GP Practices to be at the forefront of these efforts. Also, whilst smoking rates in the county are generally low, the challenge is within particular groups.

	<p>Dr. Sally Tyrer stated that, as part of healthy living advice, she would hope that all practices still offer advice on stopping smoking, even if it is just signposting to where further support is available. However, there is a limit as to how much advice can be provided in a brief conversation with patients.</p> <p>Leah Swain added that the VCS can use their links to ensure people get the right information on Covid-19 and health support for underlying conditions. She wondered whether we could look at existing models i.e. raising awareness of the impact of cold homes on people's health.</p> <p>She added that colleagues in Darwen are looking at local testing for BAME groups. Could we have support at Test Centres to signpost people to other health advice? Lincoln Sargeant welcomed this suggestion. As more responsibility shifts to local government for test and trace, having good, local, trusted relationships will be critical to engaging with communities.</p>	
42	<p>COMMUNICATIONS UPDATE</p> <p>Faye Hutton updated verbally as follows: -</p> <ul style="list-style-type: none"> - Test and Trace universal communication packs are now available and have been widely disseminated. These include high level messaging about face covering; how to keep safe; etc; - the website is now live with extra support and guidance for different settings, including tourism. Communication Packs are available in several languages. These are being shared with partners so they can be disseminated and spread across the county to support businesses and tourism; - roadside signage has been put up, with a press release issued around this. There are 100 signs on how to stay safe and preventative messaging, including keeping areas such as the inside of cars clean for people who may be sharing a lift to and from work; - Key messages have gone to 18,000 residents of North Yorkshire with the end of shielding letter; - we have increased our visibility by boosting our targeted social media activity for specific areas in the county, where it may be busier – such as key tourist spots; and coastal areas; - based on feedback from partners, Packs are being produced in different formats – e.g. easy read and audio versions to support vulnerable people; - working on securing case studies for different themes to support work that we are doing and working with the Cabinet Office to secure a National Case Study; - working with the Cabinet Office on a campaign focusing on promoting the correct wearing of facemasks. We will use social media channels to run this, working with businesses: 	

	<ul style="list-style-type: none"> - looking to find influencers who will support our messages in Faith Groups and BAME audiences, to help connect with specific areas; - will work with Public Health colleagues to promote targeted messages for larger workplaces; and - further to the earlier discussion in today's meeting on smoking cessation, "Quit for Covid" has been promoted widely. <p>AGREED that the standard messaging in the Communications Packs be emphasised to businesses and, in particular, larger organisations.</p>	Faye Hutton
43	<p>PARTNER UPDATES</p> <p>Leah Swain:</p> <p>Community First Yorkshire continue to be the pro-active liaison lead for North Yorkshire and York on the National VCS Emergency Partnership, which aims to ensure that there is no unmet need. There have been no referrals from this source which is a positive reflection on the joint working between the Local Authorities, the Local Resilience Forum and the VCS - particularly in regard to the thirty Community Support Anchors who support their local residents.</p> <p>Continuing to engage with health partners in the Integrated Care Systems on their recovery plans and working alongside the County Council on the recovery plan for the VCS.</p> <p>NOTED.</p>	
44	<p>NEXT MEETING AND FUTURE MEETINGS</p> <p>The Chair advised that the next scheduled meeting on 8th September would need to be postponed as there is a clash with another County Council meeting that is being live broadcast – only one meeting can be broadcast at any time.</p> <p>Patrick Duffy will be in touch to confirm the revised date.</p> <p>The Chair also sought Members views on the frequency of future meetings. The general consensus was that meetings be held on a monthly basis, rather than the current three-weekly interval subject, of course, to an emergency, in which case a meeting can be called between times.</p>	<p>Patrick Duffy</p> <p>Patrick Duffy</p>
45	<p>ANY OTHER BUSINESS</p> <p>None.</p>	

The meeting concluded at 12:10 p.m.

PD

Public Health Intelligence

Outbreak Management Advisory Board – 16 September 2020

PLEASE NOTE:

The data presented to the meeting will be updated, given the dynamic changes we are seeing.

Data pack produced – 9th September 2020

Produced by Leon Green / Emel Bagdatlioglu

International

Global situation

The WHO reports:

- 27,417,497 confirmed cases (up 1.88m since last week)
- 894,241 deaths (up 42,200 since last week)
- 216 areas / nations with cases

Dashboard accessed 10:30 BST 09/09/20. Data will reflect different reporting timeframes.

Comparison with Europe

The table to the right shows total numbers and 14-day COVID-19 case notification rate per 100,000.

The UK is ranked 12th for new cases (up from 18th) after Austria, Portugal and Hungary and joint 13th for deaths (unchanged).

Total cases in the UK are second highest after Spain and total deaths are highest in Europe, but subject to variation in death registration practices between countries.

Source: [European Centre for Disease Prevention and Control](https://ecdc.europa.eu/en)

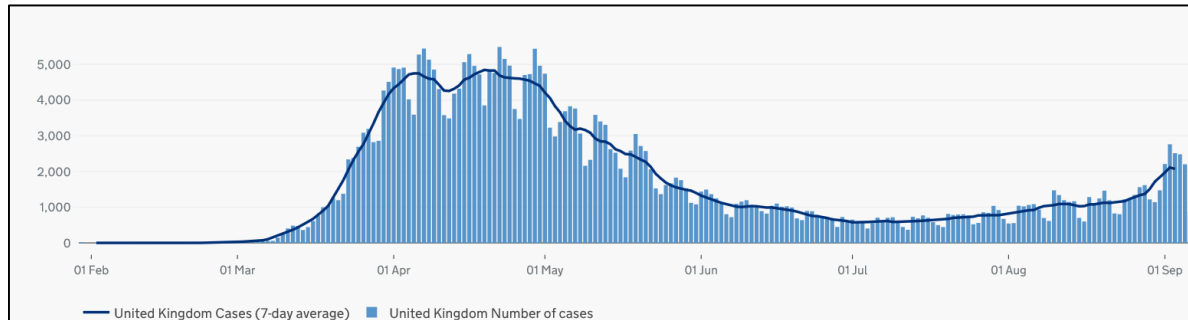
Rank	Country	Cases	Deaths
1	USA	6,248,989	188,172
2	India	4,370,128	73,890
3	Brazil	4,147,794	126,960
13	UK	350,104	41,554

Globally, cases now exceed 27 million and over 800,000 deaths to date.

The UK has the 13th highest total cases globally and the 5th highest number of deaths in the world.

Nation	Total to 08/09/2020		14-day cumulative rate per 100,000	
	Cases	Deaths	Cases	Deaths
Spain	525 549	29 516	255.9	1.4
France	328 980	30 726	125.5	0.3
Croatia	12 081	201	92.5	0.7
Romania	95 897	3 926	85.3	3.2
Malta	2 076	15	82.9	1.0
Czechia	28 716	437	61.4	0.2
Belgium	88 675	9 909	55.8	0.4
Netherlands	75 512	6 234	48.9	0.2
Austria	29 875	746	48.9	0.1
Portugal	60 507	1 843	46.6	0.4
Hungary	8 963	625	38.6	0.1
United Kingdom	350 100	41 554	35.2	0.2
Ireland	29 774	1 777	33.8	0.0
Italy	278 784	35 553	30.6	0.2
Denmark	18 113	628	29.6	0.1
Greece	11 663	289	26.5	0.4
Slovenia	3 190	130	25.2	0.1
Bulgaria	17 146	677	25.1	1.6
Sweden	85 558	5 837	24.7	0.1
Poland	71 126	2 124	23.2	0.4
Slovakia	4 636	37	22.2	0.1
Germany	252 298	9 329	21.0	0.1
Norway	11 387	264	20.0	0.0
Iceland	2 143	10	19.6	0.0
Estonia	2 532	64	19.4	0.0
Liechtenstein	108	1	18.2	0.0
Lithuania	3 100	86	15.3	0.0
Finland	8 327	336	7.0	0.0
Cyprus	1 510	21	6.7	0.0
Latvia	1 429	35	4.8	0.1
Luxembourg	6 950	124	-137.5	0.0

UK Cases

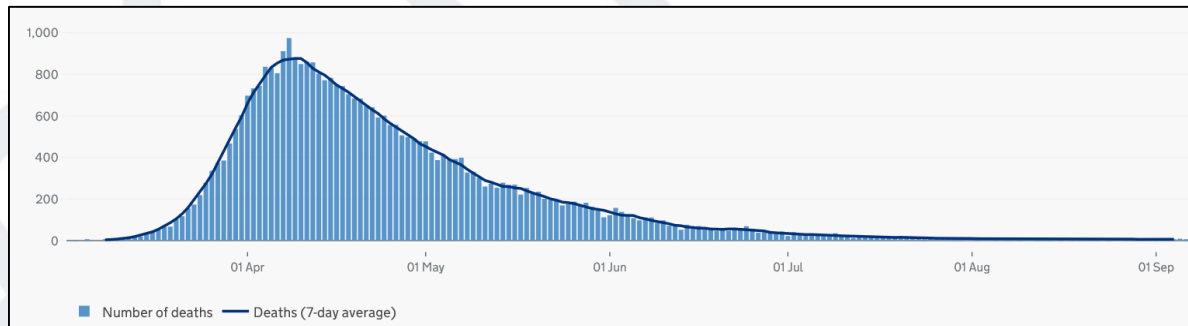


+15,392
since last week

Public Health England data shows there were 352,560 lab confirmed cases in the UK on 8th September, up by 434 from the previous day. This is more recent than the data reported by the WHO.

The UK, the rolling average of daily new cases saw a minimum of 546 on 5th July and has increased slowly since, with the latest average at 2,460 daily cases.

Deaths



+81
since last week

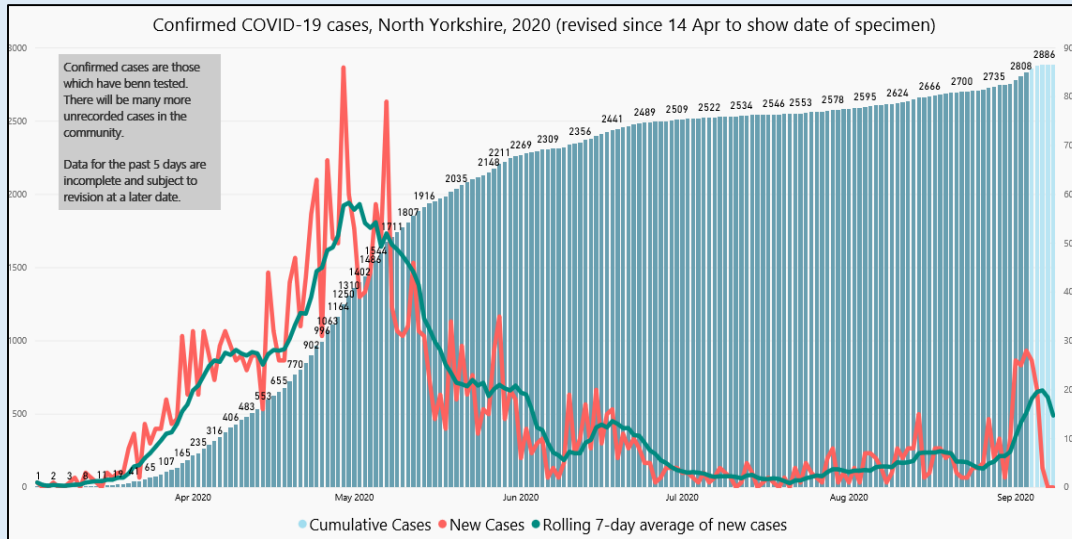
As of the 8th September, there have been 41,594 deaths recorded in the UK, up by 25 from the previous day.

The UK rolling average continues to reduce, with 10 average daily deaths recorded most recently.

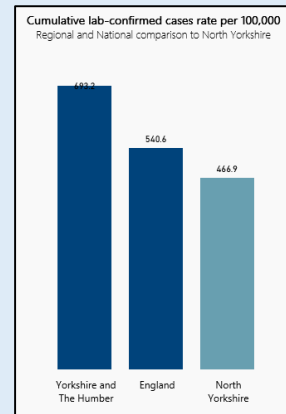
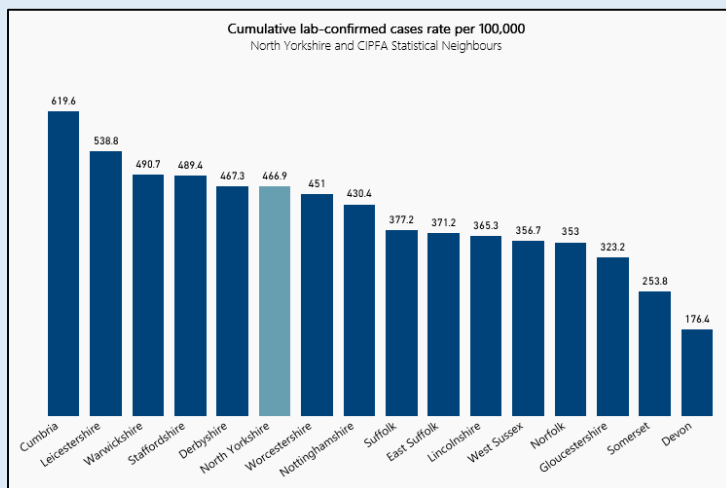
PHE revised the presentation of deaths to include all the deaths of people who have had a positive COVID-19 test result from a Public Health or NHS laboratory within 28 days of death. The data do not include deaths of people who had COVID-19 but had not been tested, people who were tested positive only via a non-NHS or Public Health laboratory, or people who had been tested negative and subsequently caught the virus and died. Deaths of people who have tested positively for COVID-19 could in some cases be due to a different cause.

North Yorkshire

Cases



Rates



Cases

The number of cases of COVID-19 in North Yorkshire continues to increase. At 8th September, there have been 2,886 positive tests since 3rd March.

There have been 180 new cases reported in the past two weeks. The rolling average of new cases has decreased slightly and is at 15 cases per day.

Rates

Compared with 15 other statistical neighbour local authority areas, North Yorkshire is ranked 6th, with 466.9 cases per 100,000 population. The three areas with the lowest rates are all in the South West region, which has been less affected by COVID-19 to date.

The North Yorkshire rate is lower than both the England and Yorkshire & Humber rates.

Infection rates

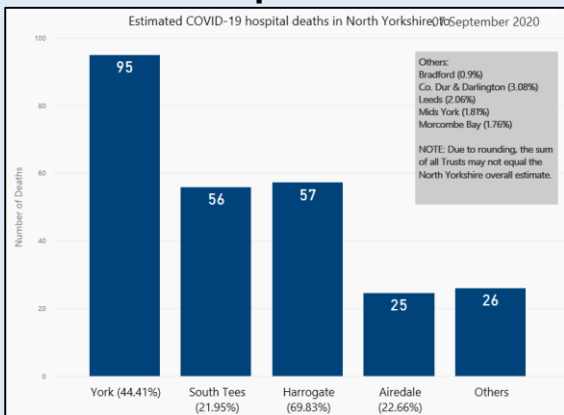
Last refreshed	08/09/20	Data source(s)	NYCC Dashboard via PHE
Descriptor	Crude rates per 100,000 population for North Yorkshire and its CIPFA statistical neighbours; weekly rate of new cases per 100,000 (map)		
Key points	<ul style="list-style-type: none"> The rate of cases in North Yorkshire is lower than England. Richmondshire has the highest rate amongst the county's districts and Ryedale the lowest. Compared with the highest rates in authorities in England, all North Yorkshire's districts are much lower. Richmondshire has about one-third of the rate in Leicester. 		

North Yorkshire districts		
Area	Cases	Rate per 100,000
Craven	286	500.5
Hambleton	346	377.8
Harrogate	825	513.0
Richmondshire	291	541.6
Ryedale	150	270.9
Scarborough	609	560.0
Selby	379	418.2
North Yorkshire	2,886	466.9
England	304,269	540.6

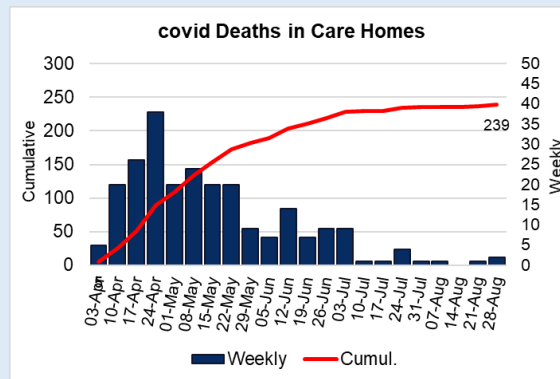
Ten highest local authorities in GB		
Area		Rate per 100,000
Leicester	5,919	1,671.0
Oldham	3,088	1,302.3
Blackburn with Darwen	1,948	1,301.3
Bradford	6,698	1,240.9
Rochdale	2,418	1,087.2
Wrexham	1,435	1,055.5
Merthyr Tydfil	620	1,027.7
Bolton	2,794	971.7
Tameside	2,106	929.8
Bury	1,712	896.4

Deaths

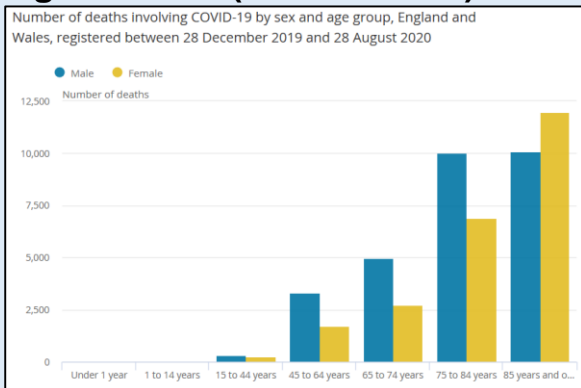
Estimated hospital deaths



Care homes



Age and sex (national data)



Hospital deaths

Estimates suggest about 259 deaths in hospital for North Yorkshire residents, unchanged since 20th July. As well as the four main hospital trusts, this total includes additional estimated deaths from other surrounding hospital trusts: Darlington, Leeds, Mid Yorkshire, Morecambe Bay and Bradford.

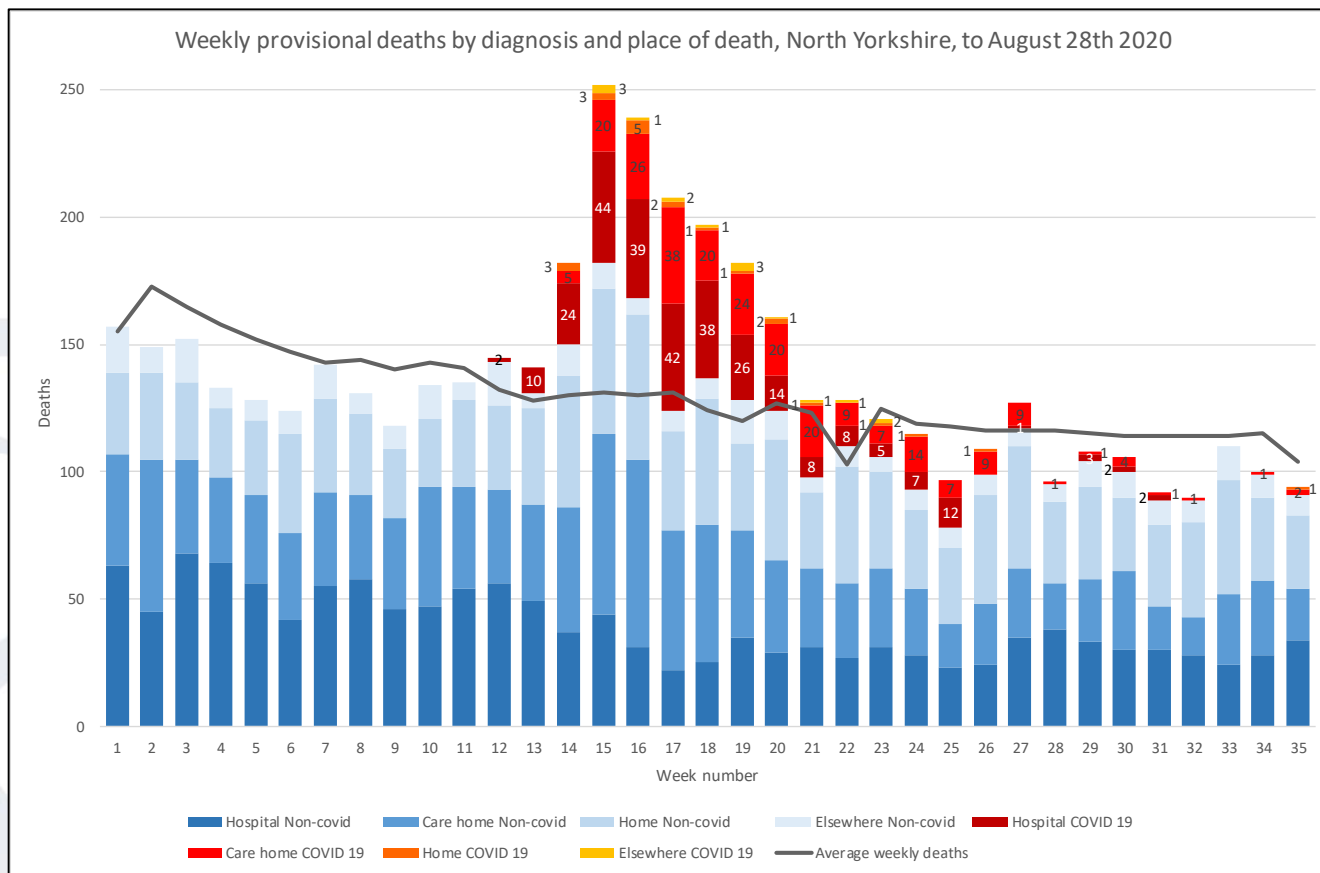
Care home deaths

239 deaths in care homes up to 28th August, up from 235 in previous report (to 11th August).

Age and sex

Nationally, the number of deaths involving COVID-19 remains higher in the older age groups than in younger age groups. The highest proportions of deaths involving COVID-19 are in people aged over 75 years.

ONS provisional weekly deaths to 28th August



For week 35, there were 94 deaths reported in North Yorkshire. This is 10 (10%) below the long-term average of 104 for week 33 and 6 lower than week 34 (100 deaths).

There were 3 death attributable to COVID-19, up from 1 death in week 34.

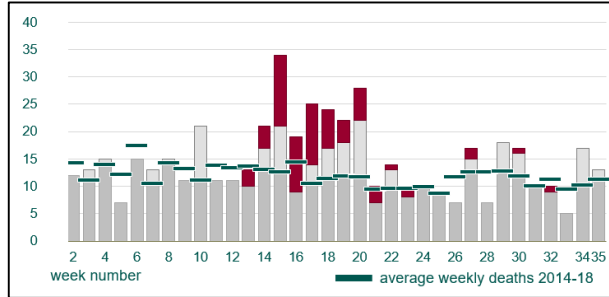
In week 35, COVID deaths comprised 3% of all deaths in the county, up from 1% in week 34 and lower than 40% in week 17.

To 28th August 2020, there have been 4,831 deaths in North Yorkshire from all causes and 563 (11.7%) from COVID-19. 31.0% of deaths from all causes have occurred in care homes. There have been 239 deaths in care homes from COVID-19, 42.5% of all COVID deaths.

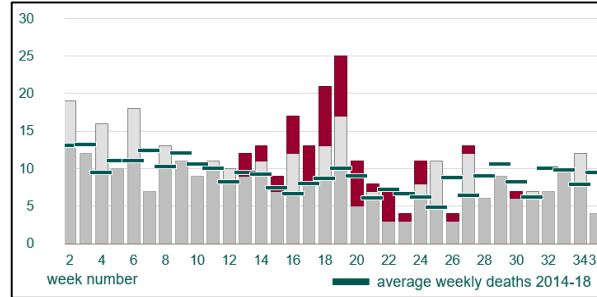
Weekly provisional deaths by diagnosis and place of death, North Yorkshire, (to 28th Aug 2020, wk 35)

Charts show number of deaths by district. Non-Covid shown grey, Covid-coded deaths shown red. This week there were Covid-19 deaths in Hambleton and Harrogate districts. Total deaths increased in Hambleton, Ryedale and Scarborough districts.

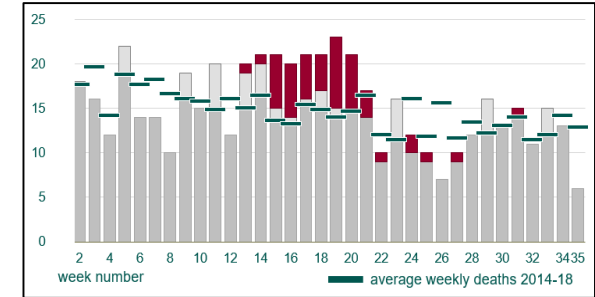
Craven



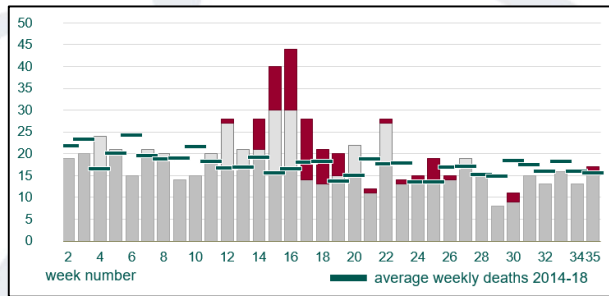
Richmondshire



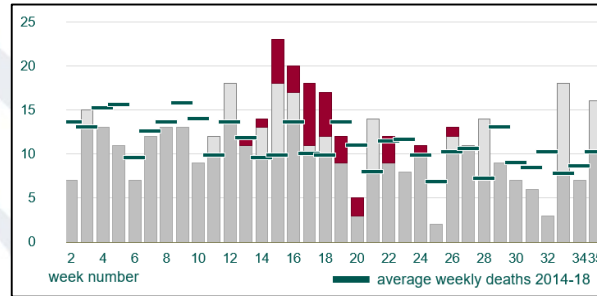
Selby



Hambleton

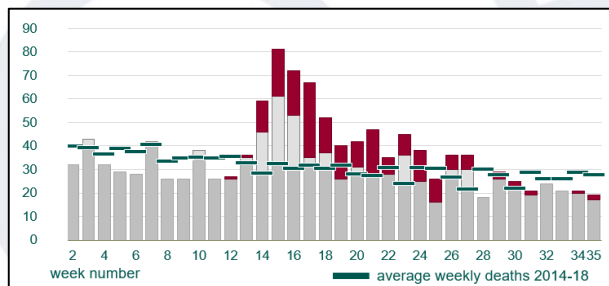


Ryedale

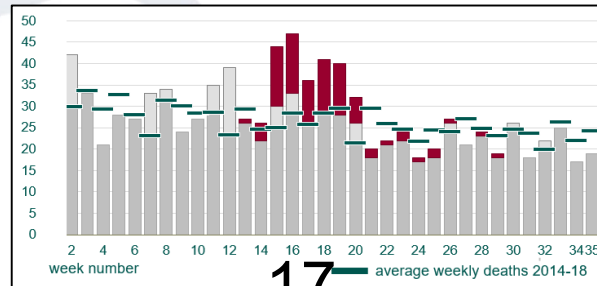


Key	
Covid19 mentioned on the death certificate	
Covid19 not mentioned	

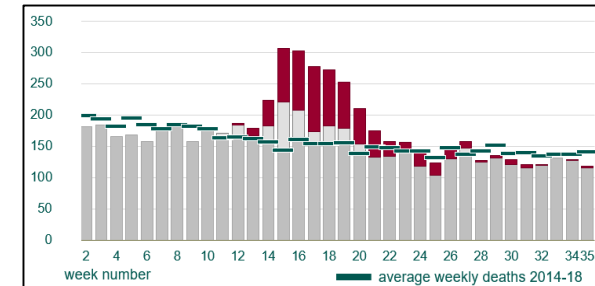
Harrogate



Scarborough



North Yorks LRF



Data sources

WHO Coronavirus Disease (COVID-19) Dashboard:

<https://covid19.who.int/>

European Centre for Disease Prevention and Control:

<https://www.ecdc.europa.eu/en/cases-2019-ncov-eueea>

Coronavirus (COVID-19) in the UK: <https://coronavirus.data.gov.uk/>

NHS England, COVID-19 Daily Deaths:

<https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/>

Office for National Statistics, Deaths registered weekly in England and Wales, provisional: week ending 24 July 2020:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredweeklyinenglandandwalesprovisional/weekending31july2020>

Theme 1 B – Educational Settings

PH Consultant Lead
Victoria Ononeze

Outbreak Management Advisory Board
16th September 2020

Educational settings

- Early years (e.g. preschool, nurseries and childminders, children centres)
- Primary and secondary schools
- Special schools
- Pupil referral units
- Private schools
- Colleges and university
- Out of school settings (e.g. out of school clubs, youth clubs, sports club and village halls)

Achievements to date

- Dedicated PH and CYPS team supporting settings - building on established communications channels with educational settings
- Proactive support to prevent infections and transmission (e.g. risk assessment; guidance on infection control measures, school transport, staff visit to schools and homes, etc)
- Local process supporting proactive identification and management of suspected and confirmed covid cases
 - Majority of lab confirmed cases in/associated with schools before summer holidays were in adults - parents 75% and staff 21%
- No 'outbreaks' to date
- Joint PHE/ LA plan to manage outbreaks

Next steps

- Support settings to continue to navigate covid secure guidance
- Working with colleges and university to:
 - prevent transmission of infections
 - respond to single cases
 - jointly plan to manage potential outbreaks
- Proactive comms for children and young people
- Share and disseminate good practices across settings

Outbreak Management Plan / Test and Trace

September 2020

September

Digital Ad Vans

Visited: Settle, Harrogate, Ripon, Easingwold, Scarborough, Whitby, Malton/Norton and Richmond.

Newspaper/ online advertisement

Print advertisement in the following publications:

D&S Times

Northern Echo

York Press

Craven Herald

Ryedale Gazette and Herald

Harrogate Advertiser Series

(Harrogate Advertiser, Knaresborough Post, Wetherby News, Nidderdale Herald & Ripon

Gazette)

Whitby Gazette

Scarborough News

Bridlington Free Press



Young people

Aims:

- ✓ Engage with young people across North Yorkshire
- ✓ Curb the rise of coronavirus cases amongst younger people
- ✓ Utilise the youth voice to create engaging communications that will resonate with the younger audience
- ✓ Two-step communications: Secondary school students & young people 18+
- ✓ 6 person law – aimed at younger people

Behavioural Insights:

- ✓ Young people are heavily influenced by who communicates the message – particular influencers are from the voices of peers and others of their age group including celebrities/influencers which could be harnessed.
- ✓ Highlighting losses/ gains which are important to them, how their behaviour is impacting e.g.:
 - Risking recovery/ avoid further lockdown
 - Hurting/harming important others (e.g. family, partner/friends' family, vulnerable YP)

Targeted messages

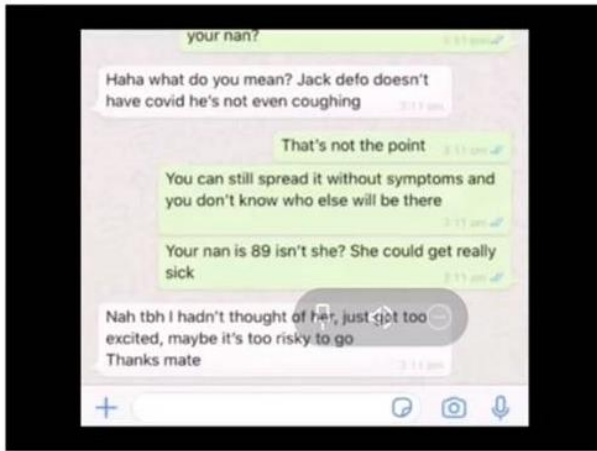
Young people

- ✓ Secondary school students – messaging aimed at students actions outside of school: 6 people maximum, social distancing, playing their part to reduce the risk and avoid local lockdown.
- ✓ Posters for schools/ community centres etc.
- ✓ Video footage – Whatsapp conversation with key messages.
- ✓ Video footage using students saying why things will be different this year and what they need to do to support the country and keep people safe.
- ✓ Influencer messaging using a celebrity name
- ✓ Working with youth council groups, schools and colleges directly and other LA's to support our messaging

Pubs

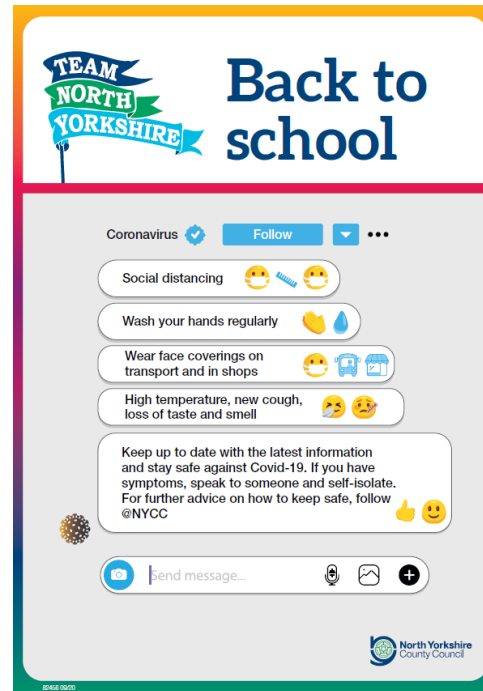
- ✓ Stickers for pub windows and mirrors across North Yorkshire with targeted messaging
- ✓ Environmental Health Officers will be required to support the dissemination of the stickers to each pub in their district

Resources



Bedford
and Mil
Clinical Com

Video created to mimic a real-life text conversation between two younger people about going out and the importance of looking after those more vulnerable to coronavirus.



Daisy from Young Healthwatch in a peer to peer video for social media – encouraging young people to take care during the pandemic.



She has also created a graphic to socialise



Alternative resources:

- ✓ Now available on the website is audio versions and translations in Polish, Romanian, Lithuanian, Arabic, Pashto and Urdu.

Working on:

- ✓ Case study for people with disabilities, an understanding piece on why some individuals may be exempt to face coverings / not understand social distancing
- ✓ Tourism case study – where it has worked well
- ✓ Face coverings – exemptions and reminder about use
- ✓ Care homes – targeting carers and their life outside of work

Questions?

