Health & Wellbeing Board

with Norfolk and Waveney Health and Care Partnership (NWHCP) Oversight Group Members

Date: **Wednesday 8 July 2020**
Time: **9.30am**
Venue: **Virtual Meeting**
Link for members of the public to view meeting.

Members and meeting attendees will be sent a separate link to join the meeting.

Representing	Membership	Substitute
Cabinet member for Adult Social Care, Public Health and Prevention, Norfolk County Council	Cllr Bill Borrett*	
Cabinet member for Childrens Services and Education, NCC	Cllr John Fisher*	
Leader of Norfolk County Council (nominee)	Cllr Stuart Dark*	
Adult Social Services, NCC	James Bullion	Debbie Bartlett
Borough Council of King's Lynn & West Norfolk	Cllr Elizabeth Nockolds	Cllr Sam Sandell
Breckland District Council	Cllr Alison Webb	Cllr Sam Chapman-Allen
Broadland District Council	Cllr Fran Whymark	Cllr Roger Foulger
Cambridgeshire Community Services NHS Trust	Matthew Winn	
Children's Services, Norfolk County Council	Sara Tough	Sarah Jones
Director of Public Health, NCC	Dr Louise Smith	
East Coast Community Healthcare CIC	Jonathan Williams	Tony Osmanski*
East Suffolk Council	Cllr Mary Rudd	Cllr Alison Cackett
Great Yarmouth Borough Council	Cllr Emma Flaxman-Taylor	Cllr Donna Hammond
Healthwatch Norfolk	David Edwards	Alex Stewart
James Paget University Hospital NHS Trust	Anna Hills	Anna Davidson*
NHS Norfolk & Waveney CCG	Tracy Williams	
NHS Norfolk & Waveney CCG	Dr Anoop Dhesi*	
Norfolk Community Health & Care NHS Trust	Josie Spencer	Geraldine Broderick*
Norfolk Independent Care	Dr Sanjay Kaushal	
Norfolk Constabulary	ACC Nick Davison	Supt Chris Balmer
Norfolk & Norwich University Hospital NHS Trust	Sam Higginson	David White*
Norfolk & Suffolk NHS Foundation Trust	Prof Jonathan Warren	Marie Gabriel*
North Norfolk District Council	Cllr Virginia Gay	Cllr Emma Spagnola
Norwich City Council	Cllr Beth Jones	Adam Clark
Police and Crime Commissioner	Lorne Green	Dr Gavin Thompson
Queen Elizabeth Hospital NHS Trust	Caroline Shaw	Prof Steve Barnett*
South Norfolk District Council	Cllr Yvonne Bendle	Cllr Florence Ellis
Norfolk and Waveney Health and Care Partnership (Chair)	Rt Hon Patricia Hewitt*	
Norfolk and Waveney Health and Care Partnership (Executive Lead) & NHS Norfolk & Waveney CCG	Melanie Craig*	
Voluntary Sector Representative	Jonathan Clemo	
Voluntary Sector Representative	Dan Mobbs	Laura Bloomfield
Voluntary Sector Representative	Alan Hopley	

Additional NWHCP Oversight Group members invited as guests:

East of England Ambulance Trust	Neville Hounsome
Suffolk Health and Wellbeing Board	Cllr Tony Goldson

**Joint members of the NWHCP Oversight Group and Health and Wellbeing Board*

For further details and general enquiries about this Agenda please contact the Committee Administrator:

Hollie Adams on 01603 223 029 or email: committees@norfolk.gov.uk

Health & Wellbeing Board

with Norfolk and Waveney Health and Care Partnership Oversight Group Members

Wednesday 8 July 2020
Agenda
Time: 9:30am

1.	Apologies	Clerk	
2.	Chairman's opening remarks	Chair	
3.	Minutes	Chair	(Page 3)
4.	Actions arising	Chair	
5.	Declarations of interests	Chair	
6.	Public Questions (How to submit a question) Deadline for questions: **9am, Monday 6 July 2020**	Chair	
7.	Outbreak Control Plan for Norfolk **(Presentation)**	Dr Louise Smith	(Page 12)
8.	Covid-19 Pandemic	James Bullion	(Page 59)
	8a. Public Experience	Alex Stewart	
	8b. Responding to the Pandemic **(Presentation)** • NHS • Adults and vulnerable people • Children and young people • Community resilience	Melanie Craig James Bullion Sara Tough Jamie Sutterby/ Ceri Sumner/ Alan Hopley	

Information updates

Further information about the Health and Wellbeing Board can be found on our website at: About the Health and Wellbeing Board

The **Norfolk Insight** website has a Covid 19 Resources Hub

A summary of **Healthwatch Norfolk's survey on public experience of accessing information, care and support during COVID-19** can be found here.

Norfolk County Council's COVID-19 update web pages can be found here.

Persons attending the meeting are requested to keep their microphones on mute when not speaking.

Health and Wellbeing Board
Minutes of the meeting held on 04 March 2020 at 09:30am
in the Edwards Room, County Hall.

Present:	**Representing:**
Cllr Yvonne Bendle	South Norfolk District Council
Jonathan Clemo	Voluntary Sector Representative
Melanie Craig	Sustainability & Transformation Partnership (Executive Lead) & NHS Norfolk & Waveney CCGs
David Edwards	Healthwatch Norfolk
Cllr John Fisher	Cabinet member for Childrens Services and Education, NCC
Cllr Emma Flaxman-Taylor	Great Yarmouth Borough Council
Alan Hopley	Voluntary Sector Representative
Cllr Beth Jones	Norwich City Council
Dan Mobbs	Voluntary Sector Representative
Cllr Elizabeth Nockolds	Borough Council of King's Lynn & West Norfolk
Cllr Mary Rudd	East Suffolk Council
Dr Louise Smith	Director of Public Health, NCC
Dr Liam Stevens	NHS Great Yarmouth & Waveney CCG
Cllr Alison Webb	Breckland District Council
Jonathan Williams	East Coast Community Healthcare CIC
Tracy Williams	NHS Norwich CCG
Cllr Fran Whymark	Broadland District Council
Julie Wvendth	Norfolk Constabulary

Officers Present:	
Hollie Adams	Committee Officer, Norfolk County Council
Chris Butwright	Head of Public Health Performance & Delivery, Norfolk County Council
Steve James	Breckland District Council
Jocelyn Pike	Director of Special Projects, Norfolk and Waveney Health and Care Partnership
Hannah Shah	Public Health Policy Manager (Health and Wellbeing Board), Norfolk County Council
Diane Steiner	Deputy Director of Public Health, Norfolk County Council
Angela Fletton	Public Health Commissioning Manager, Norfolk County Council

1. Apologies

1.1 Apologies were received from Cllr Bill Borrett, Dr Hilary Byrne, Patricia Hewitt, Sam Higginson, Caroline Shaw, Sara Tough, Dr Paul Williams and Matthew Winn.

1.2 Also absent were James Bullion, Cllr Stuart Dark, Dr Anoop Dhesi, Clr Virginia Gay, Lorne Green, Anna Hills, Alan Hopley, Dr Sanjay Kaushal, Josie Spencer, Sara Tough, Prof Jonathan Warren.

1.3 Vice-Chair Tracy Williams in the Chair

2. Chair's Opening Remarks

2.1 The Chair:

- Welcomed new members Cllr Beth Jones and Cllr Flaxman-Taylor to the Board
- Updated Members on the Health and Wellbeing Board conference due to take place on 25 March 2020, 9.30-14.00, at the Assembly House in Norwich on the theme of

'Prioritising Prevention'. The keynote address would be given by Richard Murray, Chief Executive of the King's Fund.

3. Minutes

3.1 The minutes of the meeting held on 30 October 2019 were agreed as an accurate record and signed by the Chair.

4. Actions arising from minutes of 30 October 2019

4.1 **Paragraph 10.3. Point c):** In order to support a model of shared learning between housing and health it had been agreed that an eLearning package would be developed aligned with another eLearning package at Norfolk County Council to reduce duplication and encourage uptake.

4.2.1 **Paragraph 10.3 Point d)** and **Para 11.3 Point b):** A single model had been achieved with common interventions across Norfolk. The combined District Direct schemes at Norfolk and Norwich University Hospital, James Paget Hospital and Queen Elizabeth Hospital had dealt with around a thousand referrals. District Direct had been expanded to community hospitals and work was underway to develop the model at Hellesdon Hospital.

4.2.2 Vice-Chair Cllr Bendle asked for assurance from the Clinical Commissioning Groups (CCGs) that funding would be secured for the District Direct project for a further year; The Executive Lead, Norfolk and Waveney Health and Care Partnership, confirmed that the CCGs had agreed to fund this for a further year.

4.3 **Paragraph 11.3 bullet point 1:** Details of the Mental Health Housing Summit had been sent to Board members which was due to take place on 1 April 2020 at the King's Centre, Norwich.

5. Declarations of Interests

5.1 No interests were declared.

6. Public Questions

6.1 One public question was received, and the answer circulated; see appendix A to these minutes.

7. Children & Young People's Mental Health Services

7.1 The Health and Wellbeing Board (HWB) received the report giving an update on progress made in the transformation of children and young people's mental health services in Norfolk and Waveney.

7.2 There was an Ofsted/CQC inspection of Norfolk County Council's Special Educational Needs and Disability provision taking place at the time of the meeting, therefore Officers from Children's Services had been unable to attend the meeting to present the paper.

7.3 The following points were discussed and noted:

- Cllr Beth Jones asked whether the 24-hour crisis provision would be specialist provision; a written answer would be provided to Cllr Jones.

- The Health and Wellbeing Board **invited** the Executive Director of Children's Services and Officers from Children's Services to attend a future meeting to discuss this issue, noting the importance of the subject.

7.4 The Health and Wellbeing Board **RESOLVED** to **ENDORSE** the direction of travel for the transformation of Children and Young People's Mental Health Services

8. Healthy Lifestyles & Behaviour Change –Transformation Programme

8.1.1 The Health and Wellbeing Board (HWB) received the report giving Board Members sight of the approach, recognising that all organisations had an interest in improving the health of the Norfolk population.

8.1.2 The Deputy Director of Public Health and the Public Health Commissioning Manager gave a presentation to the Board (please see presentation via this link):

- Different approaches would be considered to ensure a larger reach within targeted groups
- There were common factors across the population which could be targeted to improve health and reduce demand on services
- There was a proposal to work with community groups to support improving outcomes
- The Director of Public Health arrived at 9.49
- Officers were working with colleagues in primary care to target health inequalities
- There would be work on digital interventions and using the website to impact on behaviour change through resources and facilitating relationships with organisations
- Training would be developed for professionals on behaviour change including a toolkit on nudge theories to encourage healthy behaviours. A bespoke development session would be delivered for leaders on delivering behaviour change

8.2 The following points were discussed and noted:

- The Chair endorsed the approach and asked how hard to reach groups would be targeted; the Deputy Director of Public Health replied that work was being done with Primary Care to target work demographically, as well as geographically. Prioritising workforces who worked with particular communities would support with targeting work.
- There was a discussion about the approach to diabetes in the East of England. At that time, 85% of resources were dedicated to point of treatment, and only 2% dedicated to prevention and therefore queried whether enough was being invested in prevention.
- It was noted that charities working to target social isolation would benefit from taking part in this piece of work
- A discussion was held about evaluating success of the project; the Deputy Director of Public Health agreed that it would be a challenge to evaluate the success of this approach, but reassured Members that there was a workstream looking into how this would be done.
- The importance of District Councils in this work was pointed out and a discussion held about the role that leisure centres could play in the approach; Vice-Chair Cllr Bendle suggested that the District Councils Sub-Committee could look into the opportunities for leisure centres to be involved in the prevention and behaviour change approach.
- The role of poverty on population health was noted, and its impact on peoples' ability to access services such as leisure centres and healthy food. The Deputy Director of Public Health replied that people in poverty would be targeted directly and through work with community groups through a holistic approach, avoiding a "blame game".
- Liam Stevens discussed the term "hard to reach group"; he felt that the term placed the responsibility to be reached on the people, rather than on the professionals to reach them, and suggested that a more appropriate term was "those most in need".

- Cllr Rudd shared creative approaches to helping people stay active in East Suffolk.
- A suggestion was made that there needed to be a cultural shift in organisations dealing with the health of public to demonstrate behaviours beneficial to health.
- The Director of Public Health summed up the discussion:
    - This strategy was an individualistic behaviour-based set of strategies, focussing on individual lifestyle choices.
    - The council had not yet been notified of the Public Health grant for 2021 therefore the strategy was based on the budget announcements made in September 2019.
    - There was an ambition for a tiered approach of training; support to patients would be available digitally and via health coaching to recognise the different approaches needed for different people.

8.3 The Health and Wellbeing Board **RESOLVED** to:

a) **Endorse** the agreed approach.

b) **Endorse** the engagement of Health and Wellbeing Board members in a bespoke development session for senior leaders on incorporating behaviour change at a policy level to support population level health improvement.

c) **Embed** the approach within their own organisations by promoting behaviour change training for frontline workers.

d) **Utilise** opportunities to promote messages and activities that support the prevention agenda within the workforces of member organisations.

9. Joint Health & Wellbeing Strategy – One-Year On

9.1 The Health and Wellbeing Board (HWB) received the report providing an opportunity to review progress of the Joint Health and Wellbeing Strategy launched in late 2018 and agree future action to support its delivery.

9.2 The following points were discussed and noted:

- The inclusion of the district council sub-committee case study was noted as positive.
- Involving Local Delivery Groups in the planning moving forward was suggested.
- A discussion was held about measuring success of the strategy by looking at behaviour change, for example, whether organisations were working in partnership more. It was felt that the case studies included in the report demonstrated that they were. The Head of Public Health Performance & Delivery agreed that ongoing self-evaluation was important and felt that more challenging conversations were now being held.
- Vice-Chair Cllr Bendle noted the difficulty of evaluating prevention, however, believed that prevention work carried out so far had saved money and could be extended further.
- Jon Clemo left the meeting at 10:31
- Prevention work would continue with more discussion on roles for organisations in communities as anchor institutions and thinking about public sector spend, supply chains, being leaders in communities and how organisations contributed to and could increase health and wellbeing in public areas.
- The Director of Public Health discussed the reports on progress of the Better Care Fund (BCF) spend; the Executive Director of Adult Social Care was looking to receive more input on development of the BCF strategy from the Health and Wellbeing Board.

9.4 The Health and Wellbeing Board

a) **CONSIDERED** the progress made to achieving the ambitions of the Joint Health and Wellbeing Strategy and **COMMITTED** to taking further action to drive forward and embed the ambitions of the Joint Health and Wellbeing Board Strategy within partners own organisations and partnership activity.

b) **DISCUSSED** and **AGREED** the proposed areas of focus for the HWB in 2020/21

(outlined in section 3.4 of the report).

The Board held a break from 10:35 until 10.58

9b Coronavirus/Covid-19 verbal update

9b.1 The Director of Public Health gave an update to the Board on Coronavirus

- Coronavirus, or Covid-19, was a respiratory spread virus which started in China in early January 2020. An epidemiological peak had been seen in China and the numbers of reported cases there were now dropping. Outbreaks had been seen in other countries in recent weeks.
- Chief Medical Officers had put out briefings and the lead for response came from the Government. The Cabinet Office for Briefings (COBRA) had discussed the response and a joint action plan setting out the phases of response had been published by the Chief Officers of the UK.
- The Norfolk Resilience Forum would plan for risks to health and the Norfolk population.
- The national response at that time was containment. As such, information was being promoted on hand washing and "Catch it, Bin it, Kill it", and advice was available on the Department of Health website on what to do following travel to affected areas
- Public Health was working with organisations to get information and advice to the public on handwashing, what to do if concerned, exposed or testing was required. Community testing facilities had been set up.
- A communications approach was being developed in line with national guidance.

9b.2 The following points were discussed and noted

- Vice-Chair Cllr Bendle requested that district councils received the most up to date information to distribute to parish councils.
- Alan Hopley also requested that messages be circulated to voluntary organisations who wanted to give consistent and accurate messages to staff working with the public
- The Executive Lead, Norfolk and Waveney Health and Care Partnership encouraged Board members to use reliable sources of information such as the NHS and World Health Organisation websites; the NHS was actively planning for every eventuality.

10. CCG Annual Reports 2019/20 Sign-Off – Draft extracts relating to the Joint Health & Wellbeing Strategy

10.1 The Health and Wellbeing Board (HWB) received the report setting out the draft narrative from each Clinical Commissioning Group (CCG) in Norfolk and Waveney, prepared for their 2019/20 Annual Reports, about how they have supported and contributed to the delivery of HWB priorities (as set out in the Joint Health and Wellbeing Strategy).

10.2 The Executive Lead, Norfolk and Waveney Health and Care Partnership, confirmed that local level reporting (from the Local Delivery Groups) would be taken up as part of the 2020/21 report.

10.3 The Health and Wellbeing Board **AGREED** the narratives.

11a. Health & Care Partnership for Norfolk & Waveney: a) Health and Care System Plan 2019-2024 update

11a.1 The Director of Special Projects, Norfolk and Waveney Health and Care Partnership, gave a presentation to the Board (please see presentation via this link):

- The Plan was submitted in November 2019 and good local and regional feedback was received; Norfolk and Waveney's plan had been recognised nationally as having the best level of public engagement.
- Officers were now in the process of writing the 2020/21 operational plan, based on the 3 system goals in the Health and Care System Plan.
- There would be investment in out of hospital care, GPs in primary care and increase in GP appointments.
- It was necessary to meet the mental health investment standard, therefore investment in mental health would be increased.
- Of the 133 objectives, prevention was the main theme.

11a.2 The following points were discussed and noted:

- Alan Hopley updated the Board on the voluntary sector assembly which would be launched shortly; the assembly aimed to be fully engaged with local delivery groups and would involve key workstreams on topics, such as reducing hospital admissions. It would work with the Sustainability and Transformation Partnership (STP), Norfolk County Council and other key groups and organisations to develop its approach to community engagement.
- Dan Mobbs raised issues for poorly paid carers such as debt and right to reside; the Director of Special Projects, Norfolk and Waveney Health and Care Partnership, replied that officers wanted the wider workforce to feel empowered and encouraged Mr Mobbs to inform the chapter being written on this area.
- Engagement with frontline clinical staff about delivery was discussed; it would be required to demonstrate in each chapter how staff were engaged with and how each piece of work would be clinically led.
- The Director of Special Projects, Norfolk and Waveney Health and Care Partnership, confirmed that there had been discussions about extending the work of the Ageing Well project to work with district councils. She **agreed** to ask Josie Spencer to provide more information to the Board on this piece of work.

11a.3 The Health and Wellbeing Board **NOTED** the presentation.

11b Health & Care Partnership for Norfolk & Waveney: General Update

11b.1 The Health and Wellbeing Board (HWB) received the report providing an update on the progress of the Norfolk and Waveney Health and Care Partnership, including the financial position and performance of our system, how mental health and community teams were being aligned to our Primary Care Networks, support for people to age well and digital transformation. The Executive Lead, Norfolk and Waveney Health and Care Partnership, introduced the report:

- The three acute hospitals in Norfolk and Waveney had the poorest digital systems in the country and investment was being put into improving this.
- In primary and community care, including Norfolk and Suffolk Foundation Trust (NSFT) and general practice, there was good digital infrastructure and additional funding had been received to progress it further.
- There was a commitment for patients to access GP appointments digitally by 1 April 2020. In practices where internet appointment booking had been introduced, waiting lists for GP appointments had reduced from around 4 weeks to 72 hrs and it had helped GPs better manage demand.
- The status of "Digital Accelerator Site" for the East of England had been awarded to Norfolk. This came with £0.25m funding for the current financial year, 2019-20, and £0.5m for the next 4 years to implement changes. £1.1m had been allocated to change Lloyd George notes to digital records.

11b.2 The following points were discussed and noted

- The Executive Lead, Norfolk and Waveney Health and Care Partnership, confirmed there were plans to integrate across mental health and primary care by co-locating psychiatric nurses and therapists as part of GP teams who would remain part of the Mental Health Trust. Data would be connected across the two organisations either by the Mental Health Trust using SystmOne or by looking into different options.
- The Executive Lead, Norfolk and Waveney Health and Care Partnership, agreed to discuss with Cllr Alison Webb concerns raised at a surgery in her area over wait times on the digital system.

11b.3 The Health and Wellbeing Board:

a) **CONSIDERED** what additional actions partners could take, both collectively and individually, to support our health and care system to address the financial challenge we face.

b) **AGREED** to **SUPPORT** the continued development of our Primary Care Networks, including the planned integration of mental health and community teams.

c) **AGREED** to **SUPPORT** the continued development of our Network Escalation and Avoidance Teams so that we can deliver the two-hour urgent community response and two-day reablement commitments in the NHS Long Term Plan.

The Meeting Closed at 11.54

Chair
Health and Wellbeing Board

5. PUBLIC QUESTIONS TO HEALTH AND WELLBEING BOARD: WEDNESDAY 4 MARCH 2020

5.1 Question from Sue Vaughan

The Marmot Review, 10 Years On, describes disturbing trends in health inequalities nationally and lists actions needed to improve equity.

Using the Norfolk JSNA Database, can you detect any trends which cause concern in the areas highlighted by Professor Marmot and if so, please can these be made public along with a description of what you can add to the Joint Health and Wellbeing Strategy to further address the inequalities?

For those issues where it is only central government that can begin to reverse the damage caused by austerity, it would be good to let the public know what you will be saying to Mr Johnson and his team.

Response from Chairman of Health and Wellbeing Board

We publish a Joint Strategic Needs Assessment for Norfolk which is publicly available and has information about the health and wellbeing of Norfolk's population. Through the DPH Annual Report we have explored the trends in Norfolk; the 2018 report explored the health profile of people living in Norfolk, and the recently published 2019 report examines what it is like for children and young people growing up in the County. Both reports are publicly available on the Norfolk Insight website. Also within the public domain, Public Health England Health Inequalities Dashboard provides information on the areas highlighted by Professor Marmot, and the dashboard provides the function to drill down to county level data.

The Joint Health and Wellbeing Strategy already identifies 'tackling inequalities in communities' and 'prioritising prevention' as a two of the three strategic priorities for our system which we are seeking to address. The recent Sustainability and Transformation Partnership's draft five-year Health and Care System Plan 2019-24 has also been developed to reflect these priorities, and has identified as one of its three key goals "To make sure that people can live as healthy a life as possible" with approaches to address the wider determinants of health and to reach out to people who are at greater risk of becoming ill to address some of the health inequalities we have in Norfolk and Waveney.

Health and Wellbeing Board Attendance Record 2019/20

Member Organisation Represented	23 April 2019	10 July 2019	30 Oct 2019	3 March 2020
Cabinet member for Adult Social Care, Public Health and Prevention, Norfolk County Council	X	X	X	
Cabinet member for Childrens Services and Education, Norfolk County Council				X
Representative of the Leader of Norfolk County Council		X		
Adult Social Services, Norfolk County Council	X	X	X	
Borough Council of King's Lynn & West Norfolk	X	X	X	X
Breckland District Council	X	X		X
Broadland District Council	X	X	X	X
Cambridgeshire Community Services NHS Trust				
Children's Services, Norfolk County Council	X	X		
Director of Public Health, Norfolk County Council	X	X	X	X
East Coast Community Healthcare CIC	X		X	X
East Suffolk Council		X*	X	X
Great Yarmouth Borough Council	X		X	X
Healthwatch Norfolk			X	X
James Paget University Hospital NHS Trust				
Norfolk and Waveney Health and Care Partnership (Chair)	X	X	X	
NHS Norfolk and Waveney Clinical Commissioning Group and Norfolk and Waveney Health and Care Partnership (Executive Lead)	X*			X
NHS Great Yarmouth & Waveney Clinical Commissioning Group (Chair)	X		X	X
NHS Norwich Clinical Commissioning Group (Chair)	X	X	X	X
NHS North Norfolk Clinical Commissioning Group (Chair)	X		X	
NHS South Norfolk Clinical Commissioning Group (Chair)	X			
NHS West Norfolk Clinical Commissioning Group (Chair)	X		X	
Norfolk Community Health & Care NHS Trust		X		
Norfolk Independent Care				
Norfolk Constabulary	X*	X*	X	X*
Norfolk & Norwich University Hospital NHS Trust	X	X*	X	
Norfolk & Suffolk NHS Foundation Trust		X	X	
North Norfolk District Council		X		
Norwich City Council	X*	X	X	X
Police and Crime Commissioner				
Queen Elizabeth Hospital NHS Trust	X	X	X	
South Norfolk District Council	X	X		X
Voluntary Sector Representatives (3)	2	1	3	3

**Indicates substitute*

Health and Wellbeing Board

Item 7

Report title:	**Outbreak Control Plan for Norfolk**
Date of meeting:	**8 July 2020**
Sponsor (H&WB member):	**Dr Louise Smith, Director of Public Health**

Reason for the Report
To share the Outbreak Control Plan for Norfolk with Health and Wellbeing Board members.

Report summary
The Outbreak Control Plan for Norfolk sets out our how we are preparing for people, businesses and communities to go about their normal daily lives as safely as possible whilst the Covid-19 pandemic remains.

Recommendations
The HWB is asked to:
a) Receive a presentation on Norfolk's Local Outbreak Control Plan

1. Background

1.1 On 22nd May 2020 the UK Government announced that as part of its national strategy to reduce infection from Covid-19 it required every upper tier local authority area in England to create a Local Outbreak Control Plan (LOCP). The LOCP is both a strategy to deliver long-standing, evidence-based health protection activities and the development of capabilities to allow Norfolk to do this at scale in the face of the unprecedented challenge posed by Covid-19.

1.2 Norfolk County Council has been one of 11 authorities across the country working as a pilot group to develop good practice. Norfolk County Council's Director of Public Health is leading on the development of the plan, working closely with member leads, district councils, NHS Chief Executives and bringing in, where appropriate, the Norfolk Resilience Forum.

2. Proposals

2.1 The Outbreak Control Plan for Norfolk is included as **Appendix A** and was submitted to the Department of Health and Social Care via the regional LOCP team for the 30 June submission deadline. The Plan proposes to:

i. Support people in Norfolk to protect themselves by:
- Prioritising preventative measures such as hand washing
- Supporting social distancing in public places
- Encouraging people to access testing immediately if they are unwell.

ii. Take actions to protect others through:
- Early identification of outbreaks

- Containing and supressing the spread of outbreaks by proactive management
- Allowing economic recovery by having an effective infection control

iii. Assure the public that Norfolk is protected effectively through:
- Publication of a Local Plan
- Coordination of capabilities across agencies and stakeholders
- Establishment of Member Governance Arrangements
- A comprehensive communication and engagement programme

2.2 The plan incorporates the seven themes set out in the initial request to local authorities:

i. Preventing and managing outbreaks in care homes and schools
ii. Preventing and managing outbreaks in high risk locations, workplaces and communities
iii. Deploying local testing capacity optimally
iv. Delivering contact tracing for complex settings and cohorts
v. National and local data integration to enable other themes and prevent outbreaks
vi. Supporting vulnerable people to self-isolate
vii. Establishing local governance structures to take local actions to contain outbreaks and communicate with the general public

2.3 To support the delivery of the Outbreak Control Plan for Norfolk, four new groups are being formed with distinct roles and responsibilities:

i. Norfolk Covid-19 Engagement Board will provide political ownership and public-facing engagement and communication
ii. Norfolk Covid-19 Health Protection Board will have responsibility for local outbreak control and protecting the population of Norfolk with oversight of programme delivery
iii. Norfolk Covid-19 Specialist Advisory Group will be responsible for data, intelligence and evidence advising the Health Protection Board
iv. Norfolk Outbreak Control Plan Delivery Group will be responsible for programme operational delivery

Officer Contact

If you have any questions about matters contained in this paper please get in touch with:

Name	Tel	Email
Chris Butwright	01603 973752	Chris.butwright@norfolk.gov.uk

IN TRAN communication for all

If you need this Report in large print, audio, Braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

Norfolk's Local Outbreak Control Plan

PROTECT OURSELVES • PROTECT OTHERS • PROTECT NORFOLK

Contents

Foreword

The Outbreak Control Plan for Norfolk sets out our how we are preparing for people, businesses and communities to go about their normal daily lives as safely as possible whilst the COVID-19 pandemic remains.

It's essential that the health of Norfolk residents is protected as much as possible and our plan describes the actions everyone can take to stay safe. It also sets out how we will support them in the event of people testing positive. Being well informed about the number and location of COVID-19 positive cases will enable us to take actions to reduce the spread of infection in the places where we live, learn, work and enjoy ourselves.

The plan brings together Norfolk County Council, all the seven district Councils, the NHS Clinical Commissioning Group and emergency services to promote preventative measures such as handwashing, social distancing and self-isolating if tested positive. It also sets out how we will monitor the number of positive cases in Norfolk to know where they are and when they happened so that we can take action to prevent their spread – particularly through test and trace. When there is more than one linked case in the same place such as a care home, school or workplace our local teams including public health, environmental health, Council services and NHS teams will work with Public Health England to manage the situation with those involved.

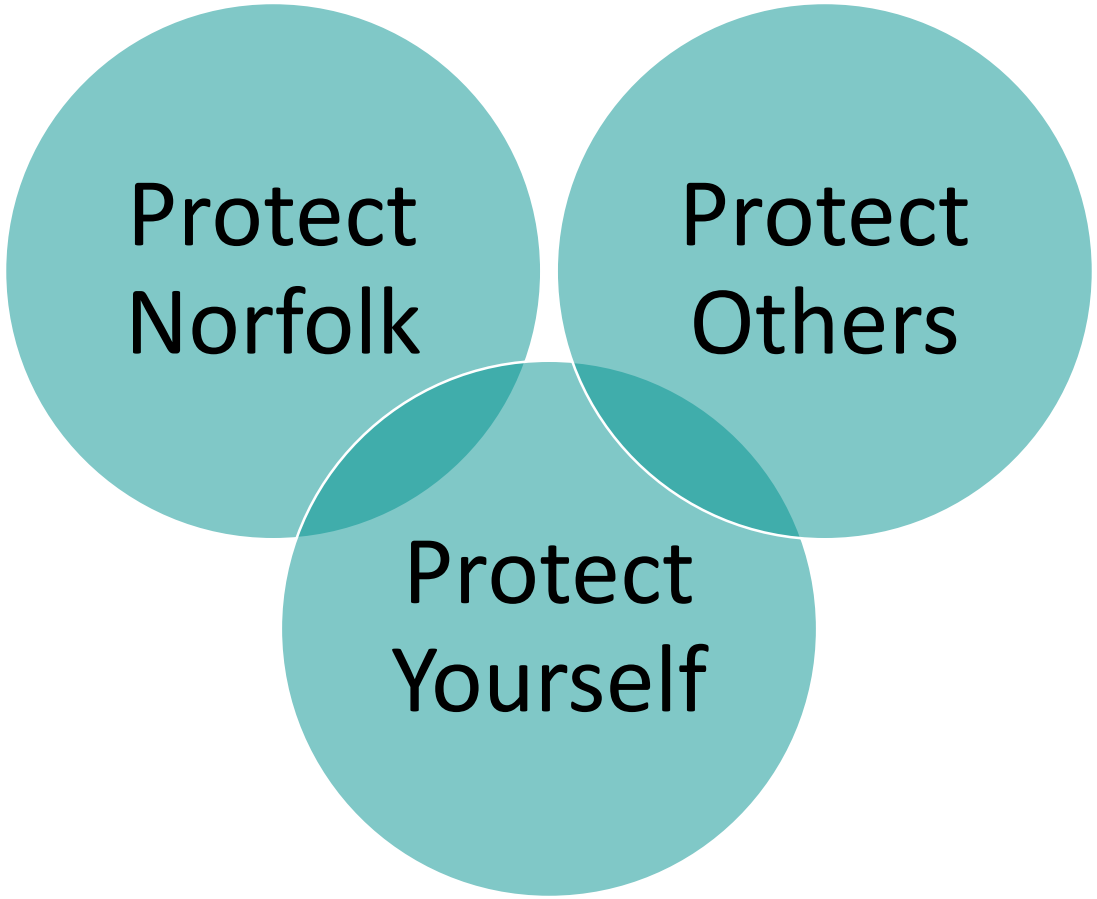
Our strong partnerships in Norfolk will be vital to the plan's success as we act together to tackle the ongoing harm caused by COVID-19 both now and in the future and by doing so we can ***Protect Ourselves. Protect Others. Protect Norfolk.***

Andrew Proctor

Leader of Norfolk County Council

Chair Covid-19 Engagement Board

Introduction



- This document is the Norfolk Local Outbreak Control Plan

A strategy to

1. deliver health protection against COVID-19 *and to*
2. do this at scale in the face of the challenge posed by COVID-19

Aims

Support people in Norfolk to protect themselves by:	• Prioritising prevention such as hand washing • Support social distancing in public places • Encourage people to access testing if they are unwell.
Take actions to protect others through:	• Early identification of outbreaks and epidemiological surveillance • Containing and supressing the spread of outbreaks by proactive management • Allowing economic recovery by having effective infection control
Assure the Public that Norfolk is protected effectively through:	• Publication of a Local Plan • Coordination of capabilities across agencies & stakeholders • Establishment of Member Governance Arrangements • A comprehensive communication and engagement programme

To deliver this we will:

Surveillance	• Seek to obtain the right information at the right time to inform Public Health actions & decisions • Act on available intelligence to ensure we respond quickly & effectively to prevent further spread of COVID-19
Prevention	• Undertake risk assessments both locally, and with Public Health England to prioritise the settings, people and places that are most in need of targeted support • Provide single, specific contact points for professionals and the public seeking advice, guidance and support on COVID-19 • Signpost individuals to appropriate and timely information, including accessing testing and providing support for those isolating
Local outbreak response	• Work with Public Health England and NHS Test & Trace, to agree ways of working to provide a local response to support settings experiencing a COVID 19 outbreak • Seek to contain, supress and delay the spread of cases by proactive management of local outbreaks
Complex contact tracing	• Integrate with and support the national NHS Test and Trace programme by following up locally on cases and individuals who are not able to participate in the digital service
Assurance and engagement	• Establish Member Governance Arrangements • Undertake a comprehensive communication and engagement programme

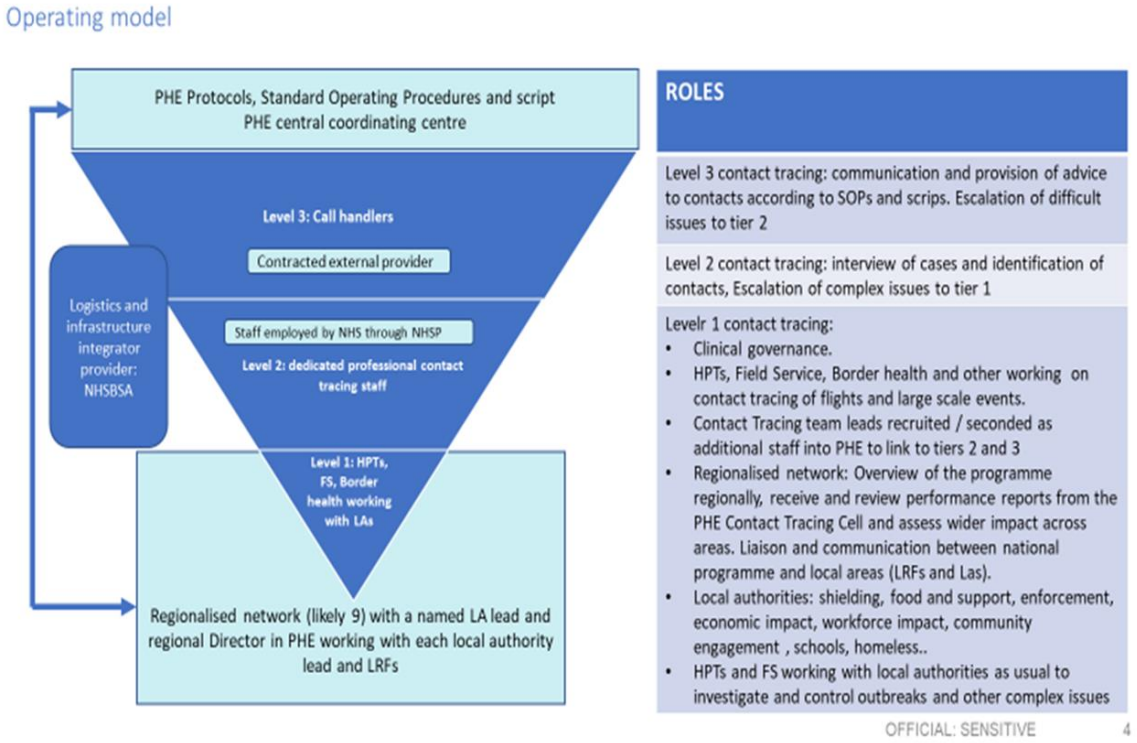
Rationale - A local Outbreak Control plan

- Putting local Government at the centre of local planning
- Co-ordination alongside partner agencies and organisations within local Health Protection Partnerships
- Led by the Director of Public Health
- Drawing on expertise from across local Government and partners
- Builds on local knowledge and ensures all relevant factors are considered in public health risk assessment and action
- Co-ordination between local and national Government will be via the newly formed Joint Biosecurity Centre (JBC)
- Providing health protection functions and implementing at scale
- Building on existing roles and responsibilities

This plan incorporates the seven themes set out in the initial request to Local Authorities:

- Preventing and managing outbreaks in care homes and schools
- Preventing and managing outbreaks in high risk locations, workplaces and communities
- Deploying local testing capacity optimally
- Delivering contact tracing for complex settings and cohorts
- National and local data integration to enable to other themes and prevent outbreaks
- Supporting vulnerable people to self-isolate
- Establishing local governance structures to take local actions to contain outbreaks and communicate with the general public

Working with NHS Test & Trace



NHS Test & Trace

- It is a dedicated contact tracing service comprising a web-based tool Contact Tracing and Advisory System (CTAS)
- And a Phone Based Contact Tracing (PBCT) Teams with a dedicated contact tracing service comprising professional staff employed through NHSP (level 2) and a call handler force supplied through a commercial provider (level 3).
- PHE Local health protection teams (HPTs) and the field service (FS) teams delivering their usual responsibilities of investigation and control of complex outbreaks and situations working with local authorities (level 1)

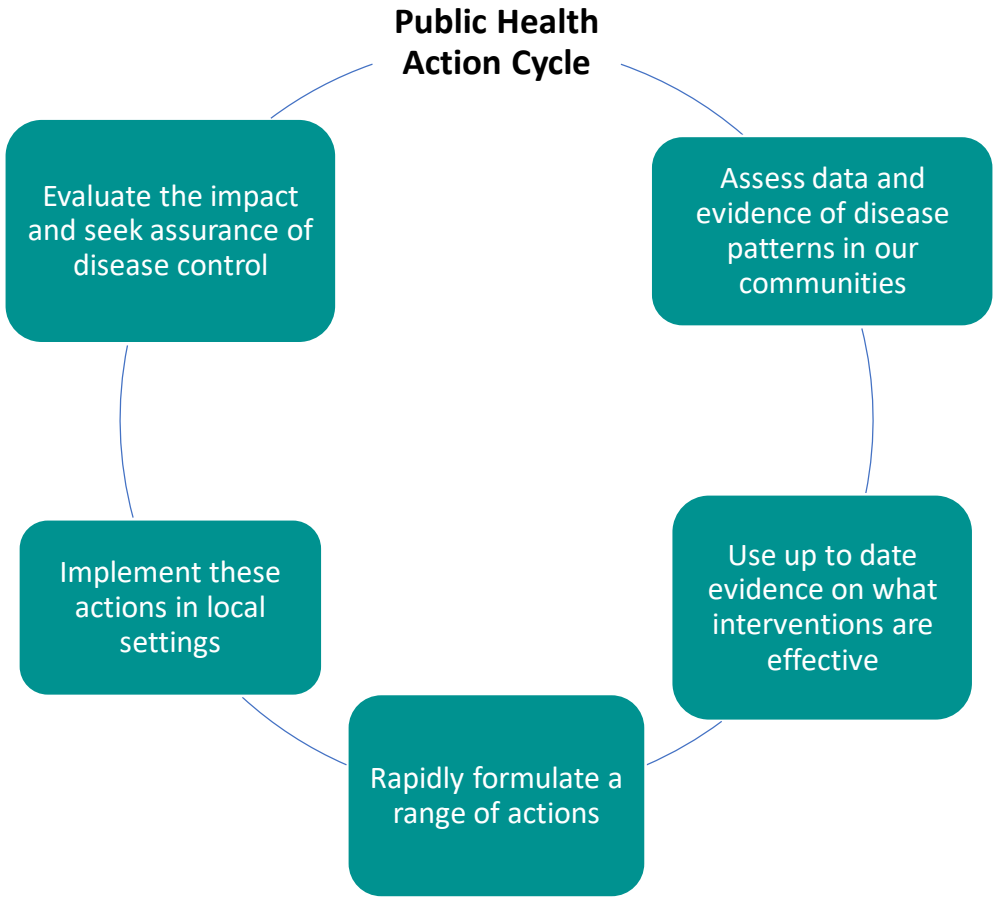
The **local outbreak control plan** is the local delivery of the outputs from NHS Test & Trace

- Supporting vulnerable people to isolate.
- Outbreaks that need on the ground local responses
- Addressing complex issues that cannot be resolved remotely
- Provision of local intelligence on the impact of infection in local communities

Guiding Principles: A Whole System Approach

Where existing roles and responsibilities are working well the plan seeks to build on those, these include:

- The expert scientific and leadership capabilities of the local Public Health team
- The delivery of specialist health protection functions by Public Health England
- The Local Environmental Health function in District Councils across Norfolk
- NHS infection control capabilities across NHS and Care settings
- National and local testing capabilities
- Local and Public Health England data collection processing and analysis
- Services that support and care for vulnerable individual in the community



Guiding Principles: Prioritising Prevention

Reducing the risk in public places

- Continued Infection Prevention and Control (IPC)
- Use of appropriate Personal Protective Equipment (PPE)
- Maintaining social distancing
- Washing hands

Each Individual playing their part

- Isolate if unwell
- Order a test on line or by phone
- Give NHS Test & Trace the information they need
- Isolate if you are a contact
- Follow travel regulations

Guiding Principle: What is an outbreak?

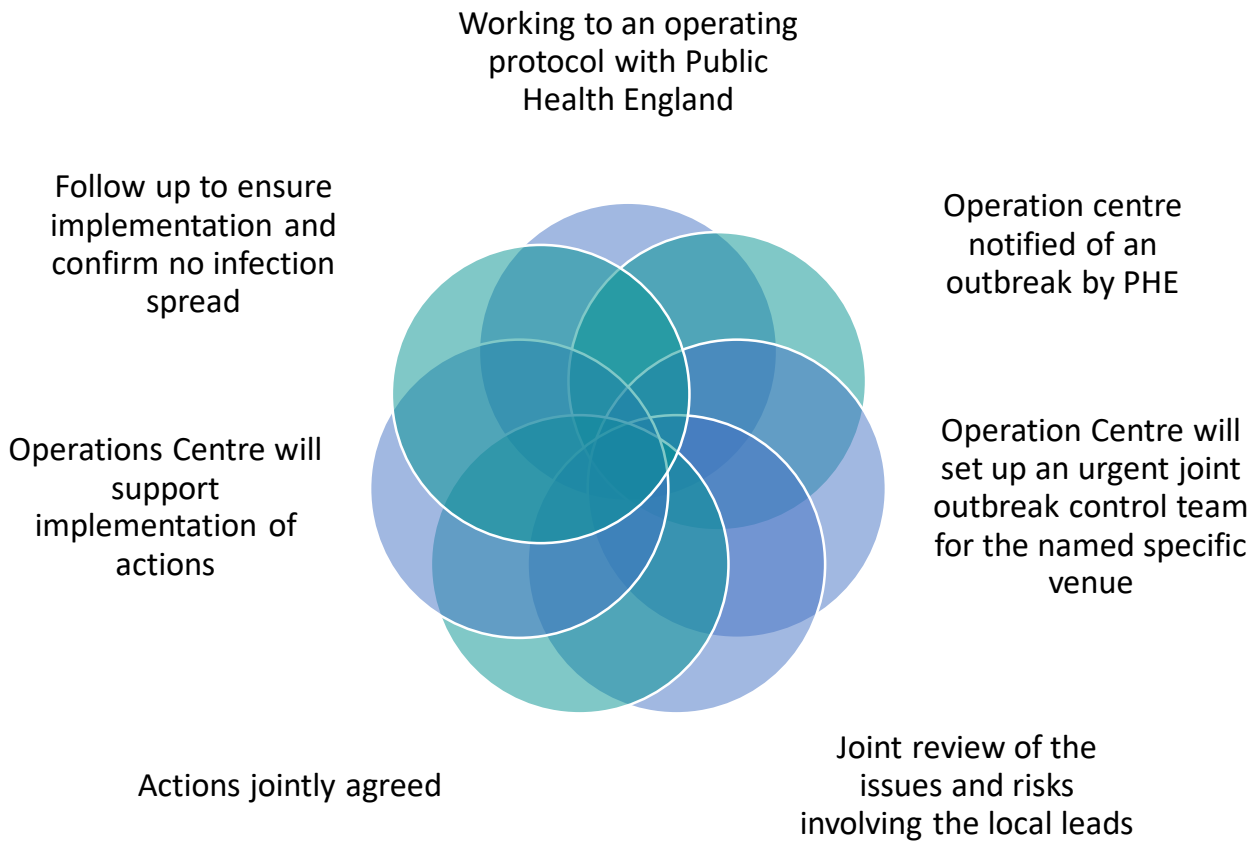
Local Outbreaks

- 2 or more cases
- High risk setting such as school, key workplace, care home, health clinic
- Managing the outbreak is localised with the setting 'owner' e.g. head teacher
- Outbreaks will be identified by Public Health England Actions will be local, delivered by the outbreak team and based on existing local powers
- Actions will be local, delivered by the outbreak team and based on existing local powers
- Based on existing local powers in Public Health Acts

COVID-19 across the Norfolk population

- Numbers of cases in the general population are rising
- Infection levels are higher than expected
- There may be a need for a geographical intervention such as a local lockdown
- Actions will be with the Norfolk Resilience Forum and the national Joint Biosecurity Centre
- Based on Coronavirus 2020 Act

Guiding Principle: Joint management local outbreaks



Outbreak Management Joint Response

In response to significant increase in positive COVID 19 cases in the local population and considered a major outbreak by PHE, government Minister of state and the local team the following actions will be recommended:

- *Closure of non-essential shops*
- *Closure hairdressers/barbers*
- *School closures*
- *Travel restrictions*
- Closure public venues
- *Public space gathering restrictions*
- *Advice to 'shielded' population*
- *Access to testing will be increased with clear communications about self-isolating and the preventative measures of handwashing, social distancing and minimising time out of the home.*

Guiding Principle: Keeping Everyone Informed

A comprehensive communications programme	• Communicate with the general public • Work with and support key professionals • Provide reactive and emergency communications
Communications plan will	• Speak to individuals with behavioural nudges, social media, and tailored local marketing • Start with a strong message about the importance of prevention • Offer products to support leaders responsible for public venues keeping our environment as low risk as possible.
Respond to emergencies & outbreak	• Reactive communications will be necessary when localised outbreaks occur • These will be bespoke and specific for the location in which an outbreak occurs • Keeping local media informed on the situation

Communications: Objectives

	1. Prevent	2. Engage	3. Contain
Tier 1: Norfolk residents & workers	• Everyone adheres to good hygiene practices • Everyone adheres to social distancing in line with latest guidance • Everyone understands that this is an effective way to keep one another safe	• Everyone who is symptomatic self isolates immediately and is tested • Everyone who tests positive self-isolates for 7 days. Everyone contacted by tracers isolate for 14 days • Everyone who tests positive provides honest information to tracers	• Aware of the Norfolk Outbreak Control Plan and that intervention from Public Health might be needed within their workplace / community to help control the outbreak • Everyone is a reassured and has confidence in the system
Tier 2: Key Stakeholders	• Reduced risk of COVI19 infection within setting for staff and customers (service-users)	• Create an environment where staff/customers feel safe to declare they have symptoms / are isolating • Ensure staff / customers (service users) isolate if they are symptomatic • Support staff / customers if they need to isolate	• Deep understanding of the Norfolk Outbreak Control Plan cascaded to staff / customers • Accepting of help & intervention measures • Business Continuity Plans in place to support intervention & measures

Communications: Target audience

Tier 1: Norfolk residents & workers PLUS

Vulnerable people

- Local Communities & local authorities
- Voluntary Norfolk
- Norfolk Community Foundation
- CAN
- NHS
- CCG

High risk communities

- Homeless charities
- District councils
- Norfolk County Council – adults, children's (LAC), gypsy, roma and traveller, public health, people from abroad team
- Prisons
- Probation, Community Rehabilitation Company's, police
- Drug and alcohol
- VSCE
- Housing organisations- registered providers/landlords
- Mental health
- Health – primary care

Tier 2: Key Stakeholders

Care Providers

CCG
- Chief nurse and commissioners
- IPAC Nursing

NCC
- ASSD
- QA Service
- Public Health

Norfolk and Suffolk Care Support
Testing teams
- ECCH
- NCHC
- NN Primary care network

Care providers
GP practices / Clinical leads
PHE

Education settings

- T&T Partners (PHE, NHS CCG, and HCP)
- Education and setting staff
- Children and Students
- Parent/carers
- Governors
- School transport providers
- Unions,
- Academy Trusts, Independent schools, special schools
- FE colleges, UEA,
- Early years settings

Businesses & public venues

- *Food manufacturers*

High risk public sector

Health settings & emergency services

Legislation & Statutory Role of DPH

- The Health Protection Duties

1984	• Public Health Act & 2010 Regulations • Environmental Health Officers
2012	• Health & Social Care Act • Directors Public Health • Public Health England
2020	• Coronavirus Act & regulations

Local Authorities and Public Health England have primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks of communicable disease through the local Health Protection Partnerships. This is both and executive and a scientific function.

The Director of Public Health has and retains primary responsibility for the co-ordination of the Health Protection system at a local level in England.

These arrangements are detailed in the 2014 guidance Health Protection in Local Government.

Legislative powers

Summary of legislative powers which can be exercised on a local basis.
Far wider powers are available to SoS for Health and Social Care.

LA request for co-operation for Health Protection purposes

- This simply gives the local authority the power to *ask* for co-operation, for example in closing premises or asking people to stay away from an area. There are no enforcement powers.
- Before making the request, the LA must decide whether or not to offer compensation.

The Health Protection (Local Authority Powers) Regulations 2010

Closing premises

- If a request to close is not complied with, it **may** be possible to apply to a JP for a Part 2A Order.
- Re-interpretation of this law may be needed, as focus is on infection present on the premises.
- To apply, a report is submitted to the court. Notice would need to be given to owner.

Public Health (Control of Disease) Act 1984

Powers relating to individuals

- The new act gives powers to designated Public Health Officers (PHO). There are 2 in EoE.
- Before these powers are used all reasonable measures should be taken for voluntary cooperation. These are therefore for use in exceptional circumstances.
- These powers involve imposing requirements on people for the purposes of screening, assessment, and possible restrictions thereafter.
- Their use must be necessary and proportionate in the interests of individual and public health.
- Part 2A Orders can also be applied requiring examination, isolation or quarantine.

The Coronavirus Act 2020

Public Health (Control of Disease) Act 1984

Local Outbreak Boards

Norfolk COVID-19 Engagement Board with political ownership, public-facing engagement and communication

Norfolk COVID-19 Health Protection Board

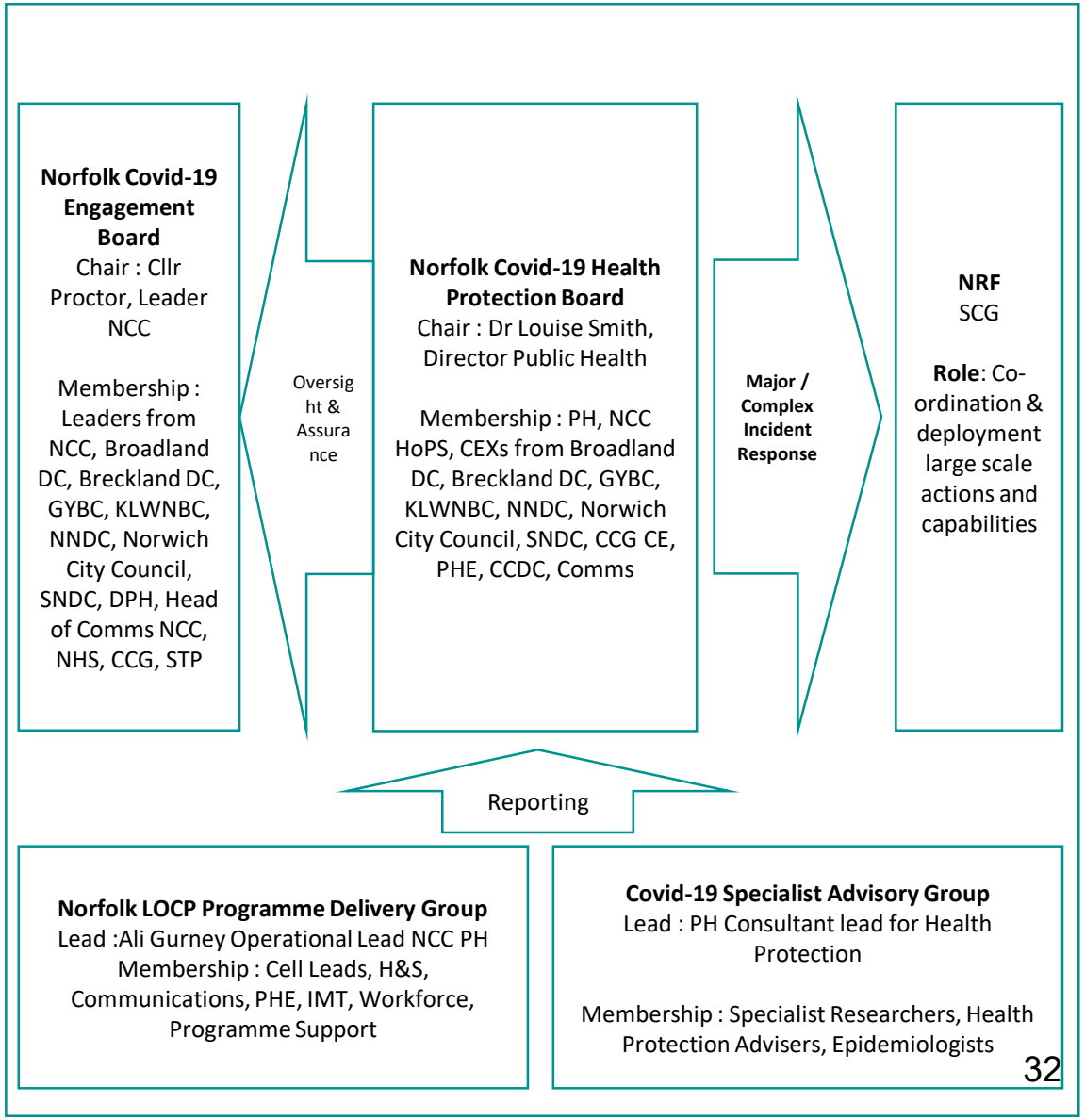
Strategic oversight of COVID-19 infection & plan implementation

A new governance structure with new groups with distinct roles and responsibilities:

Norfolk COVID-19 Specialist Advisory Group advising on data, intelligence and evidence

Norfolk Outbreak Control Plan Delivery Group

Responsible for programme operational delivery



Terms of Reference

Norfolk Covid-19 Engagement Board		
Purpose	Hold oversight of and assurance from the Norfolk Local Outbreak Control Plan and its implementation. To secure a shared view across Norfolk of the current Covid-19 epidemic level and in particular to lead on communications with the public, in relation to the local outbreak engagement plan and outbreak response actions with Norfolk Residents.	
Chair	Cllr Andrew Proctor, The Leader, NCC	
Membership	The COVID-19 Engagement Board is a member led Board, and shall comprise of Leaders from: • Broadland District Council • Breckland District Council • Great Yarmouth Borough Council (Vice Chair) • Borough Council of Kings Lynn and West Norfolk • North Norfolk District Council • Norfolk County Council (Chair) • Norwich City Council • South Norfolk District Council The following officers will also be invited members of the Board • Director of Public Health • Chair of Norfolk and Waveney Clinical Commission Group • Chief Constable Norfolk Constabulary • Assistant Director Communications NCC	If unable to attend representation will be accepted on a nominated level determined by the individual council or officer. The meeting may also be attended by the Chief Executive/Managing Director / Head of Paid Service of the member councils, Norfolk and Waveney CEX CCG and by the Director of Governance NCC. As the response to local engagement develops, the Board shall consider inviting other public sector representatives to join the Board, accepting that it shall always remain a member-led Board.
Meeting Management Frequency, Duration	Quarterly, to commence 26th June 2020. The Board will meet quarterly, but will have the ability to increase or decrease the frequency of meetings to respond quickly to emerging circumstances. The dates of the meetings will be published in advance. It will normally meet on the same date as the Norfolk Leaders Group (NLG) but will be a separate meeting from the meeting of the NLG, held either immediately before or after it.	

Terms of Reference

Norfolk Covid-19 Health Protection Board		
Purpose	Ownership and accountability for the local outbreak control plan for Norfolk. Provide strategic direction, oversight and assurance of health protection measures in response to Covid-19 epidemic locally both preventative and outbreak control management. The HPB receiving and reviewing available and reported data from the local and national Test and Trace Service as it applies to the local and regional area. Liaising with regional Public Health England, the Joint Biosecurity Centre and Central Government about local outbreaks. The HPB leadership will provide assurance to and advise the Norfolk Covid-19 Engagement Board (Leaders Outbreak Engagement Board) on outbreak response actions and communication with Norfolk residents. The HPB will recommend when disease prevalence raises alert levels or significant local outbreaks are identified requiring the Norfolk Resilience Forum Structures to be activated to deliver major incident response and link into national emergency planning responses.	
Chair	Dr Louise Smith. Director of Public Health	
Membership	NCC Head of Paid Service MD Broadland and South Norfolk DC CE Breckland DC CE GYBC CE KLWNBC CE NNDC CE Norwich City Council CE Norfolk and Waveney CCG Norfolk Resilience Forum Chair Consultant in Communicable Disease Control, PHE East of England Flu Lead Health Protection East of England Deputy Director Specialist Advisory Group Independent Chair NCC PH Health Protection Lead NCC A/D S&G (Communications) NCC PH LOCP Delivery Group Lead Norfolk and Suffolk Constabulary Care Providers Lead	Education Setting Lead High Risk Public Sector Lead Business and Public Venues Lead Health Settings and Emergency Services Lead Vulnerable People Isolating Lead Testing Lead Contact Tracing Lead Data and Intelligence Lead NCC S&G / PH Officer Support The Board will invite other relevant representatives from agencies or organisations to attend subject to specific agenda items: • LOCP Delivery Group members • Executive Directors and Directors of Services • Chair and specialist advisers from Covid-19 Specialist Advisory Group • Norfolk Constabulary
Meeting Management Frequency, Duration	Meetings may be held with such frequency as are required, initially fortnightly.	

Terms of Reference

Norfolk Covid-19 Specialist Advisory Group		
Purpose	The role of the Specialist Advisory Group (SAG) is to provide specialist knowledge and expert insight into the spread and impact of Covid-19 in Norfolk. The members of the group providing and sharing analysis, research, best practise knowledge and lived experience to ensure the Local Outbreak Control Plan response is informed by a range of evidence. The SAG will consider further investigation and hold workshops of interest to understand the impact of Covid-19 in relation to diversity, inclusion and inequalities with a range of representatives from community groups addressing diversity and inclusion and academic fields.	
Chair	PH Consultant lead for Health Protection	
Membership	Independently Chaired group of: • Specialist Researchers • Health Protection Advisers • Epidemiologists • Representatives from groups addressing diversity, inclusion and inequalities (Covid-19 related) • Population health advisers e.g. wellbeing and mental health • Others as required	
Meeting Management Frequency, Duration	Meetings will be held quarterly	

Terms of Reference

Norfolk COVID-19 Programme Delivery Group		
Purpose	The Programme Delivery Group is responsible for the development and implementation of the Local Outbreak Control Plan. The multiagency members of the group informing and establishing the operational delivery of agreed actions to ensure a coherent response to Covid-19 in Norfolk. Providing data reports, reviewing delivery actions, outbreak meetings, resolving issues, evaluating outcomes and escalating risks. The Programme Delivery Group reporting to the Health Protection Board on progress and risks of the LOCP.	
Chair	Jason Knibbs Programme Delivery Lead, NCC	
Membership	Care Providers Cell Lead and PH Lead Education Settings Cell Lead and PH Lead High Risk Public Sector Cell Lead and PH Lead Business and Public Venues Cell Lead and PH Lead Health Settings and Emergency Services Cell Lead and PH Lead Vulnerable People Isolation Cell Lead and PH Lead	Testing Cell Lead and PH Lead Contact Tracing Cell Lead and PH Lead Data and Intelligence Cell Lead and PH Lead NCC Health and Safety Communications Cell Lead PHE IMT Lead Workforce Lead PH Consultancy Support Programme Support
Meeting Management Frequency, Duration	Weekly, Tuesdays, 12:30 – 13:30, during the implementation phase	

Outbreak Centre

A single Outbreak Centre will be set up

- With a dedicated team for 12 months
- To provide a single point of access
- Co-ordinate activities between the specialist groups
- Directly respond to issues and incidents

The aims of the Outbreak Centre will be to:

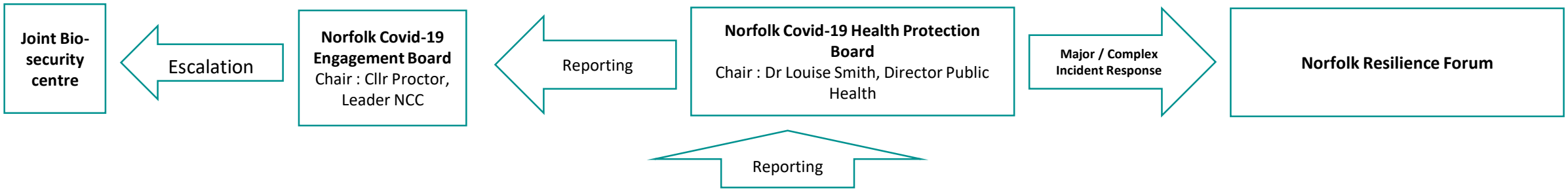
1. Reduce outbreaks in key community settings
2. Support vulnerable individuals to isolate
3. Co-ordinate access to testing for those that need it
4. Undertake local contact tracing if asked by NHS Test and Trace
5. Monitor the data on the disease distribution
6. Inform local communications activities through information advice and guidance

Outbreak Centre Functions

A single Outbreak Centre, a dedicated team for 12 months, a single point of access:

Reduce outbreaks in key community settings	• Joint outbreak control team for a place to assess risks and agree actions • Signpost to specific infection control support e.g. H&S/PPE provision • Assist with written communications – letter templates
Support vulnerable individuals to isolate	• Practical & psychological support for individuals • Ensure people isolate
Co-ordinate access to testing	• Ensure anyone with symptoms of COVID-19 can be quickly tested • Organise rapid testing to support the investigation of local outbreaks
Undertake local contact tracing if asked by NHS Test and Trace	• Follow up individuals who do not engage • Assertive outreach
Disease Monitoring	• Monitor data daily to have an overview of disease levels across the county • Identify and respond to outbreaks

Outbreak Centre Structure



Delivery Group : Alison Gurney/Jason Knibbs

Settings, People and Places	Care Providers Gary Heathcote Lead (NCC ASC) Martin Seymour (PH)	Education Settings Chris Snudden Lead (NCC CS Ed) Sarah Barnes (PH)	High Risk Public Sector Tracy Williams Lead (CCG) Sally Hughes (PH)	Business and Public Venues Tracy Howard Lead (NNDC EHO) Diane Steiner (PH)	Health Settings and Emergency Services Jossy Pike (CCG) Ali Gurney (PH)	Vulnerable People Isolating Ceri Sumner Lead (NCC CIL) Sally Hughes (PH)
	Information advice & guidance in infection control, hygiene and social distancing to prevent infection Identification of cases and outbreak management response to prevent spread Identifying high risk places: food processing/manufacturing/seasonal casual work, could include settings that are strategically or economically important; or settings where infection could have high consequence for individuals or infrastructure					Vulnerable People: supporting those self-isolating because Covid-19 positive
Capabilities	Testing Cell Suzanne Meredith (PH)		Contact Tracing Cell Ian Shuttleworth Lead (UEA) Sarah Weir (PH)		Data & Intelligence Cell Andrew Stewart Lead (NCCNODA) Suzanne Meredith (PH)	
	Local Testing capacity: deploy mobile testing smartly, targeted testing		Contact Tracing: managing spikes/assess capacity/mutual aid/flexing local structures		Data integration: National Biosecurity Centre - data flow national to local 'real-time'	
Ops	Local Outbreak Control Operations Centre					

Delivery Support

- Workforce : Sarah Shirtcliff Lead : Debbie Beck Operational Lead
- IT and Data : Geoff Connell Lead : Pete Henley Operational Lead
- Communications and Media : James Dunne Lead : Michael Travers Operational Lead
- Programme Management : Jason Knibbs, Ali Gurney, Katherine Attwell
- Finance : Harvey Bullen Lead : Titus Adam Operational Lead
- Governance and Secretariat : Helen Edwards Lead: Linda Bainton Operational Lead

Outbreak Centre Operating Model

Inform & Support
(providing information & guidance, signposting & support)

- Provide public information and guidance including up to date health protection advice
- We will signpost to useful resources to support your query
- We will provide reassurance and help you to successfully implement national guidance.
- We will share top tips for keeping yourself and others safe
- We will help individuals to get tested and self-isolate if they need to.

Surveillance
(gather data, intelligence & surveillance)

- Link with National Joint Bio security Centre
- Analyse all available data on a daily basis to get early intelligence and spot local outbreaks
- Work closely & provide direct link with all local agencies, regional PHE

Control the spread
(managing local outbreaks)

- We will respond to the information you provide on confirmed cases in your setting
- With PHE will set up local outbreak control team reviews for named locations with outbreaks
- Outbreak Control teams will work with employers and organisations who have positive cases in their settings.
- We will assess the risk, and together, implement an outbreak control plan and continue to monitor the situation to inform our actions.

Proactive complex contact tracing

- We will support the national NHS test and trace programme by following up with confirmed cases locally and completing complex contact tracing.
- We will assertively reach out to contact and assess the cases provided to us, and where appropriate, assign a lead specialist adviser to contact the individual

Outbreak Control Centre team

- A new team for 12 months
  - Specialist skills
  - Links to local areas
  - Community knowledge
- Implemented in 2 phases
  - To September existing resources & interim arrangements
  - Recruitment for second phase

- Operations Lead
- Call handlers
- Business Support
- Contact Tracing Officers
- Public Health Consultants
- Specialist advisors
- Epidemiologists
- Data analysts
- Communications

Outbreak Centre Model

one dedicated number & email address, 9am – 6pm 7 days a week
For public, community place owners, professionals, PHE

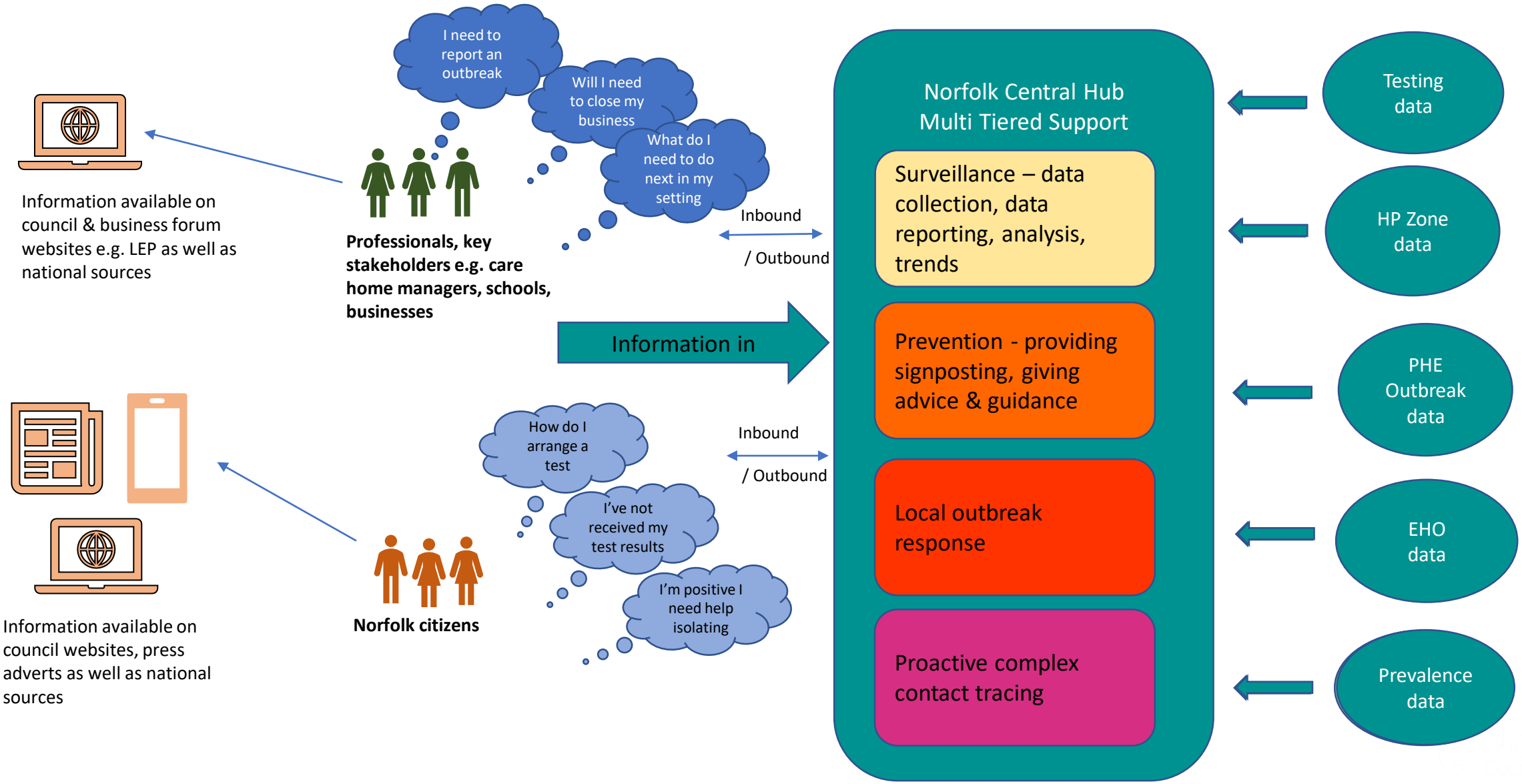
General Information, Advice & Guidance	Disease surveillance	Outbreak Management with Public Health England	Complex Contact Tracing
NOC call handlers & operations lead • Uses scripts to respond to residents & professionals queries & questions • Informs Operations Lead of any new FAQs required • Informs Operation Lead of any new themes • Records, gathers information & escalates outbreaks advised to Operations Lead • Escalates cases to Operations lead	Public Health Specialist & Epidemiologists • Daily review of data – positive cases, contact tracing activity, exceedance reports • Collation soft intelligence of community concerns and outbreaks • Daily surveillance report to inform multi-disciplinary team	NOC Operation Lead, Specialist Advisers, Public Health Consultants • Operation Lead dials into outbreak calls led bp PHE consultant • Multiple disciplinary meeting to determine the actions needed for outbreaks • Specialist advisers follow up on actions with location owners • Professional Lead & PH Consultant feed back on issues/ updates as frequency of outbreak necessitates until outbreak closed	Operations lead & Specialist Advisors • Referrals from NHS Test & Trace • Multiple disciplinary meeting to determine the actions • Liaise as necessary with specialist advisers • Specialist Advisors assertive outbreak to make contact with individuals who have not participated • Working with voluntary sector & community resilience service to ensure people isolate

NOC Allocations Process

Incoming – Operations Lead & PH Consultant Lead
- Review escalated cases 3 x a week
- Review outbreak cases and or places as and when they happen
- Review emails into dedicated email address

Call Handlers
- Operations Lead reviews workload daily & with others allocates outbound calls based on complexity & topic
- Operations Lead through conversation with Specialist Advisers

Outbreak Centre Model



Programme delivery

Local Authority COVID-19 Local Outbreak Plan Grant

- To support local authorities towards expenditure incurred
- Norfolk's allocation is £3.7m
- Final, budget plan will be agreed by the Health Protection Board

A new service is being set up for 12 months

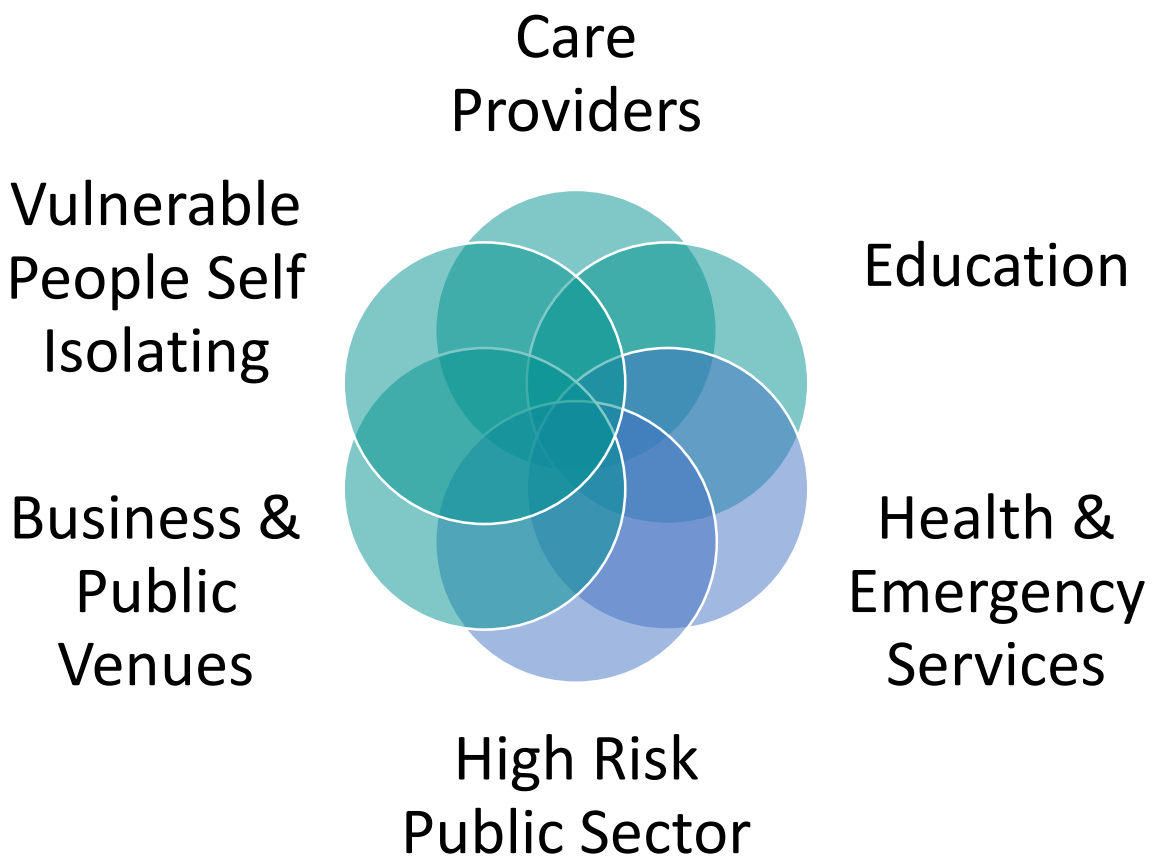
- Will require the whole local system to respond
- Staff will take on new and additional delivery activity
- Secondments and new appointments
- Recognising the structures of the main partners
- Ensuring resources reflect this multi-agency response

Key Budget Areas

- Leadership and management
- Communications
- IMT
- Outbreak centre, including staffing
- Support to district councils and other key stakeholders
- Supporting vulnerable people self-isolate

Risk	Mitigation	Status
Significant uncertainties about future disease activity with the potential for an overwhelming increase in the autumn/winter period	Maintain surveillance Prepare for increase in specialist workforce	
Risk to the delivery of aspects of the plan for outbreak control management due to lack of clarity on legislative powers and updated guidance for local authorities	Continue to review and adopt national legislation and guidance changes as they become available	
Risk that outbreak information, participation in NHS Test and Trace and testing data may not be provided in a timely manner to implement an effective local response	Establish data sharing protocols with local NHS, PHE and JBC Gather local intelligence	
There is a group who cannot self-test for whom access to testing is difficult	Review opportunities for trusted workers to engage early with high risk cohorts Review local testing offer taking account of accessibility	
A risk that not all people in Norfolk may be able to access testing if demand rises in the autumn or any other time	Develop local testing capacity and link to regional units. Promote testing and sign-post to testing options	
Local systems cannot at this stage direct national testing mobile units to focus on areas of concern or response to a local outbreak	Establish joint working protocol with JBC	
Public Health England capacity to deliver the current level of their role to identify all outbreaks and do all the initial assessments, especially if the number of outbreaks rise	Continue to discuss with PHE, to understand and be assures of capacity forecast. Ensure the outbreak control plan considers assuming some of this role locally if demand increases	
Ambiguity with shared and joint responsibilities especially for outbreak response and contact tracing with NHS Test and Trace and Public Health England	Agree detailed operating protocols with PHE detailing specific roles of the local and regional team. Ensure good protocols adhered to	
Lack of the required skills and capacity in the local system, to undertake the complex/specialist contact tracing and surveillance work required, leading to a less effective local outbreak control operation	Define the skills and resources for the outbreak centre and recruit	

Appendix: Delivery Groups



Settings - Care Providers

Aims and objectives

To provide a multi-tiered central focal point to co-ordinate the activity to prevent spread and respond to COVID-19 outbreaks in Norfolk providing prevention advice, specialist support and surveillance.

Scope

Includes care homes, domiciliary care, supported living service, nursing home, housing with care scheme, day services. The COVID-19 pandemic raises particular challenges for residents in these settings, their families and the staff that look after them.

348 CQC registered care homes in Norfolk. Across all Care providers – 871 locations with 11,129 accommodation based place.

The Public Health England /Local Authority standard operating procedure provides a framework for the joint management of COVID-19 outbreaks in care homes and similar settings including extra care housing and supported housing.

Roles and responsibilities in Multi Tiered Hub

Local intel gathered by Quality monitoring officers, local testing teams, infection control nurses and clinical leads.

Access to local testing data.

National intel including outbreak reported shared by PHE and whole home testing status from DHSC

Joint CCG and NCC communication to care providers on outbreak support, testing, guidance and policy changes.

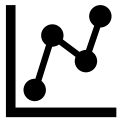
Dedicated outbreak content on NCC website.

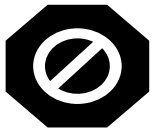
Quality monitoring officers provide a single point of contact to settings experiencing an outbreak

Public health consultants provide outbreak oversight

CCG and wider stakeholders involved in outbreak management as required

Multi disciplinary escalation meetings





Settings - Education

Aims and objectives

To provide a multi-tiered central focal point to co-ordinate the activity to prevent spread and respond to COVID-19 outbreaks in Norfolk providing prevention advice, specialist support and surveillance.

Scope

Early Years settings (pre schools, day care, childminders); Schools (Norfolk Mainstream, Special, Independent Schools, Boarding schools); Post 16 colleges and 3 FE settings, 2 Universities, residential special schools and colleges, university halls of residence and houses in multiple occupation.

There are important actions that children and young people, their parents and those who work with them can take to help prevent the spread of the virus.

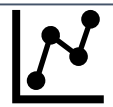
The Public Health England /Local Authority memorandum of understanding (draft) provides a framework for the joint management of COVID-19 outbreaks in education settings.

Roles and responsibilities in Multi Tiered Hub

Local intel gathered by Education Cluster Lead officers.

Test refer to national portal

National intel including outbreak reported shared by PHE.



NCC communication to settings on outbreak support, testing, guidance and policy changes.

Dedicated outbreak content on NCC & Just One Norfolk website.

Education cluster lead officers provide a single point of contact to settings experiencing an outbreak,

Public health consultants provide outbreak oversight

Escalation meetings to be agreed with PHE

Places – Health and Emergency Services

Aims and objectives

To provide a multi-tiered central focal point to co-ordinate the activity to prevent spread and respond to COVID-19 outbreaks in Norfolk providing prevention advice, specialist support and surveillance.

Scope

Health settings include NHS commissioned services, primary care, acute trusts, community providers, pharmacies. Emergencies include ambulances, police and fires & rescue.

Currently no The Public Health England /Local Authority memorandum of understanding to provides framework for the joint management of COVID-19 outbreaks. SOP for primary care.

Roles and responsibilities in Multi Tiered Hub

Local intel gathered by PCIR

Test refer to testing pathways, patients to attend hot sites

National intel including outbreak reported shared by PHE.

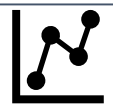
NCC communication on outbreak support, testing, guidance and policy changes.

Dedicated outbreak content on websites.

IMMARCH data capture

CCG provide single point of contact to settings and services experiencing an outbreak.

Public health consultants provide outbreak oversight



People – High Risk Public Sector

Aims and objectives

To provide a multi-tiered central focal point to co-ordinate the activity to prevent spread and respond to COVID-19 outbreaks in Norfolk providing prevention advice, specialist support and surveillance.

Scope

Groups at high risk of disadvantage including BAME communities, faith communities, digitally excluded, rough sleepers, GRT - about 80 temporary accommodation facilities B&B, hotels, hostels, self-catering 9 single and large dwellings and spread across Norfolk with majority in the more urban centers; 4 authorised gypsy & traveller sites and 1 transit site in Norfolk

The Public Health England /Local Authority memorandum of understanding procedure provides a framework for the joint management of COVID-19 outbreaks in education settings.

Roles and responsibilities in Multi Tiered Hub

Local intel gathered from network of individuals

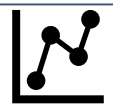
Test refer to testing pathways

National intel including outbreak reported shared by PHE.

Strong networks in place with key providers for this cohort.

Lead officers to provide single point of contact to communities experiencing an outbreak

Public health consultants provide outbreak oversight



Places – Business and Public Venues

Aims and objectives

To provide a multi-tiered central focal point to co-ordinate the activity to prevent spread and respond to COVID-19 outbreaks in Norfolk providing prevention advice, specialist support and surveillance.

Scope

Businesses in Norfolk – over 33,000. 66 food/drink processing companies employing over 10 staff. Of those, 35 largest (with over 50 staff) employ the bulk of staff in the sector – over 11,000 in total. Tourism – 3,130,000 staying trips to Norfolk, 12,560,000 nights and estimated 47,776,000 day visitors.

There is a particular focus on food processing for which there are particular challenges with staff working in close proximity, doing very physical work, indoors in a cold environment where the virus is known to thrive.

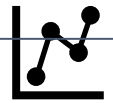
The Public Health England /Local Authority memorandum of understanding (draft) provides a framework for the joint management of COVID-19 outbreaks.

Roles and responsibilities in Multi Tiered Hub

Local intel gathered by District Environmental Health officers, trading standard officers.

Test refer to national portal

National intel including outbreak reported shared by PHE.



NCC communication on outbreak support, testing, guidance and policy changes.

Dedicated content on LEP website, District websites, business improvement districts, business toolkits, growth hub, national guidance

Environmental Health officers & trading standard officers provide a single point of contact to business and venues experiencing an outbreak,

Public health consultants provide outbreak oversight & lead on risk assessment.

Part 2A business regulations / fines / prosecutions

People –Vulnerable People Isolating

Aims and objectives

Ensure vulnerable people are supported to self isolate and have access to essential supplies & appropriate support mechanisms, including and not limited to food, medicines, social support, wider community support (dog walking, home repairs etc)

Scope

The people supported will include:

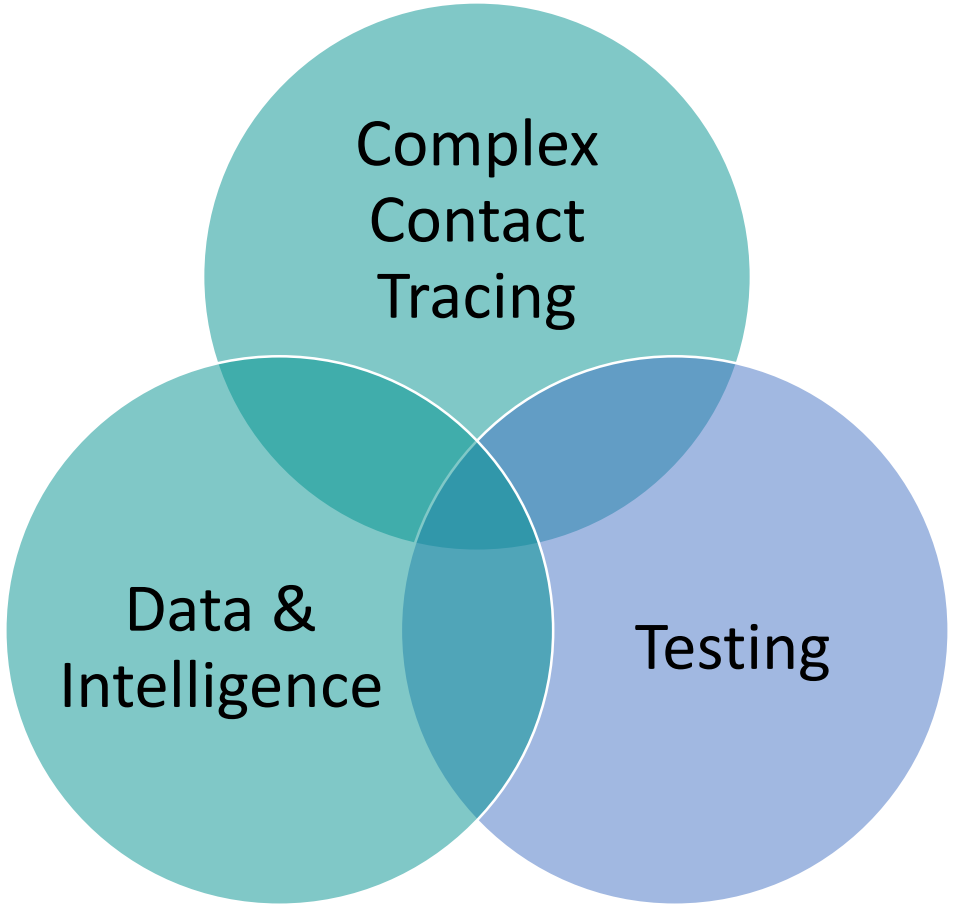
- Clinically vulnerable – also referred to as the shielding population
- Physically vulnerable – those suffering physical effects of self isolation (abuse, increased frailty, delayed access to primary care)
- Mentally vulnerable – those suffering mental impacts of longer term isolation (delayed access to treatment, stress, anxiety, loneliness)
- Economically vulnerable – those who are suffering economic hardship as a result of self isolation and wider economic impacts

Roles and responsibilities in Multi Tiered Hub

Local intel gather requirements

Hand over to the community support operating model to ensure delivery of essential supplies and support

Appendix: System Capabilities



Complex Contact Tracing

Aims and Objectives

Identify and mobilise local capabilities for complex contact tracing that may be needed to complement regional Tier 1 PHE HPT, particularly around:

a) Hard to reach groups/settings
b) Surge capacity planning

Scope

See individual workstreams, particularly High Risk communities

Existing infrastructure/assets

- Experience in contact tracing in select staff groups (PH, Sexual health, EHOs)
- Established liaison links for hard-to-reach groups
- Established joint working with PHE HPT
- Direct or commissioned responsibility for certain settings

Current processes and responsibilities

- Primary contact tracing – National NHS Test and Trace Tiers 2/3
- Complex settings/situations – Tier 1 Regional PHE HPT

Default is that all contact tracing is undertaken by national/regional Tiers 1-3 – no current expectation for LA involvement.

Cases/contacts non-contactable by phone are not escalated to Tier 1 (if no known link to a complex setting) therefore not escalated to LA.

Issues and Risks

- No dedicated trained workforce capacity outside of PHE HPT
- The settings/groups where potential need identified (see High Risk Communities) are unlikely to get tested and trigger NHS Test and Trace – therefore do we reframe as focus on proactive surveillance, case finding and then contact tracing?

Priority actions

- Scenario planning to anticipate high likelihood / high consequence scenarios where local involvement may be required or may add value
- Develop scripts/training materials for ad hoc need
- Clarify roles and responsibilities with PHE HPT
- Plan capacity options to scale up for different demand levels

Testing

Aims and Objectives

- To ensure anyone with symptoms of COVID-19 can be quickly tested
- To provide targeted asymptomatic testing of NHS and social care staff and care home residents
- To provide rapid testing results to support the investigation of local outbreaks where necessary
- Co-ordination of all testing options available (regional and local) to ensure swift and accessible testing, targeted and prioritised according to need.

Existing infrastructure

A system-wide testing framework has been established, with strategic oversight, operational co-ordination and supporting task groups working across Norfolk and Waveney.

A combination of regional and local testing infrastructure is currently in place. Local testing arrangements are for NHS patients and staff, Care Home residents and social care staff, and other local key workers. Local testing arrangements will also be available to ensure a fast and accessible response to support the management of outbreaks, including in high risk settings or specific geographical areas.

Regional/National Testing Infrastructure

Regional testing sites - a regional drive-through testing site is now established in Norwich (capacity circa 2000 per day), with plans being considered for a site near Wisbech.
Mobile testing units - co-ordinated and provided by military liaison, which provide additional coverage in other areas of Norfolk ("drive through" or "walk-up"). (capacity 300 per day per unit)
Whole care home testing - is now available via a dedicated national care home testing portal, with swabs delivered and returned via courier service.
Postal service - a postal service for swabs to be sent to individual homes is also in place.

Local testing infrastructure

A responsive and high quality local testing system is in place, which has provided the majority of testing to date for Norfolk and Waveney.
This includes good laboratory capacity (current capacity max 2000 per day) and capability provided by the Eastern Pathology Alliance in conjunction with the UEA, drive through swabbing facilities at 3 hospital sites (James Paget, Norfolk and Norwich and Queen Elizabeth) and a community based team (staffed by staff from the Community Trusts NCHC and ECCH) who have provided a responsive swabbing service to support outbreak management in care homes and other high risk settings, and for housebound NHS patients.

Issues and Risks

- Future demand for the local community based swabbing service is likely to exceed current capacity to support the management of outbreaks in schools and other high risk locations and vulnerable groups. Additional staff will need to be recruited to meet this demand.
- An IT solution is needed to support the management of appointments and communication of results for the local testing infrastructure.
- Members of the public without access to cars may find it difficult to access testing via the national system.
- Access for testing for residents in West Norfolk will require review if the Wisbech proposal does not go ahead.
- There are concerns regarding the timeliness of results from the national system, in particular for the care homes.
- Results via the national system do not currently get communicated with GPs or fed into local clinical records.

Priority actions

- Agree next phase of local testing strategy in response to capacity and demand modelling, including recruitment of workforce, to maximise local capacity and ensure sustainability.
- Procure a COVID booking system to support local swab and antibody testing.
- Secure rapid diagnostic laboratory analysers to support outbreak control.
- Ensure local results feed into the national tracing programme.
- Monitor the roll-out of the regional testing centres to ensure appropriate accessibility and timeliness of results, including establishment of additional provision for West Norfolk.
- Develop dynamic tasking of the mobile units in conjunction with the military liaison team, to provide a flexible response to local outbreaks.
- Ensure appropriate links in place with wider testing programmes, including antibody testing.
- Work with UEA and other partners to deliver innovation (e.g. genome sequencing) and implement emerging research findings.

Data & Intelligence

Aims and Objectives

Data integration for:

1. Epidemiology & surveillance
2. Response and action

Several roles operational, strategic & surveillance

- Collect, collate & share population surveillance mapping based on people, place and settings
- Operational data, capturing both hard and soft intelligence and adding to this other information known about people, place or setting to inform risk assessments to enable dynamic surveillance & urgent actions which may range from isolating individuals, containment in specific settings to contact tracing for households
- Operational data to enable local management
- Data surveillance & infection density maps for surveillance & operational maps
- Modelling of scenarios to inform capacity needed for workforce & local testing
- Data flows for each “cell” as well as across the whole function of outbreak management & population surveillance

Existing infrastructure/assets

Infrastructure

- NCC GRID / Data Lake
- STP Digital data lake

Local COVID-19 Phase 1 Metrics Dashboard

Well mapped data flow for care homes – both operational and reporting

Analysts & leads reside in each of the separate organizations – e.g. Acutes, CCG, Districts, NCC – to use knowledge and skills & avoid duplication of effort, agreement will be needed re tasks and governance (as per care homes)

Issues and Risks

- Governance for data and reporting – this can be undertaken by NODA
- No IT system in place locally for recording outbreaks & related information across the system (Health, LA and Districts) for care homes & other settings
- Unknown detail/timeliness of data feeds from regional/national bodies
- No common identifiers for providers across health & Local Authority
- No mechanism of providing STP with list of care home residents
- Unable to drill down in local key worker testing data
- No access to testing results from National Portal
- Unknown level of granularity of data from Joint Biosecurity Centre
- Surveillance in real time of developing outbreaks and actual cases
- Workforce modelling
- Reporting requirements for some cells & new Governance Boards

Priority actions

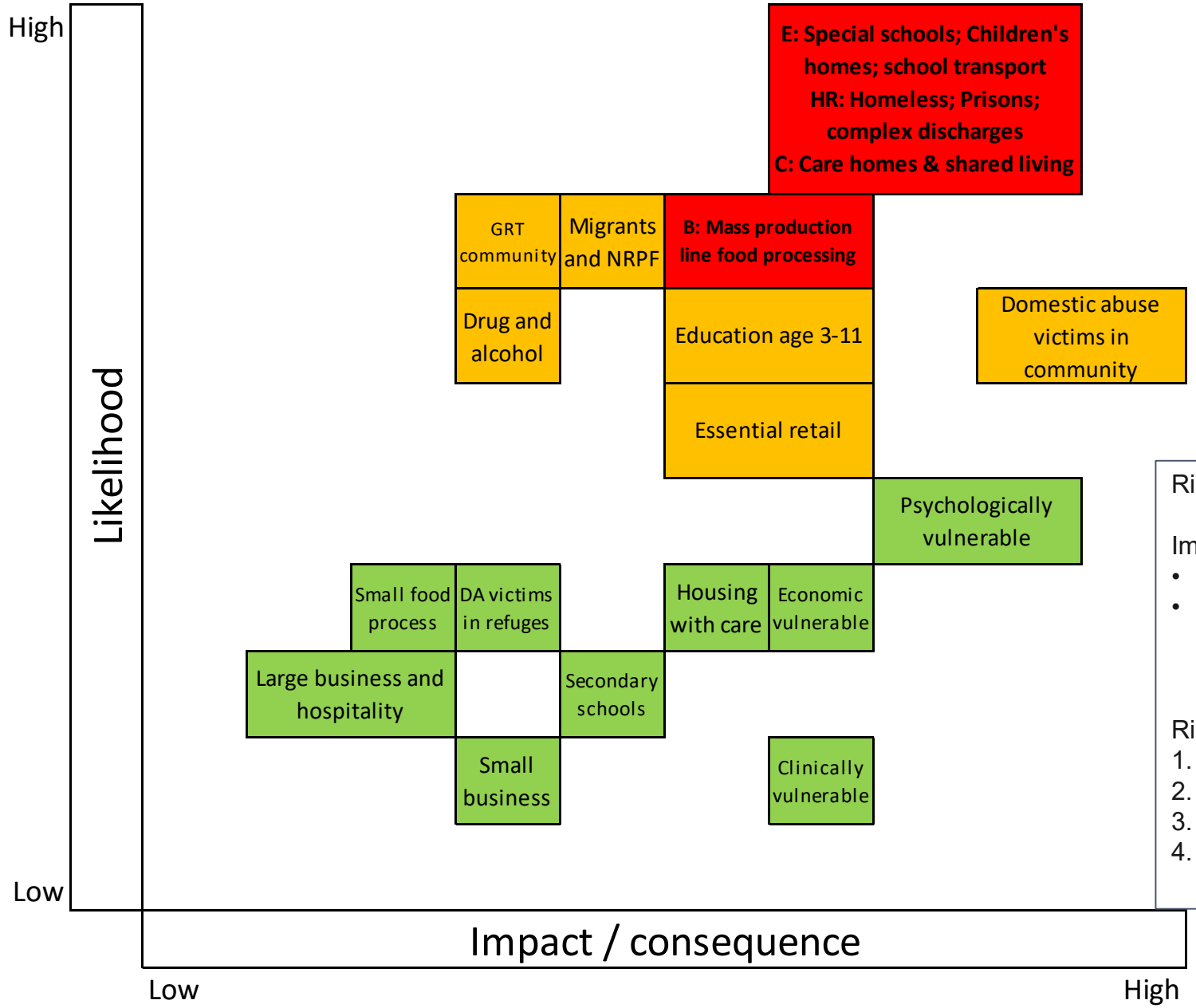
- Understand and map testing data flows at national, regional and local levels (how National testing data flows and Joint Biosecurity Centre (JBC) involvement will be key)
- National level reporting and information available (from MHCLG, JBC, etc)
- Governance for reporting
- Confirming any additional requirements beyond that currently in place for care homes for operational reporting
- Confirm reporting requirements for surveillance
- Confirm requirements for Governance boards

Overall Norfolk system

Standard risk

Increased risk

High risk



Risk matrix approach

Impact / consequence to
- Individuals
- Infrastructure – staffing, key workers, critical functions or settings or strategic importance

Risk assessment based on 4 factors
1. Behaviour
2. Vulnerability
3. Environmental
4. Service / Operational

Not all settings, people and place categories are included on the matrix

PROTECT OURSELVES • PROTECT OTHERS • PROTECT NORFOLK

Health and Wellbeing Board

Item 8

Report title:	**Response to Covid-19 Pandemic**
Date of meeting:	**8 July 2020**
Sponsor (H&WB member):	**James Bullion, Director of Adult Social Care**

Reason for the Report

To provide the Health and Wellbeing Board with an overview of the system response to Covid-19 and to identify the forward work programme of the Board in relation to this activity and the impact of the pandemic.

Report summary

This report provides the Health and Wellbeing Board with an overview of the multi-agency response to the Covid-19 pandemic. Presentations from health and wellbeing system partners on the response to the pandemic will be provided at the meeting.

The contents of the report are based on circumstances that are changing frequently and therefore some areas may become superseded by new information on an ongoing basis.

Recommendations

The Health and Wellbeing Board is asked to:

a) Acknowledge the work that has been carried out during the Covid-19 pandemic.
b) Formally thank staff and communities involved in the significant effort to keep people safe and protected.
c) Discuss and identify the themes/priorities for the Health and Wellbeing Board to focus on over the next 12-18 months (to inform the forward plan for formal Board meetings, issues for Board development and deep dive sessions, and areas of focus for the Joint Strategic Needs Assessment).

1. Background

1.1 On 31 December 2019, the World Health Organisation (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, China. The cause is now identified as a Coronavirus, one of the family of viruses which caused the SARS (Serious Acute Respiratory Syndrome) outbreak in 2002-2003 across the world. The virus was subsequently named Covid-19.

1.2 In response, the UK government announced a four-phase strategy to deal with the spread of the virus. These are:

- **Contain:** detect early cases, follow up close contacts, and prevent the disease taking hold in this country for as long as is reasonably possible;
- **Delay:** slow the spread in this country, when the virus does take hold, lower the peak impact and push it away from the winter season either by a moderate delay strategy or a harder strategy to suppress the transmission;
- **Research:** better understand the virus and the actions that will lessen its effect on the UK population; innovate responses including diagnostics, drugs and vaccines; use the evidence to inform the development of the most effective models of care;

- **Mitigate:** provide the best care possible for people who become ill, support hospitals to maintain essential services and ensure ongoing support for people ill in the community to minimise the overall impact of the disease on society, public services and on the economy.

1.3 On 16 March 2020, the UK government moved from Containment to Delay and announced significant changes to the social distancing and other measures asked of people, especially those with symptoms or who are more vulnerable.

1.4 From 20 March, the country went into "lockdown" with all, but essential movement allowed, with some lockdown restrictions eased during June.

1.5 The Civil Contingencies Act 2004 establishes the framework for emergency planning and response from local to national level, including the provision of temporary emergency regulations. At a local level, the Norfolk Resilience Forum is the principal mechanism for multi-agency cooperation under and is a well-established Forum that meets regularly to plan for emergencies. An approach for Norfolk was put in place under the Norfolk Resilience Forum to respond to the Covid-19 outbreak.

2. A system to response to the emergency

2.1 The local response to Covid-19 has been a huge community and partnership effort, with enormous change managed and delivered in just a few weeks.

2.2 Planning for a pandemic was started well before Covid-19 was discovered when in September 2019 Norfolk tested, under exercise, a Flu Pandemic Plan. This enabled the Norfolk Resilience Forum to draw up emergency plans for pandemic flu, and for other system functions such as the management of mass deaths.

2.3 Prior to the first cases in the UK, Norfolk County Council's Public Health took a lead role in establishing the emergency response, reviewing the Flu Pandemic Plan and excess deaths plan in early February 2020 as the Covid-19 epidemic developed in Asia. By 12 February 2020, emergency planners, along with community NHS providers and Public Health stood up structures under the Norfolk Resilience Forum to support the implementation of the national Covid-19 strategy that initially focussed on containment. Support cells to address mortality pathways, epidemiological modelling, and communications were established at this stage also.

2.4 Public Health activities were intensified to support partners, including:

a) Data modelling to predict how many cases were likely to occur in Norfolk and the level of increased need for health and social care services. There is ongoing work to continue to model likely impacts; and, also monitoring and surveillance of current data to measure the current impact.

b) Strong media messaging on reducing the risk of infection, reassuring the public and seeking to mitigate the impact of social control measures. A localised campaign was launched, complementing national advice, and using behaviour change techniques to encourage Norfolk residents to practice good hand hygiene, stay home and maintain social distancing. The principles of basic communicable disease control remain our key communication messages and the bastion of management of control of infection spread.

c) Providing specialist public health advice on infection control and management.

2.5 The Norfolk Resilience Forum adopted a three-phase approach, as follows:

- **Phase 1 – Response** – focussed on delivery in response to the crisis and providing a multi-agency approach.
- **Phase 2 – Normalise** – focussed on identifying and addressing the immediate issues and challenges that have arisen from Phase 1, as well as doing the detailed thinking, planning and preparations for Recovery (Phase 3). This phase is essentially a stepping stone, or period of guided transition, to the 'new normal'*. (We are now transitioning into this phase).*
- **Phase 3 – Recovery** – focussed on the long-term recovery and regeneration of our economy and society. It will require the need for significant collaboration and joint working.

2.6 These arrangements established a strong system approach to tackling the pandemic with all main agencies (local authorities, NHS bodies, voluntary sector organisations, police and fire authorities, New Anglia Local Enterprise Partnership and other relevant bodies) working collaboratively to jointly plan, co-ordinate and risk manage the response to make the best use of resources, protect the NHS and deliver the best possible local response.

2.7 In the wake of the crisis and lockdown announcements, partners rapidly redeployed resources and took steps to minimise the risk of spread of the disease arising from activities. Activities were re-prioritised to reflect the new reality. A number of services were put onto a different footing to reflect the changed circumstances – with a different operating model or a change to emergency-only provision.

2.8 This has been a unprecedented public health challenge, and the system has had to respond swiftly and effectively to rapidly changing UK government announcements, including: establishing social distancing; shielding those with health conditions; launching community testing (led by the NHS); the closure and reopening of schools; distribution of food and community support; guidelines on the use of personal protective equipment (PPE) and efforts to source this at a time of high international demand; support to care homes; and many more.

2.9 A huge amount of activity has been undertaken by partners over short time period to keep people safe during the pandemic, with just a flavour of this included below:

a) 41,000 shielded individuals have been proactively contacted and deliveries arranged to ensure shielded and vulnerable people can access the food, medicines and support that they need, working through a range of partners, including the district councils, the voluntary and community sector and the volunteer network.

b) A temporary mortuary centre at Scottow was established, and a mortality pathway developed, ensuring people are treated with respect and dignity in death.

c) The system has worked together to source additional community capacity to create space in all three hospitals; opening more than 200 beds in community hospitals, residential care and mental health.

d) Social work and occupational health teams, with health partners, have fundamentally redesigned hospital discharge processes. Based on the Home First principle, this has helped to ensure there is capacity in all three hospitals and that people do not stay longer than is absolutely necessary.

e) Over 80% of GP practices in Norfolk and Waveney have adopted online consultation systems and video consultation systems and others have switched to telephone triage and consultations to meet social distancing requirements.

f) Significant additional ITU capacity was created with critical care capacity increased from 21 to 129 beds. The Norfolk and Norwich University Hospital was also designated as regional surge centre capable of providing another 170 beds if needed.

g) A local testing service has been established at the three hospitals for essential workers, with mobile testing units running in towns across Norfolk and Waveney for essential workers and members of the public with symptoms of the virus.

h) There has been a significant focus on care homes to prevent transmission and outbreaks, including increased testing and providing infection prevention and control advice, with a Care Provider Incident Room launched to support the sector.

i) Health partners rapidly launched 'First Response', a 24/7 helpline offering immediate support for people experiencing mental health difficulties during the pandemic.

j) Responding to the UK government directive to home everybody living on the streets, a Norfolk wide approach to provision of temporary housing and supported accommodation was been established with emergency or temporary accommodation provided to 465 homeless individuals.

k) Children's services teams rapidly re-shaped the role and function of the local education system, moving from a universal model to a focus on support for families of keyworker staff and continued provision for vulnerable children. They have also supported the work of schools to enable families to access Free School Meals, and, following the launch of the new National Voucher system, played a key role in helping schools navigate the system.

l) Norfolk County Council launched a new campaign to facilitate better identification, reporting and protection of children during coronavirus lockdown. The See Something, Hear Something, Say Something campaign has been launched to assist with keeping children safe, as families face pressure of staying home. The county-wide campaign encourages everyone to look out for the county's children and has focused on protection from harm within the family, online exploitation, and children's and young people's mental health.

m) A new campaign was launched aimed at Norfolk's young carers. Heroes at Home recognises the vital role young carers play in supporting their loved ones at home and highlighted the range of support available to help them.

n) Fire and Rescue staff have been supporting Ambulance colleagues to ensure that the they can continue to provide emergency response, including Fire and Rescue staff driving ambulances.

o) Working with the Norfolk Community Foundation, a Norfolk Appeal Fund was launched which has raised £1.6m to support local charities working hard on the ground to keep vulnerable people safe and well.

p) Over the Easter bank holiday weekend alone, over 500,000 PPE items and 800 litres of hand sanitiser, were distributed on behalf of the Norfolk Resilience Forum to primary care and social care organisations with the most urgent needs.

3. Public experience during the Covid-19 pandemic

3.1 Healthwatch Norfolk has been working with Norfolk health and social care organisations to look into residents' experiences of accessing information and support during the Covid-19 outbreak in the UK. Feedback has been collected through a survey, which Healthwatch Norfolk launched on 16 April 2020 and which closed on the 26 June 2020. The findings will be incorporated into a final report that Healthwatch Norfolk will compile.

3.2 Interim reports have been published every two weeks and taken to the Norfolk Recovery and Resilience Cell and shared with other partners, NHS trusts, and clinical commissioners to provide constructive information from service users that could provide real-time insight into community need, experience and awareness of available support. An overview of the interim findings is included as **Appendix A**.

3.3 As we move into normalisation and recovery capturing the experience of the public will be an important part of the re-set of services.

4. Next steps

4.1 We are still in a critical incident situation and the imperative to protect life needs to remain front and centre. As we transition into phase 2 “normalisation” it is therefore anticipated that some activities will continue to be in place for some time.

4.2 Health and Wellbeing Boards are uniquely placed to align and lead policy in a place setting, taking account of the wider health determinant impact of Covid-19.

4.3 The response to the Covid-19 crisis has been greatly enhanced by the partnership approach. Partners have learnt to work differently and more collaboratively, and it is the intention to take advantage of the opportunity to effect positive change for the future.

4.4 The challenges through to normalisation and into the recovery phase will need the efforts of all the partners to be aligned and consideration should be given to the role of the Health and Wellbeing Board in supporting this activity.

4.5 The Joint Health and Wellbeing Strategy with its priority of a single, sustainable system, and a focus on Integration, Prevention and Tackling Health Inequalities remains highly relevant to the current situation. It is therefore proposed that the Health and Wellbeing Board continue to use this framework to identify themes/priorities for the Health and Wellbeing Board to focus on over the next 12-18 months, covering:

- the emergent issues and priorities as a result of the Covid-19 pandemic where the Health and Wellbeing Board can provide strategic oversight; and,
- the new ways of working and areas of positive transformation where progress has been accelerated by the pandemic response, which Health and Wellbeing Board partners would wish to retain and develop.

4.6 This will shape the forward plan for formal Health and Wellbeing Board meetings, development and deep dive sessions and areas of focus for the Joint Strategic Needs Assessment. Given the changing nature of the current environment this is likely to be an evolving work programme that Health and Wellbeing Board partners will wish to keep under review.

Officer Contact

If you have any questions about matters contained in this paper, please get in touch with:

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Item 8. Appendix A.

Healthwatch Norfolk Covid-19 Survey

1. Background

1.1 Healthwatch Norfolk have been working with Norfolk health and social care organisations to look into residents' experiences of accessing information and support during the Covid-19 (coronavirus) outbreak in the UK. It was felt that the best way to collect this feedback would be through a survey, which was launched on 16th April 2020 and it will close on the 26th June. An Easy Read version of the survey is currently being distributed and it will be running for 8 weeks. The findings will be incorporated into the final report that Healthwatch compile.

1.2 Every two weeks a report based on survey results has been compiled and taken to the Norfolk County Council Recovery and Resilience Cell and shared with other partners, NHS trusts, and clinical commissioners.

1.3 The aim of the survey was to gather constructive information from service users that can provide real-time insight into community need, experience and awareness of available support.

2. Overview of findings

2.1 Up to 10th June 2020 we have received responses from 772 members of the public, of which 535 have been completed responses which have made up our reports.

Local Council Support

2.2 Of those who are self-isolating and receiving practical support, the most common form of practical support has been family or friends (57%) followed by local council (43%).

2.3 Over two thirds of respondents who have had support from their local council have told us that they are very satisfied or satisfied with the support.

Information about Coronavirus

2.4 The most common format which respondents would have preferred to receive Covid-19 information was email (35%).

2.5 However, of those filling out the survey on behalf of someone they care for, 69% said that they would have preferred the person they care for to receive information about Covid-19 via a personal letter.

2.6 Several respondents mentioned desire for information in different formats, particularly to be more accessible for those with sight difficulties (e.g. braille or large font) or for the deaf community.

2.7 People told us accessing information can be difficult because there is too much available and it is hard to know what to trust or believe

2.8 There is also a feeling of lack of clarity over information including:

- Information about support available to the public[1].

[1] It is important to note here that this was a theme for weeks 1-2 of the survey being live. As a result, we added contact information for Norfolk County Council's Community Response Team as well as local mental health support to the final page of the survey.

- Confusion about the “at risk” groups particularly regarding the letters advising to self-isolate.
- In relation to government guidance and recommendations.

2.9 There were several comments from carers expressing feelings of isolation and highlighting pressures of caring for a loved one during the Covid-19 outbreak.

Appointments

2.10 The most positive experiences, for access and treatment, were for GP appointments, hospitals and pharmacies. On the other hand, dentistry and mental health services were the most difficult to access.

2.11 Of those who have had in-person health or social care appointments and for whom it was applicable, 42% told us that the risks of having in-person treatment during the coronavirus outbreak were not explained to them throughout.

2.12 There is a divide in opinions of use of technology, particularly for GP access. Some respondents told us that telephone and online appointments make the process easier, whilst others indicated that it heightens difficulty of access.

2.13 Several respondents told us that they were not notified of cancelled or postponed appointments. Dentist and hospital appointments have been the most likely to be postponed or cancelled.

3. Further information

3.1 Report containing the full findings of Covid-19 survey can be found at: https://healthwatchnorfolk.co.uk/reports/published-reports/

Officer Contact

If you have any questions about matters contained in this paper, please get in touch with:

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IN TRAN communication for all

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