

Public Health COVID-19 Pandemic

People & Select committee: 17 July 2020

Dr Louise Smith, Director of Public Health / Chris Butwright, Head of Performance & Delivery - Public Health

Overview

The work of public health has been critical in Norfolk responding swiftly and robustly to COVID-19:

- Early response – September 2019 Norfolk's flu pandemic and excess death plans were tested under exercise, reviewed these plans in early February 2020 as the COVID-19 epidemic developed in Asia, emergency response stood up by 12 February.
- Data modelling the likely impact of an epidemic on the population of Norfolk.
- Increased health protection response with Public Health staff deployed to tackle the unprecedented demand in managing infection.
- Providing public health technical advice, interpreting scientific evidence and legal regulations, supporting commissioning and business continuity actions. This included advising the resilience forum and the NHS Incident Response and Infection Control Group.
- Developing clear messages and advice to the general public to 'Protect Ourselves. Protect Norfolk'. The Director of Public Health is also providing regular radio interviews and press articles.
- We have also been providing officer support internally to wider council priority areas of community support, and regionally to Public Health England.
- On 22nd May 2020 Government announced that as part of its national strategy to reduce infection from COVID-19 it would expect every area in England to create a **Local Outbreak Control Plan...**

Norfolk's Local Outbreak Control Plan

PROTECT OURSELVES • PROTECT OTHERS • PROTECT NORFOLK

Contents

Foreword

Introduction

Aims & What we will do to deliver this

Guiding principles

- A whole system approach

- Prioritising Prevention

- What is an outbreak

- Joint management local outbreaks

- Keeping Everyone Informed

Communications

Legislation and statutory role of DPH

Local Outbreak board

- Terms of Reference

Outbreak Centre

- Outbreak Centre Functions

- Operating Model

Programme Delivery

- Finance

- Workforce

- Issues & Risks

Appendices

- Delivery groups

- System Capabilities

- Population risks & priorities

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.

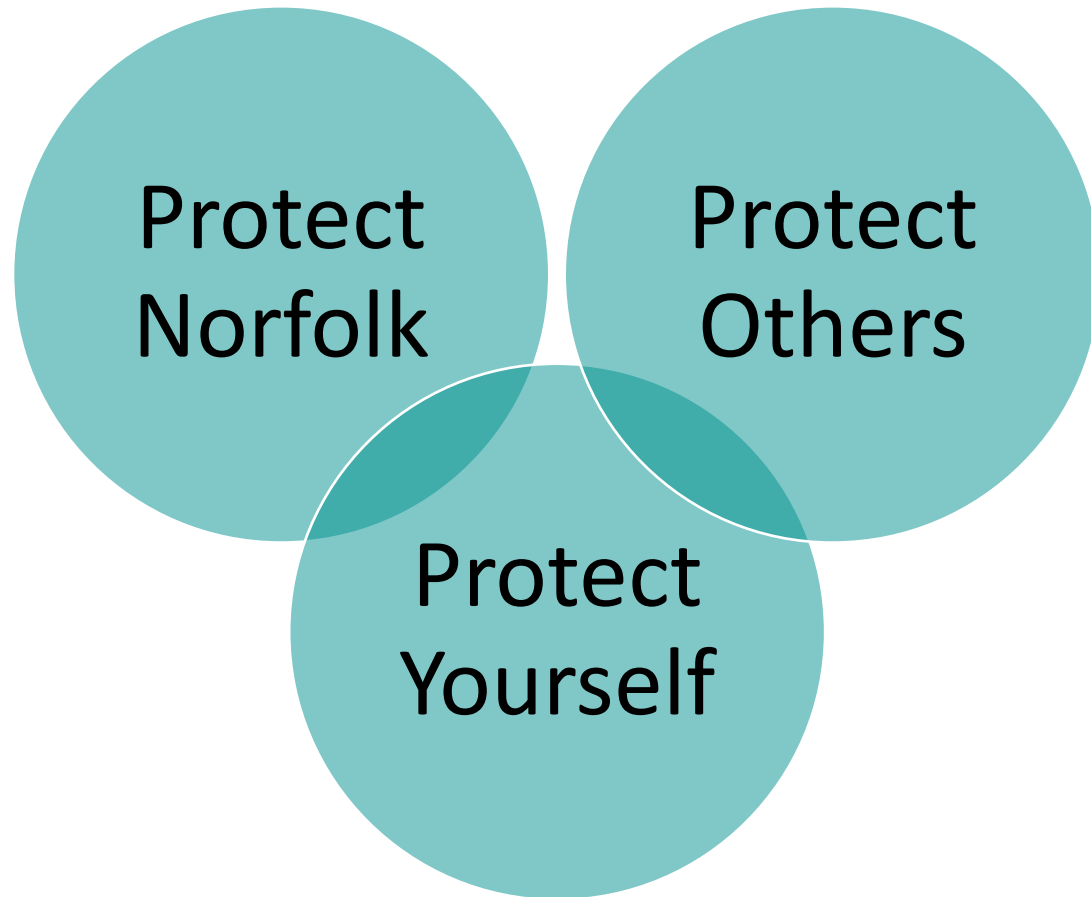
*Our strong partnerships in Norfolk will be vital to the plan's success as we act together to tackle the ongoing harm caused by COVID-19 both now and in the future and by doing so we can **Protect Ourselves. Protect Others. Protect Norfolk.***

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 suppressing 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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, suppress and delay the spread of cases by proactive management of local outbreaks
Complex contact tracing	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Establish Member Governance Arrangements• Undertake a comprehensive communication and engagement programme

Rationale - A local Outbreak Control plan

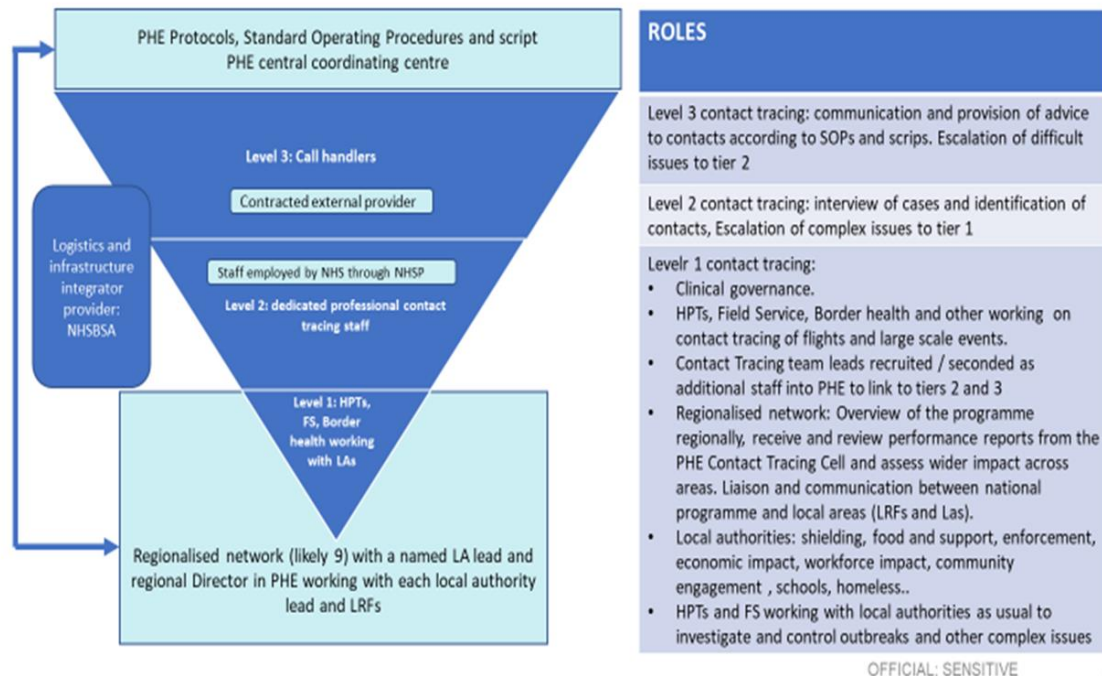
- Putting local Government at the centre of local planning
- Co-ordination alongside partner agencies and organisations within local Health Protection Partnerships
- Led by the Director of Public Health
- Drawing on expertise from across local Government and partners
- Builds on local knowledge and ensures 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

Operating model



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)

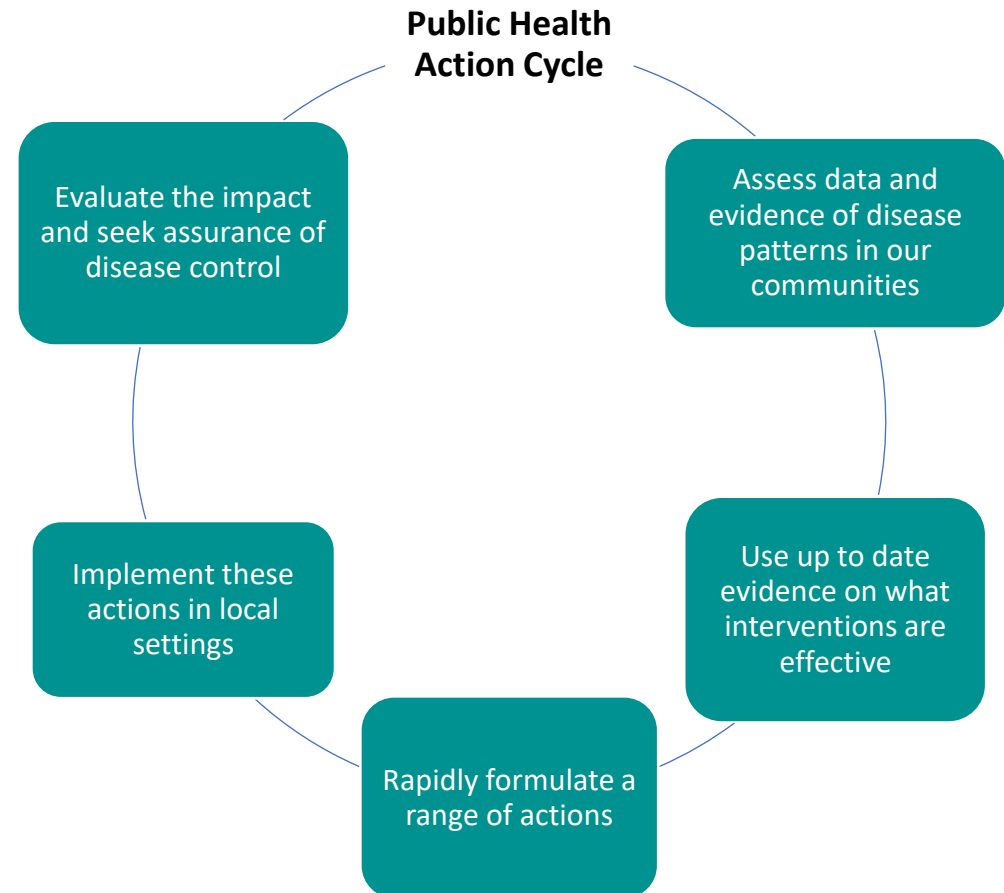
The **local outbreak control plan** is the local delivery of the outputs from NHS Test & Trace

- 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?

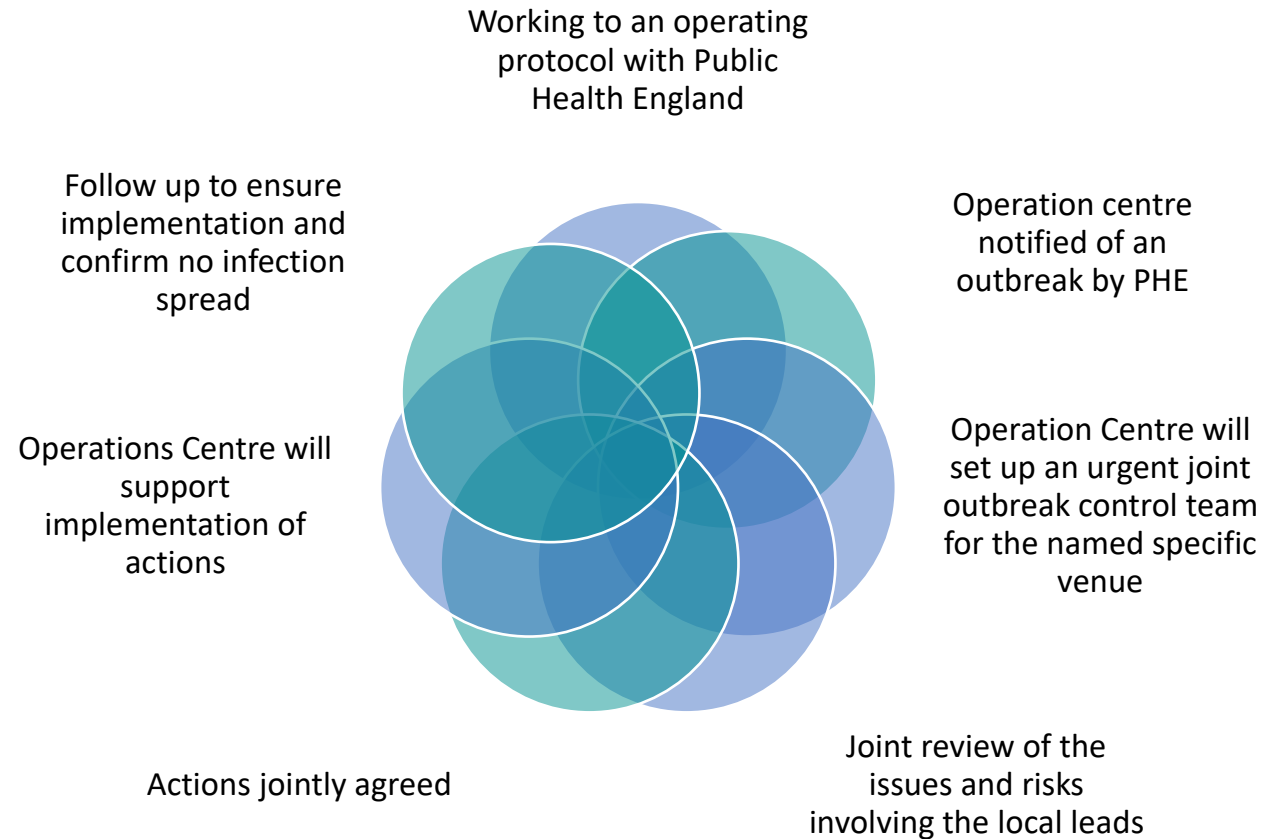
Local Outbreaks

- 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
- 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 reassured and has confidence in the system

Tier 2: Key Stakeholders

- Reduced risk of COVID19 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

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 an executive and a scientific function.

2012

- Health & Social Care Act
- Directors Public Health
- Public Health England

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.

2020

- Coronavirus Act & regulations

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

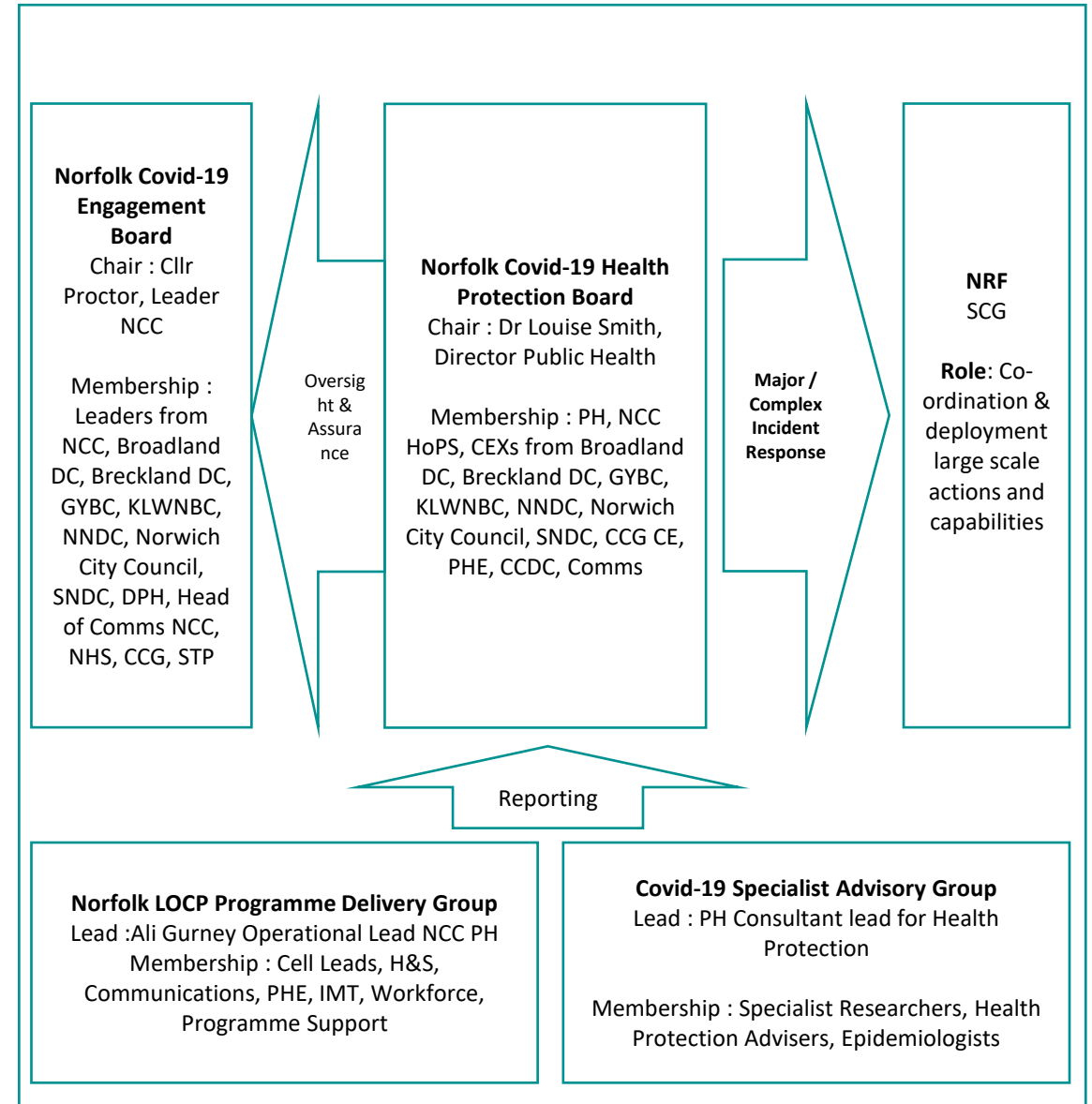
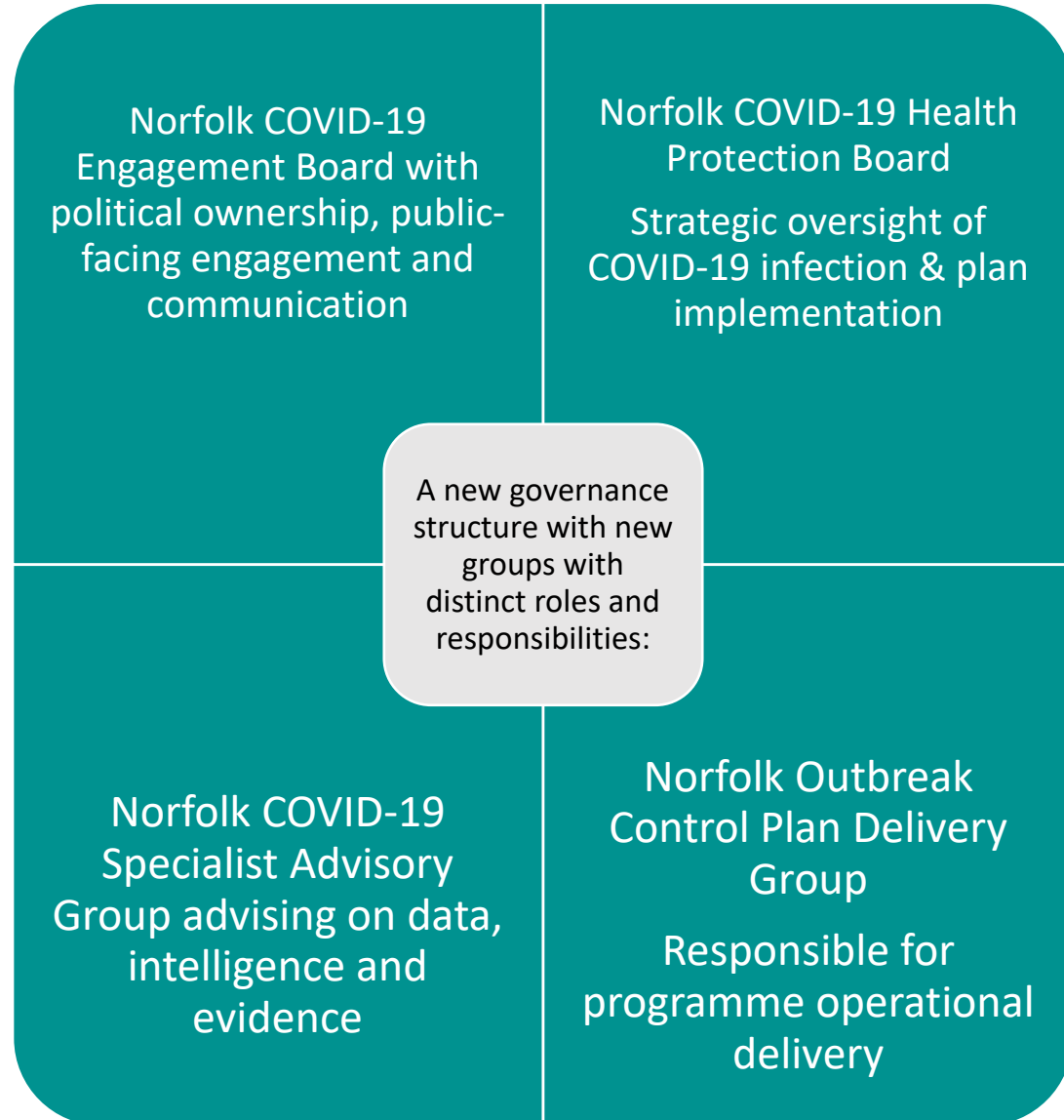
Powers relating to individuals

- 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



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	<p>Ownership and accountability for the local outbreak control plan for Norfolk.</p> <p>Provide strategic direction, oversight and assurance of health protection measures in response to Covid-19 epidemic locally both preventative and outbreak control management.</p> <p>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.</p> <p>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.</p> <p>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.</p>	
Chair	Dr Louise Smith. Director of Public Health	
Membership	<p>NCC Head of Paid Service</p> <p>MD Broadland and South Norfolk DC</p> <p>CE Breckland DC</p> <p>CE GYBC</p> <p>CE KLWNBC</p> <p>CE NNDC</p> <p>CE Norwich City Council</p> <p>CE Norfolk and Waveney CCG</p> <p>Norfolk Resilience Forum Chair</p> <p>Consultant in Communicable Disease Control, PHE East of England Flu Lead</p> <p>Health Protection East of England Deputy Director</p> <p>Specialist Advisory Group Independent Chair</p> <p>NCC PH Health Protection Lead</p> <p>NCC A/D S&G (Communications)</p> <p>NCC PH LOCP Delivery Group Lead</p> <p>Norfolk and Suffolk Constabulary</p> <p>Care Providers Lead</p>	<p>Education Setting Lead</p> <p>High Risk Public Sector Lead</p> <p>Business and Public Venues Lead</p> <p>Health Settings and Emergency Services Lead</p> <p>Vulnerable People Isolating Lead</p> <p>Testing Lead</p> <p>Contact Tracing Lead</p> <p>Data and Intelligence Lead</p> <p>NCC S&G / PH Officer Support</p> <p>The Board will invite other relevant representatives from agencies or organisations to attend subject to specific agenda items:</p> <ul style="list-style-type: none">• 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

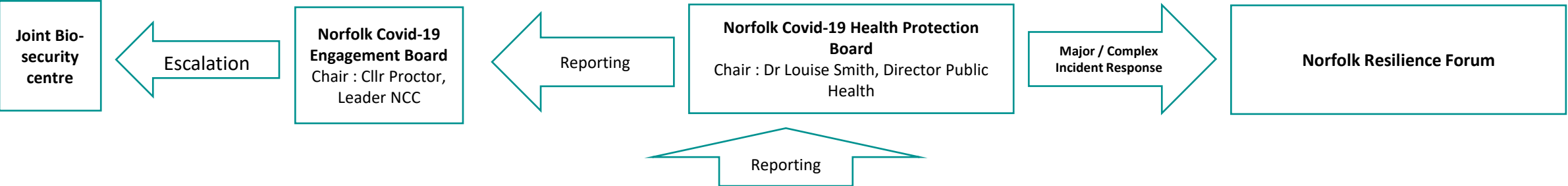
Undertake local contact tracing if asked by NHS Test and Trace

- 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
Capabili ties	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

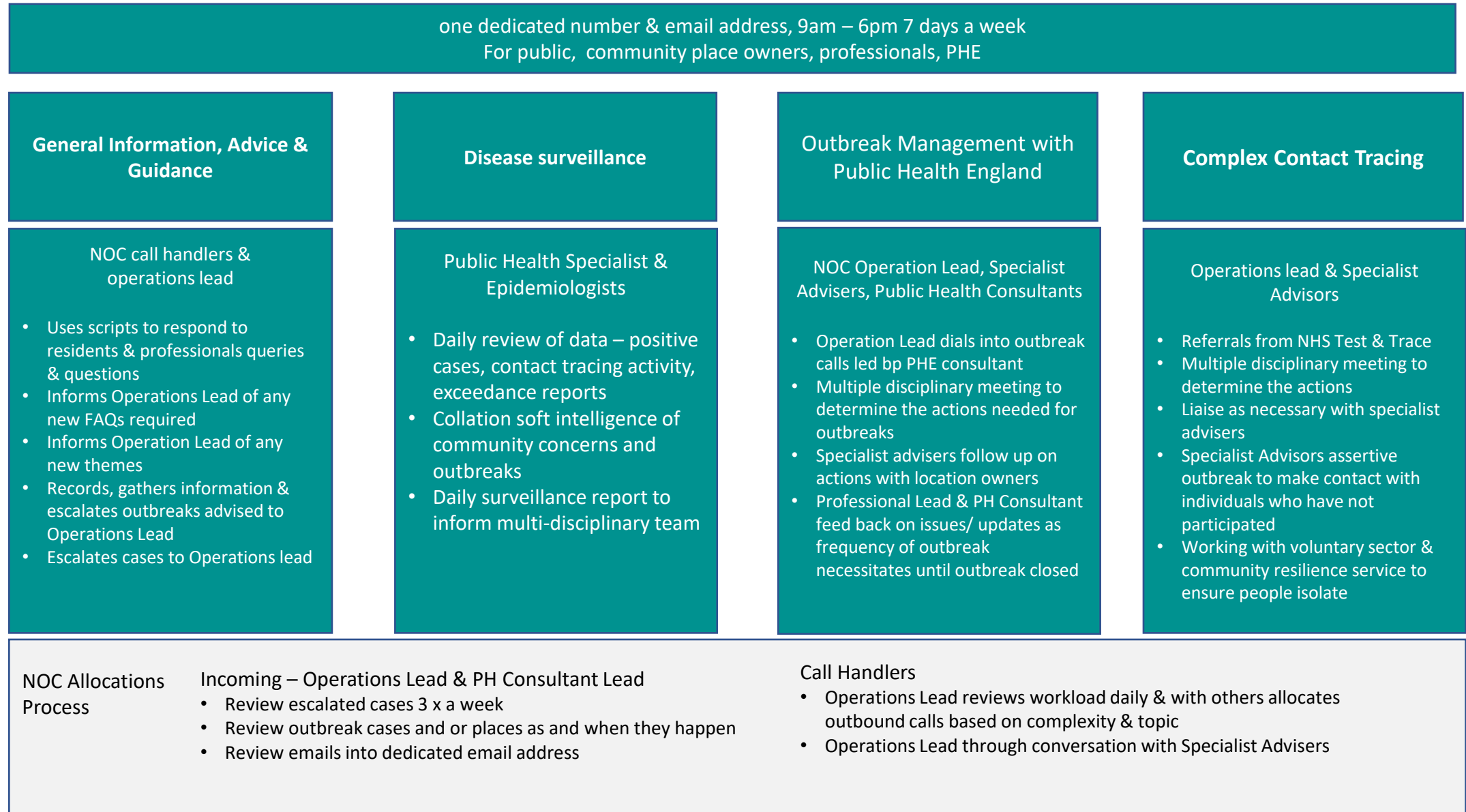
Specialist advisors

Epidemiologists

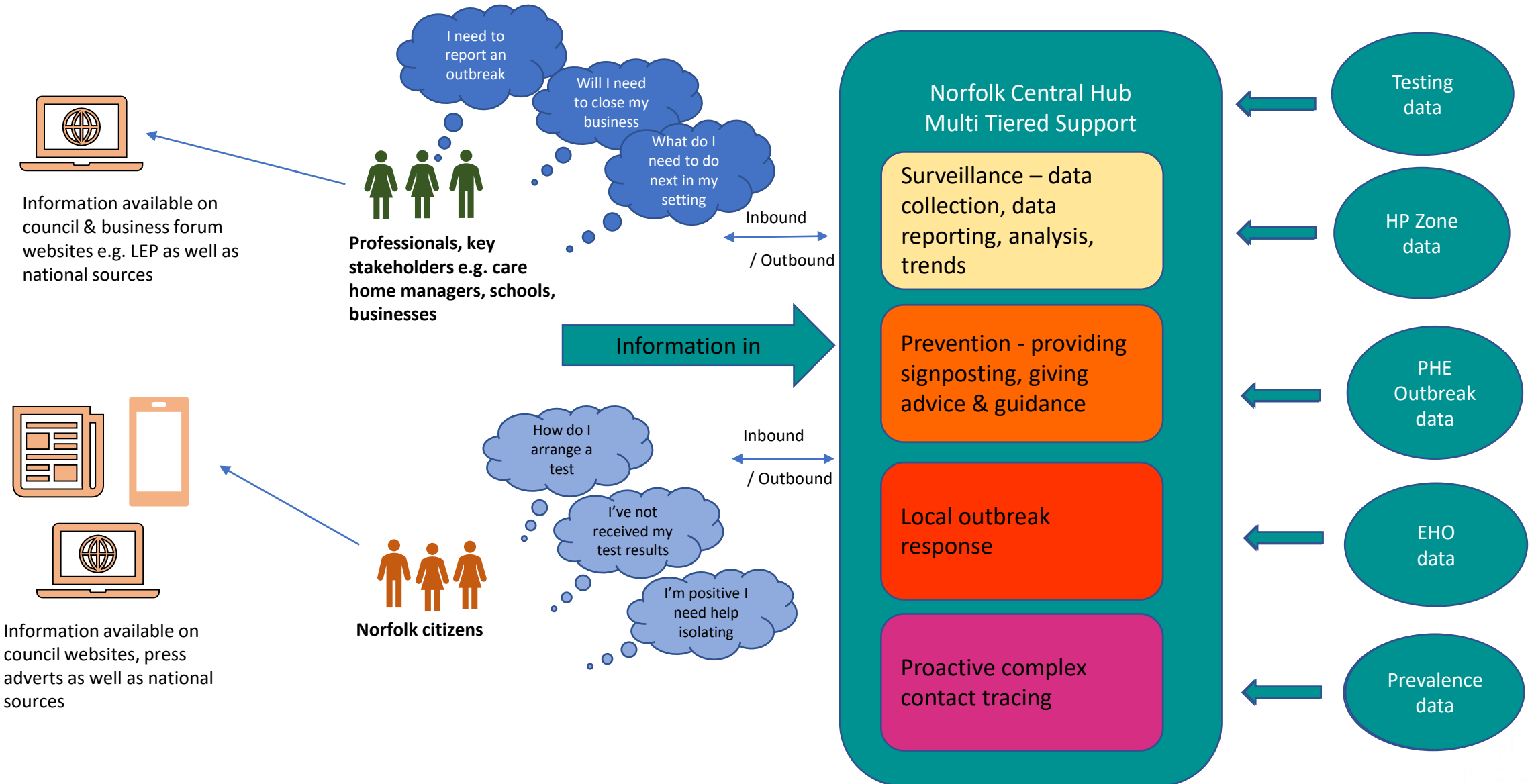
Data analysts

Communications

Outbreak Centre Model



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

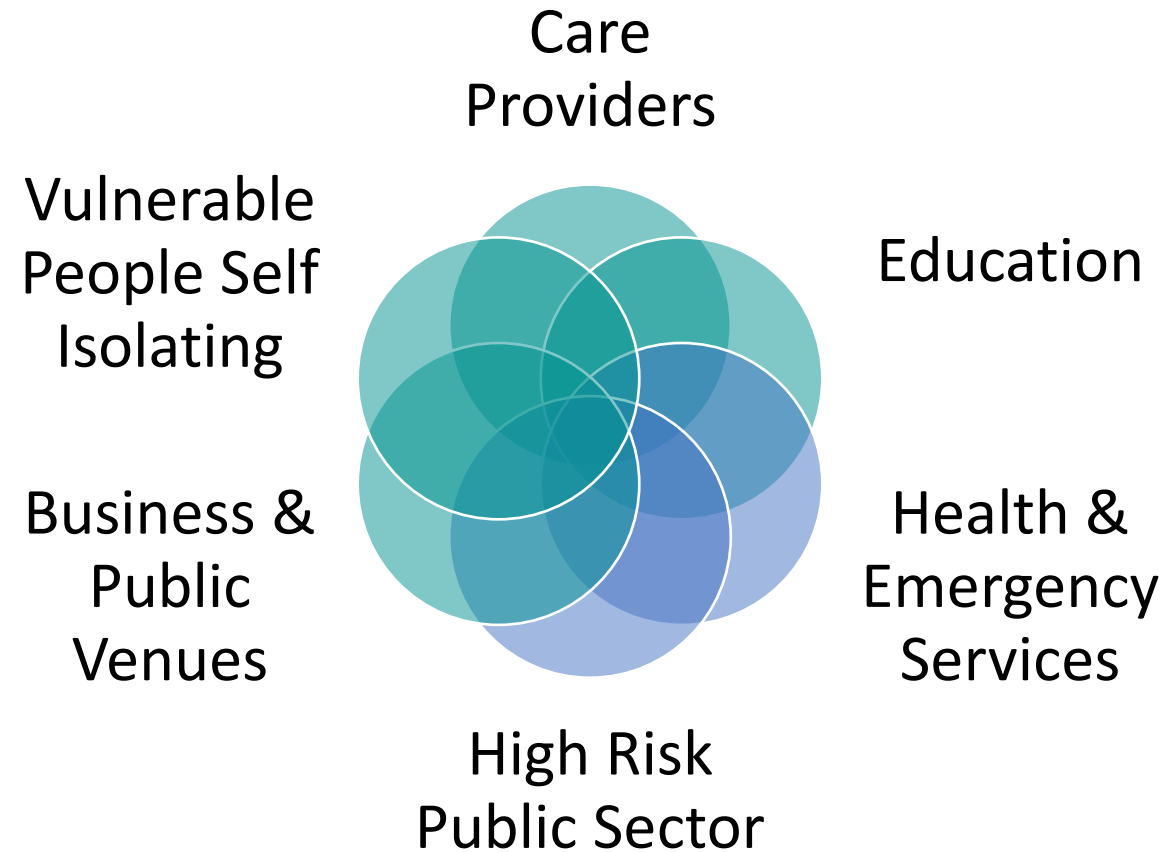
- Will require the whole local system to respond
- Staff will take on new and additional delivery activity
- Secondments and new appointments
- Recognising the structures of the main partners
- Ensuring resources reflect this multi-agency response

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.

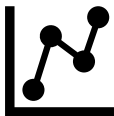
The Public Health England /Local Authority standard operating procedure provides a framework for the joint management of COVID-19 outbreaks in care homes and similar settings including extra care housing and supported housing.

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.

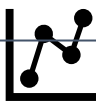
The Public Health England /Local Authority memorandum of understanding (draft) provides a framework for the joint management of COVID-19 outbreaks.

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

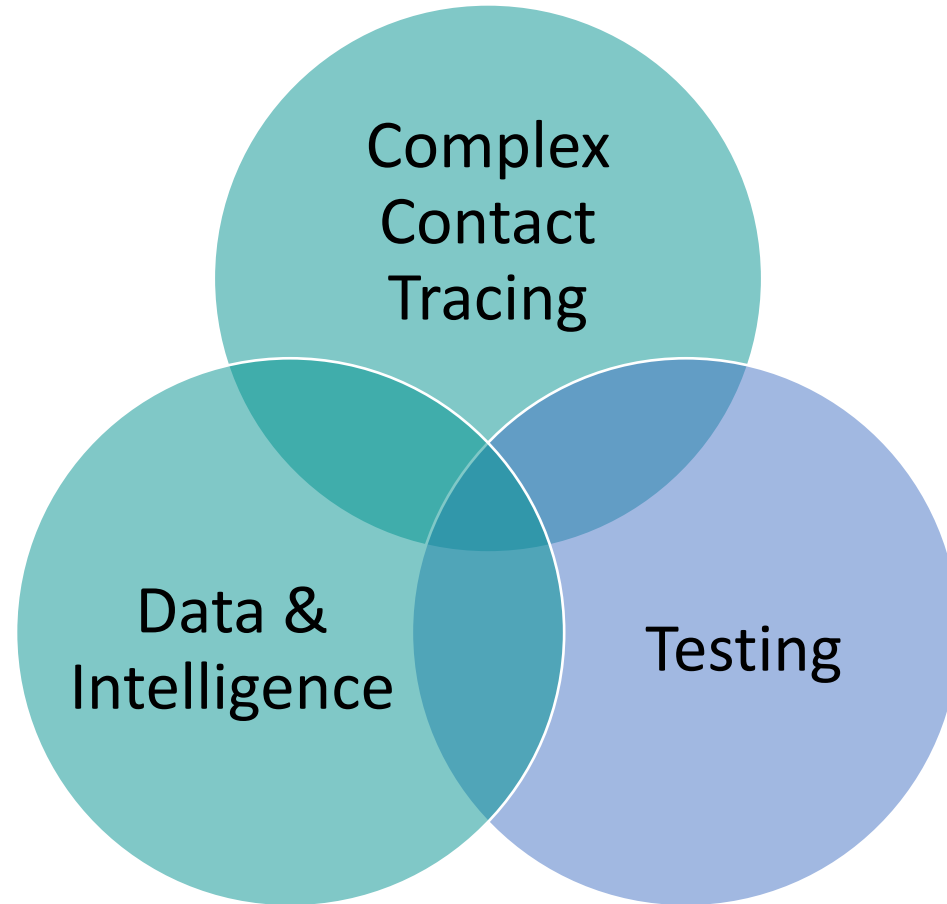
Roles and responsibilities in Multi Tiered Hub

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)

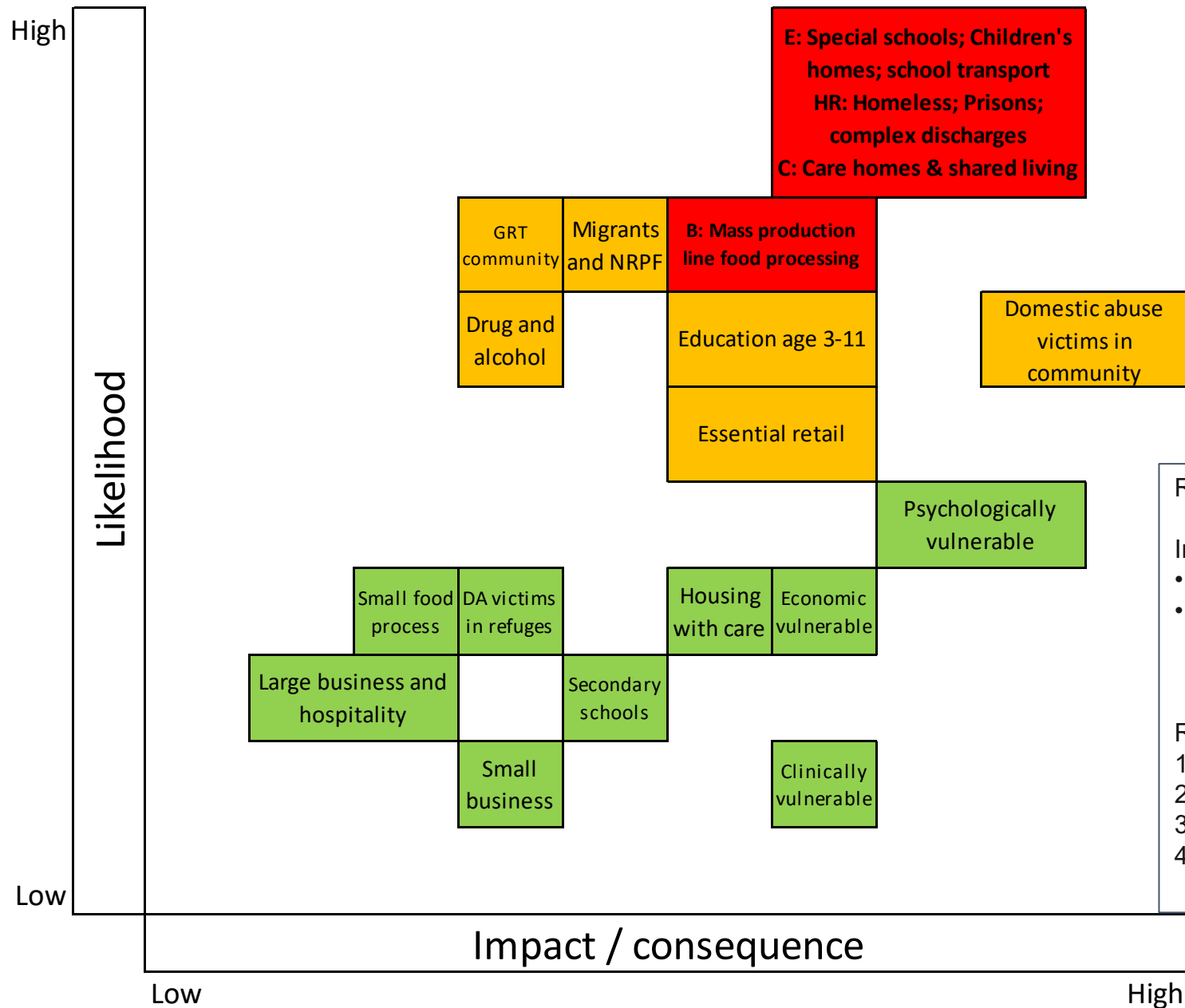
Issues and Risks

- 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



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