



Scrutiny Committee

Minutes of the Meeting Held on 27 May 2020
at 10:00 as a virtual teams meeting

Present:

Cllr Steve Morphew (Chair)
Cllr Alison Thomas (Vice-Chair)

Cllr Stefan Aquarone
Cllr Roy Brame
Cllr Emma Corlett
Cllr Phillip Duigan
Cllr Ron Hanton

Cllr Chris Jones
Cllr Joe Mooney
Cllr Judy Oliver
Cllr Richard Price
Cllr Dan Roper

Parent Governor Representative

Mr Giles Hankinson

Church Representative

Ms Helen Bates

Also present:

Tom McCabe

Head of Paid Service and Executive Director of Community & Environmental Services

Fiona McDiarmid

Executive Director Strategy and Governance

Caroline Clarke

Head of Registration and Coroners, Democratic Services

Ceri Sumner

Director of Community Information & Learning

Debbie Bartlett

Assistant Director - Strategy & Transformation, Adult Social Services

Hannah Shah

Public Health Policy Manager

Helen Edwards

Director of Governance

Dr Louise Smith

Director of Public Health

Sarah Rhoden

Assistant Director of Performance and Governance

Simon George

Executive Director of Finance and Commercial Services

Martin Hinchliffe

Digital Skills Consultant Strategy and Governance Department

Karen Haywood

Democratic Support and Scrutiny Manager

Tim Shaw

Committee Officer

1. Chair's Opening Remarks

- 1.1 The Chair welcomed those who were present at today's meeting to what was the first virtual meeting of the Scrutiny Committee of Norfolk County Council and only the second virtual meeting held by the County Council.

1.2 Apologies for Absence

- 1.1 Apologies were received from Cllr Hayden Thirtle and Mr Paul Dunning (Church Representative).

2 Minutes

- 2.1 The minutes of the meetings held on 20 February 2020 and 17 March 2020 were confirmed as an accurate record and signed by the Chair.

3. Declarations of Interest

- 3.1 Cllr Emma Corlett declared an "Other Interest" for item 9 because she the chair of trustees of two charities who had received a Norfolk Community Foundation Covid-19 emergency grant.

4 Urgent Business

- 4.1 No urgent business was discussed

5. Public Question Time

- 5.1 No public questions were raised.

6. Local Member Issues/Questions

- 6.1 No local Member questions were received.

7. Call In

- 7.1 The Committee noted that there were no call-in items.

8. Overview of COVID-19 – Public Health

- 8.1 In his introductory remarks the Chair said that he was very proud of the way in which Norfolk County Council staff had responded to the Covid-19 pandemic by supporting the most vulnerable people in society and keeping key public services running. He added that the effectiveness of the Council's response was enhanced by the partnership approach adopted by Dr Louise Smith, the Director of Public Health, and her team who had helped to protect and secure Norfolk's future.
- 8.2 The Committee received a detailed presentation from Dr Louise Smith, the Director of Public Health, which examined Norfolk's combined response to Covid-19. The presentation, which included details regarding the numbers of Covid-19 cases in Norfolk and the pattern of infection, could be found on the Council's Committee pages website.
- 8.3 The issues that were considered by the Committee included the following:
- The numbers of cases of Covid-19 in Norfolk remained at the lower end of the expected range. The peak in numbers had happened earlier than expected, in the week leading up to the Easter weekend and so the number of deaths were also slightly lower than expected.
 - The County Council was planning for a recovery from Covid-19 through a slow easing of lockdown conditions, including the widening of the opening of

schools from the beginning of June and the widening of the opening of businesses from the beginning of July.

- It was pointed out that the numbers of people going into A&E had started to return to normal levels. Steps had been taken to explain to the public the importance of them making proper use of A&E and of GP services, and to plan for the return of NHS services that were put on hold during the pandemic.
- The Director of Public Health was asked to bring to a future meeting details about how excess deaths from Covid-19 should be measured, particularly where they occurred in the community and in care home settings. In reply, the Director said that she would provide at a future meeting a data analysis of information available from the office of national statistics to show the current level of deaths in Norfolk from all causes compared with the five-year rolling average.
- Councillors stressed the importance of collecting information about the reasons why some care home settings had experienced no cases of Covid-19 while others had experienced several cases. An early analysis of the data had shown that approximately a quarter of Norfolk's care homes had clients who had died from Covid-19. While comparative information with other rural counties was not yet fully available (and would be brought to a future meeting) Norfolk had experienced the lowest Covid-19 rate in the Eastern Region. Adult Social Services, Public Health and NHS partners were collaborating to support care providers, particularly care homes where the impact of Covid-19 posed significant risk to vulnerable people. The approach that was being taken included surveillance and tracking, prevention advice, testing, and intensive support for outbreaks.
- It was pointed out that there were significant variations in the impact of Covid-19 across the Norfolk districts. While all the data required to analysis the reasons was not yet available (and would be brought to a future meeting) early indications showed that the west of the county had experienced the most cases, partly because when the lockdown came the epidemic had not reached the east of the county.
- Planning for a pandemic had started well before Covid-19 was discovered. In September 2019 Norfolk tested, under exercise, a Flu Pandemic Plan, enabling the Norfolk Resilience Forum to draw up emergency plans for pandemic flu, and for other system functions such as the management of mass deaths. The impact of this exercise was something which would need to be reported back to the committee when more information became available.
- The next key phase would come with the start of "Track and Trace" but it was too early to say with any confidence how this would work in practice. The Government had given a national commitment to put in place the workforce resources for contact tracing.
- Public Health in Norfolk would give special attention to the health needs of those who led complex lives, such as the street homeless, and had put in place a dedicated work stream for this purpose. It would be possible to share information about this work with Councillors at a future meeting.
- Norfolk Heathwatch was examining the health experiences of people with the Covid-19 condition and the effect of the virus on mental health.
- Cause of death on death certificates could be reported based on a lab test where one had been done, or on the basis of the doctor's clinical opinion where testing had not been done. Some deaths that occurred outside a

hospital setting were based on tests done by community nurses and those who had gone into care homes but others would not be, however, the system to record cause of death was reliable.

- A national strategy was being developed on the frequency of testing needed in care homes. Further information would be available at a future meeting. While there was always an element of luck, some care homes were better placed to be able to prevent infection because of their own physical layout and because they had less staff movement than had others.
- While the CQC was responsible for the formal monitoring of care homes it was worth noting that adult social services had a quality control team of its own which had been used to assist care home providers and to back up the work of the Resilience Forum in getting emergency supplies of PPE to care home providers. The work of the local social care team, along with local NHS colleagues, has formed a vital function supporting care home providers.
- The Chair pointed out that no one organisation had an overriding responsibility for Care Homes. Overall responsibility was an issue that needed to be addressed as part of the forward work programme.
- In reply to further questions, the Director of Public Health said that Local Authority public health directors had independent and impartial voices which enabled them to adapt central government messaging to best reflect the needs of their areas. There were sometimes differences in the way the government's message should be made more specific for different areas. Those working for the NHS were expected when communicating through the media to follow the lead taken by the NHS at the national level.

8.4 **RESOLVED**

To note the report and to thank Dr Louise Smith, the Director of Public Health, on her helpful presentation.

9 **Overview of the County Council's Covid-19 emergency response**

- 9.1 The Committee received a report from Tom McCabe (Head of Paid Service and Executive Director, Community and Environmental Services) that provided an overview of the County Council's Covid-19 emergency response to date. The report included a summary of the arrangements for the multi-agency response coordinated through the Norfolk Resilience Forum (NRF), which included the County Council as a core key member. The report also set out the command, control and co-ordination structures that were available to deal with the emergency and the three-stage approach that had been adopted by the County Council and the NRF to deal with the response phase.
- 9.2 The Committee received two presentations for this item. These were made available on the Committee pages website at the end of the meeting (the first was about Community Resilience and the second about the Mortality Delivery Pathway Group).
- 9.3 The first presentation was given by Ceri Sumner, Director for Community Information and Learning at the County Council, who, as part of the Norfolk Covid-19 response, was the joint lead of the community resilience delivery group, part of the NRF.

- 9.4 During the presentation the Director for Community Information and Learning explained how the community response offer was actioned either by volunteers, community groups or redeployed council staff. It was pointed out that a Norfolk Vulnerability Hub had been put in place to allow for the sharing of information with the Districts in a safe way. Of over 4,000 volunteers, 3,200 were available for use as part of the community response (with 60% of this number being under 60 years of age) and the remainder assigned to NHS tasks. Over 2,000 food parcels came through the food distribution hub that had been set up centrally. 41,000 Norfolk residents were supported.
- 9.5 The second presentation was given by Caroline Clarke who explained the objectives and work of the Mortality Pathway Delivery Group. She said that normally there were some 200 deaths a week in Norfolk (with anything above that figure considered to be excess deaths). Some 20% of all deaths were referred to the Coroner Service. Covid-19 was not a reportable cause of death but if the cause of death could not be determined, for example because the deceased had not been seen by a doctor in recent days, then the Coroner could investigate to assess if Covid-19 might have been a contributory cause. During an emergency the County Council was responsible for managing the impact of excess deaths. The Mortality Pathway Delivery Group had set up a temporary mortuary facility (which had not needed to be brought into operation) to prevent hospitals from being overwhelmed. The Group had given guidance on PPE to funeral directors and advice to burial authorities, crematoria and funeral directors on managing activity and numbers at funerals. The Group had also worked with faith and community groups to inform and advise the public. It was pointed out that no birth registrations or weddings had taken place since 23 March 2020.
- 9.6 The issues that were considered by the Committee included the following:
- In reply to questions it was pointed out that the de-briefing sessions about the pandemic that were currently taking place in Norfolk would enable lessons to be learnt and to be brought back to a future meeting of the Committee.
 - Specific lessons were being learnt about how in an emergency schools could be closed at short notice and about how to protect the local food chain. Small local food suppliers who under normal circumstances would have been busy supplying local eateries and hotels had helped in many rural towns and villages to bolster resilience in the food chain. Ways needed to be identified to help them to continue to carry out this resilience role in the future.
 - It was pointed out that the breakdown in the national supply chain for PPE would have been a more serious problem if Norfolk had not at an early stage sourced its own high standard PPE on the international market.
 - In reply to questions about whether it would have been easier if Norfolk's Councils had been solely tasked with the delivery of food boxes to all those vulnerable residents who were identified as requiring assistance, rather than tasked mainly with filling in gaps in service delivery, officers said that the scale of activity would have been too large a task. Some 21,000 Norfolk residents had sought support with a door step delivery of food on a weekly basis. The Norfolk Councils had carried out an important function in meeting special dietary requirements and non-standard needs.
 - It was suggested that the Government should have involved Councils in more detailed planning for Covid-19 before making announcements in the

news media. The Government had failed to take proper account of important local circumstances such as that the Easter holidays started earlier in Norfolk than in the London boroughs.

- Officers agreed to ask of the Government what data protection protocols they had put in place with private companies tasked with supplying the needs of the vulnerable. It was however pointed out that this had only involved the sharing of very limited information.
- It was noted that the County Council waited to hear from the Government when civic marriages could start up again. A gradual response was expected starting with small scale marriage events which were easier to manage than the larger events often held in historical and stately homes that were currently closed to the public.
- Where Council staff were redeployed to assist in the local community the requirement for the use of volunteers was less. When Council staff had returned to their substantive roles the requirement for volunteers would increase.
- It was suggested that a common template of questions about the lessons learnt from the pandemic should be shared with local community groups and that an analysis (by local area) of the support and assistance in the pandemic should be supplied to the Committee. This information would be of particular use to Parish and Town Councils in dealing with future local emergencies.
- It was pointed out that there were a range of issues that had been raised at recent Group Leaders meetings about protecting vulnerable communities where the Council was waiting for clarification from the Government and that this should be made available to Councillors when available.
- In reply to questions it was pointed out that while the country's death certification system was one of the best in the world it did not always follow that where there was a death in the community from Covid-19 that this would be identified as the main cause of death. Guidance had been issued to clinicians that they did not require a positive test in order to put Covid-19 on the death certificate. A higher proportion of excess deaths were now being ascribed to Covid-19 but because of the low overall numbers it was difficult to put a number on what were excess care home deaths. Additional information about where Covid-19 was the cause of death might be available to the Committee when the results of research work currently being undertaken at the UEA into how deaths should be classified was made public.
- Councillors asked for information to be made available to the Committee about how the core service offer had changed as a result of Covid-19 and how this was viewed through the eyes of service users. In reply it was pointed out that work on modelling long-term recovery and increased demand for services had commenced but that it would take some time before this became clear.
- It was suggested by Councillors that future reports should include a timeline of activities, web links and comparisons with the position taken by Councils elsewhere. This could also be done through the regular updates that were provided to Councillors.
- It was pointed out that the County Council had a large range of work streams tasked with tackling the significant rise in scams that arose as a result of Covid-19. Issues for future meetings included future health and

well-being and mental health, substance and domestic abuse and support to voluntary organisations with bereavement services.

- It was recognised that many blind and partially sighted people might have developed a routine to navigate daily tasks in their community that might not currently be available to them and that they were unable to access web information about Covid-19. It was therefore necessary through the work of charities to provide key information to them in a variety of traditional and new formats.
- The District Councils had consulted with the County Council on specific responses to Government about issues such as the opening of toilet facilities at seaside resorts. An answer to a specific question from Cllr Price about one of the responses concerning a local policing issue would be provided by the Executive Director Strategy and Governance after the meeting.

9.7 RESOLVED

That Councillors note the report and place on record thanks to the officers who had provided presentations at today's meeting for all their hard work.

10. Covid-19 - Scrutiny Committee Forward Work Plan

10.1 The Committee considered the forward work plan.

10.2 RESOLVED

That the following is a summary of headlines from the lessons to be learnt from Covid-19, to be feed into current emergency planning and long-term recovery planning and included in the Committee's future work programme:

- **Care homes**
- **PPE**
- **Food resilience**
- **The community response**
- **Children and parenting**
- **The health and well-being of people following the outbreak, including their mental health and issues about substance and domestic abuse.**
- **Local Track and Trace.**

10.3 **That the Chair and Vice-Chair in consultation with the Group Spokes agree a programme of scrutiny work following this meeting in response to the issues raised.**

The meeting concluded at 13:10

Chair