

# Norfolk's Local Outbreak Control Plan

**Protect Ourselves. Protect Others. Protect Norfolk.**

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## 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

On 22nd May 2020 the UK Government announced that as part of its national strategy to reduce infection from SARS-CoV-2 it required every upper tier local authority area in England to create a Local Outbreak Control Plan.

Government expects that local plans, led by the Director of Public Health, will be produced by the end of June 2020. This document is the Norfolk Local Outbreak Control Plan. As new ways of working are established and the evidence on how COVID-19 is spreading in our community emerges, the plan will be revised and developed further.

The Outbreak Control Plan 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. The plan identifies the role we can play as individuals to **Protect Ourselves** and **Protect Others**; and how we will work together as a system to **Protect Norfolk**.

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

**Protect Ourselves. Protect Others. Protect Norfolk.**

## Aims

The aims of Norfolk's Local Outbreak Control Plan are to protect the health of the people of Norfolk and to reduce the spread of COVID-19.

**Support people in Norfolk to protect themselves by:**

- Prioritising preventative measures such as hand washing
- Support social distancing in public places
- Encourage people to access testing immediately if they are unwell

**Take actions to protect others through:**

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

**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

## Objectives

To deliver this we will undertake:

### 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 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

- 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**

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

### Working with NHS Test and Trace

NHS Test and Trace 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

To deliver the plan, a health protection “action cycle” approach will be used to:

- Assess data and evidence of disease patterns in our communities
- Use up to date evidence on what interventions are effective
- Rapidly formulate a plan of actions
- Implement these actions in local settings
- Evaluate the impact and seek assurance of disease control

Each of these actions are necessary to manage outbreaks, even if they are extremely rapid in execution in practice. This cycle remains the same regardless of setting. It may need to be iterative: worked through multiple times until control is established and evidenced.

### Prioritising prevention

Prevention must come first. Simple preventative measures are the most effective way to protect the people of Norfolk and to make the best use of our resources. We will support individuals to *Protect Themselves* and community leaders responsible for public venues, workplaces and settings to *Protect Others* with:

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 online or by phone
- Give NHS Test & Trace the information they need
- Isolate if you are a contact
- Follow travel regulations

### What is an Outbreak?

Local outbreaks

- 2 or more cases
- High risk setting such as school, key workplace, care home, health clinic

## NORFOLK'S LOCAL OUTBREAK CONTROL PLAN

- 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

### Outbreak Management Joint Response

Working to an operating protocol with Public Health England the process for managing outbreaks includes:

1. Operation centre notified of an outbreak by PHE
2. Operation centre will set up an urgent joint outbreak control team for the named specific venue
3. Joint review of the issues and risks involving the local leads
4. Actions jointly agreed
5. Operations Centre will support implementation of actions
6. Follow up to ensure implementation and confirm no infection spread

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

### Keeping everyone informed

A comprehensive communication programme to:

- Communicate with the general public
- Work with and support key professionals
- Provide reactive and emergency communications

The communications plan will:

- Speak to individuals with behavioural nudges, social media, and tailored local marketing

## NORFOLK'S LOCAL OUTBREAK CONTROL PLAN

- 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

### Responding to emergencies and outbreaks:

- 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

Norfolk residents and workers

#### Prevention:

- 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

#### Engagement:

- Everyone who is symptomatic self isolates immediately and is tested
- Everyone who tests positive self-isolates for 10 days. Everyone contacted by tracers isolate for 14 days
- Everyone who tests positive provides honest information to tracers

#### Containment:

- 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

### Key stakeholders

#### Prevention:

- Reduced risk of COVID19 infection within setting for staff and customers (service-users)

#### Engagement:

- 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

#### Containment:

- 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

### Target Audience

Norfolk residents and workers PLUS

#### Vulnerable people:

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

#### High risk communities:

- Homeless charities
- District councils

## NORFOLK'S LOCAL OUTBREAK CONTROL PLAN

- 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

### 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 and public venues incl. Food manufacturers

#### High risk public sector

#### Health settings and emergency services

## Legislation and Statutory Role of DPH

### The Health Protection Duties

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.

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.

- Public Health Act 1984 & Health Protection Regulations 2010
- Environmental Health Officers
- Health & Social Care Act 2008 & associated Regulation
- Directors Public Health
- Public Health England
- 2020 Coronavirus Act and Regulations

### 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.

The Health Protection (Local Authority Powers) Regulations 2010. 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

Public Health (Control of Disease) Act 1984. 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

The Coronavirus Act 2020. 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 East of England
- 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

## Local Outbreak Boards

To support the delivery of the Local Outbreak Control Plan, a new governance structure and new groups with distinct roles and responsibilities have been formed:

1. Norfolk COVID-19 Engagement Board with political ownership and public-facing engagement and communication
2. Norfolk COVID-19 Health Protection Board with strategic oversight of COVID-19 infection and plan implementation
3. Norfolk COVID-19 Specialist Advisory Group advising on data, intelligence and evidence
4. Norfolk COVID-19 Programme 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 comprising:

- Breckland District Council Leader
- Broadland District Council Leader
- Great Yarmouth Borough Council Leader (Vice Chair)
- Borough Council of Kings Lynn and West Norfolk Leader
- Norfolk County Council Leader (Chair)
- North Norfolk District Council Leader
- Norwich City Council Leader
- South Norfolk District Council Leader

The following officers will also be invited members of the Board

- Director of Public Health
- Chief Constable Norfolk Constabulary
- Chair of Norfolk and Waveney Clinical Commissioning Group
- Assistant Director of Communications Norfolk County Council
- Chair of the Health and Wellbeing Board

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 Clinical Commissioning Group (CCG) Chief Executive and by the Director of Governance Norfolk County Council (NCC).

**Meeting Management Frequency, Duration:** Quarterly, to commence 26th June 2020.

## NORFOLK'S LOCAL OUTBREAK CONTROL PLAN

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

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:**

- Director Public Health (Chair)
- NCC Head of Paid Service
- Chief Executive Breckland District Council
- Managing Director Broadland and South Norfolk District Council
- Chief Executive Great Yarmouth Borough Council
- Chief Executive Kings Lynn & West Norfolk Borough Council
- Chief Executive North Norfolk District Council
- Chief Executive Norwich City Council
- Chief Executive Norfolk and Waveney Clinical Commissioning Group
- Chief Nurse NNUH
- Director of Nursing and Quality NCHC
- Health Protection East of England Deputy Director, PHE EoE Consultant (CCDC)
- NCC Public Health Consultant Health Protection Lead
- Chair Norfolk Resilience Forum
- Independent Chair Specialist Advisory Group
- NCC Assistant Director Communications
- NCC Public Health Local Outbreak Control Plan Programme Delivery Group Lead
- Trading Standards
- Care Providers Lead
- Education Settings Lead
- High-Risk Public-Sector Lead
- Business/Public Venues Lead
- Health Settings and Emergency Services Lead
- Vulnerable People Self-Isolating Lead
- Testing Lead
- Contact Tracing Lead
- Data & Surveillance Lead

The HPB will invite other relevant representatives from agencies or organisations to attend subject to specific agenda items:

- Outbreak Control Plan Programme Delivery Group members
- Executive Directors and Directors of Services
- 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.

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 will provide analysis and knowledge from research, best practices, professional and lived experience to ensure the local 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 inclusivity and academic fields.

**Chair:** PH Consultant lead for Health Protection

**Membership:**

Independently Chaired group of:

- Specialist Researchers
- Health Protection Advisers
- Infection Control Director Infection Prevention & Control - NHS
- Epidemiologists
- Representatives from groups addressing diversity, inclusion and inequalities (COVID-19 related) including from voluntary sector and liaison groups
- Population health advisers e.g. wellbeing and mental health
- Others as required

**Meeting Management Frequency, Duration** The Specialist Advisory Group will meet quarterly.

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:**

- Programme Delivery Group Lead (Chair)
- Care Providers Cell Lead

## NORFOLK'S LOCAL OUTBREAK CONTROL PLAN

- Education Settings Cell Lead
- High-Risk Public-Sector Cell Lead
- Business and Public Venues Cell Lead
- Health Settings and Emergency Services Cell Lead
- Vulnerable People Isolation Cell Lead
- Testing Cell Lead
- Contact Tracing Cell Lead
- Data and Intelligence Cell Lead
- Public Health Leads for each of the LOCP Delivery Group cells (above)
- NCC Health and Safety
- Communications Cell Lead
- Public Health England East of England Health Protection Team Consultant
- Information Management Technology (IMT) Lead
- Workforce Lead
- NCC Public Health Consultant 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, and co-ordinate activities between the specialist groups, and 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 to:

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 for those that need it:

- 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 Operating Model

Inform and support

Providing information and guidance, signposting and 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

## NORFOLK'S LOCAL OUTBREAK CONTROL PLAN

### Surveillance

#### Gather data, intelligence and 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

#### Including:

- Operations lead
- Call handlers
- Business support
- Contact tracing officers
- Public Health Consultants
- Specialist advisors
- Epidemiologists
- Data analysts
- Communications

#### Implemented in 2 phases:

- To September 2020 existing resources & interim arrangements
- Recruitment for second phase

### 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

NOC call handlers & operations lead:

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- 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

### Disease surveillance

#### 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

### Outbreak Management with Public Health England

#### NOC Operation Lead, Specialist Advisers, Public Health Consultants:

- Operation Lead dials into outbreak calls led by 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 feedback on issues/ updates as frequency of outbreak necessitates until outbreak closed

### Complex Contact Tracing

#### Operations lead & Specialist Advisers:

- Referrals from NHS Test & Trace
- Multiple disciplinary meeting to determine the actions
- Liaise as necessary with specialist advisers
- Specialist Advisers 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

## 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

### Risks

Risk	Mitigation	Rating
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	HIGH
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	MEDIUM
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	HIGH
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	HIGH
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	MEDIUM
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	HIGH
Public Health England capacity to deliver the current level of their role to identify all	Continue to discuss with PHE, to understand and be assured of capacity forecast. Ensure the outbreak control	HIGH

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Risk	Mitigation	Rating
outbreaks and do all the initial assessments, especially if the number of outbreaks rise	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	MEDIUM
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	HIGH

## APPENDIX 1 DELIVERY GROUPS

- Care providers
- Education
- Health and Emergency Services
- High Risk Public Sector
- Business and public sector
- Vulnerable people self-isolating

### 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	<p>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.</p> <p>348 CQC registered care homes in Norfolk. Across all Care providers – 871 locations with 11,129 accommodation-based place.</p> <p>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.</p>
Roles and responsibilities in Multi -Tiered Hub	<p><b>Local intel</b> gathered by Quality monitoring officers, local testing teams, infection control nurses and clinical leads. Access to local testing data.</p> <p><b>National intel</b> including outbreak reported shared by PHE and whole home testing status from DHSC</p> <p><b>Joint CCG and NCC</b> communication to care providers on outbreak support, testing, guidance and policy changes. Dedicated outbreak content on NCC website.</p> <p><b>Quality monitoring officers</b> provide a single point of contact to settings experiencing an outbreak</p> <p><b>Public health consultants</b> provide outbreak oversight</p> <p><b>CCG</b> and wider stakeholders involved in outbreak management as required</p> <p>Multi-disciplinary escalation meetings</p>

### Education Settings

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.

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	<p>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.</p> <p>The Public Health England /Local Authority memorandum of understanding (draft) provides a framework for the joint management of COVID-19 outbreaks in education settings.</p>
Roles and responsibilities in Multi-Tiered Hub	<p><b>Local intel</b> gathered by Education Cluster Lead officers.  <b>Test</b> refer to national portal  <b>National intel</b> including outbreak reported shared by PHE</p> <p><b>NCC</b> communication to settings on outbreak support, testing, guidance and policy changes.  Dedicated outbreak content on NCC &amp; Just One Norfolk website.</p> <p><b>Education cluster lead officers</b> provide a single point of contact to settings experiencing an outbreak,  <b>Public health consultants</b> provide outbreak oversight  Escalation meetings to be agreed with PHE</p>

Health Settings 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	<p>Health settings include NHS commissioned services, primary care, acute trusts, community providers, pharmacies. Emergencies include ambulances, police and fires &amp; rescue.</p> <p>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.</p>
Roles and responsibilities in Multi -Tiered Hub	<p><b>Local intel</b> gathered by PCIR  <b>Test</b> refer to testing pathways, patients to attend hot sites  <b>National intel</b> including outbreak reported shared by PHE</p> <p><b>NCC</b> communication on outbreak support, testing, guidance and policy changes.  Dedicated outbreak content on websites.</p> <p>IMMARCH data capture  <b>CCG</b> provide single point of contact to settings and services experiencing an outbreak.</p> <p><b>NHSE/I</b> as category 1 responders, operate enhanced leadership and decision making in an incident or emergency. CCGs are expected to provide support to NHSE/I in relation to the coordination of their local health economy in an emergency or outbreak situation.</p> <p><b>Public health consultants</b> provide outbreak oversight</p>

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	<p>Groups at high risk of disadvantage including BAME communities, faith communities, digitally excluded, rough sleepers, GRT - about 80 temporary accommodation facilities B&amp;B, hotels, hostels, self-catering 9 single and large dwellings and spread across Norfolk with majority in the more urban centers; 4 authorised gypsy &amp; traveller sites and 1 transit site in Norfolk</p> <p>The Public Health England /Local Authority memorandum of understanding procedure provides a framework for the joint management of COVID-19 outbreaks in education settings.</p>
Roles and responsibilities in Multi-Tiered Hub	<p><b>Local intel</b> gathered from network of individuals  <b>Test</b> refer to testing pathways  <b>National intel</b> including outbreak reported shared by PHE.</p> <p>Strong networks in place with key providers for this cohort.</p> <p><b>Lead officers</b> to provide single point of contact to communities experiencing an outbreak  <b>Public health consultants</b> provide outbreak oversight.</p>

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	<p>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.</p> <p>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.</p> <p>The Public Health England /Local Authority memorandum of understanding (draft) provides a framework for the joint management of COVID-19 outbreaks.</p>
Roles and responsibilities in Multi-Tiered Hub	<p><b>Local intel</b> gathered by District Environmental Health officers, trading standard officers.  <b>Test</b> refer to national portal  <b>National intel</b> including outbreak reported shared by PHE.</p> <p><b>NCC</b> 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.</p> <p><b>Environmental Health officers &amp; trading standard officers</b> provide a single point of contact to business and venues experiencing an outbreak</p>

	<p><b>Public health consultants</b> provide outbreak oversight &amp; lead on risk assessment. Part 2A business regulations / fines / prosecutions.</p>
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### 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	<p>The people supported will include:</p> <ul style="list-style-type: none"> <li>• Clinically vulnerable – also referred to as the shielding population</li> <li>• Physically vulnerable – those suffering physical effects of self-isolation (abuse, increased frailty, delayed access to primary care)</li> <li>• Mentally vulnerable – those suffering mental impacts of longer-term isolation (delayed access to treatment, stress, anxiety, loneliness)</li> <li>• Economically vulnerable – those who are suffering economic hardship as a result of self-isolation and wider economic impacts</li> </ul>
Roles and responsibilities in Multi-Tiered Hub	<p><b>Local intel</b> gather requirements</p> <p>Hand over to the community support operating model to ensure delivery of essential supplies and support.</p>

## APPENDIX 2 SYSTEM CAPABILITIES

- Complex contact tracing
- Testing
- Data and Surveillance

### Complex Contact Tracing

<b>Aims and Objectives</b>	Identify and mobilise local capabilities for complex contact tracing that may be needed to complement regional Tier 1 PHE HPT, particularly around: <ul style="list-style-type: none"> <li>a) Hard to reach groups/settings</li> <li>b) Surge capacity planning</li> </ul>
<b>Scope</b>	See individual workstreams, particularly High-Risk communities
<b>Existing Infrastructure/assets</b>	<ul style="list-style-type: none"> <li>• Experience in contact tracing in select staff groups (PH, Sexual health, EHOs)</li> <li>• Established liaison links for hard-to-reach groups</li> <li>• Established joint working with PHE HPT</li> <li>• Direct or commissioned responsibility for certain settings</li> </ul>
<b>Current processes and responsibilities</b>	<ul style="list-style-type: none"> <li>• Primary contact tracing – National NHS Test and Trace Tiers 2/3</li> <li>• Complex settings/situations – Tier 1 Regional PHE HPT</li> </ul> <p>Default is that all contact tracing is undertaken by national/regional Tiers 1-3 – no current expectation for LA involvement.</p> <p>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.</p>
<b>Issues and risks</b>	<ul style="list-style-type: none"> <li>• No dedicated trained workforce capacity outside of PHE HPT</li> <li>• 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?</li> </ul>
<b>Priority actions</b>	<ul style="list-style-type: none"> <li>• Scenario planning to anticipate high likelihood / high consequence scenarios where local involvement may be required or may add value</li> <li>• Develop scripts/training materials for ad hoc need</li> <li>• Clarify roles and responsibilities with PHE HPT</li> <li>• Plan capacity options to scale up for different demand levels</li> </ul>

### Testing

<b>Aims and Objectives</b>	<ul style="list-style-type: none"> <li>• To ensure anyone with symptoms of COVID-19 can be quickly tested</li> <li>• To provide targeted asymptomatic testing of NHS and social care staff and care home residents</li> <li>• To provide rapid testing results to support the investigation of local outbreaks where necessary</li> <li>• Co-ordination of all testing options available (regional and local) to ensure swift and accessible testing, targeted and prioritised according to need.</li> </ul>
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<p><b>Existing Infrastructure/assets</b></p>	<ul style="list-style-type: none"> <li>• A system-wide testing framework has been established, with strategic oversight, operational co-ordination and supporting task groups working across Norfolk and Waveney.</li> <li>• 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.</li> <li>• <b>Regional/National Testing Infrastructure</b></li> <li>• <i>Regional testing sites</i> - 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.</li> <li>• <i>Mobile testing units</i> - 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)</li> <li>• <i>Whole care home testing</i> - is now available via a dedicated national care home testing portal, with swabs delivered and returned via courier service.</li> <li>• <i>Postal service</i> - a postal service for swabs to be sent to individual homes is also in place.</li> <li>• <b>Local testing infrastructure</b></li> <li>• A responsive and high-quality local testing system is in place, which has provided the majority of testing to date for Norfolk and Waveney.</li> <li>• 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.</li> </ul>
<p><b>Issues and risks</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• An IT solution is needed to support the management of appointments and communication of results for the local testing infrastructure.</li> <li>• Members of the public without access to cars may find it difficult to access testing via the national system.</li> <li>• Access for testing for residents in West Norfolk will require review if the Wisbech proposal does not go ahead.</li> <li>• There are concerns regarding the timeliness of results from the national system, in particular for the care homes.</li> </ul>

	<ul style="list-style-type: none"> <li>Results via the national system do not currently get communicated with GPs or fed into local clinical records.</li> </ul>
<b>Priority actions</b>	<ul style="list-style-type: none"> <li>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.</li> <li>Procure a COVID booking system to support local swab and antibody testing.</li> <li>Secure rapid diagnostic laboratory analysers to support outbreak control.</li> <li>Ensure local results feed into the national tracing programme.</li> <li>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.</li> <li>Develop dynamic tasking of the mobile units in conjunction with the military liaison team, to provide a flexible response to local outbreaks.</li> <li>Ensure appropriate links in place with wider testing programmes, including antibody testing.</li> <li>Work with UEA and other partners to deliver innovation (e.g. genome sequencing) and implement emerging research findings</li> </ul>

Data and Surveillance

<b>Aims and Objectives</b>	<p>Data integration for:</p> <ol style="list-style-type: none"> <li>Epidemiology &amp; surveillance</li> <li>Response and action</li> </ol> <p>Several roles operational, strategic &amp; surveillance</p> <ul style="list-style-type: none"> <li>Collect, collate &amp; share population surveillance mapping based on people, place and settings</li> <li>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 &amp; urgent actions which may range from isolating individuals, containment in specific settings to contact tracing for households</li> <li>Operational data to enable local management</li> <li>Data surveillance &amp; infection density maps for surveillance &amp; operational maps</li> <li>Modelling of scenarios to inform capacity needed for workforce &amp; local testing</li> <li>Data flows for each “cell” as well as across the whole function of outbreak management &amp; population surveillance</li> </ul>
<b>Existing Infrastructure/assets</b>	<p>Infrastructure</p> <ul style="list-style-type: none"> <li>NCC GRID / Data Lake</li> <li>STP Digital data lake</li> </ul> <p>Local COVID-19 Phase 1 Metrics Dashboard</p> <p>Well mapped data flow for care homes – both operational and reporting</p> <p>Analysts &amp; leads reside in each of the separate organizations – e.g. Acutes, CCG, Districts, NCC – to use knowledge and skills &amp; avoid duplication of effort, agreement will be needed re tasks and governance (as per care homes)</p>

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<p><b>Issues and risks</b></p>	<ul style="list-style-type: none"> <li>• Governance for data and reporting – this can be undertaken by NODA</li> <li>• No IT system in place locally for recording outbreaks &amp; related information across the system (Health, LA and Districts) for care homes &amp; other settings</li> <li>• Unknown detail/timeliness of data feeds from regional/national bodies</li> <li>• No common identifiers for providers across health &amp; Local Authority</li> <li>• No mechanism of providing STP with list of care home residents</li> <li>• Unable to drill down in local key worker testing data</li> <li>• No access to testing results from National Portal</li> <li>• Unknown level of granularity of data from Joint Biosecurity Centre</li> <li>• Surveillance in real time of developing outbreaks and actual cases</li> <li>• Workforce modelling</li> <li>• Reporting requirements for some cells &amp; new Governance Boards</li> </ul>
<p><b>Priority actions</b></p>	<ul style="list-style-type: none"> <li>• 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)</li> <li>• National level reporting and information available (from MHCLG, JBC, etc)</li> <li>• Governance for reporting</li> <li>• Confirming any additional requirements beyond that currently in place for care homes for operational reporting</li> <li>• Confirm reporting requirements for surveillance</li> <li>• Confirm requirements for Governance boards</li> </ul>

## APPENDIX 3 RISK ASSESSMENT APPROACH

Risk matrix approach applied to people, places and settings, based on:

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

Likelihood and Impact / Consequence assessed as:

- Standard risk
- Increased risk
- High risk