

Report title:	Response to Covid-19 Pandemic
Date of meeting:	8 July 2020
Sponsor (H&WB member):	James Bullion, Director of Adult Social Care
<p>Reason for the Report To provide the Health and Wellbeing Board with an overview of the system response to Covid-19 and to identify the forward work programme of the Board in relation to this activity and the impact of the pandemic.</p> <p>Report summary This report provides the Health and Wellbeing Board with an overview of the multi-agency response to the Covid-19 pandemic. Presentations from health and wellbeing system partners on the response to the pandemic will be provided at the meeting.</p> <p>The contents of the report are based on circumstances that are changing frequently and therefore some areas may become superseded by new information on an ongoing basis.</p> <p>Recommendations The Health and Wellbeing Board is asked to:</p> <ol style="list-style-type: none"> a) Acknowledge the work that has been carried out during the Covid-19 pandemic. b) Formally thank staff and communities involved in the significant effort to keep people safe and protected. c) Discuss and identify the themes/priorities for the Health and Wellbeing Board to focus on over the next 12-18 months (to inform the forward plan for formal Board meetings, issues for Board development and deep dive sessions, and areas of focus for the Joint Strategic Needs Assessment). 	

1. Background

- 1.1 On 31 December 2019, the World Health Organisation (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, China. The cause is now identified as a Coronavirus, one of the family of viruses which caused the SARS (Serious Acute Respiratory Syndrome) outbreak in 2002-2003 across the world. The virus was subsequently named Covid-19.
- 1.2 In response, the UK government announced a four-phase strategy to deal with the spread of the virus. These are:
 - **Contain:** detect early cases, follow up close contacts, and prevent the disease taking hold in this country for as long as is reasonably possible;
 - **Delay:** slow the spread in this country, when the virus does take hold, lower the peak impact and push it away from the winter season either by a moderate delay strategy or a harder strategy to suppress the transmission;
 - **Research:** better understand the virus and the actions that will lessen its effect on the UK population; innovate responses including diagnostics, drugs and vaccines; use the evidence to inform the development of the most effective models of care;

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

- 1.3 On 16 March 2020, the UK government moved from Containment to Delay and announced significant changes to the social distancing and other measures asked of people, especially those with symptoms or who are more vulnerable.
- 1.4 From 20 March, the country went into “lockdown” with all, but essential movement allowed, with some lockdown restrictions eased during June.
- 1.5 The Civil Contingencies Act 2004 establishes the framework for emergency planning and response from local to national level, including the provision of temporary emergency regulations. At a local level, the Norfolk Resilience Forum is the principal mechanism for multi-agency cooperation under and is a well-established Forum that meets regularly to plan for emergencies. An approach for Norfolk was put in place under the Norfolk Resilience Forum to respond to the Covid-19 outbreak.

2. A system to response to the emergency

- 2.1 The local response to Covid-19 has been a huge community and partnership effort, with enormous change managed and delivered in just a few weeks.
- 2.2 Planning for a pandemic was started well before Covid-19 was discovered when in September 2019 Norfolk tested, under exercise, a Flu Pandemic Plan. This enabled the Norfolk Resilience Forum to draw up emergency plans for pandemic flu, and for other system functions such as the management of mass deaths.
- 2.3 Prior to the first cases in the UK, Norfolk County Council’s Public Health took a lead role in establishing the emergency response, reviewing the Flu Pandemic Plan and excess deaths plan in early February 2020 as the Covid-19 epidemic developed in Asia. By 12 February 2020, emergency planners, along with community NHS providers and Public Health stood up structures under the Norfolk Resilience Forum to support the implementation of the national Covid-19 strategy that initially focussed on containment. Support cells to address mortality pathways, epidemiological modelling, and communications were established at this stage also.
- 2.4 Public Health activities were intensified to support partners, including:
 - a) Data modelling to predict how many cases were likely to occur in Norfolk and the level of increased need for health and social care services. There is ongoing work to continue to model likely impacts; and, also monitoring and surveillance of current data to measure the current impact.
 - b) Strong media messaging on reducing the risk of infection, reassuring the public and seeking to mitigate the impact of social control measures. A localised campaign was launched, complementing national advice, and using behaviour change techniques to encourage Norfolk residents to practice good hand hygiene, stay home and maintain social distancing. The principles of basic communicable disease control remain our key communication messages and the bastion of management of control of infection spread.
 - c) Providing specialist public health advice on infection control and management.
- 2.5 The Norfolk Resilience Forum adopted a three-phase approach, as follows:

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

- 2.6 These arrangements established a strong system approach to tackling the pandemic with all main agencies (local authorities, NHS bodies, voluntary sector organisations, police and fire authorities, New Anglia Local Enterprise Partnership and other relevant bodies) working collaboratively to jointly plan, co-ordinate and risk manage the response to make the best use of resources, protect the NHS and deliver the best possible local response.
- 2.7 In the wake of the crisis and lockdown announcements, partners rapidly redeployed resources and took steps to minimise the risk of spread of the disease arising from activities. Activities were re-prioritised to reflect the new reality. A number of services were put onto a different footing to reflect the changed circumstances – with a different operating model or a change to emergency-only provision.
- 2.8 This has been a unprecedented public health challenge, and the system has had to respond swiftly and effectively to rapidly changing UK government announcements, including: establishing social distancing; shielding those with health conditions; launching community testing (led by the NHS); the closure and reopening of schools; distribution of food and community support; guidelines on the use of personal protective equipment (PPE) and efforts to source this at a time of high international demand; support to care homes; and many more.
- 2.9 A huge amount of activity has been undertaken by partners over short time period to keep people safe during the pandemic, with just a flavour of this included below:
- a) 41,000 shielded individuals have been proactively contacted and deliveries arranged to ensure shielded and vulnerable people can access the food, medicines and support that they need, working through a range of partners, including the district councils, the voluntary and community sector and the volunteer network.
 - b) A temporary mortuary centre at Scottow was established, and a mortality pathway developed, ensuring people are treated with respect and dignity in death.
 - c) The system has worked together to source additional community capacity to create space in all three hospitals; opening more than 200 beds in community hospitals, residential care and mental health.
 - d) Social work and occupational health teams, with health partners, have fundamentally redesigned hospital discharge processes. Based on the [Home First principle](#), this has helped to ensure there is capacity in all three hospitals and that people do not stay longer than is absolutely necessary.
 - e) Over 80% of GP practices in Norfolk and Waveney have adopted online consultation systems and video consultation systems and others have switched to telephone triage and consultations to meet social distancing requirements.
 - f) Significant additional ITU capacity was created with critical care capacity increased from 21 to 129 beds. The Norfolk and Norwich University Hospital was also designated as regional surge centre capable of providing another 170 beds if needed.

- g) A local testing service has been established at the three hospitals for essential workers, with mobile testing units running in towns across Norfolk and Waveney for essential workers and members of the public with symptoms of the virus.
- h) There has been a significant focus on care homes to prevent transmission and outbreaks, including increased testing and providing infection prevention and control advice, with a Care Provider Incident Room launched to support the sector.
- i) Health partners rapidly launched 'First Response', a 24/7 helpline offering immediate support for people experiencing mental health difficulties during the pandemic.
- j) Responding to the UK government directive to home everybody living on the streets, a Norfolk wide approach to provision of temporary housing and supported accommodation was established with emergency or temporary accommodation provided to 465 homeless individuals.
- k) Children's services teams rapidly re-shaped the role and function of the local education system, moving from a universal model to a focus on support for families of keyworker staff and continued provision for vulnerable children. They have also supported the work of schools to enable families to access Free School Meals, and, following the launch of the new National Voucher system, played a key role in helping schools navigate the system.
- l) Norfolk County Council launched a new campaign to facilitate better identification, reporting and protection of children during coronavirus lockdown. The [See Something, Hear Something, Say Something](#) campaign has been launched to assist with keeping children safe, as families face pressure of staying home. The county-wide campaign encourages everyone to look out for the county's children and has focused on protection from harm within the family, online exploitation, and children's and young people's mental health.
- m) A new campaign was launched aimed at Norfolk's young carers. [Heroes at Home](#) recognises the vital role young carers play in supporting their loved ones at home and highlighted the range of support available to help them.
- n) Fire and Rescue staff have been supporting Ambulance colleagues to ensure that they can continue to provide emergency response, including Fire and Rescue staff driving ambulances.
- o) Working with the Norfolk Community Foundation, a Norfolk Appeal Fund was launched which has raised £1.6m to support local charities working hard on the ground to keep vulnerable people safe and well.
- p) Over the Easter bank holiday weekend alone, over 500,000 PPE items and 800 litres of hand sanitiser, were distributed on behalf of the Norfolk Resilience Forum to primary care and social care organisations with the most urgent needs.

3. Public experience during the Covid-19 pandemic

- 3.1 Healthwatch Norfolk has been working with Norfolk health and social care organisations to look into residents' experiences of accessing information and support during the Covid-19 outbreak in the UK. Feedback has been collected through a survey, which Healthwatch Norfolk launched on 16 April 2020 and which closed on the 26 June 2020. The findings will be incorporated into a final report that Healthwatch Norfolk will compile.
- 3.2 Interim reports have been published every two weeks and taken to the Norfolk Recovery and Resilience Cell and shared with other partners, NHS trusts, and clinical commissioners to provide constructive information from service users that could provide real-time insight into community need, experience and awareness of available support. An overview of the interim findings is included as **Appendix A**.

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

4. Next steps

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

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

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

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

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

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

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

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Item 8. Appendix A.

Healthwatch Norfolk Covid-19 Survey

1. Background

- 1.1 Healthwatch Norfolk have been working with Norfolk health and social care organisations to look into residents' experiences of accessing information and support during the Covid-19 (coronavirus) outbreak in the UK. It was felt that the best way to collect this feedback would be through a survey, which was launched on 16th April 2020 and it will close on the 26th June. An Easy Read version of the survey is currently being distributed and it will be running for 8 weeks. The findings will be incorporated into the final report that Healthwatch compile.
- 1.2 Every two weeks a report based on survey results has been compiled and taken to the Norfolk County Council Recovery and Resilience Cell and shared with other partners, NHS trusts, and clinical commissioners.
- 1.3 The aim of the survey was to gather constructive information from service users that can provide real-time insight into community need, experience and awareness of available support.

2. Overview of findings

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

Local Council Support

- 2.2 Of those who are self-isolating and receiving practical support, the most common form of practical support has been family or friends (57%) followed by local council (43%).
- 2.3 Over two thirds of respondents who have had support from their local council have told us that they are very satisfied or satisfied with the support.

Information about Coronavirus

- 2.4 The most common format which respondents would have preferred to receive Covid-19 information was email (35%).
- 2.5 However, of those filling out the survey on behalf of someone they care for, 69% said that they would have preferred the person they care for to receive information about Covid-19 via a personal letter.
- 2.6 Several respondents mentioned desire for information in different formats, particularly to be more accessible for those with sight difficulties (e.g. braille or large font) or for the deaf community.
- 2.7 People told us accessing information can be difficult because there is too much available and it is hard to know what to trust or believe
- 2.8 There is also a feeling of lack of clarity over information including:
 - Information about support available to the public¹.

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

- Confusion about the “at risk” groups particularly regarding the letters advising to self-isolate.
 - In relation to government guidance and recommendations.
- 2.9 There were several comments from carers expressing feelings of isolation and highlighting pressures of caring for a loved one during the Covid-19 outbreak.

Appointments

- 2.10 The most positive experiences, for access and treatment, were for GP appointments, hospitals and pharmacies. On the other hand, dentistry and mental health services were the most difficult to access.
- 2.11 Of those who have had in-person health or social care appointments and for whom it was applicable, 42% told us that the risks of having in-person treatment during the coronavirus outbreak were not explained to them throughout.
- 2.12 There is a divide in opinions of use of technology, particularly for GP access. Some respondents told us that telephone and online appointments make the process easier, whilst others indicated that it heightens difficulty of access.
- 2.13 Several respondents told us that they were not notified of cancelled or postponed appointments. Dentist and hospital appointments have been the most likely to be postponed or cancelled.

3. Further information

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

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