

Cumbria COVID-19 Local Outbreak Control Plan: Part 1 – Strategy, Management and Oversight

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Liability

Record of Amendments

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1 Introduction

This plan describes Cumbria's approach to managing outbreaks of COVID-19. It is in three parts:

- **Part 1** (this document) describes the overall strategy and approach being taken.
- **Part 2** sets out the detail of the operating procedures that each bit of the local system will follow.
- **Part 3** lists key contact details that may be required by people responding to incidents and outbreaks.

The plan reflects a multi-agency response to COVID-19. As such it has been developed through the Cumbria Local Resilience Forum (CLRF) and forms part of the overall Cumbria Emergency Plan (CEP) framework. All partners to the Cumbria Local Resilience Forum (CLRF) endorse this plan and will contribute as appropriate to delivering it.

The primary responsibility for the production of this plan lies with the County Council as the upper tier authority. As such it has been approved by the Leader of the Council, the Chief Executive and Director of Public Health.

1.1 National Context

Cumbria's approach to managing COVID-19 is set within the context of the national approach, in particular to testing, contact tracing and decision making about restrictions on freedom of activity and movement.

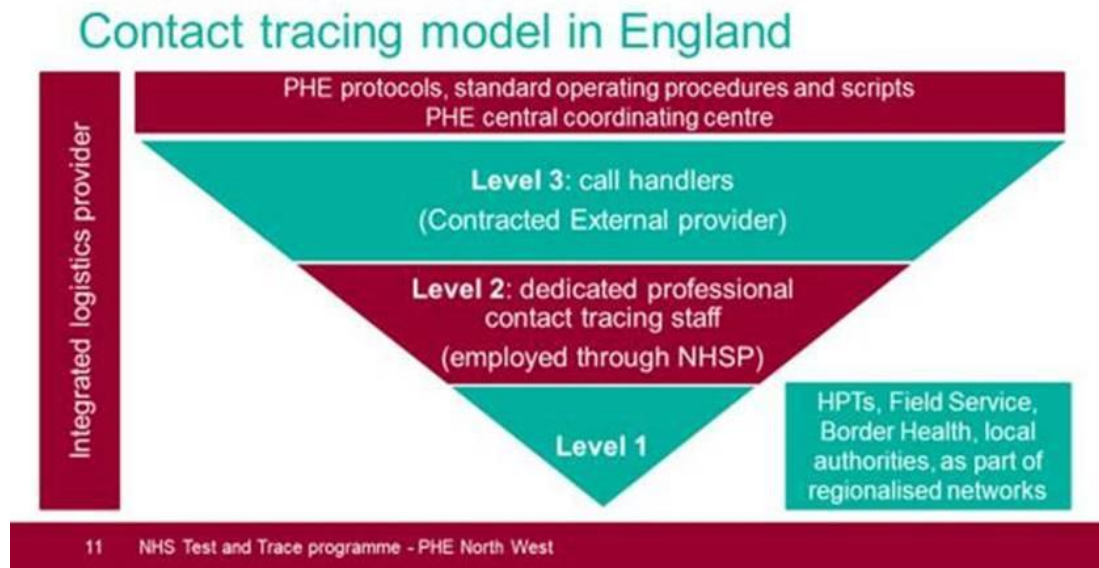
The Government's testing strategy is framed around five pillars:

- Pillar 1:** Scaling up NHS swab testing for those with a medical need and where possible, the most critical key workers.
- Pillar 2:** Mass-swab testing for critical key workers in the NHS, social Care and other sectors (including symptomatic children of critical key workers)
- Pillar 3:** Mass-antibody testing to help determine if people have immunity to coronavirus.
- Pillar 4:** Surveillance testing to learn more about the disease and help develop new tests and treatments.
- Pillar 5:** Spearheading a Diagnostic National Effort to build a mass testing capacity at a completely new scale.

The national contact tracing system operates at four broad levels/tiers:

- **Automatic:** an app-based platform that automatically alerts people to possible contact with a positive case and directs them to testing. This system is not yet operational.
- **Tier 3:** National teams of call handlers.
- **Tier 2:** Regional teams of health professionals doing contact tracing.
- **Tier 1:** Local systems for managing the most complex outbreaks, or outbreaks with the most complex implications.

Figure 1 – Contact Tracing Model in England



This plan describes how local agencies within Cumbria will operate as part of Tier 1.

The processes for decision making about the imposition of restrictions of freedom of activity and movement at a local level have not yet been fully clarified by Government. Local agencies have the appropriate authority (and powers, where necessary) to manage individual site-specific outbreaks, for example in workplaces, care homes, or schools. However if wider area restrictions need to be considered it is expected that there would be a role for the Joint Biosecurity Centre and for Government. At the time of writing this remains an aspect where further Government guidance is required particularly in terms of decision making and associated powers.

2 Aims and objectives

2.1 Aim

To prevent avoidable mortality and reduce harm from COVID-19, and to allow lockdown restrictions to be safely relaxed.

2.2 Objectives

- To establish a robust local multi-agency approach to infection prevention and control and outbreak management;
- To prevent outbreaks of COVID-19 by early identification of, and intervention in, individual incidents in key settings;
- To reduce the extent and severity of outbreaks by rapid testing, contact tracing and implementation of appropriate control measures;
- To ensure that outbreak control measures are proportionate to risk and take account of wider public health and other socioeconomic considerations.

3 Summary of approach

The Cumbria approach to outbreak management is based around the following key elements:

3.1 Prevention

Preventing people from contracting the virus in the first place remains the first line of defence. We will encourage and support the development of COVID-secure arrangements across all settings, educate about and promote the adoption of robust infection prevention and control practices particularly in more vulnerable settings, and continue to promote widespread public adherence to physical distancing and appropriate hygiene measures.

3.2 Surveillance and Case Finding

We are establishing networks that will enable rapid case finding and referral through primary care, schools, care homes, and high risk workplaces in the county. Ultimately these networks will expand to include a much wider range of community organisations that can provide valuable local intelligence. These networks will identify symptomatic people, advise them to self-isolate, and inform a central contact point to arrange contact tracing and advice provision.

As the national contact tracing service is established and grows in scale and scope, it will feed in to our local surveillance and case finding system and will alert us locally to outbreaks that would best be managed locally.

3.3 Central Contact Point

We have established a central contact point for notification of cases and potential outbreaks. Ultimately this will develop into the Single Point of Contact for the national and regional systems to alert us to outbreaks, but initially it will also pick up individual cases. This central contact point is located within the County Council Contact Centre, with professional support from the Public Health Team.

3.4 Coordination

Responses to incidents and outbreaks are coordinated by a joint Incident Management Hub. This group meets on a daily basis to receive reports of new incidents, allocate a lead Incident Manager, agree actions required and review progress with tackling incidents. Where outbreaks are particularly challenging, significant in scale, or where there are a number of similar outbreaks ongoing, specific Outbreak Control Teams (OCT) may be established to oversee these.

3.5 Data Integration

We have established a central shared data system for managing the contact tracing and outbreak control process that is accessible by a range of partners in

order to ensure that cases and contacts are appropriately logged and followed up and that incidents and outbreaks can be effectively managed.

The local Multi Agency Information Cell (MAIC) brings together data from this system, national testing and contact tracing data and local data on factors such as hospital admissions, in order to establish a comprehensive understanding of the local epidemiology of the disease. This in turn enables better communications with the public and better planning and response to potential local outbreaks.

3.6 Testing

We have access to substantial testing resources both through local laboratory services (Pillar 1) and national systems (Pillars 2 and 5). Both will be utilised through this process. Where possible we will work closely with our local testing systems as these are able to provide more rapid and responsive testing services to enable us to respond quickly to incidents and outbreaks. In outbreak situations we have access to mobile testing facilities that can be deployed to undertake larger scale community swabbing as required. Full operational details of the local approach to testing are provided in Part 2 of this plan.

3.7 Contact Tracing

We have established contact tracing capacity through the local NHS sexual health service and District Council Environmental Health Officers (EHO). Plans are in place for this to be further supplemented by staff appointed by Public Health England. Full operational details of our approach to contact tracing can be found in Part 2 of this plan.

4 Outbreak Control: General Approach

This section of the plan summarises the general principles and overall approach to the management of outbreaks. Further details of how this approach is applied in care homes, schools and other potentially high-risk or high-consequence settings is provided in Part 2.

4.1 Agreed Definitions

Suspected Case	A person with a new continuous cough OR fever OR loss of/ change in smell or taste.
Confirmed Case	A person with laboratory confirmation of virus causing COVID-19 infection, irrespective of clinical signs and symptoms.
Incident	One suspected or confirmed case in a setting where there is identified risk of further spread or where the consequences of an outbreak could be particularly significant.
Outbreak	<ul style="list-style-type: none">An incident in which two or more people experiencing COVID-19 are linked in time or place; or

	<ul style="list-style-type: none"> • A greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred
Contact	<p>A 'contact' is a person who has been in close contact with someone who has tested positive for COVID-19 anytime from 48 hours before the person was symptomatic up to 7 days from onset of symptoms. Examples include:</p> <ul style="list-style-type: none"> • people who spend significant time in the same household as a person who has tested positive for coronavirus (COVID-19). • sexual partners • a person who has had face-to-face contact (within one metre), with someone who has tested positive for coronavirus (COVID-19), including: being coughed on, having a face-to-face conversation, within one metre, or having skin-to-skin physical contact, or any contact within one metre for one minute or longer without face-to-face contact • a person who has been within 2 metres of someone who has tested positive for coronavirus (COVID-19) for more than 15 minutes • a person who has travelled in a small vehicle with someone who has tested positive for coronavirus (COVID-19) or in a large vehicle or plane near someone who has tested positive for coronavirus (COVID-19) <p>If either the case or the possible contact have been wearing appropriate Personal Protective Equipment (PPE) during their contact time, they may be excluded as a contact.</p> <p>The Incident Management Hub and Outbreak Control sub-groups may alter the definition of 'contact' in relation to specific local incidents to maximise the effectiveness against agreed aims and objectives.</p>

4.2 The Incident Management Hub

The Incident Management Hub is at the heart of this outbreak control process. It comprises staff from the Public Health Team, Public Health England, Environmental Health Teams, the Contact Tracing Team and Infection Prevention and Control Teams. Others may be co-opted as required to support the work of the Hub. The Hub meets daily in order to coordinate the local response to incidents and outbreaks. Full details and terms of reference can be found in Appendix 1 of this plan.

4.3 Identification of Incidents

Broadly an incident can be defined as at least one suspected or confirmed case in a setting where there is a high risk of further spread or where the consequences of an outbreak could be particularly significant.

Incidents may be identified through a number of different routes, including:

- Notification by the National Test and Trace services;
- The local contact tracing service;
- Information received by the local Contact Centre; and
- Other professional networks including Environmental Health and Public Health.

When an incident is identified, it will be brought to the next daily Incident Management Hub. The Hub will then decide on the initial response to the incident, which may include taking no further action, or assigning an incident lead to follow up in order to gain additional information and provide early support.

4.4 Identification of Outbreaks

Broadly an outbreak can be defined as:

- an incident in which two or more people experiencing COVID-19 are linked in time or place; or
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred.

Potential outbreaks may be identified by Public Health England (PHE), Local Authorities or NHS Microbiologists. Each organisation has its own procedures for surveillance, detection and control and as soon as it becomes apparent that an outbreak may exist, immediate contact between these parties is essential. Initial investigation to clarify the nature of the outbreak should begin within 24 hours of receiving the initial report. Immediate control measures should be implemented if necessary.

To establish key facts and inform the decision to declare an outbreak the following steps may be undertaken:

- confirm the validity of the initial information upon which the potential outbreak is based (including ascertainment bias; the possibility of laboratory false positives etc.);
- conduct preliminary interviews with initial cases to gather basic information including any common factors;
- collect relevant clinical and/or environmental specimens;
- form preliminary hypothesis;
- consider the likelihood of a continuing public health risk; and
- carry out an initial risk assessment to guide the decision-making process.

4.5 Declaration of Outbreak

It is usual that locally confined outbreaks will be confirmed and declared by the Incident Management Hub.

Where an incident occurs on NHS Trust premises the Consultant Microbiologist or the Director of Infection Prevention and Control may declare an outbreak.

Following the confirmation and declaration of an outbreak, the Incident Management Hub will undertake a rapid risk assessment (by discussion) and reach a decision on the immediate action to be taken. Depending on the risk assessment, the appropriate action may include the establishment of an Outbreak Control Team (OCT) specific to that outbreak. The establishment of an Outbreak Control Team (OCT) will normally be the appropriate response if an outbreak is characterised by one or more of the following:

- immediate and/or continuing significant health hazard to the population at risk;
- large numbers of cases;
- involvement of large geographical area suggesting a dispersed source; and
- significant public or political interest.

When a decision has been made not to declare an outbreak or establish an Outbreak Control Team (OCT), the Incident Management Hub will keep the situation under review at appropriate intervals to determine if the formal declaration of an outbreak or convening of an Outbreak Control Team (OCT) is subsequently required. This may involve consulting with the other parties to assist with ongoing surveillance.

4.6 Outbreak Control Team

The Outbreak Control Team (OCT) will be a multi-agency group established to:

- Assess any outbreak.
- Establish appropriate outbreak control measures to minimise viral transmission while mitigating social risks caused by control measures.
- Mobilise the people and resources required to maximise outbreak control.

Where necessary and appropriate, this will include identifying and allocating surge-capacity of additional contact tracers and resources to control outbreaks. Any changes to protocol applied by the Outbreak Control Team (OCT) will be shared with the local contact tracing hub to inform contact tracing activities.

4.7 Roles and Responsibilities

4.7.1 Outbreak Managers (Environmental Health)

Environmental Health Officers (EHO) from all District Councils across Cumbria will work in a coordinated manner to support our local response to contact tracing and situation management. This includes:

- Providing contact tracing support, especially coordinating contact tracing in relation to specific incidents, including outbreaks and complex cases.

- Providing information to, and taking actions from the Incident Management Hub (IMH) to support the management of incidents such as clusters and outbreaks.
- Arranging testing where required to support the activities of the Incident Management Hub (IMH) in line with the objectives of local contact-tracing and incident management.
- Keeping contemporaneous records of all activities carried out as above.

Environmental Health Officers (EHO) will be the primary coordinators and managers of locally-identified and Tier-1 referred incidents acted on by the Incident Management Hub (IMH). This will involve:

1. Reviewing the information received from the call centre and/or Tier 1 referral about incidents.
2. Gathering initial information about incidents as may be needed to inform the Incident Management Hub (IMH) meetings and enable the group to make informed decisions.
3. Carrying out early actions to limit viral spread in relation to incidents such as:
 - a. Arranging testing for symptomatic individuals through local routes.
 - b. Creating or updating line lists of affected individuals.
 - c. Providing initial advice to organisations to limit spread while awaiting input from the next Incident Management Hub (IMH) meeting.
 - d. In the event of there being a long list of contacts who need to be contacted, being the coordinator of contact-tracing activities that are supported by others in relation to specific incidents.

All incidents will have a dedicated incident manager, who would usually be an Environmental Health Officers (EHO). At times, if Environmental Health Officers (EHO) capacity is limited for example, this role may be filled by another individual, such as a member of the public health infection prevention and control team or Public Health England (PHE) Health Protection Team (HPT).

All incidents will have an assigned senior lead drawn from Cumbria County Council (CCC) Public Health Consultants, Health Protection Team, or Public Health England (PHE) Health Protection Team (HPT).

Finally, where a need is identified, the Incident Management Hub (IMH) may identify additional staff to support contact tracing capacity for specific incidents. In these cases, Environmental Health Officers (EHO) will have a role in coordinating this activity.

4.7.2 Public Health England (PHE)

Public Health England / North West (PHE) provides expert guidance, and support discussions with Local Authority colleagues and other partners.

They will forward the summary information received from national Contact Tracing and Advice Service (CTAS) (level 2 on the case to the Single Point of Contact (SPOC), create a case / situation and record this on the Public Health England (PHE) Health Protection database - HP Zone.

Cases of COVID-19, linked to complex situations are referred from national Test and Trace service level 2, to the local Public Health England (PHE) health protection teams. In turn, Public Health England (PHE) will work with the Incident Management Hub (IMH) to coordinate the local outbreak response.

Complex situations and areas where consequence management would be required include:

- Large number of contacts meeting the proximity or direct contact definition
- High numbers of vulnerable people as potential contacts within the setting
- Potential impact on service delivery if staff are excluded for 14 days from exposure
- Outbreak declared
- Health and social care
- Death or severe illness reported in the case or contacts
- Significant likelihood of media or political interest in situation

4.7.3 Cumbria County Council Public Health Team

The Incident Management Hub is chaired by Cumbria Public Health team.

Potential outbreak situations are identified through contact tracing and/or local data analysis. The local contact tracing cell notifies potential outbreak situations directly to the Infection Prevention and Control mailbox: IPC@cumbria.gov.uk and provides input into the outbreak control team through a member of the public health team.

Cumbria County Council (CCC) Infection Prevention and Control Team provides advice and guidance on control measures needed to manage the outbreak.

4.7.4 Contact Tracing Team

The contact tracing team is responsible for following up cases, identifying contacts, getting in touch with contacts, providing them with appropriate advice including on self-isolation and testing, and ensuring that all contacts are appropriately recorded.

In most outbreak situations, contact tracing will be undertaken by the local team. However in some circumstances, contact tracing may be referred back to Tiers 2 and 3 to be undertaken.

4.7.5 NHS Testing services

Local (Pillar 1) testing can provide more rapid results than national (Pillars 2 and 5) routes. Where possible in an outbreak situation we will therefore make use of local testing routes. Detailed protocols are given in Part 2 of this plan.

4.7.6 Communications Lead

Given the public interest and potential anxiety around outbreaks all communications in relation to local outbreak control all communications will be led by the Strategic Media Advisory Cell (SMAC).

4.7.7 Test and Contact Tracing Operational Group of the Health Protection Board (HPB)

In some outbreaks the Test and Contact Tracing Operational Group, a subgroup of the Health Protection Board (HPB) may be required to deploy mobile testing capacity to ensure that testing can be carried out quickly and robustly.

4.8 Control Measures

4.8.1 General control measures

In most outbreaks control measures are likely to be highly localised, associated with individuals or particular settings. Routine control measures will include:

- Isolation and testing of symptomatic individuals;
- Tracing and isolating contacts of confirmed cases;
- Provision of advice and support on infection prevention and control measures, including the use of personal protective equipment; and
- Provision of advice and support on post-outbreak cleaning.

We recognise that in some instances these measures may have a significant impact on individuals and businesses – for example where many staff are self-isolating as contacts, or where buildings need to close to allow cleaning to be effectively undertaken. Incident Managers will work closely with those affected by an outbreak to find ways of minimising these impacts in a pragmatic way where possible.

4.8.2 Enforcement and Regulatory Powers

Implementation of control measures will be by consent wherever possible. However enforcement will be considered where extreme situations cannot effectively be controlled using that approach. Where required, implementation of outbreak control measures will be conducted under various statutory and regulatory powers, as granted to participating

organisations by Parliament. Such statutes and regulations include, but are not limited to:

- Coronavirus Act 2020.
- Public Health (Control of Disease) Act 1984 (PHCDA) - Part 2A Orders.
- Health and Safety at Work etc. Act 1974.
- RIDDOR reporting.
- Data Protection Act 2018.

Further details of the powers available to local authorities are given in Part 2, Appendix 3.

4.8.3 Escalation to Area-Wide Restrictions

Some outbreaks may result in a notable increase in the rate of transmission of the virus within a local area, with a consequent increase in the risk to the general population as opposed to those associated with particular settings. In such cases more significant measures including the re-introduction of area-wide restrictions on activity and movement (commonly referred to as “local lockdowns”) may be considered.

As with other control measures, the general principle to be followed in these circumstances will be implementation by consent wherever possible. However as referenced earlier in this document greater clarity is needed from national Government on this matter. Local agencies do not currently have the powers to enforce an area-wide lockdown.

In the event that such measures are being considered, a Local Area Outbreak Board (LAOB) will be called. This body will reach consensus on action required and advise Ministers on the authorisation of such measures.

This Board will be led by the County Council, and the membership drawn from affected areas, Police, Public Health and other stakeholders as required. Details are provided in Section 7.

4.9 Support for Vulnerable Groups

This system has established close links with the Community Resilience structures established by the Strategic Coordinating Group (SCG) to ensure that there is good access to support for households and wider settings that may have to self-isolate as part of this process.

If welfare advice and support are needed to enable people to self-isolate, there are three levels of support, with preference given to earlier options wherever possible:

- In the first instance, people will be encouraged to get support from friends and neighbours. This will reduce strain on voluntary and council services.

- The local community support directory provides lists of community support groups. It also identifies local shops that are able to take orders over the phone and make home deliveries.
- If these routes are not sufficient, the local emergency support line will provide help. This line is run by the same contact centre as the Contact Tracing contact centre, so input can be appropriately coordinated.
- The latest NHS guidance in over 60 languages can be found at: <https://www.doctorsoftheworld.org.uk/coronavirus-information/>

Further details of our approach to supporting vulnerable groups is given in Part 2 of this plan.

4.10 End of Outbreak

The Incident Management Hub (IMH) will decide when the outbreak can be considered over and will make a statement to this effect. Where an Outbreak Control Team (OCT) has been established it will advise the Incident Management Hub (IMH) in reaching this decision. The decision to declare the outbreak over should be informed by ongoing risk assessment and considered when:

- there is no longer a risk to public health that requires an Outbreak Control Team (OCT) to conduct further investigation or to manage control measures;
- the number of cases has declined; or
- the Outbreak Control Team (OCT) is satisfied that the chain of infection has been broken with the identification and isolation of all cases.

On occasions when an Outbreak Control Team (OCT) has been established, a debriefing meeting of the Outbreak Control Team (OCT) will normally be convened after the end of the outbreak to consider lessons identified and any further preventative action required. Lessons identified and recommendations should be disseminated as widely as possible.

A Care Homes Outbreak Control Team has been established for a period of time, and manages a number of outbreaks at once within a Care Homes setting. The Incident Management Hub (IMH) will have the ability to devolve decision making to relevant Outbreak Control Teams (OCT) where this is deemed appropriate.

5 Communications and Engagement

Communication and public engagement is crucial to the success of this plan, for several reasons:

- People in Cumbria have a right to know what is happening locally in order to inform their own decision making on the degree of social contact that they are comfortable with.
- Controlling community transmission of the virus is largely reliant on the behaviour of individuals within Cumbria. Widespread adherence to

guidance on hygiene and physical distancing measures is essential, and should it become necessary to consider further area-wide restrictions on activity or movement, these will be much more effective if they have the support of the public rather than having to be formally enforced.

- Outbreak control requires rapid and coordinated action by a range of agencies. Communicating plans, actions and results between agencies and individuals in an accurate and timely way is essential.
- It is important to ensure that there are reliable sources of information that can counter any potential sources of misinformation.

Communication and engagement with the public will be supported by the Cumbria Public Health Alliance, which will adopt the role of the Local Outbreak Engagement Board. This Board incorporates political representation from the County Council, and all six District Councils, as well as representation from Cumbria Association of Local Councils (CALC), the third and community sector, the Police and Crime Commissioner, and other key partners. The public engagement plan has main objectives:

1. To ensure that the public is provided with timely, accurate and relevant information about the pattern of transmission and impact of the virus within Cumbria.
2. To promote adherence to infection prevention and control measures including hygiene and physical distancing.

Where necessary, in the case of generally rising community transmission, to seek the support of the public for enhanced restrictions on activity or movement in order to reduce the risk of a significant second wave of infections.

Enquiries and comments can be made to HealthProtectionBoard@cumbria.gov.uk.

6 Resourcing the Plan

At present, all the work described in this plan uses the existing capacity and expertise within Environmental Health Teams, the Sexual Health Team, the Public Health Team, Infection Prevention and Control (IPC) staff, NHS swabbing and testing services, County Council contact centre & administrative staff, and Public Health England (PHE). In the short term (until September 2020, and subject to review) this can be managed within existing resources, however in the longer term this is unlikely to be possible as more staff return to their mainstream duties.

Given the processes and systems outlined in this Plan, it is likely that ongoing capacity will be required in the following areas:

- **District Council Environmental Health teams.** These teams are central to the local response and are currently supporting the work within their existing capacity. As further lockdown measures are released there will be increasing requirements on these teams to resume mainstream activity that has been significantly reduced in recent months.
- **Public Health Infection Prevention and Control.** The County Council's usual Infection Prevention and Control (IPC) team is only two people;

during this epidemic it has been bolstered by redeploying other public health staff particularly to support care homes. Again it will increasingly be desirable for those staff to be able to return to focusing on other public health issues in the coming months.

- **Contact centre/call handling/administration.** The Outbreak Control Plan includes the contact centre as a single point of contact for notification of incidents that require a local response. At present it is only being partly utilised for this purpose, with the Infection Prevention and Control (IPC) team taking part of this role, but in time it is desirable that this responsibility moves more towards the Contact Centre.
- **Contact tracing.** As the national test and trace system becomes further embedded, it should pick up significant amount of the routine contact tracing. However there will always be a need for some local contact tracing capacity. At present this is routinely carried out by the NHS sexual health services; as the amount of tracing being done by the national system picks up it is likely that the sexual health team can continue to provide the support needed. Other contact tracing around specific incidents is picked up by the Environmental Health teams, where additional capacity is already being proposed.
- **Local swabbing teams.** While the national testing system will begin to pick up more of the routine swabbing required (through a self-swab system) it is crucial to retain a locally responsive system. At present this is commissioned through Clinical Commissioning Groups (CCGs).
- **Community support.** The existing community support networks are likely to be adequate to provide the support to people told to self-isolate that will be required. However it may be that further resources will be required to continue this work for the longer term.
- **Intelligence and data analysis.** Dedicated support to monitoring and reporting on data in as close to real time as possible will be essential to keeping situational awareness and rapid identification of possible clusters and outbreaks.
- **System management and development.** This is a substantial and complex system that will require oversight and further development, currently being provided by Public Health staff including staff working on this outside their normal role.
- **Communications and engagement capacity.** As detailed elsewhere in this plan, public engagement is crucial to its success and capacity to support this will be required.

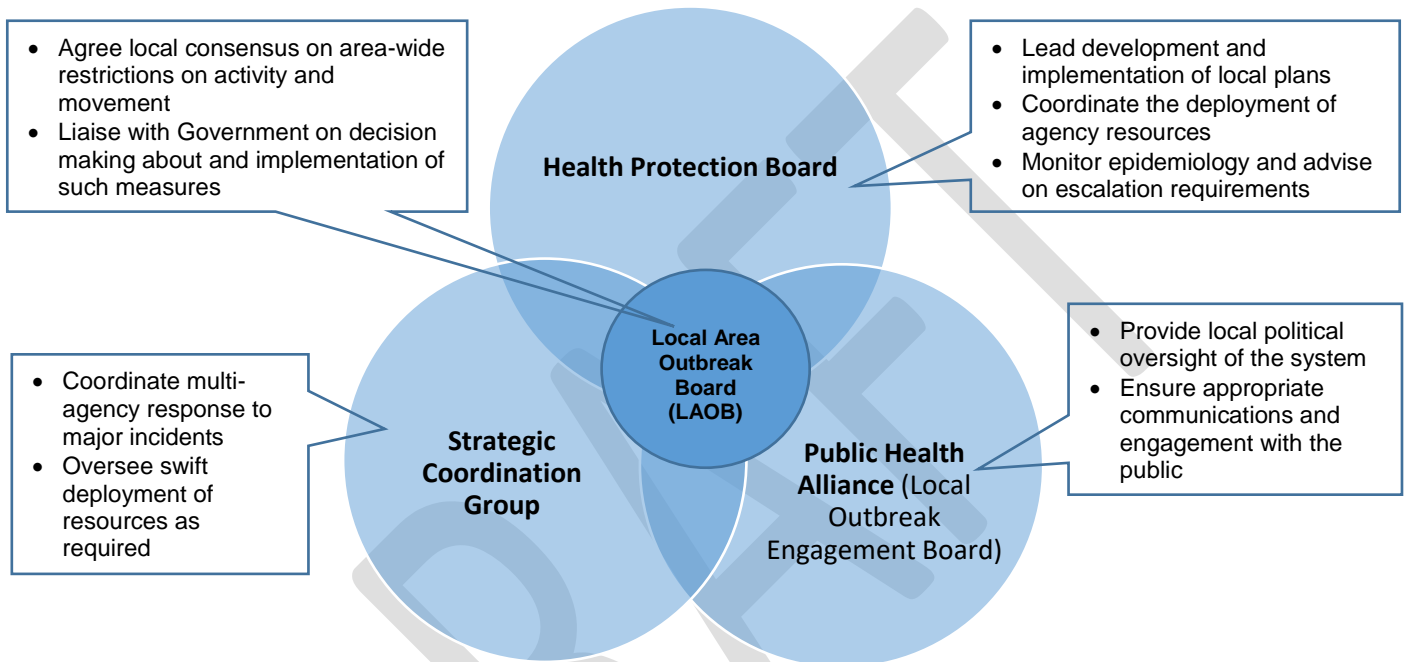
There are two main routes to meeting our requirements. First, new resources have been allocated to Public Health England (PHE) to expand its capacity to respond to COVID-19. In Cumbria this resource will be part of the whole system described in this Plan, operating as part of an integrated team.

Second, on 22 May 2020 the Government announced £300m additional funding for local authorities to support them to develop and action local Outbreak Control Plans. On 10 June it was announced that Cumbria's allocation from this funding is **£1,717,862**. Greater clarity is needed on the nature of this funding, notably whether it will be recurrent in 2021/22.

Further work is currently underway with local partners and Public Health England (PHE) to identify the best way of utilising both of these new resources along with existing mainstream staffing in order to ensure that this system can operate at the required scale for at least the next 12-18 months.

7 Governance arrangements

Three main bodies are responsible for the oversight and implementation of this plan, with a fourth Local Area Outbreak Board (LAOB) established on an ad-hoc basis should there be a need to consider area-wide restrictions on activity and movement. In summary:



The new county-wide Health Protection Board will oversee the implementation of this system locally and the development of local policy and process relating to infection and outbreak control.

This group will bring together expertise from public health, environmental health, NHS Infection Prevention and Control (IPC) teams/virology, Public Health England (PHE) and those responsible for wider testing systems. This Board will oversee a range of other teams including:

- An Incident Management Hub to maintain an overview of all outbreaks in the County. Given the range of outbreaks that might be expected, it is likely that this Hub will subsequently establish sub-groups covering care homes, schools, and wider community settings – this however will be kept under review;
- Outbreak Control Teams (OCT) established as necessary to respond to individual outbreaks that require greater levels of input and action than can be provided by the Incident Management Hub (IMH);
- Establishment of a Cumbria Test and Contact Tracing Operational Group, a subgroup of the Health Protection Board (HPB), to ensure that the contact tracing system is operating effectively; ensure appropriate

- deployment of local testing resources; and promote good liaison with emerging national testing routes;
- An Infection Prevention Control (IPC) Guidance Team that can both develop standing guidance and provide detailed Infection Prevention and Control (IPC) support in outbreak situations.

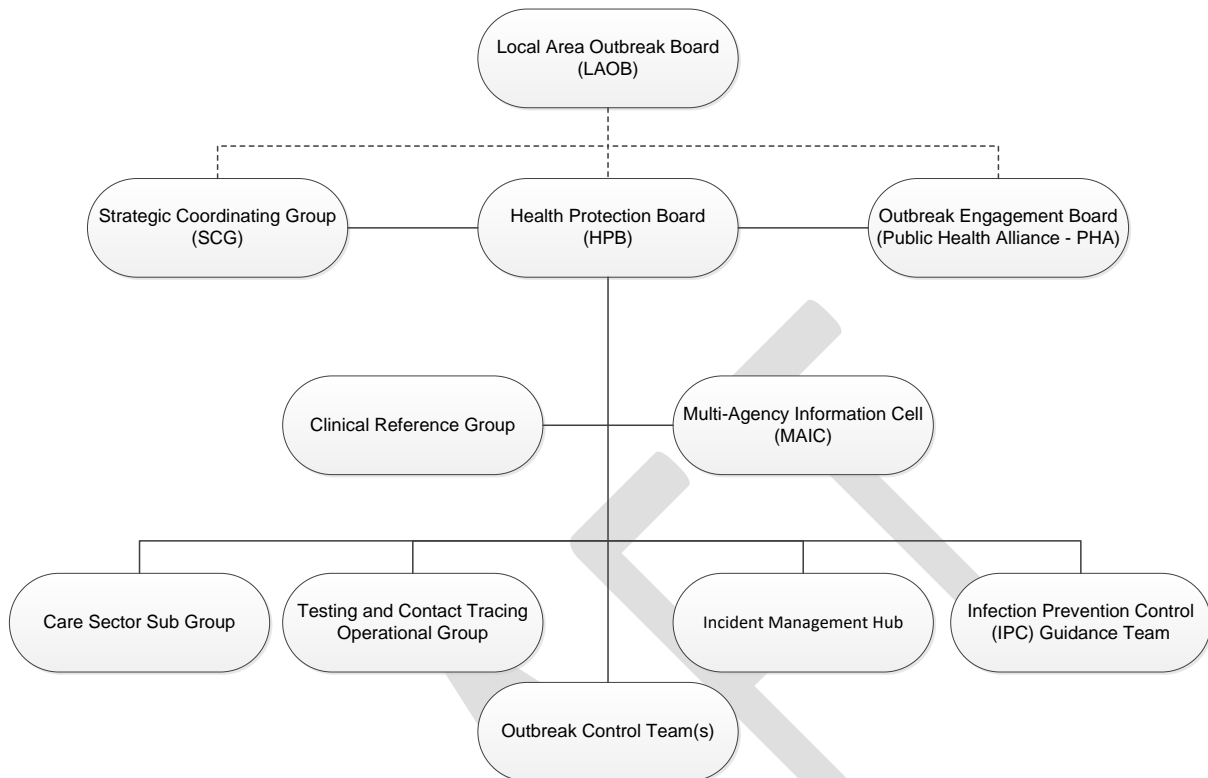
The group will work closely with the Multi Agency Information Cell (MAIC) to oversee the intelligence gathering and case finding identified above, and to identify relevant patterns of infection across the county.

A Clinical Reference Group will be established to ensure that the approach being taken by the Health Protection Board is scrutinised and supported by local clinicians.

The Cumbria Public Health Alliance will act in the role of the Local Outbreak Engagement Board, ensuring oversight of Test and Trace locally, providing regular and timely communications to the public and acting as liaison to Ministers as needed.

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7.1 Governance Structures Diagram



Appendix 1: Terms of Reference for Local Governance Structures

General Principles

All groups and their members shall at all times operate within the Nolan Principles of Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty and Leadership.

Health Protection Board	
Roles and Responsibilities	<p>The purpose of the Health Protection Board is to take overall responsibility for the multi-agency management of the emergency and to establish the policy and strategic framework within which lower tier coordinating groups will work.</p> <ol style="list-style-type: none">1. To set clear strategic aims and objectives for Cumbria's ongoing response to COVID-19.2. To establish a policy framework for the overall management of the epidemic, including approving the COVID-19 Outbreak Control Plan.3. To maintain an overview of the epidemiology of COVID-19 at local level in order to inform decision making about local control measures.4. To oversee the deployment of multi-agency resources in support of the Board's strategic objectives.5. To recommend the implementation of local enhanced social distancing measures ("local lockdowns") to the Local Area Outbreak Board (LAOB) if required.
Decision Making	<p>The Health Protection Board will operate by consensus. It does not have the collective authority to issue commands or executive orders to individual responder agencies. Each organisation represented retains its own command authority and defined responsibilities and will exercise control of its own operations in the normal way and utilise the Joint Emergency Services Interoperability Principles (JESIP) Joint Decision Model as part of that process.</p>
Chairing	<p>The Health Protection Board will be chaired by the Director of Public Health for Cumbria.</p>
Membership	<p>Membership will include appropriate strategic decision makers from appropriate agencies, to include, but not limited to:</p> <p>NHS England; Public Health England (PHE); North Cumbria Clinical Commissioning Group (CCG); South Cumbria Clinical Commissioning Group (CCG); North Cumbria Integrated Care NHS FT (NCIC); University Hospitals of Morecambe Bay NHS FT (UHMBT); North West Ambulance Service (NWAS); Cumbria County Council (CCC); Cumbria</p>

	Constabulary; Allerdale Borough Council; Barrow Borough Council; Carlisle City Council; Copeland Borough Council; Eden District Council; and South Lakeland District Council
Meeting Arrangements	The Health Protection Board will initially meet on a weekly basis.

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Public Health Alliance (Local Outbreak Engagement Board)	
Roles and Responsibilities	<p>The Public Health Alliance has existing responsibilities for establishing and overseeing the implementation of a Public Health Strategy for Cumbria. Its remit will be expanded to take the role of the Local Outbreak Engagement Board. In this role it will be responsible for:</p> <ul style="list-style-type: none"> • Ensuring appropriate political oversight of the local approach to outbreak management • Reviewing and approving relevant communication and engagement plans • Receiving information and intelligence about public views on the way COVID-19 is being responded to in Cumbria • Advising the Health Protection Board and Local Area Outbreak Board (LAOB) about public perceptions of control measures.
Decision Making	The Alliance operates by consensus.
Chairing	The Alliance will be chaired by the Cumbria County Council (CCC) Cabinet Member for Public Health and Communities.
Membership	<p>Membership of the Board will include:</p> <ul style="list-style-type: none"> • District Council Cabinet/Executive Members with public health responsibilities • Cumbria Association of Local Councils (CALC) • Third/Community Sector • Representation of the Police and Crime Commissioner • NHS and County Council communications leads (linked to Strategic Media Advisory Cell) • Director of Public Health • Health Watch.
Meeting Arrangements	The Alliance will meet at least monthly. More frequent meetings will be put in place should circumstances require them.

Local Area Outbreak Board (LAOB)	
Roles and Responsibilities	<p>The Local Area Outbreak Board (LAOB) will be established in situations where consideration is being given to the implementation of area-wide restrictions on activity or movement (“local lockdowns”). It will:</p> <ul style="list-style-type: none"> • Consider advice from the Health Protection Board and Public Health Alliance (Local Outbreak Engagement Board) concerning local epidemiology and recommended control measures. • Consider the broader social, economic and political implications of implementing such measures. • Seek to reach a consensus about the appropriate approach to be taken. • Liaise with Government Ministers and officials as required so that decisions are taken at the appropriate level to ensure that the agreed control measures can be effectively implemented.
Decision Making	The Board will operate by consensus.
Chairing	The Board will be chaired by the Leader, Cumbria County Council (CCC).
Membership	<ul style="list-style-type: none"> • Leader, Deputy Leader, Public Health Portfolio Holder (<i>also Chair of the Public Health Alliance/Outbreak Engagement Board</i>), Leader of the Opposition Group, Chief Executive, and Director of Public Health, Cumbria County Council (CCC). • Leader, Public Health portfolio holder (<i>also a member of the Public Health Alliance/Outbreak Engagement Board</i>) and Chief Executive of any affected District Council. • Chief Constable or Assistant Chief Constable. • Other members (e.g. major employers) may be brought in to this Escalation Group as appropriate to the situation.
Meeting Arrangements	The Board will be established on the advice of the Public Health Alliance (Local Outbreak Engagement Board) or the Health Protection Board. It will meet as required in order to reach consensus about the way forward.

Incident Management Hub (IMH)	
Roles and Responsibilities	<p>Purpose The COVID-19 Incident Management Hub will be responsible for overseeing the response to local incidents as identified by local Contact Tracers, the national Contact Tracing and Advice Service (CTAS) Tiers 2 and 3, or other local sources of intelligence. When local incidents or outbreaks are identified, the Incident Management Hub (IMH) will conduct an initial risk assessment within 24 hours of notification and deploy resources to prevent escalation and/or to manage consequences</p> <p>Prevention The Incident Management Hub (IMH) will receive information on distribution of cases and possible hotspots from various sources of intelligence, including the Multi Agency Information Cell (MAIC). It will coordinate proactive infection prevention and control programme including advice and where necessary regulatory actions, and will undertake any communication campaigns as necessary.</p> <p>Outbreak and Complex Case Management The COVID-19 Incident Management Hub will oversee three main areas of activity:</p> <p>Complex and high-risk settings</p> <ul style="list-style-type: none"> • Case living or working in care home/long term care facility or other care facility for those with complex needs. • Cases in Healthcare workers. • Cases in Emergency Services workers. • Cases in Border Force and Immigration officers. • Cases who attended healthcare for non COVID-19 reasons. • Cases in those living or working in Prison or other places of detention. • Cases in those attending or working in all educational settings. • Cases in those living in homeless hostels or shelters or refuges and similar residential settings. • Cases attending day care centres for older/vulnerable people. • Cases with concerns about deductive disclosure. • Cases where contacts cannot be identified without disclosure of name to employer or other third party.

	<ul style="list-style-type: none"> Cases or employers unwilling to provide information. <p>Consequence management</p> <ul style="list-style-type: none"> Identified impact on local public sector services or critical national infrastructure (e.g. power plants) due to high proportion of staff quarantining (e.g. school that informs tier 2 that will have to close as all staff quarantining). Cases or contacts who are unable to comply with restrictions (homeless, complex social issues etc.). Likely Media or political concerns/interest e.g. death in child. <p>Increase in disease frequency or severity</p> <ul style="list-style-type: none"> Second or subsequent cases in school class (small number of children taught together). Reported high absenteeism rate in school or workplace. Reported high levels of hospitalisations.
Decision Making	The Incident Management Hub will operate by consensus.
Chairing	The COVID-19 Incident Management Hub will be chaired by the DPH or representative.
Membership	<ul style="list-style-type: none"> Public Health England (PHE) Consultants County Council Public Health staff District Council Environmental Health staff Contact with Clinical Commissioning Group (CCG)s / NHS staff Social Care Commissioning Team Contact Tracing Team Admin staff Communications team
Meeting Arrangements	<p>The COVID-19 Incident Management Hub will meet initially on a daily basis.</p> <p>The Incident Management Hub (IMH) will maintain a log of incidents and ensure that they are followed up at each meeting through to resolution and closure.</p> <p>The Incident Management Hub (IMH) may, if there is a sufficiently high number of incidents in any given sector, establish sub-group arrangements to oversee the response in that sector. Likely additional groups may cover:</p> <ul style="list-style-type: none"> Care homes and other social care settings (<i>Group already established</i>) Educational settings Complex workplace settings Other complex settings, e.g. associated with homelessness.

Testing and Contact Tracing Operational Group	
Roles and Responsibilities	To ensure that the contact tracing system is operating effectively; ensure appropriate deployment of local testing resources; and promote good liaison with emerging national testing routes.
Decision Making	The Group operates by consensus.
Chairing	The Operational Group will be chaired by a Public Health Consultant, Cumbria County Council.
Membership	<ul style="list-style-type: none"> • Public Health England • Environmental Health Officers • Contact Tracing Team Lead • Clinical Commissioning Group (CCG) testing leads • Contact Centre manager • BAE Systems • Sellafield Ltd
Meeting Arrangements	The group will meet as required to ensure the effective operation of the system. Initially this will be at least weekly.

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Clinical Reference Group	
Roles and Responsibilities	To ensure that the approach being taken by the Health Protection Board is scrutinised and supported by local clinicians.
Decision Making	The group is advisory and has no decision making powers.
Chairing	TBC
Membership	Local Medical Committee Primary Care Network Consultant virologists Chief Medical Officers Chief Nursing Officers
Meeting Arrangements	Group will be convened in response to proposed changes to the policy or processes for managing outbreaks or escalation of area-wide control measures.

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Multi Agency Information Cell (MAIC)	
Roles and Responsibilities	The Multi Agency Information Cell (MAIC) is responsible for supporting case finding and approaches to outbreak control and for facilitating effective public communications by collating and communicating intelligence drawn from national and local data systems and other local networks.
Decision Making	The group provides specialist support services, intelligence collating, technical guidance and analytical services.
Chairing	There is no chair for the Multi Agency Information Cell (MAIC) but there is a Lead Officer.
Membership	MOD Cumbria County Council Cumbria Constabulary District Councils
Meeting Arrangements	Group will meet as frequently as is required.

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Infection Prevention Control (IPC) Guidance Team	
Roles and Responsibilities	To develop standing guidance and provide detailed Infection Prevention and Control (IPC) support in outbreak situations.
Decision Making	The group operates by consensus.
Chairing	Head of Health Protection, Public Health Team, Cumbria County Council.
Membership	Health Protection Specialist, Cumbria County Council. Local NHS Infection Prevention and Control (IPC) staff. Representation from other areas will be brought in where relevant to the particular issues being discussed.
Meeting Arrangements	Team will be convened in response to the requirement for specific guidance or support.

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