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

Record of Amendments

Version	Date of Amendment	Amendment	Amended by
Version 1.0.0	30th June 2020	Outbreak Control Plan Published	
Version 1.1.0	4 September 2020	Consultation Amendments included and Equality Impact Assessment applied	CCC Public Health and CCC Resilience Unit
Version 1.1.1	18 September 2020	Minor formatting amendments	CCC Resilience Unit
Version 1.2.0	12 March 2021	Substantial review	Director of Public Health

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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 element 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.

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 tiers:

- **Automatic:** a web-based platform where individuals with a positive test can enter their own contact-tracing information, with triggers to alert escalation to higher tiers.
- **Tier 3:** National teams of call handlers.
- **Tier 2:** Regional teams of health professionals to assess and contact-trace more complex cases.
- **Tier 1:** Local systems for managing the most complex outbreaks, cases and incidents.

<u>Figure 1 – Contact Tracing Model in England</u>
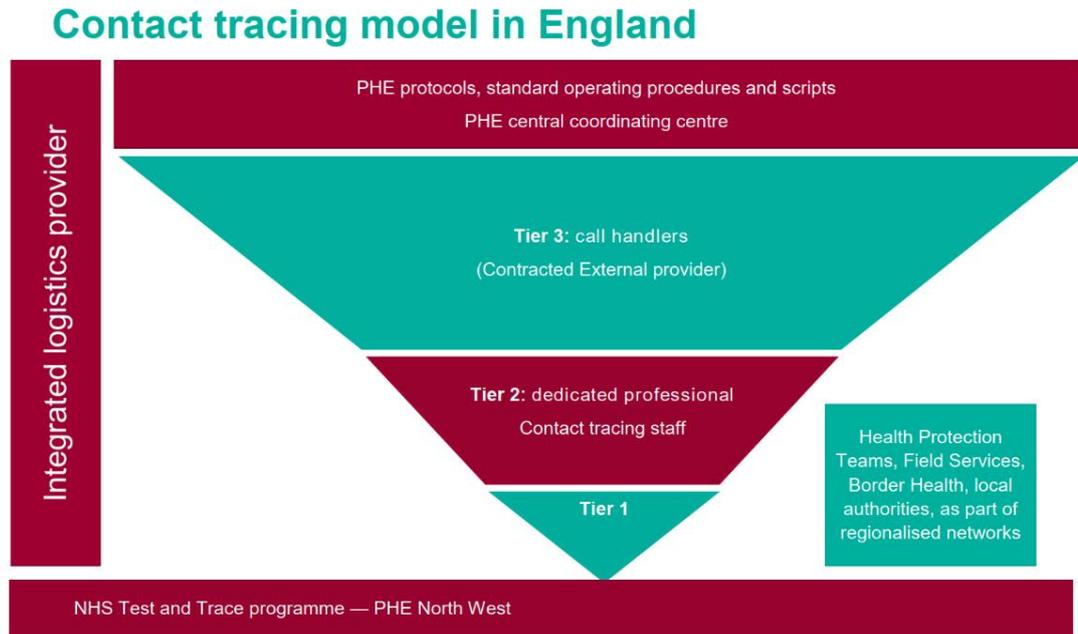
This plan describes how local agencies within Cumbria will operate within this system.

The national Contain Framework outlines the approach for local and national decision-making on wider social restrictions, should they be needed in Cumbria to slow the spread of COVID-19.
https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers

The following table summarises the key roles for managing outbreaks within an individual setting, within a local authority area, and those crossing regional boundaries:

Level	Decision-maker(s)	Coordination, advice and engagement
Individual setting (for example restaurant, school / other educational setting, factory) May vary depending if the setting is deemed a setting of national significance.	Setting owner – with appropriate support. PHE (local health protection teams) Director of Public Health NHS Test and Trace and PHE setting specific action cards	

Level	Decision-maker(s)	Coordination, advice and engagement
Within a local authority area	Decisions may be taken by the chief executive, Director of Public Health or Head of Environmental Health	COVID-19 Health Protection Board (including NHS, faith, community partners, PHE) Local Strategic Coordination Group Local Outbreak Control Board or other political oversight bodies
Regional (cross-boundary)	N/A – agreed cross-boundary decisions will be implemented at local authority level	Local resilience forums (LRFs) Mayoral and combined authorities Integrated care systems Regional health directors (PHE and NHS)

Source: "Contain" Framework, 07/08/2020

Local agencies have the appropriate authority (and powers, where necessary) to manage individual site-specific outbreaks, for example in workplaces, care homes, or schools / other educational settings. National Government has powers to impose wider area restrictions and local lockdowns. Cumbria Local Resilience Forum considers the use of such powers to be a last resort.

1.2 Equality Impact Assessment

This plan reflects the provision of the Equality Act 2010 which requires public bodies to consider the needs of individuals who may be affected by the preparation and/or implementation of the plan.

The intention is to ensure, as far as possible, that the arrangements in the plan are accessible to and meet the needs of different people recognising the diversity of their needs and circumstances.

The Equality Act 2010 places a requirement, referred to as the Public Sector Equality Duty (PSED), on public bodies (like local councils, hospitals, and publicly-funded service providers), to consider how their decisions and policies affect people with different protected characteristics.

To demonstrate compliance with Equality Act 2010 there is a requirement for organisations who have contributed to this plan to evidence that they have given due regard to Public Sector Equality Duty and an Equality Impact Assessment (EqIA) assists in meeting the legal duty.

The Equality Impact Assessment (EqIA) is a systematic and evidence-based process which enables decision-makers to ensure their decision impact fairly on people with different protected characteristics and are transparent and provide a platform for partnership working.

An Equality Impact Assessment (EqIA) has been completed on the Outbreak Control plan along with an action plan and will be available at https://www.cumbria.gov.uk/publichealth/covid19outbreakcontrol.asp. It is a working document and will be kept under review to inform and improve the delivery of the plan during its operation.

2   Aims and objectives

2.1   Aim

To prevent avoidable mortality and reduce harm from COVID-19 while maintaining life in Cumbria as close to normal as possible.

2.2   Objectives

* To establish a robust multi-agency approach to infection prevention and control and COVID-19 outbreak management in Cumbria;
* 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 socioeconomic impacts.

3   Summary of approach

The Cumbria strategic framework for responding to Covid-19 is based around the following key elements:

Vaccinate	**Prevent** (Social restrictions, infection prevention, Covid-security)
	Communicate	
Respond (Surveillance, Test, Trace, Contain)	**Treat**
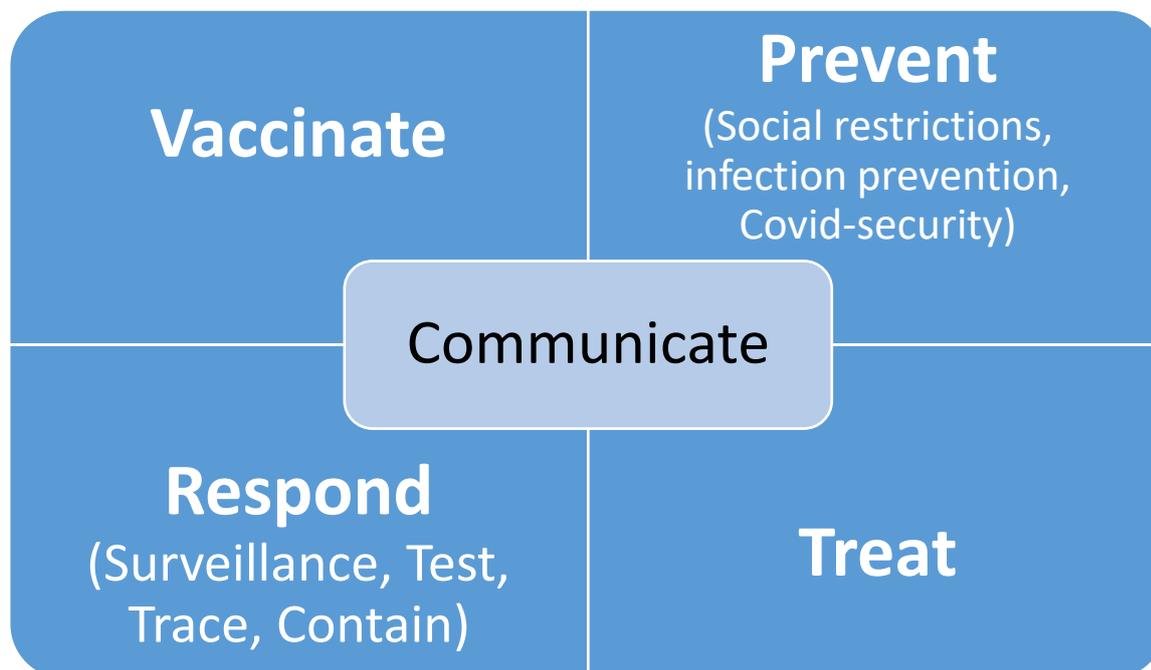
While this Outbreak Control Plan is primarily concerned with the Prevent and Respond elements of the strategic framework, all four are crucial to its success so all are covered to some extent within the Plan.

3.1   Vaccinate

Vaccination is the long-term route out of the pandemic. Vaccination in Cumbria is carried out through a number of routes:

- Primary Care Networks
- Hospitals
- Vaccination Hubs
- Community Pharmacy.

Over time it is expected that the hospital centres will close to enable secondary care to focus back on provision of essential health services.

All four routes follow the prioritisation agreed nationally by the Joint Committee on Vaccination and Immunisation (JCVI).

The issue of equity of access to, and take-up of, vaccination is critical for the response. The Public Health Team and Multi-Agency Intelligence Cell (MAIC) will produce a weekly vaccination dashboard that includes analysis of take-up by key groups (where data exists), including focusing on more deprived areas and Black, Asian and Minority Ethnic groups in the County. The Public Health

Team will work with NHS partners to identify areas or groups where uptake is lower and to initiate targeted communication and community-based action to encourage further uptake. Predominantly this will utilise existing staff and resources though investment will be considered as required.

3.2 Prevent

Preventing people from contracting the virus in the first place remains the first line of defence. As the vaccination programme rolls out prevention remains crucial in order to reduce the risk of viral escape creating new Variants of Concern that may prove to be more resistant to existing vaccines.

3.2.1 General hygiene promotion

Ongoing communication of general hygiene measures including hand washing, social distancing, and mask wearing remains a key general prevention measure. Local communications teams utilise a variety of methods and channels to target these promotions to a wide array of audiences.

3.2.2 Social Restrictions

Partners across the County will promote widespread public adherence to any nationally or locally imposed restrictions on movement and/or social interaction. This includes investment in a range of compliance officers and Covid marshals across several partner agencies including District Councils and the Lake District National Park Authority. Local investment is being made into programmes designed to support those who might find it difficult to follow such restrictions for financial, social or welfare reasons.

3.2.3 Infection prevention

We have invested further resources in the local Infection Prevention and Control Team to enable further support to be given to more vulnerable settings as required. Public communication also continues to focus on promotion of general hygiene measures.

3.2.4 Covid-security

Cumbria's six Environmental Health Teams are central to supporting local organisations and events to be Covid-secure, including factors such as:

- Setting up in a way that supports and encourages social distancing
- Avoidance of situations that make social distancing less likely
- Provision of adequate hygiene facilities
- Training for staff around use of appropriate personal protective equipment
- Consideration of appropriate ventilation.

This will become increasingly important as lockdown rules ease over the spring and summer. Cumbria is establishing an integrated approach to engaging with event planners to ensure that there is a robust approach to Covid-security across the many events expected in Cumbria over the spring and summer.

While compliance and enforcement activity is important in maintaining a Covid-secure environment, most settings are keen to do the right thing and welcome advice and support. For those settings that will find it particularly challenging to find the resources to ensure that they can operate in a Covid-secure manner, local investment in supporting businesses and community organisations to be Covid-secure is a significant strand of the next phase of response.

3.3 Respond

3.3.1   Surveillance and Case Finding

The Cumbria Strategic Co-ordination Group Multi Agency Information Cell (MAIC) collates and analyses data from the incident management system, national testing and contact tracing data, and local data on factors such as hospital admissions. This includes analysis of vaccination, case and mortality rates by geography to identify potential clusters and by deprivation to identify potential inequalities in the local situation. This intelligence supports understanding of the local epidemiology and surveillance of COVID-19 within Cumbria and enhances local outbreak control and incident management. Public communications are also enhanced through sharing of actionable local data.

There is currently limited coverage of waste water surveillance in Cumbria, with only the Barrow Sewage Treatment Works incorporated into this programme.

The primary route for notification of cases is through national testing systems. Individual-level data are routinely provided to the local team enabling full contact tracing to take place. The national contact tracing system also directly refers cases to the local system where they are identified as complex (requiring detailed local management) or where the national teams have been unable to make contact with the case.

We have established networks that enable rapid case-finding and referral through primary care, schools / other educational settings, care homes, and high-risk workplaces in the county.

3.3.2   Test

The Covid-19 testing programme in Cumbria has expanded significantly in recent months. It now incorporates both symptomatic and asymptomatic options at a wide variety of locations across the County, organised through a combination of national and local programmes.

The approach to testing, in line with the national approach, is to encourage routine uptake of rapid asymptomatic testing utilising Lateral Flow Tests (LFTs) by a wide range of people following a "test to detect" model, supported by widespread access to PCR testing for people who are symptomatic and to confirm or detect cases in some circumstances. Data from all testing routes is reported nationally and informs contact tracing at national and local levels.

Further details of the testing programme are outlined in Section 4 of this Plan.

3.3.3   Trace

Cumbria's contact tracing system is a partnership between the Public Health Team, the six District Environmental Health Teams, and Public Health England. As a Locally Supported Contact Tracing area, Cumbria specifically has responsibility for following up cases that the national system has been unable to contact. However Cumbria is committed to a "local by default" approach that sees local teams following up all cases and contacts.

The role of Environmental Health Teams in contact tracing also means that Cumbria is able to offer a substantially enhanced contact tracing offer when cases are connected to local businesses. Index case tracers will, in addition to identifying contacts, provide support and advice on Covid-secure arrangements, and arrange wider testing in support of outbreak management.

Full operational details of our approach to contact tracing can be found in Part 2 of this plan but are subject to ongoing development as the local and national situations evolve.

3.3.4   Isolate/Contain

Ensuring that cases and contacts self-isolate is the key outbreak control measure. Cumbria's contact tracers will both provide signposting to sources of support for those who may find it difficult to self-isolate for a range of reasons, and engage with employers who do not support their staff to do so – ultimately leading to enforcement action if required.

3.4 Treat

Provision of high-quality treatment services for those who need them remains a critical part of the Covid-19 response, but is outwith the scope of this Plan.

3.5 Communicate

Good public communications are crucial to pandemic and outbreak response. The SCG Strategic Media Advisory Cell (SMAC) co-ordinates multi-agency communication activity across the full range of the strategy, including:

- Routine public information on the epidemiology of the pandemic
- Promotion of adherence to hygiene guidance and social restrictions
- Promotion of vaccination uptake
- Promotion of testing services
- Information and advice regarding specific outbreaks and incidents.

4 Comprehensive Testing Programme

The Covid-19 testing programme in Cumbria incorporates a wide range of testing services both for asymptomatic and symptomatic testing.

4.1 Asymptomatic Testing

Asymptomatic testing is primarily through Lateral Flow Tests, though in some settings PCR is also routinely utilised. This strand of testing has several key components, with some led through national programmes and some led locally, as follows:

- *Routine NHS Lateral Flow Testing (national programme):* NHS organisations provides staff with home Lateral Flow Test kits.
- *Routine care home testing (national programme):* All care homes directly receive swab kits enabling them to carry out weekly PCR testing for staff, monthly PCR testing for residents, and weekly Lateral Flow Tests (LFTs) for staff and residents.
- *Routine School Lateral Flow Testing (national programme):* All secondary schools directly receive swab kits enabling them to carry out Lateral Flow Tests on pupils and Staff, with the aim of the test moving to home testing in April 2021. Primary schools and maintained nurseries also receive supplies to enable staff to test at home.
- *Business sector (national programme):* Organisations of at least 50 employees can (until the end of March) register to receive routine kits for staff testing.
- *Business sector (local programme):* The County Council runs an LFT training and kit supply model for larger businesses in the County, including private childcare settings.
- *Public sector (local programme):* The County Council runs an LFT training and kit supply model for a range of public and community sector organisations, including the police, fire service, and local government.
- *Community Lateral Flow Testing (local programme):* Community walk-in testing is organised through a number of venues across the County.
- *Community Collect (national programme):* A recent national programme aimed at parents who wish to routinely test at home, with collection of kits available from PCR test sites.

- *Private organisational testing (local initiatives):* A number of organisations in the County, notably BAE and Sellafield, conduct routine workforce testing using L-AMP and PCR technologies via a private laboratory, with results feeding into the national Test and Trace data system.
- *Outbreak response (local programme):* A rapid response service can, deliver LFT kits and either supervise testing or train others to do so, within 4 hours of a request by local public health teams in order to enable very rapid outbreak response.

4.2   Symptomatic Testing

Symptomatic testing relies on PCR swabbing with results taking 24-48 hours to return.

- *Pillar 1 testing:* Swab testing analysed in PHE and local hospital labs. Swabbing for Pillar 1 tests (PCR) is conducted both in NHS settings and by local swabbing teams that can deploy to other settings (notably care homes) as required.
- *Pillar 2 – Local Test Sites:* A number of fixed sites, both drive-through and walk-through, enable PCR testing to be carried out in Cumbria's main centres.
- *Pillar 2 – Mobile Testing Units:* Mobile units (offering PCR tests) are deployed both routinely on a scheduled basis across a number of other communities in Cumbria, and as required to respond to outbreaks.

4.3   Promoting uptake of testing

Test sites have been selected to provide people across Cumbria with easy access to services. They are available in a range of venues and across a range of times. The programme of access is kept under regular review by the Testing Operational Group, and in particular access to Lateral Flow Tests will expand further over the spring.

Uptake of testing will be monitored by the Multi-Agency Intelligence Cell (MAIC) to determine whether there appear to be any gaps or inequalities in access to or uptake of testing. Where such discrepancies are identified the Testing Operational Group will act to address these.

5.   <u>Integrated enhanced contact tracing and outbreak management</u>

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 / other educational settings and other potentially high-risk or high-consequence settings is provided in Part 2.

Cumbria operates an integrated approach to case management, contact tracing, isolation support, outbreak response and Covid-security. This system aims to follow up every case of Covid-19 identified in Cumbria; to connect cases and contacts to support where required; and where relevant to provide support for local businesses and other settings to enhance infection prevention and control approaches and other Covid-secure measures.

5.1 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	An incident is any situation directly managed by the Incident Management Hub (IMH) and includes suspected and confirmed outbreaks of COVID-19 and various situations referred by Tier-2 of the national test and trace system. Examples include: • One suspected or confirmed case in a setting where there is identified high risk of further spread, • One suspected or confirmed case in a setting where the risk of secondary consequences of an outbreak are high (such as settings where an outbreak would pose a risk to national infrastructure or to the health and wellbeing of the community), • A suspected or confirmed outbreak in any setting.
Suspected Outbreak	• An incident in which two or more people with typical symptoms of COVID-19 (including where one has tested positive) become unwell or test positive within 14-days of each other and are linked in some way that may have brought them into contact with each other.
Confirmed Outbreak	• An incident in which two or more people with laboratory-confirmed COVID-19 become unwell or test positive within 14-days of each other and are linked in some way that may have brought them into contact with each other.

Contact	A contact is a person who has been close to someone who has tested positive for COVID-19. You can be a contact any time from 2 days before the person who tested positive developed their symptoms (or, if they did not have any symptoms, from 2 days before the date their positive test was taken), and up to 10 days after, as this is when they can pass the infection on to others. A risk assessment may be undertaken to determine this, but a contact can be:
	• anyone who lives in the same household as another person who has COVID-19 symptoms or has tested positive for COVID-19
	• anyone who has had any of the following types of contact with someone who has tested positive for COVID-19:
	    ○ face-to-face contact including being coughed on or having a face-to-face conversation within one metre
	    ○ been within one metre for one minute or longer without face-to-face contact
	    ○ been within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)
	    ○ travelled in the same vehicle or a plane

	The Incident Management Hub (IMH) and Outbreak Control sub-groups may alter the definition of 'contact' in relation to specific local incidents to maximise the effective control of the specific outbreaks against agreed aims and objectives.

5.2 Data Integration

Cumbria has established an integrated Multi-Agency Tracing System (MATS) that enables cases and contacts to be identified and followed up by agencies as required. This system is currently fed by the national CTAS system via a daily download. Contact tracers also use the national Power BI system for further data interrogation as required. Cumbria is currently part of a pilot to investigate the potential for further national and local data integration.

5.3 Co-ordination

5.3.1 Incident Management Hub

For community incidents and outbreaks other than those in regulated care settings and education settings, the Incident Management Hub (IMH) is at the heart of this outbreak control process. It comprises staff from the Public Health Team, Public Health England (PHE), 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 Incident Management Hub (IMH) meets daily if required to coordinate the local response to incidents and outbreaks. Full details and terms of reference can be found in Appendix 1.

5.3.2 Care Settings Outbreak Control Team

Given the number of incidents and outbreaks affecting regulated care settings (notably care and nursing homes) a dedicated OCT has been established to oversee the response in such settings. It comprises staff from the Public Health Team, Infection Prevention and Control Teams, the County Council Strategic Commissioning Team and Cumbria Care. The OCT meets daily if required to coordinate the local response to incidents and outbreaks. Full details and terms of reference can be found in Appendix 1.

5.3.3 Education Settings Outbreak Control Team

Similarly to care settings, the large number of incidents associated with education settings means that a dedicated OCT has been established to

oversee the response in these settings. This comprises staff from the Public Health Team, Environmental Health Teams, the Infection Prevention and Control Team, and Education Services. It meets daily if required to coordinate the local response to incidents and outbreaks. Full details and terms of reference can be found in Appendix 1.

5.3.4   Other incident/outbreak meetings

Any of the co-ordination groups identified above may establish specific teams to respond to particular incidents or outbreaks. This may be required in particularly large or complex incidents, including where Variants of Concern have been identified. Such an Outbreak Control Team or Incident Management Team will be a multi-agency group established to:

• Assess any incident or 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, actions will include mobilising additional local testing services, and identifying and allocating surge-capacity of additional contact tracers and resources to control outbreaks.

5.4   Management of individual cases

Routine notification of individual cases comes through daily national updates from NHS Test and Trace. These updates are automatically transferred on to Cumbria's Multi-Agency Tracking System (MATS) and cases assigned to an Index Case Tracker, usually an Environmental Health Officer from the relevant District Council. Where cases are associated with hospital or care home testing they are followed up by the hospital or Care Settings OCT as appropriate. Where cases are associated with settings overseen by PHE-NW, a PHE Consultant will take on the role of Index Case Tracker.

Index Case Trackers follow up every case to ensure that they are self-isolating, to offer support as required, and to identify contacts.

Contacts are subsequently followed up either by the District Council Environmental Health Team or by one of the County Council's Contact Tracing Team. Again provision of advice about access to support for self-isolation is a core part of this function.

Where there is a link to a business or setting other than a care or education setting, Environmental Health staff will work with that setting to provide advice and support around Covid-secure arrangements.

5.5   Identification of Incidents

Incidents (see definition above) may be identified through several different routes, including:

- Direct notification by tier 2 of the national Test and Trace system.
- Directly identified through local contact-tracing activities.
- Notified to the local Contact Centre, or,
- Directly notified through professional networks, including by Environmental Health and Public Health.

When an incident is identified, initial advice will be given by an appropriate member of the public health team or by Public Health England (PHE), who will then present the incident to the next daily Incident Management Hub (IMH). The Incident Management Hub (IMH) will decide on the initial response to the incident, which may include taking no further action, and will assign an incident manager to follow up identified actions.

5.6   Identification of Outbreaks

Potential outbreaks (as defined above) may be identified by any of a range of partners including Public Health England (PHE), Local Authorities or NHS organisations. Potential outbreaks may be identified through a number of routes, including:

- Clearly linked cases identified through contact tracing (e.g. contacts who become cases)
- Use of coincidence alerts and Common Exposure Reports where locations are mentioned to contact tracers by multiple apparently unlinked cases
- Mapping of cases identifying possible geographic clusters
- Local intelligence provided to relevant agencies by community sources.

As soon as it becomes apparent that an outbreak may exist, immediate contact between local agencies is essential. Initial investigation to clarify the nature of the outbreak should begin within 24 hours of receiving the initial report, including implementation of immediate control measures, 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,
- Conduct a preliminary investigation by contacting any relevant organisation(s) and/or individual(s) involved,
- Interviews initial cases to gather basic information including any common factors,
- Collection of relevant clinical and/or environmental specimens,
- Review of specimen result(s),
- Assessment of the likelihood of a continuing public health risk; and
- Carry out an initial risk-assessment to guide the decision-making process.

5.7   Declaration of Outbreak

Outbreaks may be declared through a number of routes. Many will be formally identified either by the Incident Management Hub or by Public Health England.

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

Where an incident occurs within a care home, the Care Homes Outbreak Control Team (OCT) may declare an outbreak according to their governing principles.

Following the confirmation and declaration of an outbreak, the Incident Management Hub (IMH) will undertake a rapid risk-assessment (by discussion) and reach a decision on the immediate action to be taken. Depending on the risk-assessment, 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
- The presence of Variants of Concern; or
- 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 (IMH) 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.

5.8   Roles and Responsibilities

5.8.1   Incident Managers

Incident Managers will have direct management oversight of incidents being managed through the Incident Management Hub (IMH). Usually, the incident manager will be the Environmental Health Officer (EHO) from the district the case or organisation in question is based in. In some situations, the Incident Management Hub (IMH) will, at its discretion, identify another member of the Incident Management Hub (IMH) to be the incident manager. This may be, for example, a member of the public health infection prevention and control (IPC) team, or the local Public Health England (PHE) Health Protection Team (HPT).

EHOs from all District Councils across Cumbria will work in a coordinated manner to support the local response to contact tracing and incident management. This includes the following roles and responsibilities:

- Coordinating all contact-tracing activities needed for incidents they are managing
- Providing contact-tracing support, both for incidents they are managing and through mutual support to other districts (where capacity allows)
- 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 timely contemporaneous records of all activities carried out and recording these appropriately onto the CCC Public Health Incident Management System.

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.

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.

5.8.2   Public Health England

Public Health England North West (PHE-NW) provides expert guidance into the Incident Management Hub (IMH) and supports discussions on local outbreak management.

PHE NW Cumbria Hub has responsibility for situations and complex cases of C-19 where there are greater risk factors, including.

Cumbria Local Outbreak Control Plan   Part 1
Version 1.2.0

- where Variants of Concern or Variants under Investigation are involved;
- incidents involving homelessness
- health and social care settings (including domiciliary care) where an organisational IPC team is not managing the setting (includes hospices)
- places of detention including Haverigg Prison
- complex educational settings including residential schools and settings for those with special educational needs.

PHE-NW Cumbria Hub is also responsible for supporting settings where there is a higher risk of transmission, large numbers of susceptible contacts, vulnerable individuals, or where national/regional infrastructure is involved, including:

- Care homes where the local IPC team requests additional support
- Nurseries, Schools, Colleges, and Universities that have been escalated for further support by the local IPC team
- Other large outbreaks in workplaces or other community settings where there is suggestion of a large outbreak or another issue of concern
- Outbreaks in large workplaces with high risk of transmission – e.g. warehouses, chilled food processing and preparation.
- Outbreaks in high profile situations e.g. elite sports.

Public Health England North West (PHE-NW) will forward summary information received from national Contact Tracing and Advice Service (CTAS) (level 2) on tier 1 referrals to the Single Point of Contact (SPOC), create a case / situation and record this on the Public Health England (PHE) Health Protection data systems.

Cases of COVID-19 linked to complex situations are referred from national Test and Trace service level 2, to the local Incident Management Hub (IMH).

5.8.3   Cumbria County Council Public Health Team

The Incident Management Hub is chaired by Cumbria County Council (CCC) Public Health team, usually by the Director of Public Health or a CCC Public Health Consultant. Senior members of CCC Public Health Team also provide senior leadership and support to Incident Managers and into the care homes Outbreak Control Teams (OCT).

Cumbria County Council (CCC) Infection Prevention and Control Team provides direct advice and guidance on control measures needed to manage outbreaks, especially those occurring in care homes across Cumbria.

5.8.4   Contact Tracing Team

The contact tracing team is responsible for 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. In some circumstances, however, additional contact-tracing support may be sought from the national Tiers 2 and 3 contact-tracing service.

5.9 Control Measures

5.9.1 General control measures

In most outbreaks control measures are likely to be highly localised, associated with individuals or 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, hygiene measures and COVID-secure measures, and
- Provision of advice and support on cleaning and sanitation measures.

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 wherever possible.

5.9.2 Support for self-isolation

Ensuring that people who are identified as cases or contacts are able to self-isolate is the key control measure for incident and outbreak response. Primarily this will be achieved through the encouragement of contact tracing teams, but there are a number of reasons why even those who may be willing to self-isolate may find it very hard to do so.

For some people there may be substantial financial implications from not attending work, and Cumbria will offer financial support to a broader range of people than are eligible for national support payments. Others may have practical support needs, such as when they have caring responsibilities, or may find self-isolation emotionally or psychologically challenging. Again Cumbria will seek to identify and meet such support needs.

In addition to these individual barriers, there have been examples of employers not supporting their staff to self-isolate when asked to do so. Cumbria's contact tracers are closely linked to environmental health and other regulatory agencies that will work with non-cooperative employers to persuade them to work constructively with cases and contacts. Enforcement action could ultimately be taken against employers if necessary.

5.9.3   Enforcement and Regulatory Powers

Implementation of control measures will be by consent wherever possible. Enforcement measures will be considered where extreme situations cannot effectively be controlled by consent. 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:

- Health Protection (Coronavirus, Restrictions) (England) (No3) Regulations 2020.
- Coronavirus Act 2020.
- Public Health (Control of Disease) Act 1984 (PHCDA) - Part 2A Orders.
- Health and Safety at Work etc. Act 1974.
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.
- Data Protection Act 2018.

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

5.9.4   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 settings. In such cases, more significant measures may be considered, including the re-introduction of area-wide restrictions on activity and movement (commonly referred to as "local lockdowns").

As with other control measures, the general principle to be followed in these circumstances will be implementation by consent wherever possible.

Local agencies do not currently have the powers to enforce area-wide lockdowns. Local areas may, however, escalate a local outbreak situation to national governance, and national government may exercise powers under the Coronavirus Act 2020 to impose such measures. The decision to escalate situations to national government will lie with the Health Protection Board.

5.10 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 Cumbria County Council website homepage has a search facility to help people to find local support: https://www.cumbria.gov.uk/
- Cumbria County Council also operates a COVID-19 support helpline that can help people to find local support, or provide direct support where no other support is available: 0800 783 1966
- The latest NHS guidance in over 60 languages can be found at: https://www.doctorsoftheworld.org.uk/coronavirus-information/

Financial support is available for those who will find it difficult to self-isolate for financial reasons. National support grant programmes have been enhanced in Cumbria to broaden their accessibility. These grant programmes are managed by District Councils. Local contact tracing teams will refer people to these programmes as appropriate. The County Council Support Line can also made small payments where there is an immediate financial need.

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

5.11 Higher Risk Settings

Part 2 of this plan outlines our approach to working with higher risk settings in more detail. In most cases, outbreaks in such settings will be dealt with in accordance with the Standard Operating Procedures, modified as necessary to reflect the nature of the location of the outbreak.

5.11.1 Hospitals and Primary Care

Outbreaks in hospital settings will be managed by an Outbreak Control Team (OCT) convened by the NHS Trust involved. This will include tracing and testing of in-hospital contacts. The Incident Management Hub (IMH) will maintain an overview of the situation, lead on tracing wider community contacts if appropriate (particularly staff contacts) and will provide additional support and aid to the Outbreak Control Team as required.

Outbreaks associated with primary care settings will be led by PHE-NW Cumbria Hub and managed through the normal Incident Management Hub (IMH) processes. NHS Infection Prevention and Control staff who are part of the Incident Management Hub (IMH) will provide much of the technical support to practices.

5.11.2 Regulated Care Settings

Cumbria has established a standing Outbreak Control Team to oversee the response to incidents and outbreaks in regulated care settings, which

meets daily as required. This is supported by an Infection Prevention and Control Team that includes staff who can provide telephone based advice and support and can organise additional testing as required, and clinical IPC staff who can attend homes and supportively assess IPC measures. These teams work closely with the County Council Strategic Commissioning Team, which can provide other forms of support (including financial and mutual aid staffing) to homes experiencing outbreaks.

5.11.2 Education Settings

A standing Education Settings Outbreak Control Team oversees the response to outbreaks and incidents in educational settings (including in early years). This team is supported by an Infection Prevention and Control Team that can provide settings with advice, support and guidance as required.

5.11.3 Critical National Infrastructure

BAE Systems and Sellafield are directly represented in the planning and response structures associated with the implementation of this Plan. Both conduct their own workforce testing and report results directly to local teams as well as into national systems. Public Health England acts as the incident manager in any cases relating to these settings.

5.11.4 Tourist Sites

Cumbria contains many very popular tourist sites, notably (but not exclusively) in the Lake District National Park. While many such sites are outdoors, which reduces the risk, they are potentially a route for new cases coming into Cumbria; they are also potentially a route for the spread of COVID-19 from Cumbria to other parts of the country.

Outbreaks associated with tourist sites can be difficult to identify (as by the time they become symptomatic, people may be dispersed widely throughout the country) and to control (particularly as contact tracing may be more difficult).

Agencies in Cumbria will work together through the SCG Visitor Economy Working Group and with operators of tourist sites (where applicable) to encourage "Covid-secure" operation and appropriate physical distancing in outdoor sites.

5.12 Responding to Variants of Concern

As the pandemic has progressed a number of Variants of Concern (those that may be more transmissible and/or resistant to vaccines or treatment) have been identified. Where an incident in Cumbria is identified as being connected (or potentially connected) to a Variant of Concern, a separate Incident Management Team will be established. This team will review the case history to determine the likely route of transmission into Cumbria, and the contact network of the case from the point of infection. Where the former is unclear, and/or there

is evidence from the latter that the virus may not have been successfully contained by contact tracing and isolation, the IMT may, in collaboration with the national Contain team, instigate surge testing with genetic typing across whatever community or set of networks may be appropriate.

Establishing surge testing associated with a Variant of Concern is likely to lead to considerable additional requirement for contact tracing as well as to heightened public concern. The County Council Public Health Team will provide surge capacity for contact tracing as required. Co-ordination of communications between the County Council, District Council and Public Health England will be a standing agenda item for the Incident Management Team.

5.13 Responding to Enduring Transmission

Where particular areas, settings or groups appear to be associated with enduring transmission rather than isolated outbreaks, the Incident Management Hub may establish a specific local area control team, led by the Director of Public Health or a Public Health Consultant from the local public health team or from Public Health England, to identify further appropriate control measures. Such a team will conduct further analysis of the patterns of transmission and identify appropriate control measures. Such measures may include:

- Enhanced communications activity and promotion of non-pharmaceutical interventions
- Enhanced community testing
- Enhanced compliance and enforcement measures
- Ultimately, a move towards establishing further area-wide restrictions as described in 5.9.4 above.

5.14 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 will be disseminated as widely as possible.

6   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 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 available to enable the people of Cumbria, and visitors to the area, to make informed choices.

Communication and engagement with the public will be supported by the Cumbria Public Health Alliance (PHA), 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 the following 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.
3. 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 about all aspects of local testing and contact-tracing activities can be made to HealthProtectionBoard@cumbria.gov.uk.

Partners and members of the public can all access information from the Cumbria Observatory at: https://www.cumbriaobservatory.org.uk/health-social-care/covid-19/

7   Resourcing the Plan

At its onset, all of the work described in this plan made use of existing capacity and expertise within Environmental Health Teams, Sexual Health services, the Cumbria County Council (CCC) Public Health Team (including Infection Prevention and Control (IPC) staff redeployed from other roles), NHS swabbing and testing services, County Council contact centre & administrative staff, and Public Health England (PHE).

National resources have subsequently been made available through the Test and Trace Support Grant and the Contain Outbreak Management Fund. In addition, specific funding has been made available to support the roll-out of Community Lateral Flow Testing in the County.

These resources are being utilised within the strategic response framework as follows:

7.1   Vaccinate

This part of the Strategic Framework is receiving considerable national and local investment. While neither the TTSG or COMF is currently designed to support this area of work, mainstream public health capacity and resources will be deployed to support further work on tackling inequalities in vaccination uptake across the County.

7.2   Prevent

This theme has benefited from COMF funding of £0.532 million for enhancing enforcement capacity, and also from TTSG investment of approximately £0.500 million to build an enhanced infection prevention and control team for the County.

The currently identified priority areas for future investment are:

- **Ongoing enforcement:** Current enhanced resourcing for enforcement and compliance activity covers the short term (to April 2021); further investment is likely to be required over the summer of 2021 at least
- **Restrictions on social interaction:** Further investment potential in support for those for whom lockdown measures bring particular hardship – particularly at "hyper local" and community level
- **Infection Prevention and Control:** Additional resource already approved from TTSG but further investment is needed to secure this for the longer term
- **COVID-secure working:** Potential for investment in supporting small business to be COVID-secure post-lockdown.

7.3   Respond

There has been considerable investment already agreed into this theme. The majority of the TTSG, including all the funding allocated to District Councils, supports the contact tracing element of this theme, as does £1.476 million

already allocated from the COMF. Investment of £0.66 million has been agreed from the COMF to fund discretionary payments to help people self-isolate.

The currently identified priority areas for future investment are:

- **Test:** Investment required in establishing and maintaining Community Lateral Flow Testing programme
- **Trace:** Investment already agreed but this needs to be developed further and in place for the longer term. This will include a review of the existing structures and roles within the Public Health Team to ensure the availability of surge capacity while maintaining an efficient system that is not over-resourced for the demand.
- **Isolate:** Investment in discretionary payments to help people self-isolate has already been agreed but this may need to be kept under review.

7.4 Treat

As with the Vaccinate theme, there is considerable resource going into this area through NHS and social care funding but it is not one that the TTSG or COMF is currently designed to support.

7.5 Communicate

Additional resource has already been committed from the TTSG towards enhanced communications. This is likely to continue to require investment over the coming months.

8   Governance arrangements

Governance for this multi-agency response functions at strategic, tactical and operational level and needs to consider the interface between response and recovery. During the first phase of this Plan, a Strategic Co-ordination Group and Health Protection Board have operated in parallel; there is now a need to recognise that the Covid-response is moving to "business as usual" so the SCG is in a position to return to its normal role of stepping up in the event of a major incident being declared.

	Major Incident	Ongoing Response	Recovery
Strategic	**Strategic Co-ordination Group** Steps up in response to major incident being declared where rapid co-ordination and deployment of agency resources is required	**Health Protection Board** Establishes local strategy for response, co-ordinates multi-agency resources, agree escalation requirements and liaise with Government as necessary	**Strategic Recovery Co-ordination Group** Establishes strategy for recovery, co-ordinates multi-agency action
Tactical	**Tactical Co-ordination Group** Establishes multi-agency tactical approach in response to a major incident	**Health Protection Tactical Oversight Group** Maintains overview of epidemiology, co-ordinates tactical response, advises Board on strategy and resource requirements **Local Outbreak Engagement Board** Ensures wider political engagement and oversees communications and engagement activity	
Operational	**Various** SCG structures enable various operational groups to be established as required by the specific incident.	• **Incident Management Hub/OCTs** • **Testing Operational Group** • **Contact Tracing Operational Group** • **Compliance and Enforcement Group** • **SMAC** • **MAIC**	**Individual Agencies** All partner organisations implement operational response

In addition to these multi-agency arrangements, separate structures exist for overseeing the roll-out of the vaccination programme within Cumbria. These structures are run through the NHS

Appendix 1 sets out the terms of reference for the bodies associated with the ongoing response articulated within this Plan.

8.1 Governance Structures Diagram

Cumbria Local Outbreak Control Plan   Part 1
Version 1.2.0
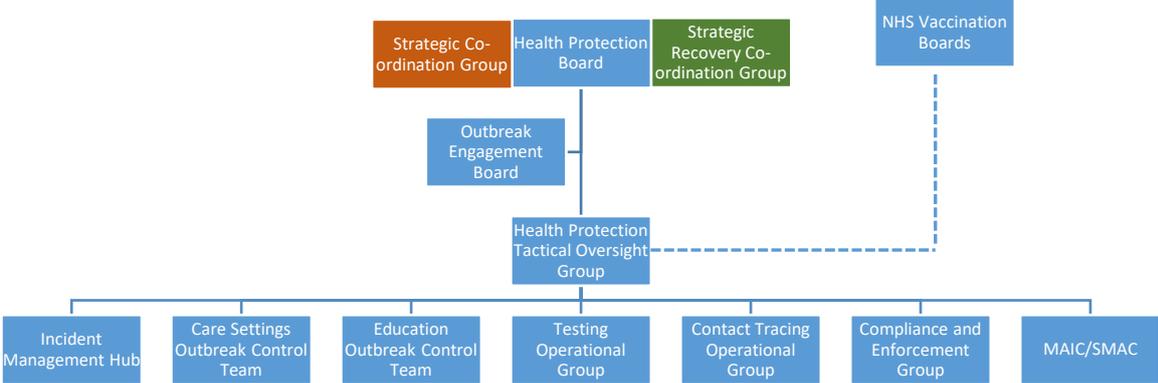
Appendix 1: Terms of Reference for Local Governance Structures

General Principles

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

Health Protection Board	
Roles and Responsibilities	The purpose of the Health Protection Board is to take overall responsibility for the multi-agency response to Covid-19 and to establish the policy and strategic framework within which lower tier coordinating groups will work. 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 investment of new resources in support of the Board's strategic objectives. 5. To consider advice from the Health Protection Tactical Oversight Group (HP-TOG) and Public Health Alliance (Local Outbreak Engagement Board) concerning local epidemiology and recommended control measures. 6. To consider the broader social, economic and political implications of implementing such measures. 7. To seek to reach a consensus about the appropriate approach to be taken. 8. Where enhanced area-wide control measures are required, to 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 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.
Chairing	The Board will be chaired by the Leader, Cumbria County Council (CCC).
Membership	• Leader, Deputy Leader. Public Health Portfolio Holder *(also Chair of the Public Health Alliance/Outbreak Engagement Board)*, Leader of the Opposition Group,

	Chief Executive, and Director of Public Health, Cumbria County Council (CCC). • Police and Crime Commissioner, Chief Exec (OPCC), Chief Constable • Chair of Local Resilience Forum and Strategic Co-ordination Group • Other members may be brought into this Board as appropriate to the situation. Where any enhanced area-wide control measures are being considered, this would as a minimum include the Leader/Mayor, Portfolio Holder and Chief Executive of any affected District Council.
Meeting Arrangements	The Health Protection Board will initially meet on a weekly basis.

Health Protection Tactical Oversight Group	
Roles and Responsibilities	The purpose of the Tactical Oversight Group is to co-ordinate the implementation of action in support of the strategy set by the Health Protection Board. 1. To maintain an overview of the epidemiology of COVID-19 at local level in order to inform decision making about local control measures 2. To oversee activity being taken in support of the strategy set by the Health Protection Board and to co-ordinate agency resources for such action 3. To identify gaps in action with respect to the strategy or the epidemiology at the time and recommend action to individual agencies or to the Health Protection Board as appropriate 4. To assess resourcing requirements and propose ways of meeting these. 5. To establish such operational groups as may be required to take action forward 6. To recommend the implementation of local enhanced social distancing measures to the Health Protection Board if required.
Decision Making	The Tactical Oversight Group 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.
Chairing	The Tactical Oversight Group will be chaired by the Director of Public Health for Cumbria.

Membership	Membership will include appropriate strategic decision makers from appropriate agencies, to include, but not limited to: 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 Constabulary; Allerdale Borough Council; Barrow Borough Council; Carlisle City Council; Copeland Borough Council; Eden District Council; and South Lakeland District Council
Meeting Arrangements	The Tactical Oversight Group will initially meet on a weekly basis.

Public Health Alliance (Local Outbreak Engagement Board)	
Roles and Responsibilities	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: • Ensuring appropriate political oversight of the local approach to communication and engagement • 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 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	Membership of the Board will include: • District Councils • Health Watch Cumbria • Director of Public Health, Cumbria County Council • Cumbria County Council Cabinet Member for Public Health and Community Services • Cumbria Clinical Commissioning Group • Office of the Police and Crime Commissioner • Cumbria Fire and Rescue Service • Elected representation from Cumbria Third Sector Executive • Cumbria Association of Local Councils (CALC) • Public Health England

Meeting Arrangements	The Alliance will meet at least monthly. More frequent meetings will be put in place should circumstances require them.

Incident Management Hub / Outbreak Control Teams

Roles and Responsibilities	**Purpose** The COVID-19 Incident Management Hub (IMH) will be responsible for overseeing the response to local COVID-19 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 (including 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. For incidents and outbreaks involving regulated care settings or educational settings, these functions will be carried out by the Care Sector Outbreak Control Team and the Education Settings Outbreak Control Team respectively. **Prevention** The Incident Management Hub and OCTs will receive information on distribution of cases and possible hotspots from various sources of intelligence, including the Multi Agency Information Cell (MAIC). They will coordinate proactive infection prevention and control actions (including advice and any necessary regulatory actions) and will instruct and inform any communication campaigns as necessary. **Outbreak and Complex Case Management** The COVID-19 Incident Management Hub (IMH) will oversee three main areas of activity: **Complex and high-risk settings** • 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 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. - Cases or employers unwilling to provide information. **Consequence management** - 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 / other educational settings 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. **Increase in disease frequency or severity** - Second or subsequent cases in school / other educational setting class (small number of children taught together). - Reported high absenteeism rate in school / other educational settings or workplace. - Reported high levels of hospitalisations. The Care Settings Outbreak Control Team will oversee all incidents occurring in regulated care settings. The Education Outbreak Control Team will oversee all incidents occurring in educational settings (including early years).
Decision Making	The Incident Management Hub and OCTs will operate by consensus.
Chairing	The COVID-19 Incident Management Hub and OCTs will be chaired by the DPH or their nominated representative.
Membership	- Public Health England (PHE) Consultants - County Council Public Health staff - District Council Environmental Health staff - Clinical Commissioning Group (CCG)s / NHS staff - Social Care Commissioning Team (Care Settings OCT only) - Education Team (Education OCT only) - Contact Tracing Team - Admin staff - Communications team
Meeting Arrangements	The COVID-19 Incident Management Hub (IMH) and OCTs will will usually meet daily Monday to Friday. On weekends and Bank Holidays, the they will meet daily by exception. The Incident Management Hub (IMH) and OCTs will maintain a log of incidents and ensure that they are followed up at each meeting through to resolution and closure.

	The Incident Management Hub (IMH) may, if there is a sufficiently high number of incidents in any given sector, establish further sub-group arrangements to oversee the response in that sector.

Contact Tracing Operational Group

Roles and Responsibilities	To ensure that the contact tracing system is operating effectively and promote greater integration between national and local contact tracing systems.
Decision Making	The group operates by consensus.
Chairing	The group will be chaired by Public Health, Cumbria County Council.
Membership	• Cumbria County Council – Public Health, ICT systems • PHE-NW • Environmental Health Teams representatives • Multi-Agency Intelligence Cell (MAIC) • Contact with Testing Operational Group
Meeting Arrangements	The group will meet as required to ensure the effective operation of the system. Initially this will be at least weekly.

Testing Operational Group

Roles and Responsibilities	To develop further and 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 group will be chaired by ???
Membership	• Cumbria County Council • PHE-NW • Cumbria local Contact Tracing lead • Environmental Health Teams representatives • Strategic Media Advisory Cell (SMAC) • Multi-Agency Intelligence Cell (MAIC) • North Cumbria Integrated Care (NCIC) • University Hospitals Morecambe Bay (UHMB) • North Cumbria CCG • Morecambe Bay CCG • Sellafield Sites • BAE Systems • Primary Care Networks North • Primary Care Networks South • NHS England and Improvement North East and Yorkshire • Department of Health and Social Care Regional Testing Lead
Meeting Arrangements	The group will meet as required to ensure the effective operation of the system. Initially this will be at least weekly.

Multi Agency Information Cell	
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.

Strategic Media Advice Cell	
Roles and Responsibilities	
Decision Making	
Chairing	
Membership	
Meeting Arrangements	