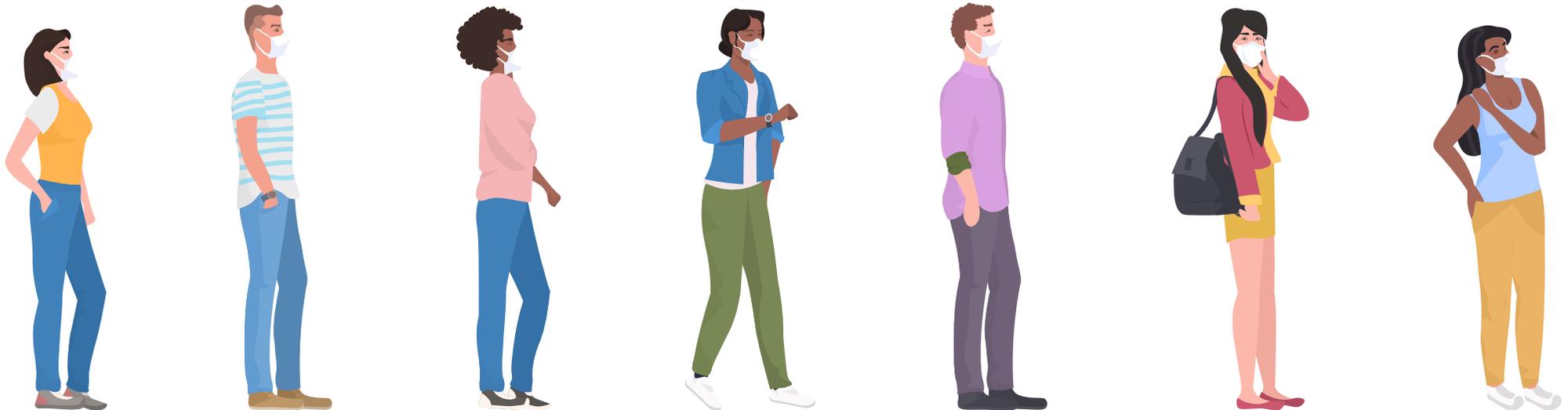


Cambridgeshire and Peterborough Local Outbreak Control Plan

This document describes the Outbreak Control Plan Cambridgeshire and Peterborough are adopting to help control and contain Coronavirus.

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Cambridgeshire and Peterborough Local Outbreak Control Plan



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1. Introduction and aims of the Local Outbreak Control Plan (OCP)

The Government announced in May that part of its national strategy to manage and control the pandemic is for every area in England to develop a Local Outbreak Control Plan for COVID-19 by the end of June 2020.

In Cambridgeshire and Peterborough our OCP builds on existing outbreak plans and relies on working closely with our local communities to reduce the risk of transmission of the infection, establish systems to identify new cases and reduce outbreaks. Where clusters of new COVID-19 cases arise we will identify them swiftly, and working with Public Health England Health Protection Team, will put measures in place to control them, so we can support the continued lifting of lockdown restrictions and the gradual return to normal life.

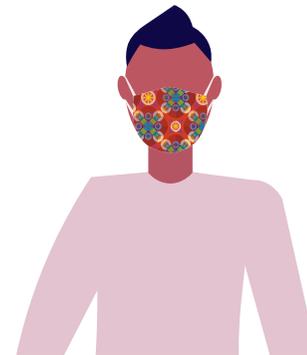
Our Local Outbreak Control Plan (OCP), has two principal aims:

1.1 Prevention

- Support communities and businesses to understand and observe national guidance and prevention measures, reducing the likelihood of contracting or spreading the virus.
- Reinforcing key public health messaging on hand washing and social distancing.

1.2 Surveillance & Response

- Quickly identify any new cases of COVID-19 and their contacts to reduce spread.
- Put steps in place to control outbreaks – particularly in high risk settings – and stop them spreading.



2. Prevention, Surveillance and Response

2.1 Prevention

Prevention and resilience is at the heart of our Cambridgeshire and Peterborough Outbreak Control Plan. Social distancing, hand washing, self isolation, getting tested and following advice and helping to contact trace are all key to success in preventing spread. We will work with our communities, community champions, volunteers, businesses, health partners, education & childcare settings, staff and councillors to stop the spread of COVID-19 infection.

Prevention is based on the four E's - **Explain, Engage, Encourage** - and only as a very last resort **Enforce**.

Explain

- We will make it easy and understandable for people to behave in ways that prevent them catching or spreading the disease
- We will help everyone build good public health measures into their daily lives to prevent infection

Engage

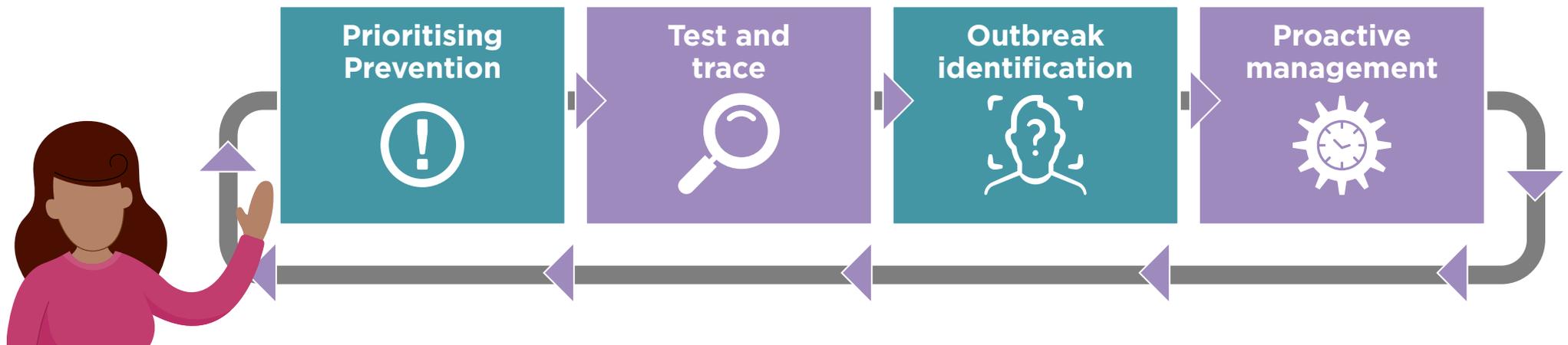
- We will work proactively with people or settings which are most at risk of contracting or spreading the disease to reduce their levels of risk or manage cases to contain outbreaks.

Encourage

- We will provide practical support – food, medicine or access to relevant benefits - to help people isolate to break the chain of infection

Enforce

- If we need to take action to encourage people to do the right things, only as last resort we will use the powers of enforcement that are available to us. (See page 26)



2.2 Surveillance and Response

Surveillance is about bringing together information from different sources about our local population, monitoring this carefully and identifying any changes which may need escalating as an incident requiring assessment and perhaps to convene an Outbreak Management Team.

The composition of this team will vary depending on scenario, such as school or workplace setting, but will consist of Public Health England, Environmental Health Officers, infection prevention and control, employers, headteachers and local Public Health specialists. **The operating model for this team is set out on page 29**

- **Early warning** Our multiagency information system will quickly identify new cases from local and national testing and other data sources. We will use local, regional and national data on a daily basis to provide clarity on the status of the pandemic locally.
- **Our surveillance system** will escalate any early warning signals of complex outbreaks or emerging trends to the relevant organisations and or partners **(see operating model on page 7)** so they can take prompt action, convene an Infection Management Team if needed and prevent any further spread.
- **Testing** We will make sure that we have adequate swabbing and sample testing capacity available across Cambridgeshire and Peterborough, both locally and nationally-commissioned and that the public and various employment groups are able to access it easily, and that results are returned swiftly to support people to isolate and to inform our early system for surveillance.
- We will put in place appropriate arrangements for testing in more **complex settings** such as care homes, schools & early years settings, workplaces, homeless hostels, and for other socially excluded and hard to reach groups.
- **Infection control** We are at a point in the pandemic where the first wave has subsided but we still have COVID-19 virus circulating in our communities and in our NHS and Care Home institutions in particular. We have seen in the UK and Worldwide that there is a continuing risk of local outbreaks occurring if we are not vigilant in observing social distancing, hygiene and other public health measures and that there may be a national second wave.
- **Populations and settings at greater risk** The pandemic has exposed the population groups such as older people and those with underlying conditions who are at particular risk of becoming very ill with COVID-19 infections. It has also shown that more disadvantaged populations, people of BAME heritage, some occupational groups and those living in dense urban areas are at increased risk. Finally healthcare settings, care homes and institutions such as prisons are also at a greater risk of outbreaks.
- **Support for individuals** In March 2020, a network of COVID-19 Coordination and Response Hubs was established across Cambridgeshire and Peterborough, comprising the countywide coordination hub and local hubs led by the district/city councils. These help individuals to self-isolate at home safely with the right support in place (e.g. encouraging neighbours or community groups to offer support, or providing direct practical support via the hubs). This support has been beneficial for those vulnerable people in the community who have been advised to stay at home and maintain social distancing if going outside.



3. Test and trace

Cambridgeshire CC and Peterborough CC have published a guide to the [NHS Test and Trace in Cambridgeshire and Peterborough](https://www.cambridgeshire.gov.uk/residents/coronavirus/coronavirus-covid-19-test-and-trace).

We have adopted the test and trace model to control and contain COVID-19 and there are two objectives:

1. To prevent people getting COVID-19
2. Where individuals are infected or there are outbreaks in settings, to have a clear and robust response to prevent further transmission to control and contain the virus.

The prevention model is set out diagrammatically in the guide

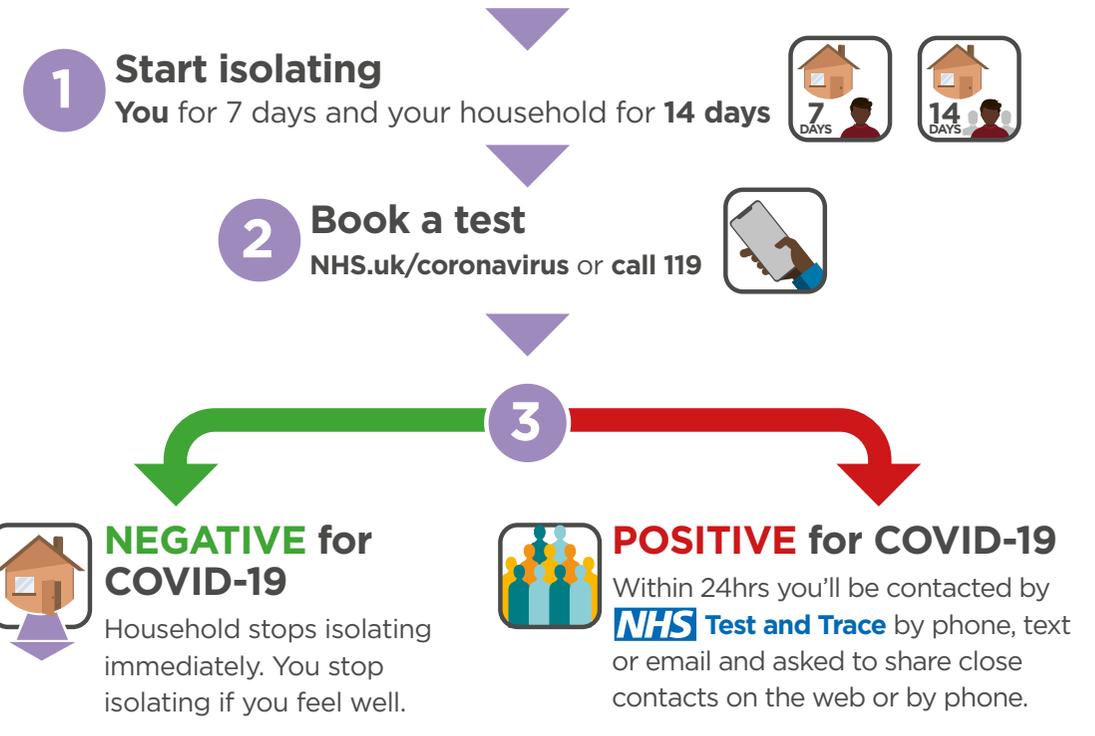
Trace: Part of the test and trace process means that people may be contacted because they have been in close contact with someone who has symptoms.

www.cambridgeshire.gov.uk/residents/coronavirus/coronavirus-covid-19-test-and-trace

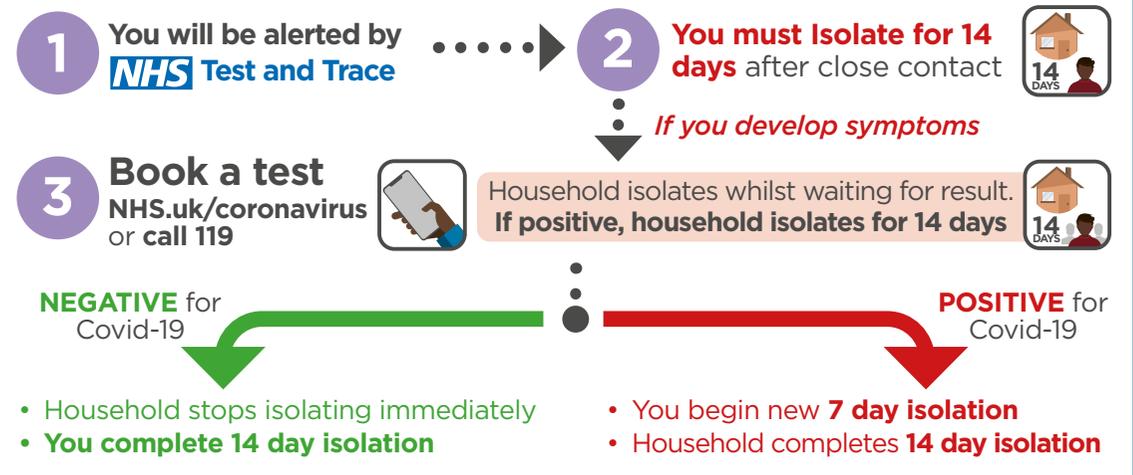
www.peterborough.gov.uk/healthcare/public-health/coronavirus/coronavirus-covid-19-test-and-trace



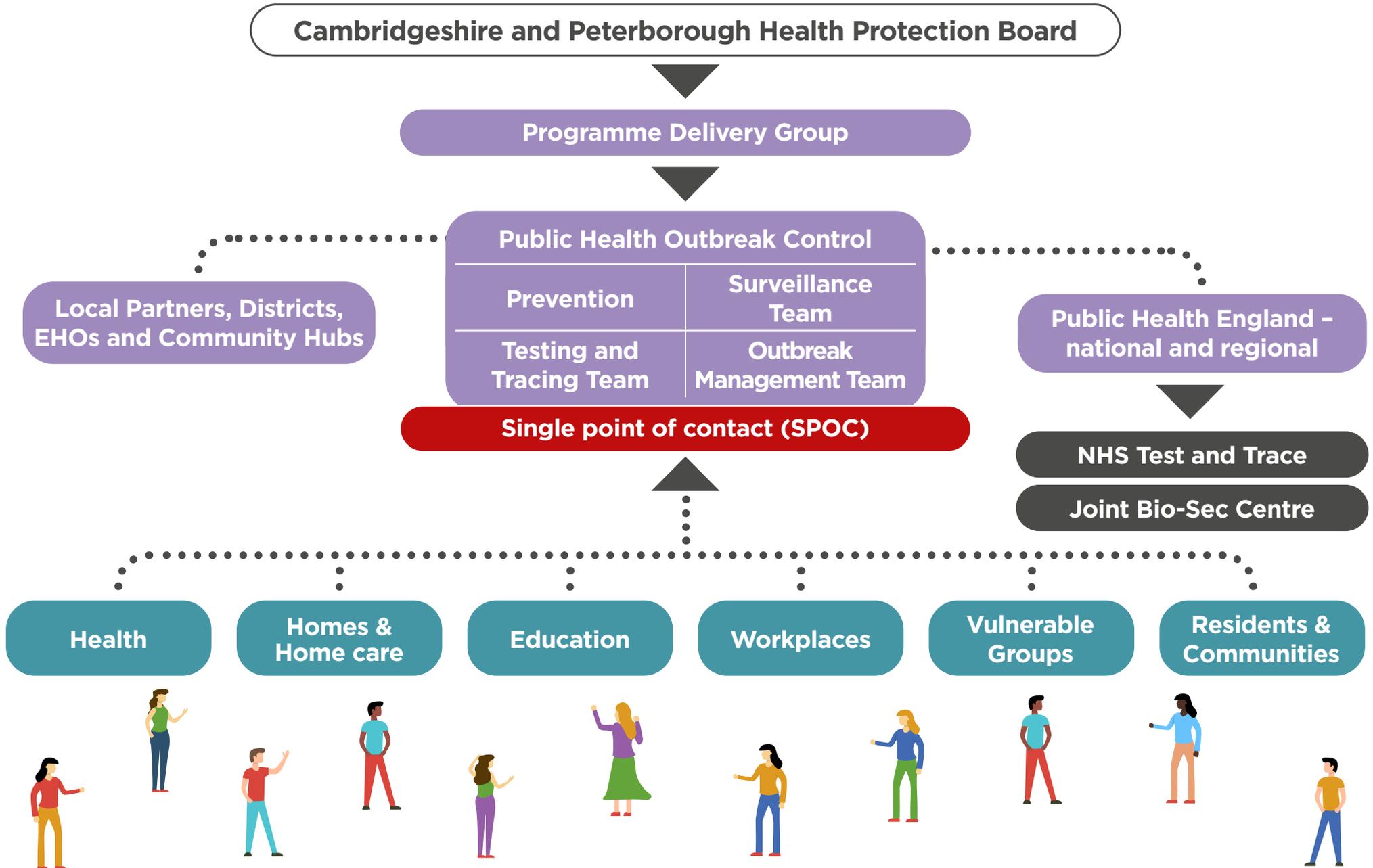
If you have any symptoms of COVID-19 you should follow these steps



If you have been in close contact with someone who tests positive

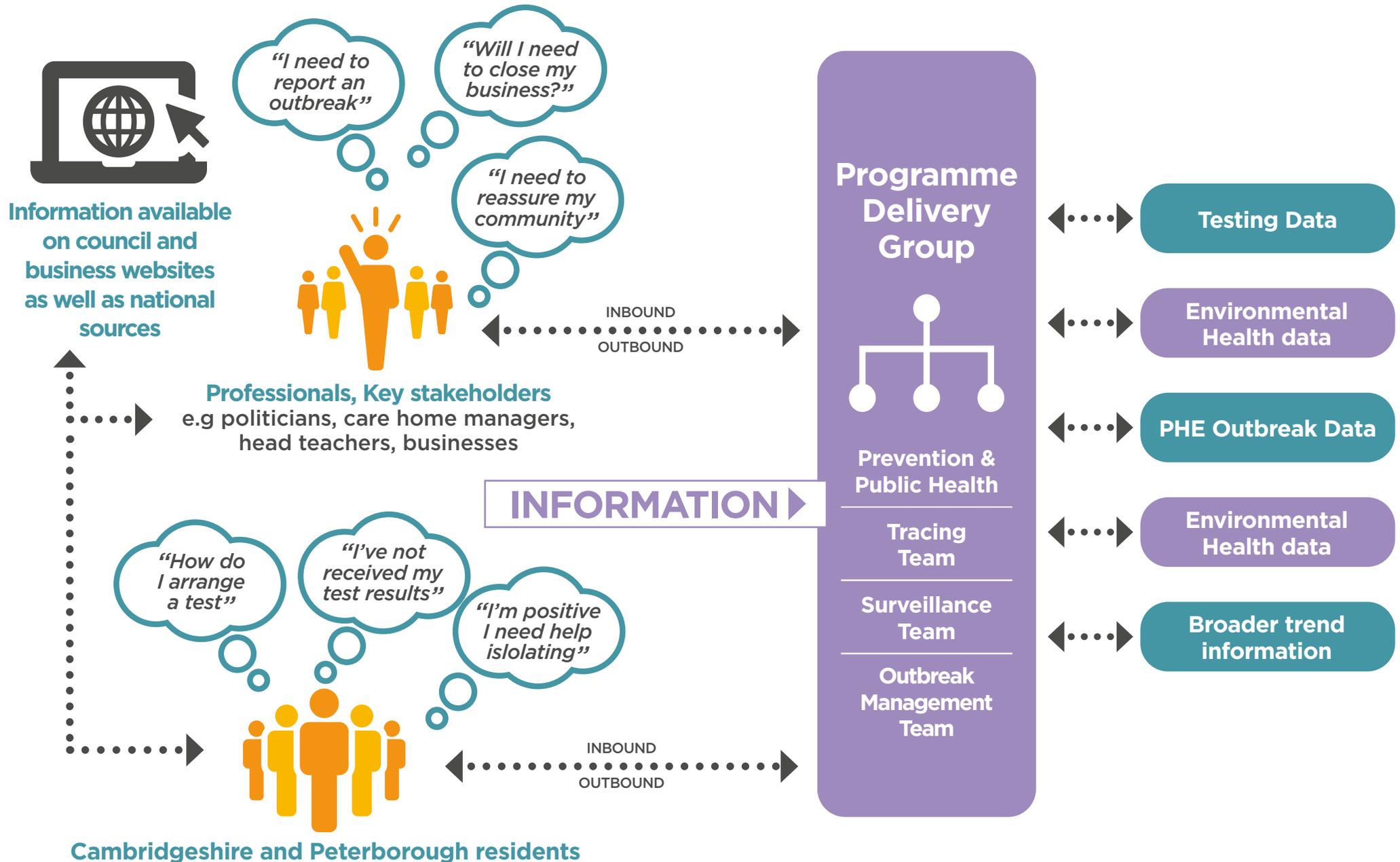


4. Local Outbreak Control Operational map



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4.1 Programme Delivery Model



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Outbreak Control Plan in detail

While the previous diagram maps key relationships within our outbreak control operation model, the following sections set out the main elements in more detail

4.1 Surveillance - receiving and reviewing information and providing situation reports

<p>Aims and objectives</p> <p>To provide local surveillance of how the public are adhering to public health messages and government guidance, and understand COVID-19 infection rates locally to help prevention work and to detect potential outbreaks.</p> <p>It will do this by:</p> <ul style="list-style-type: none">• Establishing robust timely data flows to the surveillance team from local, regional and national organisations.• Undertake a daily review of all of this data.• Establishing a clear escalation framework to give early warning signals of complex outbreaks or emerging trends.• Being clear and giving good information about the local pandemic status.	<p>Issues and risks</p> <p>Data governance and access rights need agreeing so that different levels of detail and personal information can be made accessible to the people who need it.</p> <p>We have yet to construct a password-controlled surveillance dashboard to access new data which needs to be quality assured.</p>
<p>Existing infrastructure & assets</p> <ul style="list-style-type: none">• A surveillance group meets daily to review new data.• It identifies new signals and trends for action and monitoring.	<p>Priority actions:</p> <ul style="list-style-type: none">• Establish resilient data flows, a data log and a data dictionary.• Develop agreed thresholds for escalating signals or trends.• Develop a feedback process for information, validation and escalation.• Confirm information governance for current and proposed data sources.• Develop a system data warehouse.• Identify areas of other local data that provide insight and early warning.

4.2 Testing - ensuring access to testing, and that systems are in place to report results in a timely way

<p>Aims and objectives</p> <ul style="list-style-type: none"> • To ensure we have an effective and efficient testing system to support contact tracing, self-isolation, outbreak management, surveillance and prevention. • To gain a thorough understanding of the testing structures available across Cambridgeshire and Peterborough, both locally and nationally commissioned. • To understand the capacity of both national and local testing. • Ensure that vulnerable groups can access testing when needed. • To make sure swabbing is available quickly when needed in complex outbreaks. • To review the turnaround time of test results in Cambridgeshire and Peterborough ensuring results are received in a timely way. 	<p>Issues and risks</p> <p>The testing system will require surge capacity to deal with the possibility of a sharp upturn in demand for testing.</p> <p>These may occur when lockdown measures are released, when testing practices change - e.g. widening testing eligibility to some asymptomatic people, or changing the case definition, during winter months, or when there is an exponential rise in transmission.</p> <p>We must establish how best to use this surge capacity during times when the demands are lower. It may be that we can engage in routine swabbing of asymptomatic people for preventative purposes, or other relevant research aims.</p>
<p>Existing infrastructure</p> <p>There are currently three routes to national testing:</p> <ul style="list-style-type: none"> • Fixed sites at Peterborough Showground, Milton Park & Ride and in other places across the East of England including Stansted Airport; • Mobile testing units; • Home testing kits which can be requested either online or by phone <p>The capacity and turnaround times of these options are improving all the time.</p>	<p>Priority actions:</p> <p>Link with the surveillance and complex setting work streams to recognise outbreaks early on and ensure that additional testing can be accessed quickly.</p> <p>Link with the socially excluded groups work stream to consider whether specific testing arrangements are required for socially excluded groups, for both individual cases and outbreaks.</p> <p>Look for opportunities to innovate and engage with research.</p>

4.3 Contact tracing – ensure local system receives contact tracing information from the NHS Test & Trace and is able to initiate local contact tracing based on test results and surveillance reports

<p>Aims and objectives</p> <p>Identify and mobilise local capability for contact tracing to complement the national NHS Test and Trace operation, particularly if there is a surge in transmission or for hard to reach groups.</p>	<p>Issues and risk</p> <p>No dedicated trained workforce outside of Public Health England.</p> <p>Specific surveillance and testing may be needed to respond to the needs of hard to reach or socially excluded groups.</p>
<p>Existing infrastructure</p> <p>We have local experience with contact tracing in public health, environmental health officers and in specialist services like sexual health.</p> <p>There are good local liaison links with hard to reach groups such as rough sleepers.</p> <p>We have well-established links with Public Health England’s Health Protection Team which will help us prepare directly commissioned services for certain settings.</p>	<p>Priority actions:</p> <p>Scenario planning for surge capacity.</p> <p>Assess risks – high likelihood/high consequences scenarios.</p> <p>Develop training materials/scripts to support staff who may be needed to support contact tracing in the future.</p>

5. Settings, People and Places

We have identified the need for specific arrangements to be in place for key settings which are high risk and groups of people and places where we need to be vigilant and have plans in place to respond.

This includes healthcare settings, care homes, schools & early years' settings, workplaces, vulnerable communities and individuals who are shielded.

All these specific groups will take account of specific vulnerability factors in their populations such as age, people living in more deprived communities, certain occupations and those with BAME heritage.

5.1 Healthcare settings - hospitals and primary care practices

Leads for this setting: Carol Anderson and Fiona Head - Clinical Commissioning Group, Kathy Hartley - Public Health

Aims and objectives

- To rapidly identify any COVID-19 outbreaks in healthcare settings and put in place controls that minimise the impact.
- To produce clear guidelines to identify and investigate any outbreak and ensure rapid step-wise escalation and communication to support containment and control of the situation.
- To ensure the local outbreak control and management plan is aligned to nationally mandated plans and guidance for COVID-19.

Current processes and responsibilities

Contact tracing within the health care environment is led by local Infection Prevention Control / occupational health teams and contact tracing outside the healthcare environment is led by the National Contact Tracing Service.

Ensure that all daily COVID-19 data is accurate, including the additional sections on length of time in hospital before a positive test result, and reporting staff absent because of COVID-19 (illness or self-isolation) and within that, the subset who are self-isolating for 14 days.

Reports to include where staff absence has resulted in service disruptions and cancellations.

Healthcare providers to ensure Public Health England notified of cases through routes for notification of infectious diseases and to inform PHE and clinical commissioning group of any outbreaks.

All NHS providers are now required to provide a daily return to NHS on hospital acquired transmission and outbreaks.

Issues and Risks

Follow guidance on definition of an outbreak in inpatient and outpatient settings. Determine the place or area within which two cases have occurred. Clear definition when outbreak has finished.

The ability to rapidly stand up an outbreak control team to oversee management of the outbreak in the healthcare setting.

Accurate and timely reporting of cases – ensuring that the information reported is correct and crucially that correct patient postcode information is provided alongside test result data.

Timely notification of suspected outbreaks to Public Health England and local partners.

Contact tracing in hospital settings led by occupational health and local Infection Prevention & Control teams.

Each organisation must identify a point of contact for staff contacted by Test and Trace who have been advised to self-isolate, this point of contact should operate for a minimum of 16 hours each day.

5.1 Healthcare settings - hospitals and primary care practices (continued)

What is included

NHS healthcare settings within Peterborough and Cambridgeshire including the acute trusts; Cambridge University Hospital, Peterborough and Hinchingsbrooke Hospitals, Cambridgeshire and Peterborough NHS Foundation Trust inpatient settings.

It also covers the outbreak management response for primary care practices but not within nursing and care homes and community settings.

Dental practices and pharmacies are dealt with at regional level.

Priority Actions

- Manage outbreaks in inpatient settings to ensure containment including patient placement, site management - following protocols on infection control.
- Consider the impact of initiating the outbreak management response on the effective day to day operation of the healthcare setting.
- Review their existing business continuity plans and take actions as required.
- Where considering temporary service reductions (part or all) discuss with the Regional Incident Coordination Centre and implement appropriate business continuity measures or mutual aid.
- Establish and identify the support and contacts required including cover arrangements to ensure effective operation of the outbreak management protocol.
- Develop clear and robust monitoring and reporting arrangements to track the mobilisation, effectiveness and quality of any outbreak response - to ensure that appropriate and accurate information is communicated effectively to the system and to the public as necessary.
- Internal Comms should include information to prevent, respond and contain.
- Any escalation process to link with Comms especially in relation to ward closures and any disruption to business as usual.

5.2 Residential, nursing and home care providers

Lead for this setting: Carol Anderson – Clinical Commissioning Group, Emily Smith – Public Health

Aims and objectives

- To support care homes, home care and other adult residential care settings (including sheltered housing, extra care settings and supported living) to maintain strong infection control arrangements.
- Ensure swift, early detection of the first possible case of coronavirus in care settings.
- Ensure timely implementation of outbreak control measures
- Ensure rapid access to testing in an outbreak setting, with timely access to results.
- Enable surveillance of outbreaks in care settings to inform strategic responses.
- Link in with the implementation of the local Care Home Prevention plan as necessary.

Current processes and responsibilities

The PHE-LA Care Home Standard Operating Procedure sets out overall responsibilities for managing outbreaks in care homes and wider residential care settings. After initial notification, risk assessment and advice from the HPT, ongoing responsibility for managing the outbreak passes to the local system.

The CCG acts as incident lead for outbreaks in nursing homes; most other outbreaks are the responsibility of the local authority. For all outbreaks and incidents, the CCG and local authority work collaboratively as a system to manage and support homes.

Who is involved

166 CQC registered residential care providers in Cambridgeshire and Peterborough.

Across these providers, there are 5973 Care Quality Commission registered beds in Cambridgeshire and Peterborough.

Issues and Risks

Ability to identify and track possible and confirmed outbreaks in care homes and other residential care settings.

Assurance around infection prevention measures, staffing and use of PPE.

Awareness of the impact of outbreaks in care homes and residential settings, including on staff, residents and organisational resilience.

Existing infrastructure and assets

The multi-agency care home cell meets regularly to discuss residential care settings with outbreaks.

This cell will link in with the surveillance cell.

Priority Actions

Implement care home prevention plan

Continue to follow LA/PHE care home Standard Operating Procedure for managing outbreaks.

Better align available data to enable monitoring and surveillance of outbreaks.

5.3 Schools and education settings

Lead for this setting: Jonathan Lewis - Cambridgeshire County and Peterborough City Councils, Raj Lakshman - Public Health

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<h3>Aims and objectives</h3> <p>To put in place arrangements to allow us to prevent outbreaks of COVID-19 in schools & early years settings and to respond effectively when they do occur to interrupt the transmission and reduce onward spread of disease.</p>	
<h3>Current processes and responsibilities</h3> <p>An agreed plan has been developed, between the Health Protection Team (HPT) of Public Health England and the local authority public health team and the Director of Education.</p> <p>It clarifies roles and responsibilities of everyone involved.</p> <p>Schools and early years settings have priority access to testing (including staff, pupils and families) through the national testing route.</p> <p>Schools continue to be funded even when there is a requirement to close down until it is safe to reopen.</p> <p>Early years settings are more challenged from a financial perspective. A business case has been submitted to consider support for early years settings with viability issues.</p>	<h3>Issues and Risks</h3> <p>The local authority has provided all schools and settings with risk assessment templates to help them assess and manage risks of changing government guidance.</p> <p>The local authority has provided advice on cleaning. Schools/settings have full advice on handwashing and hygiene.</p> <p>Advice has been issued that any member of staff who is vulnerable in any way (including pregnant) remains at home unless business need dictates they have to be in school.</p> <p>Staff are also encouraged to practice social distancing during break times and have been asked to incorporate their plans within their risk assessment.</p> <p>Daily updates are provided to schools and settings on COVID-19 via email.</p>
<h3>What is included</h3> <ul style="list-style-type: none"> • No of schools – across both CCC and PCC335 • No independent schools27 • No statutory school age children126,378 • No of early years settings..... 760 • Number of children in early years settings.....14,697 • No of post 16 colleges.....9 • No of young people on role in post 167,500 	<h3>Priority Actions</h3> <p>To establish effective systems within the local authority for the prevention of transmission and outbreaks.</p> <p>Keep schools informed of relevant information from national guidance, local policies, and what they should do when they have suspected, confirmed, or outbreaks of cases.</p> <p>Communicate infection trends at a local level on a weekly basis, or more frequently if required, and use this to inform the advice provided to schools and early years settings, and the follow-up action required by the local authority.</p> <p>Support the outbreak management plan with regular information.</p>

5.4 Workplaces

Lead for this setting: Val Thomas - Cambridgeshire County and Peterborough City Councils

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<p>Aims and objectives</p> <p>Across Cambridgeshire and Peterborough there is a diverse and complex workplace landscape that includes large alongside small and medium size employers in a very mixed economy. We recognise that many of these workplaces will require additional support and we will resource additional capacity for Environmental Health Services to support employers, and</p> <ul style="list-style-type: none"> • Interpret and apply Guidance to their workplaces • Advise on any situational operational issues • Provide additional support and guidance following identification of cases or outbreaks to support ongoing management. 	
<p>Current processes and responsibilities</p> <p>Employers have received advice about the recommended national Guidance from the District Authority Environmental Health Services, Cambridgeshire and Peterborough Combined Authority along with business and economic growth organisations.</p> <p>This will be refreshed and developed to reinforce the prevention measures and reflect Test and Trace and disseminated through additional communication channels.</p> <p>Employers will be asked and supported to adopt the general and sector specific national Guidance for the implementation of workplace processes to reduce the risk of COVID-19 transmission and respond to any new guidance as it emerges.</p>	<p>Issues and Risks</p> <p>The workplace is considered to be a high risk for outbreaks - but some have higher risks than others for infection transmission.</p> <p>All workplaces will be asked to undertake a risk assessment in line with Health and Safety Executive (HSE) Guidance to ensure that they are implementing appropriate public health measures to prevent virus transmission.</p>
<p>Scope - targeting where people work</p> <ul style="list-style-type: none"> • Construction and other outdoor work • Factories, plants and warehouses • Labs and research facilities • Offices and contact centres • Other people’s homes • Restaurants, cafes, pubs and public facing venues • Shops and branches • Vehicles 	<p>Priority Actions - communication and promotion of</p> <p>Employers and organisers role in making sure their workplaces are “COVID” safe.</p> <p>Helping employees to ask the right questions about their personal safety. Test and Trace Programme and the employer roles of directing symptomatic employees to the Testing Programme and enabling contact tracing in the workplace.</p> <p>Employer role in reporting any relevant COVID-19 employee data to the relevant agency.</p> <p>Employee targeted information relating to benefits.</p>

5.5 Vulnerable Groups

Lead for this setting: Val Thomas - Cambridgeshire County and Peterborough City Councils

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<p>Aims and objectives</p> <p>To develop Infection control measures for settings, environments and services that are associated with some excluded groups.</p>	
<p>Current processes and responsibilities</p> <p>Services will be asked to report information on outbreaks and refer all their users who are symptomatic to the NHS Test and Trace service. Prisons have agreed methods to test residents and report to PHE.</p> <p>Settings and services will work with their users who have been tested and confirm their outcomes. Any positive tests and concerns will be reported to LA Public Health.</p> <p>We have worked with some settings to introduce risk assessment tools which have been adopted e.g. rough sleeper's accommodation, Domestic Violence Refuges. Other Services have adopted "roadmaps" developed by their national organisations/sectors such as prisons and the probation service.</p>	<p>Issues and Risks</p> <p>When contacts have not been reported to NHS Test and Trace, services will encourage users to identify contacts and advise on action.</p> <p>Members of excluded groups may have no means of being contacted. Services working with them have volunteered Single Points of Contact who, with client permission, will receive the results and undertake the follow up and contact tracing.</p> <p>Services will seek to identify the reasons why users do not engage with Test and Trace.</p> <p>Where there are concerns regarding settings or individuals not complying with prevention measures or not responding appropriately to cases or in outbreak situations they will be engaged and encouraged to adopt the necessary measures. However, if necessary enforcement action may be taken as a last resort.</p>
<p>Scope - specific socially excluded groups</p> <ul style="list-style-type: none"> • Homeless, rough sleepers • Migrants • Gypsy, Traveller • Victims of domestic violence • Learning disabilities • Offenders • Sex workers • Victims of child exploitation • Severe and enduring mental illness • Substance misuse 	<p>Priority Actions</p> <p>Develop and establish training and resources for staff in services and settings working with excluded groups.</p> <p>Commission local testing facilities for use in very complex situations which is sensitive to the needs of vulnerable groups or needed rapidly.</p> <p>Adopt, promote and implement public health prevention measures and support services to engage groups in the Test and Trace Programme.</p>

5.6 Support for residents and communities

Lead for this setting: Adrian Chapman - Cambridgeshire County and Peterborough City Councils

Aims and objectives

Supported by the Countywide Coordination Hub, the district and city councils across Cambridgeshire and Peterborough will:

- Effectively engage with residents and communities to ensure appropriate and rapid responses are in place in the event of a local outbreak.
- Enable individuals to self-isolate safely, where they are advised to do so, with the right support in place (e.g. encouraging neighbours or community groups to offer support, or providing direct practical support).
- Ensure the needs of all communities are understood and met, regardless of location, background and circumstance.

Current processes and responsibilities

In the event of any outbreak, the agreed point of contact within the relevant district or city council will decide whether or not to mobilise resources to ensure that affected communities are informed and advised of what they need to do to mitigate the risks from the outbreak. In addition, there will be engagement with other partners where appropriate e.g. police to support with enforcement.

When appropriate, the wider hub network will be engaged to provide a whole system response to the outbreak, for example where the outbreak affects more than one council area.

In Cambridgeshire, the Countywide hub will make sure that the district and city councils receive the intelligence and support they need from services delivered by the County Council, including Education, Children's and Adult's Social Care, and Public Health. This is not necessary in Peterborough which is a unitary council and therefore responsible for all council services.

Residents who are advised to self-isolate as a result of a local outbreak, or because they have been contacted by NHS Test and Trace, will be supported by the coordination hub network within their local area if necessary.

Priority Actions

Each district or city council area will maintain local arrangements to respond effectively and rapidly to local outbreaks.

Where people are reliant on support to enable them to self-isolate safely as a result of a local outbreak, or because they have been contacted by NHS Test and Trace, the coordination hub network will ensure that support is provided, including:

- Access to food, medicines and other essential supplies
- Support and guidance on the importance of self-isolation including employment advice/financial implications

Where outbreaks are very localised – for example to certain neighbourhoods and postcodes – district and city councils will be supported by a suite of tools co-produced with Public Health to meet the needs of different communities, enabling them to act quickly on local intelligence with clear and consistent guidance.

Where outbreaks are thematic in nature, for example affecting residents from a particular ethnic group, they will also benefit from the same tailored and targeted approach.

5.6 Support for residents and communities (continued)

Who is included

All affected residents and communities across Cambridgeshire and Peterborough.

Existing infrastructure and assets

Countywide Coordination Hub

www.cambridgeshire.gov.uk/coronavirus or 0345 045 5219

Cambridge City Hub

www.cambridge.gov.uk/coronavirus or 01223 457000

East Cambridgeshire Hub

www.eastcambbs.gov.uk/content/coronavirus-community-support
or 01353 665555

Fenland Hub

www.fenland.gov.uk/coronavirus or 01354 654321

Huntingdonshire Hub

www.wearehuntingdonshire.org

Peterborough Hub

www.peterborough.gov.uk/coronavirus or 01733 747474

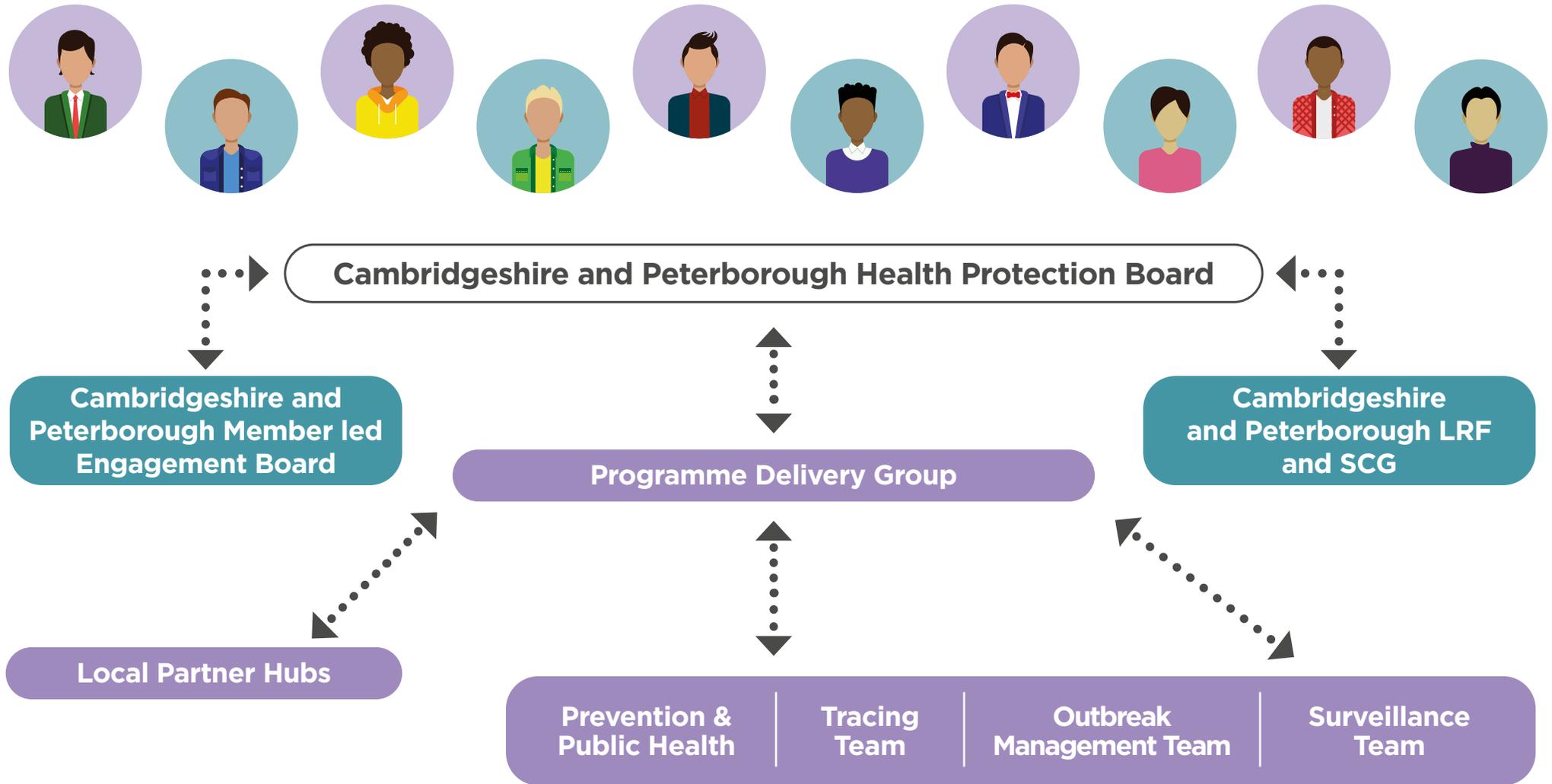
South Cambridgeshire Hub

www.scambbs.gov.uk/coronavirus/ or 03450 455 218

6. Our outbreak control response and its links to national and local organisations

The Local Outbreak Control Plan is complex with relationships upwards to regional and national public health teams, to the national NHS Test and Trace programme and the Joint Bio-security Centre. All report through to central government at Cabinet level with COBR (COBRA).

As we are in a national public health emergency, there need to be clear links between the Cambridgeshire and Peterborough Health Protection Board and the Local Resilience Forum as part of the National Public Health Emergency.



7. Communications

7.1 Communications – sharing information and data with others

Dealing with the COVID-19 emergency means we work closely with our partners - central government, health and care providers, and volunteers who help deliver vital care and support. This means that we need to receive and share information about residents and businesses.

What sort of information we get

Cambridgeshire County Council and Peterborough City Council receive data from Public Health England (PHE), the NHS and other organisations so we can manage COVID-19 at a local level. Although data doesn't identify individuals, it is drawn from personal data so there are limits on how we can use and share it.

This information is marked 'Official Sensitive' which means we have to protect it and be sure that we only share it with those who need to know because they have to take action on it. We also have to consider the views of those who have supplied the information to us.

What we can share

Public Health England only shares information for operational management of the COVID-19 outbreak with people who have an active role in dealing with the pandemic - like NHS Digital, NHS England and Improvement, health organisations, arm's length bodies, local authorities and GPs. Restrictions have also been placed on the sharing of test and trace data.

Both our own single point of contact and surveillance group will share information on situations, outbreaks and emerging trends to help inform the operational management of the COVID-19 outbreak in Cambridgeshire and Peterborough: Information about specific outbreaks, new emerging trends or settings with needs for prevention will be shared daily with the Outbreak Management Team which includes;

- Outbreak settings leads e.g residential home owners, head teachers
- Relevant district council lead
- Environmental health
- Infection prevention and control
- Contact tracers
- Public health consultants
- Other health partners

Leaders, MPs and councillors, Chief Executives and senior leads will receive regular and timely briefings on local outbreaks – for instance if there is an outbreak in a workplace in their area where there may be a need for local and community reassurance. Information about individuals will be protected.

7.2 Communications and Engagement strategy - general awareness and action

How we will communicate?

- Our messages will be clear and unambiguous.
- Our messages will be based on evidence about most effective ways to communicate about COVID-19.
- Our messages will change as information about the pandemic evolves.
- Our messages will be frequent to reinforce the key themes
- Our messages will be delivered in ways and through channels which are most easily used and understood by the different audiences.

What will we communicate

Prevent	Respond	Contain
<p>Public health hygiene prevention messages e.g. hand-washing, cleaning and disinfection.</p> <p>Government guidance - with updates as these change - on social distancing, movement restrictions, face coverings.</p> <p>Who is most at risk of poorer outcomes - and how they can protect themselves or reduce risk.</p>	<p>How to identify symptoms of COVID-19 in yourself or others.</p> <p>How to get a test and what to expect during and afterwards.</p> <p>Who should self-isolate, and when.</p>	<p>How to get help locally if you are self-isolating.</p> <p>What it means to be a close contact of someone testing positive for COVID-19.</p>

As well as general communications, we will produce specific and targeted communications for places such as care homes and workplaces, schools, shops and town centres, transport providers and for those we know have poorer outcomes if they are infected.

Engaging our communities: Before the outbreak of COVID-19, Cambridgeshire and Peterborough had already adopted the Think Communities approach. This cuts across all of our public services and challenges us to empower and enable all our residents to be resilient to the challenges they face and equal partners in their solutions. Our plan harnesses the power of communities by;

- Training and developing our existing network of Community Champions to link with our identified vulnerable groups, providing messages and support in a range of languages.
- Training and developing volunteers in Community Hubs and other settings to promote social distancing and other public health measures.
- Recruiting and training volunteer communication ambassadors to use their own networks and social media to share the public health measures.

- Linking information we receive from volunteers and communities to national and local data, to understand the complete picture of the effect of COVID-19 in our communities.

In addition, our Community Resilience Group, established as part of our response phase and comprising representatives from the public, voluntary, community and faith sectors, will provide significant opportunity to engage communities, share information and support the practical management of local outbreaks.

Staff and volunteers who work in organisations across our Cambridgeshire and Peterborough system play an important and vital role in promoting the prevention messages

- We will train staff who work directly with the public in all organisations on how they can give COVID-19 prevention messages to residents.
- We will identify key public sector and voluntary sector staff who link with socially excluded and vulnerable residents, e.g. domestic violence advocates, Traveller health team, drug and alcohol teams - and make sure they are trained in appropriate prevention messages.
- We will provide training and materials for councillors to use in their communities.

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We will focus on the specific campaigns and prevention activities linked to poor outcomes from COVID-19



Prevention and treatment services such as lifestyles, weight management and primary care services

Campaigns targeting obesity, physical activity and diet

Promote and develop virtual stop smoking services

Stretch flu vaccination targets and intensify our annual campaigns

8. Workforce response

Our work force response will take account of different levels of need.

CAPACITY

LEVEL ONE

Action taken:

Some outbreaks, but they can all be managed within existing resources

People advised to isolate and are pointed to help and advice locally – food, medicine, benefits advice

Key workers: health, first responders (police fire ambulance), frontline council – advised to isolate, contacts traced
Incident team set up if there are clusters in complex settings like care homes, schools, workplaces etc

Who by:

Local Authority Public Health Team, Health protection team, District Environmental health (EH) officers, local support hubs

LEVEL TWO

Action taken:

Surge in cases, more outbreaks than can be dealt with locally – needing additional resource or capacity

People advised to isolate and are pointed to help and advice locally – food, medicine, benefits advice

Key workers; health, first responders (police fire ambulance), frontline council – advised to isolate, contacts traced
Incident teams are set up if there are clusters in complex settings

Who by:

As above but additional capacity through mutual aid from other districts, and extra EH trained staff

LEVEL THREE

Action taken:

Major peak of infection, multiple outbreaks need a countywide response, significant increase in staffing

People advised to isolate and are pointed to help and advice locally – food, medicine, benefits advice

Key workers; health, first responders (police fire ambulance), frontline council – advised to isolate, contacts traced
Overarching incident teams are set up to work on more than one cluster in specific settings

Who by:

All of the above supplemented by trained staff from areas such as sexual health, school nursing, health visiting, and the Gypsy and Traveller team

LEVEL FOUR

Action taken:

A second wave of infection as bad or worse than the first

A full scale Strategic Co-ordination Group and National Response

9. Finance

The Local Authority COVID-19 Local Outbreak Plan Grant

Purpose: To support local authorities towards expenditure incurred in relation to the management of local control and outbreaks of COVID-19

Amount: The amount allocated was on the basis of the 2020/2021 Public Health grant allocations and is £3.5m for Cambridgeshire and Peterborough

Grant conditions: In two tier areas like Cambridgeshire the grant is conditional on working closely with lower tier partners.

A detailed action plan is being developed against which resources will be allocated

10. Groups and individuals accountable for the delivery of this plan

10.1. The legal context for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits with:

- Public Health England and Directors of Public Health under the Health and Social Care Act 2012.
- Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984.
- NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and tracing) to assist the management of outbreaks under the Health and Social Care Act 2012.
- Other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004 and the recent Coronavirus Act 2020.

This underpinning context gives Local Authorities (Public Health and Environmental Health) and Public Health England the primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks of communicable disease through the local Health Protection Partnerships (sometimes these are Local Health Resilience Partnerships) and local Memoranda of Understanding.

The Director of Public Health has and retains primary responsibility for the co-ordination of the Health Protection System at local level in England. These arrangements are clarified in the 2013 guidance Health Protection in Local Government.

10.2 Specific legislation

Public Health (Control of Disease) Act 1984 and 2010 Regulations

This gives the Local Authority the power to ask for co-operation, for example in closing premises or asking people to stay away from an area. Before making the request, the Local Authority must decide whether to offer compensation.

- If a request to close is not complied with, it may be possible to apply to a Magistrate for a Part 2A Order.
- Part 2A Orders can also be applied requiring examination, isolation or quarantine.

Coronavirus Act 2020

The new act gives powers to named, designated Public Health Officers (PHOs) in Public Health England, acting for the Secretary of State for Health and Social Care. Before these powers are used all reasonable measures should be taken for voluntary co-operation. These are therefore for exceptional circumstances. These powers involve imposing requirements on people for the purposes of screening, assessment, and possible restrictions afterwards. Their use must be necessary and proportionate in the interests of the individual and of public health.

10.3 Cambridgeshire and Peterborough Member- led Engagement Board

Purpose	To provide political ownership and public engagement and reassurance on local outbreak control plans and their implementation across Cambridgeshire & Peterborough	
Chair	Alternate: Cllr Roger Hickford, Deputy Leader Cambridgeshire County Council & Cllr John Holdich, Leader of Peterborough City Council	
Membership	<p>Elected Members</p> <ul style="list-style-type: none"> • Chairman/woman of Cambridgeshire and Peterborough Health and Wellbeing Boards (see above) • Chair of Cambridgeshire County Council Health Committee • Peterborough City Council Portfolio holder for Public Health • Cambridgeshire District Councils will be represented by one member on behalf of all five district councils. • In addition: Local members to be invited if management of a localised outbreak is under discussion. 	<p>Officers</p> <ul style="list-style-type: none"> • Representatives of the Clinical Commissioning Group (CCG) • One representative of the local Cambridgeshire & Peterborough HealthWatch. • Director of Public Health • Executive Director: People and Communities/ Service Director: Adults and Safeguarding • Service Director Communities and Safety
Meeting Frequency	Meetings of the Local Engagement Board will be monthly and they will follow the Health & Wellbeing Board Core Joint Sub-committee but with the flexibility to call emergency meetings with 24 hours notice.	

10.4 Cambridgeshire and Peterborough COVID-19 Health Protection Board

<p>Purpose</p>	<p>To prevent, identify and manage COVID-19 outbreaks across Cambridgeshire and Peterborough Local Authority Areas</p> <p>To develop and deliver a Cambridgeshire and Peterborough COVID-19 Local Outbreak Control Plan</p> <p>To maintain regular surveillance and action of local cases and outbreaks of covid and an overview of the Local Outbreak Control programme and its progress</p> <p>To oversee the support development and implementation of the Local Outbreak Control Plan</p>	
<p>Chair</p>	<p>Gillian Beasley, CEX Cambridgeshire County and Peterborough City Council, advised by DPH Dr Liz Robin</p>	
<p>Membership</p>	<p>Cambridgeshire County Council and Peterborough City Council (CCC and PCC)</p> <ul style="list-style-type: none"> • Dr Liz Robin, Director, Public Health • Adrian Chapman, Service Director, Communities and Partnerships • Jonathan Lewis, Service Director, Education, • Sue Grace, Director, Customer and Digital Services • Val Thomas, Deputy Director, Public Health/Consultant in Public Health. • Dr Linda Sheridan, Consultant in Public Health Medicine • Amanda Rose, Communications Business Partner • Helen Baird - Executive Assistant to Sue Grace 	<p>Clinical Commissioning Group (CCG)</p> <ul style="list-style-type: none"> • Fiona Head, Acting Medical Director, • Carol Anderson, Chief Nurse, • Karen Key; Leader of Toc 9 Pre Admission, (COVID-19 response), • Lynn Rodrigues, Infection Control, • Jeremy Lane, Associate Director Business Intelligence <p>Environmental Health</p> <ul style="list-style-type: none"> • Yvonne O'Donnell, EH Manager Cambridge City Council, also representing all District leads for EH <p>Public Health England</p> <ul style="list-style-type: none"> • David Edwards, Consultant in Health Protection. • Mark Reacher, Head of Field Service for PHE East of England. <p>Huntingdonshire DC</p> <ul style="list-style-type: none"> • Tony Evans, Assistant Director, Transformation
<p>Meeting Frequency</p>	<p>Weekly</p>	

10.5 Cambridgeshire and Peterborough Local Outbreak Control Plan Programme Delivery Group

<p>Purpose</p>	<p>To ensure the Local Outbreak Control Plan is implemented</p> <p>To manage the risks and issues associated with the delivery of the Local Outbreak Control Plan</p> <p>To manage the allocation of the Test and Trace support grant in accordance with the grant conditions and the priorities set by the Health Protection Board</p> <p>To monitor the delivery of the Outbreak Control Plan against milestones and key performance indicators, evaluating its effectiveness and revising the Plan as required in the light of changing national and local circumstances</p> <p>To ensure regular reporting of performance to the Health Protection Board, and other bodies as required</p> <p>To escalate risks and issues as required to the Health Protection Board for resolution</p> <p>To ensure the effective response to local outbreaks of COVID-19 through the Outbreak Management Team. including the deployment of appropriate resources to manage outbreaks in different settings</p> <p>To ensure the effective operation of the Surveillance team, including its daily and weekly reporting responsibilities</p>	
<p>Chair</p>	<p>District Council lead (TBC), advised by DPH Dr Liz Robin</p>	
<p>Membership</p>	<p>Cambridgeshire County Council and Peterborough City Council (CCC and PCC)</p> <ul style="list-style-type: none"> • Dr Liz Robin, Director, Public Health • Sue Grace, Director, Customer and Digital Services • Val Thomas, Deputy Director, Public Health/Consultant in Public Health. • Dr Linda Sheridan, Consultant in Public Health Medicine • Dr Emmeline Watkins, Deputy Director, Public Health/Consultant in Public Health. • Tiya Balaji, Senior Public Health Manager (Emergency planning and health protection) • Adrian Chapman, Service Director, Communities and Partnerships • Jane Dobinson Senior Transformation Advisor • Amanda Rose, Communications Business Partner • Helen Baird - Executive Assistant to Sue Grace 	<p>Clinical Commissioning Group</p> <p>District/City Council</p> <p>Environmental health</p> <p>District/City Council Services lead</p> <p>Other participants to be co-opted onto the Programme Delivery Group as required</p>
<p>Meeting Frequency</p>	<p>Weekly</p>	

10.6 Outbreak Management Team

Lead for this setting: Linda Sheridan

A single Outbreak Management Team will be set up to provide a single point of access and co-ordinate activities between the specialist groups responding to issues in different settings

<p>Purpose</p>	<ul style="list-style-type: none"> • Provide advice, guidance and contact tracing knowledge and skills • Increase capacity to enable increased local response for complex contact tracing and outbreak management • Deliver training and development for new and existing staff 	<ul style="list-style-type: none"> • Ensure Consistency and Standardisation • Maintain information for management and audit purposes • Ensure compliance with data protection and GDPR
<p>Membership</p>	<p>Operations Lead Manager Dr Linda Sheridan, Public Health Consultant Lead</p> <p>Specialist Advisers – Environmental Health Officers/Public Health Officers/Trading Standards/Infection Control Nurses</p> <p>Contact Tracing Support Officers (includes enquiries and advice)</p> <p>Data reporting officer, Communications Officer, Business Support</p>	

10.7 Surveillance Group

Lead: Emmeline Watkins, Deputy Director of Public Health

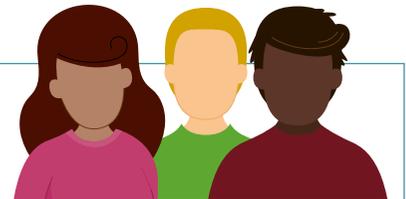
<p>Purpose</p>	<p>To provide local surveillance of how the public are adhering to public health messages and government guidance, and understand COVID-19 infection rates locally to help prevention work and to detect potential outbreaks</p> <p>It will do this by:</p> <ul style="list-style-type: none"> • Establishing robust timely data flows to surveillance team from local, regional and national organisations • Undertake a daily review of all of this data • Establishing a clear escalation framework to give early warning signals of complex outbreaks or emerging trends • Being clear and giving good information about the local pandemic status
<p>Membership</p>	<p>Cambridgeshire County Council and Peterborough City Council Emmeline Watkins, Deputy Director of Public Health, David Lea, Assistant Director, Public Health Intelligence, Tiya Balaji, Health Emergency Planning and Resilience Officer Tom Barden Head of Business Intelligence</p> <p>Communications lead Cambridgeshire & Peterborough CCG. Jeremy Lane, Associate Director Business Intelligence, Cambridgeshire & Peterborough CCG, Chris Gillings, Associate Director of Business Analytics, Cambridgeshire and Peterborough CCG and STP</p>

10.8 Testing and Tracing in complex settings

Purpose	To put in place appropriate arrangements for testing and tracing in more complex settings such as care homes, schools & early years settings, workplaces, homeless hostels, and for other socially excluded and hard to reach groups To work effectively with the settings, district council environmental health and infection prevention and control
Membership	Environmental Health lead Public Health Lead - Iain Green, Acting Team Manager Health in all Policies Team to be confirmed



For further updates and information please check our websites which will be regularly updated www.cambridgeshire.gov.uk and www.peterborough.gov.uk



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