Cambridgeshire & Peterborough Local Outbreak Engagement Board

Thursday, 25th March 2021

13.00pm

COVID-19

During the Covid-19 pandemic Council and Committee meetings will be held virtually for Committee members and for members of the public who wish to participate. These meetings will be held via Zoom.

Agenda

Open to public and press

1.	Apologies and Declarations of Interests Guidance on declaring interests is available here	(oral)
2.	Notes from the meetings on Tuesday 2nd March 2021	(pages 3 to 17)
3.	Public Questions	(oral)
	Public speaking on the agenda items above is encouraged. Speakers must register their intention to speak no later than 12.00 noon one working day before the meeting Registering requests to speak is available here	
4.	Update on Cambridgeshire and Peterborough Local Outbreak Management Plan	Dr. Liz Robin (presentation)
	Cambridgeshire and Peterborough Local Outbreak Management Plan March 2021	(pages 18 to 55)
	National Containment Framework	(pages 56 to 71)
5.	Any Other Business	

The Local Outbreak Engagement Board comprises the following members:

Cambridgeshire County Council – Councillors Hudson & Criswell
Peterborough City Council – Councillors Holdich & Fitzgerald
Director of Public Health, Executive Director: People and Communities, Service Director: Adults Social Care & Service Director: Communities and Partnership
Clinical Commissioning Group – Jan Thomas, Gary Howsam, and Louis Kamfer
Cambridgeshire District Councils – Councillor Bill Handley
Chair of Cambridgeshire and Peterborough Healthwatch
Acting Police and Crime Commissioner

For more information about this meeting please contact the
Head of Public Health Business Programmes, Public Health Directorate

Name: Kate Parker

Email: kate.parker@cambridgeshire.gov.uk

PETERBOROUGH CITY COUNCIL

NOTES OF THE CAMBRIDGESHIRE & PETERBOROUGH LOCAL OUTBREAK ENGAGEMENT BOARD MEETING HELD AT 2PM ON WEDNESDAY 10 FEBRUARY 2021 VIRTUAL MEETING VIA ZOOM

Present:

Cllr Roger Hickford (Chair),	Chairman, Cambridgeshire Health and Wellbeing Board
Cllr John Holdich	Chairman, Peterborough Health and Wellbeing Board
Cllr Bill Handley	District Council Representative
Cllr Peter Hudson	Chairman, Cambridgeshire County Council (CCC) Health Committee
Cllr Wayne Fitzgerald	Deputy Leader and Cabinet Member for Adult Social Care, Health and Public Health, PCC
Wendi Ogle-Welbourn,	Executive Director – People and Communities, CCC and PCC
Charlotte Black	Service Director for Adults and Safeguarding, CCC and PCC
Val Moore,	Chairman, Healthwatch Cambridgeshire and Peterborough
Christine Birchall	Head of Communications, CCC and PCC
Dr. Liz Robin	Director of Public Health, CCC and PCC
Adrian Chapman	Service Director – Communities and Partnerships, CCC and PCC
Gillian Beasley	Chief Executive, CCC and PCC
Dr. Gary Howsam	Clinical Chair, CCG
Michelle Rowe	Democratic Services Manager, CCC

1. APOLOGIES AND DECLARATIONS OF INTERESTS

Apologies were received from:

- Jan Thomas - Accountable Officer, NHS Cambridgeshire and Peterborough CCG
- Ray Bisby - Acting Police and Crime Commissioner for Cambridgeshire

There were no Declarations of Interest.

2. NOTES FROM THE MEETINGS ON 21 DECEMBER 2020 AND 12 JANUARY 2021

The notes of the meetings on 21 December 2020 and 12 January 2021 were agreed as true and accurate records.

3. ACTION LOG

The Chair introduced the item. There were no comments or questions from Officers or Members.

4. PUBLIC QUESTIONS

No public questions were received.

5. UPDATE ON EDIPEDOMIOLOGY AND RESPONSE

The Director of Public Health presented the Epidemiology Review. PowerPoint slides may be found in Appendix 1.

The Local Outbreak Engagement board debated the presentation and in summary, key points raised and responses to questions included:

- Higher testing in this wave of the pandemic compared with the first meant that more deaths were being registered as being related to COVID-19.
- There was a correlation between COVID-19 cases in the community and those in care homes across the East of England. This was the reason why care home residents and staff were given high priority in the vaccination programme. Monitoring was being undertaken and it was hoped that cases in care homes would decrease as community cases declined and vaccines started to have an impact.
- Members suggested that lower death rates in the second wave of the pandemic might be caused by improved treatment. The Director responded that caution was needed when drawing conclusions though it was notable that excess deaths beyond the normal weekly average for the time of year were less significant now than in the summer.
- Praise was given to the work of the Community Resilience Group for pandemic support and COVID-19 recovery work.
- Care home outbreaks were beginning to decline. A significant improvement was expected three weeks after all care home residents had been vaccinated. This would be monitored closely.
- The Kent variant was being successfully contained by the current public health measures. Mass screening took place in areas where the South African variant had emerged without a clear link to international travel. Although this had not occurred in Cambridgeshire and Peterborough, the Multi-agency Strategic Coordinating Group and Tactical Coordinating Group were preparing for this possibility.
- The Director of Public Health highlighted that, despite recent improvements, cases remained extremely high compared with the summer and early autumn. It was essential to avoid complacency and to comply with lockdown measures so that progress could continue.

6. VACCINATION DELIVERY PLAN

The Service Director, Communities and Partnerships and the Head of Communications gave a presentation on the Vaccine Delivery Plan. PowerPoint slides may be found in Appendix 2.

The Local Outbreak Engagement board debated the presentation and in summary, key points raised and responses to questions included:

- Members recognised the importance of ‘mainstreaming’ the response and commented that vaccination programmes were best delivered on a local level due to the local understanding of the needs of different communities, especially in light of the possibility of continued vaccination being necessary in the future.
- Members asked what plans were in place to ensure that carers were registered with GPs so they could be included in the vaccination programme as they became eligible for it. The Service Director, Adults and Safeguarding recognised that a more detailed plan was needed and discussions would take place with the Clinical Commissioning Group (CCG). The Clinical Chair, CCG, added that it was vital that carers were identified via GP practices. Once more detailed national guidance on the nature of the next vaccination cohorts was made available, targeted work in

this area could progress. Access to the Vaccination Programme was one of many reasons why people should be registered with a GP.

- It was agreed that the Head of Communications would send a link to Rev. Tim Alban - Jones' vaccination video to members of the Board. This would be shared on the social media pages of all councils in Cambridgeshire as well as the CCG's website.

The Head of Communications asked for Members' input on the Vaccination Delivery Programme's communications strategy, and in particular whether a generalised approach or a targeted approach to hard to risk groups should be pursued. In summary, key points raised and responses to questions included:

- Members commented that messaging should originate from the same source that was delivering the programme. If the government wanted local areas to take on additional responsibilities, this should be accompanied by local control of the communications strategy.
- Members commented that generalised and targeted approaches should be pursued simultaneously.
- The Clinical Chair, CCG, expressed support for the Head of Communications' plans, including generalised information. Current concerns included a lack of information and widespread disinformation, which could be tackled through more targeted strategies. Concerns were raised regarding the lower take up of vaccines among BAME communities and the importance of addressing this, especially as these groups were often most impacted by COVID-19. It was important to make information available in multiple languages and to be sensitive to different cultures during the vaccination process. The success of vaccine advocacy videos was noted.
- Members suggested that officers should promote the vaccination programme via TikTok to counter disinformation on this platform. The Head of Communications responded that this was already being done.
- Members commented that disinformation regarding vaccination was widespread and further work was needed to address this.
- Members asked if there had been good engagement with vaccine promotion among religious leaders. The Head of Communications responded that videos had been produced from a variety of religious communities, including the Muslim, Jewish, Sikh and Hindu communities and Peterborough Cathedral. The Community Leader Toolkit would include these videos, including materials for TikTok.
- Members suggested that further engagement was needed with the Catholic churches as a means of reaching the Eastern European community.
- The Board supported the communications proposals, both in generalised and targeted forms, and felt it should be implemented as soon as possible.

ACTIONS AGREED

- The Head of Communications to send a link to Rev. Tim Alban - Jones' vaccination video to members of the Board.

7. ANY OTHER BUSINESS

None.

Appendix 1 – Agenda Item 5, Epidemiology Review PowerPoint Presentation

Epidemiology Review

Cambridgeshire & Peterborough

10th February 2021

Contacts for queries:
Emmeline Watkins: Emmeline.Watkins@peterborough.gov.uk
PHI Team: PHI-team@cambridgeshire.gov.uk

OFFICIAL

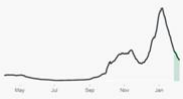
Positive cases, hospital admissions and deaths are all decreasing at a national level. Peterborough remains one of the areas with highest rates

UK Summary

Estimated R number
0.7 to 1 with a daily infection growth rate range of -5% to -2% as of 5 February 2021.

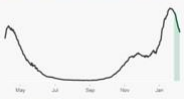
People vaccinated up to and including 8 February 2021
First dose: 12,646,486
Second dose: 516,392

Cases
People tested positive
Latest data provided on 9 February 2021
Daily
12,364
Last 7 days
119,525 ↓-43,352 (-26.6%)
▸ Rate per 100k resident population: 199.4



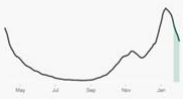
All cases data

Deaths
Deaths within 28 days of positive test
Latest data provided on 9 February 2021
Daily
1,052
Last 7 days
5,837 ↓-2,014 (-25.7%)
▸ Rate per 100k resident population: 8.4



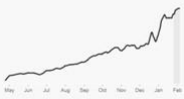
All deaths data

Healthcare
Patients admitted
Latest data provided on 5 February 2021
Daily
1,987
Last 7 days
16,356 ↓-4,664 (-22.2%)

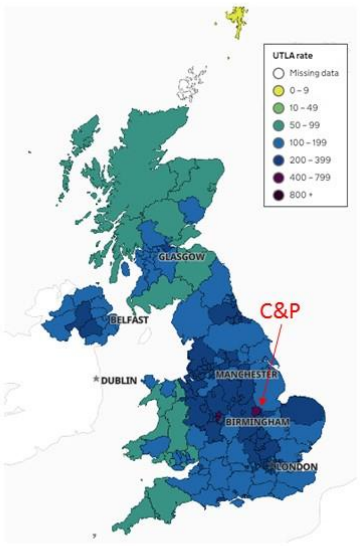


All healthcare data

Testing
Virus tests conducted
Latest data provided on 8 February 2021
Daily
616,718
Last 7 days
4,519,426 ↑78,943 (1.8%)



All testing data

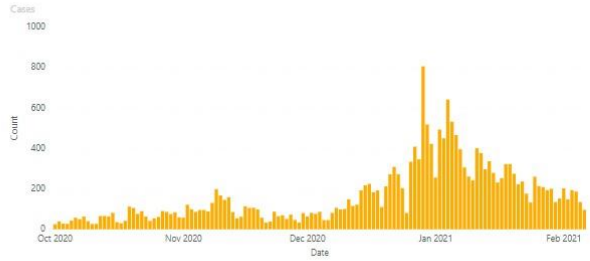


OFFICIAL

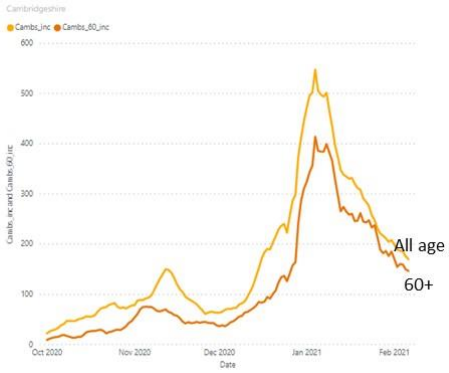
Source: Coronavirus.gov.uk, data updated 09 Feb 2021

Cambridgeshire overall case rates and over 60s rates are declining

Case numbers over time

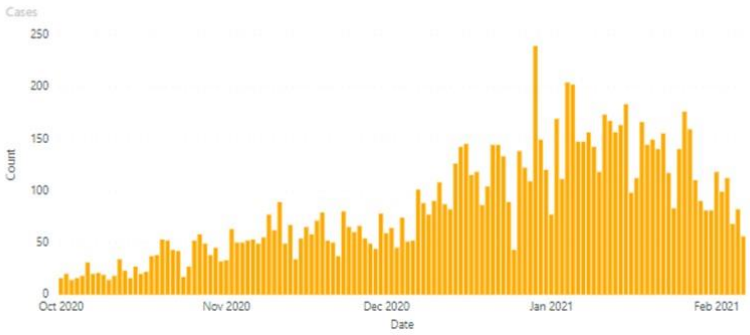


Case rate per 100,000 for all ages and 60+

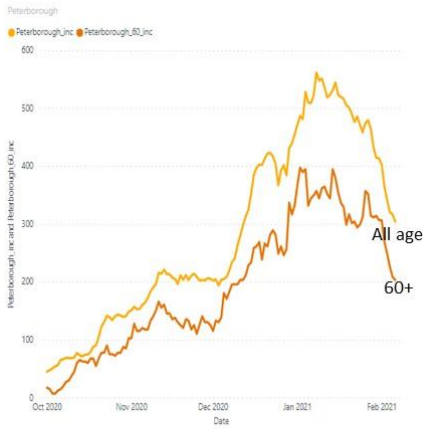


Peterborough overall case rates and over 60s rates are declining

Case numbers over time



Case rate per 100,000 for all ages and 60+



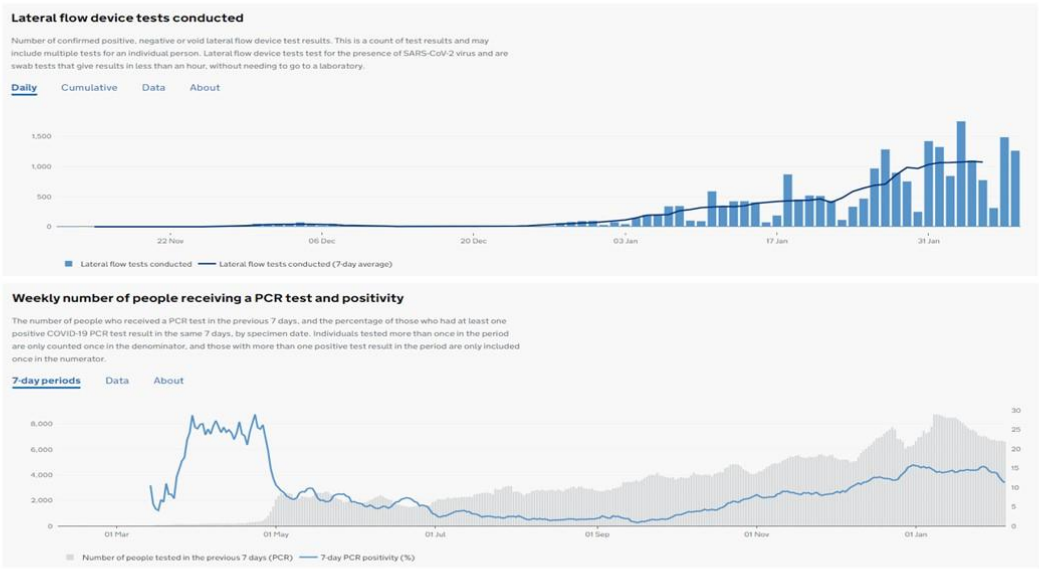
Declining incidence rates and positivity rates observed in all areas of Cambridgeshire and Peterborough

	Weekly Incidence (cases/100,000) & trend vs previous 7 days		7-day change in case rate (%)	Weekly incidence - 60+ years (cases per 100,000) & trend vs previous 7 days		Positivity Rate (%) & trend vs previous 7 days	
Data to date	04-Feb		04-Feb	04-Feb		04-Feb	
Cambridge	131.4	↓	-27.8%	97.6	↓	4.7%	↓
East Cambridgeshire	159.2	↓	-14.4%	161.5	↓	6.4%	↓
Fenland	285.7	↓	-8.2%	228.1	↓	8.7%	↓
Huntingdonshire	187.7	↓	-20.3%	126.7	↓	7.6%	↓
South Cambridgeshire	177.9	↓	-1.4%	179.3	↑	5.9%	↓
Peterborough	320.9	↓	-31.0%	226.4	↓	11.2%	↓
EAST OF ENGLAND	205.5	↓	-29.6%	168.0	↓	7.7%	↓
ENGLAND	212.6	↓	-24.9%	165.8	↓	8.2%	↓

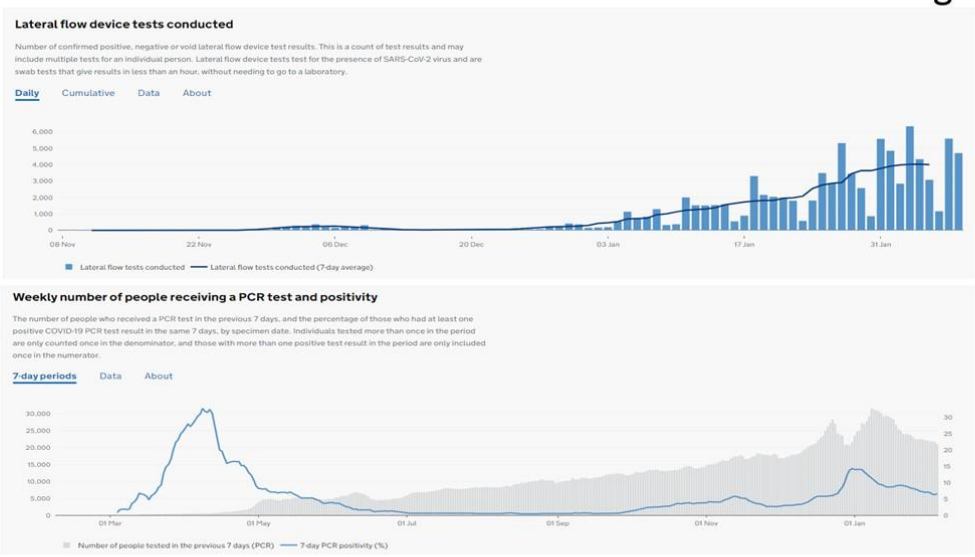
NOTE: Provisional adjusted weekly incidence rates are subject to change with the inclusion of additional cases on subsequent days. Figures are rounded to nearest whole number to account for possible minor discrepancies with national data.

Decline in overall case rates and over 60s rate in most areas

Increase in number of Lateral Flow tests conducted in Peterborough

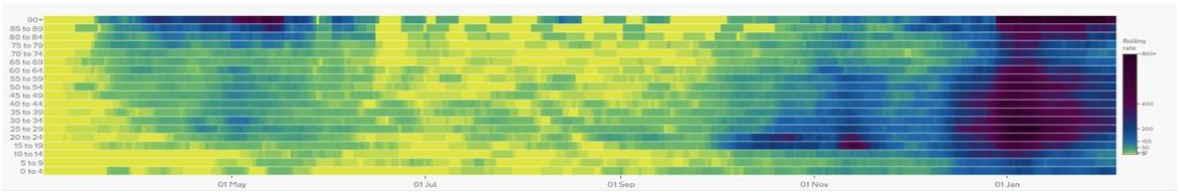


Increase in number of Lateral Flow tests conducted in Cambridgeshire

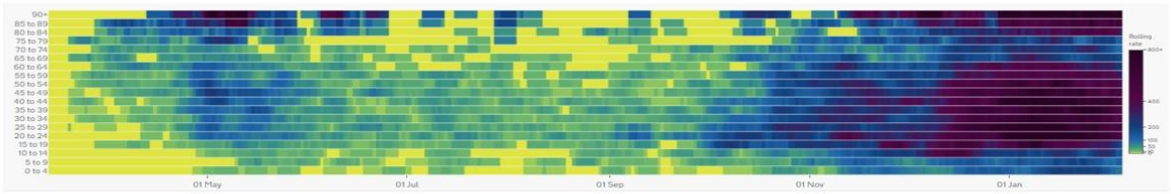


Case rates remain highest in the working age group and elderly population – higher numbers in 50+ and 60+ in Peterborough

Cambridgeshire

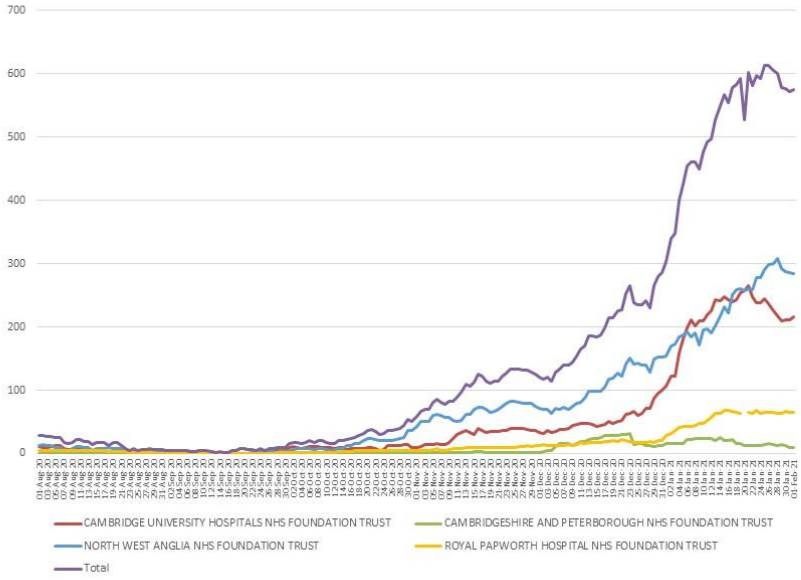


Peterborough



Rate of people with at least one positive COVID-19 test result (either lab-reported or lateral flow device) per 100,000 population in the rolling 7-day period ending on the dates shown, by age. Individuals tested positive more than once are only counted once, on the date of their first positive test.

Number of in patients in hospital with Covid-19 in CUHFT and NWAFT shows a recent decline

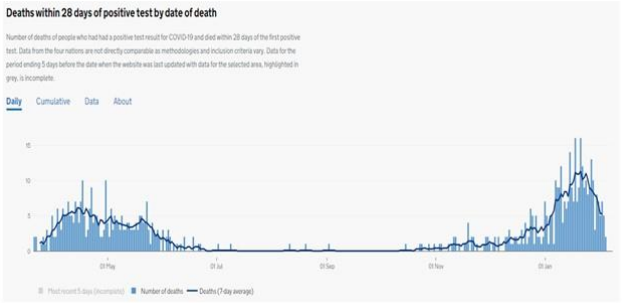


As at 01/02/2021 575 positive cases in Local Acute Trusts

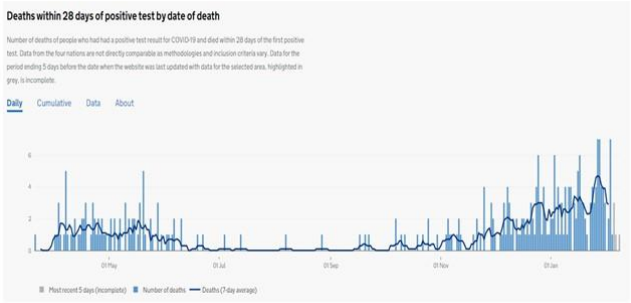
- 284 at North West Anglia (Peterborough City Hospital and Hinchingbrooke)
- 216 at Addenbrookes,
- 65 in Royal Papworth
- 10 in CPFT.

Recent decrease in Covid-19 mortality in Cambridgeshire – Peterborough has fluctuating mortality rates

Cambridgeshire

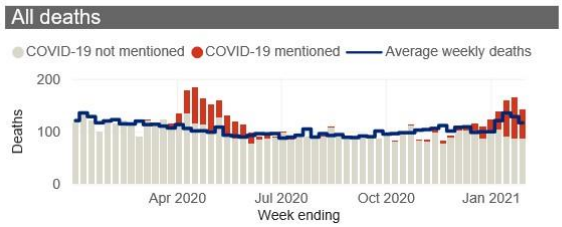


Peterborough

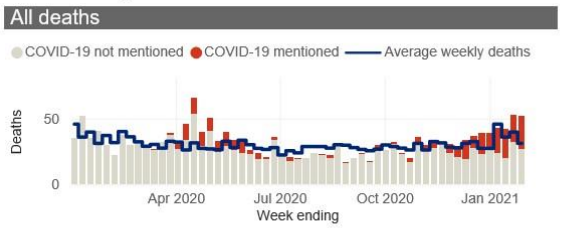


Number of all cause deaths is above the 2015-19 weekly average

Cambridgeshire



Peterborough



'Source: Deaths registered weekly in England and Wales, provisional, ONS https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfiguresondeathsregisteredinenglandandwales, analysis by PHE'.

Key response actions (1)

- Daily surveillance of cases, hospital admissions and other relevant information through our Surveillance Cell
- Generic and targeted communications campaigns to support lock down measures, test and trace and other Covid safety measures.
- Preventive interventions and outbreak management through the Cambridgeshire Peterborough outbreak management team and its education, workplace, care home, and vulnerable groups cells.
- Support for the clinically extremely vulnerable and for those self isolating at home, through county-wide hub and local arrangments.
- Local preventive, rapid response, support and enforcement interventions co-ordinated through district/city level Covid-19 'Gold' groups.

Key response actions (2)

- Local enhanced contact tracing to reach cases not contacted by the national Test and Trace system
- Introduction of Community Rapid Testing for key workers without symptoms, with sites in all districts/cities in Cambridgeshire and Peterborough
- Successful roll out of the Covid-19 vaccination programme through hospitals, Primary Care Networks, large scale testing centres, and a small number of pharmacies.

Vaccination Delivery Plan

Local Outbreak Engagement Board
February 2021

Developing role of local government

Working in partnership to support the vaccination programme

"As we continue to deliver this ambitious programme, the role of local authorities will become ever more important, and you will continue to bring core skills and resources to this work. It is therefore appropriate that we recognise this partnership effort more formally by setting out the specific areas where we know that local authorities, particularly with their public health responsibilities, can support the programme."

MATT HANCOCK **ROBERT JENRICK**

Seven Priorities

A. Immediate

1. Capacity, barriers and gaps in provision
2. Communications and engagement
3. Rollout and operation of vaccination centres
4. Frontline health and social care workers

B. Further Ahead

5. Vaccine confidence and hesitancy
6. Cohorts 5-9
7. Mainstreaming the response

Community Engagement

Our objectives:

- Maximising uptake of the vaccine
- Minimising impact on inequalities
- Targeting hard-to-reach groups

Achieved through:

- Understanding and reflecting what works and what doesn't
- Building and sustaining public trust and compliance
- Acknowledging and tackling vaccine hesitancy and vaccine resistance
- Ensuring comprehensive vaccine access
- Maintaining safety, assurance and governance
- Managing expectations and messaging around impacts
- Delivering constant data surveillance

Fostering and Maintaining Vaccine Confidence and Take-up

Developing a locally appropriate, tailored communications plan

Vaccination Communications

- A local communications plan is a priority area identified by the Secretaries of State
- Draft plan in development with Warn and Inform Communications Cell – CCG, PHE, District Councils, Emergency & Voluntary services
- Our approach brings together communications and community engagement specialists
- Looking for guidance and direction from Local Outbreak Engagement Board before launch

Two approaches

- A **general** approach aimed at the general population to build trust and take up - countering misinformation with strong calls to action
  - Based on good national and local research and behavioural science principles
  - Understanding concerns, but offering support and clarity
  - Supporting 'people like me' to give the messages
  - Celebrating and thanking people for taking action
- A **specific and targeted campaign** aimed at hard to reach groups. This could be because of lifestyle, culture or language
  - Understanding the issues and supporting trusted advocates to speak
  - Easy to understand information delivered in appropriate ways

Key messages – Say Yes to the Vaccine

Our plan aims to focus on:

- Recognising where there are concerns about the vaccine
- Providing reassurance by factually addressing those concerns
- Providing clear calls to action – 'Say Yes to the Vaccine'
- Emphasising benefits to individuals, their families, their communities

Materials already underway:

- Community leader toolkits; videos and community translations; graphics; local stories; and community leader endorsements

Community Leader Endorsements

Cambridgeshire and Peterborough Local Outbreak Management Plan

This document describes the Outbreak Management Plan Cambridgeshire and Peterborough are adopting to support the national Covid-19 Response Plan Spring 2021

Cambridgeshire and Peterborough Local Outbreak Management Plan

Contents

1. Introduction, Aims and Vision of our Local Outbreak Management Plan

The Government announced in May 2020 that part of its national strategy to manage and control the pandemic was for every area in England to develop a Local Outbreak Management Plan for COVID-19. This was first published on 30th June 2020.

This revised Local Outbreak Management Plan has been updated to reflect:

- The Governments' Roadmap out of Lockdown, published on 22 February 2021;
- The accompanying refresh of the Contain Framework, which includes details of the local powers available to us to help us manage COVID-19;
- An increasing focus on areas where we see persistent, enduring transmission of COVID-19;
- And a focus on where we see new Variants of Concern, alongside the dominant COVID-19 variant.

The Government's Roadmap sets out how, from 8 March, people in England will see restrictions start to lift with the Government's 4 Steps (see page xxx) offering a route back to a more normal life. At the core of this approach is moving from a 'pandemic' response, to one in which COVID-19 is an 'endemic' disease. 'Endemic' means that we won't get rid of Covid completely, but it will be present at lower levels which allow the economy to function and people to return to a more normal social life.

There are a number of unknowns which will influence our progress with the roadmap including:

- The impact of the newer 'Kent' variant of the virus as we open up from Lockdown - as this is up to 50% more transmissible than the previous virus;
- The impact of the vaccination programme over time - progress with the programme has been excellent and many vulnerable people are protected, but at the time of writing, most working age adults are still not vaccinated and some in high risk groups have only had one dose;
- The level of effectiveness of new community rapid testing programmes at reducing spread of the virus;
- Whether people will continue to observe the Lockdown and Roadmap rules and other COVID-safe behaviours, which are still necessary at this stage;
- The impact of new Variants of Concern, for example the South African or Brazilian variants - and whether current vaccines are effective against them.

Because of these unknowns, it is essential that we have a strong and up to date Local Outbreak Management Plan to maximise our chances of success in controlling the virus locally.

Our Local Outbreak Management Plan Aims are to:

- Focus on prevention, including maximising the take up of the vaccine across all communities and continuing to provide information on reducing the risks from COVID-19;
- Ensure that testing, contact tracing and support for self-isolation works effectively as a national, regional & local system;
- Respond swiftly to any rises in infection, including to any new COVID Variants of Concern, deploying additional test and trace capacity and ensuring support for self-isolation to break transmission;
- Tackle areas where we see enduring transmission working with employers, agencies, employees and our communities to break persistent transmission and reduce infection rates.

Throughout this activity we will:

- Address inequalities to mitigate against any enduring transmission of COVID-19 in communities and settings at higher risk;
- Be prepared to use the powers available to us to close settings and locations to help break transmission;
- Ensure that our actions are informed by the latest epidemiology – the distribution and patterns of COVID-19 infection across Cambridgeshire & Peterborough.

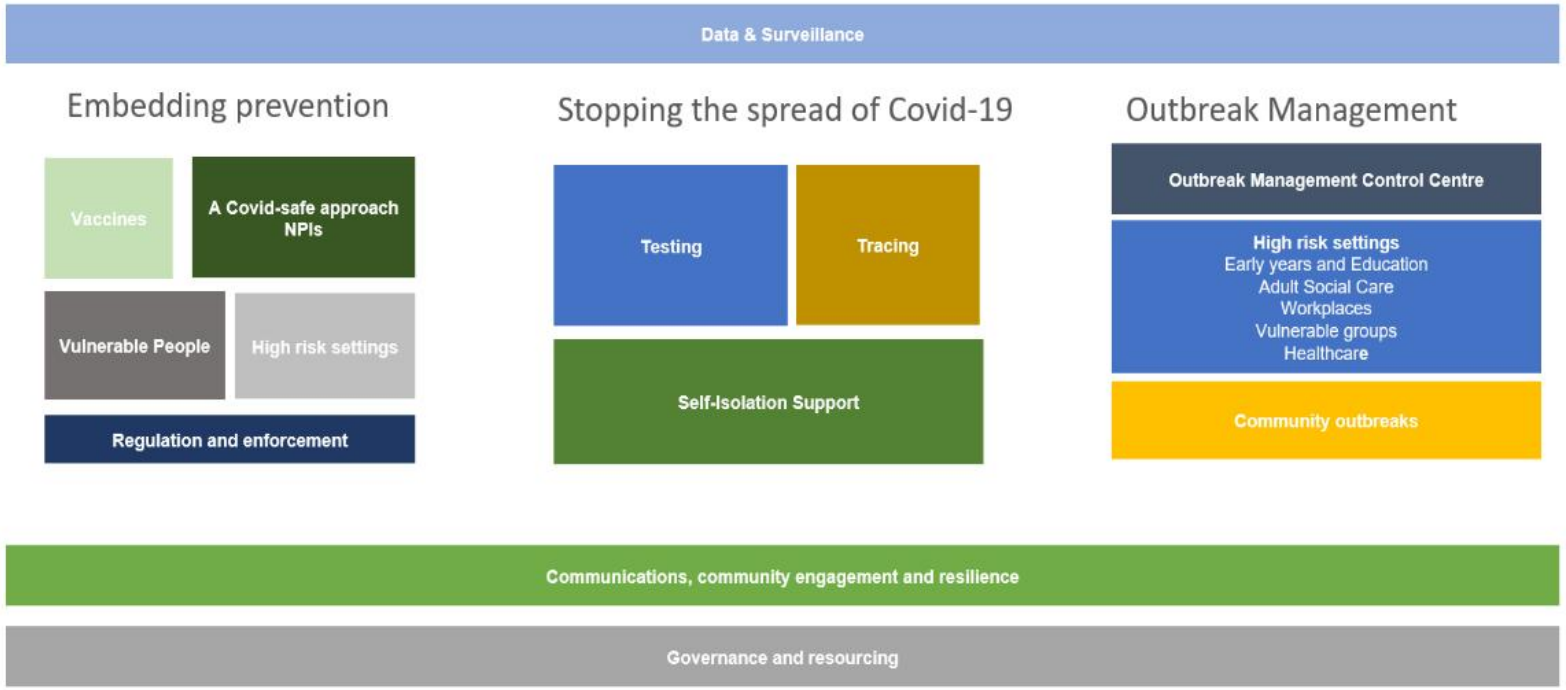
We will set out how we deliver these strategies through our Outbreak Management system. This will be supported by our programme of high-profile communications and engagement ensuring that every individual and every community knows how to continue to stay safe.

Local Outbreak Management Plan Vision, our vision is to have:

- Sustainable low COVID transmission rates that enable careful re-opening of social and economic life;
- High vaccine uptake especially amongst those at highest risk;
- Highly effective surveillance that identifies & suppresses the virus and informs and shapes future actions;
- High performing test, trace, isolate & support system;
- Strong business, community & individual compliance with COVID-19 measures as they change, and we adapt, to different stages of easing from Lockdown;
- Clear understanding across communities of what Living with Covid means;
- A recovery plan with our partners to address health & economic impacts.

Local Outbreak Management Plan

A consistent approach to address Covid-19 including issues around enduring transmission and new variants of concern



2. Data & Surveillance

Aim and Objectives

Aim – To understand COVID-19 infection rates, and the impact of the infection on our communities enabling effective action to reduce the risk of transmission and impact of COVID-19.

Objectives:

- To have **robust timely data flows** from all the local, regional and national data sources including NHS Test and Trace data, as well as new data sources such as vaccination data
- To **ensure appropriate data governance and access rights** are in place so information can be effectively shared with partners, enabling them to take evidence-based, targeted and focused actions
- To **share identifiable data** with appropriate teams for actions **to prevent transmission and spread of COVID-19**
- To **interpret this data to provide an analysis** of where and how the infection is affecting our communities and **to provide early warning signals** of emerging trends, complex outbreaks and future scenarios.
- To **develop new surveillance techniques** especially around backward contact tracing, waste- water analysis and NHS-app data.

Current and New Processes and Responsibilities

Current responsibilities

The surveillance cell undertake a meaningful daily data review of COVID-19, and wider data, that is rapidly communicated across the system through the Outbreak Management team and the Multi-agency information cell.

Weekly in-depth epidemiology reviews are provided for Peterborough and Cambridgeshire, and for each District/City Council, with analytics and Public Health support provided to each District/City which include longer term strategic direction.

Identifiable data is shared with the cells for high risk settings for action to prevent further Covid-19 transmission.

New responsibilities

Finding new ways of identifying and interrupting transmission chains, using both soft and hard intelligence.

Surveillance analytics to inform backward contact tracing.

Monitoring waste-water analysis for COVID-19 to identify early increases in COVID-19 incidence.

Who is involved in this activity?

Local Authority: Dr Emmeline Watkins, Deputy Director of Public Health Peterborough; Tom Barden Head of Business Intelligence.

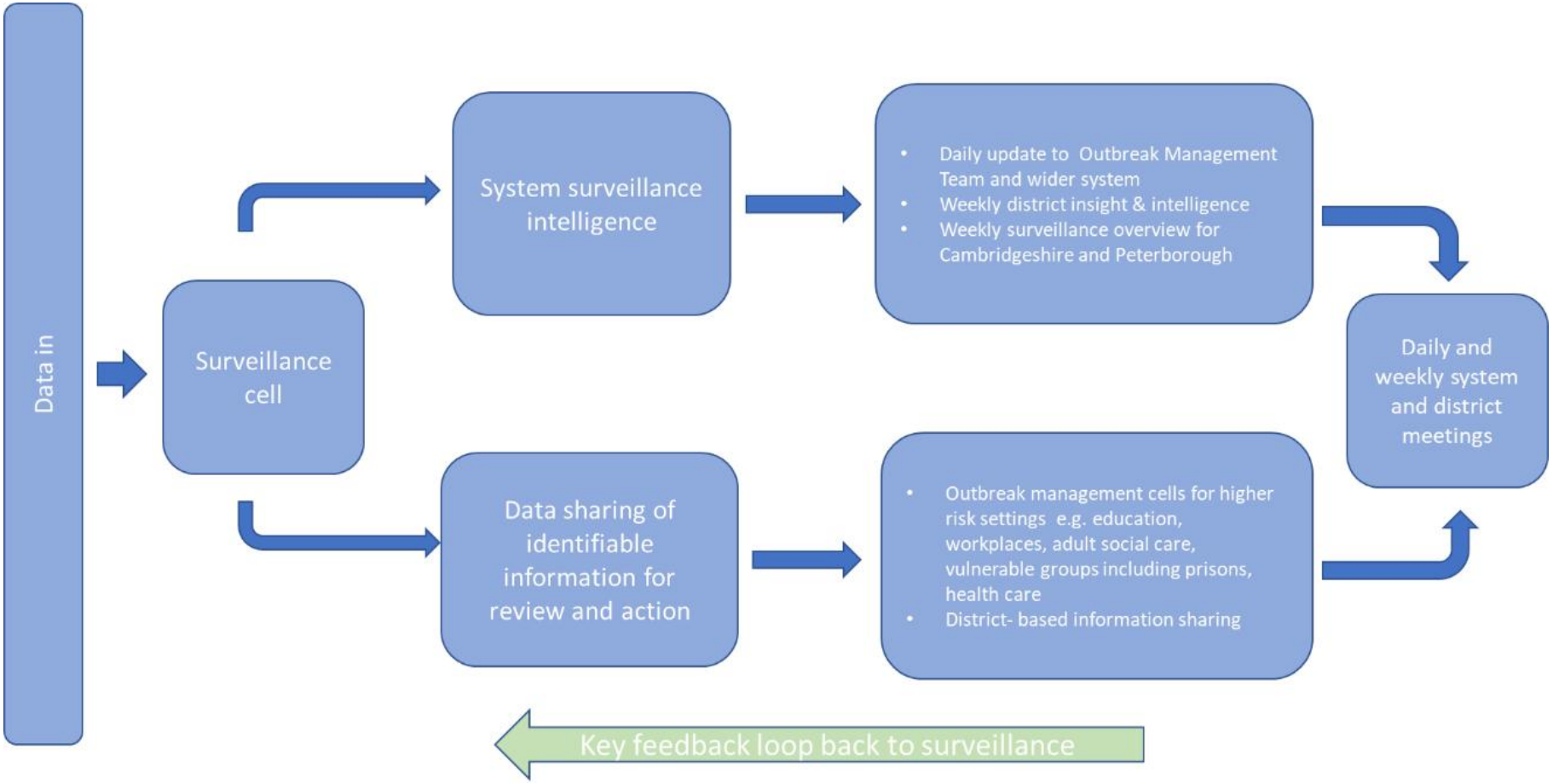
Cambridgeshire County & Peterborough City Councils.

Clinical Commissioning Group: Jeremy Lane, Associate Director of Business Intelligence.

Surveillance cell; Outbreak Management Team; Multiagency information cell; Cells for high risk settings (education, workplace, adult social care, vulnerable groups, health care).

District COVID-19 leadership and Rapid Response teams.

Health Protection Board & Regional colleagues in Public Health England.


Data in
Surveillance cell
System surveillance intelligence
Data sharing of identifiable information for review and action
Daily update to Outbreak Management Team and wider system
Weekly district insight & intelligence
Weekly surveillance overview for Cambridgeshire and Peterborough
Outbreak management cells for higher risk settings e.g. education, workplaces, adult social care, vulnerable groups including prisons, health care
District- based information sharing
Daily and weekly system and district meetings
Key feedback loop back to surveillance

3. Embedding Prevention

3.1 Vaccines

<table>
<tr>
<td rowspan="2">Aim & Objectives
Aim - To support the roll out of the Covid 19 vaccination programme to achieve the highest possible population uptake by adults in all sectors of the population.
Objectives

• To fully understand and describe the NHS infrastructure in place to provide a comprehensive vaccination programme
• To have shared system-wide oversight and access to vaccination data with appropriate data governance, allowing evidence-based and targeted approaches to support vaccination uptake to be taken by the whole system.
• To review vaccination uptake to identify population groups with low uptake
• To monitor vaccination uptake in key care worker groups
• To review data on inequalities in relation to vaccine uptake
• To work with local communities and excluded vulnerable groups to identify barriers to vaccination and undertake targeted work to address these barriers
• To work with communities to understand the reasons for vaccine hesitancy
• To plan a campaign to address misinformation and respond to the concerns expressed by the vaccine hesitant</td>
<td>Current and New Processes and Responsibilities
Oversight of the vaccination plan led by the Clinical Commissioning Group (CCG), supported by NHS organisations, Local Authorities and community groups.
Joint Local Authority & CCG work on improving vaccine confidence informed by data analysis and consultation with communities.
Coordination of this plan to address low uptake including access issues, mis-information and vaccine hesitancy.
Identification of specific groups who may struggle to access vaccination e.g. though not being registered with a GP, being homeless or marginalised, or because of physical or mental health issues and developing plans to support them to be vaccinated.</td>
</tr>
<tr>
<td>Who is involved in this activity?
Clinical Commissioning Group leadership teams whose membership comprises CCG leaders, NHS trust leads, local authority social care, community and public health leads. Senior Responsible Officer Jan Thomas.
Public Health lead Dr Linda Sheridan.
Local Authority/CCG Team dedicated to ensuring equity in vaccine take up.
Specific focus on hard to reach groups including those with serious mental illness, Learning Disabilities, sex workers, people who are homeless.
Partnership group working on Vaccine Confidence to support Local Authorities’ responsibilities to the vaccination programme. Lead Matt Oliver, Head of Think Communities.</td>
</tr>
</table>

• To work with vaccination providers to **identify static or mobile locations for vaccination delivery** that address identified access problems	Surveillance cell leading work on vaccine uptake analysis and identification of inequalities. Care Home Cell developing plan to improve vaccine uptake by substantive and agency care home and domiciliary care staff. Leads, Carol Anderson CCG and Emily Smith Public Health. Actions to improve health worker uptake being taken forwards by NHS organisations. Vulnerable Groups' Cell engage with excluded groups and will facilitate access to vaccination. Lead Val Thomas Public Health and Adrian Chapman, Cambridgeshire County & Peterborough City Councils. Employers with large numbers of migrant workers to facilitate workplace on-site vaccination. Lead Val Thomas & Workplace Cell. The communication teams from CCG, Local Authority and NHS organisations who are involved in all groups.

3.2 Communications, Community Engagement & Resilience

Aims

- We will listen, reassure and respond swiftly
- 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.

Objectives - What will we communicate

Embedding Prevention	Stopping the Spread of COVID-19
• Public health hygiene prevention messages e.g. hand-washing, social distancing, face coverings, ventilation, cleaning and disinfection. • How to live your life safely with clear, positive examples of alternative options where changes are needed to keep people safe • Government guidance, with updates as these change. • Who is most at risk of poorer outcomes – and how they can protect themselves or reduce risk. • Clear messages about the vaccination programme to embed vaccine confidence – in particular supporting communities who may be more hesitant or find it more difficult to access their vaccinations	• How to identify symptoms of COVID-19 in yourself or others. • How to get a test and what to expect during and afterwards. • Who should self-isolate, and when. • How to get help locally if you are self-isolating. • What it means to be a close contact of someone testing positive for COVID-19. • How to access rapid Lateral Flow testing as a parent, student, employer, employee. •

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. We will ensure key messages are translated into other languages and communicated by Community Leaders to their own communities.

Who is involved in this activity?

Lead Christine Birchall, Head of Communications for Cambridgeshire County and Peterborough City Councils. The Local Resilience Forum Warn and Inform Cell will provide oversight/sign off and support of communications plans and campaigns which are developed to meet new and emerging needs. The Local Authority Public Health team work closely with Cambridgeshire County Council and Peterborough City Council's Communication team and the Warn and Inform communications group to ensure that the information provided is accurate and timely and shared by all public sector organisations in the area. The Member-led Engagement Board will provide insight, development and challenge to the plans

How we will engage with 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 such as councillors, faith leaders, communities and voluntary sector to link with our identified vulnerable groups, providing messages and support in a range of languages;
- Training and developing volunteers 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.

Who is involved in this activity?

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 roll out of the vaccination programme focusing on vaccine hesitancy and countering mis-information about the vaccines.

The Community Resilience Group will also 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, Gypsy 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.

3.3 Keeping Covid-Safe through non-pharmaceutical interventions

Aims and Objectives

Aims – To prevent COVID-19 outbreaks by ensuring that local businesses, community venues, town and city centres, and a range of higher risk settings observe good COVID-secure measures. To ensure that local events are risk assessed, use the Safety Advisory Groups for advice and only proceed if COVID-safety can be assured.

Objectives:

- To **provide and signpost clear, simple and comprehensive information** to all local businesses, including the retail and hospitality sector, on COVID risk mitigation measures such as signage, social distancing, hygiene and cleaning, face coverings, ventilation and using Test and Trace QR codes as well as how to access financial support for re-opening of businesses.
- To provide information and **advice on COVID risk assessments** to all public sector, voluntary, faith and community organisations.
- To develop **COVID-secure plans for opening up of City and Town Centres**, in line with the national Road Map out of lockdown.
- To proactively **engage, explain, encourage and where necessary enforce COVID-safety** through front line staff such as COVID Marshalls, Police Community Support Officers, visits by Environmental Health teams and involving the local Police.
- To **provide organisers of local events with COVID-secure advice**, including running safe elections, which for larger events is co-ordinated through the local and County Safety Advisory Groups with additional input from Public Health specialists as required.
- To ensure that **event organisers are aware of the powers conferred by the CONTAIN legal framework** and associated regulations.

Current and New Processes and Responsibilities

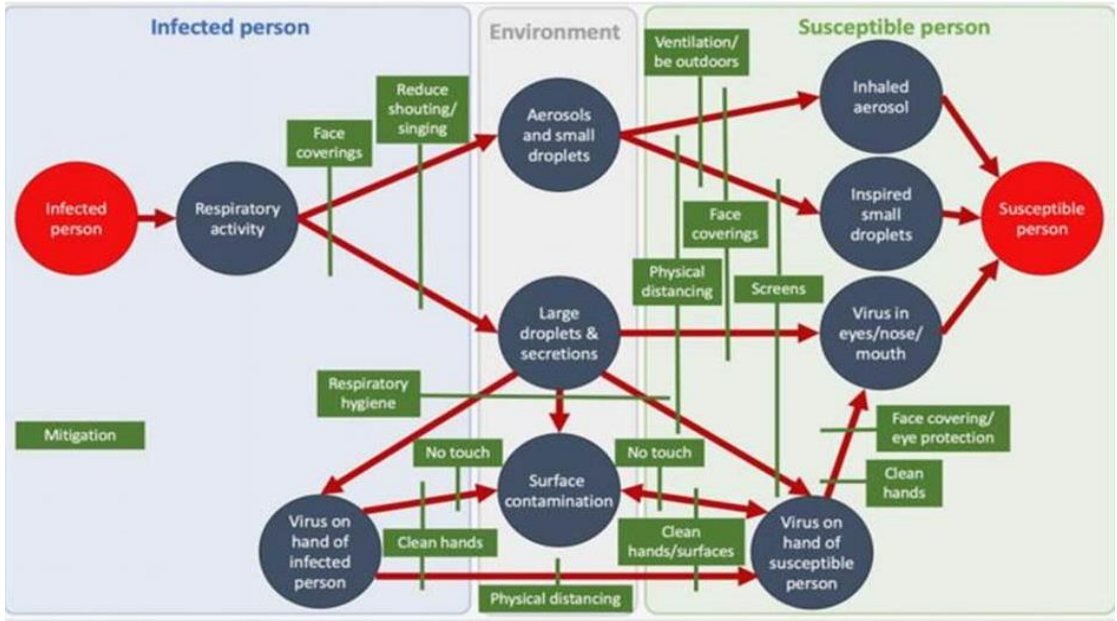
Maintaining Town and City Centre COVID-19 signage, and mobile LED van messaging as appropriate.
Training of COVID-19 marshals and co-ordination of patrols with Police colleagues.
Letters and advice for businesses co-ordinated through District & City Environmental Health Teams.
Specific advice for places of worship communicated through Inter-Faiths Groups and correspondence with their communities.
District and City Safety Advisory Group (SAG) processes for events including COVID-secure risk assessments and criteria for Public Health escalation under the CONTAIN regulations.
These regulations empower the local Director of Public Health (DPH) to close or prevent an event from happening if it is assessed as an imminent risk to public health. This advice is signed off by the DPH and the Chief Executive of the Upper Tier Local Authorities – Cambridgeshire County Council and Peterborough City Council.
Outbreak Management Team 'Cells' for high risk settings including a focus on prevention.

Who is involved in this activity?

Leads, Tony Jewell, Public Health Consultant, Val Thomas Public Health Consultant, Adrian Chapman Director for Communities and Safety Cambridgeshire County & Peterborough City Councils.
District and City Council Environmental Health, Communities, and City/Town Centre teams.
County and City Council Public Health staff and Public Health England.
Cambridgeshire Constabulary.
Health & Safety Executive.

• To **maximise preventive measures in specific high-risk settings** e.g. education, high risk workplaces, healthcare settings, adult social care settings, and prisons.	Local businesses, public & voluntary sector organisations. Faith Leaders and Inter-Faiths Groups. Multi-Agency Safety Advisory Groups for events at District/City and at Local Resilience Forum level. Multi-agency Outbreak Management Team 'Cells' for schools and early years, universities, workplaces, healthcare, adult social care, vulnerable groups. Local Authority Communications Team and LRF Warn and Inform Group

The diagram below shows how infection can spread from one person to another and the ways in which this can be prevented.



From: [EMG/SPI-B/TWEG: Mitigations to reduce transmission of the new variant SARS-CoV-2 virus, 22 December 2020 - GOV.UK (www.gov.uk)]

3.4 Regulations and Enforcement

Aim and Objectives

Aim – To keep communities safe from the actions of individuals, businesses or events which risk spreading COVID-19 through the appropriate use of Coronavirus regulations and enforcement powers.

Objectives:

- To **promote compliance through using 'Engage, Explain, Encourage, Enforce'**, if breaches of the regulations continue that is when we will use enforcement powers.
- To **work in partnership with the Police and other regulatory bodies** in relation to breaches.
- To **inform the public of the regulations and enforcement powers**, so that people understand when they are breaking the law, and communities are confident that the Police and Local Authorities can protect them.
- To **use legislation and enforcement powers**, including those that are outside the Coronavirus Act, to protect the public e.g. the Health and Safety at Work Act and Licensing provisions to enforce non-compliance of COVID safety measures where needed.
- To **engage with communities to reassure** and ensure they understand the reasons for enforcement and that powers are being used proportionately.

Current and New Processes and Responsibilities

The relevant Acts and Regulations are:

- Businesses - Health Protection (Coronavirus, Restrictions) Regulations 2020, Health and Safety at Work Act 1974, Licensing Act 2003, Local Government (miscellaneous provisions) Act 1982;
- Accommodation - Health Protection (Coronavirus, Restrictions) Regulations 2020, Housing Act 1996;
- Events - Health Protection (Coronavirus, Restrictions) Regulations 2020, Safety of Sports Groups Act 1975,
- Open spaces - Health Protection (Coronavirus, Restrictions) Regulations 2020, Anti-social behaviour Crime and Police Act 2014.

The Contain Framework allows local authorities to close premises, public spaces and events where there is a significant risk to public health, on the advice of the Director of Public Health.

Who is involved in this activity?

Director of Public Health and Chief Executive Upper Tier Local Authorities – Cambridgeshire County & Peterborough City Councils.
Local Authority Regulatory and Enforcement Services - including Environmental Health, Public Health, Trading Standards and the Quality Safety & Risk group.
Cambridgeshire & Peterborough Constabulary.
Health & Safety Executive.
Local Authority Communications Team and LRF Warn and Inform Group.

4. Stopping the Spread of COVID-19

4.1 Testing

Aim and Objectives	Current and New Processes and Responsibilities
Aim – To ensure access to testing, and that systems are in place to report results in a timely way. **Objectives:** • To ensure we have an **effective and efficient symptomatic and asymptomatic testing** system to support rapid identification and self-isolation of cases, contact tracing including enhanced (backward) contact tracing, outbreak management, surveillance and prevention. • To ensure that **socially vulnerable groups can access symptomatic and asymptomatic testing** when needed. • To make sure **swabbing is available quickly when needed** in complex outbreaks • To ensure that **Lateral Flow testing is rolled out rapidly** to reach communities that need it. • To ensure **household testing for education staff and students is accessible**. • To ensure there is a **robust community surge testing** plan in place for new variants of concern.	There are many routes to symptomatic and asymptomatic testing with the majority of testing routes controlled nationally. Locally our priority is overseeing outbreak testing, community Lateral Flow testing and some workplace Lateral Flow testing. Other priorities include: • Strengthening links with the surveillance cell to recognise outbreaks early to ensure that additional testing can be accessed quickly; • Ensuring that our pilot workplace Lateral Flow sites are maintained in the longer term through the local or national rapid testing programme; • Linking with the socially Vulnerable Groups' outbreak management cell to ensure there is access to symptomatic and asymptomatic bespoke testing for vulnerable groups and settings; • Providing advice to a range of settings, including schools and universities, accessing testing through national routes. The nationally commissioned symptomatic testing system and the asymptomatic testing will need the provision of local surge capacity to deal with any sharp upturn in demand for testing. This may occur when lockdown measures are relaxed, when testing practices change e.g. widening asymptomatic testing eligibility to more groups of people, or changing the symptomatic case definition, during winter months, or when there is an exponential rise in transmission for other reasons.

	We will also look for opportunities to innovate and engage with research.
	Who is involved in this activity? Testing leads: Local Authority, Dr Emily Smith Public Health consultant, Val Thomas Deputy Director of Public Health (workplace testing), Raj Lakshman Public Health Consultant (testing in Education settings). Regional and national Department of Health and Social Care and Department for Education. Cambridgeshire County Council and Peterborough City Council Public Health and Co-ordination Hub. District Councils, Parish Councils, Community and Voluntary organisations (i.e. landowners allowing us to use their land for testing sites). Cambridgeshire and Peterborough Clinical Commissioning Group, Public Health England Health Protection Team. Organisations working with socially vulnerable groups. Local Authority Communications Team and Warn and Inform Group.

4.2 Contact Tracing - our Local Tracing Partnership

Aim and Objectives

Aim – To contribute to the prevention of transmission of infection through tracing contacts and identifying outbreaks.

Objectives:

- To ensure that there is a skilled workforce to **undertake prompt effective forward and enhanced (backward) contact tracing.**
- To ensure there is **surge capacity of trained staff** who can be redeployed to contact tracing in the event of escalating numbers of outbreaks or a Variant of Concern.
- To ensure that **contact tracing links and works effectively with all the relevant parts of outbreak management** and wider system to maximise its impact upon prevention, transmission and management of outbreaks.
- To ensure that **all people tested positive and their close contacts are traced**; data from national Test and Trace along with other local and regional sources is used to **undertake forward and enhanced (backward) contact tracing**.
- To ensure that people who have tested positive and their close contacts are, when traced, advised to **self-isolate and are referred to Support for Self-Isolation services**.
- To ensure that people tested positive and their contacts who cannot be traced are **followed up in their homes and communities,** (door knocking)
- To further develop processes to **identify places or events where infection has spread** to prompt **early rapid action to contain outbreaks -** using CTAS data, enhanced (backward) contact tracing, explore use of risky venue alerts.
- To ensure **adherence to self-isolation referrals are made** to services for advice and when **necessary enforcement of behaviours**.
- To **address inequalities** created by deprivation, language and cultural barriers, ensure access to translation, community engagement and support services.

Current and New Processes and Responsibilities

The national Test and Trace Programme, Public Health England (PHE) and locally developed Standard Operating Procedures provide the framework for delivery of contact tracing including ongoing staff training.

Case data for those not successfully traced nationally is downloaded from the national CTAS system. This, along with PHE and other local information sources informs local tracing activity.

The Contact Tracing Team escalates when required, cases to relevant Outbreak Management Cells, local services and enforcement for follow up.

The Team refer those self-isolating to the Support for Self-Isolation services.

Enhanced (backwards) contact tracing is in development, which will review and use a wide range of data sources to identify cases, contacts and outbreak locations in the period prior to testing positive.

Outbreak management, including Lateral Flow Testing (LFT), is included as part of the response to backward contact tracing.

Who is involved in this activity?

The Specialist Contact Tracing team is managed by Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) Public Health. Lead Val Thomas.

The Specialist Contact Tracing Team provides the core service along with staff from CCC, PCC, the five District local authorities whose roles contribute to the overall contact tracing process and the commissioned Lifestyle Service.

The services including Environmental Health, Housing, Enforcement, Support for Self-Isolation, Outbreak Management Team, LFT along with Public Health and Public Health England Surveillance all support backward contact tracing.

4.3 Self-Isolation & Support

Aim and Objectives

Aim – To ensure that all those required to self-isolate, either because of a positive test result or because they are a close contact, are able to do so safely without spreading the virus any further.

Objectives:

- To **engage with communities** and the voluntary sector to support **in promoting the awareness and importance of self-isolation**
- To **enable individuals to self-isolate safely**, where they are advised to do so, with the right support in place (e.g. family/friend support, signposting neighbours or community groups to offer support or providing direct practical support)
- Deliver an offer of support aligned to the principle 'we will help **overcome any barrier to self-isolation**'
- Deliver a self-isolation service that will **make regular contact with those being told to self-isolate** to ensure they continue to have the necessary support in place
- Have **a 'place-based' offer of support** that is implemented through the District and City area Action Plans and Community Hubs
- **Ensure the needs of all communities are understood and met** in the context of self-isolation, regardless of location, background and circumstance
- **Engage with local political leaders and community leaders** to support the communication and engagement with communities
- **Ensure necessary enforcement** actions are taken

Current and New Processes and Responsibilities

Guidance for Councils on Practical Support for Self-Isolation, issued in March 2021 by Ministry for Housing, Communities & Local Government, Dept Health & Social Care and NHS Test and Trace. This provides a framework for the types of practical, social and emotional support that people may need if they are self-isolating.

Where an individual is asked to self-isolate, the Local Authority is responsible for implementing an approach to ensure high levels of adherence to self-isolation:

• Communications to improve awareness of when people need to self-isolate, how long for, what this involves, its importance in stopping the spread of the virus, the support available and the consequences of breaking the rules;

• Providing practical support such as access to food, wellbeing and social contact, or help with caring responsibilities;

• Financial support for people on low incomes who are unable to work from home and will lose income through self-isolating;

• Targeted enforcement of breaches of the legal requirement to self-isolate, as well as council enforcement against employers who pressure their employees to break self-isolation.

Who is involved in this activity?

County Council and District/City Council Community Hub network, Local Resilience Forum's Community Reference Group, Volunteer Network and the Police.

Local Authority Communications Team and LRF Warn and Inform Group

4.4 Variants of Concern

Aim and Objectives	Current and New Processes and Responsibilities
Aim – To plan for a localised 'surge testing' programme for intensive testing and tracing if a variant of concern (VOC) is identified in Cambridgeshire or Peterborough. **Objectives:** • To **identify the community spread** of SARS-CoV-2 variant (also known as VOC-202012/02), in order **to take steps to reduce transmission** • To **deliver a community surge testing programme** for the affected areas by establishing clear testing strategies to cover residences, businesses, and community settings. • To **support the programme** with the necessary **command structure, resources and logistical support.** • To **collect and maintain accurate data** to enable a thorough assessment of any community transmission. • To **minimise the risk** to people invited to take a voluntary test. • To **maximise the safety of staff and volunteers** involved in the programme. • To **provide clear and accurate information** to all of those involved in, or affected by, the surge testing programme in support of the strategic intent and objectives. • To dynamically **review the operation** and maintain links with the other U.K. operations. • To **identify and implement improvements** by defining standard operating procedures for use in replication or extension of the programme	The majority of symptomatic and asymptomatic testing routes are controlled nationally. Locally we oversee outbreak testing, community Lateral Flow testing and some workplace Lateral Flow testing. We offer advice to a range of settings accessing testing through national routes. Following a confirmed case of the SARS-CoV2 variant being identified in parts of Cambridgeshire or Peterborough, the testing strategy will form part of the national surveillance programme. A plan has been developed to support residents with COVID-19 PCR test, which will enable the system to work with PHE, NHS Test & Trace and the Joint Biosecurity Centre to closely monitor any community spread of the new variant and restrict further transmissions. The Local Testing Hub will vary between areas based on several factors, including the area that needs to be covered and resource availability. This work will require activation of the plan by Dept of Health & Social Care followed by: • Setting up / utilising local testing hubs; ensuring the testing process follows public health guidance and the volunteer briefing note; • Ensuring appropriate level of staffing and resource to undertake the surge testing, this will vary based on the requirements of each area; • Ensuring the roll out of the testing on the ground, drawing in volunteer capacity as appropriate; • Ensuring a co-ordinated approach to wider issues, including providing clear and accurate information to all involved.

	Who is involved in this activity? Local Authority: Dr Emily Smith Public Health consultant; Tiya Balaji Senior Public Health Manager Emergency Planning. Cambridgeshire and Peterborough Clinical Commissioning Group. Public Health England Health Protection Team. Cambridgeshire County Council and Peterborough City Council. Public Health and Co-ordination Hub. Cambridgeshire Fire and Rescue Service, Cambridgeshire Constabulary, Ambulance, and other Local Resilience forum strategic and tactical groups. District & City Councils. Voluntary sector lead. Local Authority Communications Team and Warn and Inform Group

Be Part of the Solution

5. Outbreak Management

5.1 Outbreak Management Centre

The Outbreak Management Centre brings together the COVID-19 single point of contact (SPOC) in-box, the Surveillance team, and all the outbreak Settings' Cells with oversight of this activity being delivered through the Outbreak Management Team (OMT).

Aim and Objectives	Current and New Processes and Responsibilities
Aim - to provide strategic leadership for management of Covid-19 through daily review of Surveillance information, interpreting it to inform advice and actions on COVID cases, clusters, outbreaks and community spread. **Objectives** • To **reduce the spread** of Covid-19 by acting early to address outbreaks and cases in complex settings. • To **identify and act on emerging patterns** of Community transmission by reviewing cases by geography and setting. • To ensure that the work of OMT is **informed by progress with the vaccination** programme. • To identify areas and settings for **preventive support** to reduce risk. • To provide **Infection Control** advice and support as needed to contain the virus. • To **ensure isolating cases and contacts are advised how to access support.** • To provide early and **appropriate communication** to elected members, community leaders, employers and the public, including clear advice on mitigating actions to be taken.	COVID-19 SPOC is the is single point for all intelligence in the Outbreak Management Centre. OMT meets daily, timed to align with meetings of the Surveillance cell, Cambridgeshire & Peterborough Local Resilience Forum and Health Protection Board. Accountability is to the Health Protection Board. OMT reviews surveillance data and updates on cases and incidents in all cells. OMT makes decisions that are advisory providing a co-ordinated response to managing an outbreak including convening Incident Management Team meetings led by the workstream cell leads. The Outbreak Management Centre works closely with the Public Health England Health Protection Team (HPT) which will: • Collect basic information on cases, incidents and outbreaks reported to the HPT; • Provide initial infection control advice to the setting; • Inform the LA of the case(s)/ incident/ outbreak/ issue reported to the HPT in an email to the LA Single Point of Contact (SPOC), and a phone call for urgent issues; • Hand over the responsibility for managing the incident/issue to the LA, except incidents in GPs, dental practices and private healthcare (see separate section for these settings);

• To **support effective communication** though the Health Protection Board and the Delivery Board.
• To support effective **two-way communication in the OMT** that triangulates soft and hard intelligence to identify areas for action.
• To ensure that communications build on existing good practice and that **lessons learned** from IMTs / incidents / outbreaks are taken into account.
• To advise when **surge capacity** will be needed to address escalating numbers of outbreaks in a particular sector or community.
	• Provide health protection expert advice to the Incident Management Team (IMT), when requested;
	• Provide ongoing support to the LA for identification and management of clusters and outbreaks, including attendance at regular LA meetings;
	• Variants and Mutations (VAM);
	  ○ Notify the LA of a case of VAM via an email to the SPOC email address, DPH will also be notified/copied in the email,
	  ○ Inform LA of cases who have not engaged with the HPT after 24 hours of initial contact,
	  ○ Discuss the need for surge testing and an IMT.
	• Provide advice on the interpretation and implementation of national guidance by email or telephone, as requested.

	Who is involved in this activity? Chair, Consultant in Public Health (Lead for Health Protection -Linda Sheridan) C19 Single Point of Contact (SPOC) inbox lead manager Kate Parker. Surveillance lead Emmeline Watkins. SPOC on-call Consultant in Public Health & SPOC on-call Public Health Manager. Surveillance cell representative, Workstream Cell leads. Communications Team representative. Communities' team representative (local Rapid Response teams). Environmental Health representative (on behalf of all City/District EH teams). Multi-Agency Intelligence Cell (MAIC) representatives. NHS Cambridgeshire & Peterborough CCG representatives. Administrative support – Incident Project Manager & Business Support Officer.

5.2 High Risk Settings

5.2.1.1 Early Years, Education Settings & Children's Homes

Aims and Objectives	Current and New Processes and Responsibilities
Aims – To support Early Years & childcare settings, schools and FE colleges to prevent and manage Covid-19 outbreaks, while maintaining the highest quality of education for students. To support commissioners and providers of services for children and young people with complex medical or social needs to manage and prevent Covid-19 outbreaks while providing the highest quality of care. **Objectives:** • To prevent the spread of Covid-19 by **maximising Lateral Flow Device** (LFD) testing for all Early Years and Education staff; secondary school and FE college pupils; and households of school staff and pupils. • To **communicate regularly** with schools, early years settings and FE colleges through emails, virtual meetings, staff and parent letters, newsletters and social media. • To provide **presentations to Children's Homes providers and Foster Carers Forum**. • To support settings with **contact tracing** for single cases and **management of outbreaks.** • To be **assured of infection control measures**, including vaccination and regular testing of all staff in Children's homes, those who provide home care and work in front-line social care roles. • To support all settings to **implement the relevant government guidance** linked below guidance for early years and childcare providers guidance for schools guidance for further and higher education providers guidance for out of school-settings guidance for local authority children's services	The Health Protection Team (HPT) - Local Authority (LA) Memorandums of Understanding that relate to 'Education' and 'Children and young people with complex needs who live in residential homes or receive home care'. Responsibility for management of cases and outbreaks sits with the LA with HPT providing advice if requested by the LA. **Current responsibilities** To provide timely advice and support to Early Years settings, schools and FE colleges (including Special schools, Independent schools, Boarding schools, wrap-around care and holiday clubs); commissioners and providers of children's services. To respond to media enquiries, FOI requests, queries from councillors, schools and parents. To establish reporting and contact tracing arrangement for dealing appropriately with cases, clusters and outbreaks. To share age-specific and school-specific epidemiological data, evolving national guidance and research to inform actions. To organise and chair 'supportive calls' and 'Incident Management Team meetings' when needed. **New Responsibilities** Monitor uptake of LFD testing among students and take action where compliance is low. Reinforce COVID-safe practices including use of face coverings in secondary school & FE college classrooms, social

	distancing, safe transport, hand hygiene, ventilation and cleaning. Respond to the long–term effects of the pandemic on children and young people's mental health, education and employment opportunities.
	Who is involved in this activity? Early Years & childcare settings, Schools, FE colleges, Children's Homes and Domiciliary care providers. Cambridgeshire County Council and Peterborough City Council Public Health, Education, and Children's Social Care Directorates and Communications Team.

5.2.1.2 Higher Education – Universities

Before the start of the Autumn / Michaelmas term, we identified key links in our local higher education institutions and supported them in developing their Covid response plans and in reviewing them later in the term. We have established regular meetings with our two main universities, the University of Cambridge and Anglia Ruskin University so that we can ensure they have ongoing public health advice and support both for incidents and outbreaks and as policy changes. To date there is little evidence of transmission between students and the local population.

<table>
<tr>
<td>Aim and Objectives
Aim - To support our local higher education institutions (HEIs) to keep staff and students safe, minimising the risk of transmission within the institutions and outwards to the local population.

Objectives
• To provide timely advice and support to our higher education colleagues
• To establish reporting and contact tracing arrangements for dealing appropriately with cases and incidents
• To share epidemiological information to help inform their actions
• To support the establishment of Incident Management Team meetings when needed – for University of Cambridge we have regular IMT meetings that can be used to address incidents as they arise
• To support HEIs to mitigate risks to staff, students and the wider community as they gradually open up over the coming months
• To support asymptomatic testing for students and staff in all local HEIs, including the programme at the University of Cambridge that has been running since October 2020
• To support the innovative testing and genomic studies led by University of Cambridge</td>
<td>Current and New Processes and Responsibilities
Regular meetings with University of Cambridge and Anglia Ruskin University leads.
University data extracted daily and shared by secure e mail with the HEIs to establish if the student is actively present in Cambridge.
Review of data to identify any patterns or trends emerging and address those trends.
Supporting the HEIs, from March 8th 2021, with students in practical courses who have returned to in person teaching and planning for the summer and autumn terms.
Planning for exams, graduations and the resumption of sporting and other leisure activity in the HEIs.

Who is involved in this activity?
The University Cell – lead Linda Sheridan Public Health, supported by Public Health Intelligence team and C19 team.
University of Cambridge groups including University Strategic and Tactical leadership teams, Covid management Team, Cambridge Incident Management Team and the Rapid Response Working Group (testing) there is PH input to all
Attending weekly Anglia Ruskin University Covid response team.</td>
</tr>
</table>

5.2.2 Adult Social Care

Aim and Objectives

Aim – To support care homes other adult residential care settings (including extra-care, sheltered housing) and domiciliary care services to prevent and manage Covid-19 outbreaks, while maintaining the best possible quality of life for their residents.

Objectives:

- To **maximise Covid-19 vaccination uptake** for both residents/clients and for staff
- To **be assured of infection control measures**, correct use of PPE, regular testing of all staff and residents in eligible settings, and appropriate visiting procedures.
- To **ensure a sustainable multi-agency workforce** to provide 'business as usual' communication and engagement, surveillance, training and support for adult care settings
- To **optimise our local multi-agency processes for care home outbreak management**, in the light of learning and experience
- To **have clear escalation and surge capacity plans**, for another 'wave' of multiple outbreaks e.g. a variant of concern.
- To **support the organisational resilience** of care settings in outbreak and multiple outbreak scenarios.
- To ensure that the **mental and social wellbeing of residents/clients is always considered**, and any negative impacts of infection and outbreak control measures are minimised.

Current and New Processes and Responsibilities

The Public Health England (PHE) - Local Authority (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 Health Protection Team (HPT), ongoing responsibility for managing the outbreak passes to the local system.

The Clinical Commissioning Group (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.

The COVID-19 vaccination programme is led by the CCG and care home vaccination is led by Primary Care Networks. The local authority and CCG work collaboratively to promote uptake of vaccination by care home staff.

Who is involved in this activity?

Adult Social Care cell leads – Local Authority, Dr Emily Smith, Public Health consultant; Charlotte Black, Director of Adult Social Care. Clinical Commissioning Group: Carol Anderson, Chief Nurse.

Registered nursing, residential, day care and home care providers.

Extra-care providers and sheltered housing.

Cambridgeshire County Council and Peterborough City Council Public Health, Adult Social Care and Commissioning Directorates.

Clinical Commissioning Group nursing and quality Directorate.

Public Health England Health Protection Team.

5.2.3 Workplaces

Aim and Objectives	Current and New Processes and Responsibilities
Aim – To reduce infection transmission through preventing and managing workplace outbreaks, including the hospitality industry **Objectives:** • To ensure the Workplace Cell provides the **co-ordination and leadership for the effective prevention and management of workplace infection transmission**. • To ensure that **high-risk industries and workforces** such as agency workers in food production where case rates are higher, and the hospitality sector, **are targeted with specific interventions.** • To ensure a **prompt and integrated response to workplace outbreaks** that involves the relevant organisations in incident management team meetings and other appropriate support responses. This may include deployment of PCR testing for acute outbreaks and escalation to appropriate enforcement agencies. • To ensure that **workplaces report outbreaks on an ongoing basis** to the Workplace Cell and Public Health England (PHE) to **enable a prompt response**. • To ensure the Workplace Cell membership includes organisations that have **responsibilities and powers for workplaces that can be deployed** as part of outbreak management. • To **provide workplaces with regular communications**, which include information and resources for the prevention of outbreaks and information to employers and employees about support for self-isolation. • To work with the Health and Safety Executive to introduce an integrated system of assessment and intervention • To **promote Lateral Flow Testing** (LFT) and enable on-site testing as part of the Department of Health and Social Care local LFT pilot. • To **investigate and manage outbreaks identified through backward contact tracing** and deploy LFT as required.	The Public Health England Standard Operating Procedure provides the framework for workplace outbreak management and identifies roles and responsibilities. Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) Public Health in collaboration with local Environmental Health Services and Public Health England (PHE) identifies the response to outbreaks. Ongoing management is local with advice and support as required form PHE. The Workplace Cell reviews daily the national SGSS/CTAS data, Public Health England (PHE) and local data sources. This includes contact tracing and lateral flow testing information. Action is prioritised and taken forward by Public Health and Environmental Health officers with support from the Health and Safety Executive (HSE) as required. The Workplace Cell reports into the Outbreak Management Team. **Who is involved in this activity?** Leads, Val Thomas Public Health and Workplace Cell City and District Environmental Health Leads. CCC and PCC Public Health (including Surveillance), PCC and District Environmental Health services, Health and Safety Executive, Cambridgeshire and Peterborough Combined Authority, employers, PHE. CCC, PCC, District Local Authorities Support for Self-Isolation Services. Communication Teams, Community Rapid Response Teams, Business Teams, Contact Tracing and LFT teams. Enforcement services and agencies including the Police.

5.2.4 Vulnerable Groups

Aim and Objectives

Aim – To reduce the transmission of infection through preventing and managing outbreaks in vulnerable people groups including prisons and other secure settings.

Objectives:

- To ensure that the Vulnerable People's Cell provides the co-ordination and leadership for the effective **prevention and management of infection amongst vulnerable groups.**
- To include representation from organisations that have relationships with the groups that **secure engagement in prevention and outbreak management**.
- To ensure that there are **effective operational relationships with national organisations** such as HM Prison Services who have specific relationships with national Public Health England and NHS England and NHS Improvement.
- To ensure that the **complex needs of vulnerable groups are addressed** through an integrated response.
- To ensure a **prompt response to outbreaks** and the inclusion of cell organisations in incident management responses e.g. PCR testing and the provision of suitable accommodation for self-isolation.
- To ensure that the member organisations **report any outbreaks** to the Vulnerable People's Cell and meet any ongoing PHE reporting requirements.
- To provide vulnerable groups and organisations with **information about prevention, outbreak control and support for self-isolation**.
- To ensure that there is an **early warning system for securing additional support**, for example Mental Health services.
- To **promote Lateral Flow Testing** (LFT) for Vulnerable Groups and enable bespoke accessible testing.
- To **support forward and backward contact tracing**.

Current and New Processes and Responsibilities

The Public Health England (PHE) Standard Operating Procedure provides the framework for the Vulnerable People's Cell outbreak management and identifies roles and responsibilities.
Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) Public Health in collaboration with PHE and Cell member organisations identify the response to outbreaks.
Ongoing outbreak management is local with advice and support as required from PHE.
The Vulnerable People's Cell reviews daily national SGSS/CTAS data, Public Health England (PHE) and local data sources.
Key to the identification of outbreaks is local soft intelligence due to a common lack of compliance with national Test and Trace with these groups.
Action is prioritised and taken forward by Public Health along with partner organisations.
The Vulnerable People's Cell reports into the Outbreak Management Team. It also reports to other related governance structures, e.g. Housing Board and Cambridgeshire Criminal Justice Board.

Who is involved in this activity?

Leads Public Health: Val Thomas for Vulnerable People's Cell, Tony Jewell for Prisons.
CCC and PCC Public Health (including Surveillance cell), PHE PCC and District Housing Services (rough sleepers/hostels), Probation Service, Gypsy & Traveller Service leads, Drug and Alcohol Services, Refuges, Police, Sex-worker Service leads, Her Majesty's Prison Service.
CCC, PCC and District Authority Support for Self-Isolation Services, Communication and Community engagement services, Primary Care and Mental Health Services.

5.2.5 Healthcare

Aim and Objectives

Aim - To prevent and rapidly identify any COVID-19 outbreaks in healthcare settings and put in place controls that minimise the impact.

Objectives:

- To ensure **good oversight and delivery of strict infection prevention and control measures** by sharing communications about the importance of regular hand washing, maintaining social distancing, increasing cleaning in high flow places and touchpoints, application of appropriate personal protective equipment and supporting safe visiting procedures.
- To support **contact tracing within the health care environment**, led by local Infection Prevention Control/Occupational Health teams, **and contact tracing outside the healthcare environment**, led by the National Contact Tracing Service.
- To **maximise uptake of the COVID-19 vaccination for healthcare staff and inpatients.**
- To **stream patients into COVID or non-COVID settings** (Red/Green Pathways) following rapid testing for emergency admissions and pre-admission testing for elective admissions.
- To **produce clear guidelines to identify and investigate any outbreak** and ensure rapid step-wise escalation, notification and communication to support containment and control of the situation.
- To ensure **accurate daily reporting of test result data**, including the length of time in hospital before a positive test result.
- To **record staff absences because of COVID-19** (illness or self-isolation).
- To ensure the **local outbreak control and management plan is aligned to nationally mandated plans and guidance** for COVID-19.
- To **be clear on the definition of an outbreak in inpatient and outpatient settings**, including where onward transmission is nosocomial i.e. it originated in a hospital.
- To **be clear to declare when an outbreak has finished**.

Current and New Processes and Responsibilities

Routine and ongoing testing of outpatients, inpatients and new admissions as well as staff testing to identify cases.
Monitoring date for outbreak situations along with data which is received from National Test and Trace on staff and patient cases.
Maintain ongoing responsibility for managing any hospital outbreak within the specialist individual healthcare Outbreak Management Team.
Maintain liaison and collaboration between the Clinical Commissioning Group (CCG) and hospital infection control teams to manage outbreaks.
Management of the COVID-19 vaccination programme of healthcare staff, led by the CCG.

Who is involved in this activity?

Director of Infection Prevention and Control (DIPC) with the strategic outbreak management led by the Clinical Commissioning Group (CCG).
NHS healthcare settings within Peterborough and Cambridgeshire including the acute trusts; Cambridge University Hospital, Peterborough and Hinchingbrooke Hospitals, Cambridgeshire and Peterborough NHS Foundation Trust inpatient settings.
Actions in dental practices and pharmacies co-ordinated at a regional level with support from the Local Authority Public Health Team.
Private Hospitals and Clinics undertake their own risk assessments and implement their COVID plans.

• To ensure the **ability to rapidly stand up an incident management team** and to have **clear escalation and surge capacity plans**, for another 'wave' of multiple outbreaks e.g. a variant of concern. • To ensure **timely notification of suspected outbreaks** to Public Health England and local partners. • To **understand where staff absence has resulted in service disruptions and cancellations**. • To **understand the impact of initiating the outbreak management response** on the effective day to day operation of the healthcare setting.	

5.3 Community Outbreaks

Aim and Objectives

Aim – To respond to community transmission and outbreaks by working closely with District/City Council rapid response teams which link directly with communities.

Objectives:

- To provide **timely epidemiological data to inform evidence-based practice** for each District/City Council.
- To **step up and intensify our local communications activity** re-positioning our communications to address key issues and targeting communities as required with specific communications, translated into other languages, using local 'voices' and relevant media and social media channels.
- To **step up and intensify our local community engagement activity** working with local Councillors, Community leaders, Faith Leaders, local businesses, voluntary & community sector partners and all relevant partners and stakeholders.
- To **step up and intensify our capacity to support and reassure our communities** through use of Marshalls, Community teams, Police Community Support Officers.
- To link all the relevant settings cells **to join up our response to our communities** – education, workplaces, adult social care, healthcare settings & vulnerable groups.
- To **identify best practice from elsewhere and develop new innovative practice** to address key issues linking with local and regional to help address District/City specific issues.
- To **bring this together to create a relevant and specific local COVID-19 response** that maximises the effectiveness of reducing transmission from engagement through to enforcement.

Note – all the Prevention objectives under Communications, Community Engagement & Resilience and Keeping COVID-safe are deployed and activated to target community outbreaks. Community Outbreaks may also link across to the objectives under Enduring Transmission.

Current and New Processes and Responsibilities

Weekly in-depth epidemiology reviews that inform District/City short and long-term action plans.
Ongoing COVID-19 Action Plans developed and implemented by each District/City Council.
Geographical Incident Management Team involving regional stakeholders, held regularly for areas of high transmission.
Community networks and community communications channels.
Engaged local leaders and local businesses and their influence and networks.

Who is involved in this activity?

Multi-agency Surveillance and Outbreak Management Cells
District and City leadership teams, Community and Environmental Health teams and Rapid Response Teams.
Local Authority Public Health, Public Health England and the Cambridgeshire and Peterborough Clinical Commissioning Group NHS England.
Cambridgeshire Constabulary.
Local businesses, public and voluntary & community sector organisations.
Faith Leaders and Inter-Faiths Groups.
Multi-Agency Safety Advisory Groups for events at District/City and at Local Resilience Forum level.
Multi-agency Outbreak Management Team 'Cells' for schools and early years, universities, workplaces, healthcare, adult social care, vulnerable groups.
LRF Warn and Inform Group

6 Enduring Transmission

Aim and Objectives

Aim – Peterborough and Fenland rates of COVID-19 cases have recently been amongst the highest in the country, in spite of lockdown measures. This is likely to be caused by deep seated social and economic factors known as 'Enduring Transmission' of COVID-19. Our aim is to understand the root causes of local Enduring Transmission, and to work with local, regional and national partners to put practical and sustainable solutions in place.

Objectives:

- To use the findings of our local data analysis, feedback from our communities, voluntary sector and employers, and a report from a recent visit by the Cabinet Office COVID-19 team, to **better understand local Enduring Transmission.**
- To **target challenging areas** and work across geographical boundaries as required.
- To pilot **practical approaches to issues already identified** including:
    - **Reluctance to get tested and self-isolate** due to loss of income and job insecurity - particularly for agency and zero hours contract workers in industries such as agriculture, food packing, distribution and construction.
    - **People living in crowded households**, including both houses of multiple occupation (HMOs) with working age adults living together, and multi-generational households.
    - **People travelling to work together.** either in transport such as mini-buses provided by agencies, or through car sharing.
    - **Lack of information and sometimes exposure to mis-information** about COVID-19 and measures such as testing and vaccination.
- Work with, and incentivise, local employers, agencies, employees and property owners to **promote COVID- safe environments and behaviours**. But also **use enforcement where necessary**.

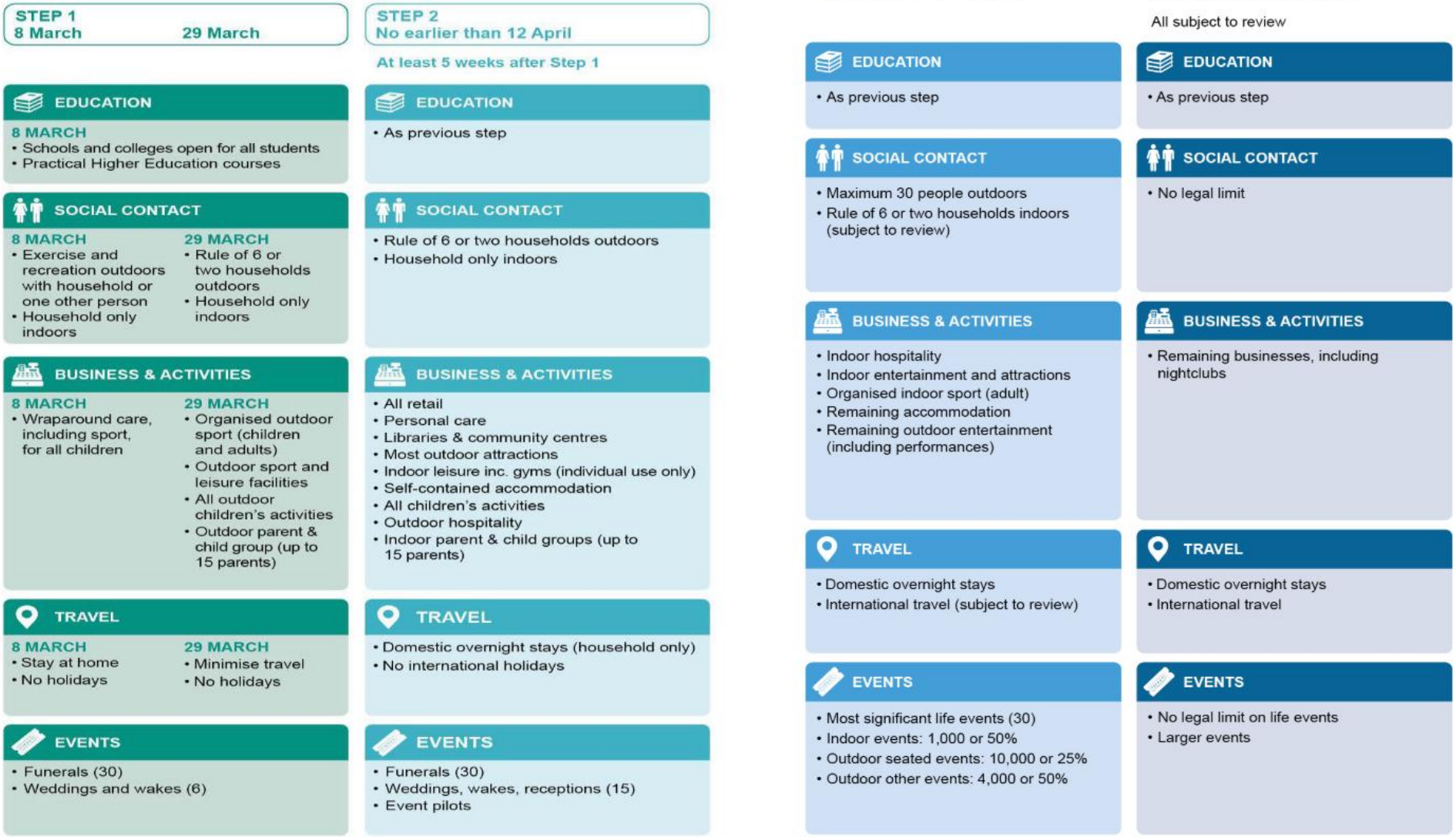
Current and New Processes and Responsibilities

Current interventions include:
Offering support to people to self-isolate through a local telephone support service, promotion of the national self-isolation support fund, and the offer of more flexible local support packages for those not eligible for the national scheme.
Providing tailored information, including leaflets in multiple languages, on how to reduce COVID-19 risks if you share housing with several other people, and how to travel as safely as possible in shared transport.
Working closely with local employers in higher risk industries and with some agencies, to promote COVID-safe practices including rapid testing programmes.
Developing and expanding enforcement where we can.
Evaluating work done and building in on-going processes of evaluation.
However, data, local intelligence and the findings of national research increasingly show that more far-reaching interventions are needed, and we would like to work with national government to pilot some of these.

Who is involved in this activity?

Val Thomas and Emmeline Watkins, Deputy Directors of Public Health, Adrian Chapman Service Director for Communities Cambridgeshire County & Peterborough City Councils**.**
Peterborough City Council and Cambridgeshire County Council Public Health and Communities & Safety Directorates.
Fenland District Council Environmental Health and Community Safety Leads.
Local employers and agencies.
Voluntary and community sector including community leaders.
Local employees and local communities.
Regional and national researchers and policy leads.

7. Planning for the Future – Government Roadmap



7.1 Planning for the Future – Resourcing

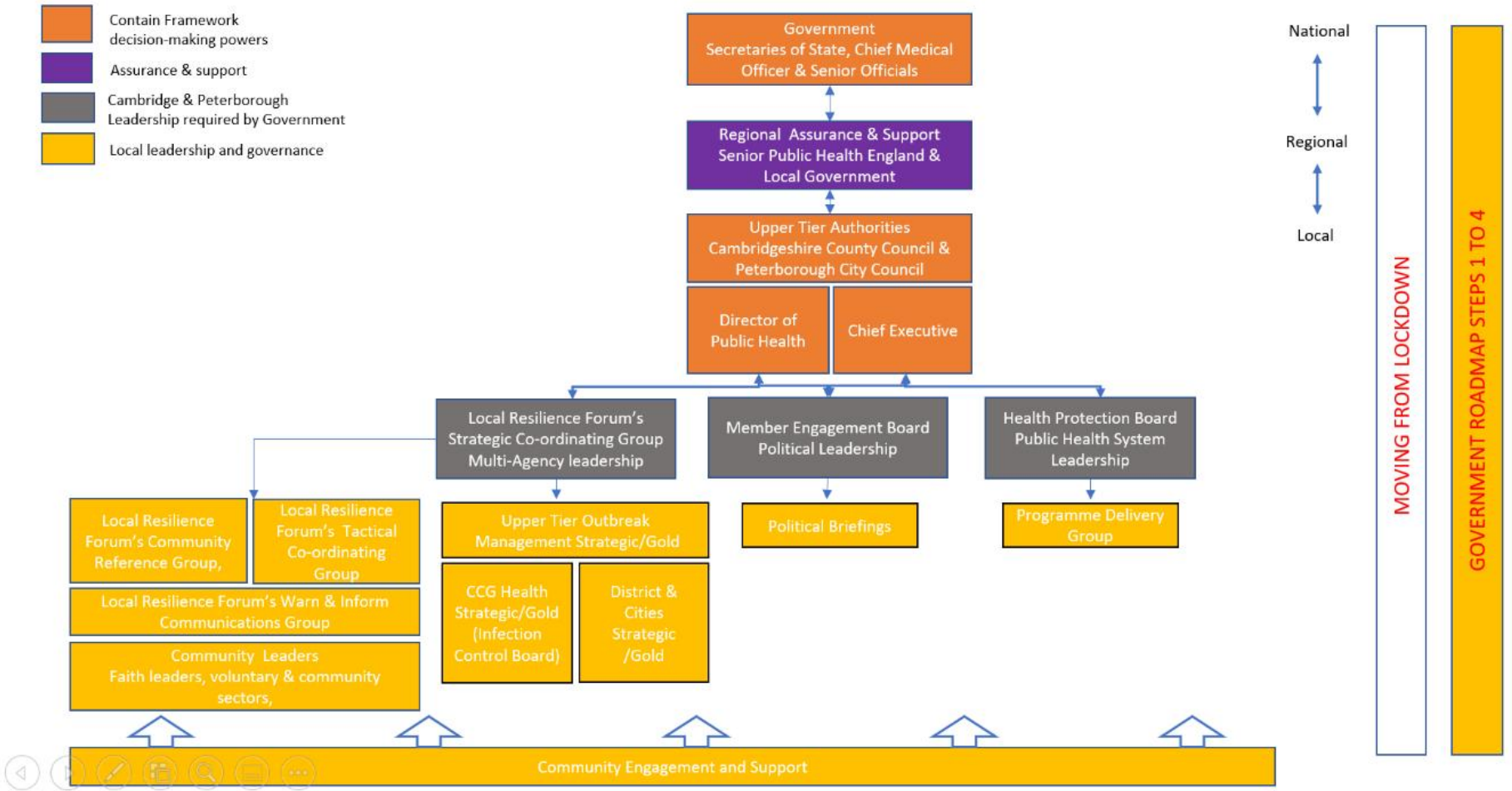
Aim and Objectives	Current and New Processes and Responsibilities
Aim – Develop a detailed operational plan to support the delivery of the Local Outbreak Management Plan **Objectives:** • To create an **Operational Plan** that sets out what we need to achieve to support each Step in the Government's 4 Step Road Map • To maintain **detailed workforce and financial plans** for the services delivering outbreak prevention and management • To address the issues of **staff on short term contracts and redeployed staff** returning to business as usual, to ensure a sustainable workforce in the medium term. To **monitor activity and performance** across our Local Outbreak Management Plan • To deliver a communications and engagement strategy to **reinforce each step of the Roadmap** • To continually **review new research and evidence** to inform actions we need to take to enable Living with Covid	The Programme Delivery Group, Local Resilience Forum's Community Reference Group and our own programme and project management structures. Local Resilience Forum's Warn and Inform Communications Group. Public Health review of new research and evidence.
	Who is involved in this activity? All Local Authorities, Public Health England, NHS, Clinical Commissioning Group, Police, Voluntary and Community Sector partners.

8.0 Governance

8.1 Local Boards and Governance Groups

Health Protection Board – Provides the Public Health leadership and infection control expertise linking to Public Health England, NHS & key partners.	**Programme Delivery Group** – works on behalf of the Health Protection Board it supports the implementation of the Local Outbreak Management Plan across the system.
Local Outbreak Engagement Board – Leads the approach to public engagement and wider community leadership.	**Political Briefings** – these carried out by individual Local Authority's they include MPs and the Cambridgeshire & Peterborough Combined Authority.
Local Resilience Forum Strategic Coordinating Group– Updates on current situation and co-ordinates resources across a range of public sector agencies.	**Local Resilience Forum's Tactical Co-ordinating Group** – Enacts operational requirements, often short term/ task & finish, and maintains communications between agencies. **Local Resilience Forum's Community Reference Group** – Links public sector agencies with voluntary and community sector groups to ensure co-ordination of local support & action **Local Resilience Forum's Warn & Inform** – Ensures all communications are consistent across the public sector agencies and in tune with Public Health England.
Individual Organisation's Gold/Strategic Leadership Teams	**Upper Tier Gold** – Cambridgeshire County Council and Peterborough City Council where a) the Chief Executive has accountability through the Government's COVID-19 Contain Framework to ensure partners' resources can be deployed and to liaise with the Regional Support and Assurance team and b) where the Director for Public Health is accountable for providing Public Health advice and for controlling local outbreaks working with Public Health England and members of the Health Protection Board. **District & City Councils' Gold** – The COVID leadership for each District/City Local Authority, with responsibility for a range high-risk settings, Environmental Health (including business compliance, enforcement, outbreak management & contact tracing) community rapid response, local community hubs and community reassurance. **Clinical Commissioning Group** – Leading the roll out of the vaccination programme and the healthcare provider response to COVID 19, ensuring all commissioned providers are COVID-19 secure including infection control in Care Homes.

8.2 National and Regional Governance



8.3 Clinical Governance

Aims and Objectives	Current and New Processes and Responsibilities
Aims – Clinical governance is defined as a framework through which healthcare organisations are accountable for continuously improving the quality of their services and safe-guarding high standards of care by creating an environment in which excellence in clinical care will flourish. **Our aim is to ensure that our communications, training, risk management processes, and organisational culture support strong clinical governance during implementation of this Local Outbreak Management Plan.** **Objectives:** • To ensure that **all communication and advice to the public are evidence based** and reflect national and local public health guidance • To **ensure that any 'front line' interventions** included in the Local Outbreak Management Plan including community rapid testing, 'door knock' contact tracing, and on-site outbreak management **are risk assessed and observe COVID-safety and wider health and safety procedures**. • To ensure that our Local Outbreak Management Plan **Risk Register includes clinical risks with appropriate controls and mitigations**. • To foster a **culture of ongoing review, learning and continuous improvement**.	Current processes include: Communications protocols ensure Public Health review and sign off of all COVID-19 communications materials. Compliance with organisational policies and national guidance for delivery of community rapid testing, contact tracing and outbreak prevention and management processes. Adherence to information governance policies, including use of data sharing agreements and privacy notices Regular review of the Local Outbreak Management Plan risk register and progress against risk mitigations at Board and Directorate level. Participation in local and regional training opportunities, and opportunities to reflect and debrief. Ensuring that staff are appropriately qualified and trained for their roles, while recognising the need for flexibility when surge capacity is required. Escalation of specific risks to quality, safety and governance groups in Local Authority and NHS organisations.
	Who is involved in this activity? Director of Public Health. Local Authority Public Health Quality Safety and Risk group. Cambridgeshire & Peterborough Sustainable Transformation Partnership Clinical Leads Group. Organisational information governance leads. Organisational training and development leads. All services with a public health or clinical element delivered as part of the Local Outbreak Management Plan.

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Guidance

COVID-19 contain framework: a guide for local decision-makers

Updated 18 March 2021

Contents

Print this page

This publication is available at https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers

Overview and purpose

This framework sets out how national, regional and local partners should continue work with each other, the public, businesses, institutions (including schools, prisons, hospitals, care homes and homelessness settings) and other local system partners in their communities to prevent, manage and contain outbreaks of COVID-19. Successful prevention and management of local outbreaks is a core element of our shared ambition to break the chains of COVID-19 transmission, to enable people to return to, and maintain, a more normal way of life, living safely with COVID.

Local communities are at the heart of breaking the chains of transmission; and it is important that there is a continued strong local, regional and national partnership to support people to understand and comply with the guidance and regulations designed to protect their health.

Local Authorities (LAs) and their local system partners are an integral part of the response to COVID-19, working closely with PHE's regional Health Protection Teams (HPTs). This updated Contain Framework builds on the version first published in July 2020 and sets out:

- the roles and responsibilities of LAs and local system partners, and those of regional and national teams, as well as the decision-making and incident response structures
- the core components of the COVID-19 response, including on Variants of Concern (VOCs) and enduring transmission, and emphasises the need to consider inequalities in every aspect of the response
- the requirements of LAs on the continued COVID-19 response, as well as how this should be factored into Local Outbreak Management Plans (LOMPs)
- the support LAs can expect from regional and national teams

This framework should be read in the context of the government's roadmap to ease restrictions in England (COVID-19 response: Spring 2021 (https://www.gov.uk/government/publications/covid-19-response-spring-2021)) and the government's overall public health objectives for responding to the COVID-19 pandemic. The contain framework and the supporting outbreak management response toolkit will continue to be updated as the response evolves, and to capture good practice from local outbreak management plans.

The next phase of the response

We have all learnt so much since the COVID-19 response began and our approach to breaking chains of transmission and protecting the public's health has evolved significantly. This has only been possible by working in partnership as a 'team of teams' with:

- LAs
- Directors of Public Health (DsPH)
- local councillors
- PHE
- the NHS
- HPTs
- public, private and not-for-profit sector partners

LAs and their local system partners have made great strides in responding to the challenges of this pandemic, innovating in the face of adversity to keep their local communities safe. LAs' local outbreak management plans are central to the next phase of the response and will be regionally supported and nationally enabled. NHS Test and Trace and PHE are committed to empowering local leaders, ensuring they have the tools and resources needed, and working in partnership to co-design the ongoing response to COVID-19.

The government recently published its roadmap to cautiously ease lockdown restrictions in England, COVID-19 Response: Spring 2021 (https://www.gov.uk/government/publications/covid-19-response-spring-2021). The roadmap seeks to balance health, including mental health, economic and social factors and how they disproportionately impact certain groups, as well as epidemiological evidence.

In the absence of significant regional disparity, the government will ease restrictions at the same time across the whole of England. The roadmap outlines 4 steps for easing restrictions. Before proceeding to the next step, the government will examine the data to assess the impact of the previous step. This assessment will be based on 4

tests:

1. the vaccine deployment programme continues successfully
2. evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated
3. infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS
4. our assessment of the risks is not fundamentally changed by new VOCs

It takes around 4 weeks for the data to reflect the impact of the previous step and the government will provide a further weeks' notice to individuals and businesses before making changes. The roadmap therefore sets out indicative, "no earlier than" dates for the steps which are 5 weeks apart. These dates are wholly contingent on the data and are subject to change if the 4 tests are not met.

The priorities for the continued response to enable these tests to be met are set out in more detail below and later in the framework, consistent with the request to LAs to refresh their local outbreak management plans.

Local teams must ensure they make every contact with the public count to support the maintenance of new habits and reinforce the ongoing national COVID-19 public health messages, such as 'Hands, Face, Space', ventilation in enclosed spaces, regular asymptomatic testing and encouraging people to accept the vaccination when it is offered.

As our response enters its next phase, we must redouble our efforts to ensure that it delivers for all our communities. Local teams will need to use tools like risk stratification, and work closely with local communities, tailoring their approach. This will require dedicated resources, capability and capacity, for example using trusted local community leaders to support creative forms of involvement and outreach.

It will be a priority to address instances of enduring transmission (high rates that remain above the national average for long period of time), as while the virus continues to circulate in any community, there is a greater risk of mutation. Acting on enduring transmission is also critical to help reduce the disproportionate impact of COVID-19 on our most under-served communities, that are already at greatest risk of the burden of ill health due to COVID-19. While promoting uptake of the vaccine should have a positive impact, tackling enduring transmission will require a multi-faceted local response, and more innovative and radical actions. NHS Test and Trace and PHE are supporting local systems to pilot a series of highly targeted local measures, including both incentives and compliance, for rapid evaluation to enable us to better understand what works.

An effective Test, Trace, Isolate and Contain response will continue to be critical to supporting the easing of social and economic restrictions, sitting alongside vaccination. Increased vaccination reduces the risk of infection leading to severe disease or death. However, as with other diseases like the flu, some degree of risk will always remain. We are keeping under review the emerging evidence on how well vaccines block the transmission of COVID. This will not become clear until a large number of people have been vaccinated. Until we are able to update advice, it is important to continue to adhere to guidance and restrictions.

While self-isolation is critically important to halting the spread of the virus, it is never easy for those affected. Supporting self-isolation is a complex part of our response and will remain a key priority for LAs and wider local system partners. Many local systems are already providing successful support for self-isolation, and we will all need to learn from innovative practice from across the country. Targeted local communications, more rapid support payments, and more personalised non-financial support should also help continue to improve adherence with self-isolation.

All viruses regularly mutate as they replicate, creating new variants. Most have no effect and are not a cause for any concern. Some, however, pose an increased risk to public health due to changes in transmissibility, infection severity, ability to evade immune responses or the virus's susceptibility to therapeutic treatments. Of particular concern would be the ability of a variant to undermine the efficacy of existing vaccines. The impact of these variants can be significant, as we saw with the new variant that was first detected in Kent in November 2020, which is more transmissible and may have an increased mortality rate. Every time the virus replicates, it is an opportunity for a new variant to be created. Our best defence against mutations is therefore to reduce viral transmission and replication, and possible mutation.

Robust science will need to continue to underpin all our efforts. We must keep learning from and adapting our response in the light of new data and evidence coming from high quality epidemiology, virology, genomics, behavioural science, modelling and more. This will help ensure the latest scientific findings are considered at every level of pandemic-related decision making.

Collectively we have achieved so much but there is more to do to break the chains of transmission and enable people to return to, and maintain, a more normal way of life, living safely with endemic COVID. Local teams will need to keep their capacity and capability under close review, as colleagues redeployed from other local services and

partner organisations return to their functions, and short-term contracts end. Regional and national teams, dedicated surge support and mutual aid will provide some further capacity. PHE's HPTs will also continue to work in an agile way to support their LAs with specialist health protection functions. Finally, as fatigue from the response sets in, local leaders will need to look after their teams, supporting them to look after their physical and mental health and wellbeing, whilst fostering sustainable working patterns.

Ways of working

NHS Test and Trace, Public Health England and the NHS will continue to strive to deliver a strong and integrated, local, regional and national response in England, working in partnership with local systems. Local systems should build on the flexible and agile partnership working that has been brought about by the local response to COVID-19.

Nationally, we are committed to empowering local decision makers to support local delivery of their outbreak management plans, ensuring that they are locally led, regionally supported and nationally enabled. NHS Test and Trace and PHE will continue to work with local systems with shared purpose to:

- take a cross-system view of issues and develop a joint understanding of the local context: ensuring even greater coordination and coherence of our response, a commitment to working across teams to understand impacts at a local level and planning ahead from a shared set of assumptions
- pool and share resources, evidence and data: ensuring we are using and sharing our combined resources efficiently, effectively and more systematically, so our response continues to adapt to the latest evidence and good practice to deliver our shared goals of living safely with COVID-19
- engage, inform and involve our communities: building a confident narrative about the response that reassures people and enables them to feel optimistic about the future, and makes clear the expectations of them – with more support for locally tailored communications and local decision making that recognises the diversity of local communities

NHS Test and Trace, PHE, NHS England and NHS Improvement and the Department of Health and Social Care will also work with local systems, and the relevant professional and membership bodies, to continue to shape the future public health landscape.

Roles and responsibilities

While COVID-19 presents an unprecedented challenge, well-established local, regional and national arrangements for public health and emergency planning continue to be used as the basis of this enhanced response. The decision-making model follows the tried and tested approach to civil emergencies, based on the concept of subsidiarity. National, regional and local teams have been working in partnership for many months to develop the response to the virus.

Local role and responsibilities

LAs and their DsPH, in Upper Tier Local Authorities (UTLAs), and wider teams are responsible for undertaking ongoing surveillance, community testing, local contact tracing, supporting self-isolation and working closely with PHE HPTs to control outbreaks. They work with local Health Protection Boards, supported with resource deployment by local 'Gold' incident management structures, led by Local Authority Chief Executives, and local arrangements are in place to communicate and engage with communities led by council leaders. LAs and DsPH will work with system partners, in particular local NHS providers, blue light responders and Integrated Care Systems.

Whilst local arrangements will reflect local systems, clear governance is essential to ensure that each area operates effectively. Local governance of COVID-19 builds on existing practice and structures:

- the COVID-19 Health Protection Board co-ordinates the response to COVID-19 at a place level, including on infection control - these boards (which include the local NHS, Local Authority Environmental Health and other key partners) have a range of reporting arrangements into key elected members and political meetings
- the Director of Public Health leads the Local Outbreak Management Plan
- the local 'Gold' structure provides resource coordination, and links to COVID-19 Regional Partnership Teams (that include PHE's Regional Director of Public Health) and other key Category 1 responders from the Local Resilience Forum (LRF)

- the Local Authority Chief Executive is accountable and responsible for the local response, providing strategic leadership and direction; ensuring delivery of the LOMPs, shaping local communications and engagement and deploying local government resources
- the Civil Contingencies Act provides that responders, through the LRF, have a collective responsibility to plan, prepare and communicate in a multi-agency environment - LRFs are being used for the local system COVID-19 response
- councillors, as local democratically elected representatives, are directly accountable to their local community for the local response, decisions and spend undertaken by the council
- chief executives and directors of public health are accountable to their local councillors, in particular the leader of the council/elected mayor and the council cabinet/executive, who will also agree the local COVID-19 response budget
- councillors are local systems leaders and local community leaders, and can facilitate systems relationships and community engagement

LAs have a number of powers to impose restrictions on settings and members of the public. These are set out in more detail in the Outbreak Management Response Toolkit and LA legal departments will be best placed to advise on the use of these powers.

Regional role and responsibilities

The COVID-19 Regional Partnership Teams (RPTs) play a pivotal role in communicating and connecting the national and local response. RPTs work closely with national teams to ensure policy and operational coherence across the NHS Test and Trace and Community Testing programmes, NHS England and Improvement Regional teams, Department of Health and Social Care and other key government departments.

The COVID-19 Regional Partnerships, formed to support the COVID-19 response, consist of the Regional Convenor, PHE Regional Director, and the regional Joint Biosecurity Centre (JBC) lead, through a shared model, bringing their collective capability together to support local areas:

- Contain, Regional Convenor: this is a senior local government figure with experience in the commissioning and delivery of frontline services and in managing the interface of such operations with national and local political leaders - they ensure a coordinated approach in engagement activities
- PHE, Regional Director and NHS Regional Director of Public Health: the Regional Director of Public Health is responsible for the work of the regional HPTs and provides professional Public Health leadership to the response to this pandemic, working in partnership with directors of public health, chief executives and local authority leaders/elected mayors, and wider system partners
- JBC, Regional Lead: provide links to other government departments regionally and nationally, escalating and resolving issues and acts as a Whitehall 'gatekeeper' to funnel communications

RPTs work closely with LAs and wider local systems to support their response, ensuring they are able to implement their Local Outbreak Management Plans. They provide ongoing oversight and assurance, escalating risks and issues as needed via the national Local Action Committee command structure; providing additional support and escalating requests for surge assistance; as well as identifying good practice for spread and scale.

Each region also has a PHE 'local' Health Protection Teams (HPTs) which include specialist expertise in communicable disease control, epidemiology, outbreak management and related issues. They have strong professional working relationships with Directors of Public Health and, in partnership with their teams, are an integral part of the expert local response to COVID-19. They provide local directors of public health with access to highly specialised public health advice and support, and often lead on complex outbreak investigation and management. The regional DPH is responsible for feeding in local intelligence and providing professional public health advice into the bronze, silver and gold command structure.

National role and responsibilities

Ministers are accountable for setting the overall framework for the COVID-19 response, national communications strategy, enabling and supporting the local response, including through provision of funding, and for oversight and intervention where necessary. Ministers also work with the Devolved Administrations and international governments as required.

The Secretary of State for Health and Social Care takes day to day policy and operational decisions on the COVID-19 response, as appropriate. Oversight of the ongoing incident response takes place through the Government's Local Action Committee command structure (bronze, silver, gold) which can escalate concerns and issues for discussion and decision by ministers across government. Recommendations on escalation of issues or requests for significant surge support can be taken by the 'gold' incident management structures to ministers for final decision.

Ministers have powers to take action against specific premises, places and events, as well as to direct UTLAs to act, and to consider whether a LA direction is unnecessary and should be revoked. To address more serious and widespread cases, ministers can use their existing powers (under the Public Health (Control of Disease) Act 1984) to implement more substantial restrictions (regulations would be produced and approved by parliament on a case-by-case basis) which could include:

- closing businesses and venues in whole sectors or geographies
- imposing general restrictions on people's movements and/or gatherings
- restricting and/or closing local or national transport systems
- mandating use of face coverings in public places

National de-escalation

The government has set out that there will be at least 5 weeks between the steps in the roadmap – it takes around 4 weeks for the data to show the impact of easing restrictions and the government will provide a further weeks' notice ahead of any further changes. Before proceeding to the next step, the government will examine the data to assess the impact of the previous step. The assessment will be based on 4 tests:

1. the vaccine deployment programme continues successfully
2. evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated
3. infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS
4. our assessment of the risks is not fundamentally changed by new variants of concern

The steps are set out in COVID-19 Response: Spring 2021. The roadmap sets out indicative, "no earlier than" dates for the steps which are 5 weeks apart. These dates are wholly contingent on the data and are subject to change if the 4 tests are not met. The government has also announced a series of additional reviews, including a review of social distancing measures.

Oversight and assurance

So that NHS Test and Trace and PHE, and LAs, are able to spot concerning patterns in the epidemiology, to enable swift and decisive action, national and regional teams use a range of system indicators as part of ongoing oversight and assurance, for example:

- case detection rates and testing – covering all ages, including over 60s and additional age categories (e.g. primary and secondary school ages)
- prevalence – at regional and sub-regional level, including from surveillance studies
- trajectory – rates at which cases are rising or falling
- pressure on the NHS – occupancy and admissions
- variants – descriptive epidemiology of variants of concern
- vaccine uptake – across regions and LAs, different populations, and the impact on case rates, hospitalisation and mortality
- effectiveness of operational response – testing infrastructure and usage, effectiveness of contact tracing, uptake of self-isolation financial and non-financial support, compliance and enforcement performance
- local characteristics – mobility, deprivation, ethnicity, data on reported contacts

These system indicators, together with qualitative insights, are also used to inform thematic and geographical 'deep dives' to ensure we have a full picture of the epidemic through different lenses.

In the event that ongoing national and regional oversight and assurance and/or local gold command identifies a serious concern in the epidemiology (for example suggestive of a variant or enduring transmission) that may pose a risk nationally, the national Local Action Committee response structure will be used to mobilise surge support, at the

request of the local system. The Government will also act quickly where an area sees unmanageable virus growth or the NHS is at risk, with local intervention centred on testing, communications, compliance and business enforcement.

Local outbreak management plans

COVID-19 Local Outbreak Management Plans (LOMPs) are based on the tried and tested practice of breaking chains of transmission and preventing and containing outbreaks. As more of the population is vaccinated, levels of immunity in the population rise and prevalence declines, we increasingly expect to be dealing with localised outbreaks that require decisive local-led action. However, our biggest challenges will be tackling enduring transmission and Variants of Concern, that have the potential to undermine the progress we have collectively made. For this reason, it is critical that LOMPs set out an effective response to these issues, and that the national NHS Test and Trace services perform to very high standards to support and enable this local response.

Local outbreak planning and management is led by UTLAs within a national framework, supported by NHS Test and Trace and PHE regional and national teams, and other government departments as needed. In two tier areas, county councils work closely with district, borough and city councils, particularly recognising the role they play in supporting community compliance and business enforcement. Each UTLA already has a local outbreak plan developed in line with the Association of Directors of Public Health guiding principles (https://www.adph.org.uk/2020/06/guiding-principles-for-effective-management-of-covid-19-at-a-local-level/) that set out how local systems should work together to develop and implement the plans, including across geographical and administrative boundaries. These 4 principles, which should enable maximum effectiveness, are that plans should:

- be rooted in and led by public health
- adopt a whole system approach
- be delivered through an efficient and locally-effective system
- be sufficiently resourced, both financially and with expertise

Local plans should be regularly refreshed to reflect learning from exercises, incidents, good practice and remain aligned with the overall national response as it evolves. They should enhance, expand and reinforce the outbreak work of the HPTs within PHE and, as a minimum, cover the following themes:

- higher-risk settings, communities and locations e.g. care home, prisons, hospitality, hospitals, education[footnote 1] and homelessness settings
- vulnerable and underserved communities, including the clinically extremely vulnerable (CEV)
- compliance and enforcement
- governance
- resourcing
- communications and engagement, including community resilience
- data integration and information sharing

Plans should also reflect the approach to the core aspects of the end-to-end COVID-19 response, including:

- surveillance
- community testing
- contact tracing
- support for self-isolation
- outbreak management, including enhanced contact tracing, in partnership with PHE HPTs

Furthermore, plans should address the following developments:

- responding to VOC
- action on enduring transmission
- enhanced contact tracing, in partnership with HPTs
- ongoing role of non-pharmaceutical interventions (NPIs) to prevent cases and reduce transmission
- interface with vaccines roll out, including local areas' plans to tackle disparities in vaccine take-up
- activities to enable 'living with COVID' (COVID secure)

The updating of LOMPs should involve local and regional system partners, building on the extraordinary work undertaken during 2020 and early 2021. For example, the HPTs, voluntary and community sector, business community, blue light responders, Integrated Care Systems and local NHS providers. Effective actions to respond to COVID-19 require strong partnership with local communities, on the basis of tailored communications and engagement, and informed consent. Each local system is required to publish its LOMP.

To support the cautious easing of lockdown, LAs should also prepare for how they will manage events such as religious festivals, performances and other large gatherings that may be permitted later this year. This means outbreak management planning needs to be flexible in order to take into account both the changes that come with seasonality, and the full range of upcoming events and gatherings. The government's events research programme will test the outcome of certain pilot events through the spring and summer, trialling the use of testing and other techniques to cut the risk of infection.

The COVID-19 response

The following section provides a high-level overview of the COVID-19 response, setting out the role of local systems. Each section corresponds to a more detailed section of the underpinning outbreak management response toolkit (https://www.gov.uk/government/publications/reporting-outbreaks-of-coronavirus-covid-19) which also links to further guidance and resources. This Toolkit will continue to evolve as the response evolves and the regional and national tools to support and enable local systems expands.

Surveillance

As we move forward with the roadmap that has been set out by the government, surveillance will play an even more critical role in preventing, understanding and responding to outbreaks. Surveillance helps us to assess the impact of measures taken to contain the virus and to inform current and future actions. There are various innovative tools that will play an important part in surveillance in the months ahead, underpinned by high quality, timely data.

Wastewater testing

Wastewater testing helps us understand where the virus is circulating in the population, regardless of whether people have symptoms or have been tested, and to swiftly identify future potential spikes in infection. The Environmental Monitoring for Health Protection (EMHP) Programme involves monitoring wastewater for the presence of COVID-19, including VOCs.

The process involves working intensively with the LA and Public Health teams to identify areas for focused wastewater testing. The testing results are analysed by the JBC, then are considered jointly to rapidly build up a picture of infection levels. This enables the LA and Public Health teams to devise responses that are focused on specific areas of concern in a way that makes best use of their resources. It also provides important reassurance to local communities who are impacted. The programme is rapidly expanding its coverage to provide continuous monitoring at the local level and across England. There are also pilots analysing the wastewater from specific institutions such as food supply chains and schools.

Population surveillance programmes

Robust population surveillance programmes are essential to understand the rate of COVID-19 infection, and how the virus is spreading across the country. The National Surveillance Programme, currently including the Office for National Statistics COVID-19 Infection Survey and the Imperial College London/Ipsos MORI REACT study, provides the necessary information and intelligence to develop shared situational awareness to prioritise the ongoing planning and response to COVID-19. It supports PHE and LAs in their shared effort to develop high quality COVID-19 related intelligence through assessment of local needs, and in planning for the immediate and long-term impact of COVID-19.

Data

LAs and DsPH receive timely and relevant data to support local system decisions around preventative actions to curb the spread of COVID-19. While it is important to provide this data, it is also important that we ensure that local partners receive the relevant analytical support to interpret and use this effectively. NHS Test and Trace and PHE will continue to work with LAs to improve the data architecture and flow of data into their systems. In line with data security requirements, DsPH can access data from PHE including record-level test, case and contact tracing data, outbreaks, clusters and settings data, plus modelling and forward plans. Dashboards with epidemic-phase modelling and with information on NHS 111 calls and online triage information are now available.

Local data spaces (LDS) initiative

Since March 2020, the government has significantly strengthened its sharing of key COVID-19 relevant data and information with LAs. PHE's Power-BI Portal regularly shares data and information with local areas, and DsPH can authorise access to record-level health data with their analytics teams, to enable them to better understand outbreaks and incidents in their local area.

LDS builds upon the secure data sharing, analytical infrastructure and technical expertise of the ONS. It provides LA analytics teams with a safe and secure mechanism to share and carry out analysis on granular health and non-health datasets. The LDS also leverages academic partnerships to boost the analytical capability of LAs by working collaboratively on their LDS. The LDS initiative will be evaluated to determine whether and how this capability becomes part of the future health protection landscape.

NHS COVID-19 Application (app)

We are increasing the amount of data available to LAs about how the NHS COVID-19 app is being used. The data show that, since its launch, over 1.7 million app users across England and Wales have been advised to isolate following a close contact with someone who has tested positive. Research by the Alan Turing Institute[footnote 2] and Oxford University[footnote 3] suggests that the app has prevented approximately 600,000 cases of COVID-19 since its launch and that for every 1% increase in app users, the number of COVID-19 cases in the population can be reduced by 2.3%. LAs can help by seeking to increase uptake of the app among communities known to be less likely to download or use it.

In addition to the number of app downloads and QR posters printed which have been available since August 2020 (from the 'early-adopters' trial) we now also publish the following national-level metrics weekly:

- number of times one or more COVID-19 symptoms were reported in the app
- number of test results linked to the app (positive and negative results)
- number of contact tracing alerts sent
- number of venue check-ins using NHS QR code posters
- number of 'at risk' venues that have triggered a venue alert

We have also have recently made four of the above metrics (symptoms, tests, contact tracing and check-in) available at LA level to support understanding about how the pandemic is progressing in those areas. This app data should support local decision-making and planning, including where to target local marketing and communications to help manage the pandemic locally. This data can also help encourage business uptake of the official NHS QR codes and encouraging the use of venue check-ins.

Testing – community and employer led

Testing, both symptomatic and asymptomatic, performs a central role in the identification of people who have the virus to then trace their contacts and ensure both parties self-isolate to prevent onward spread. Another role of testing is in disease surveillance, including the identification for vaccine-evasive disease and new strains. It is also used to investigate and manage outbreaks and to enable a safer re-opening of society and the economy.

LAs and DsPH have been crucial partners in delivering testing so far, from helping to establish over 700 regional and local test sites, prioritising and directing the use of Mobile Test Units, and communicating with the public about the availability of testing.

Since the first Contain Framework, working with LAs, we have established a number of asymptomatic testing programmes to find around the one in three individuals who test positive for coronavirus but have no symptoms at all. Identifying those who unknowingly have the virus will enable those who test positive and their contacts to self-isolate and break the chains of transmission.

LAs are best placed to understand the local context and to engage and deliver testing for those who cannot access it through other routes, helping ensure we reach individuals and communities most at risk. The CTP supports all LAs with responsibility for public health in England deliver asymptomatic testing using Lateral Flow Devices (LFDs) at local Asymptomatic Testing Sites (ATS). LAs and DsPH, supported by PHE Regional Directors, design the programme that delivers asymptomatic testing in their area. This approach has built on existing local testing plans developed for DPH-led testing, which has now been merged with the CTP.

The programme enables asymptomatic testing for local public services, small businesses, self-employed people and communities that have been disproportionately affected by the virus. Testing programmes are encouraged to draw on the contributions of the voluntary sector, faith groups and wider civil society, as well as nominated Community Champions, to drive up participation, develop tailored communications and combat misinformation. National Equality and Inclusion teams are well-placed to be able to support local testing initiatives and provide additional guidance.

In the next stage of improving access to asymptomatic testing, and with the introduction of lateral flow self-test kits (LFDs), NHS Test and Trace and the CTP recently launched Community Collect. Community Collect enables the collection of LFDs from test sites. This allows some people to carry out their test away from ATSs. This was launched on the 1 March 2021, alongside a Direct to Home channel for LFD kits.

Eligibility for LFD kits through Community Collect and Direct to Home was initially restricted to support the return to school at the beginning of March 2021. Work is happening rapidly to expand eligibility with local authorities playing a role in prioritising the availability of LFD kits in their area.

Rapid testing in schools (https://www.gov.uk/government/collections/guidance-for-schools-coronavirus-covid-19) and colleges using LFDs is supporting the return to face-to-face education by helping to identify asymptomatic pupils and staff. Secondary schools and Further Education colleges have been supplied with lateral flow self-test kits so pupils and staff can test themselves twice a week at home. Staff in primary schools will continue to test with LFDs twice a week at home, as per existing guidance, and the families and support bubbles of all school and college age pupils should test themselves.

Tests are available online and through Community Collect for anybody unable to access testing through their employer or institution. We also continue to pilot the use of daily contact testing in a range of settings as an alternative to self-isolation for those who are close contacts of a confirmed case, which also has benefits for positive case finding.

The National Workplace Testing Programme (part of NHS Test and Trace) provides access to regular testing for organisations (private and public) whose employees are unable to work from home. The aim of the programme is to test employees twice a week to find more positive cases and to reduce transmission among those who cannot work from home. Under the current scheme, which will run until the end of June, LFDs are provided to businesses free of charge for employees who cannot work from home. Under the National Workplace Testing Programme, DsPH should be notified of where testing is happening and receive the results of the testing. We continue to work to improve how the data is communicated. Going forward, DsPH will have an important role to play in promoting self-funded employer-led testing schemes.

Contact tracing

A critical step in the effective controlling of community transmission is the fast and efficient contact tracing of index cases and their close contacts, and then following this up with the appropriate isolation advice. Local Trace Partnerships (LTPs) are now the norm with 312 of 314 Lower Tier Local Authorities (LTLAs) in operation (149 of 151 UTLAs). LTP partners work alongside the national Trace team to enhance the overall service provided, bringing invaluable local knowledge, resource and expertise where available.

A range of methods are used to make contact, including in-person visits to people's homes. LAs work with the national Trace team and HPTs to train staff, ensuring that as many local tracing teams have access to the contact tracing systems as possible. Where volumes of cases become too great to manage locally, national support continues to be available. We are working to maximise the potential of each LTP and to optimise the relationship with the national service, as well as developing additional opportunities for tracing in a more segmented manner, either earlier in the journey or for targeted populations.

We have been working with local and regional colleagues to support enhancements to the service that better serve the citizen and reduce the spread of COVID-19. NHS Test and Trace and PHE are currently working with a number of local areas piloting new capabilities building on the core LTP. This includes working with the North East Covid Hub to create a regional model for all 12 of its LAs and working with Yorkshire and Humber on locally enhancing communications to drive engagement. The new Integrated Trace System (ITS) is also due to come online, which will enhance the Trace journey for everyone involved, enabling LTPs to access cases and contacts in a timely manner based on local criteria.

Enhanced contact tracing (ECT)

ECT describes a systematic approach to gathering and analysing contact tracing data and other information to rapidly detect and risk assess signals of new COVID-19 case clusters locally. The data is gathered from people who have tested positive for COVID-19 (through national and local contact tracing partnerships) to help identify where

and when they were likely to have been infected. This information is then used by analytical tools to identify 'clusters' of new cases linked to a common setting which may be an early indication of an outbreak. This, and other intelligence, allows local public health teams and HPTs to swiftly investigate and take appropriate actions to prevent wider community transmission.

To further support local public health teams and HPTs, we have developed a new analytical took that uses Complex Network Analysis (CNA) to rapidly and more accurately identify clusters than the traditional approach. NHS Test and Trace and PHE are working together to make this tool available as soon as possible.

Risky venue alerts

Designated venues are legally required to request and maintain customer, visitor and staff contact details and display an official NHS QR code poster. Should an outbreak occur at a venue, this will support NHS Test and Trace to be able to contact those who are at potential risk of COVID-19 and give them the necessary public health advice, via a 'warn and inform' or 'get a test' message depending on how many cases are associated with the venue via SMS or the NHS COVID-19 app. Daily reports will be distributed to inform LAs when a venue alert has been generated in their area. This should ease the significant administrative burden on local public health teams.

Support for self-isolation

Ensuring that individuals who have COVID-19 or are at high risk of having the virus through contact with an index case, self-isolate is an integral part of the COVID-19 response. LAs have a critical role in raising awareness of and supporting self-isolation, as well as administering the main Test and Trace Support Payment scheme (TTSP) and discretionary scheme.

Since September 2020, LAs have received funding to administer the TTSP of £500 payments made to people on low incomes who need to self-isolate, as well as receiving funding for discretionary payments to people who fall outside the main scope of the scheme (see section 10 for more details on funding).

We have been working with LAs to provide a more consistent, visible and accessible framework of practical, social and emotional support for people self-isolating who have no other means of getting that support. The framework sets out the essential elements of practical support so that LAs can ensure they have appropriate arrangements (where they do not already exist) by the end of March 2021 at the latest to offer help to people self-isolating. We are also launching a medicines delivery service for people self-isolating that will go live in March 2021.

Further information will also be provided to LAs outlining the enforcement methods. The police are responsible for enforcement against individuals who break self-isolation. While LAs are responsible for enforcement against employers, in particular, where employers pressure their employees to disregard self-isolation. Both national and local Government must continue to work with businesses and employers to better support those not in stable employment – NHS Test and Trace and the Department for Business, Energy and Industrial Strategy are considering how to improve existing enforcement of the employer duty, as well as working to strengthen communications with employers around why self-isolation is important and why it is in their interest to support their employees to self-isolate.

An updated communications strategy is being developed, that will equally support locally tailored communications. It will challenge the idea that people are not self-isolating by providing clear, targeted and practical information about why self-isolation is vital, even with the vaccine roll out, and outline how people can self-isolate effectively and the support available.

Outbreak management

The majority of COVID-19 outbreaks will be best dealt with at a local level, and LAs have a range of powers, such as enforcement of deep cleaning or temporary closure, to ensure an appropriate response. HPTs in partnership with local public health teams, will be able to assist with outbreak control, drawing on their specialist expertise in epidemiology, infection control enhanced testing and effective local contact tracing, and strong communications and engagement.

For the most extensive, highest risk or complex outbreaks, LAs, in partnership with their local HPTs, can call on a national multi-agency incident surge response. This will be deployed to significantly bolster local resources to support outbreak management. This team includes epidemiologists, health protection experts, logisticians and general managers, communications specialists and other skills as needed depending on the scale and type of outbreak. (Outbreaks of variants of COVID-19 are dealt with below.) There is also national support for preventing and managing outbreaks in specialised settings such as prisons.

Response to variants of concern (VOC) or variants under investigation (VUI)

While our response to VOCs and VUIs will use many of the same approaches as our response to other forms of outbreaks, the risk from VOCs and VUIs can be far greater and therefore the response may need to be carried out at far greater pace and scale. These responses are more likely to require additional national and surge support, as VOCs and VUIs represent a wider public health risk to the country.

LAs will play a critical role in the response when a VOC or VUI is identified – join up between the local response and national Government will be crucial. Where cases of new variants are detected, DsPH, supported by the HPT and PHE Regional Director, should work to quickly assess the risks, drawing on surge testing and sequencing to rapidly bring in more data, evidence and understanding to support making the risk assessment as robust as possible.

A local incident management team should rapidly be convened by the HPT to work alongside the DPH and their team to investigate individual cases or clusters, identify potential routes of transmission, and create a risk management plan. Local teams should liaise closely with national and regional teams on the specific steps being proposed to manage risk to ensure we are applying a consistent risk appetite across the country and to support the rapid deployment of national support as needed. Accelerated contact tracing should be undertaken to identify contacts and the local authority team should ensure all positive or probable variant cases are strongly supported to comply with self-isolation. When additional surge testing of both symptomatic and asymptomatic individuals in particular postcodes or settings, and genome sequencing, is required to identify additional cases, local teams should work with the HPT and regional team to mobilise this.

LAs will also work with their communities to raise awareness of the threat and to seek their cooperation with control measures using targeted, culturally-sensitive and reassuring communications and engagement campaigns, as well as through greater compliance.

The government will continue to protect the public by ensuring local outbreaks are managed quickly and effectively and that we combat new dangerous variants, both within the UK and at the border. As laid out in COVID-19 Response: Spring 2021 (https://www.gov.uk/government/publications/covid-19-response-spring-2021/covid-19-response-spring-2021-summary), the government cannot rule out re-imposing economic and social restrictions at a local or regional level if evidence suggests they are necessary to contain or suppress a variant which escapes the vaccine.

Published figures on VOC and VUI (https://www.gov.uk/government/publications/covid-19-variants-genomically-confirmed-case-numbers/variants-distribution-of-cases-data) are updated twice weekly to support LAs in communicating with their communities. This data set will be kept under review, with a view to making more available in future.

Vaccinations

The COVID-19 Vaccination Programme is proceeding at pace. LAs, working with local NHS colleagues, will continue to play a key role in delivering this and driving uptake, as set out in the COVID-19 vaccines delivery plan (https://www.gov.uk/government/publications/uk-covid-19-vaccines-delivery-plan) and the vaccine uptake plan. This could include improving access to vaccination sites through providing transport support and looking for opportunities to create temporary capacity, as well as supporting the operation of vaccination centres. Where we look to scale up deployment in an area, national and regional teams will work with local teams to enable this.

DsPH and their teams, working closely with PHE's Screening and Immunisation Teams, bring deep experience of immunisation and screening programmes and can play a decisive role in understanding the population of an area. They therefore have a key role in ensuring as many people as possible take up the offer of a vaccine and in combating vaccine hesitancy in under-served groups. LAs should work in partnership with the NHS locally to help shape local plans to tackle disparities in vaccine uptake and build on their existing role in the programme. This could include providing functional support through learning and good practice examples, working with communities including faith leaders and health leaders to actively encourage vaccine take up.

Alongside this work, Health and Wellbeing Boards will support decision-making as the key leaders from the local health and care system in each area. Integrated Care Systems will also offer local-level support and insights into where the vaccine needs to be deployed to ensure diverse communities and unvaccinated groups are reached.

We know that to support delivery of the vaccination programme, LAs and DsPH need data to understand uptake in their local areas and tailor efforts to reach those who have not yet taken up the vaccine. The use of datasets, mapping tools and other equality tools will be key to driving up participation in the programme. National data is published on a daily basis, with DsPH receiving a core dataset from NHS England and Improvement, that includes breakdowns by cohort, age and ethnicity. Recognising the urgency, NHS England and Improvement will continue to work at pace with LAs and colleagues at PHE to make sure systems have the essential information they need to support all communities in taking up the vaccine, in particular the most under-served.

PHE and NHS teams will also work closely to provide the information they need about COVID-19 vaccines and the vaccine programme to engage actively with communities in the most effective ways. We are committed to making every contact count to encourage vaccine uptake and help to dispel myths to combat vaccine hesitancy. NHS Test and Trace contact tracing scripts will include a statement about taking up the vaccine when offered and signposting if the citizen has further questions on vaccines.

Longer term, the Government will begin planning to enable the deployment programme to move from a central incident response to a core part of local infrastructure within LAs responsibility for public health. LAs are encouraged to consider this as part of the move to a sustainable, more local response to coronavirus in the longer term.

Shielding

During any pause of shielding advice, UTLAs remain responsible for maintaining a contingency plan to stand up a support offer to Clinically Extremely Vulnerable (CEV) individuals should shielding advice be re-introduced. This contingency would be based on the support model for CEV individuals used during national restrictions. MHCLG has recently issued guidance to LAs regarding planning and support for people on the Shielded Patient List (SPL) during a pause of shielding advice.

In the event of a major outbreak or VOC that poses a significant threat to individuals on the SPL, re-introduction of shielding can occur by agreement of Ministers. Shielding would be considered in addition to other NPIs to address the residual risk to people on the SPL, once the wider interventions are taken into account. If the Deputy Chief Medical Officer and local DPH believe shielding advice might be needed, a formal recommendation would be made to Ministers, who would make the final decision.

If agreed, shielding notifications would be issued by post, to all people on the SPL in an affected area, and information cascaded to local systems and charities making them aware of the advice.

Living with COVID (COVID-secure)

We know that the virus will remain with us for some time and it may have seasonal resurgences, although we hope it will eventually become endemic. Currently, scientists do not know when this transition will occur. The Government will ensure the country can live with the virus in the longer-term without imposing restrictions which bear heavy economic, social and health costs. With the success of the vaccine, we expect that infection rates can rise without a corresponding increase in hospital admissions or serious infection. However, we will still need a sustainable locally delivered response to enable communities to live safely with the virus.

The government is carrying out a review of social distancing and other long-term measures that have been put in place to cut transmission. This will inform decisions on the timing and circumstances under which the rules on one metre plus, the wearing of face coverings and other measures may be lifted. The ADPH has recently published guidance for living safely with COVID (https://www.adph.org.uk/wp-content/uploads/2021/02/Living-Safely-with-Covid-ADPH-Guidance.pdf) its own guidance for a sustainable exit from the pandemic.

LAs also have an important role in ensuring businesses and public places are COVID-safe – improving knowledge of infection prevention and control, ensuring spaces are well ventilated, that social distancing is maintained where possible and promoting regular asymptomatic testing.

The ‘stay at home’ rule will end no earlier than 29 March 2021 and, as restrictions ease, demand for transport will rise. LAs should support the message that people should continue to work from home where they can and minimise the number of journeys they make where possible, avoiding travel at the busiest times and on the busiest routes. This will also help reduce the exposure of transport workers to the risk of infection and ensure travel for purposes such as vaccination is safer. Actions to support those who need to continue to travel to work to do so safely should be prioritised.

Employers will need to be supported to take steps to protect their staff and customers by making workplaces COVID-secure, including through updating risk assessments as required by Health and Safety law . The Government will update COVID-secure guidance to provide further advice to employers, and LAs may want to reinforce this with locally tailored, sector-specific communications reinforcing the need to be COVID-secure. NHS Test and Trace and PHE will also work with the Health and Safety Executive (HSE) on further help and advice to employers that includes highlighting their enforcement powers.

Compliance and enforcement

LAs and HSE are responsible for ensuring businesses comply with measures outlined in COVID-19 regulations and guidance and for taking enforcement action where a business is not complying with the regulations. LAs are also responsible for making sure that public spaces such as parks, beaches and green spaces are COVID-secure. Increasing compliance will help reduce the risk of transmission as sectors reopen.

Over the past year LAs have deployed their resources according to a strategy that has focused on engaging, educating and building relationships with local and business communities to encourage compliance. Where businesses have not been complying with the regulations, LAs have been able to use enforcement powers to take decisive action, having regard to the Regulators' Code (https://www.gov.uk/government/publications/regulators-code) when carrying out their responsibilities. District authorities have responsibility for environmental health, so have a leading role on compliance and enforcement.

The continued deployment of COVID-19 secure marshals, wardens, stewards and ambassadors to support business and community compliance activity is also encouraged. Such roles have been successfully rolled out by many LAs to help businesses and communities follow the latest guidelines. Examples of the roles marshals have undertaken and their value to compliance and enforcement can be found in the good practice framework (https://www.local.gov.uk/local-authority-covid-19-compliance-and-enforcement-good-practice-framework-january-2021) and in guidance (https://www.gov.uk/government/publications/covid-19-local-authority-compliance-and-enforcement-grant/guidance-to-support-local-authority-compliance-and-enforcement-activity-including-covid-19-secure-marshals-or-equivalents) issued to support LA compliance and enforcement activity.

Communications and engagement

While the government will determine the overall national communications strategy, which will continue to evolve according to risk, it will be critical that these messages are tailored appropriately to local communities to ensure that the public are advised to go about their daily business safely. LA communications should equally focus on building community resilience, providing the knowledge and resources to enable individuals to care for themselves and others, and focusing on enhancing the day-to-day health and wellbeing of communities to reduce the negative impacts of COVID-19.

Locally elected politicians, local MPs and LA Chief Executives and DsPH, among others in the local system, also have an important role in community engagement to reinforce national messaging, encourage compliance, and understand the barriers to adherence to different NPIs. They also have a valuable role to play in encouraging vaccine uptake.

Support for local authorities

It is vitally important that the local teams keep their capacity and capabilities under active review, for instance as LAs resume their full services alongside the COVID response. In particular, local teams must have resources available to support them in the event of an outbreak that exceeds available capacity. In addition to facilitating mutual aid, we are implementing a call off contract that will allow us to support LAs with additional surge capacity at less than 24 hours' notice. This ranges from high level Incident Management Team (IMT) support at regional level, to increased resources on the ground to support initiatives such as door-to-door knocking.

The Surge Rapid Response Team (SRRT) is an existing multidisciplinary team, trained and equipped to be rapidly deployed to a public health emergency, in line with the National Covid-19 Response Centre (NCRC) response framework. It exists to provide surge team capacity to rapidly respond to outbreaks, providing practical emergency response support to local teams to enable a safe and effective wrap- around. The deployment of the SRRT will be initiated by a request received via the existing RPT channels to NCRC Operations. NCRC Operations will have oversight of the national demand and will prioritise requests for SRRT and deploy them accordingly.

For specialist support PHE's Rapid Investigation Team, staffed by skilled health protection professionals, can be called upon to assist with investigations into VOCs or difficult/unusual outbreak circumstances.

The response to new variants has shown the value of dedicated skilled contact tracing cells in the national contact tracing centres that can be deployed to supplement local resources. Pilots are beginning in some local areas to provide additional training to local contact tracers to enable them to undertake this more specialist work. We have also recently doubled our fleet of Mobile Testing Units from 250 to 500 to support with flexible, rapid deployment. LFD testing is also available.

Further work is underway to ensure local and regional teams can access NHS Test and Trace and PHE surge support via a single point of contact.

Funding

The government has allocated over £8 billion directly to LAs since the start of the pandemic. Following the Spending Review, the Chancellor announced that LAs will receive over £3 billion of additional support for COVID-19 in 2021/22. This includes an additional £1.55 billion of grant funding to meet additional service pressures, £670 million of new grant funding to enable them to continue reducing council tax bills for more than 4 million vulnerable households, and an estimated £800 million to compensate LAs for 75% of irrecoverable loss of council tax and business rates revenues this year. This takes the total support committed to councils in England to tackle the impacts of COVID-19 to over £11 billion.

LAs have been, and remain, at the forefront of managing COVID-19. New funding strands announced in COVID-19 Response: Spring 2021 (https://www.gov.uk/government/publications/covid-19-response-spring-2021/covid-19-response-spring-2021-summary) include significantly expanded discretionary funding available to LAs to provide financial support to those self-isolating under the Test and Trace Support Payment scheme (TTSP), an expansion of eligibility for the TTSP to parents and guardians who need to care for children who are self-isolating, and increased funding for practical and non-financial support (including medicine delivery).

Funding of £12.9 million a month to ensure a more consistent minimum standard of practical support for self-isolation is available to LAs across England, until the end of June 2021. LAs receive funding from NHST&T to run the TTSP. The Government covers their costs for £500 payments made to people on low incomes who need to self-isolate, as well as providing £20 million per month for discretionary payments to people who fall outside the main scope of the scheme. This discretionary payment should be made via the most appropriate delivery model as determined by each LA. The Government also provides a monthly allocation to each LA to cover the costs of administering the scheme. Individuals who require support to self-isolate will either identify themselves to the LA directly or via a support flag that will be raised by NHS Test and Trace.

By the end of the Financial Year 2020/21, the Government will have provided LAs with over £1.6 billion as part of the Contain Outbreak Management Fund (COMF). This fund will make one additional payment in March for the rest of the financial year 2020/21 at the rate of £4 per head of population per 28 days. A further £400 million has been allocated for the 2021/22 financial year. The funding is available to support public health activities directly related to the COVID-19 response, such as testing, non-financial support for self-isolation, support to particular groups (CEV individuals, rough sleepers), communications and engagement, and compliance and enforcement. There will not be a separate ringfenced grant for compliance and enforcement in 2021/22.

The funding formula and scope of the COMF has developed in response to the changing nature of the pandemic. For the 2021/22 financial year, the COMF will be allocated using MHCLG's COVID-19 relative needs formula, which is weighted according to population and deprivation, and maps well against areas of enduring transmission. The 2021/22 COMF will be distributed to LAs as a single payment to support their continued public health response work, particularly as LAs work to ensure a smooth de-escalation of national restrictions through summer 2021.

In two-tier areas, a proportion of the funding will be directly allocated to the lower tier. This reflects the fact that district councils share the responsibility for delivery of a number of the COMF priorities, including having a lead role on compliance and enforcement activity. County councils are encouraged to allocate a greater share of the funding to district authorities if local plans indicate this is needed.

NHS Test and Trace is committed to achieving value for money, publishing our expenditure in line with current requirements, and delivering the greatest impact on virus transmission that we can, through all the actions we take. LAs' response should be guided by the same principles.

Further developments

This framework will be reviewed regularly and updated as necessary, taking into account developments and lessons in the response to COVID-19. If you have any comments or queries please feed them through to outbreakplanning@dhsc.gov.uk.

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1. This should be consistent with the Department for Education's Contingency Framework (https://www.gov.uk/government/publications/coronavirus-covid-19-local-restrictions-in-education-and-childcare-settings/contingency-framework-education-and-childcare-settings)
2. https://github.com/BDI-pathogens/covid-19_instant_tracing/blob/master/Epidemiological_Impact_of_the_NHS_COVID_19_App_Public_Release_V1.pdf
3. https://www.gov.uk/government/news/nhs-covid-19-app-alerts-17-million-contacts-to-stop-spread-of-covid-19

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