CORNWALL COUNCIL
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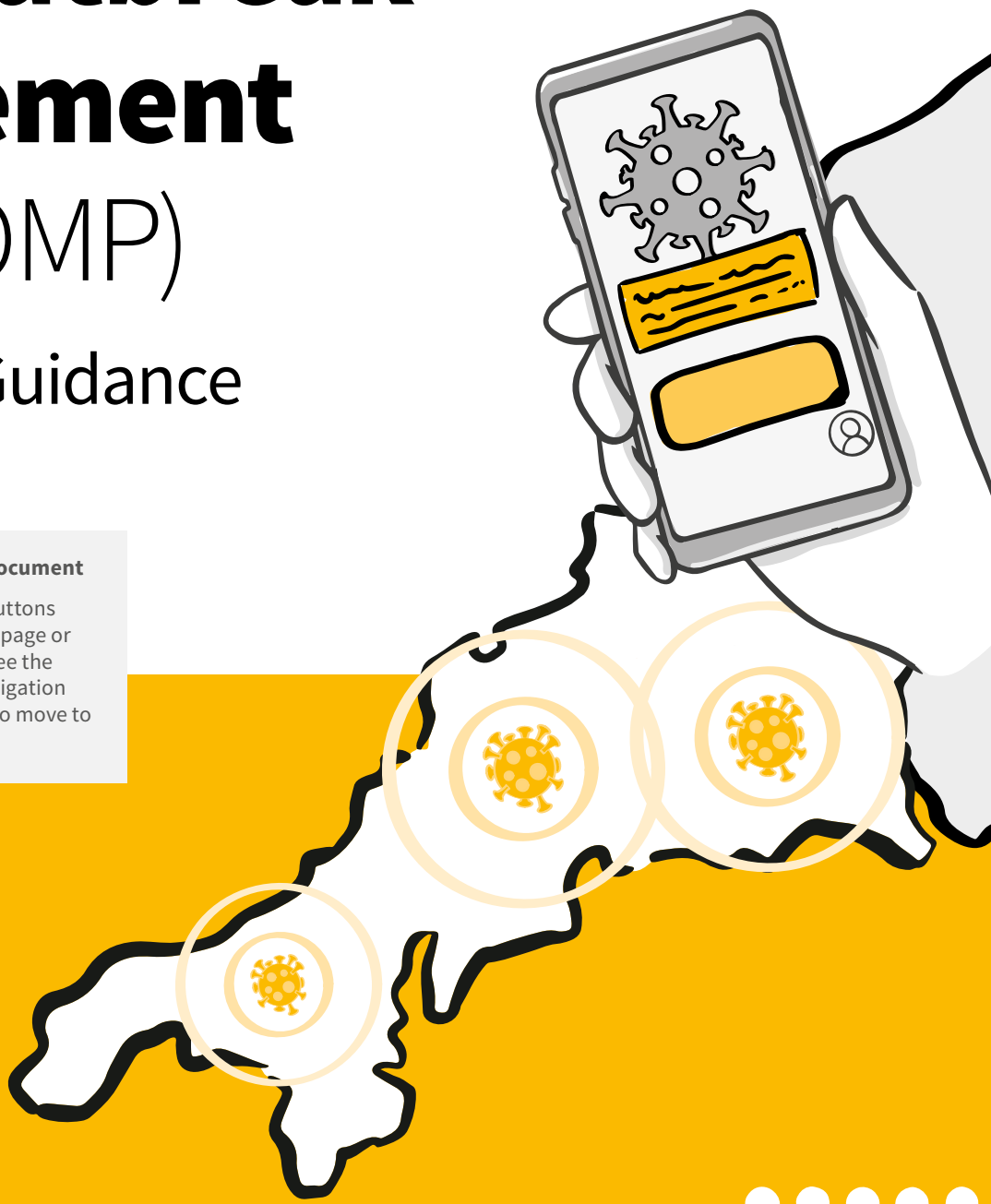
COVID 19
Local Outbreak Management Plan (LOMP)

Operational Guidance



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Updated
30/06/2020

www.cornwall.gov.uk/coronavirus

Local Authorities have a significant role to play in the identification and management of COVID 19 outbreaks. Directors of Public Health have a crucial leadership role to play ensuring that through the LOMP they have the plans in place and have the necessary capacity and capability to quickly deploy resources to the most critical areas to respond to COVID 19 outbreaks and help prevent the spread of the virus.

This Plan covers the populations of both Cornwall and the Isles of Scilly, with the two local authorities, and system leaders working closely together with support of their joint Director of Public Health.

Glossary of terms

BAME / An acronym which refers to Black, Asian and Minority Ethnic people.

Contact Tracing / Process of systematically identifying individuals who may have come into contact with an individual or a group with an infectious disease, notifying them of their contact status and collecting information to assess their level of risk.

COVID 19 / The name for the disease that is causing the 2019-20 novel coronavirus Pandemic, first identified in Wuhan, China. The name of this disease is Coronavirus disease 2019, abbreviated as COVID 19. In COVID 19, 'CO' stands for 'corona,' 'VI' for 'virus,' and 'D' for disease.

JBC / Join Bio Security Centre, is a new initiative that has been set up to provide an independent analytical function to provide real-time analysis about infection outbreaks and to provide advice on how the government should respond to spikes in infections.

JSNA / Joint Strategic Needs Assessment.

MTU / Mobile Testing Unit.

NRPF / People who due to their immigration status have No Recourse to Public Funds.

Pandemic / Disease occurring over a wide geographic area and affecting an exceptionally high proportion of the population.

PCR / Polymerase Chain Reaction, is a technique in molecular genetics that permits the analysis of any short sequence of DNA. PCR is used to reproduce (amplify) selected sections of DNA for analysis.

PHE / Public Health England, an executive agency of the Department of Health and Social Care, providing government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific expertise and support.

PPE / Personal Protective Equipment, clothing and equipment used to ensure personal safety in the workplace.

Pillar 1 / Swab testing in Public Health England (PHE) labs and NHS hospitals for those with a clinical need, and health and care workers.

Pillar 2 / Swab testing for the wider population, as set out in government guidance.

Pillar 3 / serology (blood) testing to show if people have antibodies from having had COVID 19.

Pillar 4 / Serology and swab testing for national surveillance supported by PHE, ONS, Biobank, universities and other partners to learn more about the prevalence and spread of the virus and for other testing research purposes, for example on the accuracy and ease of use of home testing.

SAGE / The Scientific Advisory Group for Emergencies provides scientific and technical advice to support government decision makers during emergencies (typically chaired by the Government Chief Scientific Adviser).

Social Distancing / The measures we should all be taking to reduce social interaction between people in order to reduce the transmission of coronavirus (COVID 19).

T&T / The NHS Test and Trace Service ensures that anyone who develops symptoms of coronavirus (COVID 19) can quickly be tested to find out if they have the virus, and also includes targeted asymptomatic testing of NHS and social care staff and care home residents. It also helps trace close recent contacts of anyone who tests positive for coronavirus and, if necessary, notifies them that they must self-isolate at home to help stop the spread of the virus.

Tier 1 / Is the system managed by the SW PHE team in order to support contact tracing on onward containment of outbreaks in complex settings such as schools, care homes and hostels. This system will also be involved where key-workers or vulnerable communities are considered at risk.

Tier 2 / The automated collection of information about contacts of confirmed cases collected through National Track and Trace system either through an email system or a discussion with a call handlers.

Tier 3 / The automated collection of information about contacts of confirmed cases collected through National Track and Trace system either through an email system or a discussion with a call handlers.

1 Introduction

1.1 All Upper Tier and Unitary Local Authorities have been instructed to produce a Local Outbreak Management Plan (LOMP) by the end of June 2020. Local Authorities have a significant role to play in the identification and management of COVID 19 outbreaks. Directors of Public Health have a crucial leadership role to play ensuring that through the LOMP they have the plans in place and have the necessary capacity and capability to quickly deploy resources to the most critical areas to respond to COVID 19 outbreaks and help prevent the spread of the virus.

This Plan covers the populations of both Cornwall and the Isles of Scilly, with the two local authorities, and system leaders working closely together with support of their joint Director of Public Health.

1.2 The aim of the LOMP is to provide a clear plan on how local government works with the new NHS Test and Trace Service to ensure a whole system approach to managing local COVID 19 outbreaks. Responding to local outbreaks, while led by the local Director of Public Health, needs to be a co-ordinated effort working with Public Health England (PHE) local health protection teams, the NHS, Social Care, Education, Police, the private sector, employers, and other tiers of local government where appropriate such as Town and Parish councils, and the community and voluntary sector. Members of the general public also have a vital role in reducing spread of the virus and preventing outbreaks, both in terms of following national guidance and advice including adhering to the social distancing guidelines, following good hand and respiratory hygiene practices, and, if symptomatic having a test but also self-isolating should they be instructed to do so.

This document provides system wide operational guidance for the management of outbreaks of COVID 19 across Cornwall and Isles of Scilly (IoS) and the response of the Public Health Team under its health protection responsibilities.

This guidance can also be used to support NHS Kernow Clinical Commissioning Group (KCCG) in ensuring that commissioned services have robust plans in place to respond to an outbreak. It may also inform Local Health Resilience Partnership (LHRP) Emergency Preparedness Resilience and Response (EPRR) plans.

Clarity over roles and responsibilities in managing outbreaks is essential. The primary objective in the management of an outbreak of COVID 19 is to protect public health by identifying the source of the outbreak and implementing necessary measures to prevent further spread of the infection. The protection of public health takes priority over all other considerations.

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1.3 National Context

Our nation remains exposed to a serious public health emergency and all our lives are affected. Local authorities and local communities are at the heart of how we respond to these difficult times. We are fortunate to be able to call upon the very many committed and engaged people working across our councils, the NHS as well as in other public services and the third sector. COVID 19 requires a coordinated response.

The total number of confirmed cases in the UK is published by the Department of Health and Social Care and is available in a visual dashboard; **https://coronavirus.data.gov.uk**

The overall phases of the UK plan to respond to COVID 19 are:

- **Contain**: detect early cases, follow up close contacts, and prevent the disease taking hold in this country for as long as is reasonably possible
- **Delay**: slow the spread in this country, if it does take hold, lowering the peak impact and pushing it away from the winter season
- **Research**: better understand the virus and the actions that will lessen its effect on the UK population; innovate responses including diagnostics, drugs and vaccines; use the evidence to inform the development of the most effective models of care
- **Mitigate**: provide the best care possible for people who become ill, support hospitals to maintain essential services and ensure ongoing support for people ill in the community to minimise the overall impact of the disease on society, public services and on the economy.

The UK Government's COVID 19 recovery strategy can be viewed here **https://www.gov.uk/government/publications/our-plan-to-rebuild-the-uk-governments-covid-19-recovery-strategy**

On 16 April 2020 the Government presented five tests for easing measures. These are:

1. Protect the NHS's ability to cope. We must be confident that we are able to provide sufficient critical care and specialist treatment right across the UK.
2. See a sustained and consistent fall in the daily death rates from COVID 19 so we are confident that we have moved beyond the peak.
3. Reliable data from SAGE showing that the rate of infection is decreasing to manageable levels across the board.
4. Be confident that the range of operational challenges, including testing capacity and PPE, are in hand, with supply able to meet future demand.
5. Be confident that any adjustments to the current measures will not risk a second peak of infections that overwhelms the NHS.

On the 11 May 2020 the Government published a planned timetable for lifting restrictions. This timetable depends on successfully controlling the spread of the virus; if, after lifting restrictions, the Government sees a sudden and concerning rise in the infection rate then it may have to re-impose some restrictions. The plan states that it will seek to do so in as limited and targeted a way as possible, including reacting by re-imposing restrictions in specific geographic areas or in limited sectors where it is proportionate to do so. Local Outbreak Management Plans are one of the mechanisms by which the lifting of restrictions can be reviewed and managed where appropriate locally.

Alongside the timetable the Government established a COVID 19 alert level system which is used by the UK governments to help their decisions on the continuing easing of lockdown. The alert level was reduced from level four to three on the 19 June 2020.

1.4 Aim

The aim of the COVID 19 Local Outbreak Management Plan is to ensure an effective and coordinated approach is taken to outbreak management, from initial detection to formal closure and review of lessons identified. This document will provide a clear plan on how local government works with the national NHS Test and Trace Service to ensure a whole system approach to managing local COVID 19 outbreaks.

Above all, the response to COVID 19 is not about flattening epidemic curves, modelling, or epidemiology. It is about protecting lives and communities most obviously at risk in our society. The most serious public health crisis of our times requires a strong and credible public health community at the heart of its response.

2 Working in partnership

2.1 This local plan is designed to allow flexibility in the response, but is has been agreed by the South West Directors of Public Health (DsPH) to adhere to the following key working principles;

a We will work together as a public health system, building on and utilising the existing close working relationships we have between the local authority public health teams and PHE. We will endeavour to ensure we make best use of the capacity and capability of the regional public health workforce.

b While recognising local sovereignty we will commit to ensuring a common language to describe the local governance arrangements:
i. COVID 19 Health Protection Board
ii. Local Outbreak Management Plans
iii. COVID 19 Local Outbreak Engagement Board.

c We will ensure that we all work to an agreed common set of quality standards and approaches in the management of local outbreaks, utilising and building upon already agreed approaches such as those defined within the Core Health Protection Functions MoU.

d We will adopt a continuous learning approach to the planning and response to COVID 19 outbreaks, sharing and learning from one another to ensure we provide the most effective response we can.

e We will ensure that there is an integrated data and surveillance system established, which alongside a robust evidence-base will enable us to respond effectively to outbreaks. Proposal that a COVID 19 Regional Data and Intelligence Framework is developed which will enable DsPH to have access to the necessary information to lead the COVID 19 Health Protection Board.

f We will commit to openness and transparency, communicating the most up to date science, evidence and data to colleagues, wider partners and the public.

g We will ensure that within our planning and response to COVID 19 we will plan and take the necessary actions to mitigate and reduce the impact of COVID 19 on those most vulnerable, including BAME communities.

We will ensure that we all work to an agreed common set of quality standards and approaches in the management of local outbreaks

We will commit to openness and transparency, communicating the most up to date science, evidence and data to colleagues, wider partners and the public

h We recognise that DsPH have a system leadership role in chairing the COVID 19 Local Health Protection Board. We commit to actively engaging with key partners, including all levels of government (Upper, lower tier local authorities, towns and parishes and wider partners and communities), key stakeholders including the community and voluntary section to ensure a whole system approach.

i We accept that we are currently working in a fast-changing, complex environment. DsPH are having to respond dynamically to changing evidence, national guidance, demands and expectations. We will commit to be action focused and commit to working to public health first principles.

j We will ensure that our LOMP includes a strong focus on prevention and early intervention to ensure key settings (e.g. care homes and schools) and high-risk locations and communities identify and prioritise preventative measures to reduce the risk of outbreaks.

k The LOMP has been developed alongside the Isles of Scilly Council and emergency planners to ensure that the Isles have a workable plan for their specific geography and population.

2.2 Local System

The local system is key in the prevention and management of COVID 19 related outbreaks and would include many partners including, but not limited to:

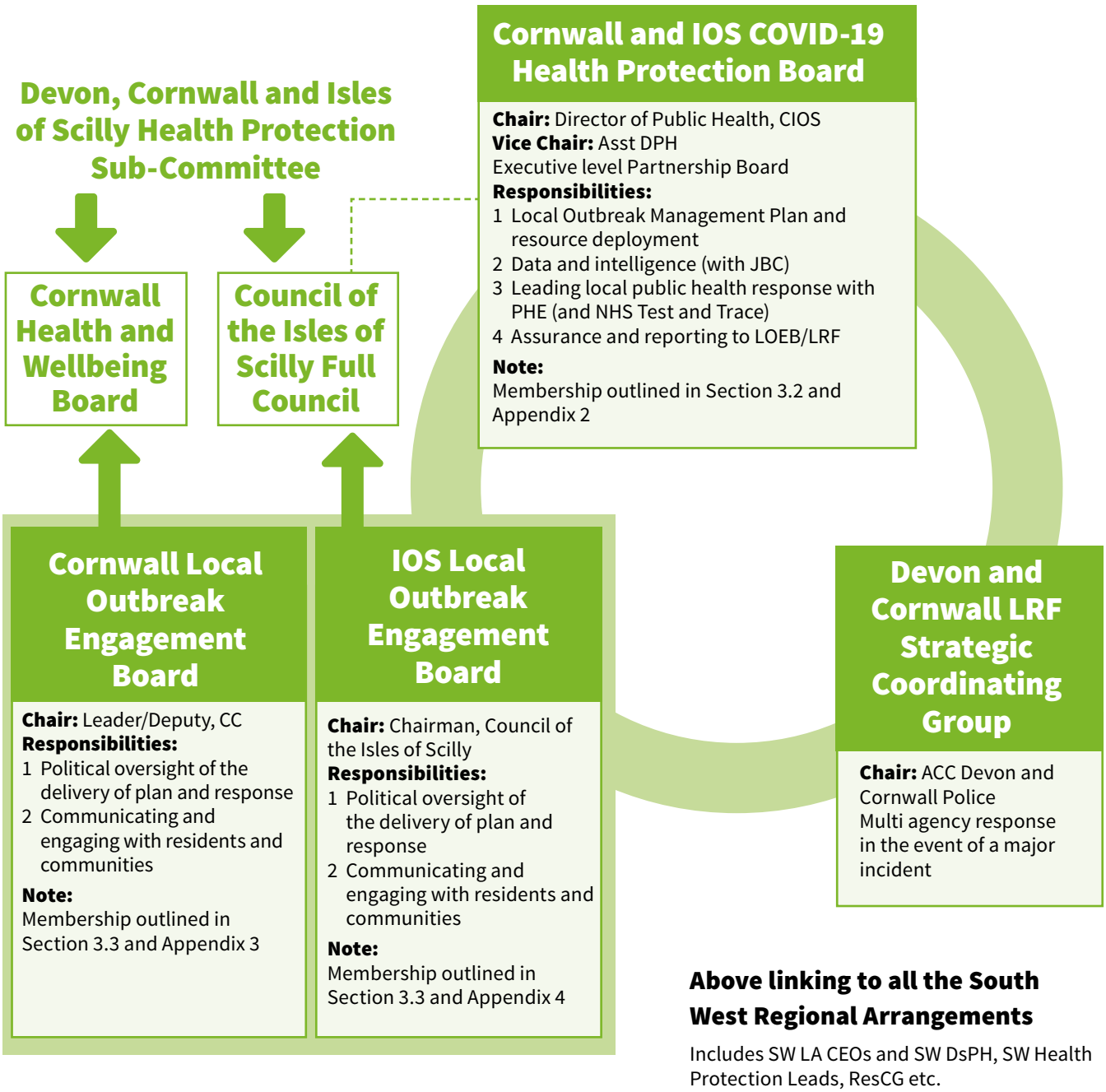
- Cornwall Council and Isles of Scilly Council
- Kernow NHS Clinical Commissioning Group
- Royal Cornwall Hospitals NHS Trust
- Cornwall Foundation NHS Trust
- Public Health England
- Primary care providers (including GPs, pharmacies, opticians, dentists)
- Local Resilience Forum
- Emergency services
- Commissioned services.

The Director of Public Health is key in the leadership of outbreak control, working with key partners highlighted above and establishing Incident Response meetings and operational cells as appropriate.

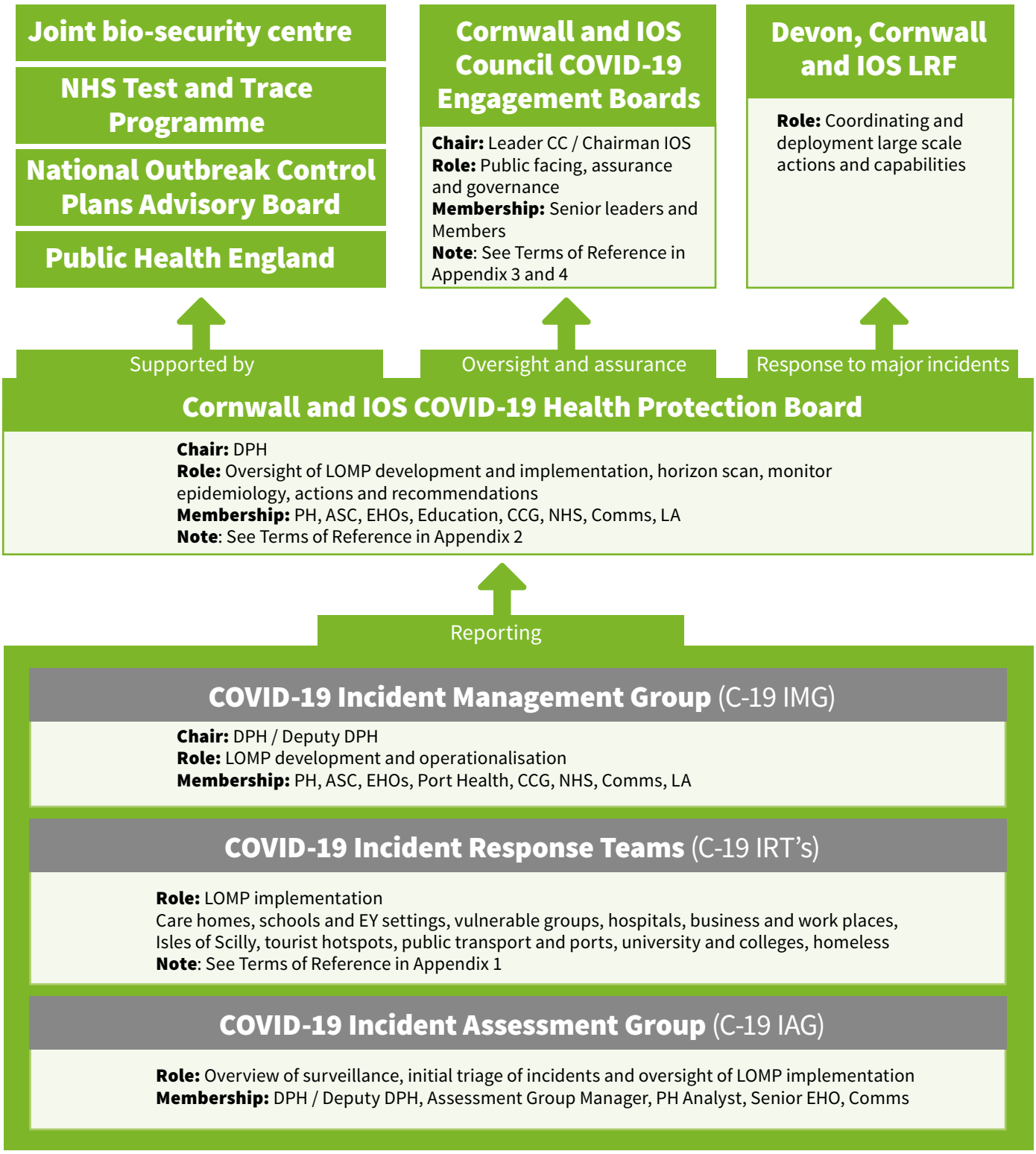
A wide range of other local partners and leaders will be key to our success in implementing control measures and communicating with people in Cornwall and the Isles of Scilly including local businesses, media, local councillors, town and parish councils, and the community and voluntary sector.

3 Governance

3.1 The following **Governance arrangements** will support the Local Outbreak Management Plan and further details are included in the Appendices.



Note: There will be two separate engagement boards, Cornwall Council COVID 19 Engagement Board and Isles of Scilly COVID 19 Engagement Board;



3.2 Cornwall and Isles of Scilly COVID 19 Health Protection Board

This Board will be chaired by the Director of Public Health Cornwall Council. This Board is an Executive-level Partnership Board and will have the following key responsibilities:

1. Local Outbreak Management Plan and resource deployment
2. Data and intelligence, with the with Joint Biosecurity Centre (JBC)
3. Leading the local Public Health response with PHE (and NHS Test and Trace)
4. Assurance and reporting to Local Engagement Outbreak Board and the Local Resilience Forum.

Core membership to include (taken from the proposed Terms of Reference)**:**

Cornwall Council Public Health, Council for the Isles of Scilly, Public Health England, NHS Kernow CCG, RCHT/CFT, Cornwall Council Adult Social Care, Public Protection, Emergency Planning, Peninsula Pathology Network, Military Liaison, Communications.

Additional membership as required:

NHS England, Fire and Rescue Services, Together For Families/Children and young people services, Housing, Economic growth/business, Further/ Higher education, Tourism, Transport, Voluntary and Community Sector, Kernow Health CIC.

3.3 Cornwall COVID 19 Local Outbreak Engagement Board and the Isles of Scilly Local Outbreak Engagement Board

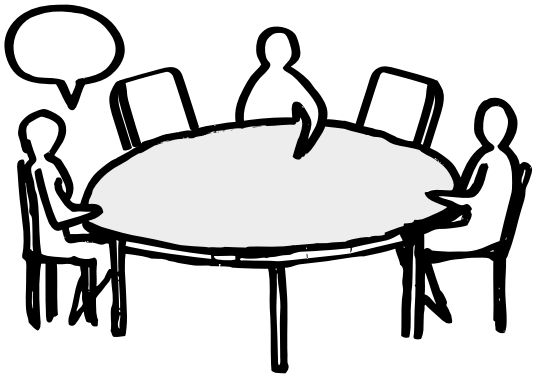
Cornwall COVID 19 Local Outbreak Engagement Board will be chaired by the Leader of Cornwall Council, and the **Isles of Scilly Local Outbreak Engagement Board** will be chaired by the Chairman of the Isles of Scilly Council and will have the following key responsibilities:

- Political oversight of the local delivery of the plan and response
- Communicating and engaging with residents and communities.

Members to include:

Cornwall COVID 19 Local Outbreak Engagement Board: CEO, DPH, Health and Wellbeing Board Chair, KCCG Chair, Portfolio Holders, Adult Social Care and Health, Together for Families, Police, Higher Education, Healthwatch Cornwall, Cornwall Association of Local Councils (Towns and Parish Councils), Voluntary and Community Sector; working on a 'hub and spoke' basis with Communities, Communications.

Isles of Scilly Local Outbreak Engagement Board: Chairman and Vice Chairman of Council, Chairman of HWB Board; Lead Member for Children and Young People; Off-island representative.



3.4 COVID 19 Incident Management Group

The aim is to ensure Cornwall and Isles of Scilly have an operational outbreak control process that once alerted to a possible outbreak in a specific setting or in a community are able to provide comprehensive and appropriate insight, support and guidance to contain the spread of the disease.

Specific objectives:

- **a** Develop a data transfer and sharing system that supports the timely identification of cases and outbreaks
- **b** Provide local data and insight that will be useful to support outbreak management
- **c** Implement additional contact tracing if a specific situation requires this
- **d** Provide advice and support the 'setting', to cases and to contacts
- **e** Inform and implement a communication plan for outbreaks, including communications to the population, to town and parish councils, to the voluntary sector, to cases, to contacts
- **f** Develop and operate a reporting and recording system that tracks our response to an outbreak and provides an audit trail for the local management of the outbreak
- **g** Identify when additional support is required to manage outbreaks
- **h** Provide timely summary reports to Cornwall and Isles of Scilly Health Protection Boards.

3.5 Engagement and Prevention

3.5.1 Engagement

Communications, will be effective and timely, and will have two main parts, proactive and reactive.

- **Reactive**: Handling messages relating to outbreaks and incidents, ensuring that the need for open and honest communication is balanced with sensitivity around patient and business identifiable information.
- **Proactive**: Considering the importance of behaviour change around COVID 19, with a particular focus around two messages; staying at home if you or a household member have symptoms and getting a test.

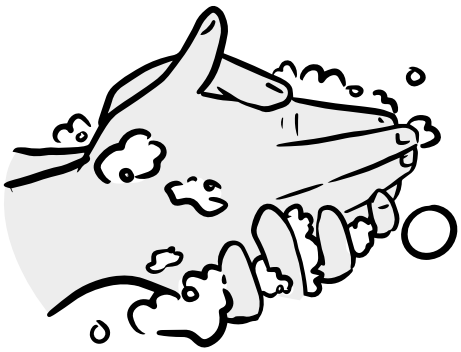
The Director of Public Health will work with locally elected members to brief regarding the progress of contact tracing and issues (e.g. non-compliance / public comms) to ensure greater impact. They will also have a responsibility to our general population to provide a local communication route that people trust and use that will allow them to:

- Understand the need for the contact tracing and how data about contacts will be used, so people don't feel they have to take actions themselves.
- Respond to notifications that they have been a contact, that will allay fears, provide appropriate responses regarding isolation and testing and ensure that people will seek medical support at the right time.

There is also a need to ensure that the local voice is heard through active engagement with local communities. Cornwall and the Isles of Scilly have established COVID 19 Local Outbreak Engagement Boards which will provide this voice both directly and via liaison with other community groups, Town and Parish council, or other local government arrangements and interested stakeholders.

The PHE regional team will work with DsPH and local system leaders to brief regarding the national and regional progress of contact tracing and support with ensuring consistent public messaging through agreed 'shared' proactive and reactive lines with common issues (e.g. reports of non-compliance with isolation / use of Coronavirus Act).

3.5.2 Prevention



Aligned to this plan is the need to continue to proactively promote prevention messages as a means of limiting the community transmission of COVID 19. Primarily these messages are:

- **To maintain social distancing** (as per Government guidelines)
- **To wash hands frequently** with soap and water for at least 20 seconds
- **To make use of testing services** and to self-isolate if symptomatic
- **To make use of appropriate use of personal protective equipment** in-line with government guidelines
- **To follow the advice for contact tracing and self-isolation** when recommended by the national test and trace service.

Communicating key guidance and advice to the general population as well as ensuring targeted evidence based preventative measures such as high quality infection prevention and control advice and training to those who work in higher risk settings and work with or care for the most vulnerable people are key preventative measures.

3.6 Escalation

There are critical local roles (groups) in providing community leadership in outbreak planning and response. The Local Strategic Co-ordination Group (Gold Command) can facilitate swift deploy of mobile testing and link directly with the Local Resilience Forum, identifying areas that may be struggling to cope or identifying the best use of resources available.

The Cornwall and Isles of Scilly COVID 19 Health Protection Board is a conduit to the South West Public Health England Centre whilst also being the provider of Infection Prevention and Control Expertise, having oversight of this plan's development and implementation, supporting the incident response teams with appropriate resource and escalating where needed to both regional and national partners.

These strategic groups are supported regionally by Local Resilience Forums and Integrated Care Systems, which in turn are supported at national level by Government departments, the NHS Test and Trace Service and the Joint Bio Security Centre.

3.7 Policy

Under section 12 of the Health and Social Care Act 2012 Directors of Public Health (DPH) in upper tier and unitary local authorities have a duty to prepare for and lead the local authority (LA) public health response to incidents that present a threat to the public's health.

Under the amended Public Health (Control of Disease) Act 1984 and associated regulations, the majority of statutory responsibilities, duties and powers significant in the handling of an outbreak lie with the LA, including appointment of Proper Officer, in this case the Director of Public Health, whose powers include the receipt of notifications.

The **Coronavirus Act 2020**, having been fast-tracked through parliament contains 'emergency powers' to enable public bodies to respond to the COVID 19 pandemic.

The Act has three main aims:

To give further powers to the government to slow the spread of the virus

To reduce the resourcing and administrative burden on public bodies

To limit the impact of potential staffing shortages on the delivery of public services

4 Informed by evidence and data

4.1 It is of utmost importance that we understand the geographic spread of the virus and take rapid steps in order to contain any potential outbreak and keep our communities safe.

In order to be effective in preventing and responding to local outbreaks, we need to be able to receive, share and process data from a range of sources in a timely way. The data then needs to be transformed and distilled into cleaner and more comprehensible form for wider discussion, providing intelligence and insight to better inform decisions about the delivery of all outbreak management functions including contact tracing.

Decisions (insight)	Combining intelligence, evidence and qualitative data and presenting it to inform decision making
Intelligence	Analysis, interpretation and assessment of information to provide intelligence of trends, needs etc. and review of evidence
Information	Data is presented in an understandable way e.g. graphs, tables, but with no narative or interpretation
Data	Raw form of data, many sources, needs 'cleaning' and processing to be useful

In order to be effective in preventing and responding to local outbreaks, we need to be able to receive, share and process data from a range of sources in a timely way

Insights are specifically, but not exhaustively, required on:

Community transmission – using cases, hospitalisations, ICU admissions, 111 triage and deaths will help inform our view as to whether community transmission is controlled.

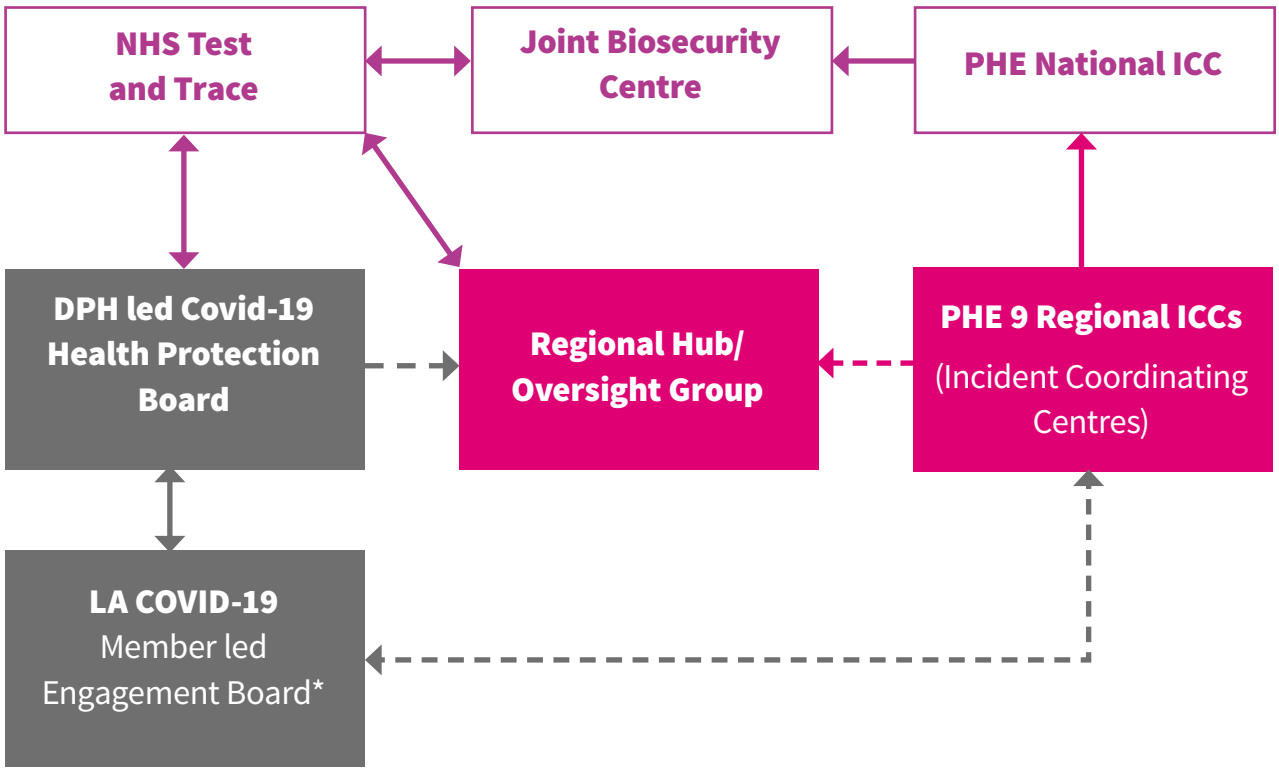
Settings - using cases, PHE situation reporting and alerts from ASC and NHS colleagues we need to understand the transmission of the virus in key settings i.e. hospitals and care homes – and how that may impact community transmission.

Geographical - using postcode cases, deaths PHE situation reporting and alerts etc. we need a better understanding of the transmission of the virus geographically – by key settlements/ Primary Care Network etc. and rates of infection.

Equality impacts – we need to look at national data on known inequalities and consider alongside our own population in order to tailor measures, and communications.

4.2 Consistent methods to be agreed across South West

The diagram below sets out the linkages and flows of information between national, regional and local partners responding to the COVID 19 pandemic:



* This could be the Health and Wellbeing Board or another structure as determined locally

*The Joint Biosecurity Centre is a new initiative that has been set up to perform two key tasks. The first is as an independent analytical function to provide real-time analysis about infection outbreaks. It will look in detail to identify and respond to outbreaks of COVID 19 as they arise. The centre will collect data about the prevalence of the disease and analyse that data to understand infection rates across the country. Its second role is to provide advice on how the government should respond to spikes in infections – for example by closing schools or workplaces in local areas where infection levels have risen. Should UK government ministers decide to impose different restrictions in different areas and regions across England, it will be on the advice of the JBC.

4.3 Data sources

COVID 19 surveillance draws from a combination of data sources. These include:

Data flows (External)

- PHE daily cases and deaths (Postcode)
- PHE cases and deaths Line List (MSOA)
- PHE cases and deaths Line List summary
- Registration data – Cornwall Council (Deaths)
- ONS Death data
- Primary Care Mortality Data
- NHSE COVID 19 daily deaths
- NHS Kernow – SITREP
- Care Home alerts (PHE)
- PHE Daily Exceedance reports
- NHS COVID 19 Dashboard (currently only accessible by the DPH)
- NHS Digital Shielding dashboard
- NHS Digital Pillar 2 testing dashboard
- KCCG SITREPS
- NHS test and trace statistics
- PHE situation reports
- PHE daily COVID 19 report
- PHE weekly COVID 19 Report
- UK.GOV Daily case data
- PHE Contact tracing reports.

Cornwall and Isles of Scilly COVID 19 Intelligence Products

The Wellbeing and Public Health team (Cornwall and Isles of Scilly) have developed a number of dashboards that provide a standardised approach to reporting COVID 19 cases. This data will be used to continue to track the outbreak and inform public health and system responses.

- COVID 19 Dashboard (PH CIOS)
- COVID 19 Summary (PH CIOS)
- COVID 19 Mortality Dashboard (PH CIOS)
- COVID 19 Cornwall Council Dashboard (PH CIOS)
- 5 Tests Dashboard (PH CIOS)
- Care Home Dashboard (PH CIOS)
- COVID 19 excess deaths reporting (PH CIOS)
- Weekly Systems Intelligence Briefing.

Resources from other organisations

Google Community Mobility Reports - **https://www.google.com/covid19/mobility/**

Understanding our Communities - JSNA Resources:

We already know that the national COVID 19 pandemic has had population impact on:

- BAME communities
- Homeless populations
- Widening inequalities
- Safeguarding
- Mental wellbeing and mental ill health
- Vulnerable children and adults
- Take up of healthcare and screening and vaccinations.

There are a range of supporting intelligence products within the Cornwall and Isles of Scilly Joint Strategic Needs Assessment (JSNA) **www.cornwall.gov.uk/jsna** which help to inform us on our population. However, further work may be required to meet the specific needs of this programme.

Additional information on 'events' held throughout Cornwall are also available and will help feed information on potential risk venues/ locations.

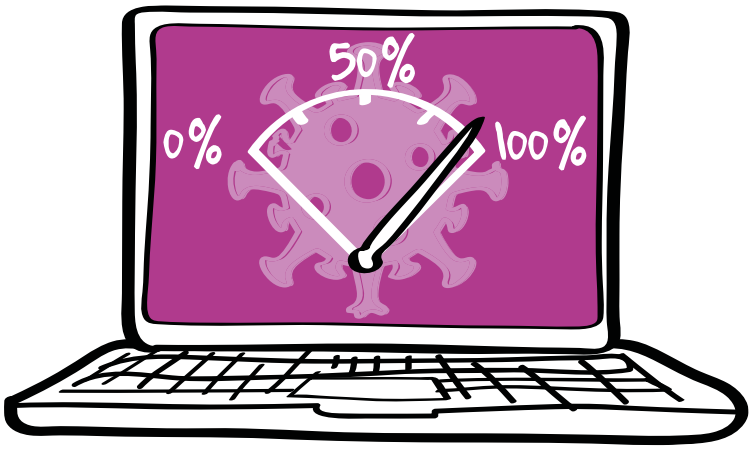
4.4 Data Sharing

Agencies will assume they are required to adopt a proactive approach to sharing information by default, in line with the Instructions of the Secretary of State, the Statement of the Information Commissioner on COVID 19 and the Civil Contingencies Act 2004 (CCA).

The Secretary of State has issued 4 notices under the Health Service Control of Patient Information Regulations 2002 requiring the following organisations to process information: NHS Digital, NHS England and Improvement, health organisations, arm's length bodies, local authorities, GPs. These notices require that data is shared for purposes of coronavirus (COVID 19) and give health organisations and local authorities the security and confidence to share the data they need to respond to coronavirus (COVID 19).

These can be found here **https://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information**

The data sharing permissions under the CCA and the statement of the Information Commissioner all apply. Under the CCA and the Contingency Planning Regulations, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required for those responders to fulfil their duties under the CCA.

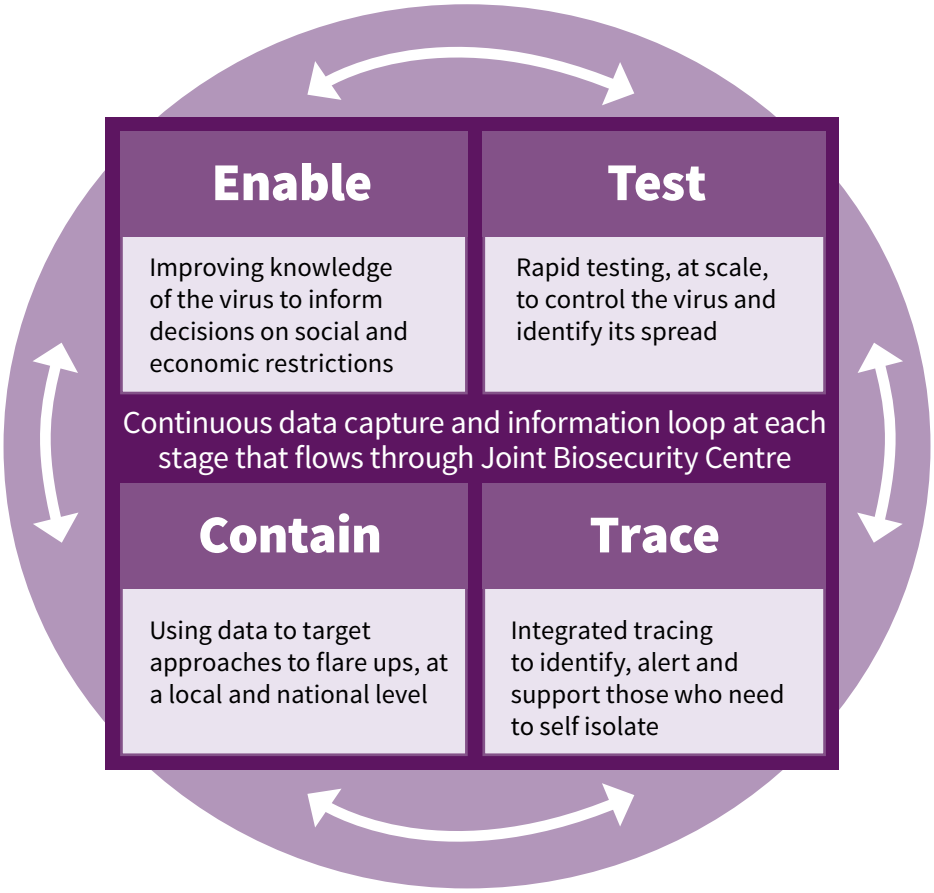


5 Local arrangements for testing and contact tracing

5.1 An integrated COVID 19 Test and Trace programme designed to control the virus and enable people to live a safer and more normal life has been introduced across England. Local Authorities will work with the Government to support test and trace services in their local communities, taking a place-based approach to containing the spread of the infection.

5.2 Testing and Tracing is the central system to be used within the Test and Trace service. The phased approach of national roll-out began on 28 May. The service comprises of three tiers:

- **Tier 1** - Regional level enhanced PHE health protection team capacity, supported by local authorities as needed. This function will include roles such as convening local outbreak control team meetings and will focus on complex settings and outbreaks
- **Tier 2** is comprised of 3000+ health care professionals employed nationally to assess risk and provide support in more complex situations such as outbreaks in community settings
- **Tier 3** provides initial contact and advice to those testing positive and their contacts. This element is comprised of 15,000 call handlers.



An integrated Covid 19 Test and Trace service, designed to control the virus and enable people to live safer and more normal life

Underpinned by a huge public engagement exercise to build trust and participaption

5.3 Testing

5.3.1 Pillar 1

PCR testing is available at Royal Cornwall Hospital with swabbing facilities for health and care staff at a drive through facility at Threemilestone, Truro and other mobile and permanent sites which can be booked through an on-line portal and results are managed by the occupational health team at RCHT. Additional laboratory capacity is available across the acute trusts in the peninsula and is overseen by the Peninsula Pathology Network. Pillar 1 also provides asymptomatic testing for people prior to a planned admission to hospital/care homes. A community testing car can be deployed for people who cannot get to the drive through facility.

5.3.2 Pillar 2

Testing can be booked through the on-line portal with the option of home testing kits or drive through appointments at 2 mobile testing units (MTUs) at sites across Cornwall or the permanent site at Seaton Barracks in Plymouth. A third MTU will be available in Cornwall from 6 July 2020. Tests are processed at the national laboratory in Milton Keynes with people receiving results within 72 hours. Health and social care staff and patients are able to access both symptomatic and asymptomatic testing via the digital portal. For all care homes, managers can order testing kits. Test results will be emailed to the registered manager, or directly to staff, within 72 hours of the test arriving at the laboratory. In the case of positive test results, this will trigger contact tracing as explained below.

5.3.3 Isles of Scilly Testing

The IoS relies on its own model for testing. An employee of the IoS will undertake testing on an as and when required basis. The IoS has provision of testing kits in place, and these tests will be sent to the laboratory facility located at RCHT (in effect Pillar 1 testing). This will ensure a rapid turnaround of test results (usually within 24 hours taking into account transit time from the Isles to the mainland).

5.3.4 Agile deployment for outbreak

In an outbreak situation the Pillar 2 Mobile Testing Units (MTUs) can be relocated to a site close to the outbreak providing a suitable site can be identified. This is likely to take 24-48 hours to arrange. For a more urgent response the Pillar 1 community testing car can be deployed although capacity for mass testing would be more limited.

5.4 Contact tracing

5.4.1 Tier 2 – 3

The Tier 2 and Tier 3 contract tracing (automated collection of information about contacts of confirmed cases collected through National Track and Trace system either through an email system or a discussion with a call handler) is reported back to the DPH on a daily basis. The data received currently is limited to numbers of contacts that have been identified, traced and provided isolation guidance. As more information is provided from the central system the COVID 19 Incident Management Group will be able to work closer with contacts to support their health and wellbeing needs during isolation and confirm any additional ongoing issues relating to the containment of spread through contacts.

5.4.2 Tier 1

Tier 1 contact tracing is the system managed by the SW PHE team in order to support contact tracing on onward containment of outbreaks in complex settings such as schools, care homes and hostels. This system will also be involved where key-workers or vulnerable communities are considered at risk. The Tier 1 system notifies Cornwall Council (DPH, Health Protection Lead Consultant and Public Health desk) of every situation they are working on and provides relevant contact details for local additional support. These notifications will always trigger a local incident management response for Cornwall Council and the Council of the Isles of Scilly.

6 Outbreak control

6.1 Definition of an outbreak

The definition of an outbreak for the purposes of this plan;

i two or more cases connected in time to a specific place (not a household)

ii an area or cohort of people with a significantly higher than expected rate of infection (this would be compared to other similar areas at that time)

iii a single laboratory confirmed case within a very high-risk setting (e.g. care home).

An important factor would be the analysis and interpretation of patterns across the county.

An Incident Response Team (IRT), may be convened to facilitate a formal meeting of all partners to address the control, investigation and management of an outbreak, or a discussion between two or more stakeholders following the identification of a case or exposure of concern. All such discussions should be appropriately recorded. Due to the nature of COVID 19 and its Pandemic status, the more traditional convening of an Outbreak Control Team is not the default response in the current climate.

6.2 Management arrangements for Incidents

The protection of the public's health takes priority over all other considerations.

The primary objective in incident response is to protect public health by identifying the source and implementing control measures to prevent further spread or recurrence of the infection.

6.3 Risk assessment

All activities should be underpinned by a comprehensive risk assessment. Risk assessments should be agreed by the IRT and regularly reviewed throughout the outbreak investigation. For this Local Outbreak Management Plan the IOS is included as a generic setting, in the event of an incident the response will be tailored according to the specific context / community.

The primary objective in incident response is to protect public health by identifying the source and implementing control measures to prevent further spread or recurrence of the infection

6.3.1 A standard risk matrix is provided below setting out the likelihood and impact of an outbreak of COVID 19. Using this matrix we have risk assessed the key settings and communities, in the figure below, although this is not exhaustive.

Impact →

Likelihood ↑

	Negligible	Minor	Moderate	Significant	Severe
Very likely	Low Med	Medium	Med Hi	High	High
Likely	Low	Low Med	Medium	Med Hi	High
Possible	Low	Low Med	Medium	Med Hi	Med Hi
Unlikely	Low	Low Med	Low Med	Medium	Med Hi
Very unlikely	Low	Low	Low Med	Medium	Medium

6.4 Recognition of an outbreak and initial response

Outbreaks may be recognised by Public Health England, Local Authorities or NHS/Public Health Microbiologists. Each organisation has its own procedures for surveillance, detection and control. Immediate contact between these parties is essential as soon as it becomes apparent that an outbreak may exist.

Immediate control measures should be implemented as per relevant guidance and investigation to clarify the nature of the outbreak should begin within 24 hours of receiving the initial report. The following steps should be undertaken to establish key facts and inform the decision to declare an outbreak:

- Confirm the validity of the initial information
- Conduct preliminary interviews with cases to gather basic information including any common factors
- Collect relevant clinical and/or environmental specimens
- Form preliminary hypotheses
- Consider the likelihood of a continuing risk to public health
- Carry out an initial risk assessment
- Manage initial communication issues.

6.5 Convening an Incident Response Team (IRT)

Following the recognition of an outbreak the establishment of an IRT may be required (see 6.4).

6.6 Role of the Incident Response Team

The purpose of the IRT is to agree and coordinate the activities involved in the management, investigation and control of the outbreak.

The IRT's role is to;

- Assess the risk to the public's health
- Ensure that that the cause, vehicle and source of the outbreak are investigated, and control measures implemented as soon as possible
- Seek legal advice where required.

6.7 Investigation and Control of the Outbreak

Control measures should be documented with clear responsibilities and timescales for implementation.

Basic descriptive epidemiology is essential and should be reviewed at each IRT meeting.

Microbiological confirmation of COVID 19 via PCR test should be sought (at least at the beginning of an investigation).

6.8 Trigger points

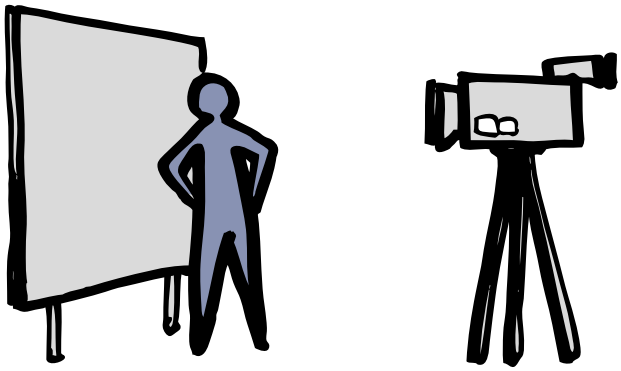
In those circumstances where an outbreak spreads into a local community, a wider set of resources may need to be deployed and greater engagement will be needed with the local community and stakeholders. The role of well-established emergency planning arrangements, with strategic coordinating groups, will be key where local arrangements, even with increased capacity, are tested. In these situations, tried and tested LRF arrangements will be key, along with the role of the NHS Test and Trace local teams.

It's possible that a local COVID 19 outbreak within Cornwall has national implications. Here, local authorities may require access to the powers they need to contain outbreaks in these circumstances. For example, where powers held by the local authority are exceeded and a request for intervention from national government is required (e.g., where an outbreak requires more resources than local decision makers can access through our own systems or mutual aid, including supplies of items such as PPE or resources).

In response to local outbreaks certain actions could be considered (implemented on a temporary basis) such as; accelerated testing of asymptomatic individuals around an outbreak (e.g. students, staff, workers exposed to but now displaying symptoms of infection), closing a business or venue or school.

6.9 Communications

Use of communication through the media may be a valuable part of the control strategy of an outbreak and the IRT should consider the risks and benefits of proactive versus reactive media engagement in any outbreak.



7 Prevention and Response Plans for places and communities

7.1 High risk places, locations and communities

While it is important that the plan can be used to respond to all local outbreaks of COVID 19, the data and intelligence shows that there are settings which are more likely to have outbreaks. It is therefore prudent to have specific plans in place to respond to those higher risk settings.

In addition to settings that may be at higher risk of COVID 19 outbreaks, there are also some people and communities that the data and intelligence identifies as being at higher risk.

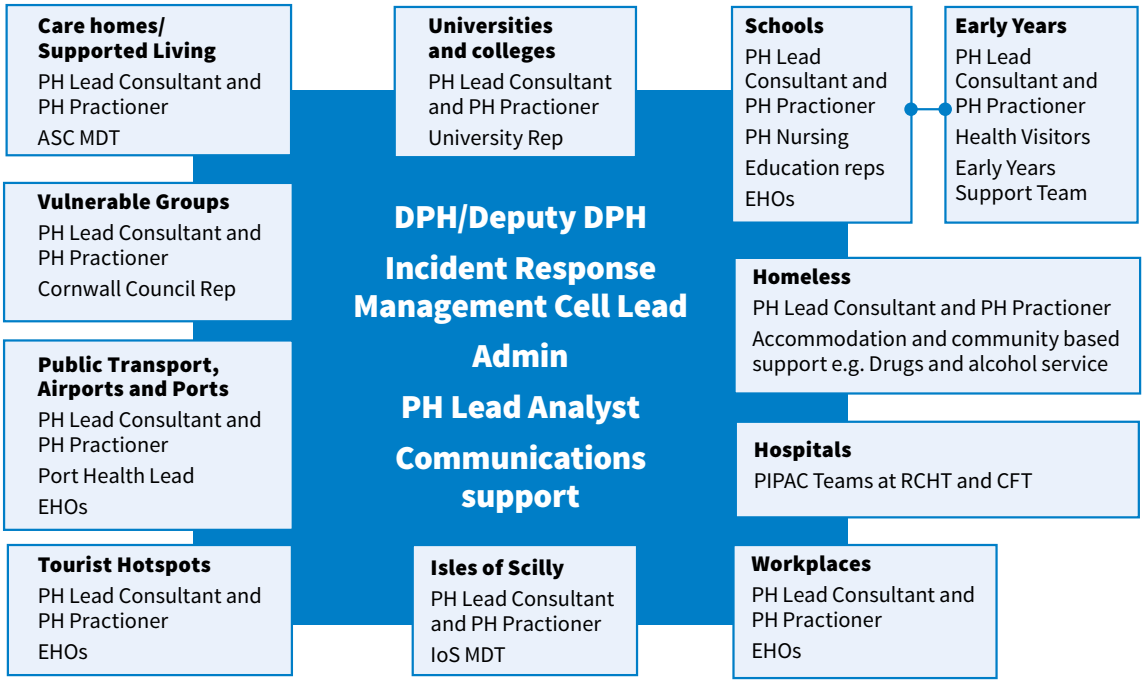
An overview of higher risk settings and people and communities is provided in the table in sections 7.2 and 7.3.

To provide a timely and bespoke response, each incident response team will have resource packs specific to the context where the incident has occurred e.g. school, workplace, care home.

The Isles of Scilly due to their unique characteristics, and fragility have been classified as a setting in their own right. Therefore, a single confirmed COVID 19 case would be adequate to establish an IRT. The response to any COVID 19 outbreak on the Islands will however be specific to the context, population group or community incident that has arisen.

The diagram below illustrates the proposed model for Cornwall and the Isles of Scilly incident response; The outer circles representing different IRTs, to be mobilised as required;

7.2 High risk settings



7.3 Protecting and

Setting	Remit	COVID 19 Health Protection Board Lead	Key agencies involved and role			
			PHE	LA	NHS	Other
Health and Care	Care Homes Dom Care	ASC	**LHPT** (Test notification, risk assessment, IPC advice, comm's)	**ASC/QAT** (notification, support, advice, comm's) **PH Lead**	**CCG**	**LRF**
	Hospital	Provider DIPC	**LHPT**	**DPH**	**Medical Director**	**Occupational Health at NHS Providers**
Education	Schools/early years	Cornwall Council / Isles of Scilly Education Lead	**LHPT** (Test notification, risk assessment, IPC advice, comm's)	**Education** (notification, support) **PH Lead** (notification, Advice, support LHPT) **Health & Safety Team** (Risk Assessment & Advice)		(Risk Assessment and Advice)
	Universities and colleges	University Lead	**LHPT** (Test notification, risk assessment, IPC advice, comm's)	**PH Lead** (notification, Advice, support LHPT)		
High risk settings	Public Transport	Transport	**LHPT**	**PH Lead** (notification, Advice, support LHPT)		
	Large Manufacturing plants	Neighbourhoods and Public Protection	**LHPT**	**PH Lead** (notification, Advice, support LHPT) **EHO**		**HSE**
	Tourist hotspots (including Caravan and camping sites, beaches, etc)	Neighbourhoods and Public Protection	**LHPT**	**PH Lead** (notification, Advice, support LHPT) **EHO**		**Enviro. Agency**
	Airports/Ports	Port Health	**LHPT**	**PH Lead** (notification, Advice, support LHPT) **EHO**		
	Isles of Scilly	Isles of Scilly Council	**LHPT**	**PH Lead**	Clinical Lead from the Isles of Scilly	Isles of Scilly based staff relevant to the context

supporting vulnerable people and communities

Setting	Remit	COVID 19 Health Protection Board Lead	Key agencies involved and role			
			PHE	LA	NHS	Other
Vulnerable Individuals and groups	Homelessness	Housing	**LHPT**	**PH Lead** (notification, Advice, support LHPT) **Housing Lead**		**Homeless lead for Council**
	Vulnerability & /or complexity including Domestic abuse & substance	Communities	**LHPT**	**PH Lead** (notification, Advice, support LHPT) **Drug and alcohol Team**		**Safer Cornwall Partnership** **Devon and Cornwall Police**
	Refugees and Asylum seekers	Communities	**LHPT**	**PH Lead** (notification, Advice, support LHPT)		
	Gypsy, Traveller and Roma	Communities	**LHPT**	**PH Lead** (notification, Advice, support LHPT **Traveller and communities lead**		**Health Lead for this community**
	Disabled people and carers	ASC	**LHPT**	**PH Lead** (notification, Advice, support LHPT)	**CFT and CCG**	
	People with LD and autism	ASC	**LHPT**	**PH Lead** (notification, Advice, support LHPT)	**CFT and CCG**	
	Mental Health Service users	CCG	**LHPT**	**PH Lead** (notification, Advice, support LHPT)	**CFT and CCG**	
	Older People	ASC/CCG	**LHPT**	**PH Lead** (notification, Advice, support LHPT)	**CFT and CCG**	**Primary Care**
	People with underlying health conditions	CCG	**LHPT**	**PH Lead** (notification, Advice, support LHPT)	**CCG**	**Primary Care**
	Health and Care Staff	CCG and ASC	**LHPT**	**PH Lead** (notification, Advice, support LHPT)	**Providers**	**Occupational Health**
High risk communities and neighbourhoods	BAME Communities	Communities	**LHPT**	**PH Lead** (notification, Advice, support LHPT)		
	Migrant workers	Communities	**LHPT**	**PH Lead** (notification, Advice, support LHPT)		

Appendix 1
The Incident Response Team (IRT)

Membership of the IRT

Membership of the IRT will vary according to the context of the outbreak.

Core members

DPH, Deputy DPH, Advanced PH Practitioner, Administrator, PH Analyst, Comms (as required).

Additional core members based upon context (proposed)

Care Home
Lee Evans, Sarah Phillips, Data analyst from PH, ASC Commissioning manager (locality that care home falls within), Kernow NHS CCG rep, Clinical Lead for Care Home

Schools (Inc. Childcare settings e.g. nursery, special school)
Brian O'Neill, Harriet Jetkowicz, Data analyst from PH, LA education dept. rep, Head Teacher, EHO

Universities and Colleges
Named PH Consultant, PH Practitioner, Data analyst from PH, Context SPOC rep, EHO

Business / Workplace (e.g. office, shop, public transport, utilities company)
Named PH Consultant, PH Practitioner, Data analyst from PH, Business/workplace SPOC, EHO

Tourism Hotspots (Inc. all Leisure Industry settings e.g. campsites, YHA, Air B'n'B, large beaches)
Named PH Consultant, PH Practitioner, Data analyst from PH, Context SPOC, EHO, possibly Environment Agency

Airports / Ports
Named PH Consultant, PH Practitioner, Data analyst from PH, Context SPOC, Port Health Lead

Other contexts and co-opted members
To consider, Agricultural settings (Defra rep), Community events (e.g. village show, sporting clubs)

N.b. you would normally include microbiology within such meetings, however, access to testing/ screening may be accessible through other means which would need to be identified during the initial investigation.

IRT Terms of Reference (suggested)

- to review the epidemiological, microbiological and environmental evidence and verify an outbreak is occurring
- to regularly conduct a full risk assessment whilst the outbreak is on-going
- to develop a strategy to deal with the outbreak and allocate responsibilities based on the risk assessment
- to ensure that appropriate control measures are implemented to prevent further primary and secondary cases
- to communicate with other professionals, the media and the public as required providing accurate and timely information
- to determine when the outbreak can be considered over based on on-going risk assessment and taking account of risk management actions.

Template Agenda for IRT (suggested)

IRT Meeting Agenda

1 Introductions

2 Apologies

3 Minutes of previous meeting (for subsequent meetings)

4 Purpose of meeting

5 Review of evidence
- Epidemiological
- Microbiological

6 Current risk assessment

7 Control measures

8 Further investigations
- Epidemiological
- Microbiological

9 Communications
- Public
- Media
- Healthcare providers (e.g. GPs, A&E etc…)
- Others

10 Agreed actions

11 Any other business

12 Date of next meeting

Roles and Responsibilities of Usual Members

Consultant in Public Health

- declare an outbreak following appropriate consultation
- convene the IRT and ensure appropriate membership
- chair the IRT unless a different chair has been agreed
- ensure initial response and investigation begins within 24 hours of outbreak reported
- identify the population at risk
- ensure an incident room is set up at an appropriate venue, if required
- identify resources that might be needed to manage the situation
- liaise with clinicians over need for testing and management of cases
- agree with IRT who will lead the media response
- ensure communications such as letters/bulletins/ press statements and so on are agreed and disseminated
- arrange for appropriate identification and follow up of contacts
- provide epidemiological advice and support analysis and interpretation of data
- ensure appropriate stakeholders are informed and updated, including LA, NHS England, CCGs, acute trusts, microbiologists, FES
- inform SW Public Health England Centre (PHEC) director as necessary
- ensure all documentation relating to the outbreak is correctly managed and disseminated, incorporating information governance and data protection requirements.

Director of Public Health

Under the Health and Social Care Act (2012) the Director of Public Health (DPH) is responsible for the LA contribution to health protection, including planning for and responding to incidents that present a threat to the public's health. They are also responsible for:

- overall executive responsibility for reviewing the health of the population including surveillance, prevention and control of communicable diseases
- ensuring, in liaison with NHS England and CCGs, that appropriate resources are available to support the investigation and control of outbreaks
- ensuring 24-hour LA emergency management availability
- ensuring that hospital trusts are alerted and able to cope with a potential influx of patients
- informing LA Chief Executive and Chairman, as appropriate
- liaison with other LAs as appropriate.

Environmental Health Officer

- advise the IRT where enforcement falls to another body, for example the HSE
- provide help and advice including the investigation of cases or contacts
- provide mechanisms for out of hours communications with the OCT and stakeholders
- provide reports to the LA and undertake necessary enforcement actions
- ensure infection prevention and control advice is implemented, using relevant legal powers as necessary
- ensure arrangements for collection and disposal of clinical waste remain appropriate and discuss with IMT any changes required
- identify resources so that tasks can be undertaken efficiently.

Local Authorities

Local authorities and port health authorities have a key role in investigating and managing outbreaks of communicable disease. The specific statutory responsibilities, duties and powers available to them during the handling of an outbreak are set out in the following legislation:

- Public Health (Control of Disease) Act 1984 and associated regulations
- Health Protection (Notification) Regulations 2010
- Health Protection (Local Authority Powers) Regulations 2010
- Health Protection (Part 2A Orders) Regulations 2010
- Health and Social Care Act 2012
- Health and Safety at Work etc. Act 1974 and associated regulations
- Food Safety Act 1990 and associated regulations
- Food Safety and Hygiene Regulations 2013 (in place December 2013)
- Food Law Code of Practice (England)
- International Health Regulations 2005
- Public Health (Ships) Regulations 1979
- Public Health (Aircraft) Regulations 1979.

Appendix 2
Cornwall and Isles of Scilly COVID 19 Health Protection Board (C-19HPB): Terms of Reference

1 Purpose

Local authorities are required through their Director of Public Health (DPH) to assure themselves that relevant organisations have appropriate plans in place to protect the population against Coronavirus (COVID 19) and to ensure that necessary action is being taken. In order to meet these requirements, it is necessary to have a single Health Protection Board with the responsibility for coordinating the health protection responsibilities of multiple local commissioning bodies in the context of the COVID 19 pandemic. The Board will take a system-wide overview of organisations and stakeholders contributing to this health protection work across Cornwall and the Isles of Scilly.

The purpose of the COVID 19 Health Protection Board is to provide assurance to Cornwall Council, and the Council of the Isles of Scilly, and both Health and Wellbeing Boards, in regard to the adequacy of prevention, surveillance, planning and response with regard to the health protection issues relating to COVID 19 that affect Cornwall and the Isles of Scilly residents which includes:

a Ensuring co-ordinated action across all sectors to protect the health of the people of Cornwall and the Isles of Scilly from the health threats posed by COVID 19.

b Supporting the Director of Public Health (DPH) to carry out statutory responsibility to protect the health of the community through effective leadership and coordination, ensuring appropriate capacity and capability to detect, prevent and respond to threats to public health and safety.

c Providing strategic direction and assurance on matters relating to COVID 19 related health protection policy, risks and incidents.

d Working collaboratively across the wider system with partners to exchange information and share knowledge to protect the public's health.

2 Functions

The functions of the COVID 19 Health Protection Board are to:

a Produce a Local Outbreak Management Control plan which covers: schools and care homes, other high-risk settings, communities and places, support vulnerable people, integrate data, and drives forward local test and trace services and has the appropriate governance structures in place of which the C19HPB is part of that structure.

b Regularly update the Health and Wellbeing Boards to provide a forum for professional discussion of COVID 19 health protection plans, risks and opportunities for joint and co-ordinated action.

c Ensure that effective arrangements are in place and are implemented to protect the populations of Cornwall and the Isles of Scilly from COVID 19.

d Ensure effective health protection surveillance information is obtained, assessed and used appropriately so that appropriate action can be taken where necessary.

e Ensure that COVID 19 threats requiring local intervention are identified, analysed and prioritised for action to protect public health.

f Ensure that systems are in place for managing major health protection concerns and complex COVID 19 situations outside of this meeting.

g Ensure that appropriate plans and policies exist to coordinate responses to public health activities, emergencies and threats in relation to the scope.

h Ensure appropriate response to COVID 19 outbreaks.

i Agree relevant risks and performance measures that will be overseen by the Board.

j Ensure appropriate governance for all COVID 19 related health protection activities.

k To provide regular reports to the Local Outbreak Engagement Board on the tracking of the local epidemic and the high-level position of open outbreaks.

l To provide clear, evidence-based messages to inform communication to the public.

m To mobilise resources as required to effectively respond to COVID 19 outbreaks and control the local epidemic.

3 Scope

The scope of the COVID 19 Health Protection Board is to minimise the threat of COVID 19 to human health, and to ensure that any threats are promptly dealt with. Geographically, the scope covers the populations of both Cornwall and the Isles of Scilly. The areas that will be included within the scope include:

a Communicable disease control of COVID 19 and any associated infections (e.g. seasonal and pandemic influenza).

b Infection prevention and control (IPC) related to COVID 19 infections in care homes, educational settings and other community settings.

c Any future vaccination programmes.

d NHS Test and Trace programmes.

e Emergency preparedness, resilience and response.

4 Membership

The membership of the COVID 19 Health Protection Board is based on representatives of partner organisations who are able to make strategic decisions on behalf of their organisations. The membership cohort may change over time to fit emerging priorities and expertise required.

List of Core Members

Rachel Wigglesworth
Director of Public Health (Chair)
Cornwall Council

Ruth Goldstein
Consultant in Public Health, Cornwall Council

Jenny Taylor
Consultant in Health Protection
Public Health England

Natalie Jones
Chief Nursing Officer, Kernow CCG

Rob White
Clinical Director, Kernow CCG

Suzanne Wixey
Service Director, Adult Social Care and Support
Cornwall Council

Allan Hampshire
Public Protection Environmental Health Lead
Cornwall Council

Simon Mould
Emergency Planning Lead, Cornwall Council

Louise Dickinson
Director of Infection Prevention and Control
Royal Cornwall Hospital/CFT

Claire Higdon
Strategic Planning Consultant
Peninsula Pathology Network

Paul Masters
Chief Executive, Isles of Scilly Council

Helen Mason
Communications Lead, Cornwall Council/KCCG

Additional members as required

Matthew Dominey
Screening and Immunisation Team Consultant
Public Health England

Carolyn Andrews
Chief Executive, Kernow Health CIC

Phil Yelling
Local Pharmaceutical Committee, LPC

Julie Yates
Commissioning Lead, NHS England

Aisling Khan
Director of Adults Social Services and Children's Services, Isles of Scilly Council

Lisa Harvey
Service Director for Children's Health and Wellbeing, Cornwall Council

Jon Lloyd Owen
Service Director of Housing, Cornwall Council

Glenn Caplin-Grey
Service Director Economic Growth
LEP / Cornwall Council

Vicky Fraser
Service Director Transport, Cornwall Council

Simon Grant
Health of Health and Safety, University of Exeter

Military Liaison Officer
Military

Shielding Programme lead
Cornwall Council

Voluntary Sector Representation (VERA)
Voluntary Sector Forum

Additional support to the board

Public Health Senior Analyst
Cornwall Council

Health Protection Advanced Practitioner
Cornwall Council

Project Support Officer, Cornwall Council

Resilience and Emergency Planning officer
Cornwall Council

Resilience and Emergency Planning officer
Isles of Scilly Council

In the event that any of the core members are unable to attend scheduled meetings, they will be expected to nominate representatives who can take decision on their behalf.

5 Frequency of Meetings and Quorum

The Health Protection Board will initially meet on a bi-weekly basis for first 4 sessions and then frequency to be reduced to monthly for 6 months then reviewed.

Quorum will be 50% of core membership.

6 Accountability

The COVID 19 Health Protection Board will report to both the Cornwall and Isles of Scilly Health and Wellbeing Boards.

7 Review of Terms of Reference

The Terms of Reference will be reviewed quarterly, or more regularly in light of policy changes or changes in the needs resulting from the local epidemic.

The Board will take a system-wide overview of organisations and stakeholders contributing to this health protection work across Cornwall and the Isles of Scilly.

Appendix 3
Cornwall COVID 19 Local Engagement Board (C19LEB): Draft Terms of Reference

1 Context

An integrated national and local COVID 19 test and trace programme is being implemented that is designed to control the virus and enable people to live a safer and more normal life. For the test, trace and contain stage to be successful, it is critical that across Cornwall we communicate widely with the public and employers to gain their support for any actions that we need to implement.

2 Purpose

The board will ensure that there is effective communication and public oversight of the implementation of the test, trace and contain stage for the population of Cornwall.

The initial urgent task is to support and help strengthen a specific communication plan, which ensures that all sectors and communities are communicated with effectively and that as a result any required behaviours are adopted by individuals and organisations.

It will also provide public oversight of the implementation of the Test, Trace, Contain stages in the local response to the pandemic.

3 Functions

The key role of the board is to support the effective communication of the test, trace and contain plan for the population.

It will support and strengthen the communication plan that will need to underpin every decision we take as we move through the next stage of managing the pandemic, helping to make sure that all communities and sectors are communicated with effectively.

It will help ensure that all key stakeholders have been identified and that the best routes to communicate with them are utilised.

It will oversee the evaluation of the communication plan, measuring success through the successful adoption of the required behaviours by individuals and organisations across the city with no community or sector left behind.

It will receive regular updates from the Health Protection Board via the Director of Public Health. Through these updates it will provide public oversight of progress on the implementation of the Test, Trace, Contain stages.

It will also ensure that the implementation plan builds on existing good practice and that lessons learned from other geographies are taken into account.

It will identify any barriers to progress and delivery and help resolve them, making the most of any opportunities that may arise.

4 Decision making

Decisions of the Board will be given effect through the governance arrangements of the sovereign bodies represented

A summary of discussions and decisions should be published following each Board meeting.

5 Membership

List of Core Members Organisation

Cllr Julian German Leader (Chair)
Cornwall Council

Cllr Adam Paynter Deputy leader (Chair of Health and Wellbeing Board) Cornwall Council

Kate Kennally CEO of Cornwall Council

Iain Chorlton Chair (Vice Chair of HWB Board)
NHS Kernow

Cllr Sally Hawken
Cabinet Member for Children, Wellbeing and Public Health, Cornwall Council

Cllr Rob Rotchell
Cabinet Member for Adults, Cornwall Council

Cllr Martyn Alvey
Cornwall Council

Cllr Cornellius Olivier
Cornwall Council

Cllr Armand Toms
Chair of Health and Social Care OSC (Observer)

Cllr Dick Cole
Mebyon Kernow

Kate Shields
Chief Executive, Royal Cornwall Hospitals NHS Trust

Meredith Teasdale
Strategic Director, Together for Families
Cornwall Council

Helen Charlesworth-May
Accountable Officer, NHS Kernow/ Strategic Director Adult Social Care

Rachel Wigglesworth
Director of Public Health, Cornwall Council

Malcolm Bell
Visit Cornwall

Helen Mason
Communicatons Lead

Ian Drummond-Smith
Police Commander, Devon and Cornwall Police

Helen Price
Chair, CALC

Helen Boardman
Chief Executive, Voluntary Sector Forum

Amanda Stratford
Chief Executive Officer, Healthwatch

Anne Carlise
Falmouth University

Additional Support to the Board

Project Support Officer
Cornwall Council

Resilience and Emergency Planning officer
Cornwall Council

In the event that any of the core members are unable to attend scheduled meetings, they will be expected to nominate representatives who can take decisions on their behalf.

6 Frequency of Meetings and Quorum

The Local Engagement Board will initially meet on a three-weekly basis, or as required and then frequency to be reduced to monthly for 6 months then reviewed.

The quorum is three for all meetings and must include the Chair or the Deputy Chair.

Notes on membership:

- The board does not have any decision-making powers, its main function is one of support and challenge. This is because delegated decision making under the council's constitution rests with individuals and not the board.
- Board members should make every effort to attend meetings, but they can delegate to named individuals as appropriate and must endeavour to ensure that the delegated person attends.
- Others, as appropriate, may be invited by the chair to attend for specific items on the agenda.
- The board will receive key documents before consideration by the decision maker and includes: highlight reports, lessons learned report, press releases, project plan, reports to executive board, and web content.

The decision maker might not be a member of the board, nor be in attendance, so there must be a clear mechanism for comments and recommendations to reach the decision maker.

The board will ensure that there is effective communication and public oversight of the implementation of the test, trace and contain stage for the population of Cornwall.

Appendix 4
Council of the Isles of Scilly COVID-19 Local Engagement Board (IOS LOEB): Terms of Reference

The Board is a committee of the Council of the Isles of Scilly established under the Local Government Act 1972.

At the first meeting of the Board the terms of reference will be confirmed. Council of the Isles of Scilly employees attend the Board in an advisory capacity only. The Chairman of the Board is the Chairman of Council.

If you would like this information in another format or language please contact us:

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Email: equality@cornwall.gov.uk www.cornwall.gov.uk

Telephone: 0300 1234 100

June 2020 jn50062