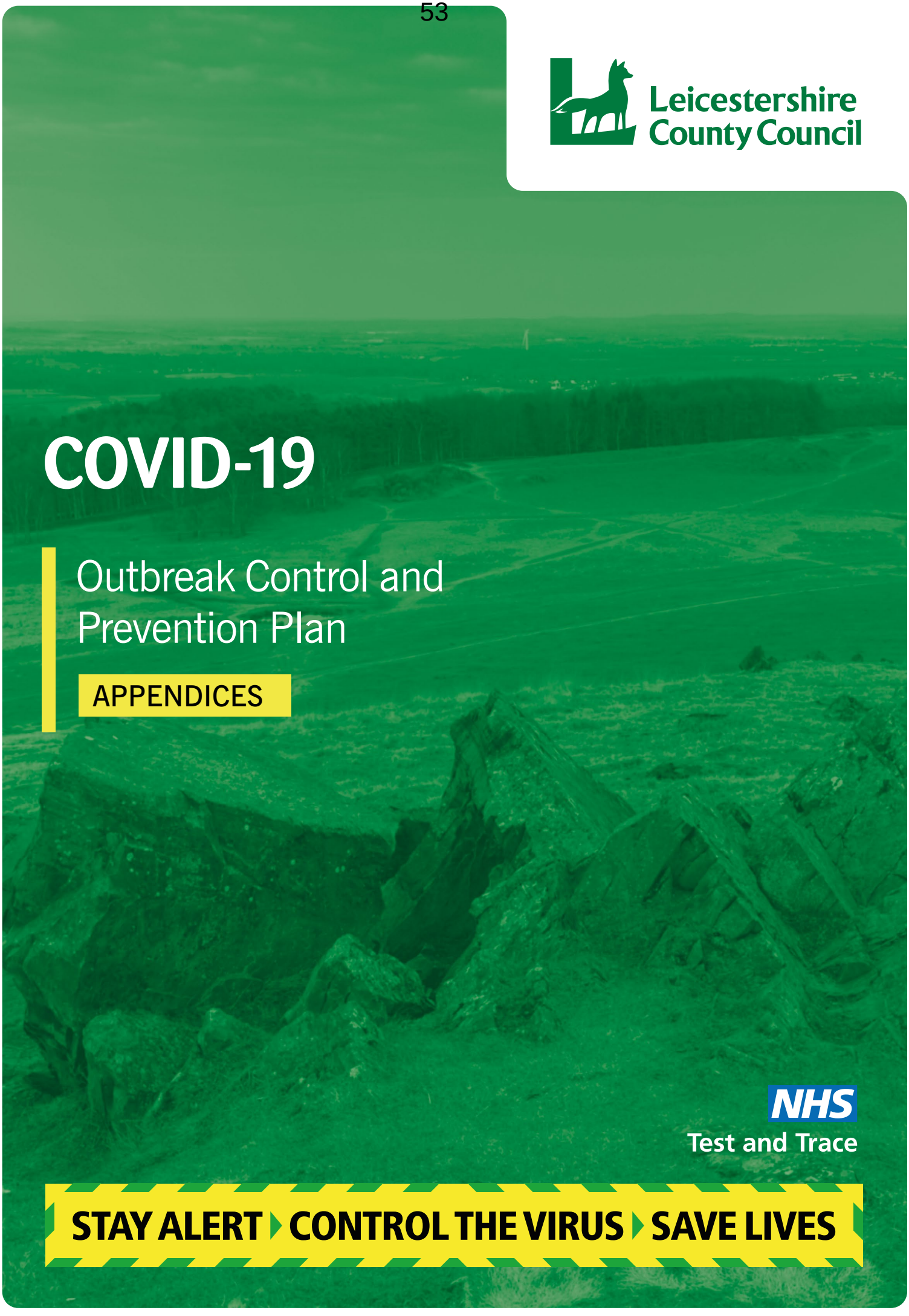
Leicestershire County Council

COVID-19

Outbreak Control and Prevention Plan

APPENDICES



NHS Test and Trace

STAY ALERT › CONTROL THE VIRUS › SAVE LIVES

Contents

Appendix 1 –

Outbreak Communication's plan

1. Scope of this document

To outline the key elements of the communication plan that will support Leicestershire's Local Outbreak Plan. This document is based on the NHS Test and Trace communications guidance.

2. Background and context

The current situation

- As part of the national Contain strategy, Local Outbreak Plans are in place.
- To minimise local outbreaks, we need to engage people across all segments of society with the need to comply with social distancing, be alert to symptoms, access testing where needed and to self-isolate if positive or if contact traced.

National campaign overview

- A national coronavirus public information campaign has been running since February 2020 to arm the public with key prevention actions they can take to help control the spread of coronavirus. Campaign activity is delivered through a broad range of media channels, partnerships and influencer activity.
- The insight-led campaign is informed by research and behavioural scientists.
- National campaign activity targets an 'all adults' audience but is also weighted to priority groups identified as requiring greater focus.

3. Objectives

To communicate the NHS Test & Trace advice and guidance to maximise awareness and compliance and so contain Covid-19 and stop the spread.

Our communications will specifically support the objectives within the Local Outbreak Plan:

- Preventing the spread of COVID-19, through encouraging compliance with restrictions and necessary behaviour change
- Support co-ordination of capabilities across agencies and stakeholders through effective internal and stakeholder communications
- To assure the public and stakeholders that this is being effectively delivered

4. Strategy

- Locally, we will develop and deploy the national campaign, and have in place plans for local communications in the event of outbreak scenarios.
- These should resonate with key audiences and engage as well as possible with local communities across the country – particularly among the most vulnerable groups e.g. the homeless, people with learning disabilities, SEN schoolchildren, care leavers etc and diverse groups such as BAME communities. All these groups are disproportionately affected.
- The Test and Trace message variants and formats will be extended through each audience through a broad and deep range of local communication and stakeholder channels.
- Detailed planning will match audiences to the most impactful messaging, formats and channels, with communications tailored accordingly, and will build on our existing local channels, communications routes and relationships.
- Vulnerable and diverse communities will be targeted with tailored, relevant communications formats in local languages where relevant.
- Strong stakeholder engagement is essential for disseminating messages to key audiences and keeping stakeholders informed, and providing them with tools to advocate.
- Stakeholders can provide audience impact, access and endorsement, with the opportunity to tailor messages. This is particularly important for 'hard to reach' audiences such as vulnerable and diverse communities, for example, trusted faith or community leaders act as very good conduits.
- Influencers, celebrities, sports people (e.g. football / rugby teams) can make a big impact in local communities by endorsing and amplifying messages through media and own social channels.
- Equally, local voices and 'people like me' can bring incredible power to a message for specific groups, and our communications framework will allow such tailoring by providing tested messages and audience insight to aid locally developed and audience specific materials, in partnership with others where appropriate.

Three key strategies have been identified:

1. **Amplify** the national NHS Test and Trace campaign through local channels with tailored messages
2. **Establish clear understanding** of the Local Outbreak Plan among key stakeholders
3. **Ensure rapid response** achieved in the event of Local Outbreaks

A detailed planning grid will aid this implementation.

Strategy 1.
Amplify the national NHS Test and Trace campaign through local channels with tailored messages for key audiences

The priority audiences (in addition to all residents) are:

- BAME
- Single mothers with young children
- 65+
- 16-24 year olds
- 25-64 year old workers
- Geographical 'hot spots'

Key messages:

The over-arching approach that tested best amongst target audiences takes an emotive approach, building on the concept of a social contract – 'people protecting people' backed by behavioural science.

Key messages will be developed that increase the need for personal responsibility, have a strong emotional connection and encouraged desired behaviours.

"Save lives, save livelihoods"

"Play your part, protect your community"

"Back to work? Back to basics – wash your hands and stay at least 2m apart"

"Know the symptoms. Get a test and self-isolate"

The following insights have been identified as the key barriers to address:

- A low awareness of testing
- A low symptom knowledge
- A low understanding of what isolation actually means

The key sub-messages are:

- Limit contact with other people
- Keep your distance if you go out and follow latest guidelines
- Wash your hands regularly for 20 seconds
- Always wear a face covering on public transport /in enclosed spaces if you can
- Got any of these symptoms? Cough, temperature, loss of taste or smell?
  - Get tested immediately. Isolate your household - If positive, isolate your household for 14 days
  - If you're told you've been in close contact with someone who has tested positive, it is critical that you isolate for 14 days to protect others.

More detailed 'in depth' messages likely to include:

- Why get tested?
- Who can get tested?
- How and where to get a test?
- What is a test like?
- Why give your contacts?
- What do I have to do if contacted?
- Why is self-isolation important
- What support is available – what are the rules?
- How do I spot scams?

Communications channels include:

- Ambient / retail media advertising
- Business owners
- Voluntary groups and charities
- Community networks
- Social media
- Digital targeting
- Education providers
- Faith networks
- GPs and patient networks
- LLEP and local business networks
- Local and community radio
- Local and partner websites
- Local influencers – sports people
- Local leaders, MPs
- Local press
- Mail drops / door drops
- Outdoor advertising sites
- Pharmacies
- Town and Parish councils
- Transport providers
- Internal staff
- Unions

Tools include:

- Posters
- Signage
- Radio ads / content
- Press releases and media features
- Webinars
- Video / animations for social / web content
- Content for social – instagram, whatsapp, twitter, facebook
- Leaflets
- Newsletters
- Emails
- Texts
- E bulletins
- Q&As
- Digital ads

Strategy 2:
Clear understanding of Local Outbreak Plans amongst key stakeholders

Key audiences:

- Residents
- Key Stakeholders groups
    - Health Protection Board, Political Oversight, Outbreak Planning
    - LRF partners
    - Members
    - Staff and managers
    - Local leaders
    - Community and voluntary sector
    - Local businesses

Key messages:

- We've been working hard in partnership to contain coronavirus and reduce its spread in the county. This Local Outbreak Plan is next step in our activity – it builds on what has been in place already
- By the end of June, each local area has to publish a local outbreak plan and we've been working hard toward this deadline

Strategy 3:
Ensure rapid response achieved in the event of Local Outbreaks

The following is a working draft, as the nature of the communications will vary depending on the situation.

Key audiences:

- Audiences will vary depending on the nature of the issue
- Setting specific (workplace, school, care home etc)
- Neighbourhood / locality specific (ensure socio-demographics taken into account)
- High risk groups and settings
- All residents
- All relevant stakeholders (LRF, Members, MPs)

Key messages:

Messages will vary depending on the nature of outbreak and response but could potentially include the following, so development along these lines are recommended.

- Alert that cases are rising – take extra care – remind of guidance and restrictions – create greater urgency and warning impact
- Acceleration of testing / tracing asymptomatic people eg students, staff
- Closure of specific setting(s)
- Closure of certain businesses and venues
- Cancellation of organised events/ large gatherings
- Closure of outdoor public areas
- Working from home where possible
- Limit schools to certain year groups
- Close schools
- Bar non locals from the area
- Limit / close transport network
- Stay at home

Specific messaging scenarios will need to be refined depending on the situation.

Key channels to consider:

- Local media
- Business owners
- Voluntary sector and charities

- Clinical settings / hospitals / NHS assets
- Community networks
- Digital targeting
- Social media
- Education providers
- Faith networks
- GPs and patient networks
- LLEP and local business networks
- Local and community radio
- Local and partner websites
- Local influencers – celebrities, sports people
- Local leaders, MPs,
- Mail drops / door drops
- Outdoor advertising sites
- Pharmacies
- Police
- Town and Parish councils
- Trade bodies
- Transport providers
- Internal staff
- Unions

A range of tactics will be deployed, including media relations, social media, face to face engagement and community networks.

In addition, there is national work underway on developing a geo-targeted regional plan which can be activated if a larger scale regional response is required.

Media handling – considerations

- The coordination with any national announcements is key - PHE and the DHSC press office pressofficenewsdesk@dhsc.gov.uk will be alerted to align handling.
- Role of Public Health England must be coordinated, particularly when they may have been leading on any single cases which develop

1. If there is a local escalation decision then your outbreak communications lead must liaise with DHSC press office to ensure the media position / messaging is clearly known
2. DHSC press office will attend the Test & Trace daily operational meeting which reviews the national epidemiological and containment activity pack. If this meeting needs to escalate an issue, the press team will liaise with PHE communications and the relevant LA outbreak communications lead (named above) to liaise on the communications position.
3. If there is a national interest in mentioning a local incident, there must be liaison between all involved parties and further stakeholder notification before it happens.
4. If any media is directed centrally ie: to the DHSC press office in the first instance, it will be alerted to your outbreak communications lead to respond and liaise.

- *National communications protocol*

Depending on the nature of the local outbreak, the following would be developed:

- Reactive and proactive media lines and Q&As
- Media spokesperson – likely to be DPH
- Regular media briefing schedule
- Member briefing
- Key governance representatives – Health Protection Board, Political Oversight, Outbreak Planning
- Wider stakeholder communications LRF, MPs
- nternal communications

5. Evaluation

A range of performance measures will be drawn up to support the behaviour change campaign implementation and measure the impact of targeted outbreak communications.

6. Resources

The plan will be delivered by Leicestershire County Council's communications team, coordinating through the LRF multi-agency communications cell and with partners as appropriate.

Appendix 2 –

SOP PHE and LA

Standard Operating Procedure (SOP) - PHE-LA Joint Management of COVID-19 Outbreaks in the East Midlands V1

DERBY, DERBYSHIRE, LEICESTER, LECIESTERSHIRE, LINCOLNSHIRE, NORTHAMPTONSHIRE, NOTTINGHAM CITY, NOTTINGHAMSHIRE

(Acknowledgement: this SOP is based on a model developed in the East of England for care home outbreaks which was subsequently translated into a SOP in the West Midlands for all COVID19 outbreaks)

Date developed: 03/06/2020 **Review date: initial review due on 09/06/2020**

Overview

This proposed Standard Operating Procedure (SOP) has been drafted initially by PHE East Midlands (EM) Centre as a starting point for each Local Authority (LA) Director of Public Health to add to. It should be read in conjunction with the Communicable Disease Outbreak and Control Plan for the East Midlands. We recognise that there will be different capacities across the region and that we will need to develop the arrangements jointly across each area. Areas may wish to use this to inform local summaries of operational arrangements (e.g. actions cards).

This provides a suggested framework for working across PHE EM, public health structures in LAs, Clinical Commissioning Groups (CCGs) and other relevant organisations for dealing with COVID-19 outbreaks in a variety of settings. This SOP will support the effective delivery of local COVID "outbreak" plans by defining the specific roles and responsibilities of individual arrangements in responding to outbreaks.
This SOP will be kept under review, in line with national guidance and changes in the capacity across the system. It is an outline document intended to be flexible and adaptable for local operation. Different local systems in EM have different support and outbreak management arrangements, including differing LA Public Health team roles, so this SOP is intentionally flexible to allow for that. Outbreaks will be notified directly, as well as through testing data and through local intelligence.

The suggested overarching joint approach to managing complex cases and outbreaks will be as follows:

- PHE EM will advise on appropriate testing arrangements for symptomatic individuals when first advised of an outbreak (within a particular setting, or particular cohort), linked in with regional/local arrangements for testing.
- PHE EM will undertake the initial risk assessment and give advice to the setting and the local system on management of the outbreak.
- The local system will follow-up and support the setting to continue to operate whilst managing the outbreak, including support with infection prevention and control.
- PHE EM will work collaboratively with LAs both proactively and reactively (through existing Health Protection Team structures) to ensure two-way communication about outbreaks as well as enquiries being managed by the local authorities and wider issues/opportunities and will continue to give advice on complex situations on request from local systems, including advice on closing and opening care homes to admissions, as well as other settings.
- Local authorities will continue to support individuals who are shielding and may also support those self-isolating if required.

Rationale for the joint SOP

1. The aim of this joint approach is to reduce transmission, protect the vulnerable and prevent increased demand on healthcare services.
2. To streamline the follow up of EM care settings by the LA, CCG and PHE EM Health Protection Team (HPT).
3. To provide consistent advice to settings.
4. To have a single point of contact in PHE EM and each LA to facilitate communication and follow up.
5. To provide a joint response for outbreak management, providing infection control advice and support for operational issues.
6. To develop and maintain a surveillance and monitoring system for outbreaks for COVID19, aligning with existing databases held by partners (LA and CCGs).
7. To share outbreak information between PHE EM, LA and CCGs to facilitate appropriate measures.

Governance and Key Guiding Principles
(Appendix 1 sets out key joint arrangements for core components).

PHE EM will fulfil its statutory duty as outlined below by receiving the notification of outbreaks (directly, or through testing data/local intelligence), undertaking the risk assessment and providing public health advice in accordance with national guidance or local SOPs.

As per this joint SOP and in line with the statutory roles outlined below, LAs or PHE EM will conduct follow up of these settings as a shared responsibility with CCGs and fulfil their statutory duty for safeguarding and protecting the health of their population:

1. PHE EM has responsibility for protecting the health of the population and providing an integrated approach to protecting public health through close working with the NHS, LAs, emergency services, and government agencies. This includes specialist advice and support related to management of outbreaks and incidents of infectious diseases.

2. There is a shared multi-agency responsibility for the effective management of outbreaks of COVID-19 in the EM.

3. Infection control support for each setting will be provided in line with local arrangements.

4. Under the Care Act 2014, Local Authorities have responsibilities to safeguard adults in its area. LAs responsibilities for adult social care include the provision of support and personal care (as opposed to treatment) to meet needs arising from illness, disability or old age.

5. Under the Health and Social Care Act 2012, Directors of Public Health 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.

6. Under the Health and Social Care Act 2012, CCGs have responsibility to provide services to reasonably meet health needs and power to provide services for prevention, diagnosis and treatment of illness.

7. Medical practitioners have a statutory duty to notify suspected and confirmed cases of notifiable diseases to PHE, under the Health Protection (Notification) Regulations 2010 and the Health Protection (Notification) Regulations 2020. PHE will also work with LAs on communication to specific settings (e.g. care homes, schools, workplaces) to ensure that notification of outbreaks occurs in a timely fashion.

8. Under mutual aid arrangements, this collaborative arrangement creates a shared responsibility between the LAs and PHE in dealing with COVID19 outbreaks.

9. In practice the LAs and PHE HPT will work closely together to deliver the duty to collaborate as part of a single public health system to deliver effective control and management of COVID19 outbreaks.

PHE EM HPT Role

1. Risk assessment of complex cases and situations

1.1 On initial notification, the HPT will undertake the risk assessment and take key details.

1.2 The HPT will give infection control advice (verbal and email) to the individual or organisation to minimise spread of infection.

1.3 The organisation first made aware of a situation (outbreak) will inform the other by e-mail and by phone if urgent action required, as per existing arrangements.

1.4 Regular communication will be maintained between partners regarding ongoing management of outbreaks, as appropriate based on the complexity and setting of the outbreak.

1.5 In complex situations a joint discussion on control measures will take place between LA/CCG lead and PHE EM. An example indicating poor outbreak control would include sudden high attack rate, increase in deaths or other operational issues. These will be the subject of regular proactive meetings between PHE EM and local authority public health teams, to discuss outbreaks, local intelligence, alongside enquiries being managed by local authorities, alongside wider issues/opportunities.

1.6 In line with the East Midlands Communicable Disease Outbreak Management Plan, a multi-agency Outbreak Control Team may be called for particularly complex situations.

2. Swabbing/testing of new outbreaks (notified via all routes)

2.1 Swabbing will be coordinated by PHE EM in line with current arrangements e.g. a one-off swabbing of residents in a care home will be arranged by the HPT when the outbreak is first reported by the setting.

2.2 The results will be provided by the organisation taking the sample (See Appendix 2 for further details).

3. Operational reporting to local systems

3.1 LAs and PHE EM will keep each other informed of any new outbreaks/situations. Regular communication will be maintained between partners regarding ongoing management of outbreaks, as appropriate.

3.2 (TBC) Epi and surveillance arrangements will be agreed and supported through the Midlands Intelligence and Epi Cell.

4. Operational enquiries

4.1 Enquiries received by PHE EM HPT relating to operational issues, such as listed below, will be forwarded to local systems' SPOC.

i) Sourcing PPE
ii) Operational issues relating to staff capacity and other support to business
iii) Removal of dead bodies
iv) Care provision

4.2 Enquiries received by the local authority that require a policy understanding from PHE EM, will be forwarded to icc.eastmidlands@phe.gov.uk

Local System Role

Local authorities have been working to support a range of settings (e.g. schools, care homes, workplaces) and communities, both proactively and reactively as part of the overall COVID19 response. This activity will continue in the next test, trace and isolate phase of epidemic management, working closely with PHE EM. However, the focus of both the proactive and reactive work will need to change, as workplaces and schools open (requiring support with ensuring this is done safely), and as contact tracing programmes are established.

Local authority areas have been asked to develop local COVID "outbreak management plans" by the end of June 2020, which focus on 7 key themes.

1. Care homes and schools – Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response).
2. Identification of high- risk places, locations and communities, e.g. homeless shelters, migrant worker dormitories/accommodation for vulnerable migrants, high-risk workplaces (e.g. meat packing plants, slaughter-houses among others), places of worship, ports and airports. Defining preventative measures and outbreak management strategies.
3. Local Testing Capacity – to prioritise and manage deployment of testing capacity quickly to the places that need it for outbreak management (e.g. NHS, pop-up, mobile testing units etc).
4. Local Contact Tracing – Led by PHE EM, but for LAs to consider mutual aid and support structures - identifying specific local complex communities of interest and settings. There is a need to develop assumptions to estimate demand, developing options to scale capacity if needed.
5. Data and integration – national and local data integration and ability to measure R number locally; links with Joint biosecurity centre work (to include data management planning, data security and data linkages)
6. Vulnerable people – supporting vulnerable people to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc) and ensuring services meet the needs of diverse communities.
7. Local Boards - Establishing governance structures led by existing COVID19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

The plans will capture the themes above under initial suggested headings (may change) of:

- Roles and responsibilities and Governance Arrangements (to include links with LA and NHS response structures, COVID Health Protection boards and Member-led boards)
- Key principles and protocols for response in different settings to include
  - Proactive preventative response
  - Reactive response (including community support for shielding and to support isolation)
  - Enforcement and Detention
- Testing
- Data/Intelligence
- Financial Plan
- Workforce considerations

Local authorities will:

1. Continue with wider proactive work with particular settings and communities in order to minimise the risk of outbreaks/clusters of cases
2. Work with PHE to support complex cases and outbreak management (in a range of settings/ communities) as highlighted in above SOP, looking to mobilise/re-purpose existing capacity within public health, environmental health, trading standards, infection control, education, as well as wider professional workforces as appropriate (school nursing, health visiting, TB nursing and sexual health services, academia).
   [DsPH and their teams will lead on scenario planning for how outbreaks are managed in key settings locally].
3. Provide a single point of access for communication with the local authority on matters relating to the reactive response, as well as out of hours contact (through Directors of Public Health and Health protection leads, or other local arrangements as they emerge)
4. Establish regular proactive meetings with "link" PHE colleagues to discuss complex outbreaks, local intelligence, alongside enquiries being managed by local authorities, alongside wider issues/opportunities. This may be at both local and sub-regional footprints
5. Develop local COVID "outbreak" plans alongside PHE, ensuing appropriate PHE representation, through existing Health Protection Team structures, on COVID health protection boards/member-led Boards as appropriate.

Underpinning this work, Local Authorities will agree a workforce plan jointly with PHE to ensure capacity in the system for delivery of the above.

Contact details – single point of access

DERBY

DERBYSHIRE

LEICESTER

LECIESTERSHIRE

LINCOLNSHIRE

NORTHAMPTONSHIRE

NOTTINGHAM CITY

NOTTINGHAMSHIRE

PHE EM "IN HOURS" (8am- 7pm): icc.eastmidlands@phe.gov.uk

PHE EM "OUT OF HOURS": 0344 2254524 (transfer to Contact People who will provide link to OOH)

Version Control

Version & Date	Amendments	Authors
V1.0 03/06/2020	Initial Draft Comments on initial draft and suggested local response	PHE EM Centre (Julia Knight on behalf of ICC)
V1.1 04/06/2020	Minor amendments throughout to reflect EM working. Draft ToR added to Appendix 1. Amendments in response to feedback from the Health Protection Ops Group and David Pearce.	PHE EM Centre (Lisa Burn on behalf of ICC)

Appendix 1 - Key joint arrangements for core components of this SOP

Component (regional)	Joint working	Related documentation
Strategic support	Health system partners will come together in the "EM Test & Trace regional partnership". This forum will provide strategic regional support to the co-ordination of the NHS Test & Trace Service and provides an opportunity to share examples of best practice and address any concerns arising from the implementation of the programme. It is intended to support local DsPH, local and regional NHS partners and SCGs/LRFs, and it will also provide local situational awareness for national oversight of the NHS Test & Trace programme. The Midlands multi-agency care home cell is in operation and can provide strategic support around care home outbreaks.	Draft ToR:  EM TT Regional Partnership Group v\s
Cross-county operational arrangements	PHE EM and LA colleagues will come together in the "EM Test & Trace Liaison Operational Group" to identify issues and commonalities in outbreak management by context. Within this forum an operational group of consultants in public health from local authorities and PHE EM will shape the design and delivery of Tier 1 contact tracing, the criteria for calling an outbreak control team meeting, specific requirements with regards cross-border co-operation, e.g. for schools with pupils from another county as well as for mass gatherings.	Draft ToR:  Terms of Reference (ToR) for East Midlar\s
Testing	TBC Health system, Local Authority, testing and sector leads will come together in the East Midlands COVID-19 Testing Subgroup to support the East Midlands Regional Test & Trace Partnership Board to implement national testing policy through clear leadership, oversight and coordination across the region. Decisions around mass testing in an outbreak situation will be made jointly by partners at an Outbreak Control Team meeting.	Draft ToR:  EMids COVID-19 Testing TOR 0.1.doc\s
Tracing and response	PHE EM will lead on the follow up of cases and potential outbreaks in complex settings (except hospitals which will be referred to hospital IPC teams) and will take referrals from tiers 2 and 3 of NHS Test & Trace as appropriate. Tier 1 contact tracers will be hosted by PHE East Midlands HPT. Resource allocation to manage particularly complex outbreaks will be agreed between partners at Outbreak Control Team meetings.	
Surveillance	TBC Details of regional epi and intelligence cell to be confirmed. Further details on data flow with the Joint Biosecurity Centre to be confirmed.	

Appendix 2 – Overarching organisational roles by outbreak context

Outbreak context										
	Care and residential homes (including LD)	Schools, College and Universities	Children's settings, Child care and nurseries	Workplace – not open to public	Workplace – open to public	Prison	Vulnerable people – Homeless, hostels	Faith Settings	Hospital and health care	Other, including Faith, Public Transport, Community settings
Receive notification	PHE – positive lab test (via electronic lab records) OR positive lab test (via Test & Trace) OR symptomatic possible cases (local notification) LA – symptomatic possible cases (local notification)									
Gather information and undertake initial risk assessment	PHE (initial risk assessment) Ongoing risk assessments dependent on setting and complexity									
Arrange testing	PHE to co-ordinate for symptomatic cases	PHE/ Local Laboratories for initial X cases and via national scheme	PHE/ Local Laboratories for initial X cases and via national scheme	PHE/national testing sites. Wider screening - TBC	PHE/national testing sites. Wider screening - TBC	PHE	Local service TBC	PHE/national testing sites. Wider screening - TBC	Local DIPC led arrangements on outbreak management as per their outbreak plans	PHE
Undertake testing	Local swabbing teams / national pillar 2 testing	*The majority of testing will be undertaken either through the national scheme. Any plans for mass testing will be agreed between all partners involved at an Outbreak Control Team meeting where this is appropriate.							See * Hospital testing capacity	See *
Provide advice and recommend control measures	PHE with support from LA for complex situations and groups LA to provide support for those self-isolating									
Provision of results	Organisation taking the sample									
IPC follow up	Care Homes – TBC Dom care – TBC	LA	LA	Regulatory Services – LA EH service/ HSE	Regulatory Services – LA EH service/ HSE	NHSE	LA with Districts	LA	CCG	LA with Support from districts
Quality and governance oversight	CQC	TBC	TBC	Regulatory Services – LA EH service/ HSE	Regulatory Services – LA EH service/ HSE	CQC	TBC	TBC	CQC	TBC
Access to PPE	LA + ?own stock	LA + ?own stock	LA + ?own stock						CCG + ?own suppliers	
Chair of outbreak control meeting (OCT) -if required	PHE or LA - representation from other health system partners as appropriate									

Appendix 3 –

Legal Powers

REPORT TO LOCAL OUTBREAK ENGAGEMENT BOARD

LEGAL POWERS TO SUPPORT LOCAL OUTBREAK CONTROL

Purpose

1 This Report describes the existing legal framework at local authority level to support the taking of action to deal with local outbreaks of Covid-19.

2 None of these powers are exercisable by the Local Outbreak Engagement Board itself. The powers are exercisable by local authorities and (in certain cases) individuals and where exercisable by local authorities will need to go through the internal governance arrangements of individual authorities.

Public Health Functions

3 Public health functions are vested in the County Council and are the particular responsibility of the Director of Public Health as a statutory officer.

4 Under section 2B of the National Health Service Act 2006, these functions include a duty to take such steps as the County Council considers appropriate for improving the health of the people in its area. This includes:-

- the giving of information and advice; and
- providing services or facilities for the prevention, diagnosis or treatment of illness.

5 Under Regulation 8 of the Local Authorities (Public Health and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 the County Council is required to provide information and advice to other bodies within the authority's area with a view to promoting the preparation of appropriate local health protection arrangements.

6 A Department of Health Factsheet on the role of the Director of Public Health issued when the new provisions can into force in 2012 states:-

"The director of public health, as the lead officer for these new functions, will need to have specialist public health expertise, and access to specialist resources, spanning the three domains of public health, health improvement, health protection and healthcare public health (ie the population health aspects of NHS funded clinical services).

The director and their specialist teams … will also lead on health protection, ensuring that appropriate arrangements are in place, escalating concerns and holding local partners to account. …"

7 Responsibility to advise on, lead and oversee the overall public health protection response therefore lies with the Director of Public Health. This role and accompanying statutory provisions do not, however, contain any specific power to enforce a lockdown in the sense of the types of measures to restrict business opening and movement that have been characteristic of the first Covid-19 lockdown period.

General Powers in relation to Disease Control

8 The basic local authority duties and powers in the control of disease are set out in the Public Health (Control of Disease) Act 1984 as amended and Regulations made under it in 2010.

9 The Regulations are the following (each made under section 45C of the Act)

- Health Protection (Local Authority Powers) Regulations 2010
- Health Protection (Part 2A Orders) Regulations 2010
- Health Protection (Notification) Regulations 2010

These Regulations set out the role of local authorities within the disease control system and in particular the Local Authority Powers Regulations set out the specific powers given to local authorities.

10 The 1984 Act defines a local authority in a two tier area as being the District Council (s1(1)(a) and (b)). Although the term "local authority" is not defined within the Regulations, by virtue of section 11 of the Interpretation Act 1978 the term when used in the Regulations will have the same meaning given to it in the Act. All these powers are therefore District Council powers.

Powers exercisable directly

11 The following powers under the Health Protection (Local Authority Powers) Regulations 2010 are exercisable directly by the District Council without a court order.

(a) Regulation 2 – power to require a parent to keep their child away from a school

(b) Regulation 3 – power to require that a headteacher provides it with a list of the names, addresses and contact telephone numbers for all the pupils of that school, or such group of pupils attending that school as the Council may specify

(c) Regulation 4 – power to disinfect or decontaminate, or cause to be disinfected or decontaminated, a thing where requested to do so by the owner.

(d) Regulation 5 – power to disinfect or decontaminate, or cause to be disinfected or decontaminated, a thing where requested to do so by a person with custody or control of it

(e) Regulation 6 – power to disinfect or decontaminate, or cause to be disinfected or decontaminated, premises where requested to do so by the owner

(f) Regulation 7 – power to disinfect or decontaminate, or cause to be disinfected or decontaminated, premises where requested to do so by the tenant.

(g) Regulation 8 - request that the person or group of persons do, or refrain from doing, anything for the purpose of preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection or contamination which presents or could present significant harm to human health.

(h) Regulation 9 – power to serve a notice prohibiting any person from having contact with a dead body

(i) Regulation 10 – power to serve a notice prohibiting any person from entering a room in which a dead body is located.

(j) Regulation 11 – power to relocate, or cause to be relocated, a dead body to a place where the Council considers that the risk of the dead body infecting or contaminating people is reduced or removed.

12 These powers are limited by a number of conditions and can lead to differing consequences including criminal offences which are not detailed above. The list in paragraph 11 does, however give a picture of the nature and scope of powers directly exercisable by District Councils.

Powers exercisable through the court

13 Under Part 2A of the 1984 Act and the Health Protection (Part 2A Orders) Regulations 2010 a Justice of the Peace on application by a District Council can make a number of orders in relation to a person (P) as follows:-

(a) that P submit to medical examination;

(b) that P be removed to a hospital or other suitable establishment;

(c) that P be detained in a hospital or other suitable establishment;

(d) that P be kept in isolation or quarantine;

(e) that P be disinfected or decontaminated;

(f) that P wear protective clothing;

(g) that P provide information or answer questions about P's health or other circumstances;

(h) that P's health be monitored and the results reported;

(i) that P attend training or advice sessions on how to reduce the risk of infecting or contaminating others;

(j) that P be subject to restrictions on where P goes or with whom P has contact;

(k) that P abstain from working or trading;

(l) that P provide information or answer questions about P's health or other circumstances (including, in particular, information or questions about the identity of a related party).

14 An order under the above paragraph may also order a person with parental responsibility for P to secure that P submits to or complies with the restrictions or requirements imposed by the order.

15 A Justice of the Peace may also on application by a District Council can make a number of orders in relation to things as follows:-

(a) that the thing be seized or retained;

(b) that the thing be kept in isolation or quarantine;

(c) that the thing be disinfected or decontaminated;

(d) in the case of a dead body, that the body be buried or cremated;

(e) in any other case, that the thing be destroyed or disposed of;

(f) the owner of the thing, or any person who has or has had custody or control of the thing, provides information or answers questions about the thing (including, in particular, information or questions about where the thing has been or about the identity of any related person or the whereabouts of any related thing).

16 A Justice of the Peace may also on application by a District Council can make a number of orders in relation to premises as follows:-

(a) that the premises be closed;

(b) that, in the case of a conveyance or movable structure, the conveyance or structure be detained;

(c) that the premises be disinfected or decontaminated;

(d) that, in the case of a building, conveyance or structure, the premises be destroyed;

(e) that the owner or any occupier of the premises provides information or answers questions about the premises (including, in particular, information about the identity of any related person or the whereabouts of any related thing).

17 The powers in paragraphs 13 to 17 include power to make an order in relation to a group of persons, things or premises.

18 A Part 2A order may include, in addition to the above restrictions or requirements, such other restrictions or requirements as the justice considers necessary for the purpose of reducing or removing the risk in question.

19 In order for the Justice of the Peace to make an order they must be satisfied of a number of matters including that there is infection or contamination, that it presents or could present significant harm to human health, that there is a risk of onward contamination or infection and that it is necessary to make the order to remove or reduce that risk.

Specific Coronavirus Powers

20 In addition to the above general Disease Control powers a number of powers have been created specifically by the Coronavirus Act and Coronavirus Regulations. This includes enforcement powers for local government under the Health Protection (Coronavirus, Restrictions) Regulations 2020 in relation to the carrying out of certain specified businesses. District Councils also have powers to enforce certain provisions of the Health and Safety at Work etc Act 1974 which may extend to issues such as social distancing in workplaces.

Educational institutions and child care premises

21 Schedule 16 to the Coronavirus Act 2020 gives powers to the Secretary of State to direct the temporary closure of schools and other educational institutions and child care premises. However, the Secretary of State may also authorise the County Council to exercise any of the Secretary of State's functions in relation to one or more of the following—

(a) a registered childcare provider in the local authority's area;

(b) a school in its area;

(c) a 16 to 19 Academy in its area.

A school includes an Academy (including an alternative provision Academy.

22 The County Council has not to date been authorised under this Schedule.

Potentially Infectious Persons

23 Schedule 21 contains a number of complex powers that can be exercised in relation to potentially infected persons. A person is potentially infected at any time if (a) the person is or may be infected or contaminated with coronavirus and there is a risk that the person might infect or contaminate others with coronavirus, or (b) the person has been in an infected area within the 14 days preceding that time.

24 The powers are split into 3 groups

25 The first group is powers to direct or remove persons to a place suitable for screening and assessment. This includes power to

(a) direct the person to go immediately to a place specified in the direction which is suitable for screening and assessment,

(b) remove the person to a place suitable for screening and assessment, or

(c) request a constable to remove the person to a place suitable for screening and assessment (and the constable may then do so).

26 The second group is powers exercisable at a screening and assessment place. This includes powers to:-

(a) require the person to remain at the place for screening and assessment purposes for a period not exceeding 48 hours;

(b) require the person to be screened and assessed;

(c) require a biological sample or to allow a healthcare professional to take a biological sample by appropriate means; or

(d) require a person to answer questions and provide information about their health or other relevant matters (including their travel history and other individuals with whom they may have had contact).

27 The third group is powers exercisable after assessment. This includes powers to require a person:-

(a) to provide information;

(b) to provide details by which the person may be contacted during a specified period;

(c) to go for the purposes of further screening and assessment to a specified place suitable for those purposes

(d) to remain at a specified place (which may be a place suitable for screening and assessment) for a specified period;

(e) to remain at a specified place in isolation from others for a specified period.

28 It also includes powers to impose restrictions, for a specified period, on:-

(a) the person's movements or travel (within or outside the United Kingdom);

(b) the person's activities (including their work or business activities);

(c) the person's contact with other persons or with other specified persons.

29 The powers under the Act are conferred on Public Health Officers constables and immigration officers. For these purposes a Public Health Officer is either (i) an officer of the Secretary of State designated by the Secretary of State for any or all of the purposes of this Schedule, or (ii) a registered public health consultant so designated.

30 Therefore before an officer of any Council could exercise any of the powers under the Act they would have to be a registered public health consultant and be designated by the Secretary of State for any or all of the purposes of the Act. Although the County Council employs public health consultants none of them have to date been designated by the Secretary of State for the purposes of the Act. At the current time therefore these provisions are only enforceable by national or regional Public Health England consultants.

Conclusion

31 The Report sets out the current (and some potential) powers of local authorities and their officers in relation to disease control and the ability to impose or enforce a local lockdown in response to Covid-19. The powers exercisable directly by local authorities are quite limited although the powers of a Justice of Peace on application by a local authority are more extensive.

Appendix 4 –

Guiding Principles

Public Health Leadership, Multi-Agency Capability:

Guiding Principles for Effective Management of COVID-19 at a Local Level

Draft 4.2, 29th May 2020

Purpose of document

This document is intended to outline principles for design of COVID-19 Outbreak Management Plans led by the Director of Public Health at Upper Tier Local Authority level, working with all key professions and sectors with outline responsibilities for each sector and agency defined.

The COVID-19 Outbreak Management Plans are not intended to replace existing plans to manage outbreaks in specific settings, but will also consider the wider impacts of COVID-19 on local communities.

Local authorities and partners will have local governance and partnership arrangements and will use these to ensure Outbreak Management Plans are developed and delivered to meet local needs.

Introduction

The foundational context for Local Outbreak Management is set out in the Public Health England and Association of Directors of Public Health joint statement What Good Looks Like for Local Health Protection Systems1. Local Outbreak Management Plans for COVID-19 are a combination of Health Protection expertise and capabilities (The Public Health sub-disciplines of Epidemiology & surveillance, Infection suppression and control techniques, Contact Tracing and Evaluation) and Multi-Agency Capabilities of agencies in supporting these efforts through deployment of capabilities needed to deliver these Health Protection capabilities at scale where needed.

It follows that Contact Tracing sits as one component within the full range of public health tools and techniques needed to manage an Outbreak, and presupposes these other components are in place to be effective.

The specialist Health Protection skills and capabilities sit within a family of public health functions which work within an already functioning system: the Local Authority Public Health and Environmental Health functions, and Public Health England.

The Co-ordination capabilities sit within Strategic Co-ordinating Groups of Local Resilience Fora or other similar arrangements.

1 https://www.adph.org.uk/wp-content/uploads/2019/12/What-Good-Looks-Like-for-High-Quality-Local-Health-Protection-Systems.pdf

Health Protection: Legal and Policy Context

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

- With Public Health England under the Health and Social Care Act 2012
- With Directors of Public Health under the Health and Social Care Act 2012
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- With NHS Clinical Commissioning Groups2 to collaborate with Directors of Public Health and Public Health England to take local action (eg testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- With other responders specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004
- In the context of COVID-19 there is also the Coronavirus Act 2020.

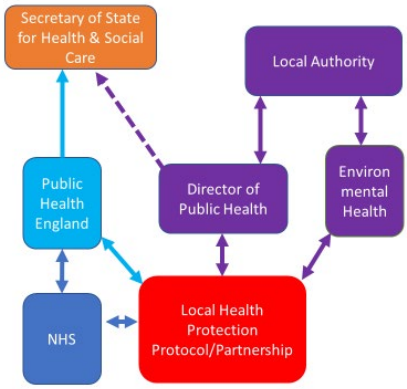
This underpinning context gives Local Authorities (Public Health and Environmental Health) and Public Health England the primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks of communicable disease through the local Health Protection Partnerships (sometimes these are Local Health Resilience Partnerships) and local Memoranda of Understanding. These arrangements are clarified in the 2013 guidance Health Protection in Local Government3.

PHE is mandated to fulfil the Secretary of State's duty to protect the public's health from infectious diseases, working with the NHS, local government and other partners. This includes providing surveillance; specialist services, such as diagnostic and reference microbiology; investigation and management of outbreaks of infectious diseases; ensuring effective emergency preparedness, resilience and response for health emergencies. At a local level PHE's health protection teams and field services work in partnership with DsPH, playing strategic and operational leadership roles both in the development and implementation of outbreak control plans and in the identification and management of outbreaks.

The Director of Public Health has and retains primary responsibility for the health of their communities. This includes being assured that the arrangements to protect the health of the communities that they serve are robust and are implemented. The primary foundation of developing and deploying local outbreak management plans is the public health expertise of the local Director of Public Health.

This legal context for Health Protection is designed to underpin the foundational leadership of the local Director of Public Health in a local area, working closely with other professionals and sectors.

Local Health Protection System simplified diagram



2 And NHS England in the case of Prisons and custodial institutions

3 Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

The Cycle of Health Protection Action

Outbreak Management, and Contact Tracing within it are part of a cycle of Health Protection Action which starts from surveillance and epidemiology (reports of infection) through evidence of what is effective, the rapid formulation of actions, their implementation (requiring capabilities from many agencies in large outbreaks), assurance and evaluation and finally iteration as needed to prevent, suppress and reduce outbreaks of infection. This cycle remains the same regardless of setting. Each of these actions are necessary to manage outbreaks, even if they are extremely rapid in execution in practice.

Contact tracing can be both a part of surveillance/epidemiology on local outbreaks and a tool for implementing outbreak control.

In the context of COVID-19 this means:

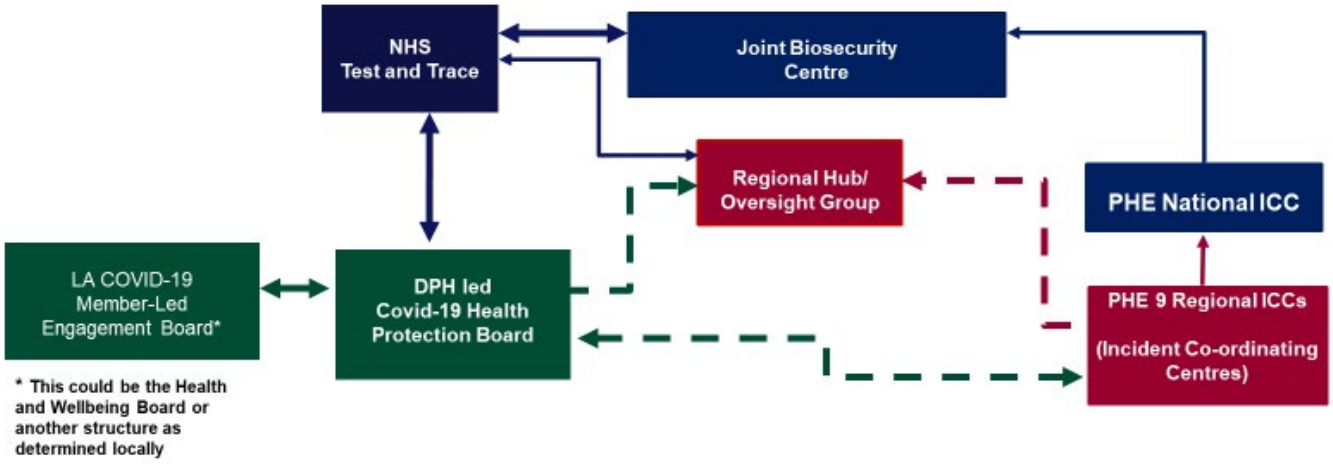
- Timely data flows from testing to be able to predict and intervene in outbreaks
- Updated evidence on spread of infection and control measures
- Implementation: Includes a range of actions from testing and contact tracing to public communication, hygiene and infection control measures etc

The role of the Local Resilience Forum

The Strategic Co-ordinating Group of the Local Resilience Forum has responsibility to agree and co-ordinate strategic actions by Category 1 and 2 responders for the purposes of the Civil Contingencies Act in managing demand on systems, infrastructures and services and protecting human life and welfare. The SCG has crucial capabilities in aligning and deploying the capabilities of a range of agencies at local level in supporting the prevention and control of transmission of COVID-19.

An LRF may often cover multiple local authority areas and at a local level, the relationship between each local authority and the SCG needs to be agreed and understood by stakeholders. In this respect, the SCG will add value to co-ordination and oversight across larger geographical footprints. Local areas are best left to determine how these arrangements will work.

Key Organisational Elements

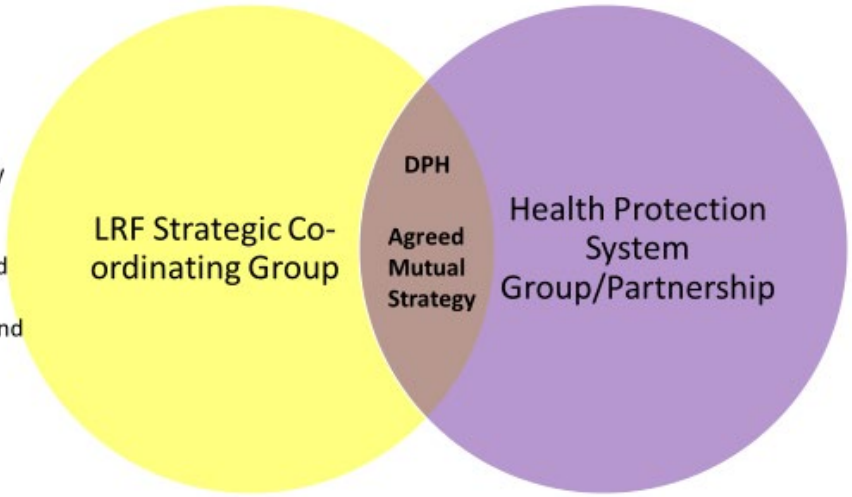


The LRF and the Public Health parts of a local system require each other to deliver a Local Outbreak Plan. An SCG may take Scientific and Technical Advice in furthering their role, but it is clear that the Director of Public Health's role, and role of the Public Health family of agencies in Outbreak Management on an LRF or SCG in a major disease outbreak is not solely advisory, it is also Executive in furtherance of their role and as leader and holder of the Outbreak Management Plan for COVID-19.

The system will work best when every part of it acknowledges distinct, overlapping and mutually dependent responsibilities.

Overlapping Responsibilities

1. Bring all agencies together
2. Agree strategy for major incident and major demand
3. Agree multi agency cells and actions and framework
4. Plan for recovery and hand back to normal



1. Surveillance of outbreaks new and emerging
2. Identifying Public Health Action (clinical and non clinical) to be taken and identifying lead agencies
3. Lead on Contact Tracing System
4. Scientific and Technical Oversight
5. Oversight of Actions
6. Assurance and closure

Local, Regional and National Roles and Leadership

The table below outlines the local, regional and national Leadership Role

Level	Place-based leadership	Public health leadership
LOCAL	**LA CE, in partnership with DPH and PHE HPT to:** a) Sign off the Outbreak Management Plan led by the DPH b) Bring in wider statutory duties of the LA (eg DASS, DCS, CEHO) and multi-agency intelligence as needed c) Hold the Member-Led Covid-19 Engagement Board (or other chosen local structure)	**DPH with the PHE HPT together to:** a) Produce and update the Outbreak Management Plan and engage partners (DPH Lead) b) Review the daily data on testing and tracing c) Manage specific outbreaks through the outbreak management teams including rapid deployment of testing d) Provide local intelligence to and from LA and PHE to inform tracing activity e) DPH Convenes DPH-Led Covid-19 Health Protection Board (a regular meeting that looks at the outbreak management and epidemiological trends in the place) f) Ensure links to LRF/SCG
REGIONAL	**Regional Lead CE in partnership with national support team lead, PHE RD and ADPH lead** a) Support localities when required when there is an adverse trend or substantial orcross-boundary outbreak b) Engage NHS Regional Director and ICSs c) Link with Combined Authorities and LRF/SCGs d) Have an overview of issues and pressures across the region especially cross-boundary issues	**PHE Regional Director with the ADPH Regional lead together** a) Oversight of the tracing activity, epidemiology and Health Protection issues across the region b) Prioritisation decisions on focus for PHE resource with LAs c) Sector-led improvement to share improvement and learning d) Liaison with the national level
NATIONAL	**Contain SRO and PHE/JBC Director of Health Protection** a) National oversight for wider place b) Link into Joint Biosecurity Centre especially on the wider intelligence and data sources	**PHE/JBC Director of Health Protection (including engagement with CMO)** a) National oversight identifying sector specific and cross-regional issues that need to be considered b) Specialist scientific issues eg Genome Sequencing c) Epidemiological data feed and specialist advice into Joint Biosecurity Centre

The Four Principles of Design and Operationalisation

There are four principles for the Design and Operationalisation of local Outbreak Plans and arrangements, including local plans for contact tracing. These are stated below and outlined in more detail after this. These principles can function as standards or tests for local systems to use in determining whether their arrangements have been developed in a way which will enable maximum impact and effectiveness.

The prevention and management of the transmission of COVID-19 should:

1) Be rooted in public health systems and leadership

2) Adopt a whole system approach

3) Be delivered through an efficient and locally effective and responsive system including being informed by timely access to data and intelligence

4) Be sufficiently resourced

Principle 1: Be rooted in public health systems and leadership

A good Local Outbreak Plan and Contact Tracing system will be led by Public Health, working as a "system within the local system". A good Local Outbreak Plan will be able to receive, share and process data to and from a range of sources in a timely way to prevent and control the transmission of COVID-19.

In particular:

- The expert scientific and leadership capabilities of the local Public Health system will be central to the design and execution of the Outbreak Plan. The local public health system involves the Director of Public Health providing local leadership for health and of the Outbreak Plan and the delivery of specialist health protection functions by PHE
- Existing roles and responsibilities which are working well should be included and not disrupted in the design of the local Outbreak plans
- The Local Environmental Health function will be an equally crucial part of the public health core capability in the application of their capabilities and expertise
- The plan will be rooted in infection prevention control and health protection as its foundation.
- The Public Health system at local level must work together as a system within a system, recognising their interdependency
- NHS infection control capabilities will deliver clinical leadership fully playing their part in supporting the leadership of the Director of Public Health in NHS and Care settings, and NHS organisations will facilitate this
- The Public Health system will be able to deploy and direct testing capabilities to deliver objectives in the management of outbreaks and contact tracing
- A good Local Outbreak Plan will be able to receive, share process data to and from a range of sources in a timely way to deliver all Outbreak Management functions including Contact Tracing. (See Appendix 1.)
- A good plan will show integration of data from all sources to enable a) contact tracing, b) infection mapping and surveillance and c) epidemiological analysis to enable decisions and monitor effectiveness and impact

Principle 2: Adopt a whole system approach

Just as the Public Health "system within a system" is necessary to a strong Local Outbreak Plan, so the Capabilities of the whole system will be crucial to preventing and managing Outbreaks. Both are necessary parts of a system. A good local Outbreak Plan will:

- Have a clear role for the Strategic Co-ordinating Group in deploying and aligning multi-agency capabilities in furtherance of the Plan
- Ensure that agencies play to their strengths and capabilities and do not try to do the roles of others with specific statutory responsibilities or more suited to a specific role
- Ensure the capabilities needed from all agencies, from analysts and data specialists to clinicians, local authority, NHS, police and voluntary sector functions are harnessed for appropriate roles ranging from supporting those self-isolating to the use of legal powers where needed.
- Ensure that the local voice is heard through active engagement with local communities

Principle 3: Be delivered through an efficient and locally effective and responsive system

A good Local Outbreak Plan will ensure that the system is designed to run efficiently and at local level with limited need for escalation outside the local authority. This includes timely access to and sharing of information, data and intelligence to inform action and monitor outcomes

- Command and control arrangements and decision making are localised.
- Arrangements for rapid and proactive management of outbreaks will be clearly set out in local plans
- Agencies will agree data flows, pathways and information sharing protocols in a timely fashion as a matter of priority
- Sufficient information must be shared which allows management of outbreaks and appropriate actions to be taken

Principle 4: Be sufficiently resourced

A good Local Outbreak Plan requires resource and capability, both financial and skills/expertise. In particular:

- Each agency must be prepared to contribute resources (people, capabilities, funds, assets) needed to make the plan effective
- Specific hypothecated funds for Outbreak Management will be made available from Government
- Ensure commissioning processes are swift and robust enough to deliver the required actions stipulated by the Plan or the Covid-19 Health Protection Board

Appendix 1: 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.

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 www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information

The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply. Under the Civil Contingencies Act 2004 (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.

Appendix 5 –

HP Board Terms of Reference

Leicester Leicestershire and Rutland Covid-19 Health Protection Board

Terms of Reference

June 2020

1. Aim

Building on existing health protection arrangements across LLR, the board will develop local Covid-19 outbreak control plans, including measures to identify and contain outbreaks and thus protect the public health of the population of Leicester, Leicestershire and Rutland.

2. Scope

- oversight of the local Covid-19 Outbreak Plans and their continual and agile updating
- review of local surveillance data including Joint Biosecurity Centre reports PHE exceedance reports and local intelligence to identify outbreaks
- advise on management of outbreaks
- advise on the deployment of broader resources and local testing capacity to swiftly test local people in the event of an outbreak
- review ongoing management of local Covid-19 outbreaks and situations of interest
- Advise LA and LRF structures on the support required
- Escalate to regional and national organisations as appropriate
- recommend further action to control outbreak including use of special powers
- produce situation report for COVID-19 engagement board

3. Methods of working

The board will;

- Work in partnership to maintain a clear overview of the health protection system including governance and sources of expertise.
- Support coordination of work concerning health protection issues and escalate where gaps in partnership working are identified.
- Ensure that learning from incidents has been established to inform future working practices.
- Ensure that evidence-based practice is being followed in all areas of health protection practice.

4. Governance

The Covid-19 Health Protection Board is a standing group of the LLR Health Protection Assurance Board. It will provide advice to the LLR Covid-19 engagement board.

5. Membership

- Directors of public health from each of the upper tier authorities in LLR
- Public health consultant leads for health protection from each of the upper tier authorities in LLR
- Consultant in communicable disease control Public Health England
- Lead environmental health officer from each authority
- Representation from Covid-19 LRF cells including

- testing
- care homes
- data
- communications support
- Voluntary and Community engagement Cell

6. Meetings

The Board will meet weekly and will be chaired by one of the DPHs by agreement between them.

Secretarial support and production of the risk register will be undertaken by one of the local authority public health teams (by agreement between the DPHs). Additional members may be invited where necessary by full Board agreement. Members will endeavour to send a deputy if they are unable to attend.