

Ealing COVID-19 Outbreak Prevention and Control Plan

Protecting Ealing residents during the coronavirus pandemic

Last updated 26 June 2020

Executive summary

Contact tracing, as part of a wider test, trace, and isolate approach, plays a vital part in controlling transmission of COVID-19 as lockdown measures are released. Local Directors of Public Health have been tasked to establish local Outbreak Prevention and Control Plans by the end of June 2020 to facilitate the use of local knowledge, insight and expertise to support this national system.

The Ealing Outbreak Prevention and Control Plan aims to protect the health of the people Ealing and provide assurance to the public and wider stakeholders, through:

- **Preventing** transmission, in particular among those who are most vulnerable;
- **Identifying** clusters and outbreaks of disease and ensuring those affected are appropriately supported;
- **Controlling** outbreaks, providing health protection advice and putting control measures in place.

The Ealing Outbreak Prevention and Control Plan centres on seven key themes: care homes and schools, high risk places and communities, local testing capacity, contact tracing in complex settings, data integration, vulnerable people and governance.

This document sets out the London Borough of Ealing (LBE)'s role and responsibilities in preventing and controlling local outbreaks, the measures currently in place to do this, and further actions required by both the Council and by other local, regional and national partners to support this.

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Background

SARS-CoV-2 (the virus which causes the disease COVID-19) is a new virus, transmitted by respiratory droplets and when it emerged in late 2019, there was no pre-existing immunity in the population. This means that everyone was potentially susceptible. There are currently no vaccines or treatments available to protect those groups in the population who are more susceptible to severe illness – older people, people with underlying health conditions, BAME groups and other vulnerable groups.

COVID-19 has been brought under control by locking down society in order to protect the most vulnerable to infection and prevent the NHS being overwhelmed. However, locking down society is having a devastating effect on people's mental, social and economic wellbeing.

Contact tracing, as part of a wider test, trace, and isolate approach, plays a vital part in controlling person-to-person transmission of the virus as lockdown measures are released. Suppressing the basic reproduction number (R_0) of the SARS-CoV-2 virus is key to ensuring the avoidance of a 'second peak', enabling longer term socio-economic recovery and ensuring Ealing is a safe place to live, work, visit and do business.

Nationally a 'Test and Trace' system has been developed (see Appendix 1), which aims to align with local government's place-based leadership.

Local Directors of Public Health have been tasked to establish local outbreak prevention and control plans by the end of June 2020. A local system which supports the testing, tracing and management of outbreaks of COVID-19 requires a co-ordinated effort from LBE, local NHS partners, GPs, businesses and employers, voluntary organisations and other community partners, as well as the communities they serve.

Legislative context

Since April 2013, the responsibility for providing day-to-day health protection advice and response has rested with Public Health England's Health Protection Teams (HPTs) having taken over from the Health Protection Agency (following the Health and Social Care Act 2012).

The legal basis for managing outbreaks of communicable disease is spread across several different pieces of primary and secondary legislation, with the associated responsibilities split across a number of organisations and professional groups. The Coronavirus Act was brought forward in 2020 as emergency legislation designed to facilitate a range of cross-government activity in a time of emergency.

Legislation	Responsibilities	Organisations and professions
The Public Health (Control of Disease) Act 1984	Provides for powers to intervene in cases of public health risk, however these powers are seldom used.	Environmental Health in local government
Civil Contingencies Act, 2004	Sets out the responsibilities of different agencies in responding to major incidents	NHS organisations, local government and Public Health England
Health Protection Regulation, 2010	Enable local authority environmental health teams to intervene in cases of public health risk; potentially can be used for magistrate's order to undertake specified health measures for an individual	Environmental Health in local government
Health and Social Care Act, 2012	Specifies that local authority Directors of Public Health retain a responsibility for protecting the health of a local population and emergency preparedness	Creation of Public Health England and NHS Clinical Commissioning Groups; move of local Directors of Public Health to local government
Coronavirus Act, 2020	Provides for powers to investigate, isolate and test persons suspected of being infected	Police and public health officers
Health Protection (Coronavirus, Restriction) (England) Regulations 2020, statutory instrument exercised on the basis of the Public Health (Control of Disease) Act 1984(1)	These new regulations provide for specific restrictions relating to the national lockdown. Any 'localised' lockdown would require further secondary legislation.	National government, police, local government

Aims

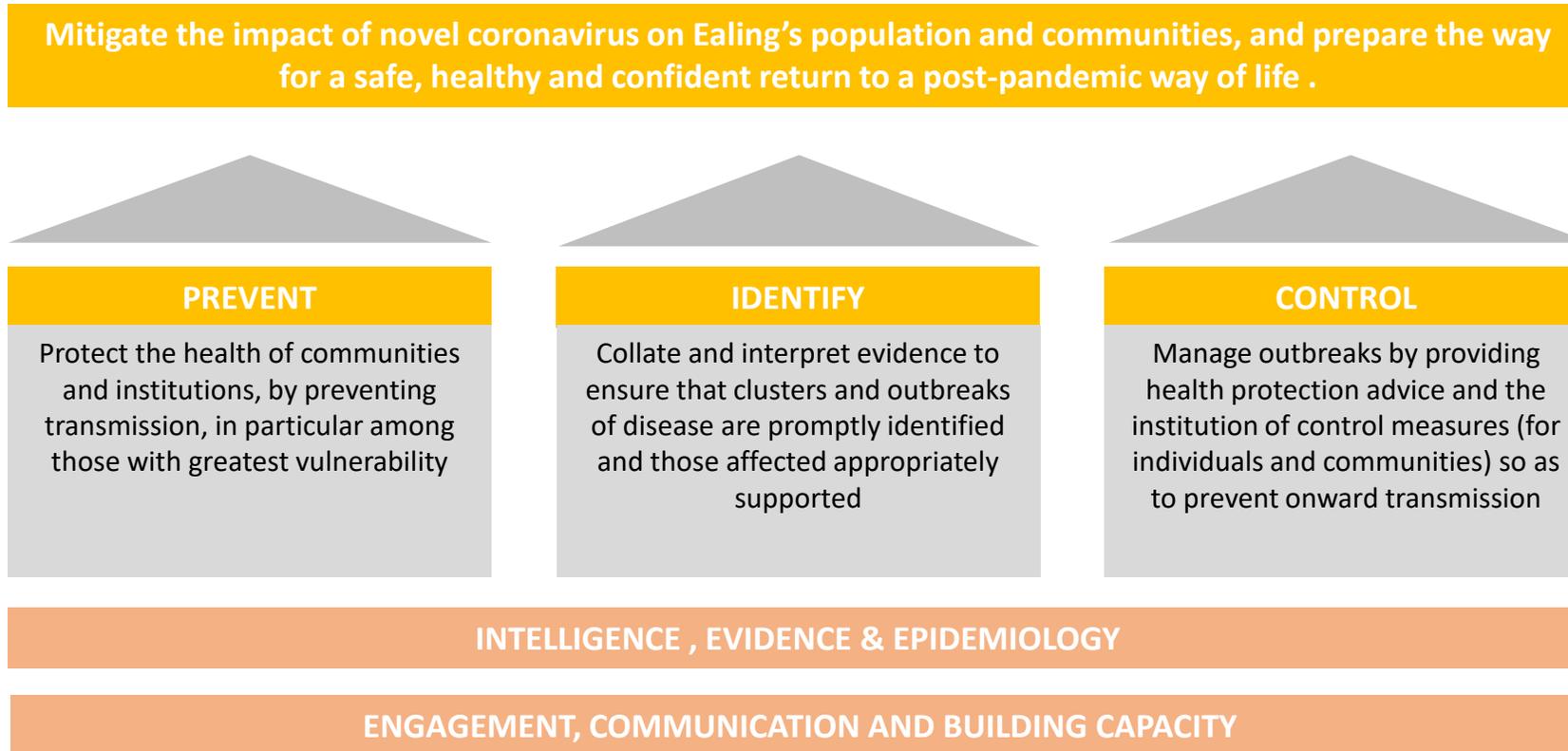
To protect the health of the people of Ealing

- Preventing the spread of SARs-Cov-2
- Early identification of outbreaks
- Containing and suppressing the spread of outbreaks by proactive management
- Coordination of capabilities across agencies and stakeholders

To assure the public and stakeholders that this is being effectively delivered

- Publication of a local Outbreak Prevention and Control Plan, which follows established and evidence based public health principles
- Establishment of member governance arrangements
- Production of epidemiological surveillance
- Public communications and campaigns

Strategic framework



LBE responsibilities

-  1 Integrating national and local data sources to ensure real-time monitoring/surveillance of infection rates and outbreak situations.
-  2 Implementing key preventative actions, using its community leadership role to engage and inform communities and settings, in order to prevent outbreaks.
-  3 Supporting PHE LCRC (London Coronavirus Response Cell) to contain the spread of an outbreak, once identified, and to manage COVID-19 outbreaks in high risk settings and community clusters (see joint working agreement in Appendix 2).
-  4 Supporting vulnerable people to get help to self-isolate, continuing to support those that are shielding and if necessary, taking local regulatory action.
-  5 Using legal powers to contain outbreaks in exceptional circumstances, such as through imposing local lockdowns or closing settings.

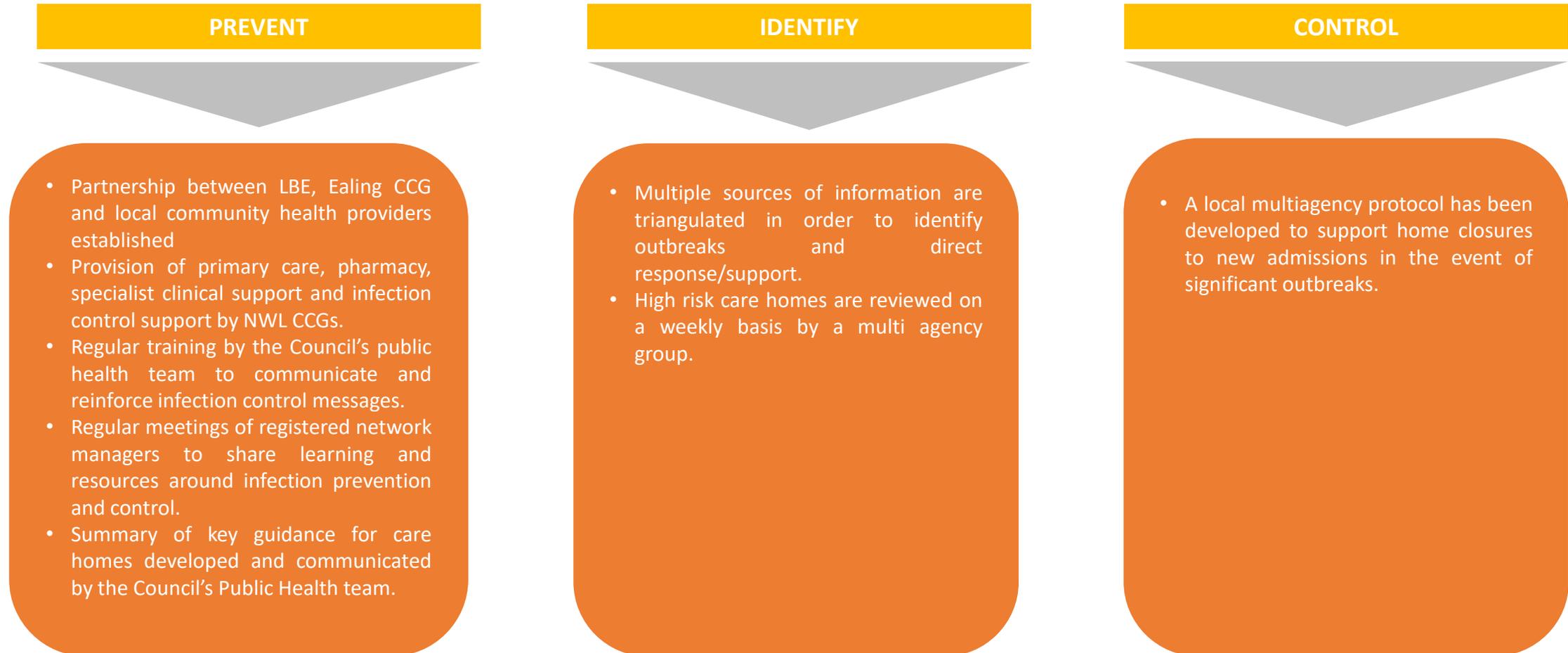
Key themes

Local outbreak control and prevention plans centre on seven 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 High risk places, locations and communities**
Identifying and planning how to manage high risk places, locations and communities of interest (e.g. defining preventative measures and outbreak management strategies).
- 3 Local testing capacity**
Identifying methods for local testing to ensure a swift response that is accessible to the entire population (e.g. defining how to prioritise and manage deployment, examples may include NHS, pop-up, etc.)
- 4 Contact tracing in complex settings**
Assessing local and regional contact tracing capability in complex settings (e.g. identifying specific local complex communities, developing assumptions to estimate demand and options to scale capacity).
- 5 Data integration**
Integrating national and local data scenario planning through the Joint Biosecurity Centre Playbook (e.g. data management planning, including data security, NHS data linkages).
- 6 Vulnerable people**
Supporting vulnerable local people to get help 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 COVID-19 Health Protection Boards in conjunction with local NHS and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

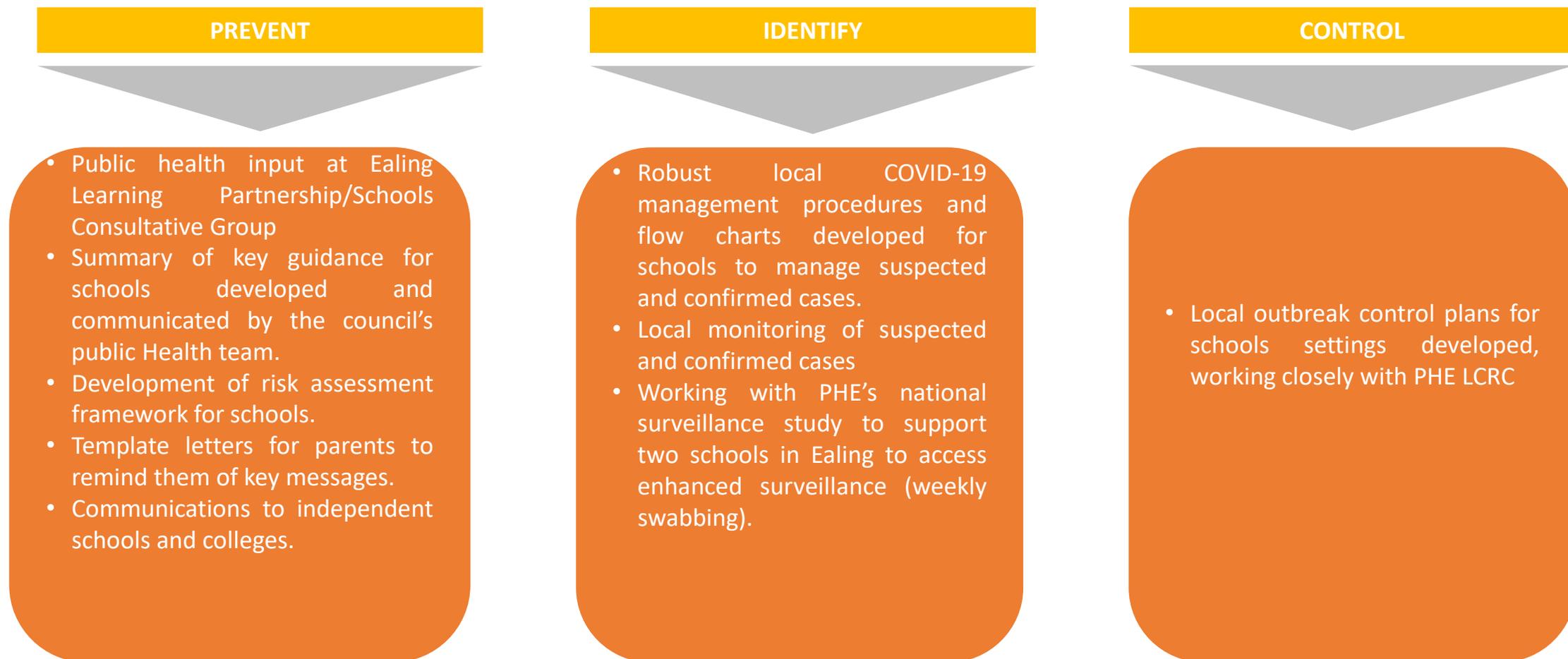
Care homes

Ealing has the 3rd highest number of care home beds in London, with 1,454 beds in 30 Care homes, plus 140 beds for younger adults in 18 homes. A local response plan has been developed to prevent and control outbreaks in care homes (see Appendix 3). Actions taken to date and measures already in place include:



Schools

Ealing has 96 state-run schools (6 special schools, 68 primary, 1 all through, 15 secondary, 4 nursery, 2 pupil referral units) and a number of colleges and private schools. Approximately 55,000 children attend Ealing state funded schools. A local response plan has been developed to prevent and control outbreaks in schools (see Appendix 3). Actions taken to date and measures already in place include:



High risk places, locations and communities

Local response plans have been developed for high risk places, locations and communities, including early years, workplaces, rough sleeper accommodation, sheltered housing/supported living, shared accommodation, community clusters (including faith based settings). We are working with the partners to support development of primary care plans.

These local response plans are contained within Appendix 3.

Contact tracing in high risk settings

There will be situations in complex cases where staff across Ealing Council will need to support contact tracing using local links and intelligence.



Local testing capacity

Current and future testing options:

- Home testing kits or regional testing sites – accessed via NHS testing site or 119
- **Regional Test Centres (RTS)** will be the main resource to achieve the 200,000 test per day, these will be localised overtime, plans for this are not yet developed
- **Satellite Test Centres (STC)** expansion, such as local Mattock Lane testing site, will build capacity and will be linked to the National testing portal
- **Mobile Test Units (MTUs)** moving this resource to a local testing asset controlled by Local Authorities on 30 August 2020 (after Military stand-down & transfer to a contracted provider)
- **The current National system** moving into one which is customised for localities and integrated into local surveillance and track and trace efforts

Options for locally responsive testing solutions

These are currently being scoped and include:

- School nursing offer to support school and nursery children who develop symptoms
- Drug and alcohol treatment service provider and pan London 'Find and Treat' mobile testing unit to reach hostels and other high risk settings.
- Local deployment of mobile testing sites to support outbreak management in settings

Sources of data and intelligence

Data and information will be received from three main sources:

- 1. The National test & trace system** – The LBE intelligence hub will receive most information about complex cases or outbreaks direct from Level 1 (LCRC PHE). In the case of community clusters this information may come direct from Level 2. Level 2 and 3 will also send direct requests for support to individuals during self-isolation. A weekly report of the number of cases and contacts identified will also be received. The LBE intelligence and surveillance hubs will record this information in a central database.
- 2. Local high risk settings** - The LBE intelligence hub, working with colleagues across the council are developing processes for high risk settings to notify LBE direct of confirmed cases or outbreak situations. The LBE intelligence hub will triangulate this local intelligence with information from the national test and trace system in the same central database, and risk assess these situations where appropriate.
- 3. Official data sources** – LBE surveillance and intelligence hubs will use borough and national level data from PHE and ONS sources to monitor high level statistics for infection, death, and inequality. This information will be combined with local testing demand data, and the weekly reports from the national test and trace system to form a COVID-19 Weekly Public Health Data report. Also included in this report will be data capturing the support provided to people self-isolating via Ealing Together.

Data sharing – legislation and permissions

- 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 <https://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.

COVID-19 Local Outbreak Prevention and Control Plan: Theme 5: Data integration

Official data sources

Local information
Direct from high risk settings in Ealing

National Test and Trace System

Level 1/1(b)
Complex cases (LCRC)

↑ ↓

Level 2
All cases

↑ ↓

Level 3
Non-complex cases

Information Sources

LBE Public Health Intelligence Hub
www.ealing.gov.uk

Overall monitoring of population

Theme	Key statistics
Infection	Numbers and rates
Death	Numbers, rates, and excess deaths
Inequality	Local level data emerging
Testing	Demand on local sites
Contact tracing	Number of cases and contacts

Outbreak monitoring in high risk settings

Outbreak setting	Key metrics
Care homes	Number of settings affected Number of cases/number exposed Time point in outbreak Active or Past
Schools	
Early years	
Shared accommodation	
Hostels	
Workplaces	
Community	

Complex individual cases in population

Complex cases
Personal data and information

Requests for support to individuals during self-isolation

LBE Surveillance Hub

- Collate
- Analyse
- Report

COVID-19 Public Health Weekly data report

Community Cell Ealing Together

HWBB Cabinet SLT GOLD

Vulnerable people

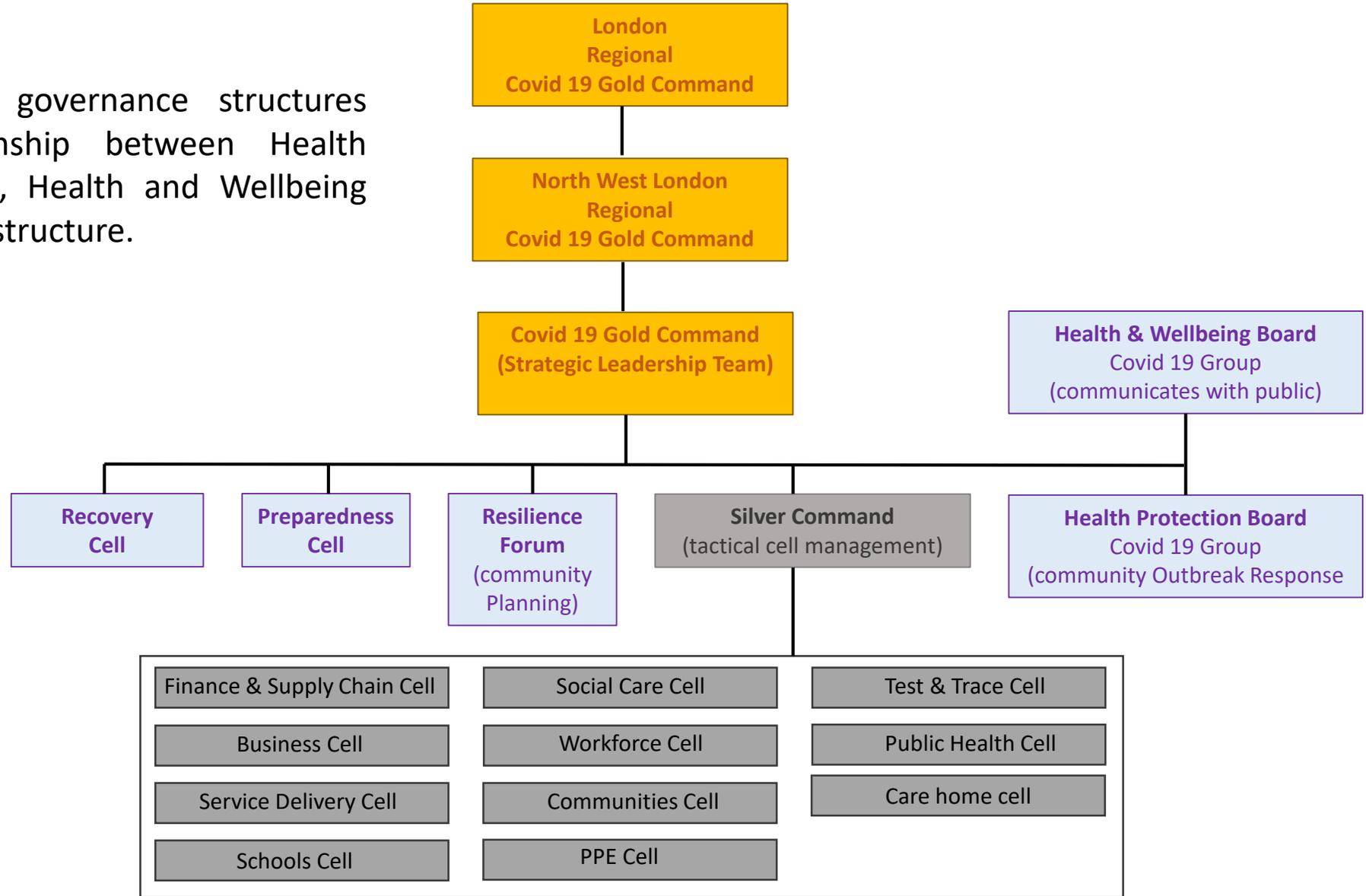
- LBE were ahead of many Councils in its rapid response to support those that had been instructed to self-isolate or 'shield' as part of 'Ealing Together'.
 - As of the 25th June **11615 food parcels have been provided to a total of 3478 people**. Additional residents are being supported by community and volunteer groups with a variety of food support, food shops and befriending contact services
 - After two months of successful operation, the food parcel service has is being trialled with commercial supermarkets as providers.
- Following recent announcements of the relaxing of shielding guidance which will come into effect very shortly, LBE will be reviewing local arrangements and continue to review in line with further emerging policy and guidance in this area.
- LBE recognises the considerable difficulties and barriers to ensuring people have the support required to isolate. We are mapping some of the issues for vulnerable groups.

Governance

- 1. LBE has established governance structures** led by existing Covid-19 Health Protection Boards and supported by existing Gold command forums and a member-led Board (The Health and Well-being Board) to communicate with the general public.
- 2. Covid-19 Health Protection Boards (C19HPB):** The existing LBE Health Protection Forum has been repurposed into the Covid 19 Health Protection Board. The C19HPB will be responsible for the development of local outbreak control plans. The next meeting will be on 24th June.
- 3. Health and Well-Being Board (HWBB):** will provide political ownership and public-facing engagement and communication for outbreak response. The next meeting of the HWBB will take place on the 7th July.
- 4. More details** of how these local boards interface with local Command and Control arrangements and regional and national structures is set out on the following slides.

Governance

LBE established governance structures showing relationship between Health Protection Board, Health and Wellbeing Board and wider structure.



Governance

COVID-19 protection board (currently Ealing Health Protection Forum)

- Provide assurance that there are safe, effective and well-tested plans in place to protect the health of local population during Covid
- Provide infection control expertise
- Lead development and delivery of local plans (DsPH)
- Link directly to regional PHE teams
- Membership includes: Public Health, NHS (including CCG, Hospital Trusts), EPRR, ASC, Housing, Community Safety, Schools, voluntary and community sector, Police, PHE, Military, Comms

Local Outbreak Control Board (currently Ealing Health and Wellbeing Board)

- Provides political and partner oversight of strategic response
- Provides timely communications to the public
- Provides public-facing delivery oversight of Test, Trace & Outbreak programme locally
- Membership includes: Elected members, Executive Directors, partners including NHS and voluntary sector.
- The HWB oversee other relevant boards such as the Ealing Integrated Care Partnership which provides local health systems leadership.

LBE Cabinet

Ealing Council Gold Command

- Responsible for determining Council's overall management, policy and strategy and achieving strategic objectives
- Delivering swift resource deployment
- Owns the connection with the Joint Biosecurity Centre, Government departments & COBR
- Membership includes Executive Directors and officers

Governance: local, regional and national roles and responsibilities

Level	Place based leadership	Public health leadership
Local	<p>LA Chief Executive, in partnership with DPH and PHE HPT to:</p> <ul style="list-style-type: none"> • Sign off the Local Outbreak Prevention and Control Plan led by the DPH • Bring in wider statutory duties of the LA (e.g. DASS, DCS, CEHO) and multi agency intelligence as needed, including CCGs • Hold the COVID-19 member led Engagement Board 	<p>DPH with the PHE HPT together to:</p> <ul style="list-style-type: none"> • Produce and update the Local Outbreak Prevention and Control Plan and engage partners • Review the daily data on testing and tracing • Manage specific outbreaks through the outbreak management teams including rapid deployment of testing • Provide local intelligence to and from LA and PHE to inform tracing activity • Convene COVID-19 Protection Board • Ensure links to LRF / SCG
Regional	<p>Regional Lead Chief Executive in partnership with national support team lead, PHE RD and ADPH lead and JBC colleagues:</p> <ul style="list-style-type: none"> • Support local areas when required when there is an adverse trend or significant or cross-borough outbreak • Engage NHS Regional Director and ICSSs • Link with Combined Authorities and LRFs / SCGs • Have an overview of issues and pressures across the region, especially cross-boundary issues 	<p>PHE Regional Director with the ADPH Regional lead:</p> <ul style="list-style-type: none"> • Oversight of the tracing activity, epidemiology and Health Protection issues across the region • Prioritization decisions on focus for PHE resources with LAs • Sector-led improvement to share improvement and learning • Advice to NHS providers • Liaison with the national level
National	<p>Contain SRO and PHE / JBC Director of Health Protection:</p> <ul style="list-style-type: none"> • National oversight for wider place • Link into Joint Biosecurity Centre especially on the wider intelligence and data sources 	<p>PHE / JBS Director of Health Protection (including engagement with CMO):</p> <ul style="list-style-type: none"> • National oversight identifying sector specific and cross-regional issues that need to be considered • Specialist scientific issues, e.g. genome sequencing • Epidemiological data feed and specialist advice into Joint Biosecurity Centre

Delivery structures and roles

1. Programme management

Oversees management and effectiveness of system, including prevention work, coordination of support to people self-isolating through Ealing Together, local testing provision, and cross-council input into outbreak control.

2. Surveillance hub

Collates and analyses data, producing weekly public health report. Manages the central monitoring database for complex cases and outbreaks.

3. Public health intelligence hub

Prevent:

- Develop key public health messages for communication to high risk settings or groups with vulnerabilities in Ealing.
- Support settings and community groups with interpretation of guidance, infection control advice, and resilience planning
- Disseminate resources to settings and community groups building trusted relationship and key contacts.

Identify:

- Monitor data for early signs of potential increases in community transmission or outbreaks.
- Notify PHE LCRC colleagues regarding local intelligence suggesting complex cases or outbreaks.
- Support the risk assessment of confirmed complex cases or outbreaks in high risk settings including community clusters.

Control:

- Directing testing provision to high risk settings as needed.
- Convening or attending IMTs with LCRC colleagues
- Coordinate and distribute local LBE actions from IMT across council e.g. EHOs, communications, housing, schools, social care
- Connect with Ealing Together to report any support needs for individuals involved in outbreaks.

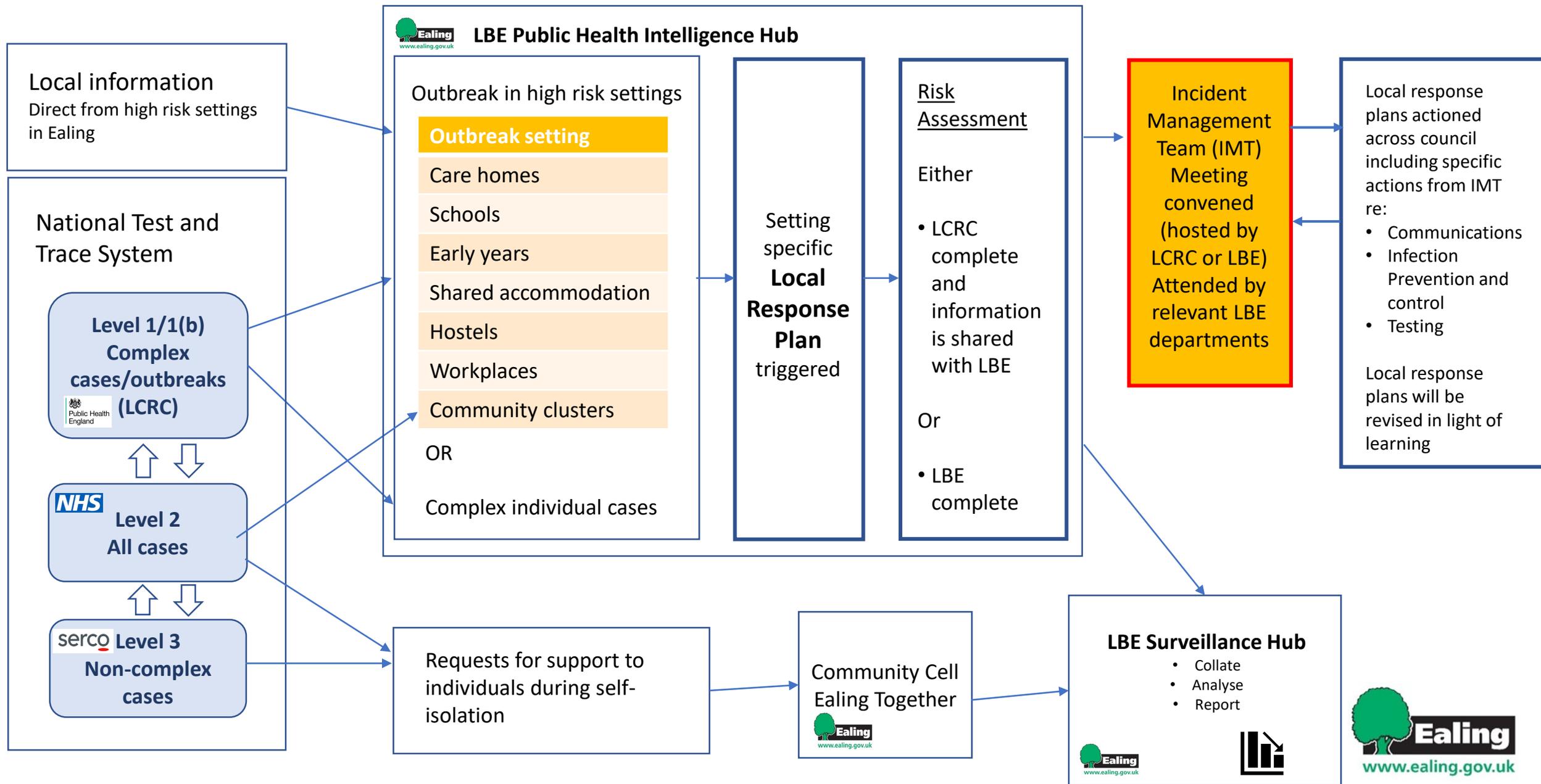
4. Cross-council functions

- Support the intelligence hub on prevention work to high risk settings
- Support with Public health intelligence hub to provide the most appropriate advice and support for the management of outbreaks

5. Proactive communication & community engagement

Consultation, coordination & communication

COVID-19 Local Outbreak Prevention and Control Plan: Outbreak control process



Communications

Proactive communications and community engagement are key to keeping infection rates low in Ealing.

National campaigns, news and online information will continue to be reinforced and enhanced locally, with further emphasis on supporting communities with cultural, language or other barriers.

Population groups at greater risk of COVID-19 related health impacts include: Black, Asian and minority ethnic groups, older people, people with health conditions, people living in urban areas, frontline occupations. Communications and community engagement will focus on high risk settings and population groups at greatest risk of COVID-19.

LBE will seek to identify those most at risk from COVID-19 infection and use the most appropriate channel to disseminate Test and Trace messages. This will include ensuring frontline staff (NHS, social care, housing officers) are all up to date with latest messages on Test and Trace.

Through our close working with faith groups and leaders and voluntary and community sector, LBE is well positioned to disseminate and enhance public messaging.

This will also require targeted, relational and community-based approaches to reach the most vulnerable residents.

Communications to business and industry will support the safe opening of high streets and ensure the safe ease of lockdown.

Work in this area has already progressed and will build over time. This will be proactively steered by the HWBB and be responsive to outbreaks.

Indicative financial summary

Central government funding of £300m for upper tier local authorities in England has been provided to support the local test, trace and outbreak control work. This figure amounts to £2,262,000 in Ealing.

The list below highlights areas of indicative spend. This will be finalised June/July.

- Communications and community engagement
- Specialist contractor budget for closing, cleaning, security etc.
- Local testing solutions
- Support for residents in isolation
- Increasing local workforce capacity
 - Public Health capacity
 - Environmental health capacity
 - Infection control capacity
 - Project management support
 - Data officer

Risks

The unprecedented nature and scale of this pandemic, presents some new challenges for all concerned with outbreak control and management. Identified risks include:

Theme	Risks	Mitigation
Care homes, schools, high risk settings	Significant increase in community transmission could overwhelm the system	Training and capacity building Increase local workforce capacity
	Insufficient power and resources to enforce local lock downs	Local Boards to escalate emerging issues to Regional Boards
Testing capacity	Challenges for residents to access tests on a timely basis	Explore local solutions to increase access
Contact tracing	Lack of trust in and compliance with authorities and the Test and Trace system	Communications and community engagement
	Insufficient capacity in the system to trace contacts or manage outbreaks	Increase local workforce capacity Training and capacity building
Data	Lack of information regarding the provision and timeliness of data provided to LBE, security of personal data, nature and timing of public reporting, sharing data between parties and low confidence of 'r' ratings	Joint working agreement PHE LCRC & LBE Local Boards to escalate emerging issues to Regional Boards.
Vulnerable people	Challenges for residents to follow instructions to self-isolate (e.g. due to lack of access to food, living conditions or working requirements)	Communications and community engagement Provision of support for residents through Ealing Together
Governance	Finite specialist capability and financial resources	Increase local workforce capacity
	Challenges managing national and local interfaces	Local Boards to escalate emerging issues to Regional Boards

Appendix 1.1: National contact tracing system

The Ealing system interacts with the national contact tracing system:

National Contact Tracing Service (NCTS): This incorporates a significant scaling up of contact tracing and has 3 proposed tiers:

- **Level 3:** A new cohort (c.15,000) of contact tracing call handlers based within a national call handling centre providing phone-based contact tracing (PBCT);
- **Level 2:** A cohort (c.3,000) of trained contact tracing specialists providing phone-based contact tracing (PBCT) recruited nationally;
- **Level 1b:** A regionalised network, including sub-regional and localised delivery providing contact tracing, consequence management and support in relation to complex settings, cohorts and individuals / households.
- **Level 1a:** A national co-ordinating function to lead on policy, data science, and quality assurance of the service.

App-based contact tracing: In addition, app-based contact tracing will support the delivery of levels 2 and 3.

Phone-based contact tracing: went live on 27th May.

Appendix 1.2: Joint agreement between LBE and PHE LCRC

This agreement will be kept under monthly review initially due to the changing situation, guidance and system capacity. The agreement is intended to be flexible and locally adaptable.



Joint agreement

Appendix 1.3: Local Response Plans

Ealing COVID-19 Local Response Plans:

- **Community clusters** – focusing on faith communities and places of worship
- **Workplaces**
- **Rough sleeper or mental health provision hostels** – includes permanent and temporary
- **Shared accommodation** – includes supported living, semi-independent, some extra care and HMO where communal living applies, and undocumented crowded living
- **Care homes** – includes residential and nursing
- **Early Years** – includes nurseries, childminders, children's centres
- **Schools** – includes primary, secondary, SEN, and pupil referral units (PRU)
- **Primary care settings** (in development) – includes GP and dental practices and pharmacies
- **Tertiary education settings** (in development)

The Local Response Plans will be reviewed and revised as further evidence of best practice emerges and national & regional policy and guidance is updated.



Local Response
Plans

Appendix 1.4: Roles and responsibilities

Public Health England (PHE)

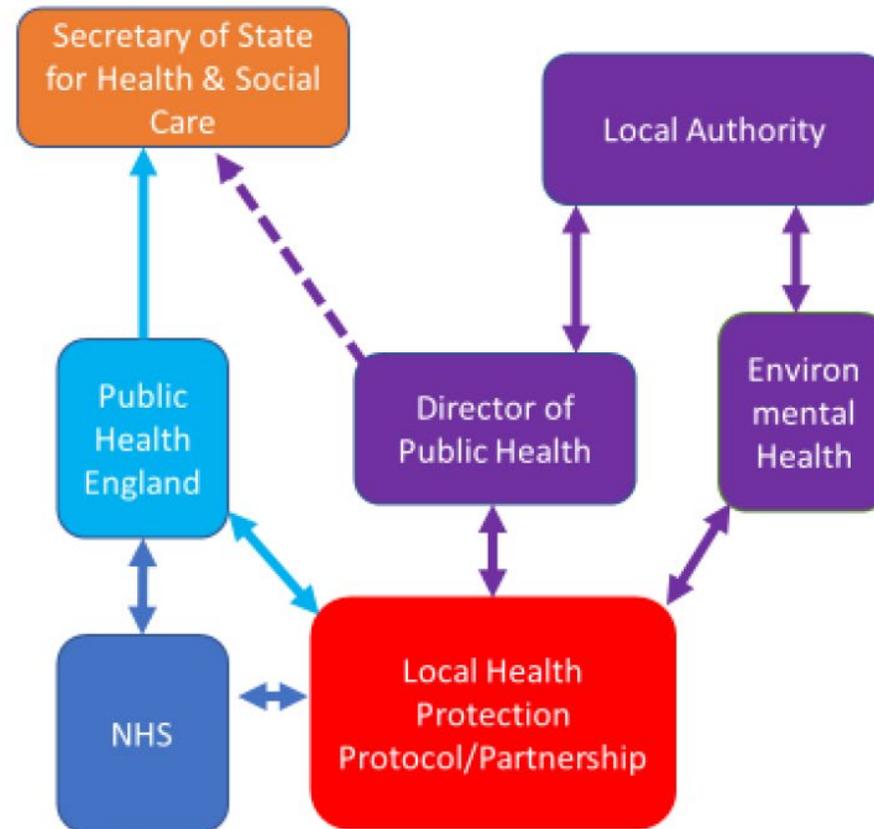
- Mandated to fulfil the Secretary of State's duty to protect the public's health from infectious diseases, working with the NHS, local government and other partners.
- This includes providing surveillance; specialist services, such as diagnostic and reference microbiology; investigation and management 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.

LBE 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 and their team of trained public health specialists.

The 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.

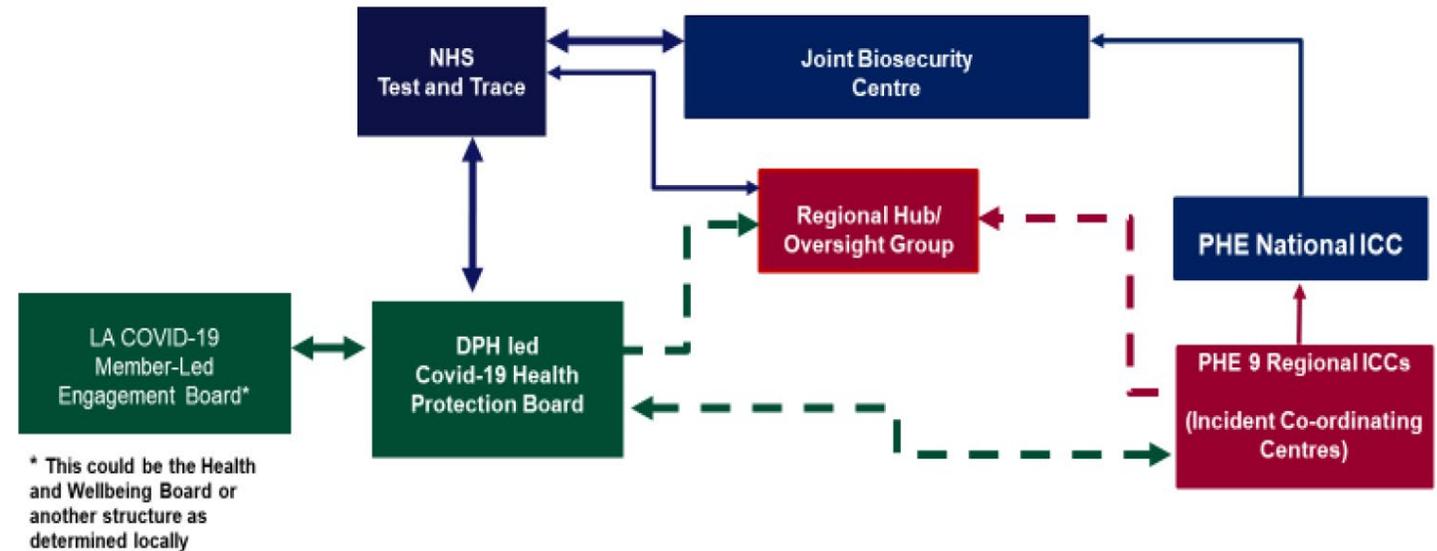
In some areas the Local Health Protection Partnership may be the Local Health Resilience Partnership. In other areas it is a dedicated Health Protection Committee or Partnership. In LBE it is the Health Protection Forum.



Local Resilience Forum (LRF)

- 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, for example for facilitating mutual aid. Local areas are best left to determine how these arrangements will work.
- For LBE, the 'LA COVID-19 Member-Led Engagement Board' in the diagram bottom left will be the Health & Well Being Board

Key Organisational Elements



Strategic Co-ordinating Group (SCG)

- The SCG 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.

Appendix 1.4: COVID-19 Outbreak Prevention and Control Plan: Roles & Responsibilities Summary

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 Local Outbreak Plan for COVID-19.

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

