COVID-19
Hertfordshire Local Outbreak Plan

Version 1.9.5
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Version Control Table (From Version 1.9)

Version Number	Date	Amends	Signed Off
1.9	30TH June 2020	New version produced following half day public health team meeting	JMcM
1.9.1	30th June 2020	Placement of Appendix of Legal Powers	JMcM
1.9.2	1st July 2020	Agreement with District and Borough Reps on content of expectations of their roles	JMcM
1.9.3	2nd July 2020	Updates of roles and expectations	JMcM
1.9.4	9th July 2020	Updates of roles after discussion with district colleagues, new data flow diagram, corrections and amendments from Districts and Boroughs	JMcM
1.9.5	13th July 2020	Comments received from district and borough colleagues	JMcM

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1. Context and Purpose

On 22nd May 2020 Government announced that as part of its national strategy to reduce infection from COVID-19 it would expect every area in England to create a local Outbreak Plan. Government expects that local plans, led by the Director of Public Health, will be produced by the end of June 2020.   National Guidance was issued jointly by Public Health England with five key partner agencies.

This Local Outbreak Plan builds on existing health protection plans and put in place measures to contain any outbreak and protect the public's health. The Director of Public Health is responsible for defining the measures required to do this.

This plan is intended to enable agencies in Hertfordshire to prevent, manage, reduce and suppress outbreaks of COVID-19 infection across the County.

This plan sets out the arrangements for surveillance of and response to local outbreaks and infection rates. Some of these (such as work in Care Homes) are already in Place. Other parts (such as how the National and Local Contact Tracing Systems interface) are still being developed nationally.

The plan identifies aims, objectives, workstreams and the appropriate governance and responsibilities for each of those.

The Outbreak Planning framework for Hertfordshire consists of two layers, as outlined below. This plan, which is intended to provide a straightforward and transparent summary accessible to everyone, and detailed plans for each Programme and Workstream.

Figure 1 Outbreak Planning Framework for Hertfordshire

2. Aims and Objectives

The aims of the Local Outbreak Plan are

1. to protect the health of the population of Hertfordshire from COVID-19 through preventing the spread of COVID-19 and associated disease through

   a. Preventing spread of Covid-19 across workplaces and communities using best available tools and evidence
      i. Ensuring data and surveillance systems are in place to enable intelligence-led prevention and outbreak management
      ii. Systematically identifying populations and settings at higher risk in terms of spread and vulnerability to the effects of COVID-19 when infected
      iii. Establishing effective prevention strategies for these settings and populations
   b. Identifying outbreaks as early as possible
   c. Containing and suppressing outbreaks by proactively using best current tools and evidence
   d. Co-ordination of the capabilities of all relevant partners
   e. Agreement of. roles and responsibilities and escalation routes across the tiers/organisations
      i. Establish systems and workforce capacity to effectively respond to outbreaks for these cohorts
   f. Defining governance, roles and responsibilities for all stakeholders and command & control arrangements relating to Covid-19 management
   g. Where possible support incorporation of Covid-19 response into existing structures and ways of working
   h. Ensure that arrangements for preventing and managing non COVID-19 seasonal communicable diseases which may impact adversely on public service capacity are in place (e.g. seasonal vaccination campaigns for 'flu and other diseases for residents and key workforces [e.g. social care and NHS].)

2. To assure the public and stakeholders this is being effectively delivered by

   a. Publication of our Local Plan
   b. Establishment of a Member-Led Governance Board
   c. Setting out communications and engagement arrangements with partner organisations and residents
   d. Proactive and reactive communications campaigns and resources designed to enable residents and stakeholders (businesses, schools etc) to take action
   e. Produce epidemiological surveillance and modelling to support action
   f. Communicating clearly to residents when action is being taken and why
   g. Using Programme Management Principles and Capabilities

Outbreak Levels including a Second or subsequent Wave

An outbreak of COVID-19 is defined in national guidance (June 2020) as two or more linked cases of COVID-19 in any given setting within any twenty-eight-day period. (The two must be linked to the same school, home, workplace or healthcare setting.)

Health Protection arrangements already exist for managing Outbreaks of infection in Hertfordshire. What is different about COVID-19 is the scale, which was so significant in the period March 2020 – June 2020 that it required the Strategic Co-ordinating Group of the Local Resilience Forum to co-ordinate activity.

In developing this Outbreak Plan we have identified levels of Outbreak alerts for the system from 1 to 4. This plan is designed to cope with Level 1 and 2 Outbreaks. Level 3 would require a Major Incident to be declared. Level 4 would essentially be a Second Wave of the Pandemic which would require the SCG to be fully operational. The levels of alert are shown below.

Table 1: Levels of Outbreak Alert

Level	Characteristics	Recent Examples
1	• Outbreaks within existing capacity, even if in multiple settings simultaneously. The Health Protection Board would manage these	• COVID 19 in Care Homes and Schools
2	• Outbreaks which exceed existing outbreak management capacity and need additional resource or capacity. The Health Protection Board and SCG would work together	• Lookback exercises and screening on over 1500 people (multi agency response)
3	• Outbreaks which exceed existing capacity and require the SCG and/or one or more partners to declare a Major Incident	• 'Flu Season 2017
4 Second Wave	• A second wave of infection as bad or worse than the first which requires full scale SCG Co-ordination and National Response	• COVID first wave

As part of our arrangements to manage local outbreaks we have specified Surveillance and Epidemiology functions which will ensure we have early warning of Outbreaks heading to level 3 or Level 4 (Second Wave) in order to plan. The Board will keep under review the Outbreak levels and capacity levels. A response level dashboard for the SCG on response levels has been created. This will be one of the sources we use in monitoring response – with an additional daily dashboard - so SCG and Health Protection Board have the same understanding of response

level. These will be at Hertfordshire level but enable people to drill down to the lowest level we can make available (MSOA potentially.)

3.   National and Local Responsibilities

The UK Government has set out four key strands to the national approach to tackling Covid-19: test; trace; contain; and enable. These have distinct but complementary roles at national and local level.

Figure 2: National Test and Trace System
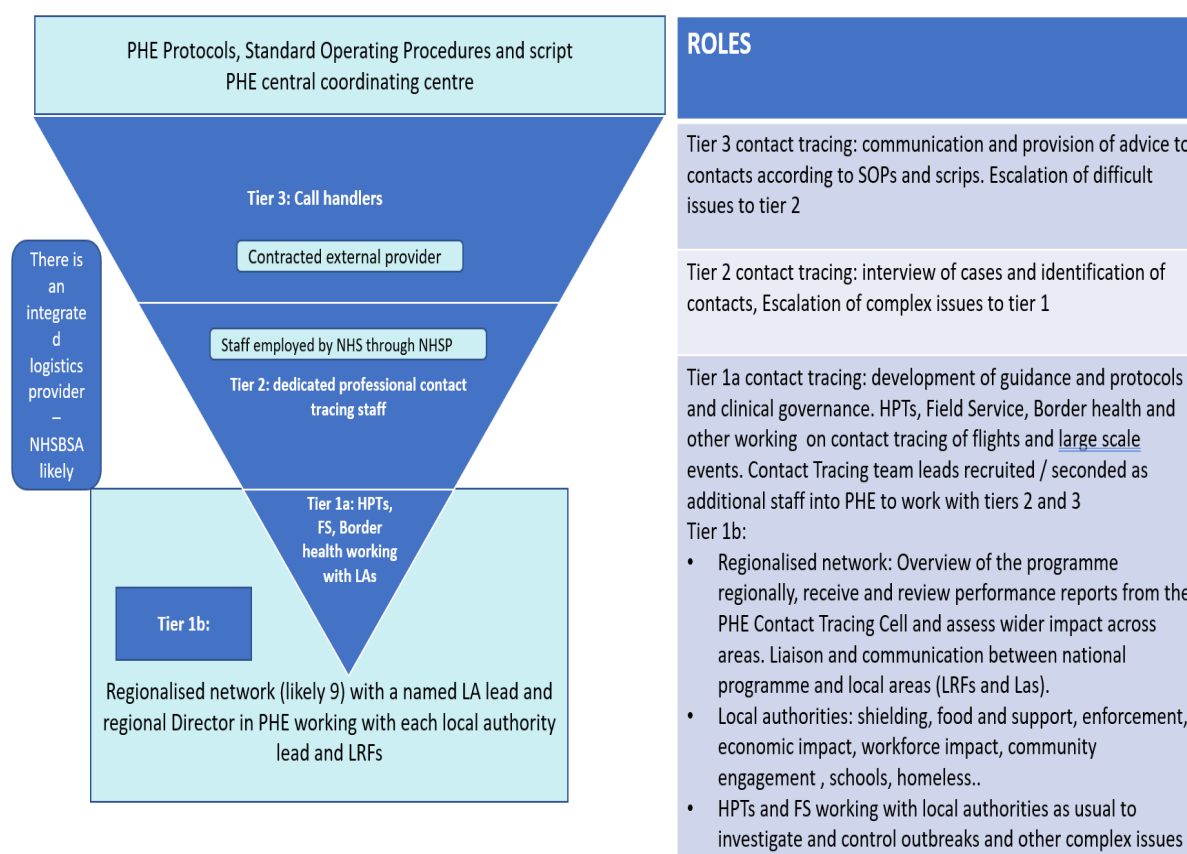
The purpose of this system is to control the Covid-19 rate of reproduction (R), reduce the spread of infection and save lives.

To control the rate of reproduction three tiers of operation have been implemented nationally. Local planning and response is an essential part of the operation and forms part of level 1b, a Local Outbreak Control Plan is required to document these local plans.

Table 2: Complementary Roles at National and Local Level

The role of NHS Test and Trace (National)	The role of the Local Outbreak Plan
What • *A central part of Government recovery strategy seeking to control the spread of the virus through well tried testing, isolation and contact tracing.* • Web-based tool Contact Tracing and Advisory System (CTAS) • Phone Based Contact Tracing (PBCT) Teams with a dedicated contact tracing service comprising professional staff employed through NHSP (Tier 2) and a call handler force supplied through a commercial provider (Tier 3). • PHE Local health protection teams (Tier 1a and one part of Tier 1b) (HPTs) and the field service (FS) teams delivering their usual responsibilities of investigation and control of complex outbreaks and situations	**What** • *A Locally led multi-agency partnership to prevent, identify and contain local outbreaks* • Working with Local PHE Centre, East of England ADPH and neighbouring authorities on common priorities and shared processes • Prevention • The Seven Themes set out by Government • The local delivery of the outputs from NHS Test & Trace *(Part of Tier 1b of Track and Trace.)* • Complex issues that cannot be resolved by the regional PHE Health protection teams • Outbreaks that need on the ground local responses • Supporting vulnerable people to isolate.

Summary of Leads in our Outbreak Plan

This programme will require co-ordination and leadership across a range of agencies. The leads for each workstream are stated here

Table 3: Programme and Workstream Leads

Priority	Theme	Lead	Public Health Lead
Prevent and Respond	**Prevention Hub**	Louise Savory Consultant in Public Health, HCC Robin Trevillion, Health Protection Lead, HCC	Louise Savory Consultant in Public Health, HCC
	Adult Care Services including Care Homes and Residential Settings	Tom Hennessy Asst Director, Adult Care Services, HCC	Joel Bonnet, Consultant in Public Health
	Schools and Childrens' Provision	Tania Rawle (Head of Standards, Schools)	Sue Matthews (Consultant in Public Health)
	High Risk Settings (non-NHS) including workplaces	District Co-ordinator (to be confirmed)	Sue Matthews, Consultant of Public Health (Jo Capon, Public Health) Assisting
	High Risk Setting (NHS)	Jo Burlingham, NHS Tactical Co-Ordination Group Vice Chair	Miranda Sutters, Consultant in Public Health, HCC
	NHS Primary Care	Jo Burlingham, NHS Tactical Co-Ordination Group Vice Chair	Miranda Sutters, Consultant in Public Health, HCC

Priority	Theme	Lead	Public Health Lead
		Lynn Dalton, Director of Primary Care, Herts Valleys CCG	
Vulnerable People and Communities	**Support to People Self-Isolating**	Taryn Pearson-Rose / Kristy Thakur	Annette Sheer, Project Manager, Public Health
	Systematic action on vulnerable people and communities	Robin Trevillion, Health Protection Lead, HCC	Louise Savory, Consultant in Public Health (linking to High Risk Setting)
	BAME Communities	HCC Staff Celeste Igolen-Robinson, Senior HR Manager, HCC NHS Staff Jane Halpin, Accountable Officer, CCGs Resident communities: Faizal Hakim, Equality and Diversity Manager, HCC	Zac Mather, Programme Manager, Public Health
	Highways and Urban/Town Centre Safety	Rupert Thacker, Head of Highways Implementation and Strategy, HCC Bethan Clemence, Healthy Places Lead, Public Health, HCC	Bethan Clemence, Healthy Places Lead, Public Health
	Personal Protective Equipment	Brian Gale, Head of Commissioning, Public Health	Louise Savory, Consultant in Public Health
	Use of Enforcement Powers	Nick Long, Director of Public Protection, Welwyn Hatfield Council	Duty Consultant in Public Health

Priority	Theme	Lead	Public Health Lead
		Guy Pratt, Assistant Director, Community Protection, HCC	Deepti Kumar, Public Health England
Testing and Contact Tracing	**Testing Co-ordination and Deployment**	Miranda Sutters, consultant in Public Health	
	Contact Tracing Local capabilities	District Co-ordinator	Linda Mercy, Consultant in Public Health
	Co-ordination with Regional and National NHS Test and Trace	Ciceley Scarborough Public Health Lead, Public Health, HCC Deepti Kumar, Consultant in Communicable Disease Control, PHE East of England	Ciceley Scarborough Public Health Lead, Public Health, HCC
Surveillance, Intelligence and Data	**Daily Surveillance Meeting**	Duty on Call Consultant in Public Health (daily)	David Conrad, Consultant in Public Health, Evidence and Intelligence
	Analytical, Forecasting and Modelling	David Conrad, Consultant in Public Health, HCC	Will Yuill, Senior Analyst, Public Health
	Information Sharing	David Conrad, Consultant in Public Health, HCC	Will Yuill, Senior Analyst, Public Health
Engaging Communities *(see also vulnerable communities' streams above and Elected Member Board below)*	**Communication**	Andrew Hadfield-Ames Head of Communications HCC	Joel Bonnet, Consultant in Public Health, HCC Joanne Necchi Communications Officer, HCC

Priority	Theme	Lead	Public Health Lead
Governance and Programme Co-ordination	**Elected Member Engagement Board**	David Williams, Leader, HCC Scott Crudgington, Director of Resources, HCC	Jim McManus, Director of Public Health Joanne Doggett, Head of Programmes, Public Health
	Chief Executive Assurance	Owen Mapley, CEO, Hertfordshire County Council Scott Crudgington, Director of Resources, HCC	Jim McManus, Director of Public Health Joanne Doggett, Head of Programmes, Public Health
	Health Protection Board	Jim McManus, Director of Public Health Darryl Keen (Co-Chair of SCG) Deputy Chair of this Board	Joanne Doggett, Head of Programmes, Public Health
	Programme Management Office	Joanne Doggett, Head of Programmes, Public Health	Katie Wallace, Programme Manager, Public Health
	Internal Co-ordination	Scott Crudgington, Director of Resources, HCC Joanne Doggett, Head of Programmes, Public Health	Katie Wallace, Programme Manager, Public Health
	District Council and EHO Capacity into Programme Management Office	Joanne Doggett, Head of Programmes, Public Health Justine Hoy, Environmental Health, Welwyn Hatfield Council	Katie Wallace, Programme Manager, Public Health

What we expect from every agency and stakeholder

This plan will require multiple stakeholders working together. Everyone has a role to play. Below we identify the key roles to play.

Table 4: Key expectations of each agency

Agency or Role	Key Roles
Strategic Co-Ordinating Group	• Exercise the Plan and test scenarios • Monitor levels of infection and be ready for a second wave through the Analytical Cell • Co-ordinate multi agency capabilities • Declare a Major Incident if and when agreed • The PPE Cell co-ordinates supply of Personal Protective Equipment • The Highways and Urban Safety Cell ensures public transport and High Streets are COVID-19 secure • The Testing and Swabbing Cell delivers, deploys and co-ordinates testing capabilities to prevent and manage outbreaks • Operation Sustain ensures people who are self-isolating get help with essential supplies to stay self-isolating • Escalation of issues to MHCLG and others as needed
Hertfordshire COVID-19 Member Engagement Board	• Engage residents and oversee proactive and reactive communications • Sign off the Plan • Ensure each agency is able to play its part • Escalation of issues to government as needed
Hertfordshire COVID-19 Health Protection Board	• Oversee the implementation and revision of the plan • Ensure partner agency representation and engagement • Ensure resource to Manage Outbreaks is in Place • Co-ordinate action across agencies • Ensure escalation where needed for SCG Capability deployment

Hertfordshire County Council	• The Chief Executive leads assurance of the Plan and signs the Plan off
	• The Director of Resources supports the Member Board and ensures the grant is used to deliver the Outbreak Plan
	• Communications lead multi-agency proactive and reactive communications
	• The Director of Public Health and team
	    o provides scientific and expert leadership,
	    o programme management and capabilities
	    o proactive and responsive advice and guidance on outbreaks.
	    o Provides Responsible Officer function for 1984 Act for those districts appointing.

Agency or Role	Key Roles
	- DPH signs delegations for enforcement of the 2020 regulations powers - Provides epidemiology and surveillance capability and leads daily surveillance meeting - Supports and Services Hertfordshire COVID-19 Health Protection Board - The Director of Community Protection provides officers who can take enforcement action and co-ordinates and supports the Local Resilience Forum - The Resilience Team operates the 24/7 call facility - The Adult Care Settings and Schools and Childrens Provision Workstreams prevent and manage outbreaks in these settings - The Equalities team and HR team lead on developing plans for BAME Communities - Every directorate should identify its links with vulnerable communities through provided and commissioned services and take requested action to support them in preventing infection and reducing risk from COVID-19. - Customer Services (Call Centre and Website) provide public facing direct contact capability
Care Providers and Herts Care Providers Association	- Ensure care services (residential, domiciliary and supported living settings) are COVID-19 Secure - Ensure infection control processes in place compliant with HCPA and Care Home Cell and Public Health guidance
Schools, Colleges, University and other Educational Settings	- Ensure the setting and its staff and students implement prevention measures and robust infection control practice - Ensure that the setting and its staff follow the pathway when a positive case or outbreak is reported
District and Borough Councils Still need to collate list of proper officers	- Leaders of Districts participate in the Member Board and engage with communities directly and through the Board and Comms functions - Chief Executives ensure alignment of their capabilities to deliver required action to prevent and manage outbreaks - District and Borough Councils lead on creating maintaining registers of high-risk settings (other than schools and care homes) and take action to prevent and manage outbreaks in settings they have lead responsibility for. - District and Borough Councils lead on prevention and enforcement on workplaces (alongside the Health and Safety Executive) (excluding NHS, Police, County Council Settings and Social Care settings [residential or non-residential.] - District and Borough Councils lead on contact tracing in complex situations handed down from PHE/NHS Test and

Agency or Role	Key Roles

	Trace where requested as agreed in the Memorandum of Understanding
	• District and Borough Councils lead on prevention and management of outbreaks in Houses of Multiple Occupation, Homeless and other hostels. EHOs will lead contact tracing and outbreak management for these settings.
	• Districts and Borough Councils ensure leisure facilities are COVID-19 secure in partnership with HSE
	• District and Borough Councils lead on enforcement powers under the 1984 and 2020 Acts and regulations (there is also a pool of County Council Officers designated to assist under the 2020 regs for enforcement [closures and fixed penalty notices.])
	• Agree a mutual aid agreement
	• Identify resource needed to undertake contact tracing and local outbreak management
	• District and Borough Councils agree between them resource to co-ordinate work. (Roles 2, 3 and 4 will be funded by Public Health. Other resource needed above will be met from the Outbreak Management Grant.)
	  1. Nominated leads to sit on the Health Protection Board
	  2. A lead District Co-ordinator who will liaise between Districts and Public Health and Programme Management Office
	  3. An officer to support mapping of high-risk settings
	  4. A central point of contact for response with the surveillance cell to initiate action in Districts

NHS CCGs and NHSE/I as Commissioners	• CCGS Ensure all commissioned providers are COVID-19 secure and have infection control plans in place which are robust • CCGs ensure infection control support to care settings (community or acute) is provided • CCGs ensure a senior lead to co-ordinate action is part of the Health Protection Board • A specific workstream to manage outbreaks in primary care • Management of outbreaks in NHS settings other than primary care through the Health Economy Tactical Co-ordinating Group • Use Population Health Management tools and techniques to identify cohorts of patients at heightened risk for a second wave, and take appropriate preventive actions • Ensure that primary care services are delivered in a safe way for COVID-19 (technology, hot and cold sites etc)

Agency or Role	Key Roles
	• Assure all commissioned providers are using the IIMarch forms to capture actions taken to support outbreak management • Feed information to NHSE/I and into Surveillance Cell on Outbreaks in NHS settings • Escalation of issues to NHSE/I and upwards as needed
NHS Provider Agencies	• Every NHS Provider must have in place an infection control plan which prevents and manages outbreaks in their settings • Use Population Health Management tools and techniques to identify cohorts of patients at heightened risk for a second wave, and take appropriate preventive actions • Ensure that services are delivered in a safe way for COVID-19 (technology, hot and cold sites etc) • Ensure processes to reduce risk in admissions and discharges are done including elective procedures ○ For elective procedures creation of risk reduction protocols including pre-admission measures • Provision of commissioned testing, swabbing and contact tracing • Responsibility to complete IIMarch forms and send to NHSE/I, Commissioner and Surveillance Cell
Public Health England (National)	• National advice and guidance • Co-ordination of national programmes • Escalation of issues of national significance • National Surveillance and Intelligence
Test and Trace (National)	• Operation of the national and regional test and trace system • Feed information to Hertfordshire through the analytical cell for epidemiology and surveillance • Reception of notifications of cases and contacts and management • Feed notifications and actions to Tiers 1a and 1b (PHE and Local) for action as needed
Public Health England (Regional)	• Infection control advice to settings which have outbreaks • Risk assessment of settings which have outbreaks • Outbreak notification to Local Public Health and EHOs • Reception of notifications of outbreaks and cases from public and Test and Trace • Contact Tracing • Data Sharing • Operation of Memoranda of Understanding and outbreak management flowcharts • Provide proper officers for 1984 Act powers and 2020 Act and Regulations • Information and data feeds to Surveillance and Epidemiology function
Police	• Maintain Public Confidence and Order • Take such enforcement action as they deem necessary

Agency or Role	Key Roles
	• Ensure their organisation is COVID-19 secure
Universities and Colleges	• Ensure they operate within COVID-19 secure processes • Preventive advice and support to students and staff • Early notification and response when cases are notified
Workplaces	• Ensure every workplace is COVID-19 secure • Ensure vulnerable workers are appropriately risk assessed • Proactively notify outbreaks and cases to test and trace/ Public Health England
Voluntary and Community Organisations	• Support their communities in preventing and mitigating the impact of COVID-19 (e.g. homeless provision and care services ensure they have plans to prevent spread of infection.) • Ensure service provision is COVID-19 secure • Ensure vulnerable workers are appropriately risk assessed • Proactively notify outbreaks and cases to test and trace/ Public Health England
Entertainment Venues	• operate safely in line with best guidance • Follow COVID-19 secure guidance
Places of Worship	• operate safely in line with best guidance • Follow COVID-19 secure guidance
Transport Operators	• operate safely in line with best guidance • Follow COVID-19 secure guidance
Residents	• Continue measures to prevent themselves and others from COVID-19
Custodial Settings	• operate safely in line with best guidance • Follow COVID-19 secure guidance • Proactively notify outbreaks and cases to test and trace/ Public Health England • Work with NHSE/I to put in place pathways and processes to reduce risk
Homeless and Migrant residential and non-residential settings	• operate safely in line with best guidance • Follow COVID-19 secure guidance • Proactively notify outbreaks and cases to test and trace/ Public Health England
Residential services (Homeless shelters, Temporary accommodation, Houses of multiple occupancy, authorised, unauthorised, private encampments, Gypsy and Traveller sites, Specialist refuge/safe	• Ensure they follow guidance on prevention and response • Ensure responsible authority includes them in their plans • Ensure they are included in assessment of high-risk areas • May need to consider targeted media campaigns

Agency or Role	Key Roles
accommodation and Women's refuges);	
Drop in services and other non-NHS care settings (Drug and alcohol/ substance misuse services, mental health and PLD, outreach support services and Soup kitchens);	• Ensure they follow guidance on prevention and response • Ensure responsible authority includes them in their plans • Ensure they are included in assessment of high-risk areas • May need to consider targeted media campaigns
Supported living settings (non-NHS);	• Ensure they follow guidance on prevention and response • Ensure responsible authority includes them in their plans • Ensure they are included in assessment of high-risk areas • May need to consider targeted media campaigns

3. Priorities and Programmes

Government have set seven Priorities for Local Outbreak Plans. At the same time, there are additional priorities from guidance or additional requests from government, or developing best practice. We have grouped these priorities together to form Five Programmes for the Hertfordshire Plan. These Programmes are mutually inter-dependent and the Board

Table 5: Workstreams in Prevent and Respond Programme

Programme	Government 7 Priorities	Additional Priorities
1. **Prevent Outbreaks and Respond Proactively**	• Care Homes • Schools • Vulnerable People • High Risk Settings including workplaces	• Prevention • Preparation for a possible Second Wave • Wider community care settings (all ages) • Workforce
2. **Testing and Contact Tracing**	• Local Testing Capacity	• Ensuring we enable the Test and Trace System to work effectively • Improving access to testing especially for high risk and vulnerable populations
3. **Surveillance, Intelligence and Data**	• Data Integration	• Epidemiological Modelling • Escalation and monitoring dashboard easy to use by stakeholders
4. **Engaging Communities**	• Member Engagement Board (Hertfordshire COVID-19 Member Engagement Board)	• Communications
5. **Governance and Programme Co-ordination**	• Member Engagement Board (Hertfordshire COVID-19 Member Engagement Board) • Health Protection Board (Hertfordshire COVID-19 Health Protection Board)	• Programme Management Arrangements • Finance • Effective Delivery • Assurance and Evaluation • Links to LRF • Co-ordination of Capabilities • Workforce and Training

4. Programme 1: Prevent and Respond

This programme will co-ordinate existing and new arrangements to prevent the spread of COVID-19, and proactively manage outbreaks.
While this programme is the largest programme within the Plan, it consists of a number of workstreams which have significant inter-relationships and grouping them together in one programme will enable workstreams to avoid duplication of effort.

The programme will consist of the workstreams listed below. Each of these will have their own detailed work programme.

1. **Prevention Hub** - resourcing and enabling preventive activity and communication. This workstream will also be responsible for the forecasting and future casting of preventive and response action by monitoring when new technologies (e.g. the vaccine) will become available and ensuring the system puts in place arrangements to deliver these or make them available
2. **Care Homes** (Adult Care Services including Care Homes and Residential Settings) – ensuring outbreaks are prevented and managed in care homes
3. **Schools and Childrens Provision** – ensuring settings can operate safely and outbreaks are managed effectively
4. **High Risk Settings (Non-NHS)** – systematic identification and risk assessment of settings, and co-ordination of action
5. **High Risk NHS Settings** – because of the particular nature of NHS settings and risk of transmission, the NHS will have a dedicated workstream on preventing and managing outbreaks in hospitals and NHS settings
6. **Vulnerable People and Communities** – systematic identification of populations at higher risk of getting COVID-19 or higher risk of serious disease or outcomes if they do become infected; support to people self-isolating
7. **Highways and Urban/Town Centre Safety** – Ensuring town centres and businesses operate safely for residents
8. **Enforcement Powers** – ensuring we can use enforcement powers quickly, sensitively and appropriately

The key priorities of each Workstream are set out in the table below.

Table 6: Priorities and Key Actions for Prevent and Respond Workstreams

Workstream	Status	Purpose of Workstream	Description, Priorities, Key Actions and Reporting	Lead
Prevention Hub	In place This workstream will be further developed to deliver future activities to be able to resource advice and support function to all workstreams	• Enable workstreams to be effective by ensuring provision of technical, scientific and other resource needed for them • Provide a single source of advice and guidance on prevention and management of outbreaks • Identify gaps in preventive action and act to fill them as they arise • Provide rapid reactive support and advice as needed to settings	**Where Workstream receives notifications from** ○ Settings directly, Public Health England, Workstreams, Stakeholder agencies **Key activities completed** • Guidance to Schools, Care Homes • Guided development of the Care Homes Plan • Provided training to care workers and teachers • Safer business toolkit • Guidance to safer High Street • 24/7 reactive advice and guidance service • Supported development of the Schools Plan • Advised Universities and Colleges on prevention of outbreaks • Advised Homeless settings on prevention of outbreaks • Guidance to community pharmacy on outbreak prevention • Guidance to workplaces • Supported • Behavioural science advice, guidance and design of campaigns and toolkits • Face coverings advice to residents • Guidance to faith communities and settings	Louise Savory, Consultant in Public Health

Workstream	Status	Purpose of Workstream	Description, Priorities, Key Actions and Reporting	Lead

		or workstream leads a	**Key future activities**
			• Advice and guidance to workplaces, settings and communities on preventing spread of COVID-19. In particular:
			    ○ Updates to guidance for care settings (June 2020)
			    ○ Updates to guidance for educational settings (July 2020)
			    ○ Collation of Action Cards for all settings from national and local sources (July 2020
			• Identify areas of prevention where action or resource is missing and ensure action is taken
			• Provision of technical and scientific support, advice and guidance - reactive and proactive
			• Use of behavioural Sciences to inform action
			• Development of tools and resources for other workstreams to use (e.g. Care Homes Guidance)
			• Maintain overview of all preventive action
			• Resource communications functions and advice on communications strategy to populations and settings
			• Develop prevention guides for any settings which don't yet have them
			• Identify gaps in settings and areas where preventive action may need to be taken	

Workstream	Status	Purpose of Workstream	Description, Priorities, Key Actions and Reporting	Lead
			Future-Proofing The Hub will also ensure that it identifies future technologies or interventions such as the availability of vaccines and identifies work needed to deliver these **Where the Workstream reports to** Through Health Protection Board to SCG	
Care Homes (Adult Care Services including Care Homes and Residential Settings)	In place	• Prevent and Manage Outbreaks in Care Homes and other adult care settings	• To oversee, monitor and map outbreaks of Covid-19 across Hertfordshire. In doing so the Cell will share expertise and information amongst health and care professionals to support Care Homes and Care Home agencies to mitigate the impacts of outbreaks in order to support patient flow and to maintain homes and care services to remain open. **Where Workstream receives notifications from** o CCG Outbreak Cells, from Homes directly and via HCC monitoring officers. **Key activities completed** • Care Home Plan in Place and signed off • Care Home Cell in place including programme delivery staff and monitoring team	Tom Hennessy Asst Director, Adult Care Services, HCC

Workstream	Status	Purpose of Workstream	Description, Priorities, Key Actions and Reporting	Lead
			- COVID-19 response team in place in Herts Care Providers Association - PPE Supplies in Place - Hygiene, Workforce and PPE Guidance in Place - Systems to monitor and respond to symptomatic cases in place - Testing and swabbing systems for care home residents and staff in place - Actions for each of the Government's high impact actions in place including Isolation and Step Down facilities for positive or symptomatic residents being discharged from Hospital **Key Future activities** - Countywide surveillance and monitoring of Covid19 outbreaks in care homes, and any embargos etc. - Strategic oversight on the number of cases, number of deaths and staffing levels across all the care homes across Hertfordshire - Support care homes to continue to operate in order to manage and sustain capacity to deliver effective discharges from acute hospitals - Support care homes to prevent admissions to the acute hospitals through enhanced medical support into the care homes - Coordinate and expedite clinical advice and support around Infection Control to care homes and home care agencies	

Workstream	Status	Purpose of Workstream	Description, Priorities, Key Actions and Reporting	Lead
			o Be a link with all the other operations hubs that are established, in particular with the Provider Hub **Where the workstream reports to** o Through Health Protection Board to SCG	
Schools (Schools and Childrens' Provision)	In place	• Ensure Schools and Childrens' Settings can operate safely • Ensure processes for testing, tracing and outbreak management are in place for schools	• Preventing and minimising spread of COVID-19 in schools and children's provision • Containing and suppressing outbreaks of COVID-19 in schools and children's provision • Proactive and effective systems for communication, support and escalation in schools and children's provision **Where workstream receives notifications from** • PHE, Test and Trace and directly from schools **Key Activities Completed** • Reactive advice and guidance rota of officers able to support schools • Guidance to schools on safe management • Guidance to schools on managing infected or suspected infected students and staff • Incident Management System for schools with outbreaks • Communications support to schools	Tania Rawle (Head of Standards, Schools) and Sue Matthews (Consultant in Public Health) HCC

Workstream	Status	Purpose of Workstream	Description, Priorities, Key Actions and Reporting	Lead
			Key future activities • Establish systems of support and guidance to schools (PHE five principles – hygiene, small group numbers, avoid/reduce mixing, social distancing, enhanced cleaning) ready for new school year by July 2020 • Establish systems that will provide assurance that schools and children's provision are aware of, and are following national and local guidance by July 2020 • Develop a pathway for schools and other children's provision HCC with clear roles, responsibilities and timescales by July 2020 • Ensure effective risk management and monitoring to identify areas for improvement and improve consistency across the county by July 2020 • Effective early warning indicators through the use of surveillance data by July 2020 • Promote effective two-way communication between HCC and schools and children's provision and reassurance to relevant stakeholders (ongoing) **Where the workstream reports to** • Through Health Protection Board to SCG	
High Risk Settings (non-	Plan in draft. Scenarios and	• Systematic risk assessment of	• Identifying and risk stratifying settings at high risk of spread of COVID-19	District Co-ordinator (to

Workstream	Status	Purpose of Workstream	Description, Priorities, Key Actions and Reporting	Lead

NHS) including workplaces	responsibilities for different settings being worked through.
	
	Council by council risk assessment underway
		places and settings at higher risk of COVID	• Preventing and minimising spread of COVID-19 in high risk settings
			• Containing and suppressing outbreaks of COVID-19
			• Proactive and effective systems for communication, support and escalation
			
			Where workstream receives notifications from
			• PHE, Intelligence and Surveillance Cell, NHS Test and Trace and directly from high risk settings
			
			Key Activities
			• Systematically identify settings not already specified which are at heightened risk of transmission of COVID 19 including
			   o Workplaces
			   o Houses of Multiple Occupation
			   o Supported Living Settings
			   o Places of Mass Gathering or High Human Traffic
			   o Further and Higher Education Settings
			• Risk assess and prioritise settings for preventive action
			• Contact settings identified proactively with advice and guidance including action cards for each setting
			• Ensure
				be confirmed)
				
				Sue Matthews, Consultant in Public Health

Workstream	Status	Purpose of Workstream	Description, Priorities, Key Actions and Reporting	Lead
			• Check that high risk settings have registers in place to enable contact tracing • Exercise incident response and management with highest risk settings • Identify highest risk settings for regular advice and monitoring **Where the Workstream Reports to** Through the Health Protection Board to SCG and to the Recovery Tactical Co-Ordination Group (for workplaces.)	

| High Risk NHS Settings and Primary Care Workstreams | Workstream priorities agreed with NHS.

Infection control arrangements for secondary care in place.

awaiting identification of Health Protection Board leads | • Ensure COVID-19 transmission in NHS settings is prevented

• Manage COVID-19 Outbreaks in NHS Settings | **Key completed activities**
• Infection risk assessment for acute trusts
• Infection control plans for COVID-19 in NHS settings including face masks, hygiene, PPE and physical distancing inside NHS settings
• Directors of Infection Prevention and Control identified to lead for every NHS Provider Trust
• Infection control plans in place in community pharmacy
• Infection control plans in place in NHS Services commissioned by Public Health
• "Hot" clinics in place in NHS Providers for people assumed to be COVID-19 infected
• COVID-19 free facilities in place in every NHS Provider

Key Future activities
• Systematically risk assess NHS settings for risk of transmission of COVID-19 between and among staff, visitors and patients
• Identify a risk register of NHS settings at highest risk of outbreaks
• Identify actions to be taken for each setting to reduce spread of the virus and a plan for each setting
• Ensure every NHS Provider has taken infection and outbreak control plans through their Board
• Ensure every GP Practice has infection control plan and an identified infection control lead adviser | Jo Burlingham, NHS Tactical Co-ordination Group Vice-Chair

Lynn Dalton, Director of Primary Care, Herts Valleys CCG |

			• Identify processes for early management of Outbreaks • Ensure Protocols • Ensure each NHS Setting has a lead for COVID-19 infection control and prevention • Ensure seasonal 'flu vaccination campaigns for NHS staff and vulnerable patients are in place (to reduce impact of 'flu on services and reduce potential co-infection of vulnerable people.) **Where the Workstream Reports to** • Through Health Protection Board and NHS Structures to SCG	
Vulnerable People and Communities **Substream: Support for people self-isolations**	In place	Ensure people self-isolating are supported to stay self-isolating and can access food, medicine and essential supplies without breaking self-isolation	**Key Activities** a) Arrangements to ensure people self-isolating can get essential food and medical supplies and not compromise isolation b) Identifying communities most vulnerable to COVID and working with c) Ensuring Primary Care identify, risk assess and take appropriate action to protect people identified at significantly increased risk of serious outcomes if infected **Where the Workstream Reports to** Through the Health Protection Board to SCG	Taryn Pearson-Rose, HCC Kristy Thakur, HCC

Vulnerable People and Communities **Sub Workstream: Systematic action on vulnerable people and communities**	Some activities completed Risk matrix in draft Identification of action cards for agencies underway	• Identify communities at increased risk of impacts from COVID-19 (infection, severe disease, mortality) and put in place preventive and mitigation measures	**Key completed activities** • Homeless settings have had advice, guidance and PPE supplies • Preventive guidance for people with learning disabilities rolled out • Public Mental health plan including resilience tools • Smoking cessation service for those vulnerable to COVID-19 who smoke rolled out, 500 people using service currently • Priority public health nursing service for families vulnerable to COVID-19 in place • Preventive testing of vulnerable adults and older people underway **Key activities underway** • Co-morbidities and risk screening tool for primary care to identify people at heightened risk and take preventive action to include BAME patients (July 2020) • Identification of COVID-19 impact on shielding population and development of health improvement offer (muscle weakness recovery, strength loss recovery) **Key future activities** • Identify vulnerability factors for COVID-19 • Identify populations at heightened vulnerability and identify how o Older people	Robin Trevillion, Health Protection Lead, HCC

| | | | ○ Shielding populations ○ People with learning disabilities ○ People with severe mental illness ○ Populations of identity (travellers, migrant workers) ○ BAME Populations (identified below as a separate workstream) ○ People with co-morbidities Establish leads in agencies for each population and Agree action cards for each vulnerable population and agencies working with them Commissioners to assure that enhanced seasonal vaccination campaigns ('flu, Meningitis, pneumococcal, etc) are in place (to reduce impact on services and reduce potential co-infection of vulnerable people.) Seek assurance that immunisation services are in place and prioritising vulnerable people. **Where the Workstream Reports to**
Through the Health Protection Board to SCG | |
| **Vulnerable People and Communities**

Sub-Workstream: BAME Populations | In development

(Some activities in place already) | Identify actions which can | **Key activities completed** COVID-19 advice and guidance (video and print) made available in community languages BAME communities linked into PHE Review and inquiry Rapid review of risk of BAME populations (superseded by PHE Review) and action plan group convened by Recovery Cell | HCC Staff Celeste Igolen-Robinson, Senior HR Manager, HCC

NHS Staff |

			• Smoking Cessation service increased for BAME populations to reduce risk if COVID contracted	Jane Halpin, Accountable Officer, CCGs
			Key activities underway • Co-morbidities screening tool for primary care including BAME communities • Infection control advice and guidance for BAME taxi drivers **Key future activities** • Risk assess BAME Staff and ensure preventive measures and actions are in place, prioritising social care (all ages) and NHS staff • Identify high risk BAME workforces outside • Identify BAME led small and medium enterprises for preventive advice and support • Co-produce assessment of impact with BAME communities and action plan • Ensure that seasonal 'flu and pneumococcal vaccination campaigns target BAME populations most vulnerable to infection **Where the Workstream Reports to** Through the Health Protection Board to SCG	Resident communities: Faizal Hakim, Equality and Diversity Manager, HCC
Highways and Urban/ Town Centre Safety	In Place	• Ensuring measures are in place to enable social distancing and preventive actions in High streets,	**Structure** Convened of key Highways personnel, including District Leads and Communications officer **Key activities completed** • Safer high streets programme rolled out	Rupert Thacker, Head of Highways Implementation and Strategy, HCC and Bethan

		Roads and Transport settings	• Safer Public Transport advice to transport operators rolled out • Public campaigns for each of these rolled out **Key future activities** • To review and best practice measures of road space in busy public spaces in light of 4 July 2020 measures (July 2020) • Review and redraw plans for each Districts on parking and roads. (July 2020) • Empower & engage with Districts to help maintain the traffic management (ongoing) • Monitoring road network as the use of public transport (ongoing) • communicate with residents, businesses and Members and other users (ongoing.) **Where the workstream reports to** Recovery Tactical Group	Clemence, Healthy Places Lead, Public Health, HCC
PPE	In Place	• Co-ordination of essential PPE supplies for high risk settings such as care homes	**Key completed activities** • Assessed current and projected availability of PPE and any issues with supply • Co-ordinate arrangements for requesting and distributing PPE stock provided by central government • Procured emergency PPE supplies on ongoing basis	Brian Gale, Head of Commissioning, Public Health, HCC

			• Enabled all organisations to access appropriate PPE • PPE guidance and training for all care and educational settings • communications specifically relating to PPE for the system • advice and guidance on disposal of PPE • Procure and maintain resilience stock of PPE **Key future activities** • Continue with action above (ongoing) • Ensure any new and emerging guidance relating to PPE is communicated to the system, working with the Prevention Hub (ongoing) • Consider strategic/tactical issues relating to PPE and escalate accordingly (ongoing) **How this Workstream Reports** SCG	
Enforcement Powers **Sub-workstream Coronavirus (Restrictions) 2020 regulations**	In place	Ensuring 2020 Act enforcement powers can be used appropriately, sensitively and quickly	**Key completed activities** • Agreement between all eleven council on use of 2020 regulations • Ensured sufficient personnel in District and County Council to enforce the 2020 regulations • Establish, in liaison with legal services a register of suitably trained and accredited officers who can issue enforcement notices and take enforcement action • Maintain records of enforcement actions	Nick Long, Director of Public Protection, Welwyn Hatfield Council Guy Pratt, Assistant Director,

| | | | Key future activities
• Provide reactive function to enforce regulations including premises closure (ongoing)

Ensuring rapid access to Designated Officers for the purpose of the Act at local level
• Districts to amend constitutions to appoint additional local designated officers for the 1984 act

How this workstream reports
From the Herts EHO/Trading Standards Liaison Group to the Health Protection Board to the Recovery Tactical Co-ordination Group | Community Protection, HCC |
| **Enforcement Powers**

Sub-workstream

Shared approach to Public Health (Control of Diseases) Act | In development | Ensure 1984 Act powers can be used effectively | Key activities underway
• Legal Services HCC (Luis Andrade, Principal Solicitor HCC) developing legal toolkit

Key future activities (end July2020)
• Develop shared protocols to ensure the provisions in the 1984 Act and 2010 Regulations can be used effectively and swiftly
• Developing a shared protocol to use of the provisions in the Act for isolation, quarantine and any associated actions and procedures (e.g. orders not to attend school)
• Developing shared template tools and resources | Nick Long, Director of Public Protection, Welwyn Hatfield Council |

1984 Act and its regulations			• Ensuring rapid access to Designated Officers for the purpose of the Act at local level • Districts to amend constitutions to appoint additional local designated officers for the 1984 act **How this workstream reports** From the Herts EHO/Trading Standards Liaison Group to the Health Protection Board to the Recovery Tactical Co-ordination Group	

5. Programme Two: Testing and Contact Tracing

Rapid and easily accessible testing is key to any pandemic management in order to establish and monitor levels of infection and immunity in the system, plan for service demand, prevent asymptomatic spread of infection to vulnerable cohorts, identify who needs treatment and care, and keep the workforce and services resilient.

This programme will focus on ensuring that Testing Capability, Contact Tracing and Associated Action is delivered, through the following workstreams:

1. **Testing Co-ordination and Deployment:** The Development of local testing capabilities (including mobile reactive testing for outbreaks) to support the objectives of the Plan
2. **Contact Tracing Local Capabilities:** Complementing the national test and trace system through the development of local contact tracing capabilities, with an interim system in place from 1st July while a more permanent system is stood up.
3. **Co-ordination:** Working with Public Health England and all other partners on an East of England basis to ensure consistent pathways between National, Regional and Local Aspects of the NHS Track and Trace System.

This programme will co-ordinate existing and new arrangements to prevent the spread of COVID-19, and proactively manage outbreaks.
While this programme is the largest programme within the Plan, it consists of a number of workstreams which have significant inter-relationships and grouping them together in one programme will enable workstreams to avoid duplication of effort. A Detailed strategy for testing has been developed. A new regional testing site and mobile testing unit have already been secured as part of this work.

National and Local Roles

The aims of the national test and trace service are to reduce the national R number to below 1.0; save lives; and allow safe release from lockdown. The national capacity around contact tracing consists of teams of national call handlers (Level 3) and professional contact tracers employed via NHS Professionals (Level 2). More complex issues will be passed to local areas (Level 1).

The key roles and responsibilities of the national test and trace service (Tiers 2 and 3) are as follows:
- Providing advice to contacts according to Standard Operation Procedures (SOPs) and scripts. This will include the Household and Community contexts of cases escalated to Tiers 1a and 1b.
- Tier 3 call handlers to escalate difficult issues to the Tier 2 staff who will deal with these issues.
- The interviewing of cases, and identifying their contacts using Standard Operating Procedures (SOPs) and scripts
- Tier 2 staff will escalate complex issues and situations to Tiers 1a and1b (Regional and Local).

As part of the test and trace service, cases where there is added complexity, high risk setting, or people who are more vulnerable will be passed to local areas to provide more bespoke support (Tiers 1a and 1b).

To enable this in Hertfordshire, the existing contact tracing capacity is insufficient. A new contact tracing capability will be stood up which will create a team who will support individual workstreams and the health protection board carry out contact tracing in complex settings as part of the outbreak management.

The Table below sets the workstreams out in more detail.

Table 7: Priorities and Key Actions for Testing and Contact Tracing Workstreams

Workstream	Status	Purpose of Workstream	Description, Priorities and Reporting	Lead
Testing Co-ordination and Deployment	In Place	• Ensuring testing capability supports deliver of Outbreak Plan priorities and is easily deployable	**Key completed activities** • Mobile Testing Unit in place to be deployed to schools, workplaces and other settings • Swabbing service for care homes and schools in place commissioned by Public Health from Herts Urgent Care • Pathway for symptomatic residents and staff in care homes in place • New regional test centre in Welwyn Garden City • Testing sites in Wembley, Stansted, Stevenage, Hertford and Hemel Hempstead accessible for staff and keyworkers • Transport for people who cannot travel to testing unless they use public transport • Testing provision for outbreak management in any setting (e.g. school and care home outbreaks) • Training staff in care homes to Swab • Preventive swabbing and testing **Key activities underway** • Commissioning of additional testing capacity from Herts Urgent Care by Public Health. Go live date 1st July **Key Activities**	Miranda Sutters, Consultant in Public Health, HCC

Workstream	Status	Purpose of Workstream	Description, Priorities and Reporting	Lead
			• Identify additional capacity needed to enable every setting to have access to testing (July 2020) • Commission asymptomatic pathway and testing services for Care Homes (July 2020) • Liaise with Military, NHS and Others to ensure testing capacity from military and regional units is maintained (ongoing) • Ensure a transfer of care testing pathway is in place (July 2020) • Extend the capacity of the mobile military testing units as required (ongoing) • Work in collaboration with national and regional teams on test and trace to continually assess/amend the pathways in place to enable the testing of all symptomatic individuals (ongoing) • Coordinate the local approach to antibody testing (by October 2020) **Where the Workstream Reports to** Through the Health Protection Board to SCG	
Contact Tracing Local Capabilities	Interim Contact Tracing Surge Capacity goes	• Ensure Contact Tracing locally can support the	**Key activities underway** • Interim contact tracing solution commissioned from Herts Urgent Care will go live on 1st July 2020 while PHE and National systems identify roles for local contact tracers. This will be in	Linda Mercy, Consultant in Public Health, HCC

Workstream	Status	Purpose of Workstream	Description, Priorities and Reporting	Lead
	live on 1st July 2020	National Test and Trace Programme	addition to existing "business as usual" capacity in Environmental Health Depts. **Key future activities** • Identify local elements of Contact Tracing in partnership with PHE (July 2020) • Referral routes for local contact tracing are likely to come from high risk settings. Codify pathways of what stays with PHE and what comes to us (July 2020) • Put in place arrangements and capacity for local contact tracing (July 2020) • Liaise with Vulnerable Peoples workstreams to ensure support for people isolating (underway) • Liaise with Enforcement Workstream to ensure enforcement powers can be used appropriately if needed (underway) • Receipt of escalated cases from Level 2 and 3 of the national Test and Trace service and from PHE East of England (not yet confirmed by PHE) • Receipt of contact tracing requirements directly from workstreams where local intelligence identifies issues in the first instance (July 2020) • Completion of setting-specific contact tracing or escalation to appropriate setting to undertake contact tracing themselves (e.g. hospitals; fire & rescue service; police) (July 2020) • Information sharing (June 2020)	

Workstream	Status	Purpose of Workstream	Description, Priorities and Reporting	Lead
			• Escalation protocol for potential individual / household support requirements (June 2020) **Where the Workstream Reports to** Through the Health Protection Board to SCG	
Co-ordination with National and Regional Functions	In Place	• Ensure that there is clear co-ordination and understanding of responsibilities from National to Local for Testing and Contact Tracing	**Key Activities underway** • Develop standard operating procedures and agree these (July 2020) • Develop shared action cards (July 2020) • Develop information and communication flows from National to Regional to Local (July 2020) • Develop information sharing pathways and systems for patient identifiable contact data (June 2020) **Where the Workstream Reports to** Public Health England/ADPH Regional Hub	Ciceley Scarborough Public Health Lead, Public Health, HCC Deepti Kumar, Consultant in Communicable Disease Control, PHE East of England

6. Programme Three: Surveillance, Intelligence and Data

This programme will ensure the Board is provided with good intelligence and data. Monitoring and forecasting the spread of disease in Hertfordshire is crucial to enabling effective action, as well as providing other workstreams with information they need to deliver their functions.

The programme will consist of the workstreams listed below. Each of these will have their own detailed work programme.

1. **Daily Surveillance Meeting** - daily monitoring, as in any ongoing outbreak, and identification of actions and information flows to workstreams
2. **Analytical, Forecasting and Modelling** – Analysing data and providing modelling and intelligence reports to enable action
3. **Information Sharing** – Ensuring information sharing can be undertaken proactively and effectively

Data flows will be crucial to enabling this workstream. These are outlined in the figure below and the key priorities of each Workstream are set out in the table below.

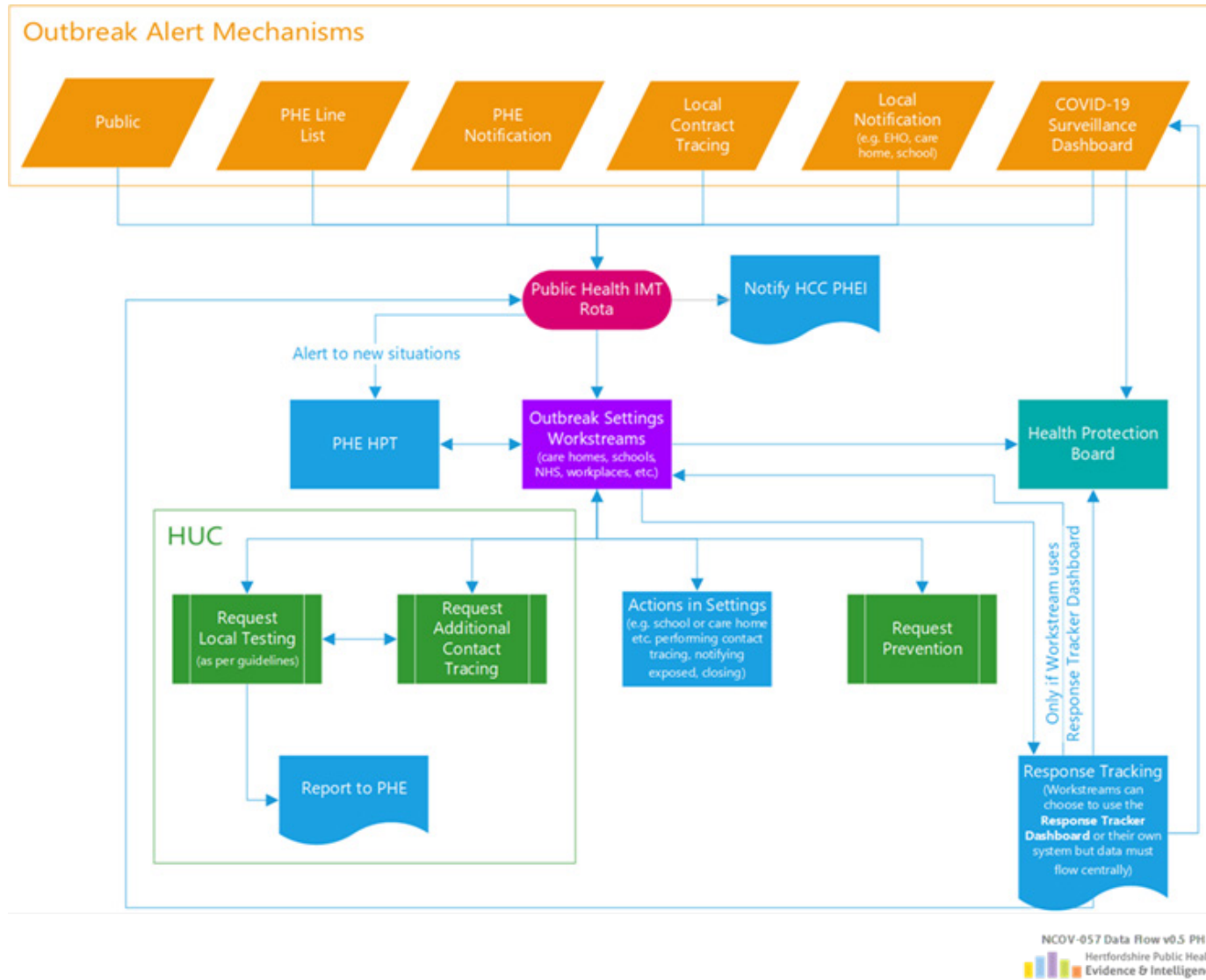**Figure 3: Data Flows for Outbreak Management**

NCOV-057 Data Flow v0.5 PHEI
Hertfordshire Public Health
Evidence & Intelligence

Table 8: Priorities and Key Actions for Surveillance and Data Workstreams

Workstream	Status	Purpose of Workstream	Description, Priorities and Reporting	Lead
Daily Surveillance Meeting	Reactive on call rota in Place New daily surveillance meeting to stand up from July 2020	• To provide rapid intelligence on existing and emerging outbreaks and identify action to be taken	**Key completed activities** • 24/7 on call public health consultant rota in place • Epidemiological dashboard first version developed **Key future activities** • Finalise new surveillance dashboard (July 2020) • Review information from various sources on a daily basis • Identify any alerts and actions and information flows arising from this • Consider whether Outbreaks can be met within existing resources or need additional action **Where the Workstream reports to** Health Protection Board	Duty on-call Public Health Lead to convene each day
Analytical, Forecasting and Modelling	In Place	• Provision of Epidemiological Intelligence and Modelling	**Key completed activities** • Regular epidemiological surveillance reports to SCG and stakeholders on infection levels and service demand • Regular modelling reports for decision making (including R numbers, modelling of interventions and forecasting infection levels)	David Conrad, Consultant in Public Health, HCC

Workstream	Status	Purpose of Workstream	Description, Priorities and Reporting	Lead
			• Response escalation dashboard first version in place **Key future activities** • Provision of regular reports on existing outbreaks and situations including standard epidemiological indicators on burden of disease, death and infection • Modelling of existing and likely Rt and other epidemiological indicators against interventions being taken or planned • Modelling of NHS and other service capacity needed on an ongoing basis • Modelling of future waves of infection • Monitoring and forecasting the spread of the disease in Hertfordshire using secondary data • Informing other work streams with ongoing estimates of how rapidly the disease will spread • Informing other work streams of the outcomes and implications of the wider epidemiology and modelling work fed into the SCG • Identify currently available data sources • Identify initial reporting needs • Develop daily reporting processes • Establish processes for informing workstreams of virus spread/ demand modelling and forecasting outputs	

Workstream	Status	Purpose of Workstream	Description, Priorities and Reporting	Lead
			Where the Workstream reports to Through Health Protection Board to SCG (Some work reports directly into SCG)	
Information Sharing	Data sharing agreement signed between HCC and PHE. Data flow processes established.	• To ensure information sharing is effective	**Key activities underway** • Data sharing protocol for postcode level data in draft **Key future activities** • Agreement of information sharing protocols and information governance tools • Ensuring access to key systems for transfer and sharing of data and reports to enable action • Ensuring standardisation of reporting information to enable analysis • Ensuring primary Secondary data flows in from all relevant sources, including PHE, NHSE and other parts of the local health and care system **Where the Workstream reports to** Through Health Protection Board to SCG (Some work reports directly into SCG)	David Conrad, Consultant in Public Health, HCC

7. Programme Four: Engaging Communities

Effective communication with local communities is essential in managing outbreaks and for this reason E

This programme will co-ordinate existing and new arrangements to prevent the spread of COVID-19, and proactively manage outbreaks.
While this programme is the largest programme within the Plan, it consists of a number of workstreams which have significant inter-relationships and grouping them together in one programme will enable workstreams to avoid duplication of effort.

1. **Hertfordshire COVID-19 Elected Member Engagement Board** – this Board will be key in ensuring elected members can communicate across the County, and within Districts/Boroughs and localities.
2. **Communications Cell** – A dedicated communications cell which co-ordinates communication capabilities across Hertfordshire partner agencies.

While the Communications Cell will liaise with multiple workstreams from other programmes, a number of workstreams will play key ongoing supportive roles in enabling communication and engagement:

- **Prevention Hub** - The behavioural sciences and advice functions of the Prevention Hub enable messaging and create resourcing to be used in communications
- **Surveillance and Analytical Programme** – This workstream's outputs will enable Communications and the Member Board
- **Governance and Programme Co-ordination –** will ensure communications and the Member Board is effectively resourced

The key priorities of the Communications Workstream are set out below. The key priorities of the Hertfordshire COVID-19 Member Engagement Board are set out in Programme Five: Governance and Programme Co-ordination

Table 9: Priorities and Key Actions for Communications Workstream

Workstream	Status	Purpose of Workstream	Description, Priorities and Reporting	Lead
Communications	In place but further additional resourcing has been identified	• Engage the public in • Maintain public trust in measures to prevent and control outbreaks	**Key activities completed** • Consistent, clear public messaging, aligned at national and local level • Regular and repeated campaigns on preventive measures and actions **Key ongoing activities** • Develop targeted and general campaigns to support prevention and outbreak management as identified by other cells (ongoing) • To provide accurate and timely information throughout the course of the pandemic to the public • Ensure that health and social care staff have the right information at the right time to perform their role and enable them to respond to enquiries from the public **Key future activities** • Ensure elected member board has dedicated communications capability (July 2020) • Public facing version of plan launched and communicated (June 2020)	Andrew Hadfield-Ames, Head of Communications, HCC

| | | | • Establish and maintain confidence in the ability of Hertfordshire services to prepare and manage an effective response
• Identifying future communications capacity needs for workstreams

Where the Workstream reports to
Hertfordshire COVID-19 Elected Member Engagement Board and SCG | |

8. Programme Five: Governance and Programme Co-Ordination

This programme will consist of the arrangements to ensure the Plan is well co-ordinated and governed. The arrangements in brief are:

- **Hertfordshire COVID-19 Elected Member Engagement Board** – This board will be convened by the Leader of the County Council, has met in shadow form and will provide assurance to the public as well as ensuring all eleven councils work together. This Board will sign off the Plan.

- **Hertfordshire COVID-19 Health Protection Board** – This Board will lead on actions to co-ordinate and deliver actions to prevent and manage Outbreaks of COVD-19 in Hertfordshire. It will be multi-agency and will use both existing and new structures and systems. This Board will own, deliver and develop the Plan.

- **Programme Management Office** – A dedicated team of programme management capabilities which will ensure delivery of the Board's objectives

- **Internal Hertfordshire County Council** – Reporting and Co-ordinating, Assurance Finance. The County Council will lead on this since the grant for Outbreak Management has come to the County Council. Each programme will develop detailed plans and financial proposals.

The Health Protection Board will be a Cell of the Strategic Co-ordinating Group of the Local Resilience Forum. There will also be reporting into the PHE Regional Hub and through there to the Joint Biosecurity Centre and NHS Track and Trace

The Chief Executive of Hertfordshire County Council, whose role among others is to sign off the plan, will attend as he needs to either or both of the Member Board or the Health Protection Board ex-officio.

These are set out graphically in more detail below, and the priorities for each aspect of this, along with terms of Reference, are also provided in Appendices.

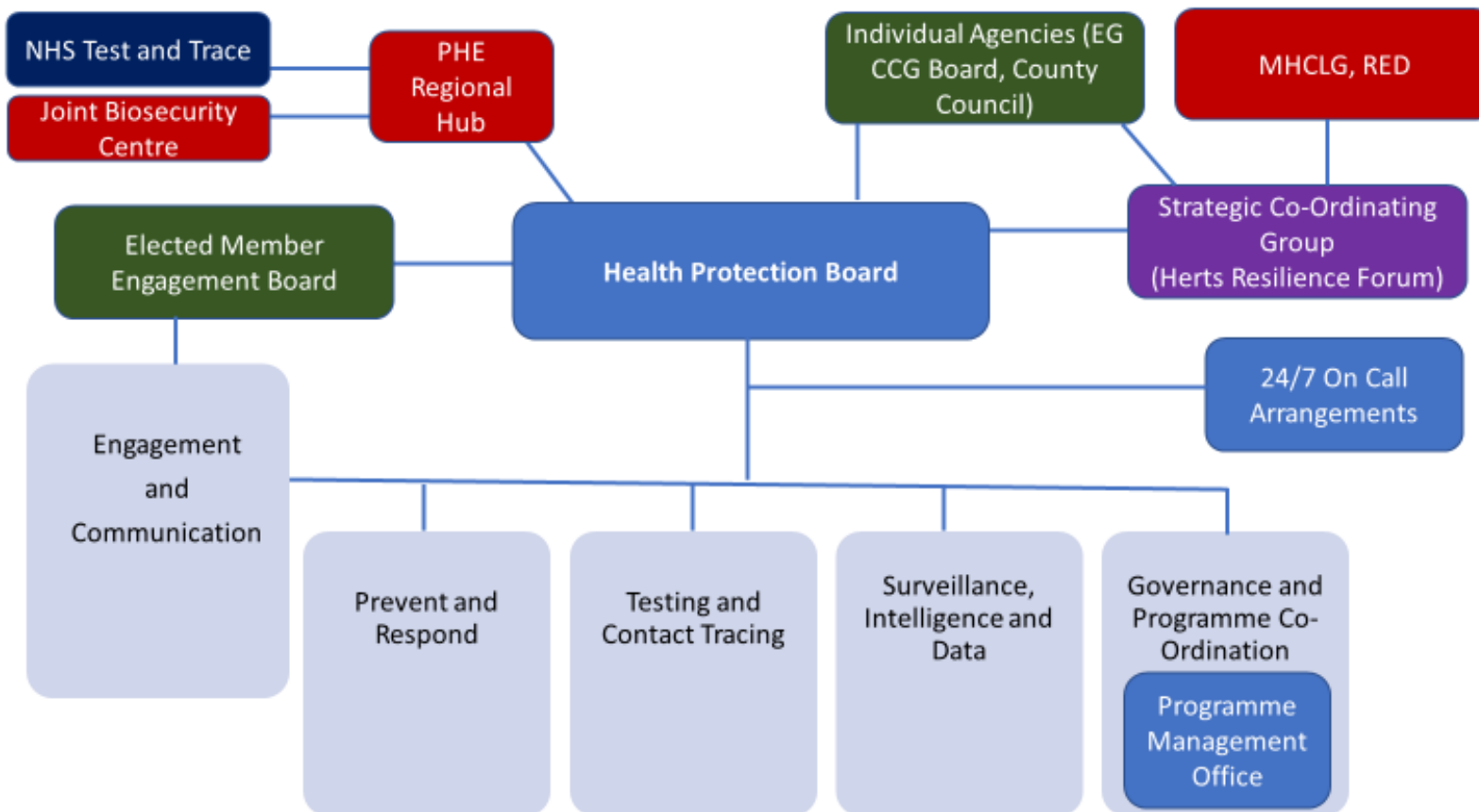**Figure 4: Reporting and Governance Arrangements**

Table 10: Priorities and Key Actions for Governance and Programme Co-Ordination Workstreams

Workstream	Status	Purpose of Workstream	Description, Priorities and Reporting	Lead
Hertfordshire COVID-19 Elected Member Engagement Board	Structure and terms of reference agreed, Shadow meetings already taken place	• To provide assurance to the Public and Oversight of the Plan	**Key completed actions** • Agreement from all Herts Council Leaders and Police and Crime Commissioner to constitute Board • Initial discussion of outline plan approved • Terms of reference approved • Cycle of meetings agreed **Key future actions** • To provide oversight of the Plan and Health Protection Officer Board • To lead engagement with the Public • To provide assurance to the public • To publish public facing version of plan • To ensure alignment across organisations especially Councils of actions needed	David Williams, Leader of Herts County Council Scott Crudgington, Director of Resources, HCC leads on liaison with District CEOs and support to Leaders Board
Chief Executive Assurance	Meetings underway	• To ensure the Chief Executive of HCC is assured the plan and arrangements are robust and effective	**Key activities underway** • Regular meetings to discuss and agree draft • CEO ability to attend Boards as needed written into arrangements **Key future activities** • Regular assurance meetings	Owen Mapley, CEO, Hertfordshire County Council
Hertfordshire COVID-19	Terms of reference agreed, first	• To deliver, update and manage the Outbreak Plan and	**Key completed Activities** • Terms of reference agreed • District Lead CEO agreed	Jim McManus, Director of Public Health

Workstream	Status	Purpose of Workstream	Description, Priorities and Reporting	Lead
Health Protection Board	shadow meeting taken place	associated capabilities	• Officers from all agencies except NHS nominated **Key activities underway** • Developing the Outbreak Plan and workstream plans underneath it **Key future activities** • To co-ordinate agencies and capabilities directly and through the Strategic Co-ordinating Group of the SCG • To oversee and manage programmes and activities to prevent and manage spread of COVID-19 • Identification of actions to prevent and manage outbreaks (the plan) • Oversight and facilitates progress of the project. • Acts as an escalation point for unresolved issues from the Project Team • Calls upon workstream leads and other agencies as required **Where this workstream reports** The Strategic Co-Ordinating Group	Darryl Keen (Co-Chair of SCG) Deputy Chair of this Board
Programme Management Office	In Place	• To resource the Board and Plan and ensure it delivers	**Key Activities completed** • Programme management leads in place • Programme Initiation document in place • Programme leads for all workstreams	Joanne Doggett, Head of Programmes,

Workstream	Status	Purpose of Workstream	Description, Priorities and Reporting	Lead
			• Arrangements for convening **Key future activities** • To apply programme management approaches to ensure the Plan and Board are effective • To ensure programme management and deliver capabilities are provided • Agree the scope and outputs to be delivered from each workstream. • Develop the project plan, including identifying dependencies between work streams. • Identify any high-level issues/ risks that threaten the success of the project and bring these to the attention of the Cell Board. • Update issues/risks logs ensuring each issue/risk is assigned an owner and is managed in accordance with HCC's risk management strategy • Monitor the progress of each work strand against the plan and report progress to the Cell Board. • Ensure that all appropriate project management documentation is produced. • Lead on ensuring workforce issues are addressed (capabilities, capacity and training) in liaison with workstream leads. **Where this workstream reports**	Public Health, HCC

Workstream	Status	Purpose of Workstream	Description, Priorities and Reporting	Lead
			Health Protection Board	
Internal Co-ordination	In Pl ace	• Support the Boards by ensuring appropriate internal reporting	**Key Activities** • Ensure the Member Board is resourced and convened • Ensure liaison with Herts Chief Executives and Recovery Co-ordinating Group • Ensure Financial Bids and Business cases managed • Ensure internal reporting within Herts County Council and reporting on use of Grant to government **Where this Workstream Reports to** Health Protection Board, SMB	Scott Crudgington, Director of Resources, HCC Joanne Doggett, Head of Programmes, Public Health, HCC
Finance	In development	• Ensure process in place to manage grant allocation	**Key actions underway** • Scheme for business cases for funding to be developed • Criteria for eligible expenditure to be developed • Process for agreeing expenditure to be developed	Jackie Albery, Head of Finance, HCC
District Council and EHO Capacity into Programme Management Office	In development	• A dedicated resource to support co-ordination across ten districts and liaise with Programme	**Key actions completed** • Role description written • Funding identified from Public Health • Five Officer Representatives have been nominated to be on the Board who will represent between them the ten districts and boroughs	Joanne Doggett, Head of Programmes, HCC and Justine Hoy, Environmenta

Workstream	Status	Purpose of Workstream	Description, Priorities and Reporting	Lead
		Management Officer	**Key actions underway** • Identification of staff resource	l Health, Welwyn Hatfield Council

Appendix 1: Member Engagement Board Terms of Reference

Hertfordshire Covid 19 Member Engagement Board
Terms of Reference

Version 1.2 30th June 2020 (approved by Shadow Member Board)

Purpose

1.1 The purpose of the Hertfordshire COVID-19 Health Member Engagement Board is to engage with residents and communities

1.2 The Board shall in furtherance of this:

   i.   Endorse the Local Outbreak Plan

   ii.   Identify and agree priorities for public engagement

   iii. Work together across agencies to ensure that leadership and capabilities needed by the Health Protection Board or workstreams are in place

   iv.   Identify and keep under review actions for Leaders of Councils and the Police and Crime Commissioner to support the delivery of the Local Outbreak Plan

   v.   Develop a communications programme in support of this

   vi.   Review the Local Outbreak Plan and performance against it

Chair

The Board shall be chaired by the Leader of Hertfordshire County Council who shall nominate

Elected Members
- The Leader of Hertfordshire County Council
- The Executive Member for Public Health and Prevention, Hertfordshire County Council
- The Leaders of District and Borough Councils in Hertfordshire or their nominated Deputies
- The Police and Crime Commissioner or his nominated Deputy

CCGs /ICS

- Chair or Accountable Officer of the ICS

Officers in Attendance

- Owen Mapley, Chief Executive, Hertfordshire County Council and/or
- Scott Crudgington, Director of Resources, Hertfordshire County Council
- Jim McManus, Director of Public Health, Hertfordshire County Council
- Jeff Stack, CEO, Broxbourne Borough Council
- Darryl Keen, LRF and COVID SCG Chair
- Nick Long, Recovery TCG and Welwyn Hatfield Council

Others

- Others called or invited as needed

Substitutes

Each Member may nominate a substitute if they are unable to attend a meeting. The Deputy Chair will be a standing substitute for the Chair when unable to attend.

Secretariat

The Members Services Team at Hertfordshire County Council will provide the secretariat

Quorum

The Board shall be Quorate if at least half the Members are present including the Chair and/or Deputy Chair

Meetings

Meetings may be held with such frequency as are required.

Review

Date of last review: 30th June 2020

Version: 1.2

The TOR will be reviewed three months after coming into effect

Appendix 2: Health Protection Board Terms of Reference

Hertfordshire Covid 19 Health Protection Board Terms of Reference

Version 1.3 30th June 2020

Purpose

1.1 The purpose of the Hertfordshire COVID-19 Health Protection Board is to protect the health of the population of Hertfordshire by preventing and responding to Outbreaks of COVID-19.

1.2 The Board shall in furtherance of this:

   vii.   Act as a Cell of the Strategic Co-ordinating Group of the LRF

   viii.   Produce and co-ordinate the delivery of a Local Outbreak Plan

   ix.   Identify and keep under review actions to both prevent and manage outbreaks of COVID-19, having regard to both the patterns and distribution of infection in Hertfordshire, best current evidence on what is effective in preventing and managing outbreaks, and organisational and system capabilities

   x.   To set up standing arrangements for co-ordination and delivery of actions (e.g. Cells or Teams for specific settings or sectors such as Care Homes, Schools and so on)

   xi.   Liaise with relevant agencies locally, regionally and nationally including the National Biosecurity Centre, Public Health England and others

   xii.   Agree Standard Operating Procedures for Outbreaks including consistent approaches for managing and using enforcement powers where they are needed

   xiii.   Agree data sharing arrangements for data and intelligence sharing

   xiv.   Establish an Epidemiological and Analytical function which will
   a. Review data and evidence to make recommendations on actions to tackle the coronavirus.
   b. Maintain a daily review of evidence and intelligence to inform proactive and reactive action

   xv.   Maintain a Programme Management Office which will

    a. Co-ordinate actions and workstreams and ensure effective resourcing

    b. Prepare assurance and other key governance reports

xvi.   Ensure On-Call arrangements are in place and effective

xvii. Provide Assurance to elected Members, Chief Executives and national bodies as required

xviii. Support the Member-Led Engagement Board in communicating with and assuring local communities

Chair

The Board shall be chaired by the Director of Public Health

The Chair of SCG and a Public Health England Consultant in Communicable Disease Control shall be Deputy Chairs

Membership

Hertfordshire County Council

The Chief Executive of the County Council may attend such meetings as he deems necessary

Standing Members	Ad Hoc Members (invited for specific meetings or topics)
Director of Public Health Health Protection Lead Consultant in PH Evidence and Intelligence Resilience Tea	Duty Consultant in Public Health Community Protection (Enforcement) Adult and Community Services Children and Young Peoples Services

Strategic Co-ordinating Group

Darryl Keen, Co-Chair (or nominated deputy.)

CCGs

- Jo Burlingham, Health Economy Tactical Co-ordinating Group Vice-Chair, East and North Herts CCG

District and Boroughs

The Chief Executives' Co-ordinating Group will be represented by Jeff Stack, Chief Executive, Broxbourne Borough Council

Nick Long, Director of Public Protection, Welwyn Hatfield Council, will represent the Recovery Tactical Co-ordinating Group and is also District and Borough Lead for the Strategic Co-ordinating Group of the LRF

District and Borough Councils between them agreed the nomination of five officers to sit on this Board, representing the ten Districts and Boroughs

District/Borough Pairing	Officer
Broxbourne and Stevenage	Rebecca Broadbelt– Rebecca.Broadbelt@broxbourne.gov.uk
East Herts and North Herts	Paul Thomas-Jones – Paul.Thomas-Jones@eastherts.gov.uk
Watford and Three Rivers	Justine Hoy – Justine.Hoy@watford.gov.uk
Dacorum and St Albans	Emma Walker - Emma.Walker@dacorum.gov.uk
Welwyn Hatfield and Hertsmere	Jo Harding - Jo.Harding@welhat.gov.uk

Public Health England
- Consultant in Communicable Disease Control

Police
- Superintendent Mike Todd

Substitutes

Each Member may nominate a substitute if they are unable to attend a meeting. The Deputy Chair will be a standing substitute for the Chair when unable to attend.

In Attendance

Workstream Leads, Programme Management Team and NHS Test and Trace programme leads as required, and such others as the Board shall determine.

Secretariat

The Programme Management Office will provide the Secretariat

Quorum

The Board shall be Quorate if at least one member from each sector listed above are present including the Chair and/or Deputy Chair

Meetings

Meetings may be held with such frequency as are required.

Review

Date of last review: 23rd June 2020

Version: 1.2

The TOR will be reviewed three months after coming into effect

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Appendix 3: Legal Powers to enforce actions required in managing Outbreaks

Legal Powers for Local Closures

- No general power to require people to stay apart or at home
- No general power to close things as a precaution – need to prove that they are a problem
- No powers which applies to everything – need to use miscellaneous powers.

Legislation	Setting	What it does	Enforcing Authority	Legal issues	Timescale to implement
Health Protection (Coronavirus, Restrictions) Regulations 2020 (as amended)	General	Closure of premises, dispersal of gatherings, issue of fixed penalty notices for contravention Authority can designate "Relevant persons" for the purposes of Regulation 8 with authority to issue prohibition notices in respect of contraventions of Regulations 4 or 5 of the Regulations (Closing premises) Authority can designate "Authorised and Relevant persons" for the purposes of Regulations 8 and 10 of	Both County and District Councils Each District Council has designated a list of relevant and authorised persons. The Director of Public Health for the County Council has designated a list of relevant and authorised persons	Requires appropriately trained person All councils have designated a list of officers who can use these powers	Immediate

Legislation	Setting	What it does	Enforcing Authority	Legal issues	Timescale to implement
		the Regulations with authority to issue prohibition notices and fixed penalty notices in respect of contraventions of Regulations 4 or 5 of the Regulations (closing premises)			
Public Health (Control of Disease) Act 1984 Section 45G	General	People: Allows magistrate to make an order to force a person to quarantine, stay off work etc, we if they are or may be contaminated for up to 28 days	District Council / Unitary Council Requires Magistrates Approval	Extensive evidence requirements, including a medical report on the person(s) concerned Order can only last 28 days	Days
Public Health (Control of Disease) Act 1984 Section 45H	General	Things: Allows magistrate to order seizure or detention or isolation or destruction of property	District Council / Unitary Council Requires Magistrates Approval	Requirement to notify owner/person with custody	Days
Public Health (Control of Disease) Act 1984 Section 45I	General	Places: Allows magistrate to make order requiring infected premises to be closed or cleaned or destroyed	District Council / Unitary Council Requires Magistrates Approval	Requirement to notify owner or occupier Requirement for	Days

Legislation	Setting	What it does	Enforcing Authority	Legal issues	Timescale to implement
				premises to be contaminated (rather than occupied by infected persons)	
Public Health (Control of Disease) Act 1984 Section 45J	General	Allows Magistrate to make a group order (i.e. one of the above orders with respect to a group of people, things or places)	District Council / Unitary Council Requires Magistrates Approval	Evidential requirements still apply in same way as to individual order	Days
Environmental Protection Act 1990 Section 79	General	Allows abatement notice to be served requiring remedial action if premises are prejudicial to health or a nuisance	District Council / Unitary Council	Appeal to magistrates court	Days
Health Protection (Local Authority Powers) Regulations 2010/657 Regulation 8	General	People; allows the service on individual or groups requesting that they do not do things to spread infection.	District Council / Unitary Council	No power to compel (see s45G 1984 Act	Immediate
Section 35 Antisocial Behaviour Policing and Crime Act 2014	General	Allows police to disperse people if crime or disorder	Police		Immediate and Lasts 48 hours Need to say that there is crime or disorder

Legislation	Setting	What it does	Enforcing Authority	Legal issues	Timescale to implement
Section 43 Antisocial Behaviour Policing and Crime Act 2014	General	Community Protection notice. Notice can be served on individual or body if their conduct is having a detrimental effect of a persistent or continuing nature on the quality of life of those in the locality and the conduct is unreasonable	Police or District Council / Unitary Council	Need to give prior warning.

Appeal to magistrates court (but prohibitions continue to have effect | Immediate |
| Section 59 Antisocial Behaviour Policing and Crime Act 2014 | General – Public areas | Public space protection order Can be made where (a)   activities carried on in a public place within the authority's area have had a detrimental effect on the quality of life of those in the locality, or (b)   it is likely that activities will be carried on in a public place within that area and that they will have such an effect

Can apply on a highway | District Council / Unitary Council | Significant process to implement including consultation. | Weeks |
| Health and Safety at Work Etc Act 1974 Section 22 | Workplaces | If as regards any activities to which this section applies an inspector is of the opinion that, as carried | Inspectors (either HSE or District Council / Unitary Council) | Need to link to the risk to staff, customers etc of infections. | Immediate |

Legislation	Setting	What it does	Enforcing Authority	Legal issues	Timescale to implement
		on or [likely] to be carried on by or under the control of the person in question, the activities involve or, as the case may be, will involve a risk of serious personal injury, the inspector may serve on that person a notice (in this Part referred to as "a prohibition notice"). Notice may take effect immediately			
Licensing Act 2003 Section 51	Licensed Premises only	Review of Premises Licence, potentially either changing terms and conditions or revoking license based on Public Safety	Licensing Authority (District Council / Unitary Council)	Although it can remove licensable activities it does not prohibit other activity. So a shop could have its right to sell alcohol removed, but it would still be able to trade and sell milk, the impact is greater on premises which	Minimum period 1 month. However may secure voluntary compliance sooner

Legislation	Setting	What it does	Enforcing Authority	Legal issues	Timescale to implement
				are fully reliant on licensed trade such as pubs	
Licensing Act 2003 Section 53A	Licensed Premises only	Allows police to request licensing committee to suspend licence and have a review if premises associated with serious crime or serious disorder	Police/Licensing Authority (District Council / Unitary Council)	Would need to demonstrate 'serious disorder', which is a term not defined	Immediate subject to subsequent decision making / appeals
Health Protection (Local Authority Powers) Regulations 2010/657 Regulation 2	Education	Requirement to keep a child away from school who is or may be infected	District Council / Unitary Council	Each child requires a separate notice to be served on the parents, lasts 5 days but may be renewed, note reg 3 allows for a notice to a Head teacher for information on pupils, allowing for contact tracing linked to this.	Immediate
Education Act 2002	Education	Power for LA to give direction to governing body on health and safety	County Council / Unitary Council	None	

Legislation	Setting	What it does	Enforcing Authority	Legal issues	Timescale to implement
		grounds. Only applies to community or VC schools			
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12	Care Settings	It is a criminal offence for regulated providers not to manage the risk of infection and the spread of it.	Care Quality Commission	Retrospective	Retrospective