

COVID-19
Health Protection Board

TERMS OF REFERENCE

1. INTRODUCTION

Following the COVID-19 national emergency there has been a national effort to organise a testing and tracing system with London Coronavirus Response Centre (LCRC) covering the whole of London with a capacity of 30 health protection specialists and contingency to increase numbers to 75 based on requirements.

Local Councils will have a role in the testing and tracing programme to manage outbreaks at a local level in complex settings. London Borough of Barnet has been identified as Best Practice Group authority that includes a number of LAs (led by Camden) to contribute to the National Outbreak Control Plan Advisory Group. One of the recommendation from the national outbreak control management plan is to set up local Covid-19 Health Protection Board to oversee development of the plans and to oversee local response, if needed.

The Covid-19 Health Protection Board aims are to:

- Develop and oversee Local Outbreak Control Plans
- Provide oversight to managing outbreaks in complex settings
- Ensure that there is a wrap-around service to support local outbreaks such as 'surge capacity', communications support etc.

2. RELATIONSHIP TO OTHER BOARDS/GROUPS:

The Covid-19 Health Protection Board will report to:

- Barnet Borough Resilience Forum (for strategic and partnership oversight);
- Health and Wellbeing Board (for strategic, partnership and political oversight);
- Test and trace working group (which has responsibility for the local action plan);
- Council's Management Team (for overseeing resources allocations).

3. RESPONSIBILITIES:

The Health Protection Board will:

- Sign off Local Outbreak Control Plans/Checklists;
- Receive notification of local outbreak from DPH;
- Liaise with London Corona Response Cell (LCRC) about required level of support;
- Ensure that local capacity is secured to support outbreak managements e.g. PH support, communications, data intelligence etc.);

- Complete data returns as required by LCRC, PHE, Government;
- Log all actions and ensure they are complete;
- Manage communications and media enquiries relating to outbreak;
- Ensure specialist advice (other than Public Health) is sought promptly.

4. WORKING GROUP MEMBERSHIP:

Role	Title/Member
Chair	DPH Tamara Djuretic
Public Health Consultant. Health Protection Lead	Janet Djomba
Public Health Consultants	Emma Waters Rachel Wells
Environmental Health Lead	Emma Phasey
Communications Lead	Lorna Gott
PH communication lead	Lily Barnett
Health and Safety	Mike Koumi
Educational Department	Neil Marlow
Early Years	Debra Davies
Adult Social Care	Sam Rafell
Community Sector	Will Cooper
Data Lead	Brian Johnston
Barnet BECC	Katie Wood,
NHS Hospital Trust	TBC
CCG Lead	Theresa Callum
HPT Lead	Member of the PHE NECL Health Protection Team: Tania Misra
PCN representative	GP representative: Nick Dattani
Test and trace project manager	Rachel Hodge
Meeting Coordinator/Note Taking	Oliver Taylor
NCL STP	Hannah Logan

- Membership of the Health Protection Board will vary according to the nature or circumstances of the outbreak and the incident level.
- Additional members will be expected to be involved dependent on the nature of the outbreak.
- Member representatives may appoint a substitute the details of whom shall be notified in writing to the Chair

5. CHAIR

- The Chair of the Health Protection Board shall be the link to the other boards specified at point 2 in the Terms of Reference.

6. ABSENCES

- If members are unable to attend meetings they should inform the Meeting Co-ordinator and Chair at the earliest opportunity. They should arrange for a deputy to represent them. The deputy should have sufficient authority and knowledge to speak on behalf of the business area they represent and to input to decision making on behalf of the business area they represent. Any conflict of interests that may occur will be dealt with on a case by case basis.
- Topics or decisions that have been covered at early meetings will not be revisited as a result of non-attendance.

7. FREQUENCY OF MEETINGS

- TBC

8. MINUTES

- Minutes of all meetings will record actions which will be reviewed for progress at the following meeting. A copy of the agenda, minutes, reports and any supporting documents will be placed on COVID-19 shared drive/published for audit purposes.

9. SUGGESTED ADDITIONAL MEMBERS, AS AND WHEN NEEDED

	ADDITIONAL MEMBERS
1.	Joint Biosecurity Centre
2.	Care Quality Commission (CQC)
3.	Community Infection Control Nurse
4.	Consultant Physician
5.	Department of Health
6.	Setting Manager (in case of outbreak)
7.	General Practitioner (GP)
8.	Health and Safety Executive (HSE)
9.	Health Protection Surveillance/Information Officer
10.	Legal adviser (PHE or LA as appropriate)
11.	NHS England Area Team
12.	Pharmaceutical Advisors
13.	NHS Microbiologist
14.	Police
15.	Quality director from local CCG
16.	Reference microbiology services
17.	Screening and Immunisation Lead (SIL)