

KENT & MEDWAY COVID-19 HEALTH PROTECTION BOARD

TERMS OF REFERENCE

1. Purpose

The Kent & Medway COVID-19 Health Protection Board (The Board) will support the local delivery of the next phase of the wider UK government's response strategy to control the COVID-19 reproduction number (R_0), reduce the spread of infection and save lives. This will help return life to as normal as possible, for as many people as possible, in a way that is safe, protects the health and care systems and releases the economy.

The response will be delivered at multiple levels by several different organisations in the region. These levels include:

National

The National Outbreak Control Plans Advisory Board will be established to draw on expertise from across local government and ensure the national Test and Trace programme builds on local capability, and to share best practice and inform future programme development.

Regional

Co-ordination on a regional level will be provided by the South East Incident Coordination Centre and Public Health England South East (PHE)

Local

The COVID-19 HPB will report to respective partner agency meetings (i.e. Medway & Kent Local Outbreak Engagement Board - The Joint Health & Wellbeing Board) with coordination of action across all partners facilitated by The Gold Command Strategic Coordinating Group of the Kent Resilience Forum covering Kent and Medway to optimise the place-based delivery of local health protection plans.

The objective of the Board is to bring these together at a local authority level and provide strategic oversight of the COVID-19 response in the Kent & Medway region allowing for the provision of an integrated response. Under the leadership of the Directors of Public Health for Kent County Council and Medway Council. The Board will design and deliver the Local COVID-19 Outbreak Control Plan (LOCP) to provide a tailored prevention, surveillance and response strategy to reduce the spread of the virus in the area as well as plans to meet any additional needs of the local population.

2. Duties & Responsibilities

The Board will be responsible for the ongoing development and delivery of the Local COVID-19 Outbreak Control Plan (LOCP), this includes:

- 2.1. Implementing measures, or making recommendations to other bodies where appropriate, that will prevent virus transmission. This may include, those contained within the JBC 'playbook'.
- 2.2. Monitor testing, contact tracing and infection control capability and capacity, ensuring a swift response in local settings. This will involve:
 - Assessing local and regional contact tracing and infection control capability in complex settings by developing assumptions to estimate demand and developing options to scale capacity if needed.
 - Ensuring the integration of the NHS Test and Trace programme within local communities and services are in line with the Local Outbreak Control Plan
 - Identifying and escalating any issues, including financial challenges, that impact on the ability of the system to effectively function, to the appropriate organisation or agency
- 2.3. Identifying specific high-risk local complex settings such as care homes, educational organisations and any other places, locations, and communities of interest and developing plans to prevent, respond to and manage local outbreaks in these settings.
- 2.4. Ensuring local services can support vulnerable people to self-isolate and that wider determinants of health inequalities are addressed.
- 2.5. Developing and implementing a communications strategy for engaging with the vulnerable populations and high risk communities of interest
- 2.6. Monitoring the response to local outbreaks by receiving, managing and acting on data and intelligence, including epidemiology and early warning indicators, provided from sources including the Public Health England Epidemiology Cell, NHS Test and Trace, The National Joint Biosecurity Centre, The Kent Resilience Forum – Multi Agency Information Cell and the Kent & Medway CCG COVID-19 Modelling Group
- 2.7. Ensuring learning is recorded to inform future practice
- 2.8. Making recommendations for the wider COVID-19 response and policy agenda including the LRF Recovery Workstream, NHS Recovery and Restoration programme and KCC and Medway Council recovery programmes

3. Membership

The members of The Board will be made up of:

- 3.1. Local Authorities & District Councils
 - Director of Public Health (Kent County Council) - Andrew Scott-Clark

- Director of Public Health (Medway Council) – James Williams
- Deputy Director Public Health (Kent County Council) – Allison Duggal (Chair)
- Consultant in Public Health (Kent County Council) – Jess Mookherjee
- Consultant in Public Health (Kent County Council) – Abraham George
- Consultant in Public Health (Kent County Council) – Sam Bennett
- Consultant in Public Health (Kent County Council) – Wendy Jeffreys
- Consultant in Public Health (Medway Council) – Colin Thompson
- Consultant in Public Health (Medway & Kent County Councils) – Logan Manikam
- Consultant in Public Health (Medway Council) – David Whiting
- Public Health Specialist (Kent County Council) – Audrey Beadle
- Public Health Specialist (Kent County Council) – Amanda Nyeke
- Corporate Director for Children Young People and Education (Kent) – Matt Dunkley
- Director of Children & Adult Services (Medway) – Ian Sutherland (TBC)
- Senior Commissioning Manager (Kent County Council) – Sharon Dene
- Commissioning (Medway Council) - TBC
- Health Improvement Manager (Medway Council) – Steve Chevis
- Environmental Health Manager (Dartford & Sevenoaks Borough Councils) & Representative of The Kent Environmental Health Managers Group – Annie Sargent
- Pharmacist - Public Health (Kent County Council) – Sarah Leaver

3.2. Public Health England (South East Region)

- Consultant in Communicable Disease Control – Rachel Pudney

3.3. NHS England & NHS Improvement (South East Region)

- Screening and Immunisation Lead – John Rodriguez
- Screening and Immunisation Manager – Paula McLachlan

3.4. Kent & Medway Sustainability and Transformation Partnership

- STP Prevention Workstream Programme Manager – Jacqui Moore

3.5. NHS Kent and Medway Clinical Commissioning Group (CCG)

- Chief Operating Officer - Gail Arnold
- Chief Nursing Officer - Paula Wilkins

3.6. Other

- Consultant in Virology and Infection (EKHUFT) - Sam Moses (Clinical Lead)
- TBC – (Primary Care Lead)

3.7. Individuals in other roles may be invited to attend where it is warranted by the business of the meeting.

4. Meetings Arrangements

Meetings

4.1. Meetings will be held weekly, but with extraordinary meetings convened if required.

4.2. Meetings are not open to the public

4.3. A draft agenda will be circulated 4 working days before the meeting and the final agenda and papers will be circulated at least 2 working days beforehand.

4.4. The minutes of the meeting will be kept by the appointed Secretary. These will be circulated 2 working days after each meeting and approved at the following meeting.

4.5. Conflicts of interest must be declared by members of The Board

Attendance

4.6. There will be at least six representatives present at each meeting

4.7. There will be least six representatives present for quoracy to be reached, one of whom will be the Chair or nominated Co-chair.

5. Reporting & Accountability

5.1. The Board will be accountable to the

- Local Engagement Board (The Kent & Medway Joint Health and Wellbeing Board)

5.2. The Board will have reporting relationships with the

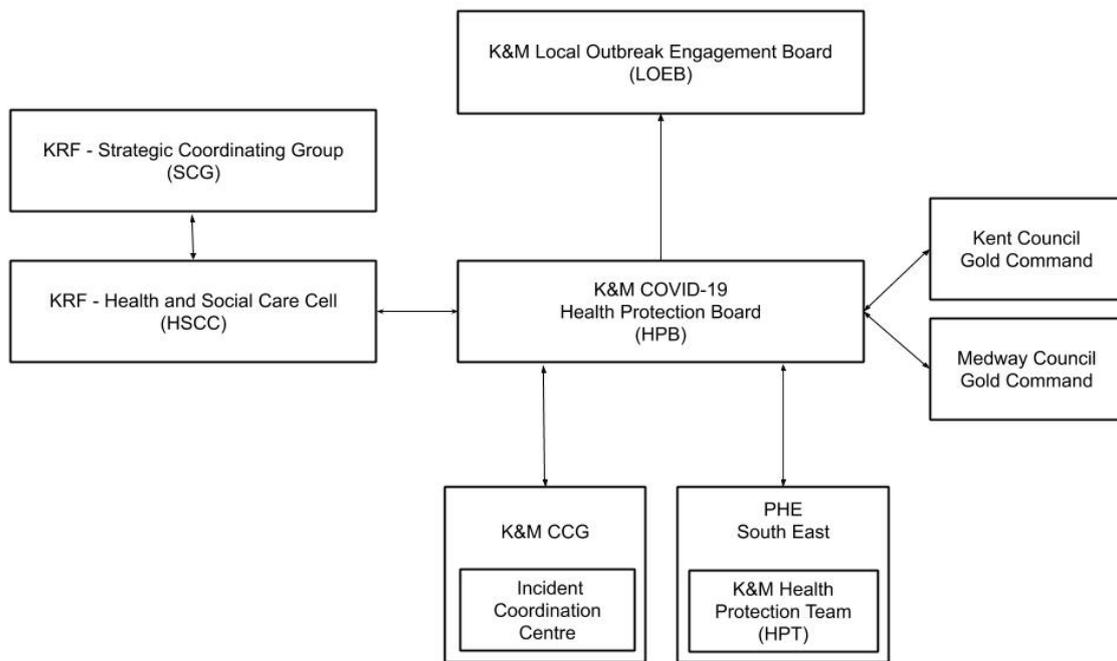
- Local Resilience Forum (LRF) Gold Command Strategic Co-ordinating Group (SCG) for Medway and Kent
- Local Area Contact Tracing Working Groups
PHE – Kent & Medway Health Protection Team
NHS E/I - Contact Tracing Working Group

- Medway Council Gold Command
- Kent County Council Gold Command
- Kent and Medway CCG Incident Coordination Centre

5.3. Where appropriate, The Board will liaise with the

- Kent Resilience Forum – Health and Social Care Cell
- Kent Resilience Forum – COVID-19 Testing Workstream
- Kent Resilience Forum – Multi Agency Information Cell
- Kent & Medway CCG COVID-19 Modelling Group

5.4. The reporting structure can be summarised as:



6. Other Matters

Review

6.1. The terms of reference will be reviewed on a bi-monthly basis