Public Health Strategic Framework for COVID-19

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Updates since previous published version

Version number	Update
9.1 and 9.2	Updated content on border management
9.0	Updated indicative scenarios, based on population immunity to predominant circulating variant and pressures on the NHS
9.0	Updated framework, placing it in the context of post 'step 4' changes to COVID-19 regulations
9.0	Added framework describing the key aims and actions areas required to respond to the wider impacts of COVID-19 on society
9.0	Added detailed summaries of public health policy prioritisation for children and young people, and for border management
9.0	Updated framework goals to reflect post step-4 context
9.0	Removed oversight group details as incorporated into role of SRG, and updated terms of reference for the implementation group to reflect current practice.
9.0	General updates throughout to reflect post step-4 context

8.2	Updated indicative scenarios to better represent vaccination roll-out and changing levels of population immunity
8.2	Updates to key aims and priority actions to reflect updated indicative scenarios. These include role of vaccination to maintain population immunity, role of border management, and support for the international response.
8.2	Removal of figures 2 and 3 (priority ratings for the 30 policy areas initially included in the framework). Removed because policy areas have been updated and the figure is no longer representative of the overall framework presented in figure 1.

Introduction: Purpose and governance

Purpose

The public health strategic framework for COVID-19:

- sets out the public health goals of managing the COVID-19 pandemic in different scenarios;
- represents the COVID-19 policy priorities of the public health system in England post step 4;
- is a resource that supports the national, regional and local COVID-19 response through the incorporation of public health advice into multi-sectoral COVID-19 policy development and prioritisation.

It summarises national, regional, and local public health expertise and experience, and sets out the key elements of public health policy that can help to successfully manage and recover from the pandemic. This includes the key actions to address the COVID-19 public health policy priorities related to the direct effects of the COVID-19 pandemic on health. It also includes aims and key action areas for tackling the wider impacts of COVID-19 on health, and public health policy summaries of specific policy areas.

The framework is a live, regularly updated, internally facing document published on the PHE/UKHSA Knowledge and Library Services Website. The framework's content is the result of engagement across the national, regional, and local public health system in England. This includes the Public Health Strategic Response group, Regional Directors of Public Health, and Local Authority Directors of Public Health. Appendix 1 contains a list of organisations and individuals that have been consulted and have contributed to the development of previous versions of the framework.

Governance

Overall accountability for the strategic framework is held by the Public Health Strategic Response Group (SRG), chaired by the Senior Responsible Officer for the incident response, Dr Susan Hopkins, Chief Medical Advisor to NHS Test and Trace. The SRG oversees and guides the development and content of the framework.

The scope of the framework is focussed on what is required to respond to and recover from the COVID-19 pandemic, excluding clinic management and treatment of individuals infected with COVID-19. Given the broad impact of the pandemic across society and the impacts on health and inequalities, and the need for socioeconomic recovery, the scope extends beyond a narrow definition of infection control and health protection, and includes a section on the wider impacts of COVID-19.

Detailed guidance related to much of this framework is maintained by PHE's Public Health Advice, Guidance, and Expertise pillar (PHAGE) or successor bodies, supported by an Implementation Group. The Implementation Group is responsible for working with relevant experts and organisations across the public health system to support the development of public health actions in key policy areas, and to support the use of the framework across the

system. SRG advises on scope and policy areas covered, as well as approving content and supporting dissemination. Appendix 2 includes the terms of reference for the Implementation Group.

Section 1 of this document sets out goals of the framework and its main content. Section 2 describes the high-level public health policy priorities for COVID-19, including key actions and aims.

Next steps

Future versions of the framework will develop and expand the 'wider impacts' section of the framework, translating the aims and priority areas into specific actions. The framework will also add further summaries of specific policy areas.

Finally, this is a *live* strategic framework, meaning it is updated as circumstances, priorities, and data change (dates of updates are recorded within this document).

Section 1: COVID-19 public health strategic framework

1.1 Role of the public health strategic framework

This public health strategic framework for COVID-19 summarises the national, regional, and local public health system's high level advice and priorities about the public health interventions required to successfully manage and recover from the COVID-19 pandemic in England. It also sets out how these vary as circumstances change, all within the context of moving post step 4 on the government's Spring roadmap out of lockdown.[1]

Key elements of the post-step 4 context include:

- A largely vaccinated adult population;
- Greatly increased travel, social mobility and social interactions following removal of legal restrictions;
- Shift to citizens and organisations being asked to exercise personal responsibility to limit viral spread;
- The potential for resource constraints to limit the response, especially when transmission rates are high;
- Major organisational change in the national public health system and structures.

The framework summarises key elements of public health advice. It is not a statement of Government policy but it does complement and support the effective implementation of the Government's approach to tackling COVID-19, as originally set out in its Coronavirus Action Plan, published in March, 2020[2] and updated in February 2021[3] and in September 2021.[4]

The framework is primarily intended to be a resource for policy makers and planners locally, regionally, and nationally, whichever sector of the economy they work in and whose work has a public health impact. As such, many users of the framework are likely to work outside health and public health services. The framework therefore helps to provide a consistent reflection of public health advice and priorities in multi-sectoral COVID-19 policy development and prioritisation.

1.2 Public health strategic framework goals

To describe an approach to COVID-19 that:

- minimises direct mortality and morbidity from COVID-19;
- minimises harm from new variants of concern;
- minimises indirect harm arising both from the disease and the policy response;
- protects critical infrastructure including the NHS;
- minimises the impact of COVID-19 on the sustained normal functioning of society;

[1] https://www.gov.uk/government/publications/covid-19-response-spring-2021/covid-19-response-spring-2021-summary#step-4---not-before-21-june

[2] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/869827/Coronavirus_action_plan_-_a_guide_to_what_you_can_expect_across_the_UK.pdf

[3] https://www.gov.uk/government/publications/covid-19-response-spring-2021/covid-19-response-spring-2021-summary

[4] https://www.gov.uk/government/publications/covid-19-response-autumn-and-winter-plan-2021

- minimises the impact of COVID-19 on health inequalities;
- supports the development of a sustainable and effective public health system.

1.3 Public health principles

The framework reflects the key principles of the Faculty of Public Health, outlined in their 2019-2025 strategy:[5]

- 'health' includes physical, mental social health and is more than the absence of disease
- health, and access to preventive and therapeutic health and care, are universal rights
- reducing health inequalities through addressing inequalities in economic opportunity, educational attainment, and environmental conditions
- championing equality of opportunity and the rights of minorities
- improving and protecting health through sustainable development principles
- promoting health as a fundamental economic resource that enables individuals, families and communities to thrive
- community health and resilience requires the harnessing of the strengths and capabilities of communities to improve and protect health, taking an asset-based approach
- promoting health in all policies

1.4 Identifying relevant interventions and policy areas

The interventions and policy areas set out in this framework have been identified and prioritised through extensive dialogue with local, regional, and public health leaders across the country. The framework has been developed from policy areas originally developed by NHS Test and Trace, DHSC, and PHE for the management of the pandemic in Winter 2020 – listed in section 3.

These policy areas included operational issues such as testing, contact tracing, vaccination, and isolation support, as well as more wide-reaching considerations such as continuous learning and research, addressing inequalities and improving resilience to future pandemics. They can be divided into four groups:

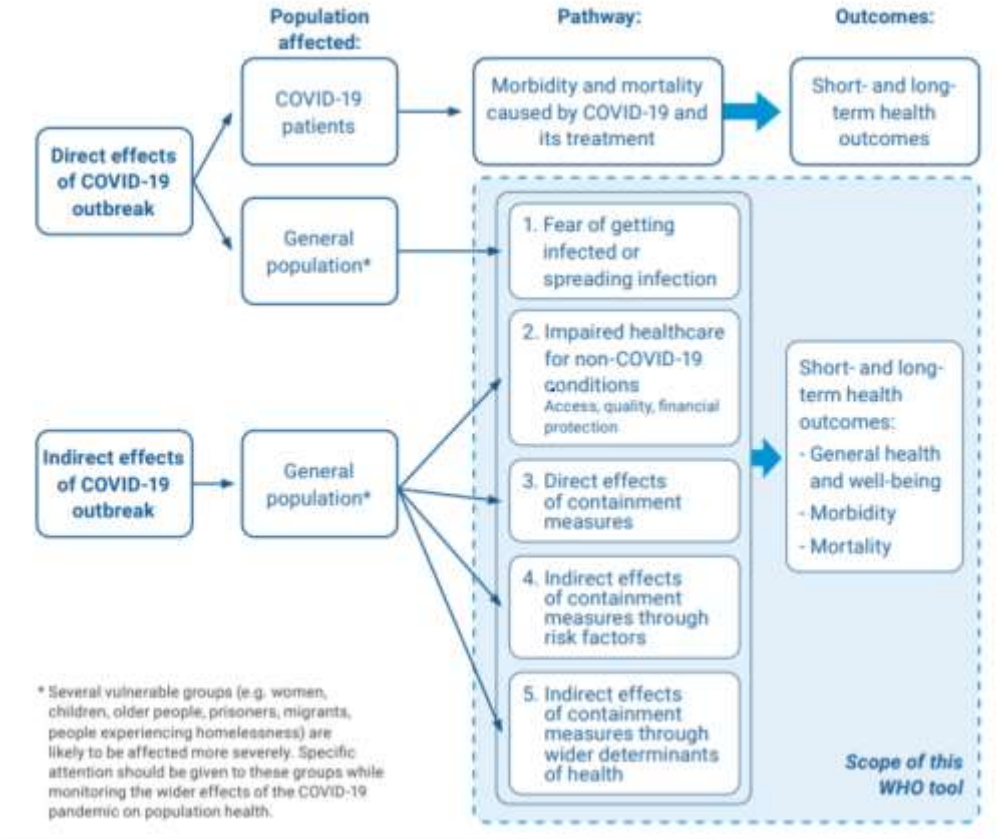
1. **Vaccination and virology**, including delivery, surveillance, and development, and viral genomics to maximise immunity to serious illness and death.
2. **Viral transmission**, reducing incidence and prevalence to manageable levels, and strengthening public cooperation balanced with the need for a normally functioning society.
    a. Social restrictions, border management, and environmental and other non-pharmaceutical interventions
    b. Outbreak investigation, contact tracing, and testing
    c. Consistent strategic communications
3. **Inequalities and socioeconomic harm.**
4. **Continuous improvement and learning** through research, development, and evaluation.

[5] https://www.fph.org.uk/media/2582/fph-publichealthstrategy-2019to2025-v5.pdf

To help with interpreting the framework, actions relating to the direct effects of COVID-19 are colour-coded based on whether they are **operational priorities**, **system enablers**, **priorities focused on inequalities**, or related to **learning and improvement.**

The framework also illustrates aims and key action areas to tackle the wider impacts of COVID-19, based on a conceptual framework developed by WHO (Europe),[6] shown in figure 1.

Figure 1. WHO (Europe) conceptual framework for the wider effects of the COVID-19 pandemic



Finally, the current iteration of the framework provides summaries of key elements of COVID-19 public health policy for children and young people, and for border management. These are two particularly complex areas, and the aim of these more detailed summaries is to provide additional information to support policy making. It is intended that future versions of the framework will include additional summaries of other specific policy areas.

1.5 Vaccination and virology

Vaccination and maintaining high levels of immunity to serious illness and death is now the key mechanism for limiting the impact of the virus on the NHS and wider society. For these benefits to be realised, high levels of effective immunity need to be achieved and maintained. This includes achieving high vaccination uptake rates and the use of boosters

[6] https://apps.who.int/iris/bitstream/handle/10665/340720/WHO-EURO-2021-2297-42052-57877-eng.pdf

where necessary.. Furthermore, genomic surveillance of both international and domestic infections with SARS-CoV2 is critical to the early identification and management of new variants that might lead to harmful vaccine evasion.

Public health priorities for vaccination and virology include:

- ensuring the supply of sufficient quantities of safe, effective vaccine;
- overcoming vaccine hesitancy;
- rapid identification and investigation new variants of SARS-CoV-2, determining the effectiveness of vaccines against severe disease from new variants, and modifying vaccines to counter any vaccine evasive disease;
- reducing the potential for vaccine evasive viral mutations arising in England by tackling enduring transmission and by rapidly achieving high vaccination rates and using boosters as immunity wanes or to tackle vaccine evasive strains;
- supporting vaccination across the globe;
- reducing the potential for vaccine evasive variants being imported into the UK and spreading in the community by relevant border controls and testing.

1.6 Viral transmission

Controlling viral transmission is a mechanism for maintaining case incidence and prevalence at manageable levels and protecting those still vulnerable to severe disease. Such interventions include social restrictions, border management, and other non-pharmaceutical interventions, as well as testing, tracing, isolation, and outbreak identification and investigation. It is increasingly important that these are balanced with the need for a normally functioning society and economy, especially as immunity protects more people from serious illness and death.

Issues that emerge from this section include:

- building immunity among the population
- border management and testing to reduce the risk of imported variants of concern
- development and implementation of ventilation infrastructure;
- understanding how all the interventions and support come together to act on the lives of individuals and communities

1.7 Addressing inequalities, socioeconomic harm, and the link with enduring transmission

Whilst the impact of COVID-19 is being felt across society, it continues to disproportionately impact some specific populations – particularly people living in more deprived areas, Black and minority ethnic groups, carers, those in low paid and insecure jobs, and the elderly.[7]

There is a moral responsibility on us to do all that we can to minimise the inequalities in the toll taken by COVID-19, as well as it being in everyone's interest. Over the course of the pandemic, case rates have not fallen as fast in some communities as the rest of the country. And this often been despite local and national restrictions, community testing, local contact tracing, and other measures aimed at limiting viral spread.[8]

[7] https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes
[8] https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers

These areas of enduring transmission are often communities with identifiable structural vulnerabilities such as poverty, poor housing, and insecure or temporary work. These are often the same communities that are already experiencing disproportionately high rates of illness and death from COVID-19 and other causes.

Addressing disproportionately high levels enduring transmission in particular populations and communities is a public health priority that requires both a local and national approach. At the local level, local authority public health teams require the resource and flexibility to investigate and meet the specific needs of their local population. At the national level, there needs to be a cross-government strategy for tackling the underlying structural drivers of inequalities and transmission.[9] Building and maintaining high levels of immunity among all segments of the population is central to the medium and long term management of the pandemic.

As well being an issue of social justice, measuring and mitigating the direct and indirect impacts of COVID-19 on inequalities, ending enduring transmission is critical to the national pandemic response and socioeconomic recovery, including the levelling-up agenda. People living in more deprived communities with higher case rates are less likely to be able to work from home when unwell, more likely to have severe outcomes, and will be less able to engage with the economy as it re-opens. Particularly if combined with lower levels of immunity, this also risks more widespread local and regional outbreaks, and the emergence of new viral variants of concern with the potential to re-ignite the pandemic.

1.8 Continuous improvement and learning

Since SARS-CoV-2 was identified in late 2019, huge programmes of research and surveillance have led to the rapid growth knowledge about the virus, its impact, its transmission, and its treatment. Much has also been learnt about how the virus impacts different communities and the effectiveness of different policy approaches to limiting its spread. It's essential that the response to the pandemic adapts to reflect these changing and improving understandings through a systematic approach to evaluation, analysis, and continuous improvement as part of a robust system of clinical governance.

[9] https://www.health.org.uk/publications/build-back-fairer-the-covid-19-marmot-review

Section 2: Indicative scenarios

2.1 The indicative scenarios

The expected public health benefit of a given policy area or intervention will vary based on the detail underlying each policy, its implementation, and the national context. Priorities, aims, and actions to tackle the direct effects of the COVID-19 pandemic were originally set out across three phases, aligning with the government's roadmap out of lockdown, published in February 2021:[10]

1. Regain and maintain control of viral transmission - *based on an indicative scenario of extensive community cases and spread*
2. Balancing socioeconomic recovery and transmission risk - *limited community spread and multiple outbreaks*
3. Socioeconomic recovery and looking to winter - *occasional cases and outbreaks, and isolated cases*

Case rates fell through April before rising again with the emergence of the delta variant. As this took place, the government moved through the steps of it's Spring roadmap out of lockdown, eventually reaching step 4 and the removal of legal limits on social contact on 19th July.

The indicative scenarios have been updated to better reflect post step 4 circumstances regarding vaccination rates, population immunity, and impact on health and care services. The strategic framework sets out priority actions to tackle the direct effects of the COVID-19 pandemic on health and recognises that it is possible to move in either direction between these scenarios – transmission and disease prevalence may increase or decrease.

Figure 2a illustrates the indicative COVID-19 scenarios, alongside how different policy priorities change between scenarios.

The key public health actions of the strategic framework that focus on the direct effects of COVID-19 for each scenario are outlined in figure 2b. The priority actions interact with each other as part of a complex system that impacts decision making, services, and behaviours. For example, the impact of testing and tracing contacts will be influenced by vaccination, the behaviours of others (eg wearing face coverings), individuals' perceptions of risk, and the support available to people who find it difficult to isolate. Furthermore, there is inherent uncertainty in the potential impact of a specific policy, and the interactions between policies. Section 3 includes how to access more information on some of the evidence underpinning this framework.

Figure 3 describes aims and action areas to tackle the wider impacts of the COVID-19 pandemic, including the need for cross-organisational partnership working to improve community resilience against future health and economic shocks. Future work aims to

[10] https://www.gov.uk/government/publications/covid-19-response-spring-2021

translate these action areas into specific actions that can be taken at national, regional, and local levels.

Finally, figures 4a-c set out summaries of key elements of public health advice on how best to address the COVID-19 public health priorities for children and young people, and for border management.

2.1 Using the COVID-19 public health strategic framework

This framework can be used in a variety of ways to support the public health response to COVID-19.

It is intended to be used at local, regional, and national levels not only by individuals advising on the pandemic response, but also those making and implementing relevant policy to ensure that public health priorities are represented in decision making.

Examples of its use include:

- A checklist when drafting public health plans eg local outbreak control plans;
- To support prioritisation decisions at different phases of the pandemic and at times of resource constraint;
- To inform strategies and plans which have an impact on the public's health;
- To support development of a shared understanding of policy goals;
- To signpost to relevant guidance, expertise, and other resources;
- To promote dialogue between public health advisors and strategy/policy makers;
- To communicate or amplify public health messaging.

Figure 2a. Public health strategic framework for COVID-19, illustrating changing priorities

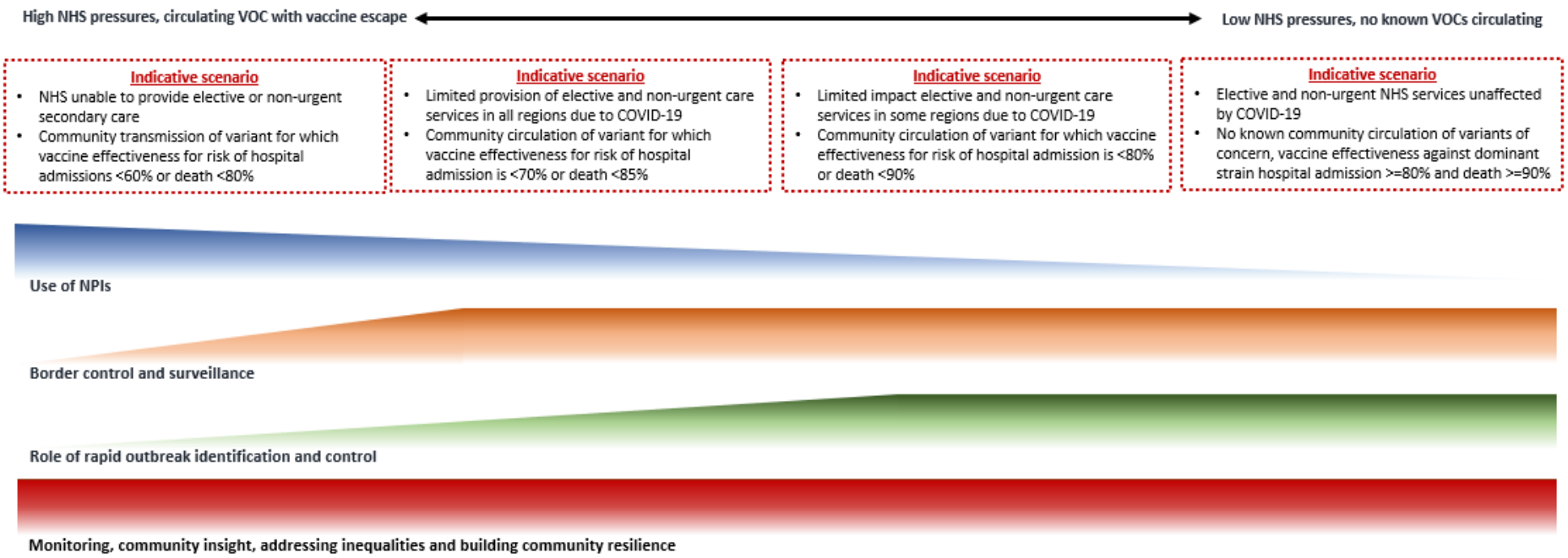


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Figure 2b. Public health strategic framework for COVID-19, indicative scenarios and priority actions

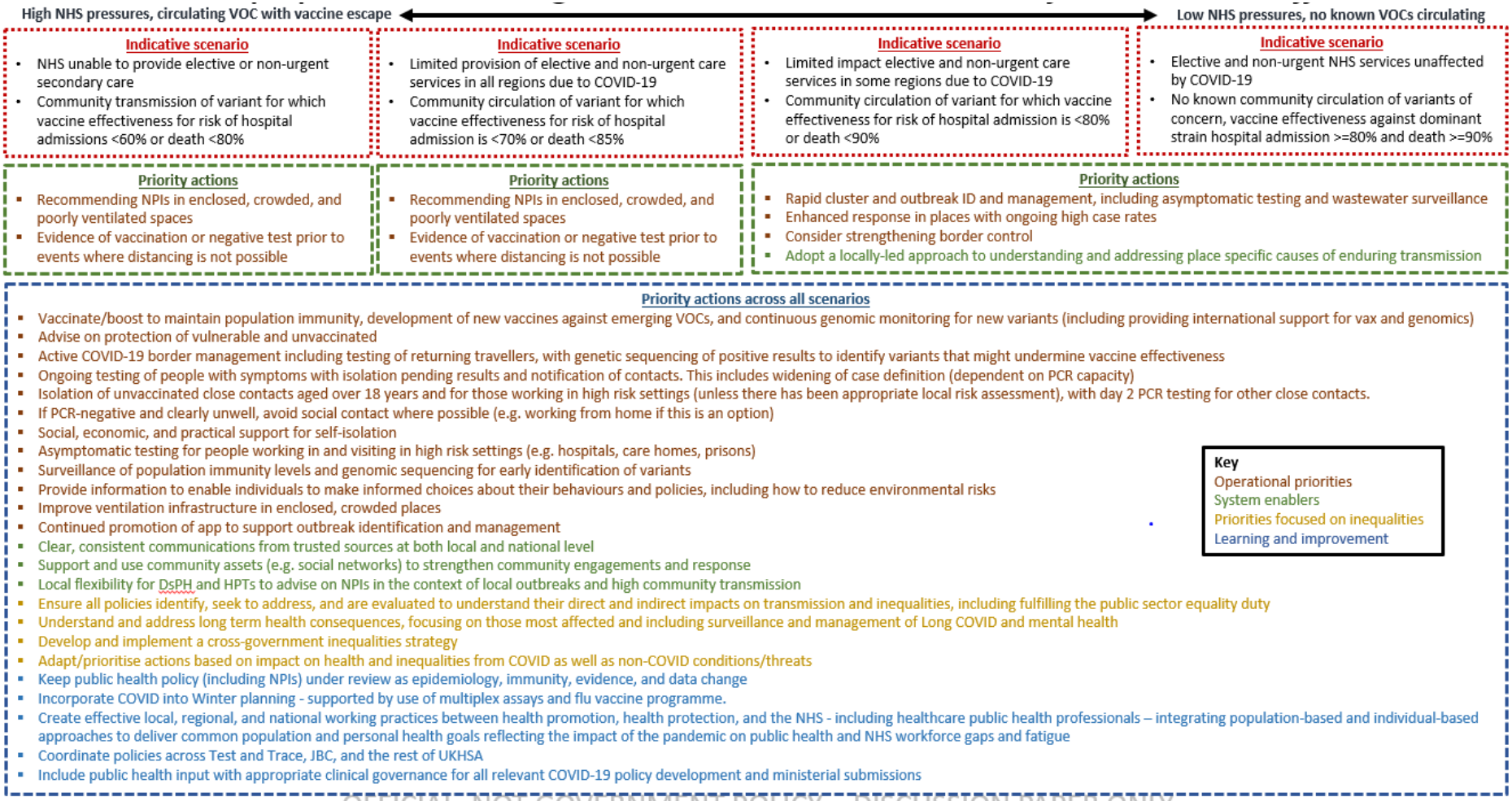

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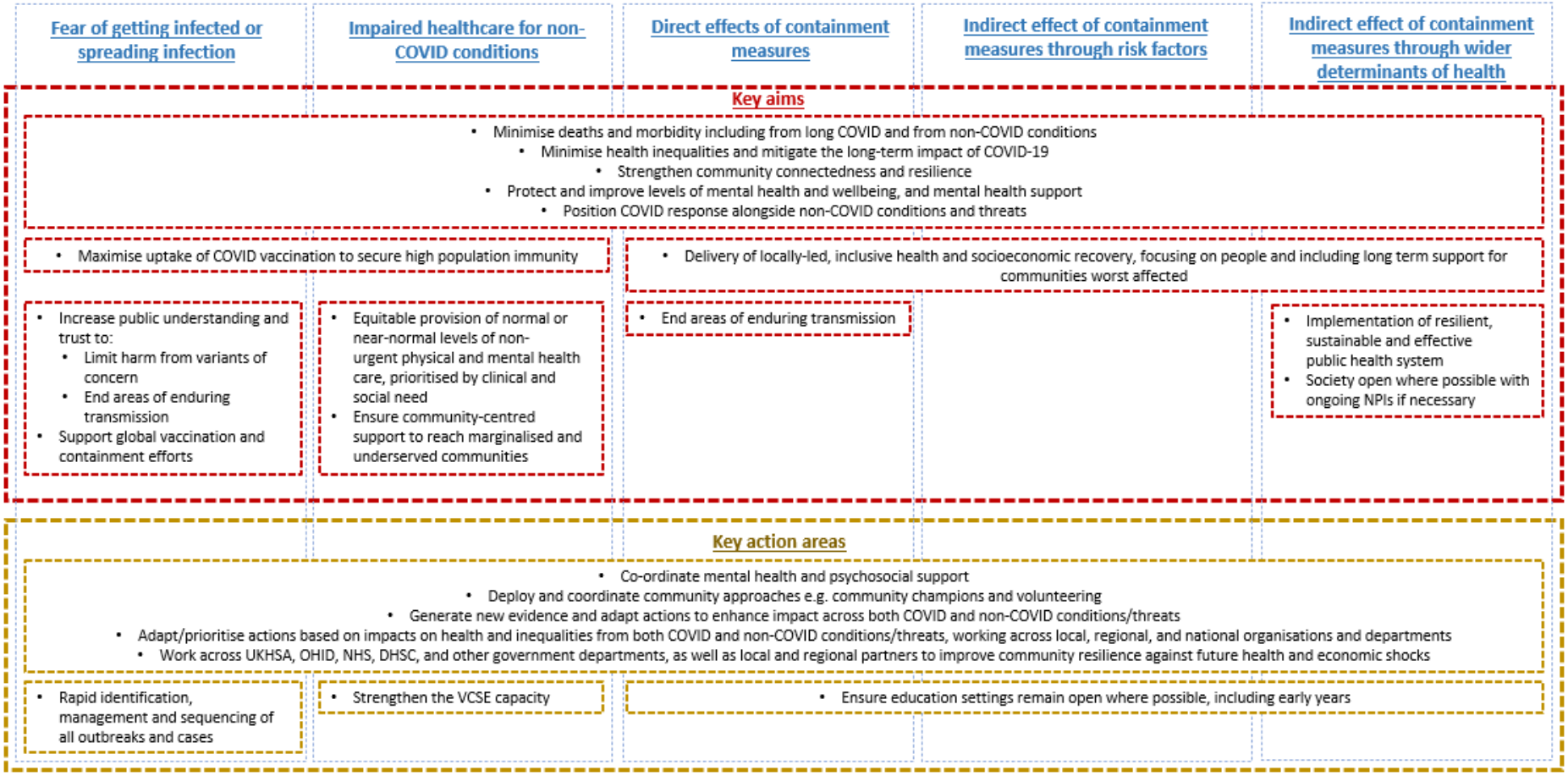
Figure 3. Public health strategic framework for COVID-19, aims and actions aareas to tackle wider impacts



1. Based on a framework developed by WHO (Europe): https://apps.who.int/iris/bitstream/handle/10665/340720/WHO-EURO-2021-2297-42052-57877-eng.pdf

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Figure 4a. Public health strategic framework for COVID-19, summaries of key public health actions and responsibilities for children and young people

COVID-19 in CYP – Public Health Strategy for post step 4	Key goal: To minimize the immediate and long-term impact of COVID-19 on children and young people	References: https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-in-children-and-the-role-of-school-settings-in-transmission-first-update_1.pdf 2 https://www.gov.uk/government/publications/evidence-summary-covid-19-children-young-people-and-education-settings Impacts of school closures on physical and mental health of children and young people: a systematic review (medrxiv.org) spi-b-dfe-benefits-remaining-education-s0861-041120.pdf 8322114d-03ed-42ad-8fdb-883a05a64643.pdf (researchsquare.com) Long COVID - the physical and mental health of children and non-hospitalised young people 3 months after SARS-CoV-2 infection; a national matched cohort study (The CLoCk) Study. | Research Square	Key indicators: • Infection rates among children and young people • Hospitalisations and deaths from COVID-19 in children and young people • Incidence of Long COVID in CYP and educational staff • Vaccination uptake in eligible CYP and education staff • Attendance in educational settings (particularly for vulnerable groups) • COVID-19 related hospitalisations/mortality in CYP and educational staff • Other Public Health indicators such as mental health, health seeking behavior, uptake of routine immunisations

Key public health principles:

•To balance the risk of harm to CYP from COVID-19 with disruption to education, employment and social opportunities for children and young people.
•To ensure prevention and mitigation actions taken are proportionate to risk and include consideration of the wider risk public health risks to children and young people (eg mental health, missed education)
•To provide flexible advice that responds to the changing nature of the pandemic
•To ensure local flexibility and decision making in the implementation of mitigations
•To recognise the role CYP play in transmission and infection rates for the population as a whole

Evidence to support:

- The risk of harms of COVID-19 to children and young people are small. The risk of severe illness and death are low and most CYP experience a mild illness.
- There are significant harms to children and young people through missed education, employment and social opportunities. These harms are not distributed equally with more disadvantaged groups disproportionately affected.
- The mental health and wellbeing of children and young people has been impacted by lockdown and school closures.
- Evidence to date suggests cases in schools reflect community transmission rather than driving it. New variants, release of controls and the vaccination of adults may change this.
- There is no universal definition of Long COVID in children. However, there is consistent evidence that some teenagers will have persisting symptoms after testing positive for SARS-CoV-2 and that mental and physical health symptoms are closely related.
- Limited evidence base on individual mitigation strategies as usually applied as a system of controls

Key public health actions

To provide public health advice on policy that impacts children, young people, and staff working in educational or child facing settings . Public health also has a role in advising on how to minimise or mitigate the potential harms of policy to more vulnerable population groups, including SEND, and children's social care. At the local level, public health teams will have a role in the rapid identification and management of any clusters and outbreaks in education settings and children's social care.

Key public health interventions

- Non-pharmaceutical interventions including face coverings
- Vaccination (following advice of JCVI/CMO)
- Ventilation of educational settings
- Testing, contact tracing and isolation

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Figure 4b. Public health strategic framework for COVID-19, summaries of key public health actions for border management

Border Management	**Primary Goals :** **Identification of new VoCs** **Prevent importation and onward transmission of vaccine evasive VoC** **Secondary benefits: identification and isolation of imported cases of currently circulating variant**	**References: https://www.gov.uk/guidance/travel-advice-novel-coronavirus** **Travel abroad from England during coronavirus (COVID-19) - GOV.UK (www.gov.uk)**	**Key indicators:** • **Number of outbreaks of community transmission of imported VoCs** • **Number and % of international arrivals undergoing day 2 PCR** • **No and % of day 2 +ves.** • **No and % of cases sent for genomic sequencing.** • **No of VoCs identified.** • **(% of cases with evidence of complying with isolation).**

Key public health actions

The key public health actions are:

i) To ensure all international arrivals undergo testing for Sars-CoV-2 on or before day 2 after arrival in the UK
ii) Material from all PCR samples that test +ve for Sars-CoV- 2 undergo viral genomic sequencing
iii) All arrivals whose PCR samples test +ve isolate for 10 days from date of test
iv) All arrivals with symptoms should isolate until their post-arrival PCR test is known to be –ve.

Other points to note:

- This advice applies as much to asylum seekers, clandestine arrivals and attendees at international events as it does to other travellers. Clandestine arrivals should be assumed to have travelled from high risk countries unless there is definite evidence to the contrary.
- Day 8 tests and pre-departure tests reduce risk, PCR tests on or before day 2 are a priority especially for fully vaccinated travellers.
- Government have signalled a move to LFD from PCR tests for the 'on or before day 2' testing followed by a confirmatory PCR for those with positive LFD results. This is likely to reduce the proportion and add some delay to the sequencing of imported cases compared to the previous policy of requiring all returning travellers to undergo PCR testing within 48 hours of arrival.

This advice is intended to maximise the chance of the timely identification of imported VoCs and to minimise the risk domestic transmission of imported SARS-CoV-2.
Public health teams nationally, regionally and locally also have a role in advising on how to minimise or mitigate the potential harms of border policy, including quarantine and testing policy, particularly among vulnerable population groups. At the local level, public health teams have a role in the rapid identification and management of any outbreaks related to quarantine facilities and/or imported cases. This requires local HPTs and LAs to be alerted as soon as possible to local cases associated with quarantine facilities and overseas travel.

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Figure 4c. Public health strategic framework for COVID-19, summaries of key responsibilities for border management

Key responsibilities	Local	Regional	National
Advise	DsPH and EHOs advise on hotels use/IPC DsPH /health protection teams advise on management of cases in the workforce and guests in quarantine	RDPH/HPTs • support to LA DsPH • Advice re NPIs in outbreaks and enduring transmission	CMO: advice JBC: international data gathering and interpretation SAGE / SPI- M: modelling of impact of policy options
			UKHSA/PHAGE: advise DHSC/CO/DfT re relevant risk mitigations as policy is revised
			JBC: data gathering and analysis UKHSA: data interpretation
Decide			Cabinet via COVID-O with advice from DHSC, Home Office, Foreign Office; UKHSA and Department of Transport: decisions on border policies
			Government departments • Lead Policy making in organisations/sectors they are responsible for (eg Home office / Border Force & Police, DfT / transport operators etc)
Deliver	Citizens – Pay for quarantine and relevant tests, follow instructions Local authorities: Case management among MQS staff & local residents, support for self quarantine, case & outbreak management. Test providers: meeting the service and performance requirements and laboratory standards of day 2 tests, including data about the % of travellers registering to provide a sample.	UKHSA/NHSTT: Case and contact management	UKHSA/NHS T&T • Testing provision and governance • Genomic sequencing • Link to NHS Digital for certification of vaccination • CTAS • Case and contact management • Regulation of private test providers • Managed quarantine service
			UKHSA/PHAGE: PH leadership and advice to Borders policy development work and quarantine with DHSC enables guidance
			Home office: Entry processes, ensuring policy requirements met at border
Enforce	Police: Police self isolation as requested by UKHSA/NHS T&T or DPH		Home Office/Border Force

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Section 3: Public health strategic priorities and advice

The policy areas used to inform the initial version of the strategic framework are in table 1.

Table 1. List of policy areas and their priority rating*

Policy area	Phase 1	Phase 2	Phase 3
Viral transmission			
Enhanced cluster and outbreak detection and management	Medium	High	High
Asymptomatic community testing to find cases	High	High	High
Daily contact testing	Medium	High	Medium
Symptomatic testing	High	High	High
Testing infrastructure	High	High	High
Contact tracing	High	High	High
Support for isolation	High	High	Medium
Risk profiling to speed up journey	Low	Low	Medium
App development – functionality and adoption	Medium	Medium	Low
International travel restrictions and quarantine	Critical	High	High
Social restrictions and NPIs	Critical	High	Medium
Winter COVID plan	Low	High	Critical
Strategic communications	High	Critical	High
Information flow and co-design between local, regional and national partners in the public health system	Critical	Critical	High
Citizen journey	High	High	High
Public advisory group	High	High	High
Behavioural insights, enforcement, and incentives	High	High	High
Inequalities and socioeconomic harm			
Building resilience	Critical	Critical	Critical
Monitoring inequalities and acting on findings	Critical	Critical	Critical
Children and young people	Critical	Critical	Critical
Sustainable and effective long-term public health system	Critical	Critical	Critical
Vaccination and virology			
Vaccination	Critical	Critical	Critical
Monitoring vaccine effectiveness and evasive disease	High	Critical	Critical
Vaccine development	Critical	Critical	Critical
Variants of concern and variants under investigation	Critical	Critical	Critical
Virology, serology, and genomics	Critical	Critical	Critical
Continuous improvement and learning			
Continuous improvement and learning	Critical	Critical	Critical
Evidence through research	Critical	Critical	Critical
Surveillance and data	Critical	Critical	Critical
Pilots and evaluation programmes	High	High	High

*priority ratings are subject to change

More detailed or specific public health policy advice for COVID-19 that supports much of this strategic framework, as well as previous advice on a particular policy area, are stored in a searchable repository that can be accessed through PHAGE [phage@phe.gov.uk].

Appendix 1. Selection of organisations and individuals consulted in the development of the public health strategic framework for COVID-19

- The Public Health Strategic Response Group
- Regional Directors of Public Health and Deputy Directors for Health Protection
- Local Authority Directors of Public Health
- Faculty of Public Health President and Health Services Committee
- Association of Directors of Public Health President
- NHS Test and Trace Senior Regional Coordinators
- NHS Test and Trace Regional Partnership Teams
- PHE Public Health System Group
- NHS Test and Trace Contain Policy and Ops Co-Design Group
- NHS Test and Trace Strategy and Policy Workshop
- NHS Test and Trace Executive Committee
- Department of Health and Social Care Battle Plan central PMO
- Public Health Wales
- HSC Northern Ireland
- DCMO's office
- PHE Management Committee
- NHS England & Improvement
- Health care public health colleagues, via PHE Provider Public Health Network

Appendix 2. Terms of reference for Strategic Framework Implementation Group

Public health strategic framework for COVID-19
Implementation Group Terms of Reference

Background
The public health strategic framework aims to represent the COVID-19 public health priorities of the public health system in England. It also aims to be a resource to support the national COVID-19 response through the incorporation of public health advice into multi-sectoral policy development and prioritisation.

The strategic framework is maintained by PHE's Public Health Advice, Guidance, and Expertise pillar (PHAGE), with overall accountability to the Public Health Strategic Response Group (SRG).

Purpose of the Implementation Group
The Implementation Group is responsible for working with experts and groups across the public health system (national, regional and local) to support the development of the framework and the identification of key public health actions. The Implementation Group will help to develop relevant content and priority setting, and to assure its quality. The Implementation Group will also help to identify relevant risks of the framework and its dissemination, as well as relevant mitigation strategies.

The Implementation Group will work with the SRG to advise and support the communication, dissemination, and adoption of the public health priorities the public health system.

Objectives
- To work with the national, regional, and local public health system to help develop key public health actions across the policy areas included in the framework.
- To work with the SRG to ensure the framework is maintained and updated as new data and evidence emerge, or as the national context changes.
- To support the dissemination of the framework to relevant individuals and organisations.
- To work with PHAGE to support the implementation of a standardised process for people working in national government to access public health advice on COVID-19.

Membership is subject to change. Initial membership includes:
- PHAGE
- Joint Biosecurity Centre
- NHS Test and Trace, Equality and Inclusion
- Public Health Strategy Advisors