



Cabinet
9 March 2020

Report from the Director of Public Health

Coronavirus / COVID-19: Response and Preparedness

Wards Affected:	All
Key or Non-Key Decision:	Non-key decision. Item for information only
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	None
Background papers:	None
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1.0 Purpose of the Report

- 1.1 This report provides to Cabinet an overview of the current (at time of drafting, any necessary updates will be provided verbally at the meeting) response and preparedness for a possible novel coronavirus / COVID-19 pandemic
- 1.2 This report has been added to the agenda under urgency grounds in reflection of the pace at which the coronavirus situation is developing globally and in the UK.

2.0 Recommendations

That Cabinet note the content of the report and any verbal update provided at the Cabinet meeting

3.0 Detail

The novel coronavirus

- 3.1 Coronaviruses are a family of viruses common across the world; certain types cause illnesses in people. For example, some coronaviruses cause the common cold; others cause diseases, which are much more severe such as Middle East Respiratory Syndrome (MERS), and Severe Acute Respiratory Syndrome (SARS), both of which often lead to pneumonia.

3.2 COVID-19 is the illness seen in people infected with a new strain of coronavirus not previously seen in humans. On 31st December 2019, Chinese authorities notified the World Health Organisation (WHO) of an outbreak of pneumonia in Wuhan City, which was later classified as a new disease: COVID-19. On 30th January 2020, WHO declared the outbreak of COVID-19 a “Public Health Emergency of International Concern”

3.3 As this is a new illness, knowledge is emerging but our current understanding is:

- Not everyone who is infected will become unwell;
- Of those who become unwell, the majority of people will have a mild to moderate illness similar to seasonal flu which will get better on its own;
- The risk of severe disease and death increases in elderly people and those with underlying health conditions;
- Illness is less common in children and people under 20;
- There is no evidence that pregnant women are at particular risk;
- There is no vaccine nor any specific anti-viral medication so treatment is about managing symptoms and supporting those with complications;
- Most people will be best managed at home, as with seasonal flu and colds;

4.0 The UK response to the novel coronavirus / COVID 19

4.1 The UK is well prepared to respond to disease outbreaks and in particular has current, tested plans for an influenza pandemic. These plans form the basis of the national and local response to COVID-19. The Council has an established Multi-Agency Pandemic Plan, developed and agreed by the Borough Resilience Forum, and Internal Pandemic Policies.

4.2 The UK response to COVID-19 has four phases:

- **Contain:** detect early cases, follow up close contacts, and prevent the disease taking hold in this country for as long as is reasonably possible
- **Delay:** slow the spread in this country, if it does take hold, lowering the peak impact and pushing it away from the winter season
- **Research:** better understand the virus and the actions that will lessen its effect on the UK population; innovate responses including diagnostics, drugs and vaccines; use the evidence to inform the development of the most effective models of care
- **Mitigate:** provide the best care possible for people who become ill, support hospitals to maintain essential services and ensure ongoing support for people ill in the community to minimise the overall impact of the disease on society, public services and on the economy.

4.3 At the time of writing the UK is on the cusp of contain and delay.

5.0 Action to date: national and local

5.1 To date the response has comprised the following:

- General advice to the public with specific guidance for returning travellers. This is regularly updated as the global situation develops. <https://www.nhs.uk/conditions/coronavirus-covid-19/>
- Advice to the public emphasises the importance of respiratory and hand hygiene:

How to avoid catching or spreading coronavirus:

DO

- wash your hands with soap and water often – do this for at least 20 seconds
- always wash your hands when you get home or into work
- use hand sanitiser gel if soap and water are not available
- cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze
- put used tissues in the bin straight away and wash your hands afterwards
- try to avoid close contact with people who are unwell

DON'T

- do not touch your eyes, nose or mouth if your hands are not clean
- The Council has, and will continue to, disseminate this advice
- Tailored advice to individuals is provided through NHS 111. In response to a high volume of calls, an online service has been established [111 online coronavirus service](#). It is important that anyone who suspects they might have or been exposed to coronavirus infection does **not** attend their GP, a walk in center or A&E but uses this online service and if they do need to speak to someone calls NHS 111
- Arrangements to rapidly test possible cases of COVID-19 for the coronavirus. Public Health England laboratories were able to test for the novel coronavirus as soon as cases were suspected in the UK. Laboratory capacity has been rapidly scaled up. Confirmed cases are being isolated.
- There is a co-ordinated response across the NHS in NWL to ensure all possible cases are tested as rapidly as possible. Clinicians are visiting people in their own homes to arrange testing; this arrangement avoids the need to decontaminate NHS facilities or vehicles. Those with their own transport can take themselves to “drive through” testing hubs, one of

which is located at Northwick Park. If people do present to walk in centres or A&Es then facilities to assess patients in isolation have been set up

5.2 As of 9am 8 March 2020, 23,240 people in the UK have been tested: 20,175 negative. 273 positive. Of the confirmed cases, 51 are in London and 3 in Brent.

- Self-isolation is critical to the contain and delay phases. Guidance on this has been published by PHE <https://publichealthmatters.blog.gov.uk/2020/02/20/what-is-self-isolation-and-why-is-it-important/>
- Initial cases of COVID-19 were transferred to specialist isolation facilities. In London these units are the Royal Free Hospital and Guys and St Thomas'. The use of specialist isolation facilities was a response to the novel nature of the infection and the drive to contain and delay spread rather than necessarily a marker of the severity of illness.
- A suite of national guidance has been issued, including:
 - guidance to educational settings: <https://www.gov.uk/government/publications/guidance-to-educational-settings-about-covid-19/guidance-to-educational-settings-about-covid-19>
 - to employers and businesses: <https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19>
 - for social and community care in residential settings: <https://www.gov.uk/government/publications/guidance-for-social-or-community-care-and-residential-settings-on-covid-19>

The Council has disseminated this guidance as well as signposting the public to national advice and guidance.

5.3 On the 2nd March the Department of Education advised that no school should close unless directed to by Public Health England and set up a helpline for schools

5.4 A number of plans concerning an epidemic of infectious human disease have been maintained nationally and locally for a number of years. These have typically centred on the influenza virus as it was, and remains, the most likely disease to emerge in this way. The response to the COVID-19 situation is being managed according to these plans with very little modification required since the scenario very closely matches that expected during an outbreak of influenza. However, a specific COVID-19 Response Framework has been produced by London Resilience for us to work to which factors in the specifics of the COVID-19 infection based on what has become known about the virus since it emerged in China. Further, a local multi-agency influenza plan is maintained in Brent by the Brent Resilience Forum. This plan, as well as the

new COVID-19 response framework were both reviewed at the last Brent Resilience Forum on the 12th February.

- 5.5 The Council has reviewed its existing HR Pandemic Policy to ensure it is appropriate for coronavirus, for example recognising that staff who self-isolate on PHE advice will receive full pay and have their absence appropriately recorded.
- 5.6 The Council has existing service specific business continuity plans. These have been reviewed to ensure that they are fit not only for acute pressures (such as the discovery of an unexploded bomb, flooding, fire or extreme weather, all of which have been experienced) but also for a prolonged period of service disruption such as would be experienced if community transmission of coronavirus became established. In this scenario, services have been asked to plan for significant staff absence with limited access to mutual aid from other agencies. All services have identified their priority services and other services that might be scaled back or reduced.
- 5.7 Our business continuity plans have also been reviewed for any supply chain concerns. Commissioners are working with contractors to review their business continuity planning in the light of current advice.
- 5.8 Given the high risk nature of Adult Social Care clients, as well as the role ASC plays in supporting NHS services in Brent, particular focus has been given to supporting and managing the message to ASC commissioned providers. This includes Homecare agencies and Care Homes, including our council run care home.
- 5.9 ASC are working closely with Public Health England and the Director of Public Health to ensure messages and guidance, particular to workers and users in this sector, are disseminated quickly and that information is shared where there are identified concerns.
- 5.10 A support plan has been produced for LNWHT setting out what offer of support we can provide with discharges. This includes increasing the capacity of step-down beds to support early discharge and working with providers to remove any barriers to speedy assessment.
- 5.11 The Head of ASC Commissioning, Contracting and Market Management is in regular contact with PHE, the Director of Public Health and with providers to ensure a flow of up to date information goes both ways.
- 5.12 One of the impacts of any disease is the potential for an increase in deaths. Both a London and a Brent Excess Deaths Plan are maintained. Both have recently been updated to reflect the current situation and ensure that we have a clear plan of action to manage any situation resulting in excess deaths. It must be stressed that Excess Deaths Planning forms part of the council's routine arrangements and have done so for many years, so the fact that work is occurring around these is not a cause for alarm or a forecast of what will happen regarding COVID-19 but rather a sensible and reasonable action. The plans are not suitable for the public domain as they are likely to cause undue

alarm amongst people who do not have an existing awareness that this type of planning occurs routinely.

6 Future plans and scenarios

6.1 The DHSC, with the devolved administrations, published its Coronavirus action plan on 3rd March. The plan assumes “it is more likely than not that the UK will be significantly affected” and that as transmission in the community becomes established there will be a noticeable impact of the pandemic on services and on society.

6.2 The plan envisages that the health and care system may have to prioritise essential services and reduce other services temporarily. This could mean delaying routine operations for example.

6.3 Also at this stage, social distancing measures such as reducing mass gatherings and school closures *may* be introduced.

6.4 A national stockpile of PPE (personal protective equipment) is maintained by the NHS. The council is an eligible recipient of these supplies for its health and social care functions. The decision to distribute PPE to councils from the national stockpile is made by NHS England. Onward distribution of PPE by councils to their health and social care workforce, including agencies and contractors will then need to occur.

7.0 Financial Implications

7.1 At this time there are no direct financial implications to the Council

8.0 Legal Implications

8.1 The local authority has power to make an application to a Justice of the Peace under the Public Health (Control of Diseases) Act 1984 for a range of Orders in relation to people,

8.2 The ‘Green Book’ sickness scheme provides, for those employees covered by its provisions, that an employee who is prevented from attending work because of contact with infectious disease shall be entitled to receive normal pay. The period of absence on this account shall not be reckoned against the employee’s entitlements under this scheme.

8.3 ACAS has issued guidance for employers and employees in relation to the coronavirus (COVID-19).

9.0 Equality Implications

9.1 At this stage, there are no equality implications

10. Human Resources Implications (if appropriate)

10.1 These are contained in the body of the report

11.0 Consultation with Ward Members

- 11.1 A briefing will be offered to ward members on 10 March 2020, which will cover matters relating to their surgeries as well as the local and national response to COVID-19
- 11.2 The DPH will give a verbal update to and take questions from the Community and Wellbeing Scrutiny on 16th March 2020

Report sign off:

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Director of Public Health