**Coronavirus – (COVID-19)**

Purpose of report

For information.

Summary

This paper gives a background of the Coronavirus – (COVID-19) and the how Councils have been at the forefront of the response.

**Recommendations**

Members to note the paper and engage with the panel for details to take back to their authorities.

**Next Steps**

Members are encouraged to visit [www.local.gov.uk/coronavirus-information-councils](http://www.local.gov.uk/coronavirus-information-councils).

Contact officer: Paul Ogden

Position: Senior Adviser

Phone no: 02076643277

Email: Paul.Ogden@local.gov.uk

**Coronavirus – (COVID-19)**

Background

1. The outbreak of coronavirus is a rapidly evolving situation that local authorities in the UK are monitoring carefully. Councils have been at the forefront of the response.
2. As of 9am on 9 March 2020, 24,960 people have been tested in the UK, of which 24,641 were confirmed negative and 319 were confirmed as positive. Three patients who tested positive for COVID-19 have died.
3. At a national level, the LGA has been involved in supporting those authorities directly affected through our conversations with the Department of Health and Social Care, Public Health England, and, in particular, the Resilience and Emergency Division of the Ministry of Housing, Communities and Local Government (MHCLG).
4. Councils are using tried-and-tested infection control procedures to prevent further spread of the virus. A very extensive and complex contact-tracing operation is under way, with health protection teams around the country diligently talking to people that might have been in close contact with carriers of the virus to assess their risk, offer advice and prevent further spread.
5. As Category 1 responders, Local councils, through their directors of public health, are providing important public health leadership to local responses both within the NHS and wider local resilience arrangements.  Councils are working very closely with public health partners to support the current containment phase and to plan for other emerging scenarios.
6. There are lots of issues and circumstances that councils will need to work through and assure themselves across many areas –
   1. social care
   2. education (schools and nursery)
   3. other CYP
   4. transport
   5. registrars and bereavement services
   6. excess deaths planning
   7. housing services
   8. events management
   9. work with employers
   10. waste management
   11. our own staff management/ HR and workstations.
7. The government published its [coronavirus action plan](https://www.gov.uk/government/publications/coronavirus-action-plan) on 3 March.
8. The overall phases of the plan to respond to COVID-19 are:   
   **Contain**: detect early cases, follow up close contacts, and prevent the disease taking hold in this country for as long as is reasonably possible
   1. **Delay**: slow the spread in this country, if it does take hold, lowering the peak impact and pushing it away from the winter season.
   2. **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
   3. **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.
9. On 10 February, the Secretary of State for Health and Social Care, Matt Hancock, announced strengthened legal powers to protect public health. [The Health Protection (Coronavirus) Regulations 2020](https://www.legislation.gov.uk/uksi/2020/129/contents/made) have been put in place to reduce the risk of further human-to-human transmission in this country by keeping individuals in isolation where public health professionals believe there is a reasonable risk an individual may have the virus.
10. Councils have statutory responsibilities around health protection and are active in helping coordinate joint responses across health and local government, particularly the important interface with social care and wider community services.
11. Areas have well-tested plans in place to manage and mobilise their resources across a range of scenarios, including pandemic flu. Councils are actively reviewing business continuity plans and looking at how, in the event of increased and sustained pressure on NHS services, we could most effectively deploy these resources.
12. As it is a new virus, the lack of immunity in the population (and the absence as yet of an effective vaccine) means that COVID-19 has the potential to spread extensively. The current data seem to show that we are all susceptible to catching this disease, and thus it also more likely than not that the UK will be significantly affected. Among those who become infected, some will exhibit no symptoms. Early data suggest that of those who develop an illness, the great majority will have a mild-to-moderate, but self-limiting illness – similar to seasonal flu.
13. Learning from major incidents has shown how critical mobilising trusted community spokespeople is to maintaining community cohesion. We have seen a rise in racist incidents linked to coronavirus in several areas, and local authorities are responding rapidly to provide accurate information and strong communication with community leaders.
14. At a local level, directors of public health are working with directors of adult social care and of children’s services to make sure the right local responses are mobilised and that councils rapidly escalate any significant issues nationally, through Public Health England and NHS England and via local resilience forums to the MHCLG.

**Next Steps**

1. For the latest information for councils on coronavirus COVID-19 please visit [www.local.gov.uk/coronavirus-information-councils](http://www.local.gov.uk/coronavirus-information-councils).

**Appendix A: Biographies**

**Jo Churchill MP**



1. Jo Churchill was appointed as Parliamentary Under Secretary of State at the Department of Health and Social Care on 26 July 2019.
2. She was previously Assistant Government Whip from 9 January 2018 to 26 July 2019.
3. Parliamentary Under Secretary of State (Minister for Prevention, Public Health and Primary Care)
4. The Parliamentary Under Secretary of State for Prevention, Public Health and Primary Care leads on the following policy areas:
   1. public health system
   2. health improvement
   3. health inequalities
   4. public health delivery
   5. primary care
   6. gender identity services
   7. major diseases
   8. community health
   9. lead minister for crisis response
   10. sponsorship of PHE and FSA

**Duncan Selbie**



1. Duncan Selbie is the founding Chief Executive of Public Health England.
2. Prior to 2013, he was Chief Executive of Brighton and Sussex University Hospitals, the regional teaching hospital for the south east of England. From 2003 to 2007 he was the Director General of Programmes and Performance for the Department of Health and subsequently its first Director General of Commissioning. Before this, he was Chief Executive of South East London Strategic Health Authority and before that Chief Executive of the South West London and St George’s Mental Health NHS Trust. He joined the NHS in January 1980.
3. Public Health England is an Executive Agency of the Department of Health. The Chief Executive leads the Agency and is accountable for its strategy and operations, and the effective and efficient use of public funds.

**Professor Paul Johnstone**



1. Professor Paul Johnstone joined Public Health England (PHE) in December 2012.
2. Career highlights:
   1. Director of Public Health for the NHS in the North of England, and Regional Director of Public Health for Yorkshire and the Humber
   2. Director of Public Health and Medical Director for Tees and Durham
   3. visiting Professor at Leeds Beckett University
   4. previously a hospital doctor and GP volunteered and worked in Afghanistan, Pakistan, Sudan and West Indies in refugee and crisis situations and was a senior technical adviser to the UK’s Department for International Development, German Government and WHO
   5. led PHE’s project to support Sierra Leone’s reconstruction after Ebola (2015 to 2017)
   6. entered public health in Oxford, worked for the Cochrane Collaboration then Oxford University as honorary senior lecturer, then was the first professor of Public Health at the University of Teesside
   7. previously advisor to CMO and Government on health of children and young people
   8. currently, in addition to North of England role, advises the UK Government on health inequalities, devolution policy and community asset approaches and is a member of the Well North Board
3. Regional directors ensure the quality, responsiveness and consistency of the services PHE centres provide. They have an assurance role for emergency planning and response and are responsible for workforce development across the wider public health system.