

Welcome to the Connective Cities Day 2 on “Public Health & Crisis Management”

Technical set-up

- Please check your audio and video connection
- Contact technical support for help if necessary



Virtual Global Exchange

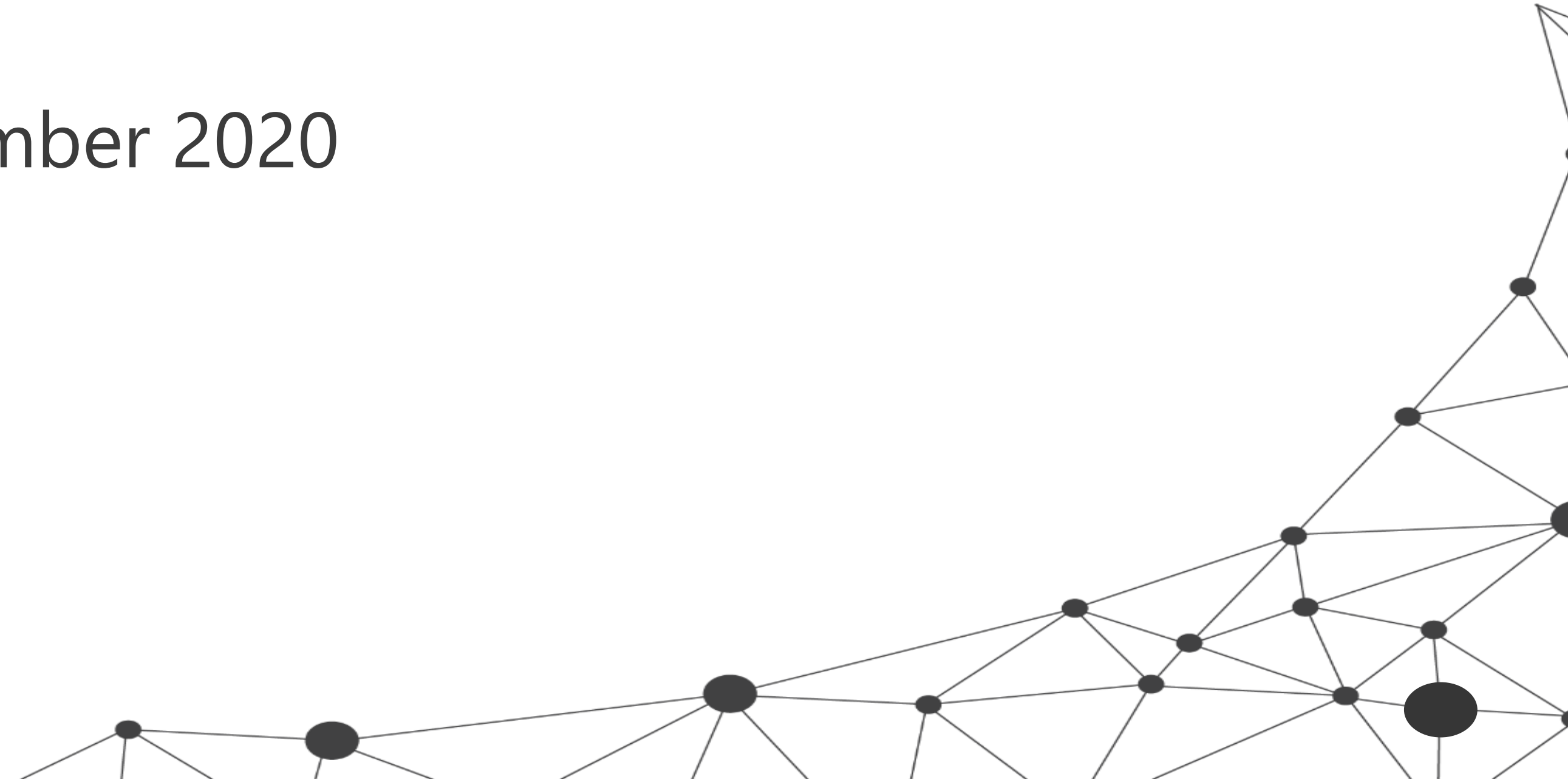
Municipal Response to **COVID-19**

NOV - DEC
23rd 3rd

Welcome to Connective Cities

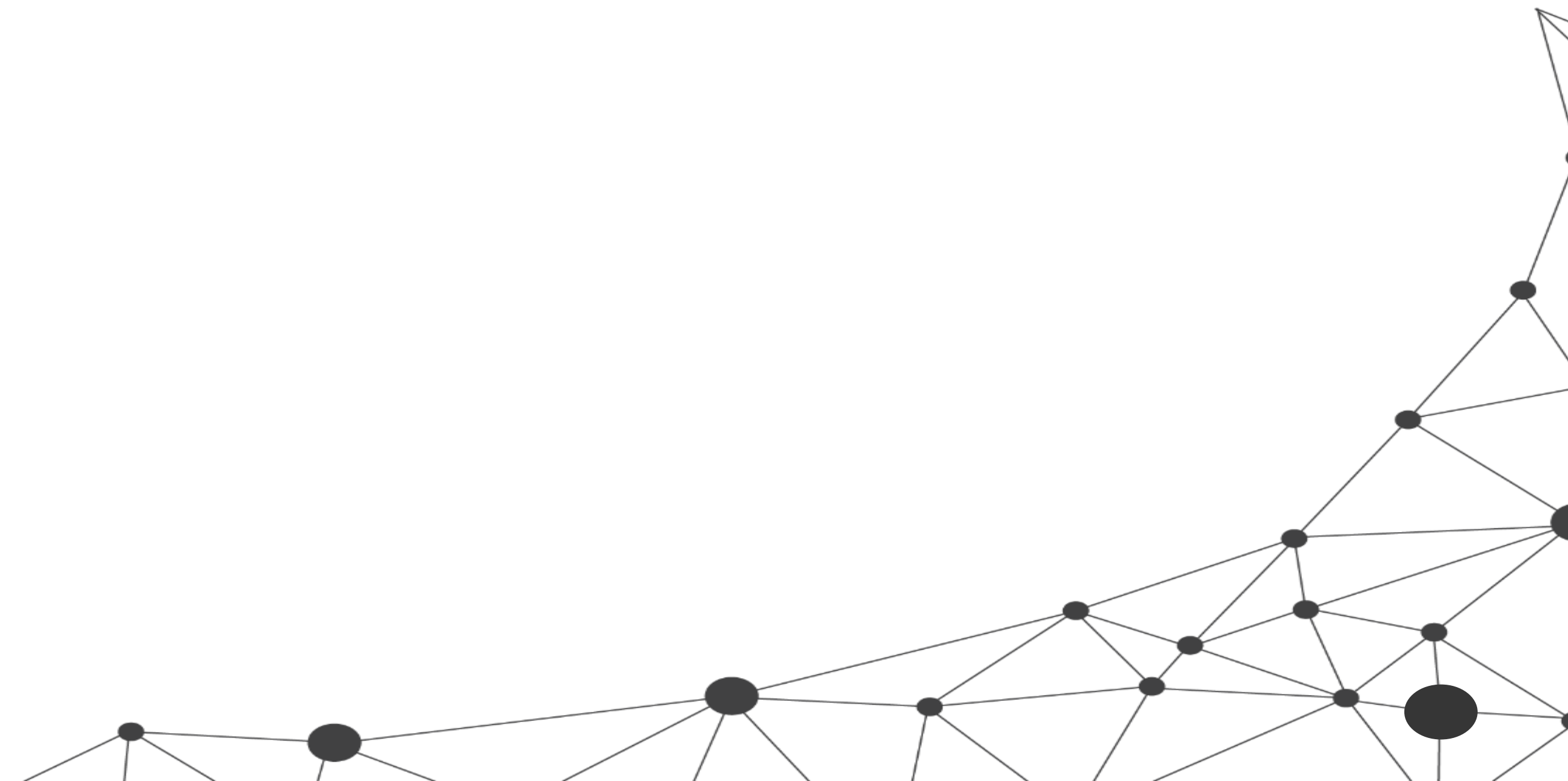
Day 2 “Public Health & Crises Management”

24 November 2020



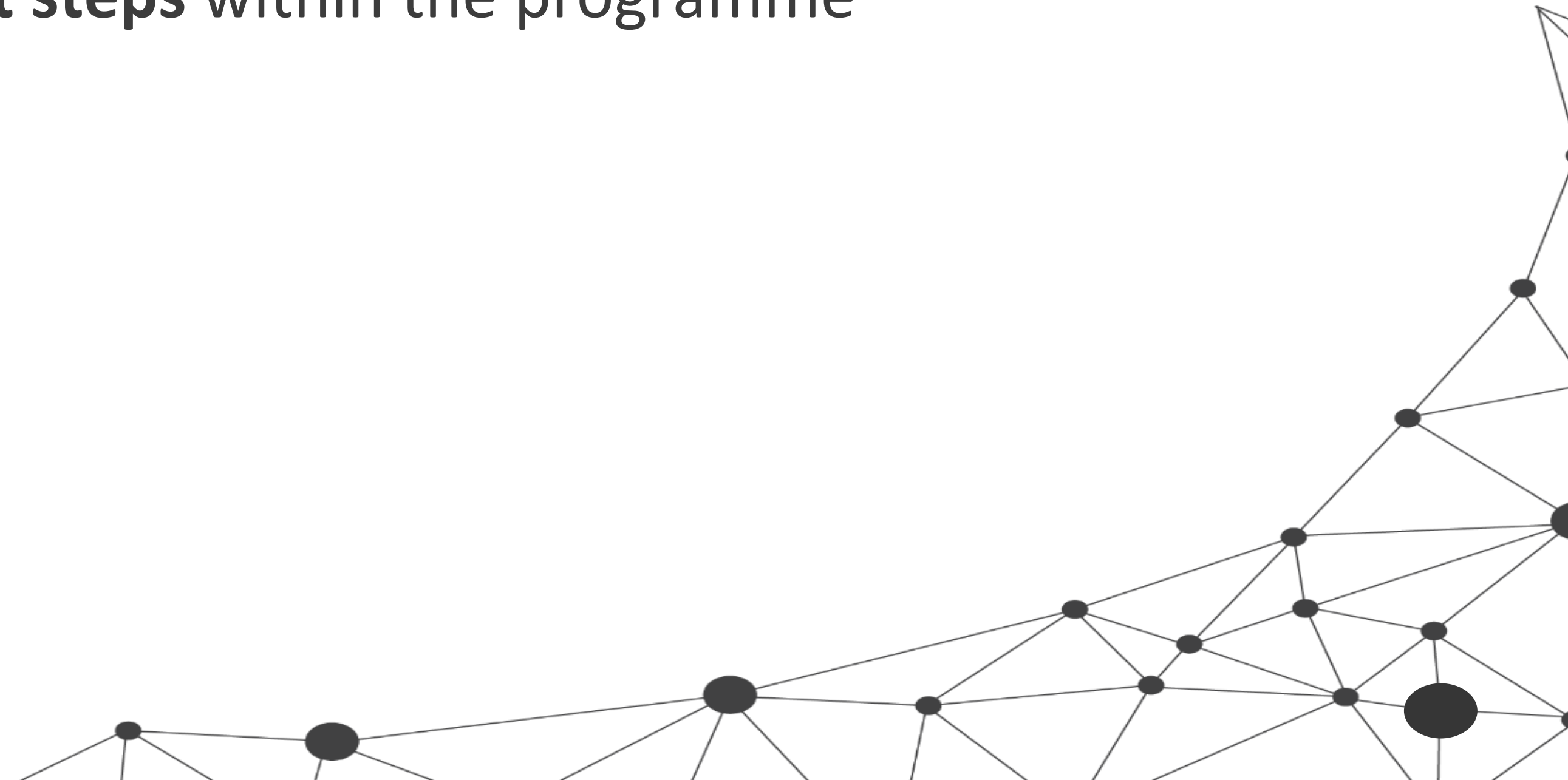
Agenda of the day

Tuesday, 24 th Nov	Public Health & Crisis Management	08:30 – 10:30	Infection Chains & Mobile Testing
		11:00 – 13:00	Crisis Management and Urban Public Services
		16:30 – 18:30	Decision making and communication in crises situations



Workshop objectives for today

- Provide an **overview** concerning public health good practices and crises management during the pandemic
- To share **ideas and good practices** on municipal projects
- To inform about possible **next steps** within the programme
Connective Cities

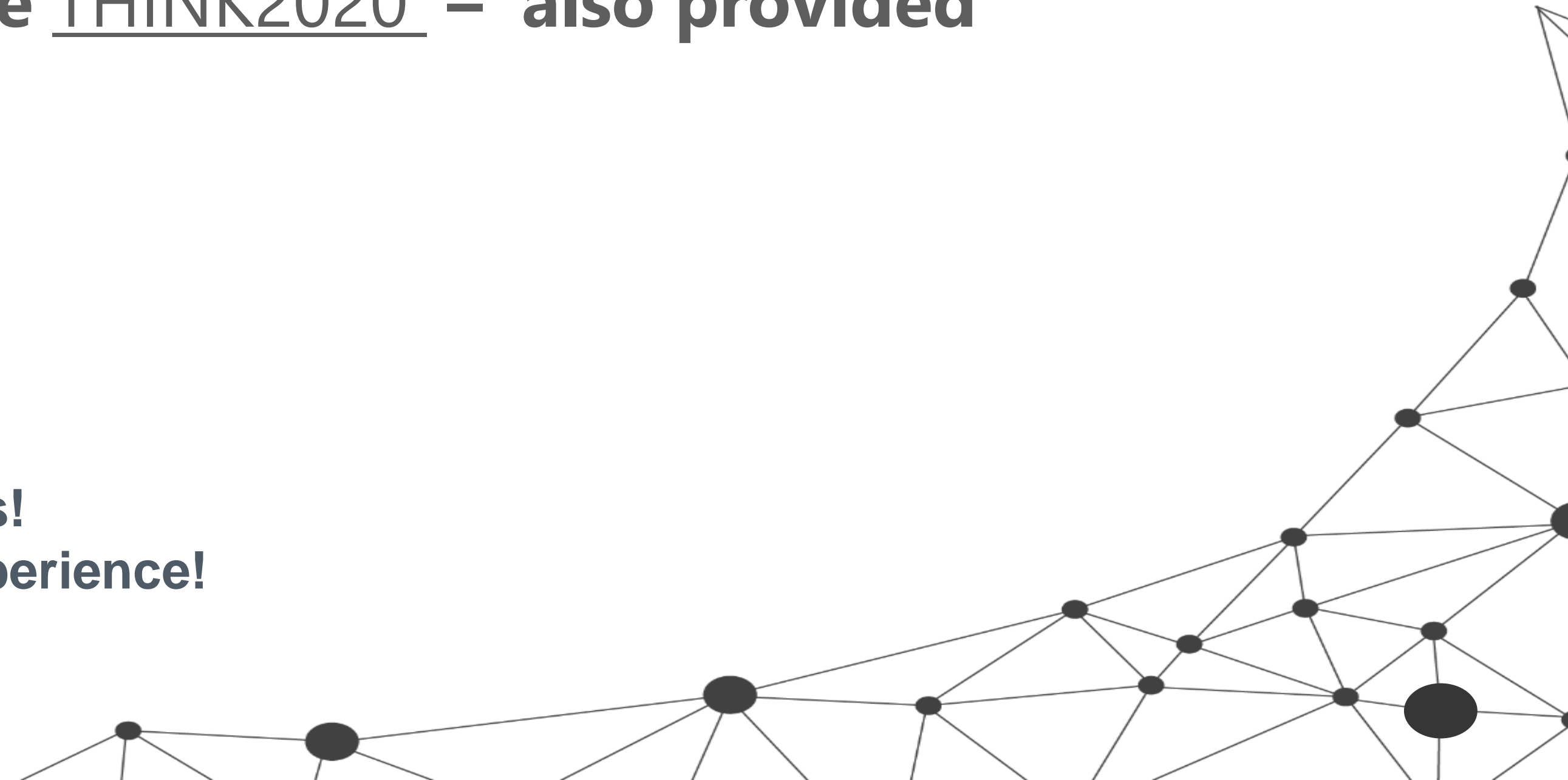


Housekeeping rules

For the next webinars:

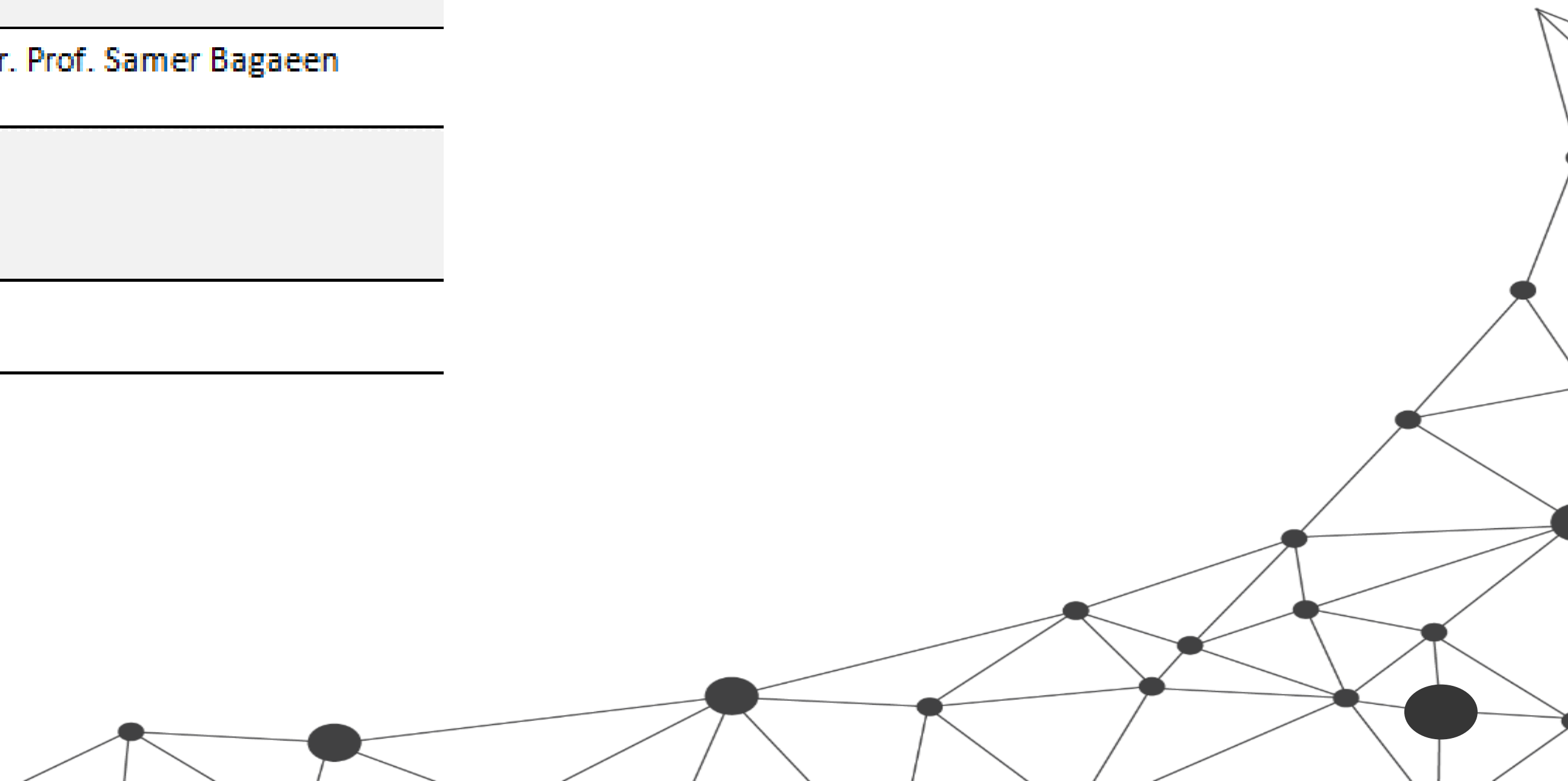
1. **Show up on time.** The BBB will be open 15 minutes upfront.
2. **Turn off your webcam** during the presentation.
3. **Mute yourself** when you are not speaking to avoid disturbances.
Please use the **chat function** for your questions and comments.
4. **For translation, please use the translation-link**
<https://app.interactio.io> and the code THINK2020 – also provided via chat.

Would you like to add a new rule? Reach out to us!
We are in this together to co-create a pleasant experience!



Agenda: Session 1

Time	Agenda	Speaker	
Tuesday, November 24th,			
08:15 - 08:30	Registration and system check		
08:30 - 08:45	Welcome and check-in	Moderator	
08:45 – 09:15	Good practice 1 and Q&A Taiyuan, Shanxi	Dr. Wang Jun	
09:15 – 09:45	Good practice 2 and Q&A Wuhan	Dr. Wang Fei	
09:45 – 10:15	Good practice 3 and Q&A	Cllr. Prof. Samer Bagaeen	
10:15	transferring learnings from the crisis (Challenges and chances for cooperation) Discussion (10 min)		
10:20– 10:30	Closing and next steps		

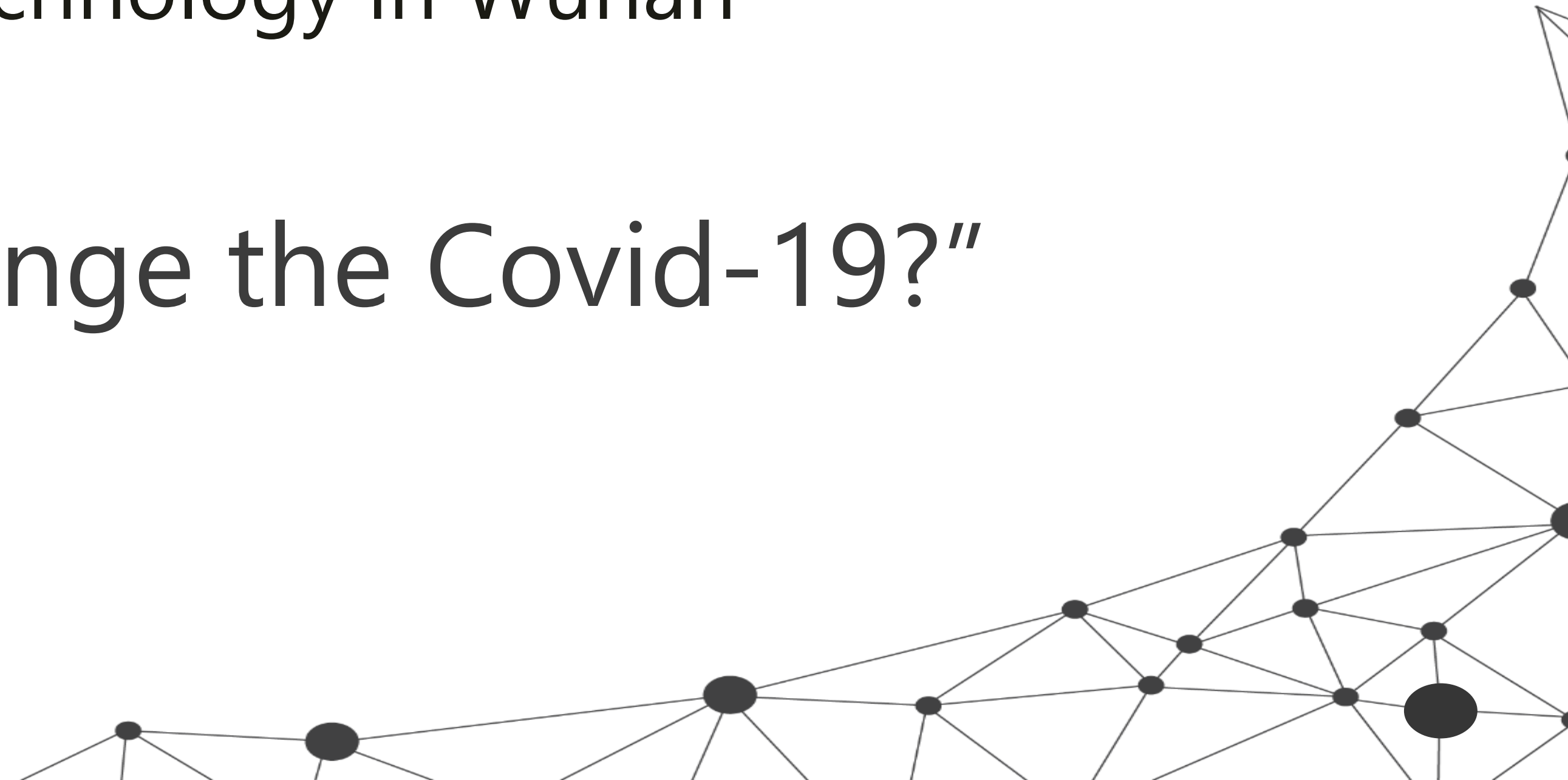


Good Practice 1

Dr. Wang Jun

Tongji Medical College of Huazhong University
Of Science and Technology in Wuhan

“How do we challenge the Covid-19?”





The background features a blurred image of a doctor in a white coat with a stethoscope. Overlaid on this are several medical-themed graphics: a large blue cross with the word 'MEDICAL' below it, a blue pill, a blue silhouette of a person with a cross on their chest, and a blue globe with the word 'MEDICAL' below it. There are also circular progress indicators and a world map with location pins in the bottom right corner.

How do we challenge the Covid-19?

Jun Wang

「Content」➡

1

The situation & experiences all over the world

2

Challenges

3

Medical policies from government

4

The experiences of hospitals

5

Thoughts on the post epidemic Era

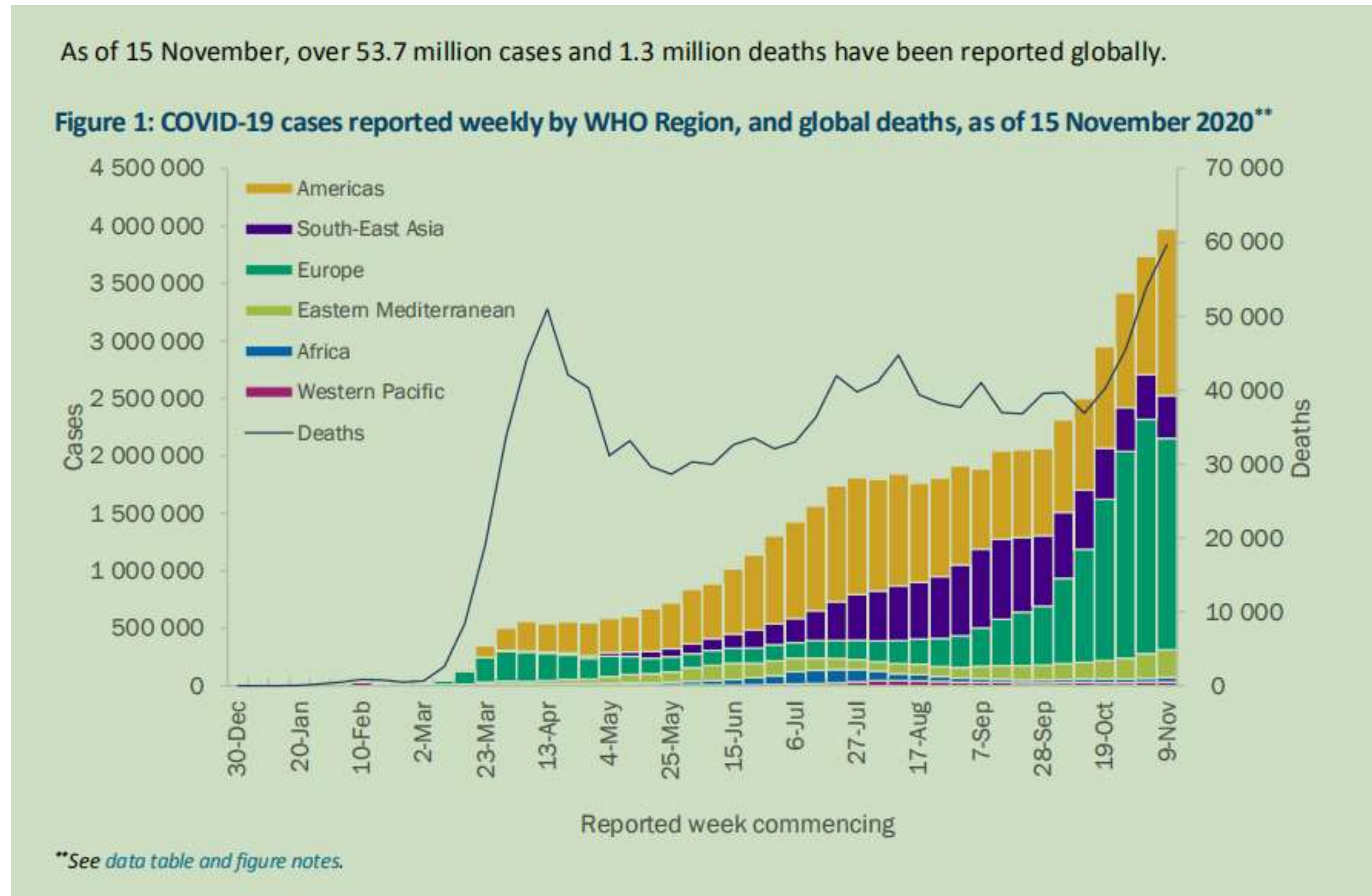
The situation all over the world

Still increasing!



Globally, as of 3:33pm CET, 17 November 2020, there have been **54771888 confirmed cases** of COVID-19, including **1324249 deaths**, reported to WHO.

Dashboard from WHO website



COVID-19 Weekly Epidemiological Update
Data as received by WHO from national authorities, as of 15 November 2020, 10 am CEST

The experience all over the world

Germany

Permanent Establishment: Permanent Working Group (STAKOB) on "Competence and Treatment Centre for Severe Infectious Diseases ", Robert Koch Institute

Uniform distribution: 7 treatment centres are evenly distributed throughout Germany

Unified management: regular training of personnel, uniform quality standards



Figure from the Robert Koch Institute (RKI) official website

The experience all over the world

America

Led by the Department of health and public services, the **army and the people are integrated**

U.S. public health service officer corps: more than 200 years' history, 6800 staff.

Rapid response: Level 1 rapid deployment troops, in place in 12 hours



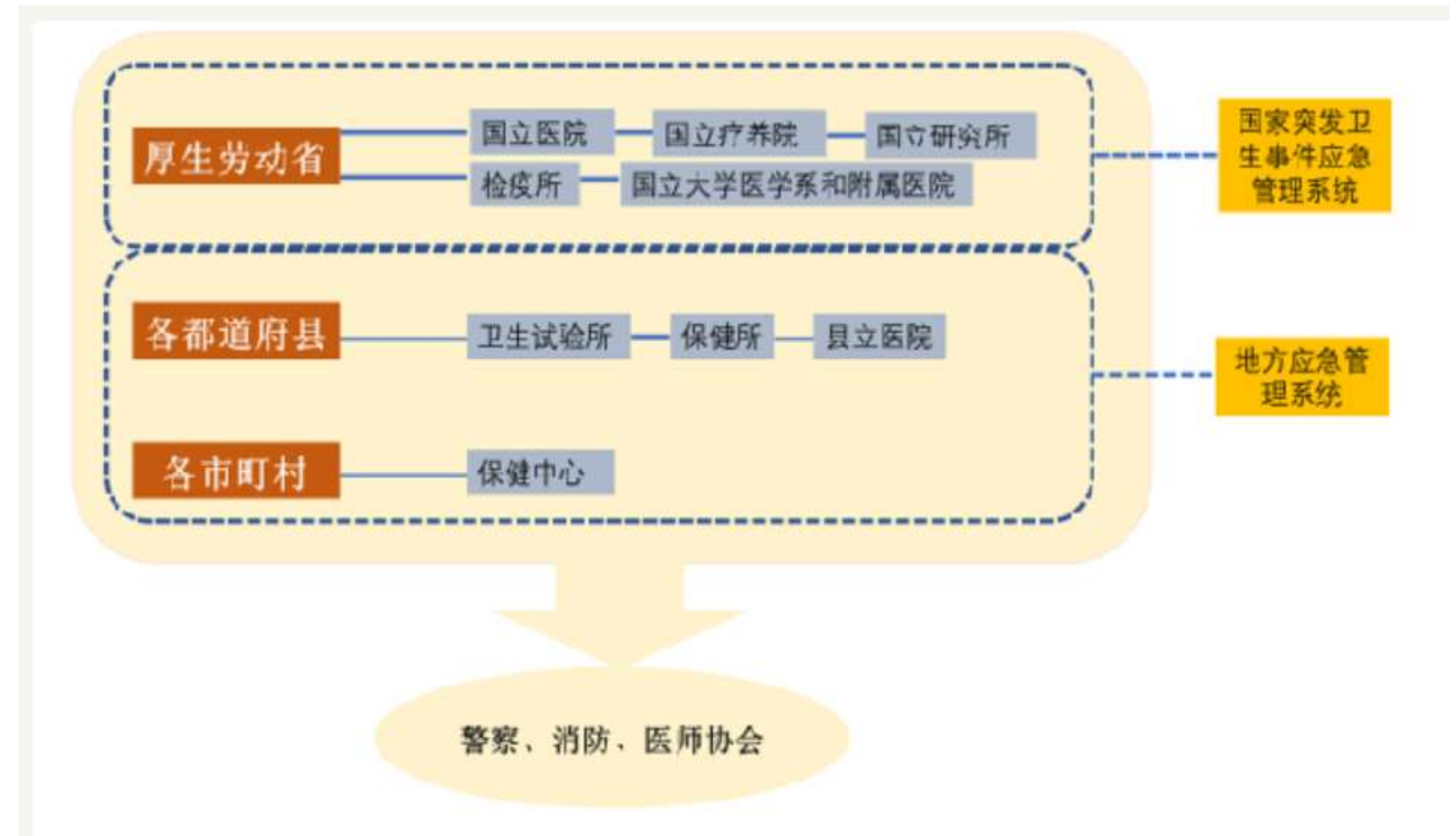
The experience all over the world

Japan

Attach importance to legislation: Basic Law on Disaster Response, Basic Plan for Disaster Prevention and other complete legal system guarantee

Education for All: Self-help, co-help and public assistance with the participation of individuals, communities, businesses, non-profit organizations and Governments

Information-sharing: Establishment of disaster information centres, information-sharing between central and local governments, private enterprises and organizations



Japanese public health emergency network

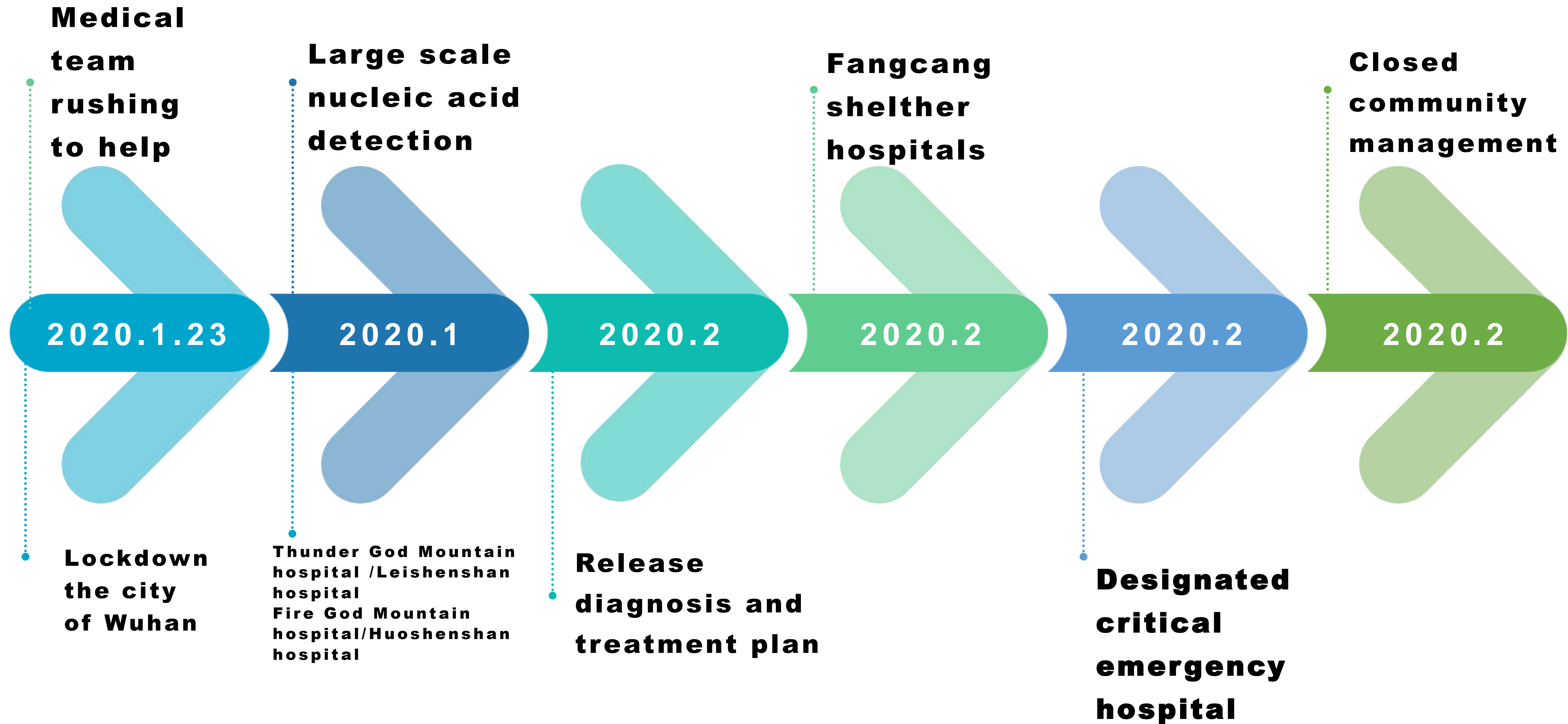
Challenge

At the beginning.....

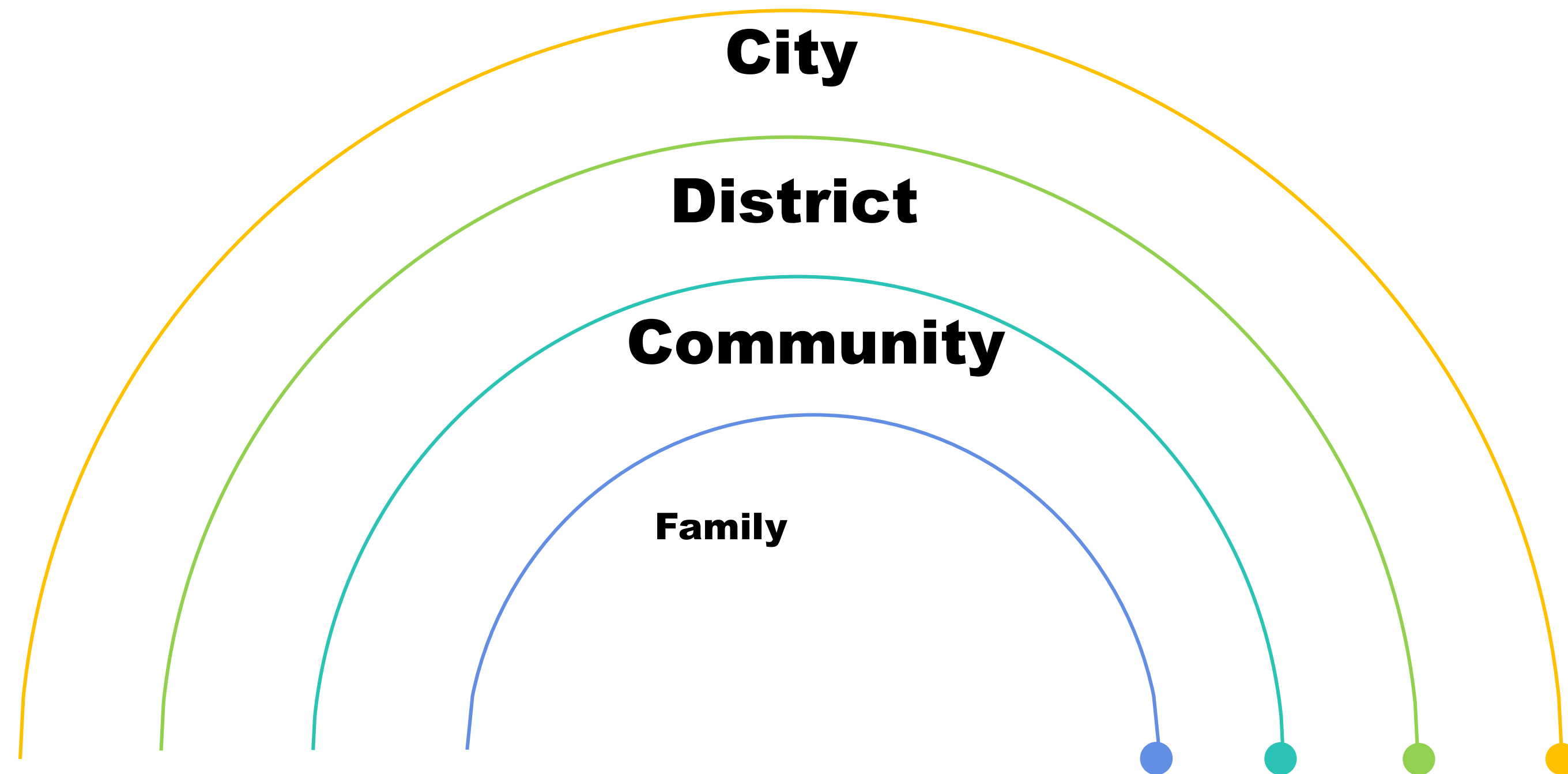
- 1 We don't have enough medical supplies.**
- 2 We don't have enough doctors and nurses.**
- 3 We don't have enough beds.**
- 4 We don't know exactly the therapeutic method.**



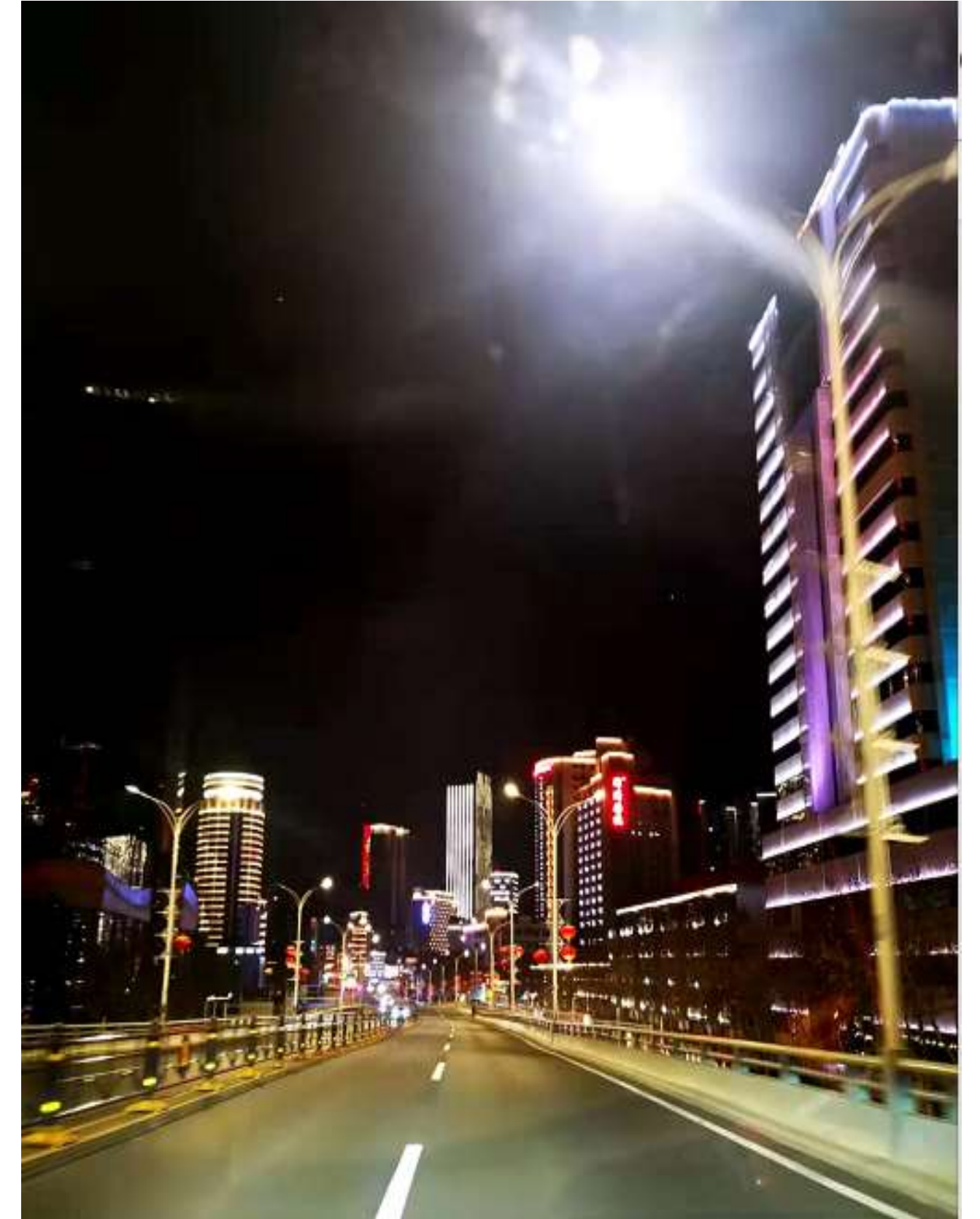
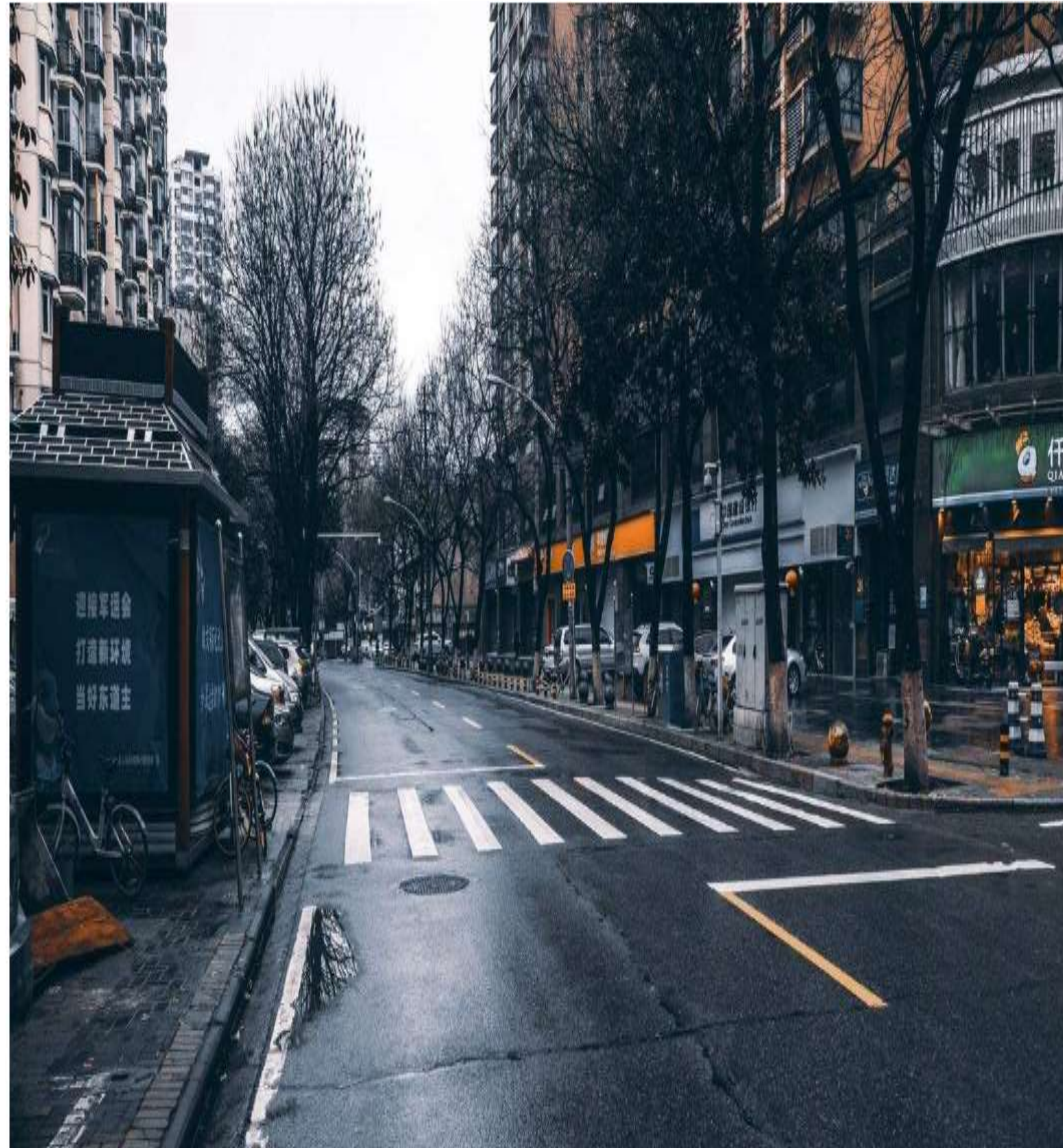
Policy Node



Isolate and block the infection chain



Lockdown City--Wuhan



Closed community management



Medical team rushing to help



Fangcang shelter hospitals



Fangcang shelter hospitals



Basic function 1: isolation

Basic function 2: triage

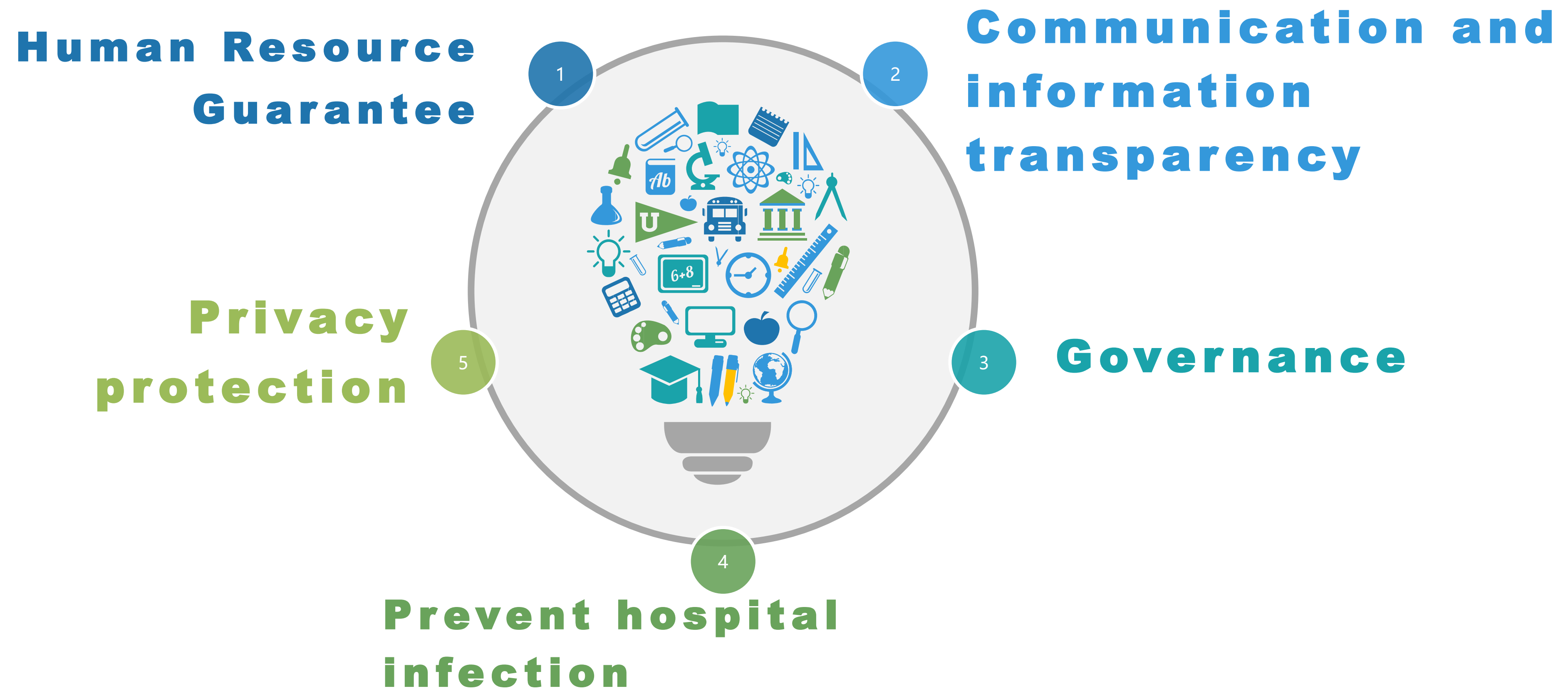
Basic function 3: basic medical care

Basic function 4: condition monitoring and rapid referral

Basic function 5: guarantee basic life and social participation

Fangcang shelter hospitals

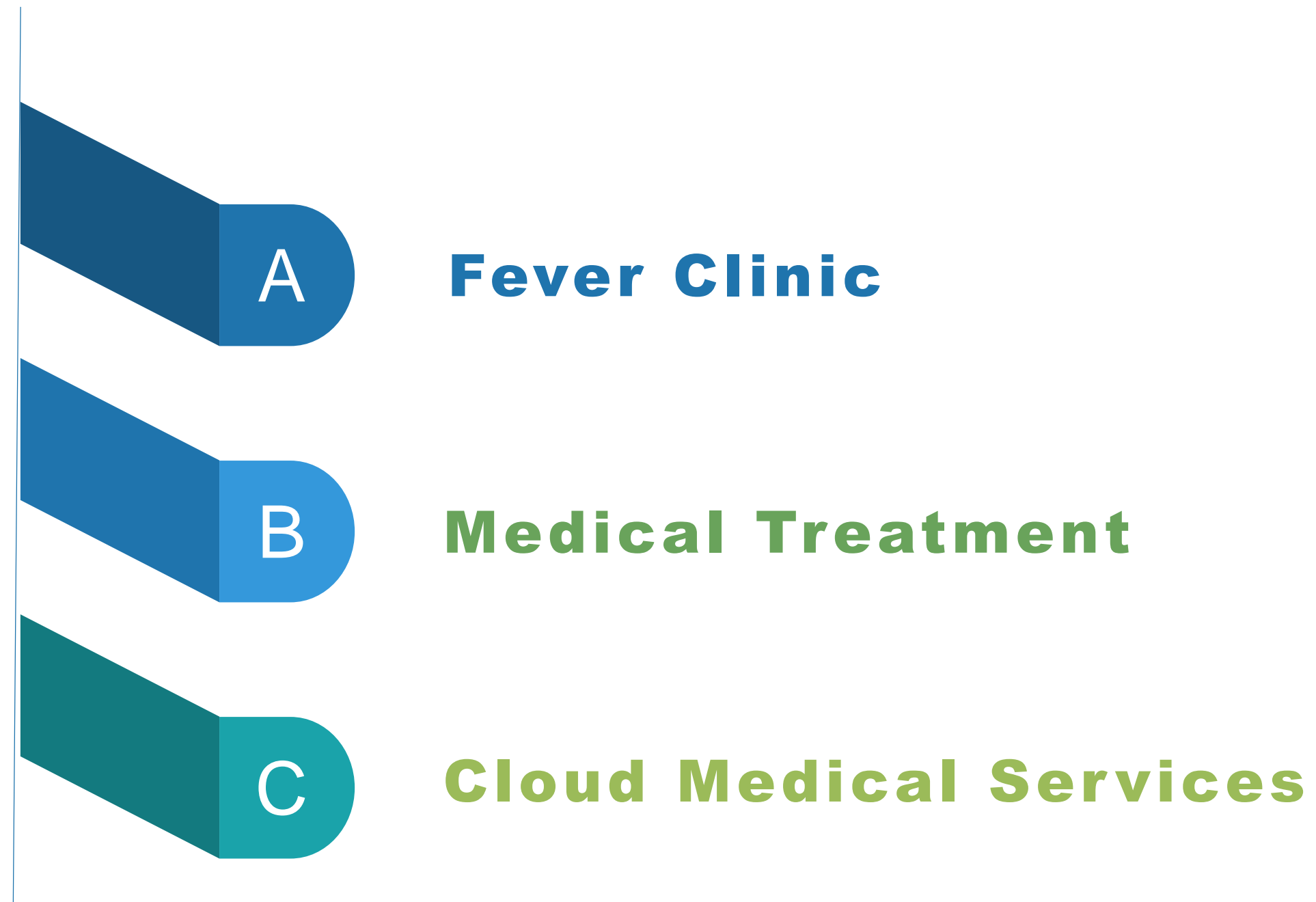
Key to the healthy operation of shelter hospital



Then we have...



Experiences of hospitals

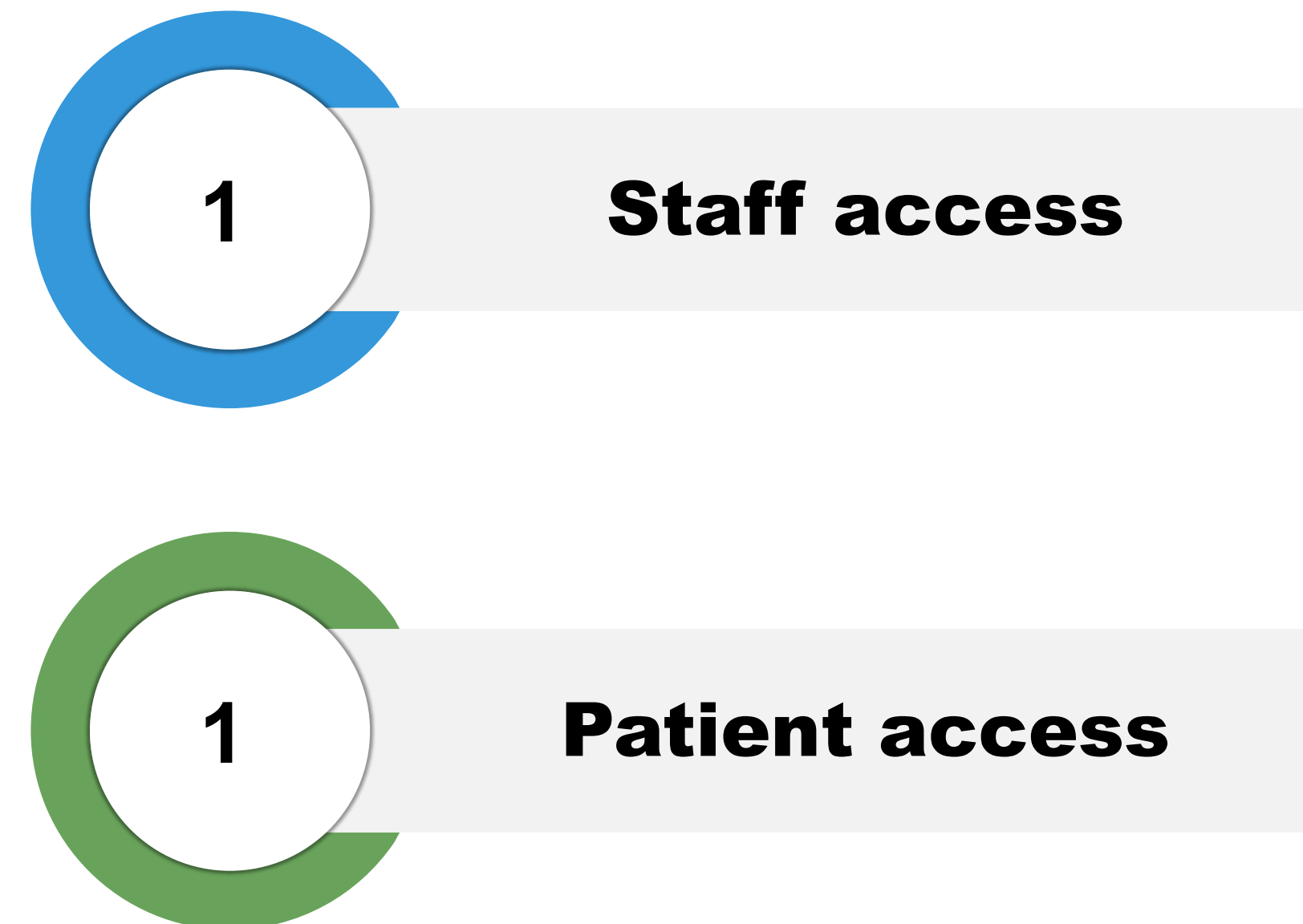


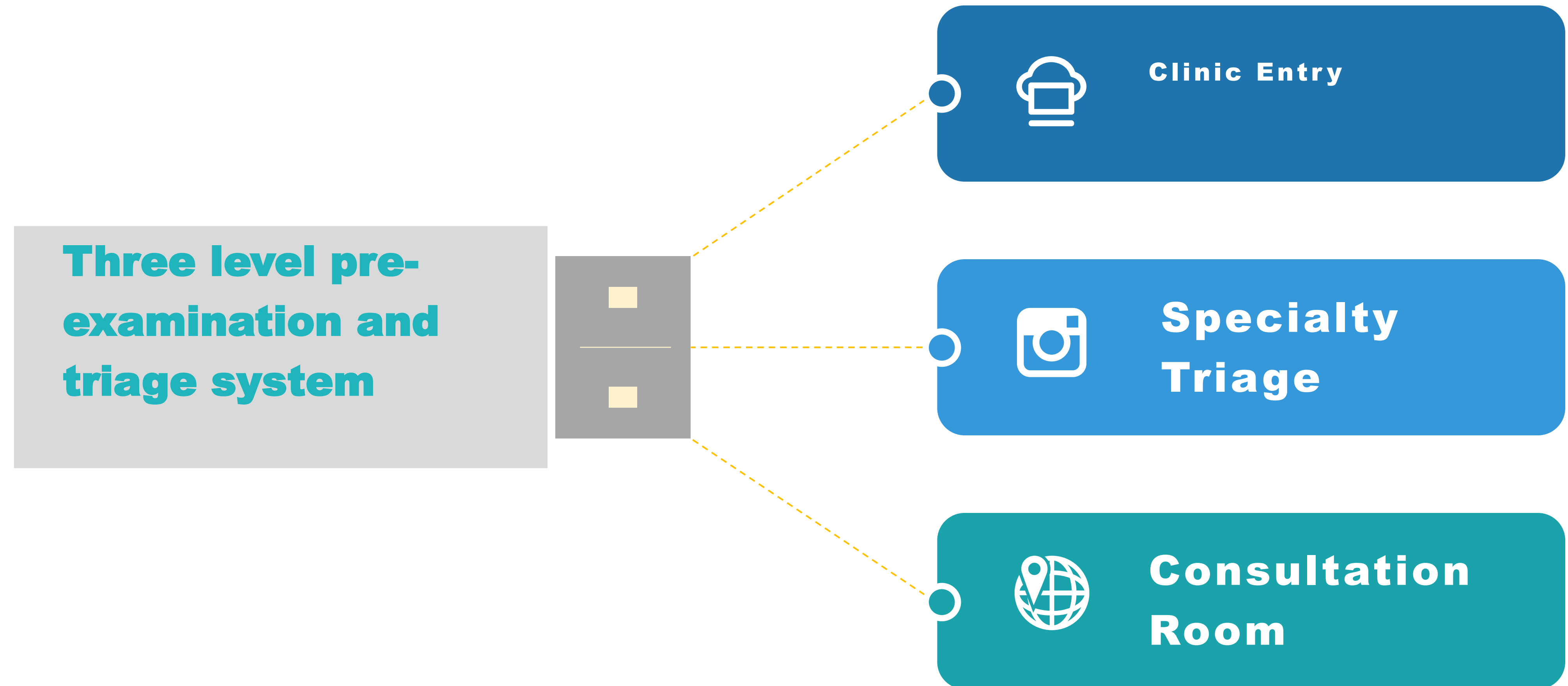
> Fever Clinic--Three zones and two accesses

Three Zones



Two accesses

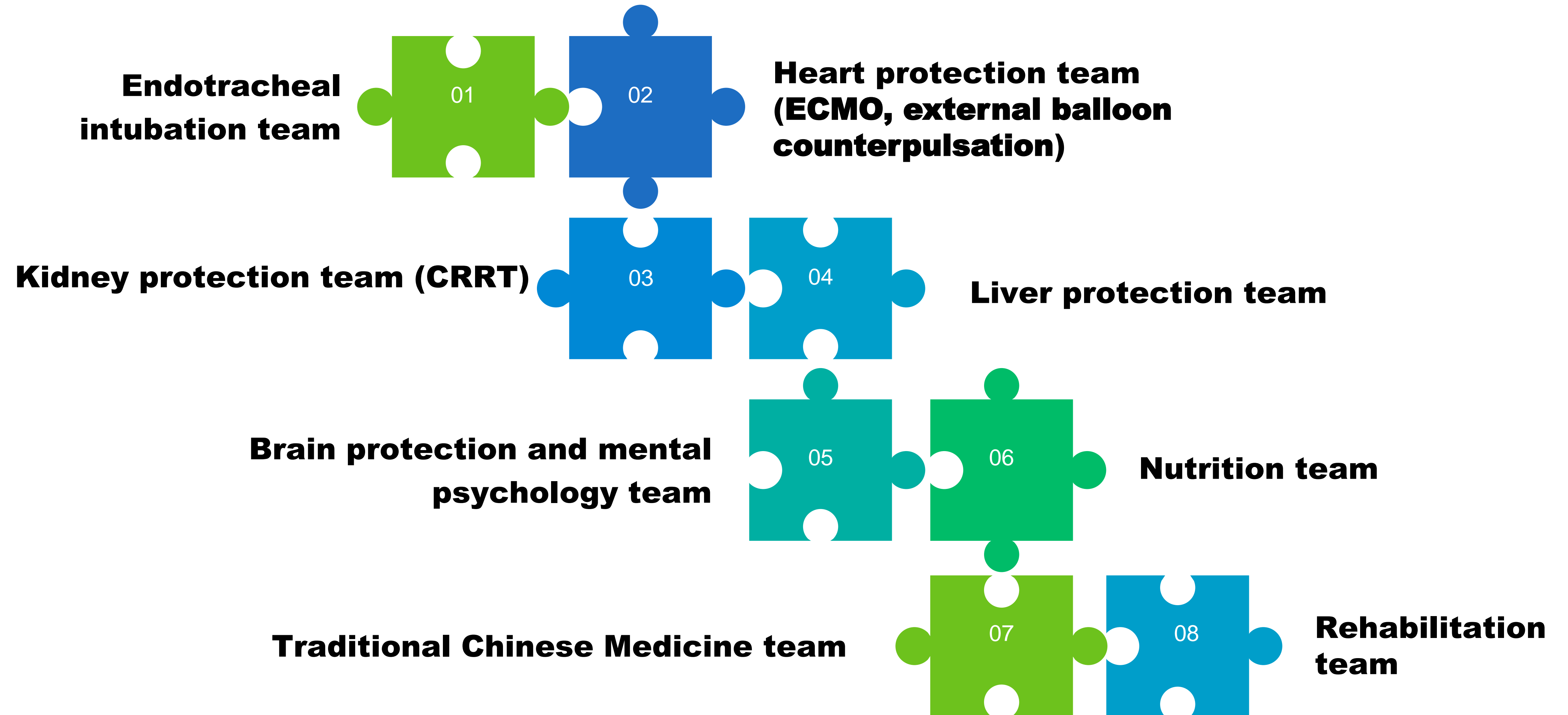




> Medical Treatment --Precise strategy



> Multi-disciplinary cooperation



➤ **Medical Treatment --Standard**

- **Diagnosis and protection standard**
- **Quality control standard and management process**

BY

Department of infection management

Department of respiratory and critical care medicine

Department of critical care medicine

Department of pathology

Department of blood transfusion

Department of clinical nutrition

...

> Innovative services--Cloud Medical Services

By means of the Internet, AI, Internet of Objects and other technological innovation applications, hospitals provide online consultation, online health assessment, psychological counseling, medical guidance and other cloud medical and health services for people during the period of epidemic prevention and control.

Cloud Clinic

Medicine mailing



Picture consultation
Video consultation

**Check document
online**

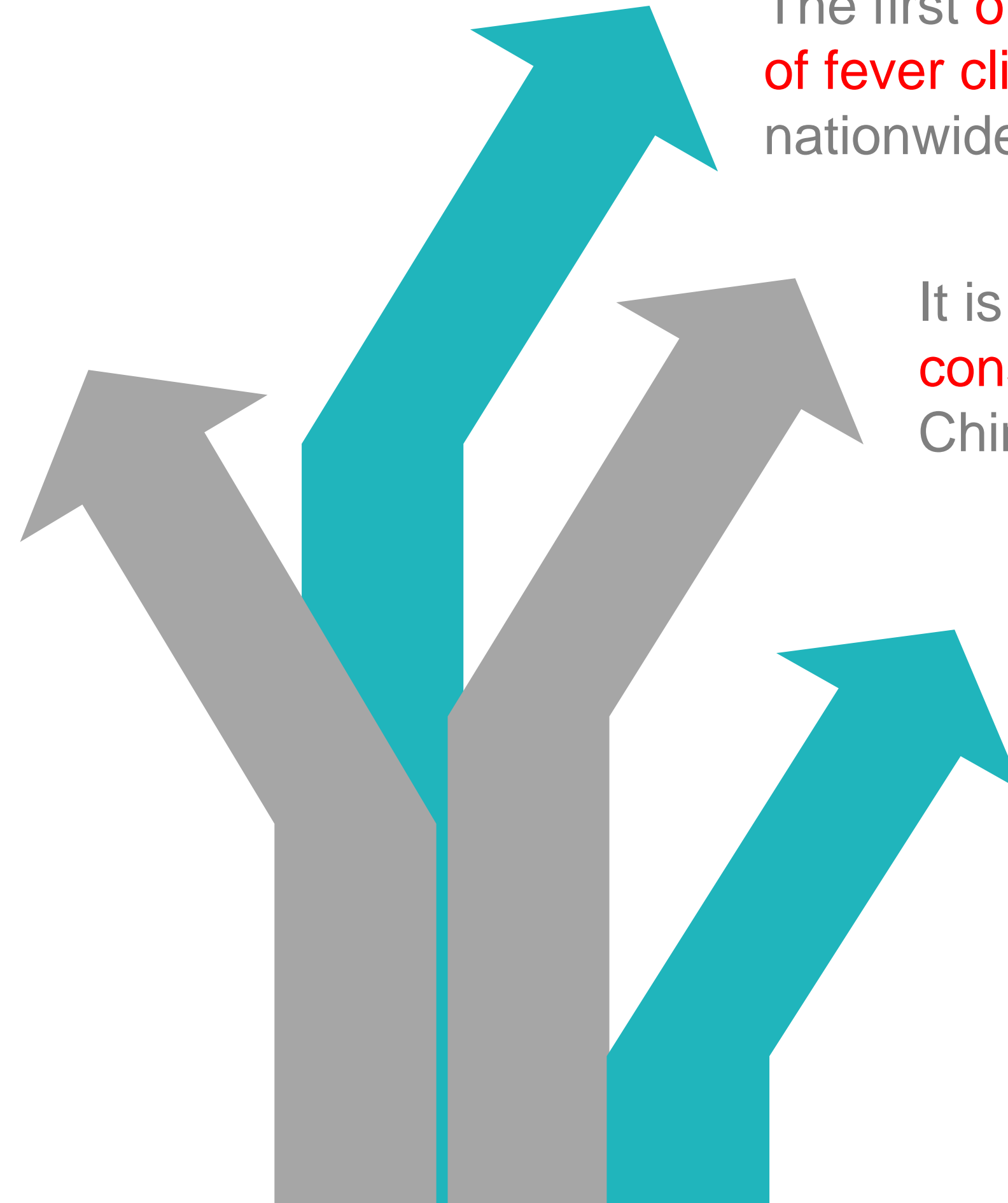
> Cloud Medical Services

Hospital cloud medical services have served nearly 240,000 people for **free**, including nearly 90,000 fever patients.

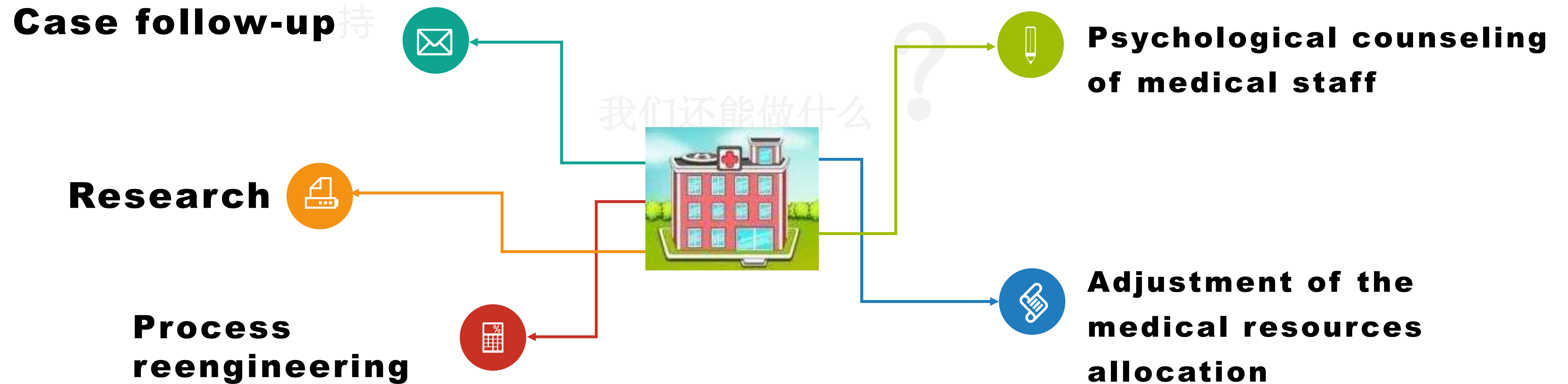
The first **online inquiry and consultation of fever clinic** has been opened nationwide(Jan.24th,2020)

It is the first to open **online video consultation** in China(Feb.14th,2020)

Take the lead in spreading cloud **Science Popularization**: The science popularization expert group compiled 12 pieces of science popularization with pictures and texts, which became the reassurance of the general public.



Thoughts on the post epidemic Era



Thoughts on the post epidemic Era

GOVERNMENT



01

Establish early warning and feedback mechanism of public health in peacetime and wartime

02

Establish medical emergency supply security system

03

**Set up a compound public health emergency team
(strengthen the team of general practitioners)**

04

Strengthen public health education and training

05

Establish National Public Health Event Data Network and Monitoring Indicators System

A photograph of a paved road stretching into the distance. A large white arrow is painted on the road surface, pointing towards the horizon. Below the arrow, the words "Time for Change" are painted in a large, white, sans-serif font. The road is flanked by green grass and shrubs under a clear sky.

Time for
Change



THANK YOU

Jun Wang
brendawj2006@163.com

Open dialogue & Q&A

Please share your key insights and your questions



Good Practice 2

Dr. Wang Fei

Associate Professor, Associate Chief Physician,
Associate Director of Cardiology Department in Shanxi
Cardiovascular Hospital

“COVID-19 epidemic prevention and
control in our hospital”

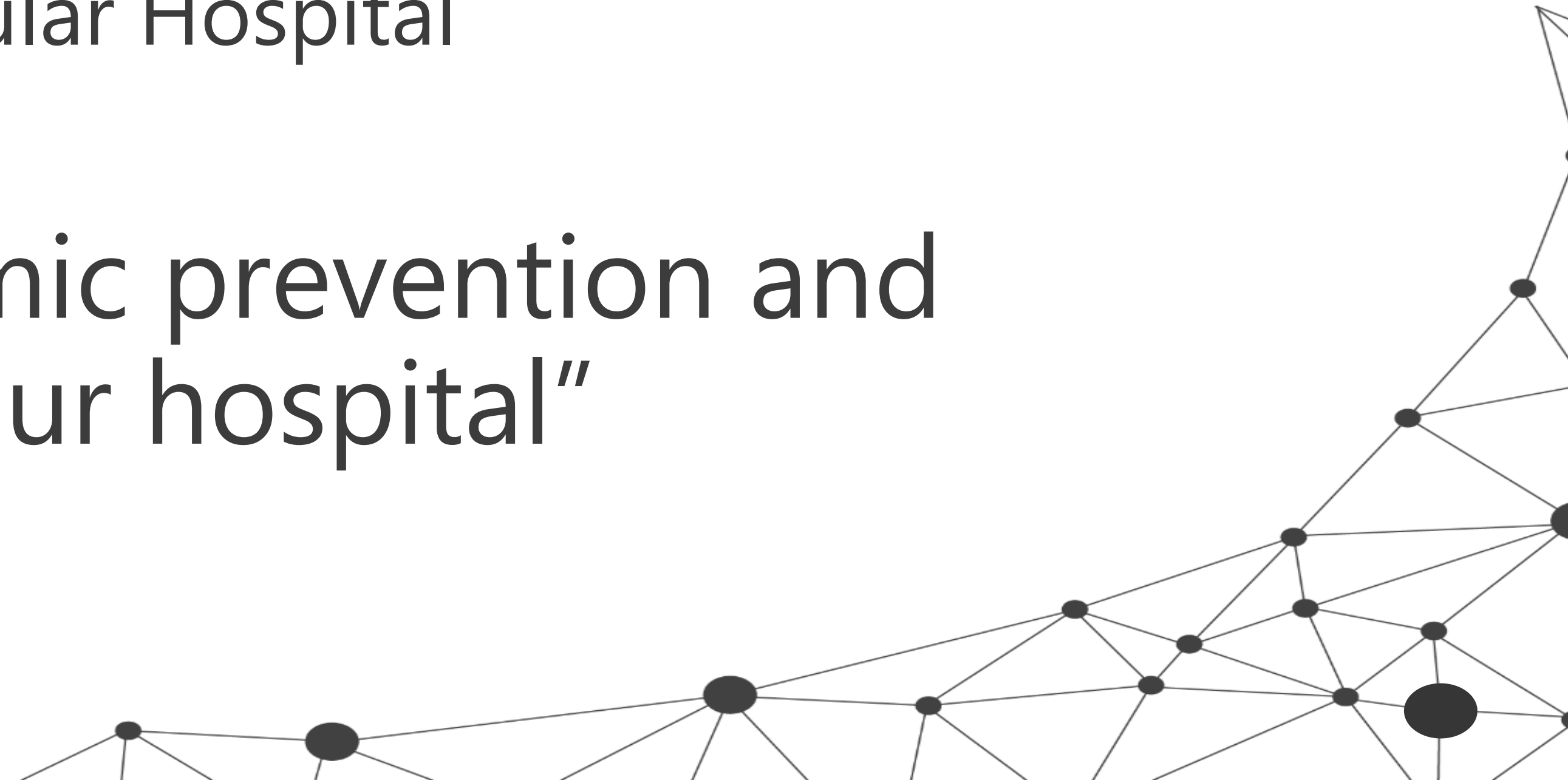




Table of Contents

- **COVID-19 epidemic prevention and control in our hospital**
- **Restoration of normal medical order**



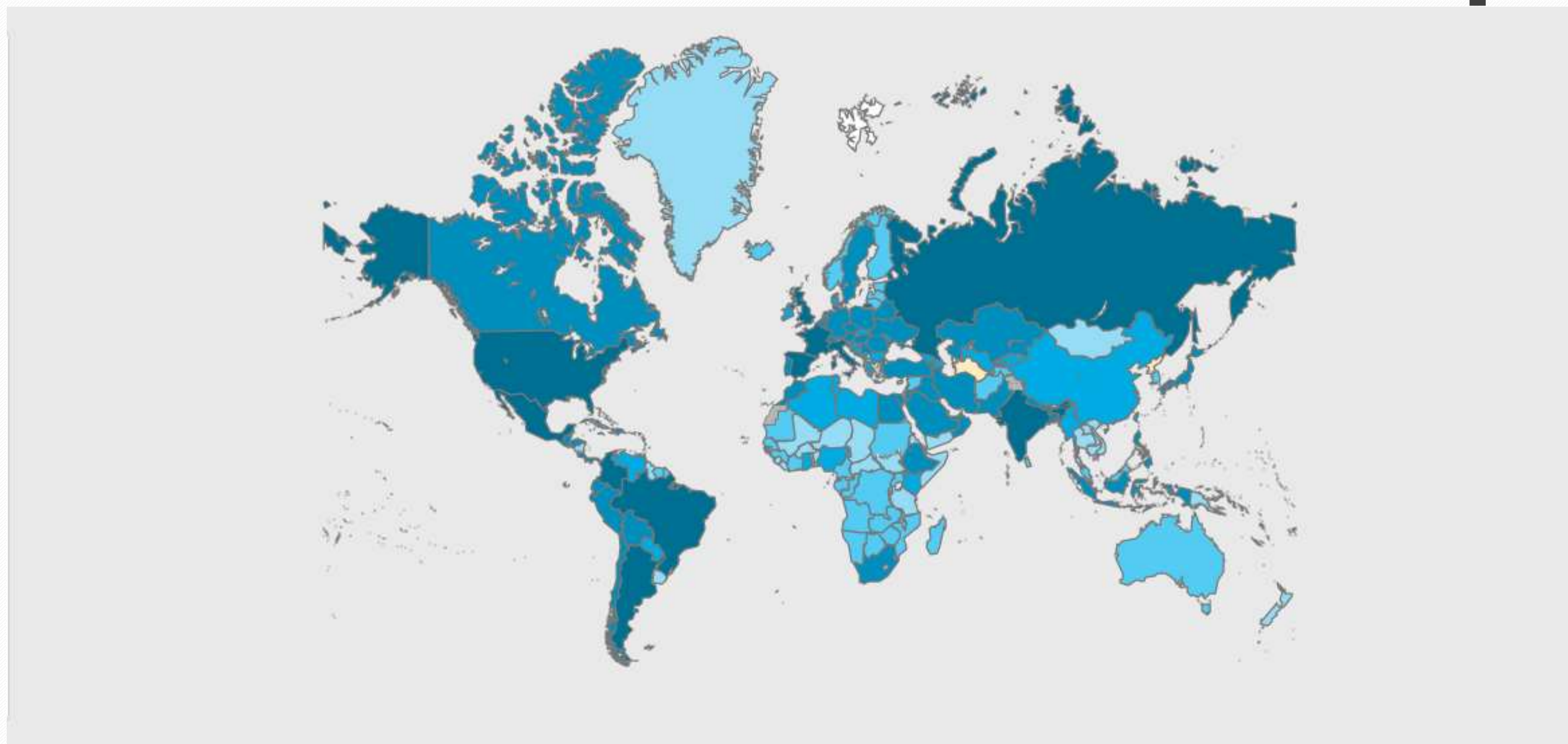
山西省心血管病医院
SHANXI CARDIOVASCULAR HOSPITAL

A Brief Report on COVID-19 Epidemic Prevention and Control in Shanxi Cardiovascular Hospital

Wang Fei MD, PhD



COVID-19 Global Pandemic Map



Globally, as of 2:59pm CET, 16 November 2020, there have been **54,301,156 confirmed cases** of COVID-19, including **1,316,994 deaths**, reported to WHO.

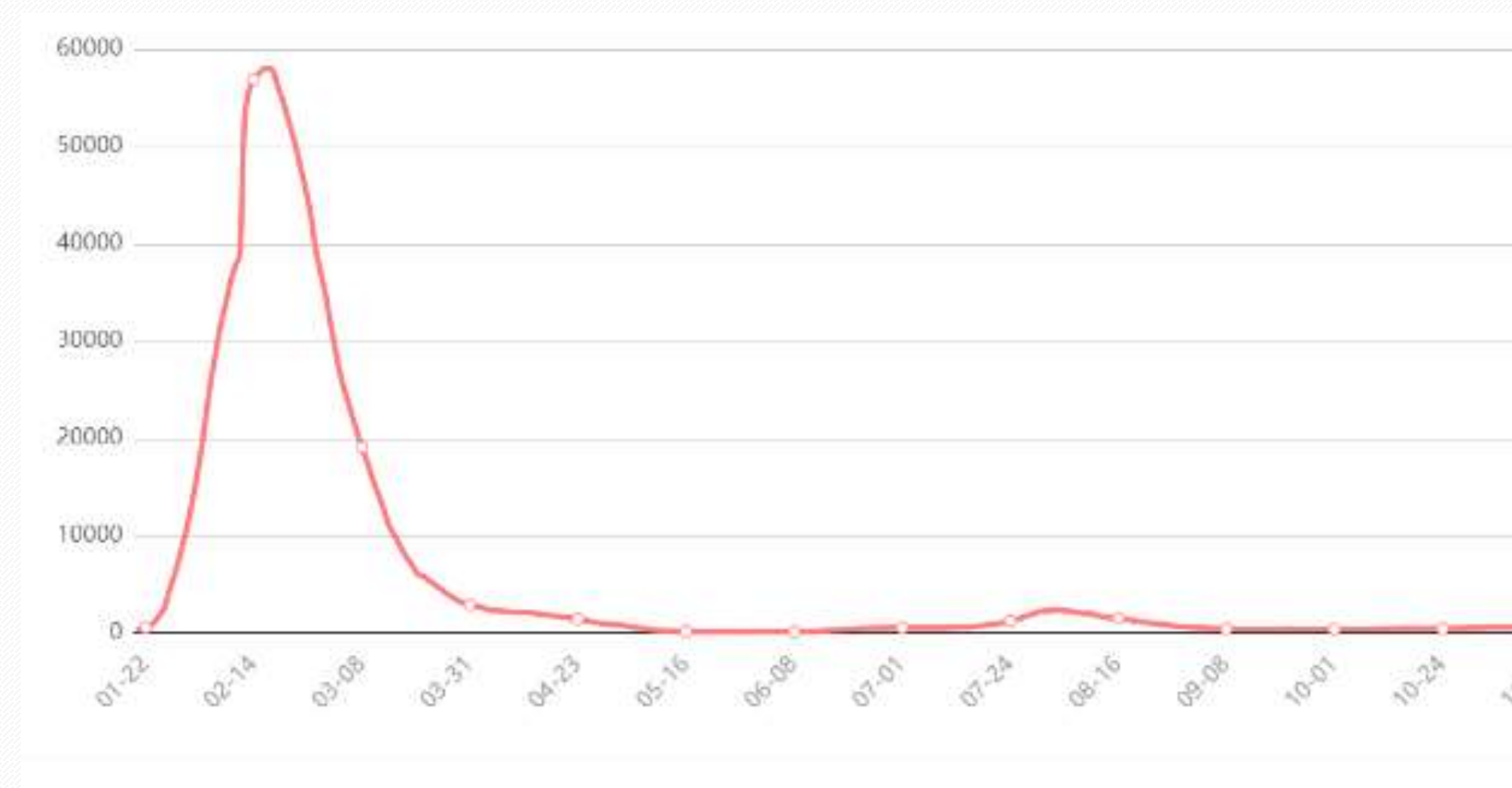
Source: World Health Organization



Trend Map of China's Epidemic



Cumulative **confirmed**/**cured**/ death cases in China

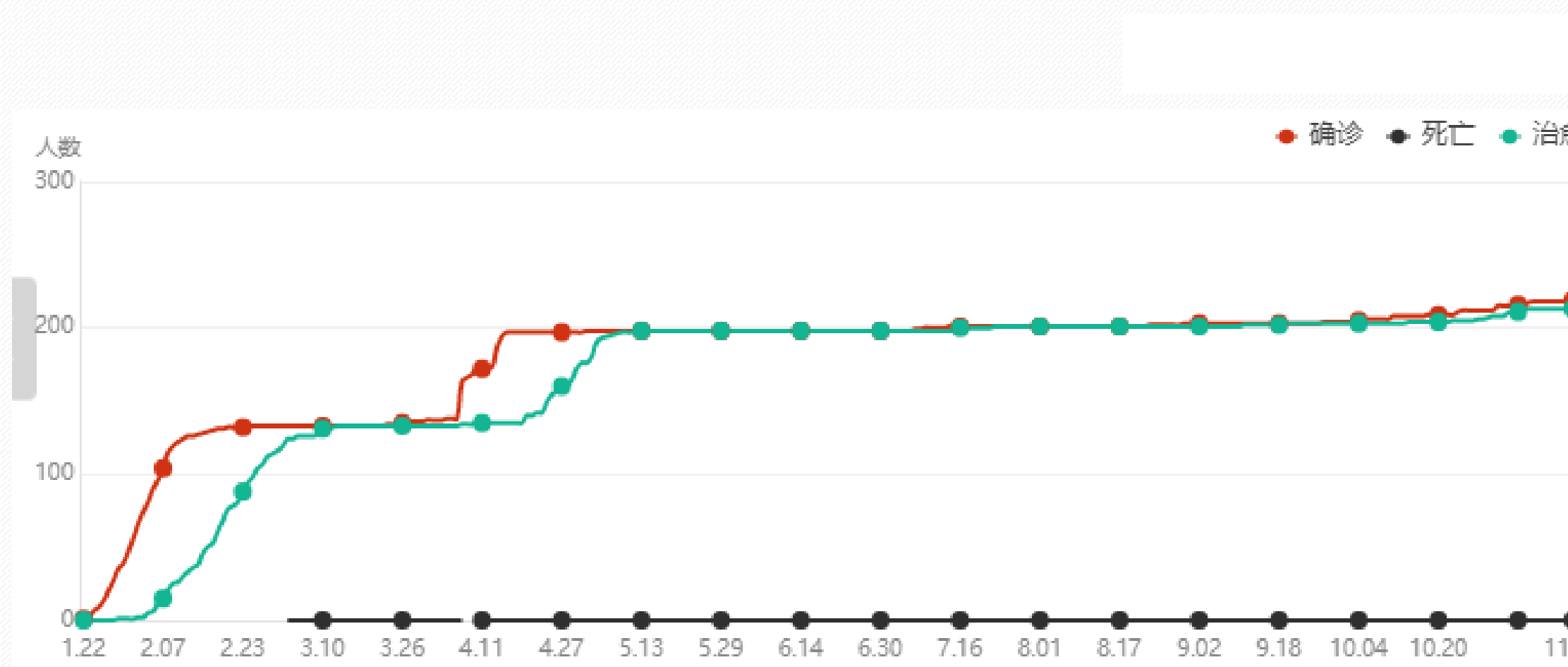


Trend map of **existing confirmed** cases nationwide

Data from Tencent



Epidemic Trend Map in Shanxi Province



Cumulative **confirmed**/**cured**/death cases in Shanxi Province

- Currently confirmed cases in the region are all imported cases from abroad
- “Zero infection” of medical staff in Shanxi Province
- “Zero death” for infected patients

Data from Tencent



山西省心血管病医院

SHANXI CARDIOVASCULAR HOSPITAL





Hospital Overview

- ✦ Established in 1980
- ✦ Shanxi Institute of Cardiovascular Disease
- ✦ Affiliated Hospital of Shanxi Medical University
- ✦ National Top 100 Demonstration Hospitals
- ✦ A tertiary specialty hospital integrating medical treatment, scientific research, teaching, prevention, health care, rehabilitation, and community service





Overall Epidemic Prevention and Control Strategy

Unified deployment

- ✓ High attention must be paid to unified deployment
- ✓ All departments coordinate and perform their duties to do a good job in prevention and control

Scientific prevention and control

- ✓ Correctly understand the epidemic is preventable, controllable and curable
- ✓ Avoid being insensitive, panic, fear of difficulties



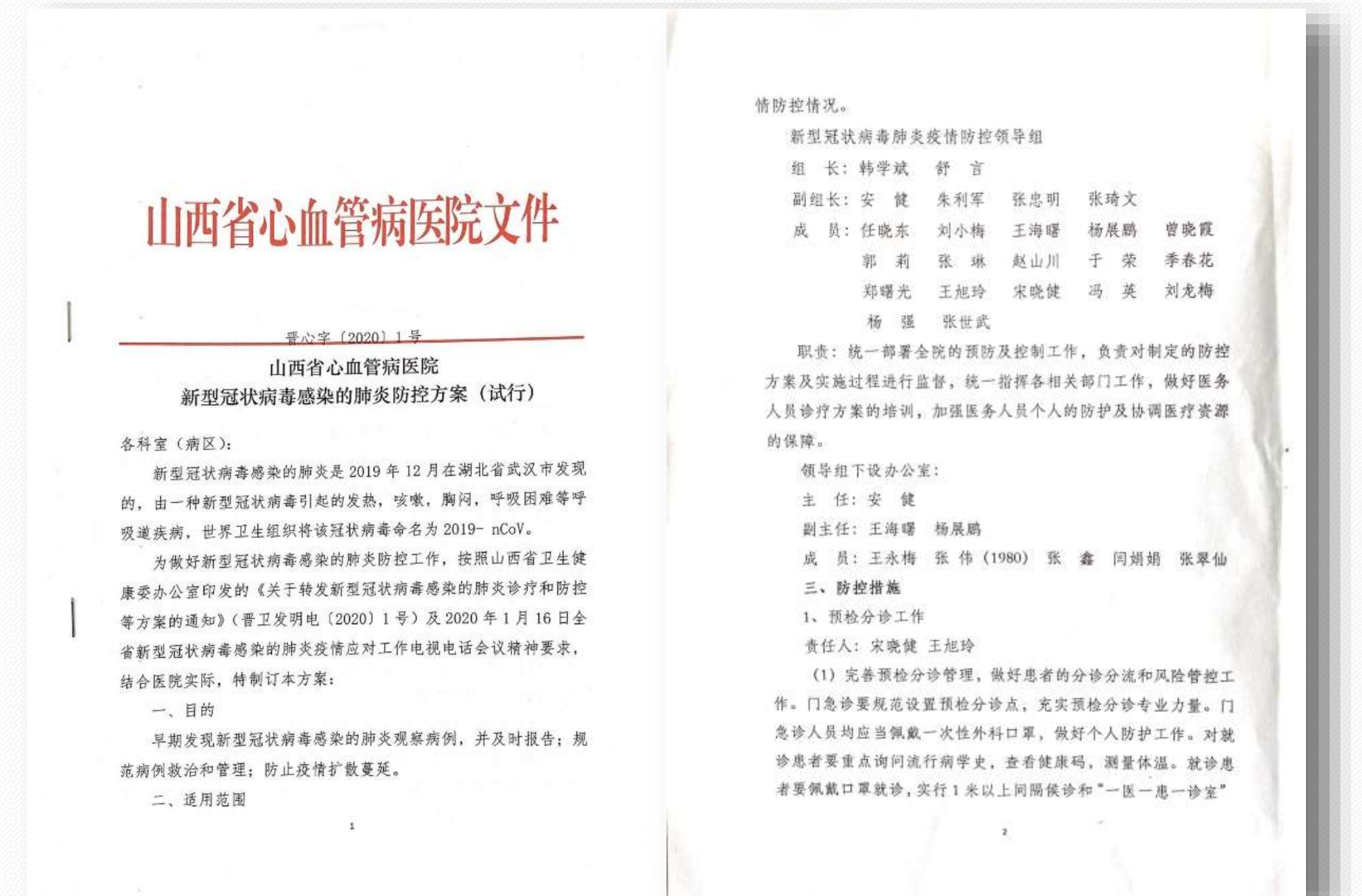


Overall Epidemic Prevention and Control Strategy

Establishment a leading group for COVID-19 epidemic prevention and control

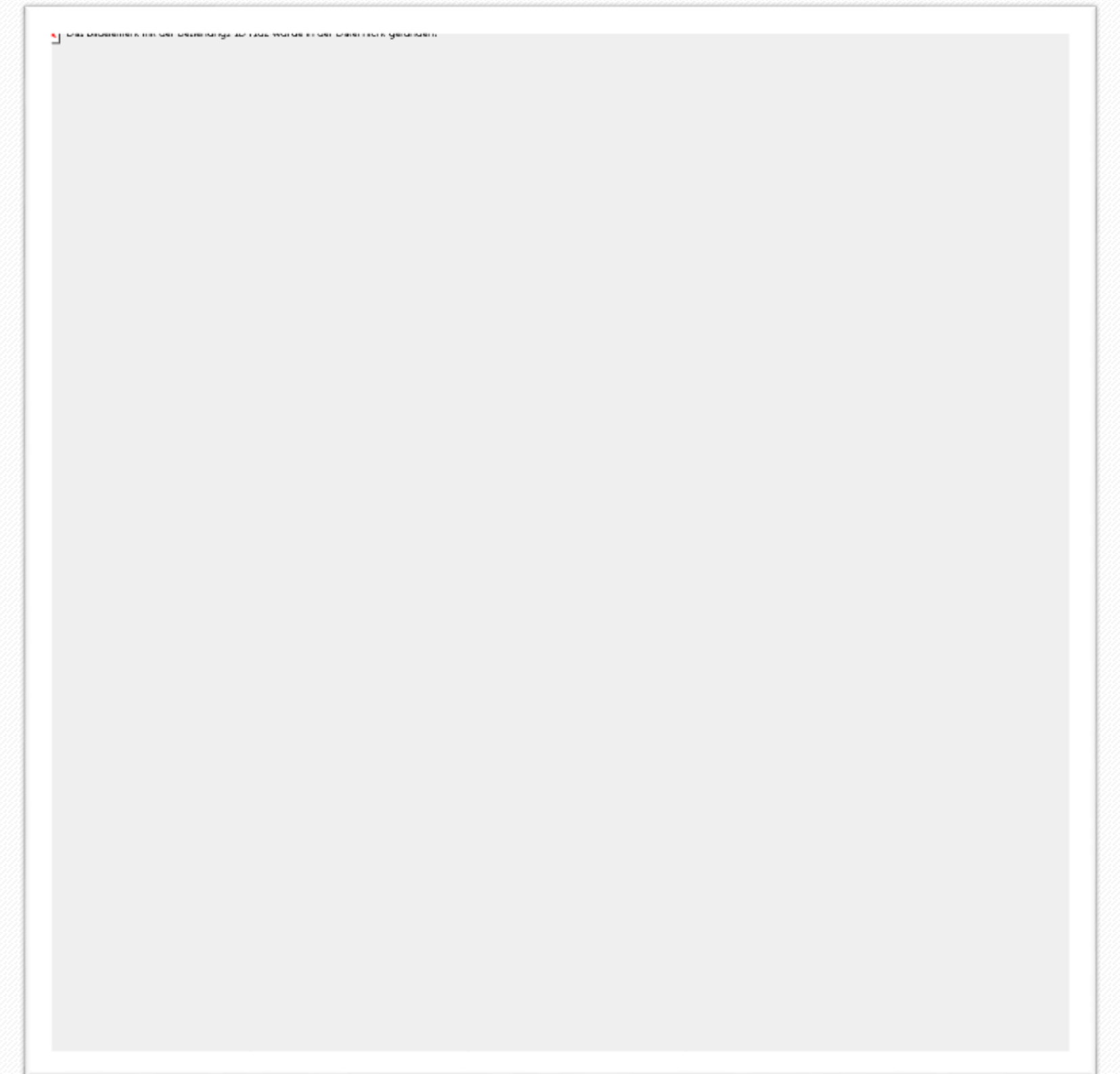
Director: President Han Xuebin

Deputy director: Vice-president An Jian



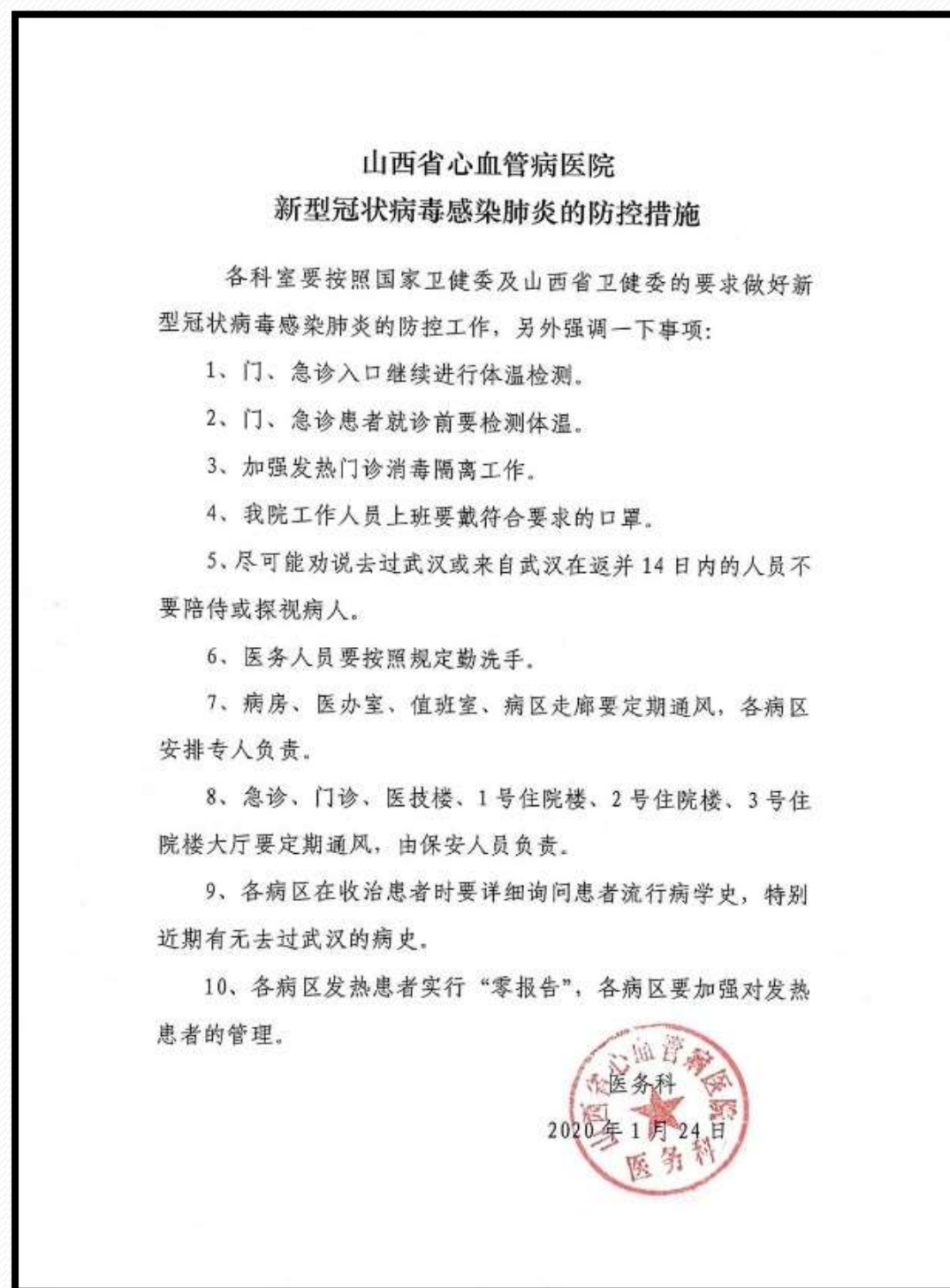


- **Routine meeting on analysis of fever patients in hospital**
- **Various forms of COVID-19 prevention and control training in the hospital**
- **Standardized reporting of fever/suspected patients in the whole hospital**
- **Strengthen surveillance and inspection of prevention and control work**
- **Strengthen hospital-acquired infection control**

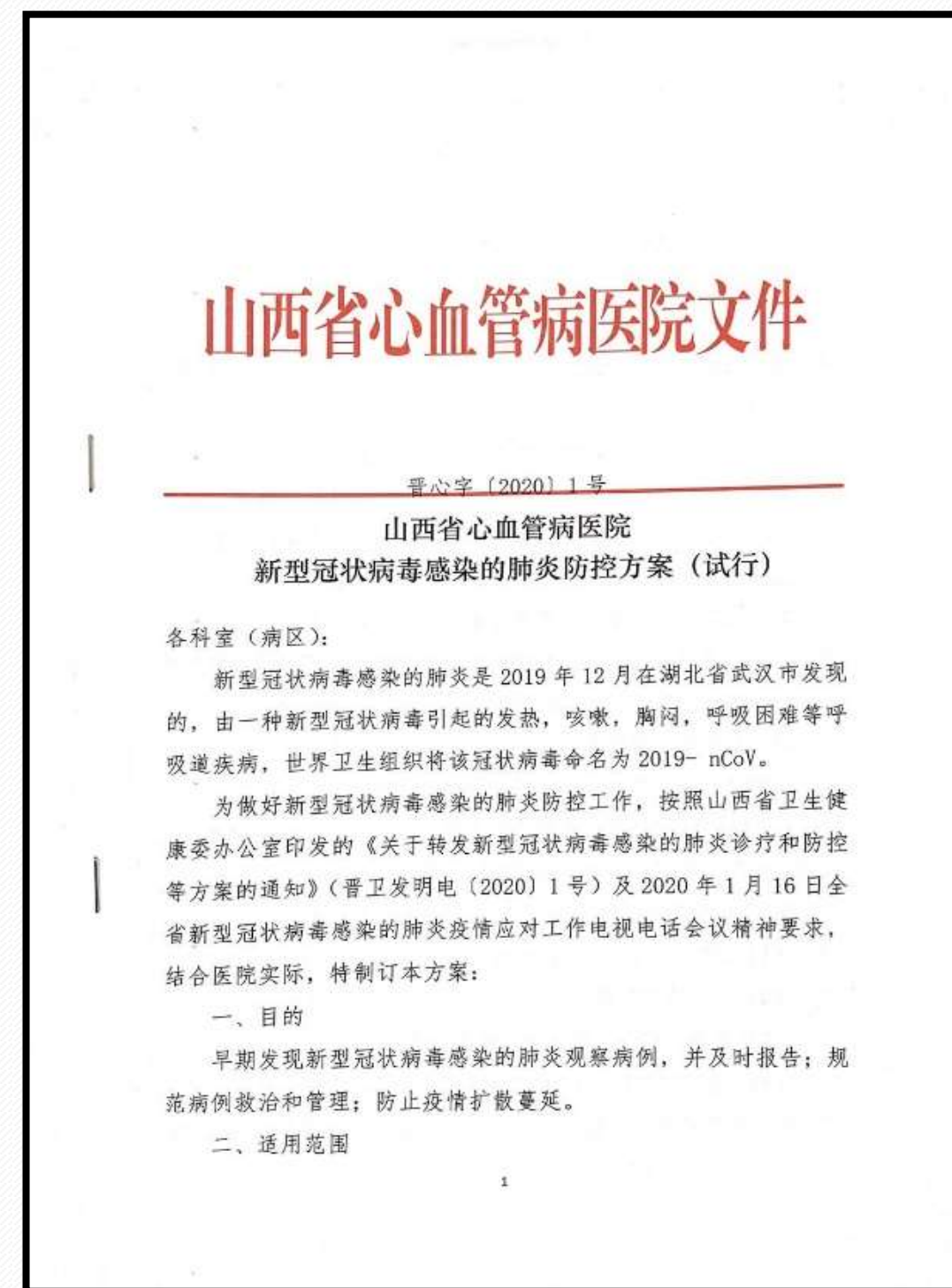




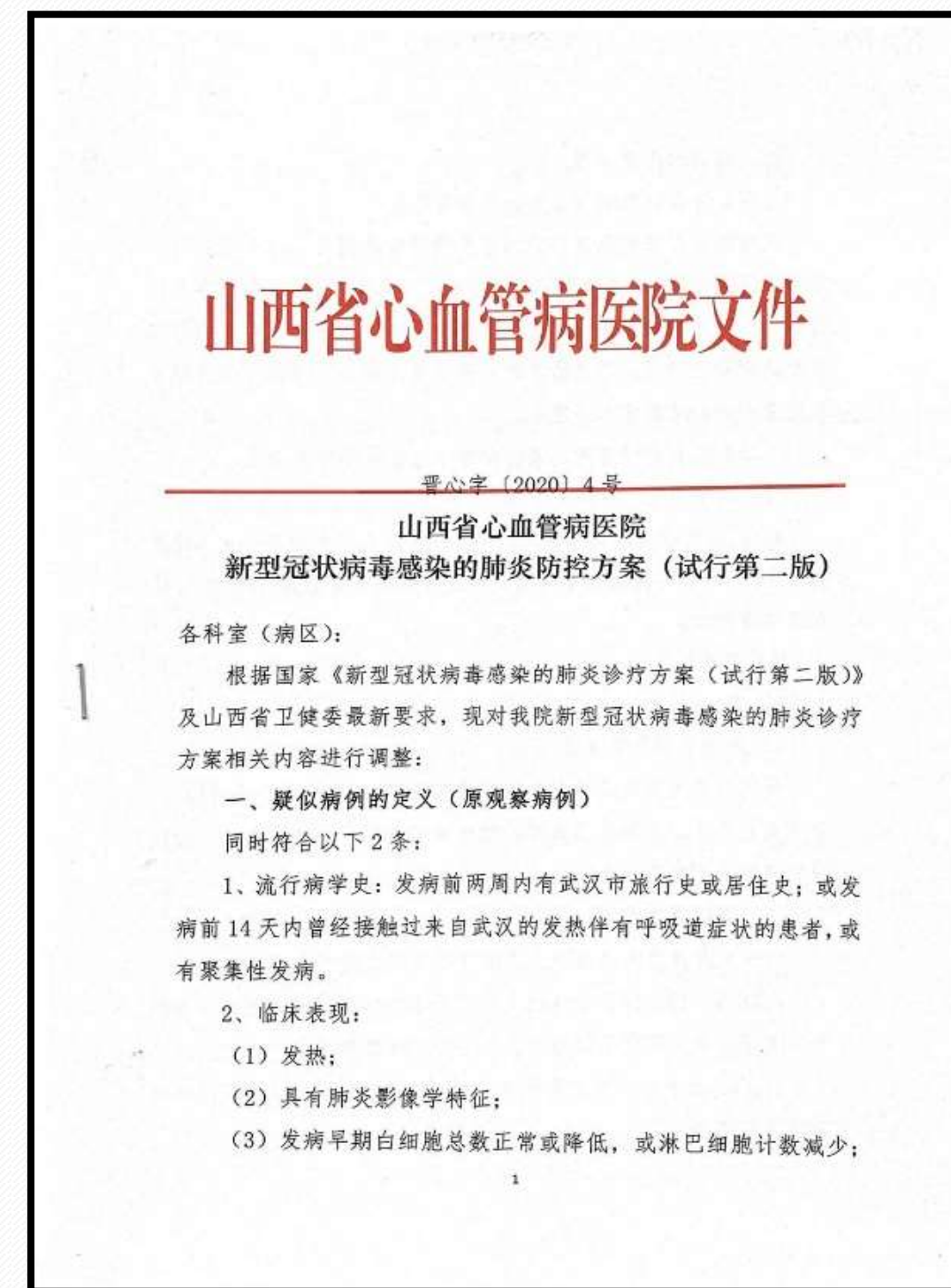
Continuous improvement of the epidemic prevention and control plan



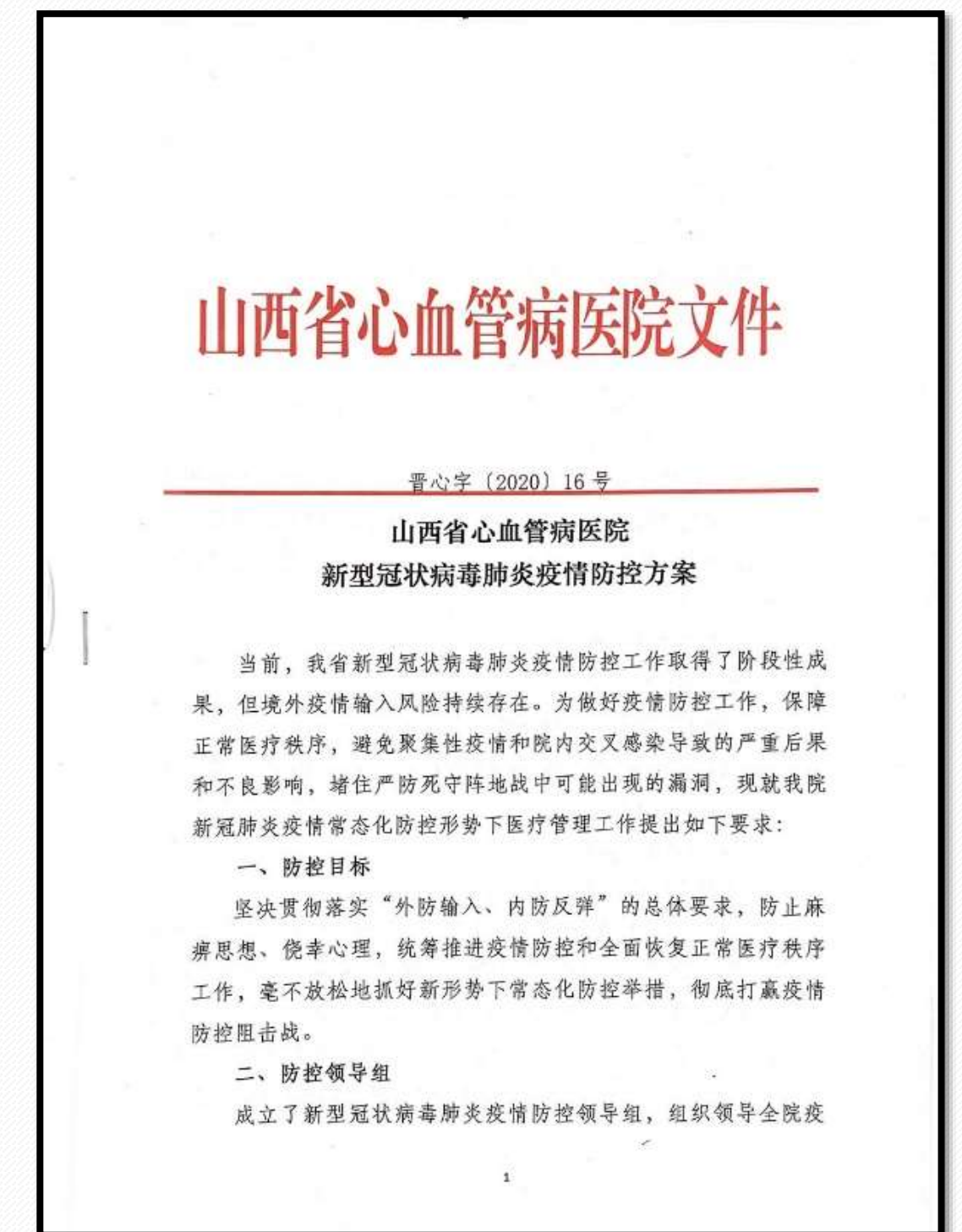
1st edition



2nd edition



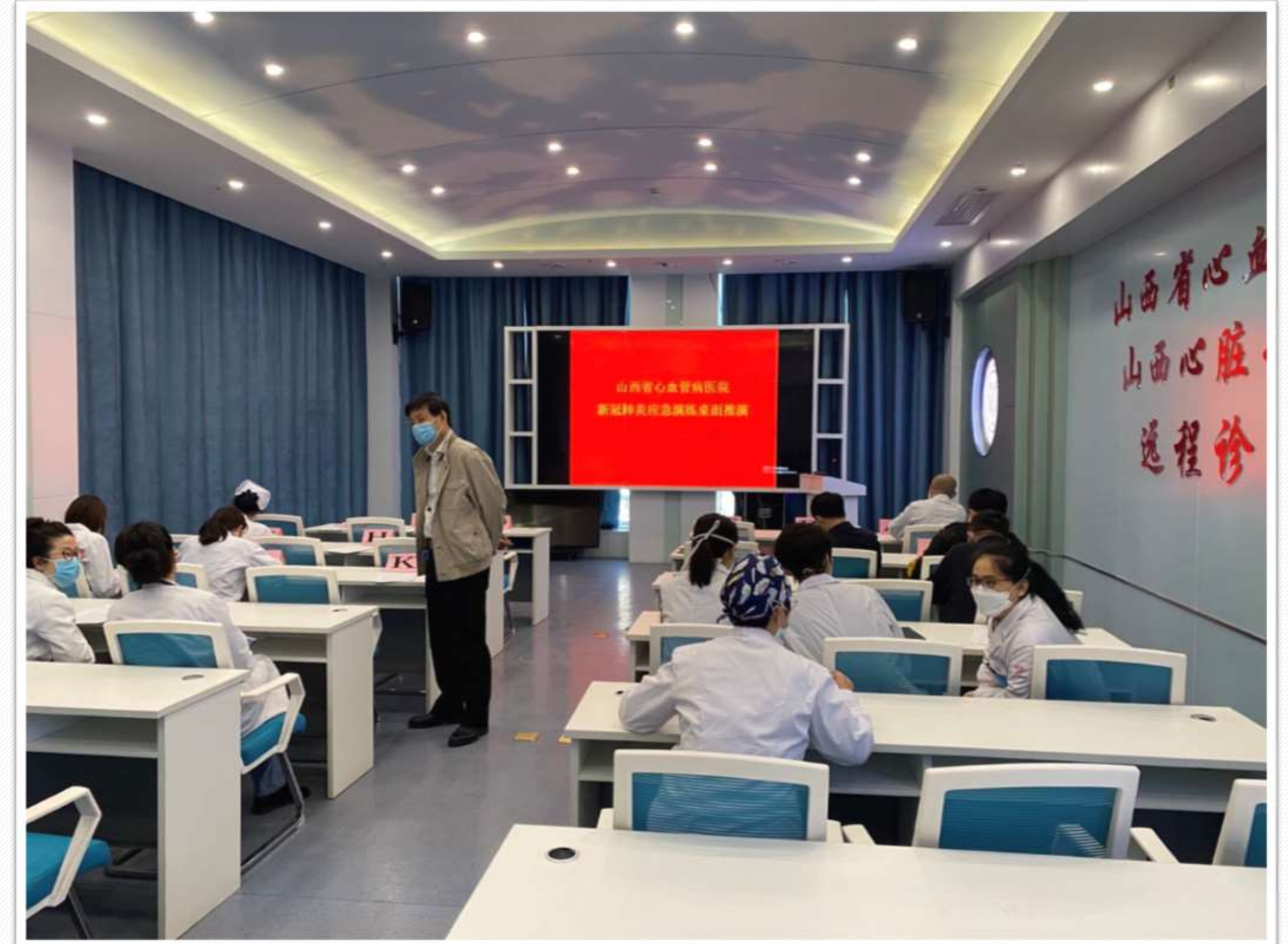
3rd edition



4th edition






Full-staff Training



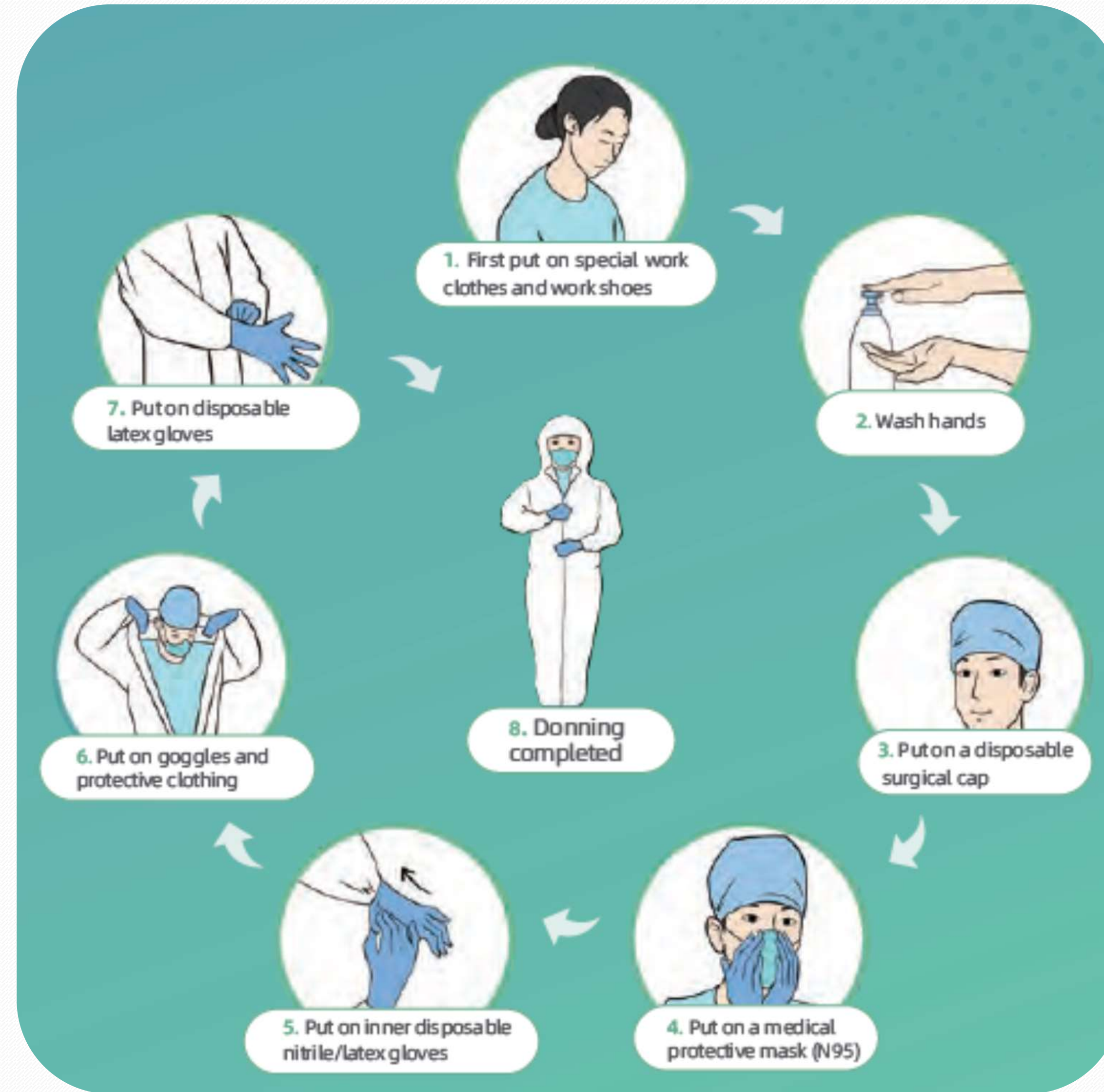
Three-level Protection

(1) 个人防护标准

Protection Level	Protective Equipment	Scope of Application	示例
Level I protection	<ul style="list-style-type: none">• Disposable surgical cap• Disposable surgical mask• Work uniform• Disposable latex gloves or/and disposable isolation clothing if necessary	<ul style="list-style-type: none">• Pre-examination triage, general outpatient department	 A healthcare worker wearing a blue surgical cap, a blue surgical mask, and a blue work uniform.
Level II protection	<ul style="list-style-type: none">• Disposable surgical cap• Medical protective mask (N95)• Work uniform• Disposable medical protective uniform• Disposable latex gloves• Goggles	<ul style="list-style-type: none">• Fever outpatient department• Isolation ward area (including isolated intensive ICU)• Non-respiratory specimen examination of suspected/confirmed patients• Imaging examination of suspected/confirmed patients• Cleaning of surgical instruments used with suspected/confirmed patients	 A healthcare worker wearing a blue surgical cap, a white N95 mask, and a green work uniform.
Level III protection	<ul style="list-style-type: none">• Disposable surgical cap• Medical protective mask (N95)• Work uniform• Disposable medical protective uniform• Disposable latex gloves• Full-face respiratory protective devices or powered air-purifying respirator	<ul style="list-style-type: none">• When the staff performs operations such as tracheal intubation, tracheotomy, bronchofibroscope, gastroenterological endoscope, etc., during which, the suspected/confirmed patients may spray or splash respiratory secretions or body fluids/blood• When the staff performs surgery and autopsy for confirmed/suspected patients• When the staff carries out NAT for COVID-19	 A healthcare worker wearing a full-body white protective suit, a full-face respirator, and blue gloves.

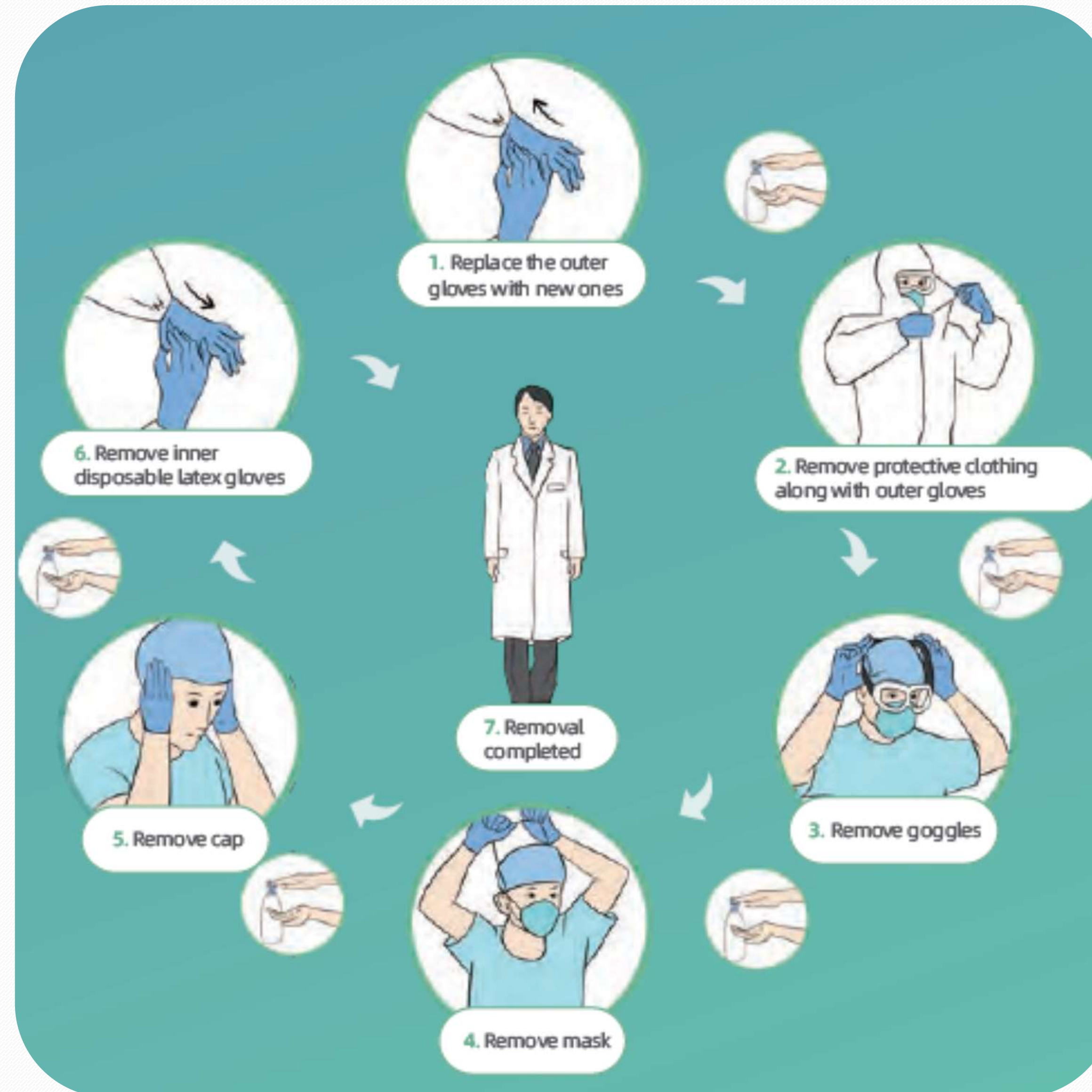


Guidance on Donning PPE





Guidance on Removing PPE





Measures— hospital-acquired infection (HAI) management

- Training
- Standardized protection for medical staff
- Hand hygiene management
- Ward ventilation management
- Standardize district disinfection in hospital
- Strengthen supervision and guidance of HAI management
- Formulate the system and workflow





COVID-19 Emergency Drill





Measures---Improvement of triage work in outpatient and emergency department

- Temperature measurement at the gate
- Triage
- Temperature management in consultation area
- Epidemiological history survey
- Implement "One Doctor, One Patient, One Clinic"
- Formulate emergency plans for outpatients with fever



Outpatient department

- Temperature measurement at the gate
- Revised the prevention and control workflow of the chest pain center
- Revised the prevention and control workflow of the stroke center
- Epidemiological history survey
- Set up emergency isolation and rescue room
- Formulate emergency plans for patients with fever in ED



Emergency department



Triage flow chart



【绿码】

凭码通行



【黄码】

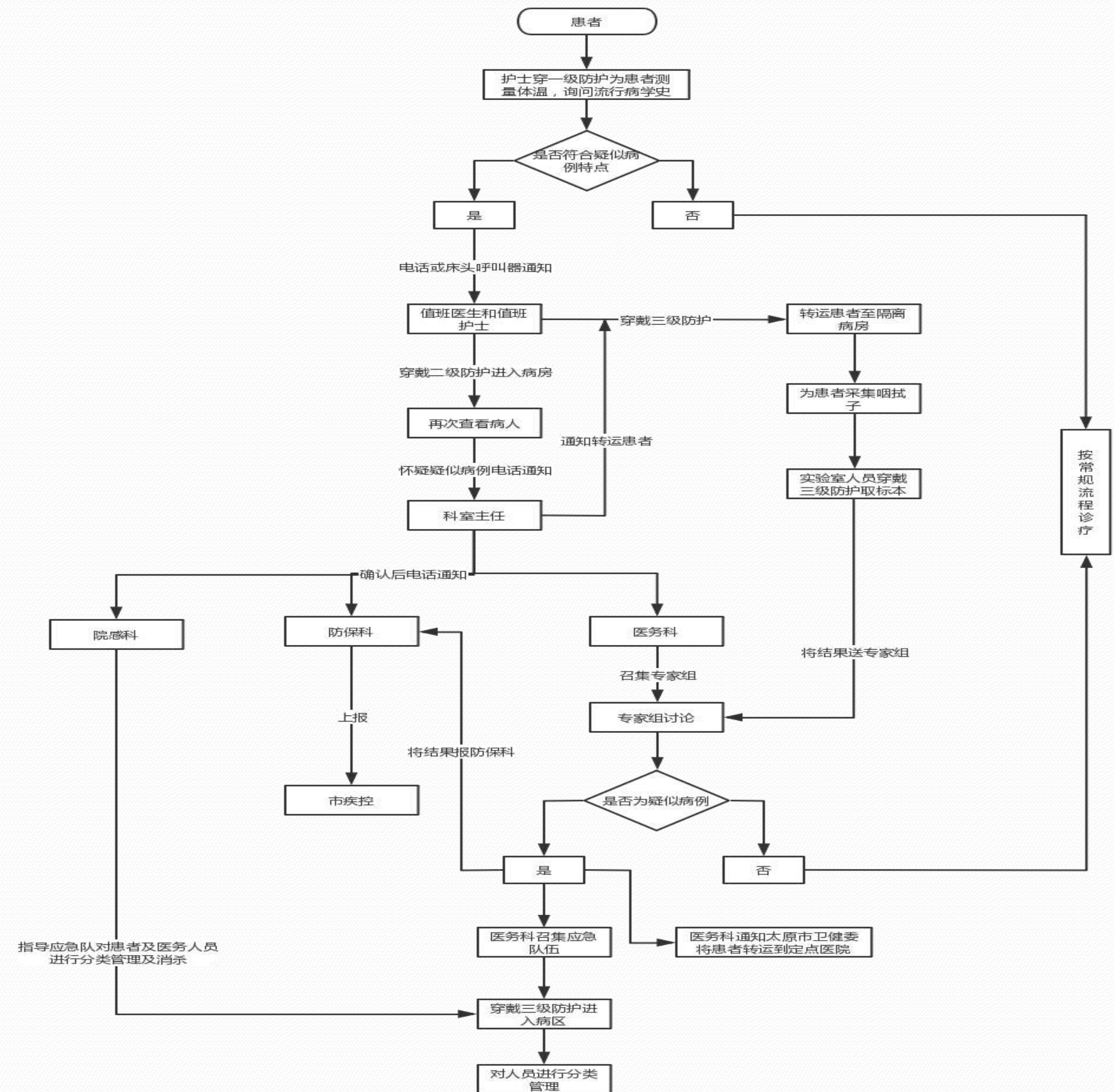
实施7天内隔离，连续
(不超过) 7天健康打卡正常
转为绿码



【红码】

实施14天隔离，连续14天
健康打卡正常转为绿码

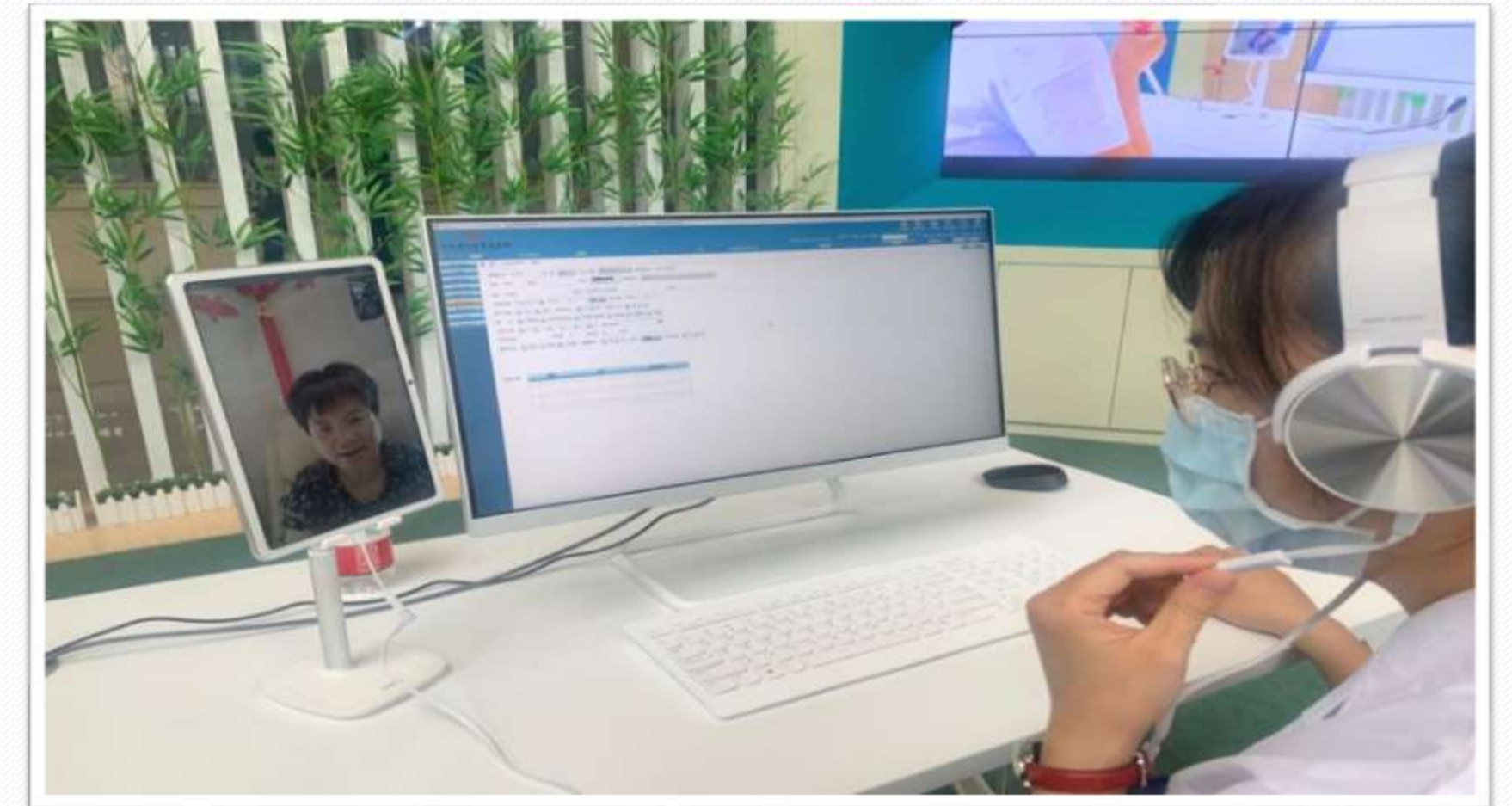
Health QR Code





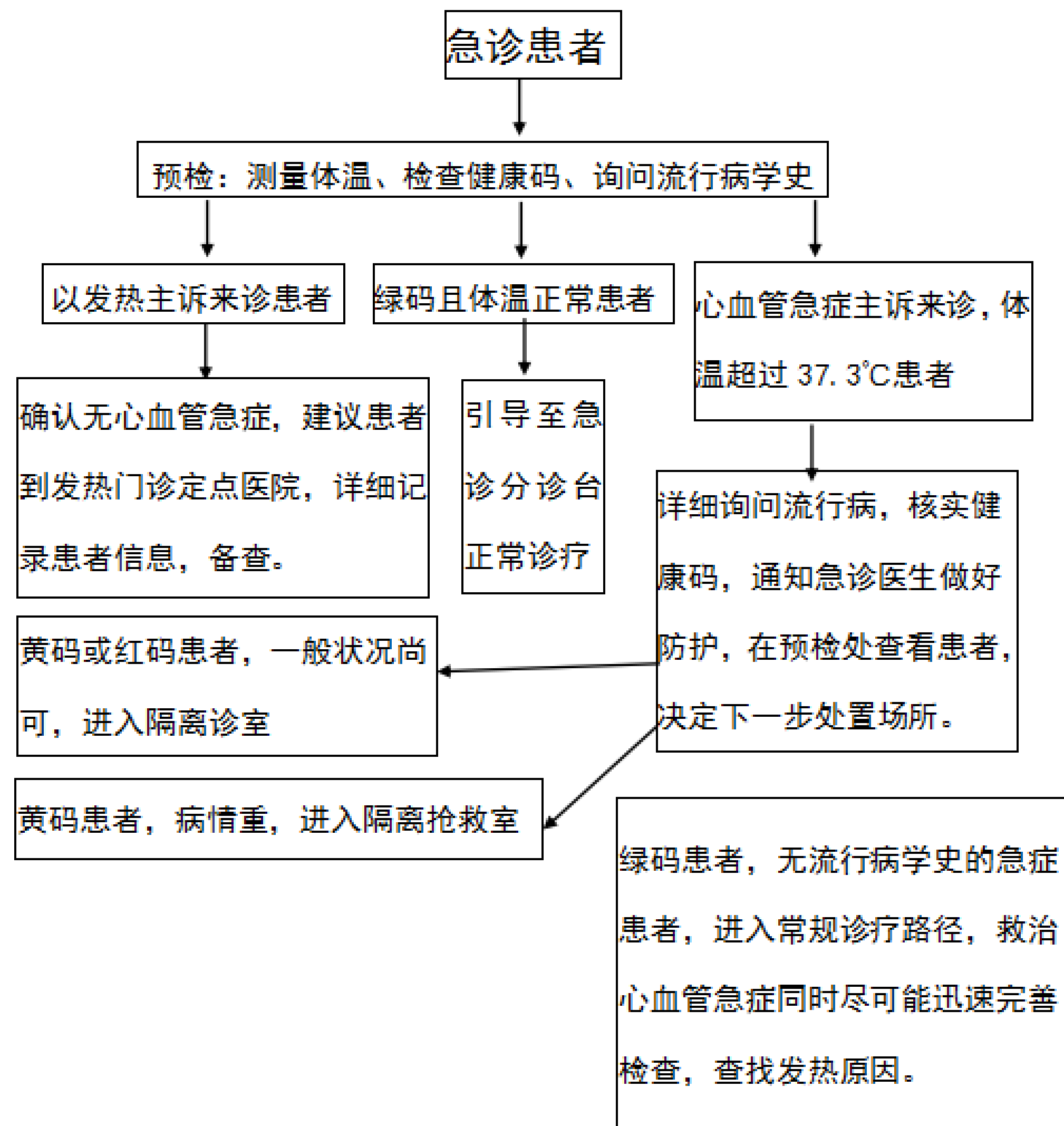
山西省心血管病医院
SHANXI CARDIOVASCULAR HOSPITAL

Smart Hospital Helps Epidemic Prevention and Control



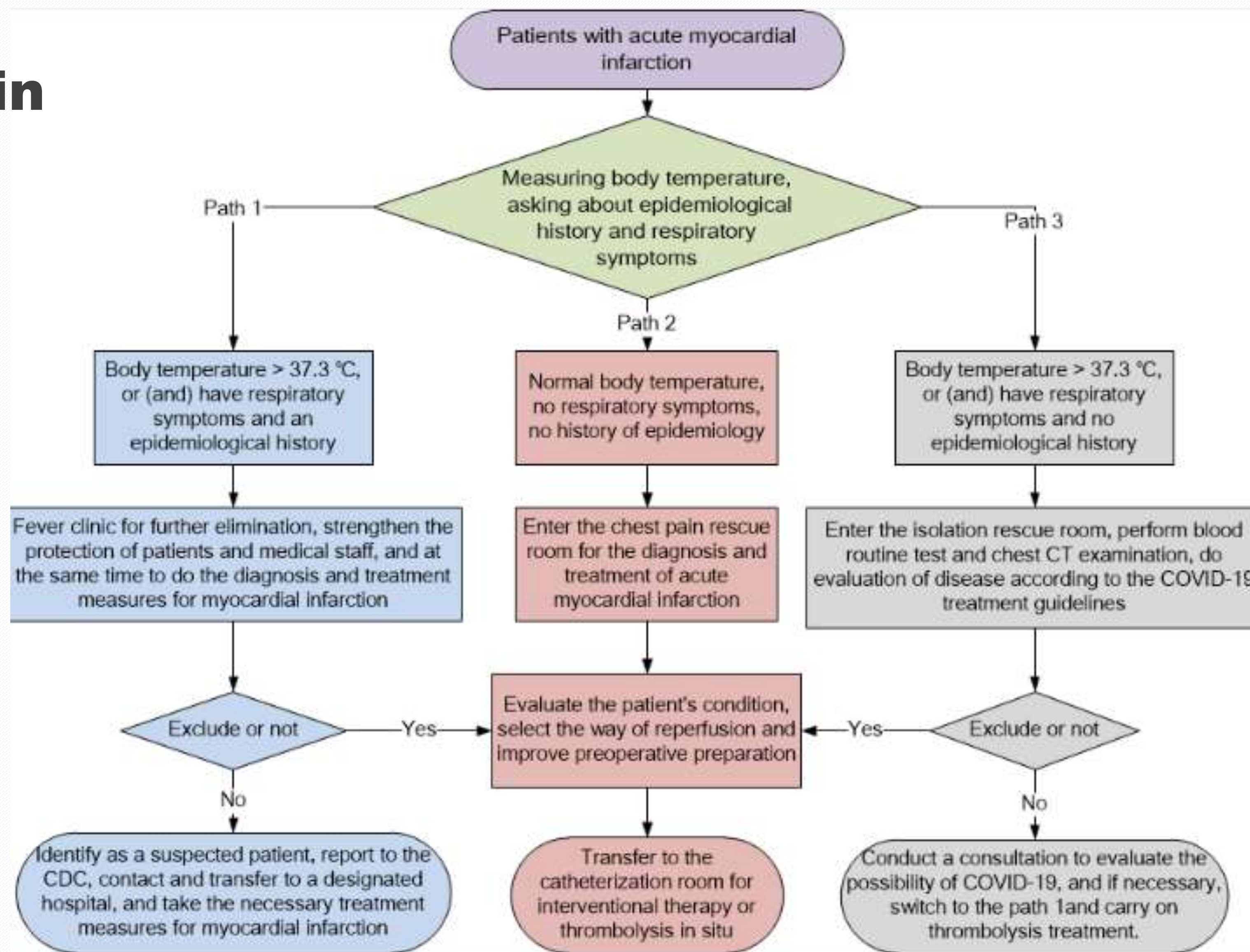


Workflow in ED



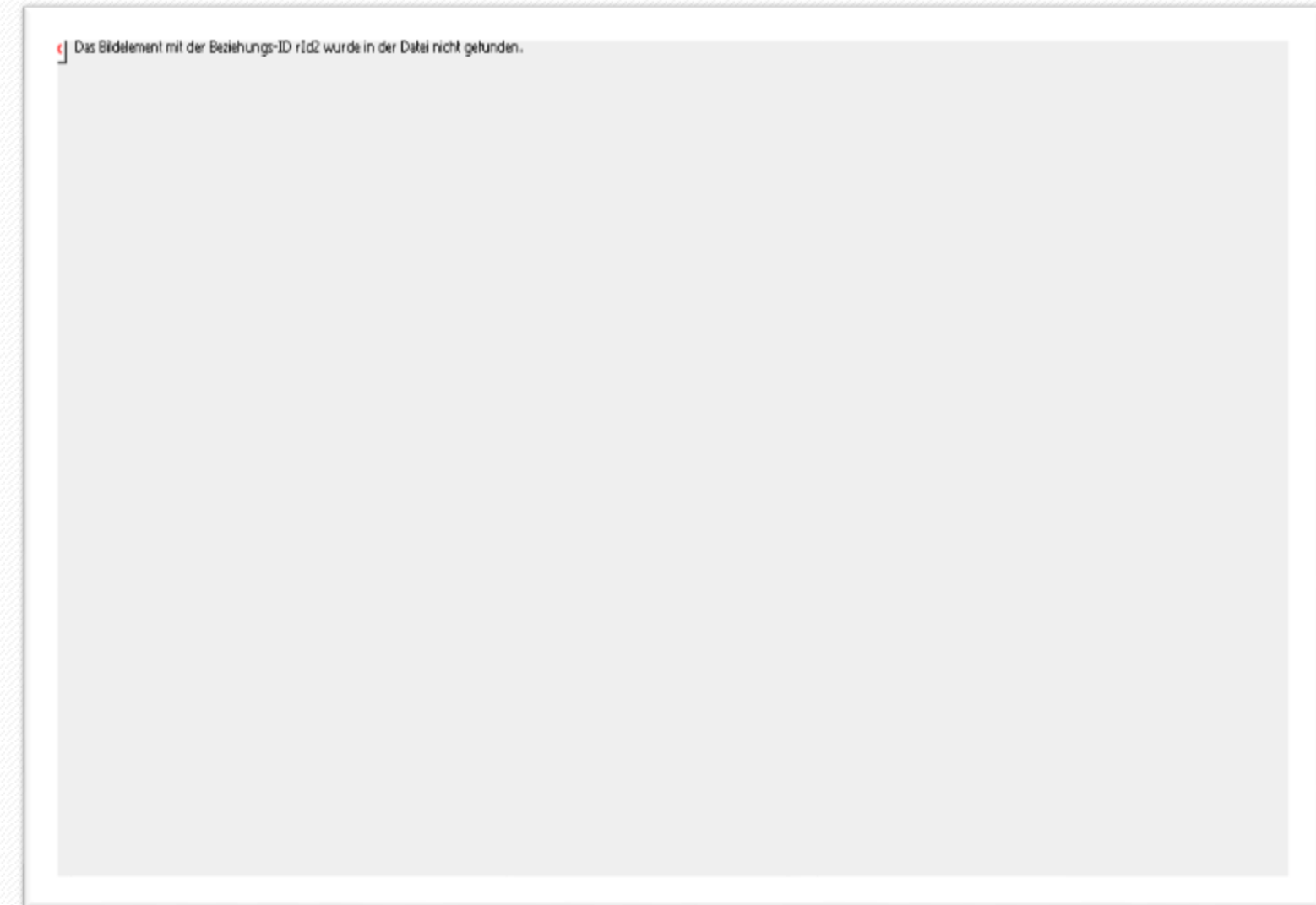


Revised Flow Chart in Chest Pain Center



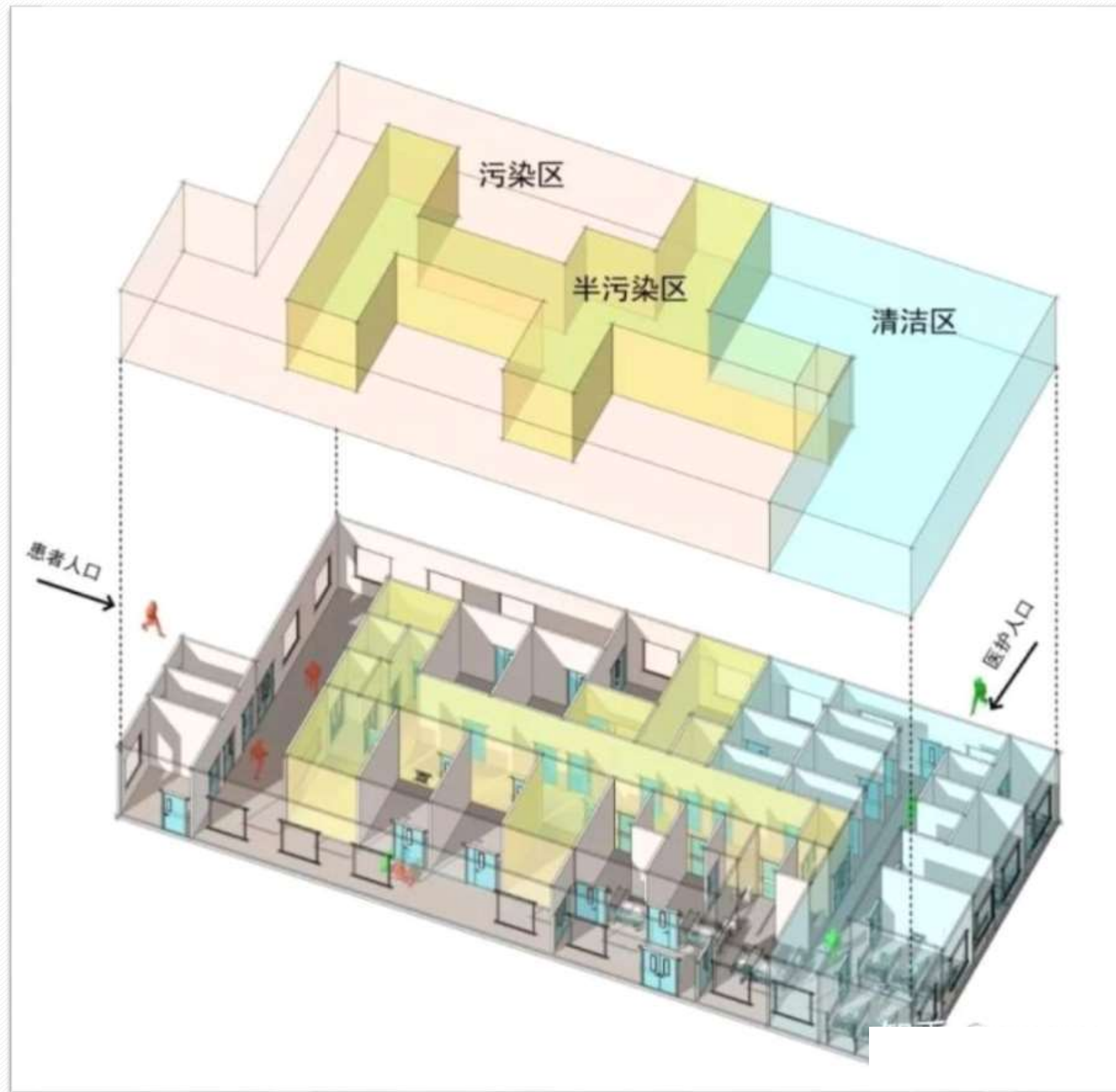


Measures---Fever Clinic





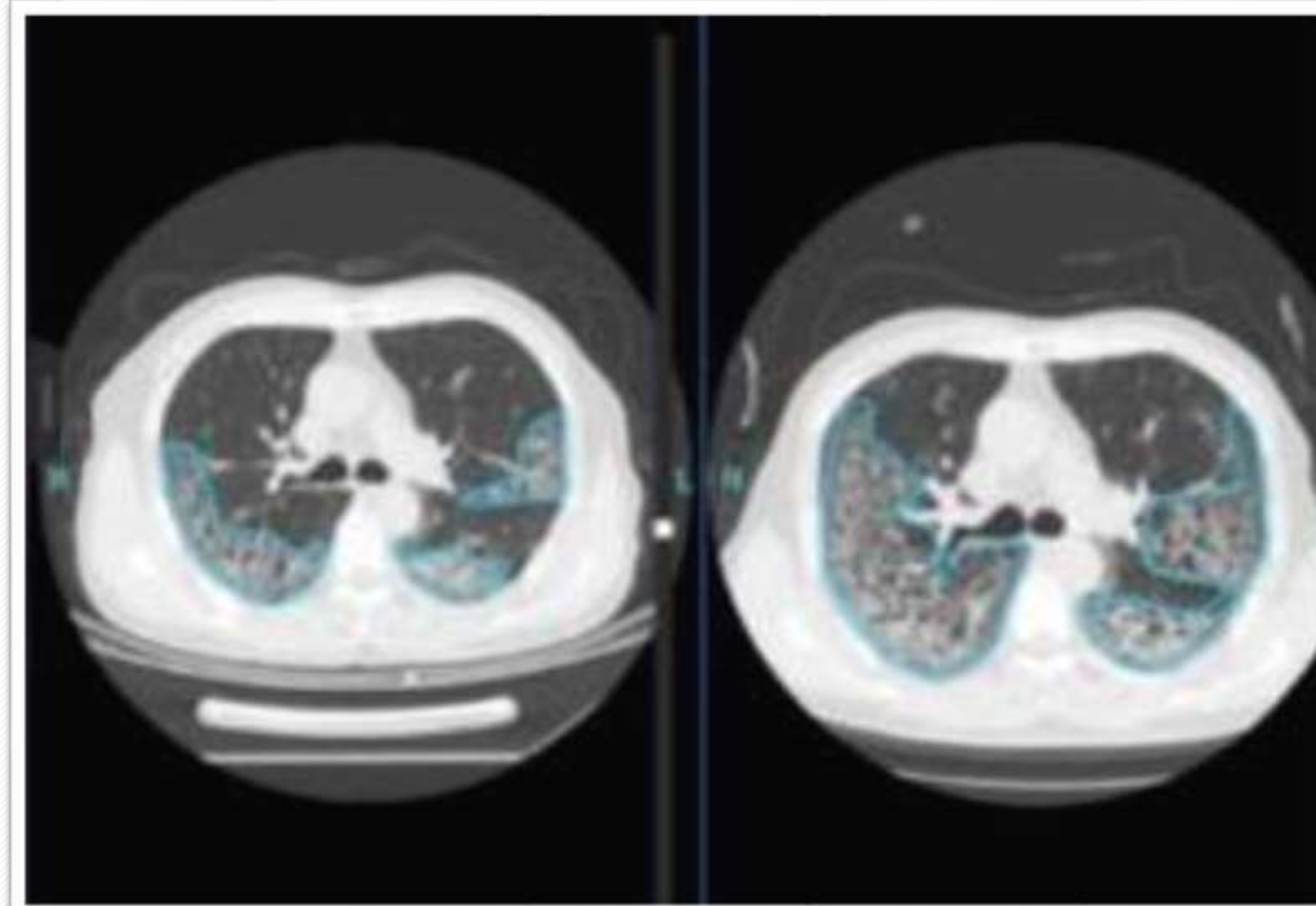
Three Zones and Two Passages





Systematic Evaluation in Fever Clinic

- ✓ Epidemic history survey
- ✓ Clinical symptoms and signs
- ✓ Nucleic acid, antibody test
- ✓ CBC, CRP, *etc*
- ✓ Chest CT





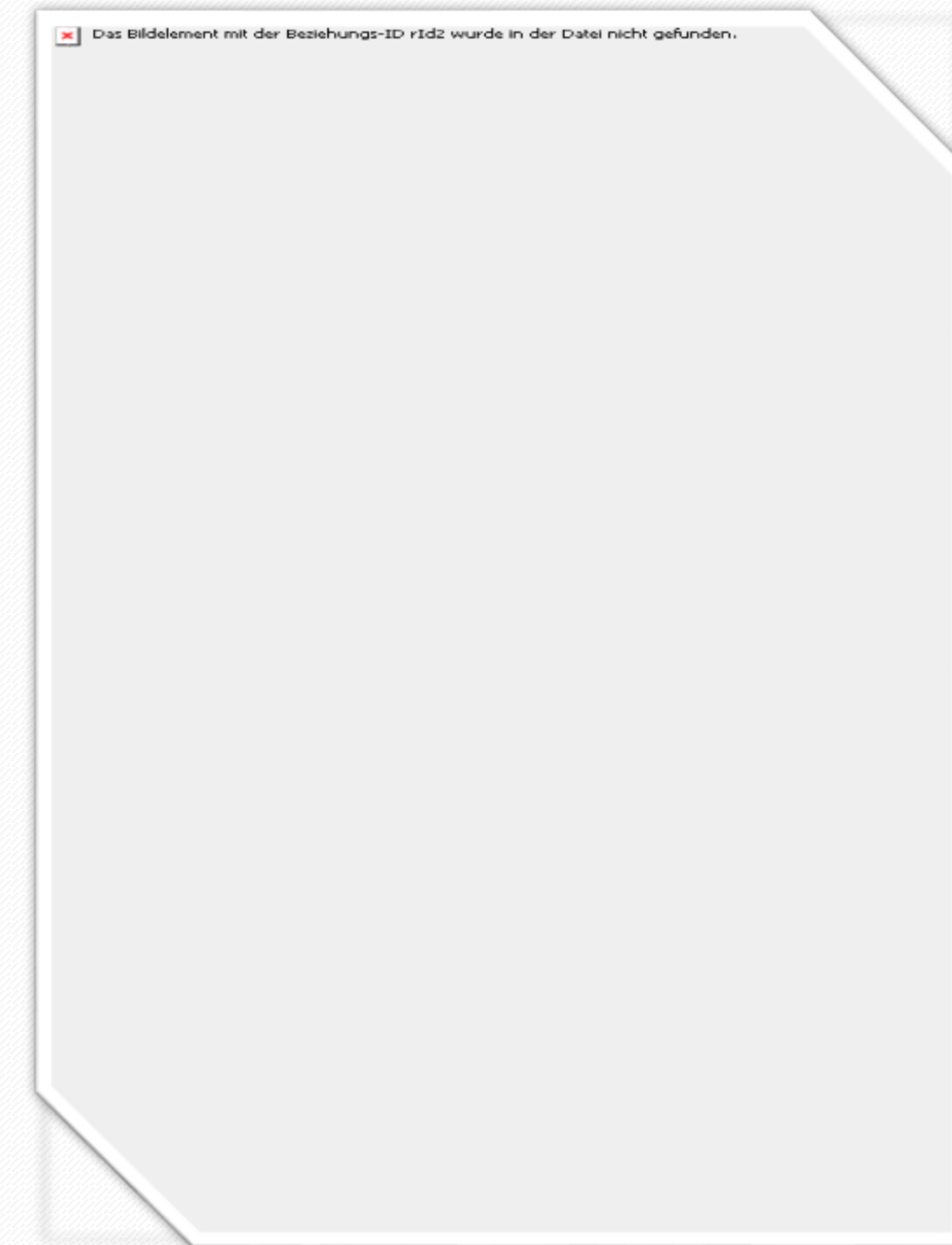
Patient Transfer





Measures— Inpatient Department Management

- Temperature ($< 37.3^{\circ}\text{C}$) , Health QR code(**green code**), NAT(-)
- Accompanying nursing staff management
- Ventilation and disinfection of inpatient hall
- Access registration management





Measures— Ward Management

✓ Designated gate-keeper

✓ Chest CT, NAT results before admission

✓ Implement “one person, one company, one certificate”

✓ Epidemic history survey

✓ management of fever patients

✓ Set up isolation room



Rules for graded protection of operating rooms during the epidemic



	手术室外				外出抢救气管插管	手术室内			
	公共区域	门诊、病房 急诊留观	急诊抢救室	发热门诊	除发热门诊外 其他区域	办公区 生活区	无发热患者	发热患者	COVID-19 疑似 或确诊患者
帽子	一次性手术帽								
口罩	外科口罩	外科口罩	外科口罩	N95 口罩	N95 口罩	外科口罩	外科口罩	N95 口罩	N95 口罩
手套	-	必要时检查 手套	必要时检查 手套	乳胶手套	乳胶手套	-	检查手套	乳胶手套	乳胶手套
鞋套	外出鞋	外出鞋	+	+	+	-	-	+	+
白大衣 或 外出服	+	+	+	+	+	-	-	-	+
防护服	-	-	-	+	-	-	-	-	+
隔离衣	-	-	+	+	+	-	-	+	+
护目镜 或 防护屏	-	-	±	+	+	-	+	+	+



ICU epidemic prevention and control regulations





Waste sorting management





Final Disinfection





Strengthen Medical Quality Control during the Epidemic





Table of Contents

- **COVID-19 epidemic prevention and control in our hospital**
- **Restoration of normal medical order**



Restoration of normal medical order

- ✓ Fully resume outpatient work on March 1
- ✓ Fully resume ward work on March 1

- 3月1日病区全面开诊。

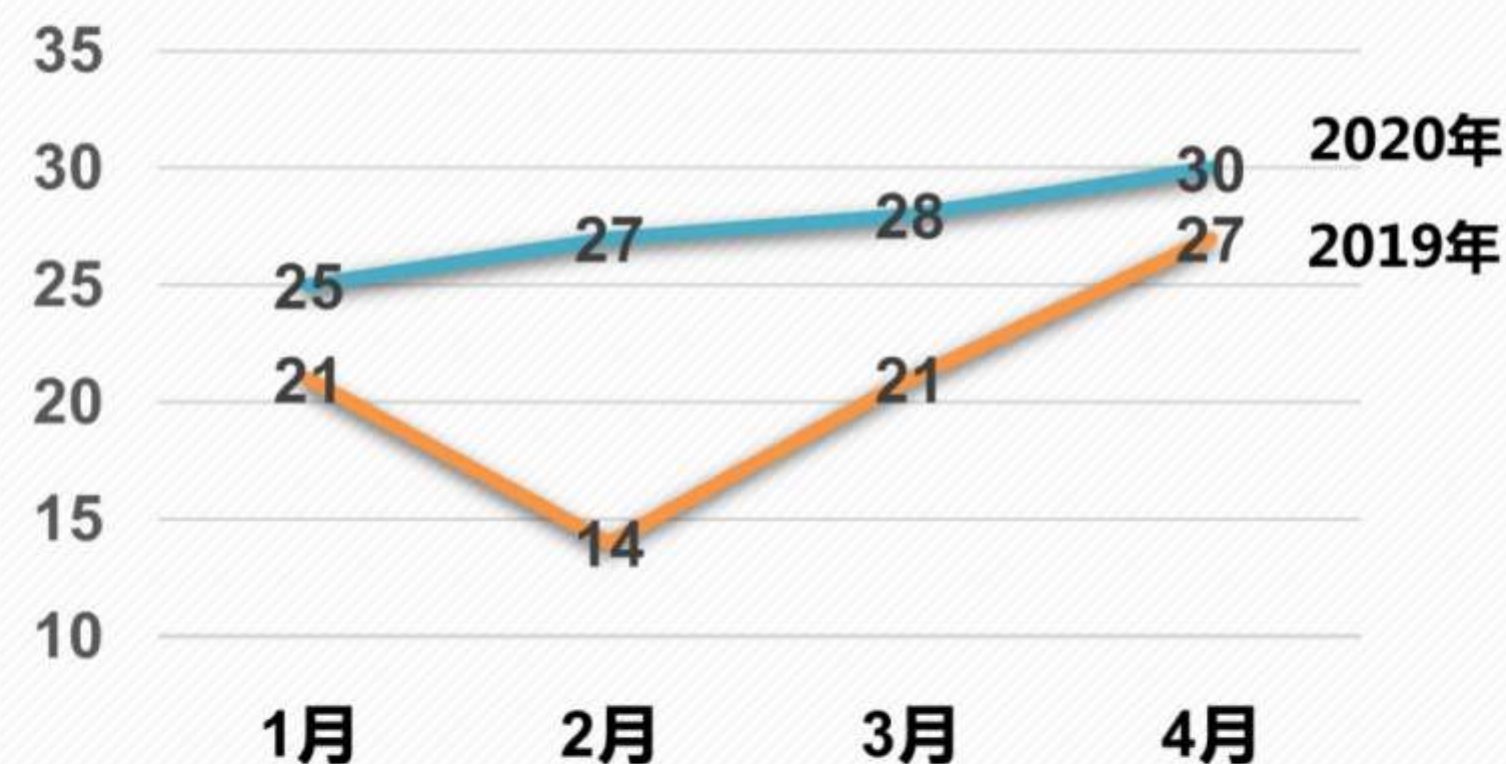




CPC Visits



CPC Emergent Angiography



CPC Primary PCI



J South Med Univ. 2020; 40(2): 147-151 doi:10.1212/j.issn.1673-4254.2020.02.01 · 147 ·

新型冠状病毒肺炎防控形势下急性心肌梗死诊治流程和路径的中国专家共识(第1版)

卜 军,陈 茂,程晓曙,董一飞,方唯一,葛均波,葛艳君,何 奔,黄 良,霍 勇,贾绍斌,蒋 峻,李 悦,李 强,梁 春,刘学波,刘震宇,马 翔,马铁彬,魏菊英,沈成兴,沈路非,沈 雷,石瑞正,苏 峰,孙英贤,唐耀达,王建安,吴 晔,刘定成,徐通达,徐立伟,杨跃进,曾和松,张 澄,张国民,张瑞岩,张书宁,张 建,张 虹,郑 博,周 宁
中国医师协会心血管内科医师分会,上海 200032

摘要:自2019年12月以来,新型冠状病毒肺炎在武汉感染流行并迅速蔓延全国各地,根据国家整体防控方案,绝大部分地区启动限制出入、限制交通等措施。此种特殊形势对于急性心肌梗死患者的转运救治流程提出了新的要求。急性心肌梗死发病急、致死率高,最佳救治窗口期短,且容易合并呼吸系统感染及呼吸、循环衰竭,更加需要积极地积极治疗。为规范诊疗、简化流程,现制定急性心肌梗死诊治流程和路径策略,其核心是就近原则、安全防护原则、转运优先原则、定点转运原则、远程会诊原则。对于急性心肌梗死患者,应尊重新型冠状病毒肺炎,针对发病时间窗,选择不同的治疗策略。在这一特殊时期,包括介入医师在内的心血管医生都应掌握相应的转运流程和适应证。在急性心肌梗死患者的转运和治疗中,应严格落实转运及手术适应证,严格按照要求对感染者及医务人员工作区进行防护。
关键词:新冠肺炎;心肌梗死;防护;转运;救治

Consensus of Chinese experts on diagnosis and treatment processes of acute myocardial infarction in the context of prevention and control of COVID-19 (first edition)

BU Jun, CHEN Mao, CHENG Xiaoshu, DONG Yifei, FANG Weiye, GE Junbo, GONG Yanjun, HE Ben, HUANG Lian, HUO Yong, JIA Shaojin, JIANG Jun, LI Yue, LI Zhen, LIANG Chun, LIU Xuebo, LIU Zhengyu, MA Xiang, MA Yong, QIAN Jiaqing, SHEN Chenghui, SHEN Diyi, SHEN Li, SHI Ruzheng, SU Xi, SUN Yingxian, TANG Yide, WANG Jiansun, WU Yi, XIANG Dingcheng, XU Tongda, XU Yumei, YANG Yujin, ZENG Huiang, ZHANG Cheng, ZHANG Guangang, ZHANG Ruijun, ZHANG Shaoxing, ZHANG Yan, ZHANG Zheng, ZHENG Bo, ZHOU Ning
College of Cardiovascular Physicians, Chinese Medical Association, Shanghai 200032, China

Abstract: The SARS-CoV-2 epidemic starting in Wuhan in December, 2019 has spread rapidly throughout the nation. The control measures to contain the epidemic also produced influences on the transport and treatment process of patients with acute myocardial infarction (AMI), and adjustments in the management of the patients need to be made at this particular time. AMI is characterized by an acute onset with potentially fatal consequence, a short optimal treatment window, and frequent complications including respiratory infections and respiratory and circulatory failures, for which active on-site treatment is essential. To standardize the management and facilitate the diagnosis and treatment, we formulated the guidelines for the procedures and strategies for the diagnosis and treatment of AMI, which highlight 5 Key Principles, namely Nearby treatment, Safety protection, Priority of thrombolysis, Transport to designated hospitals, and Remote consultation. For AMI patients, different treatment strategies are selected based on the screening results of SARS-CoV-2, the time window of STEMI onset, and the vital signs of the patients. During this special period, the cardiologists, including the interventional physicians, should be fully aware of the indications and contraindications of thrombolysis. In the transport and treatment of AMI patients, the physicians should strictly observe the indications for patient transport with appropriate protective measurements of the medical staff.
Keywords: novel coronavirus pneumonia; myocardial infarction; protection; transport; thrombolysis

自2019年12月以来,新型冠状病毒肺炎(简称“新冠肺炎”,COVID-19)在武汉感染流行并迅速蔓延全国各地,根据国家整体防控方案,绝大部分地区启动限制出入、限制交通等措施。此种特殊形势对于急性心肌梗死患者的转运救治流程提出了新的要求。急性心肌梗死发病急、致死率高,最佳救治窗口期短,且容易合并呼吸

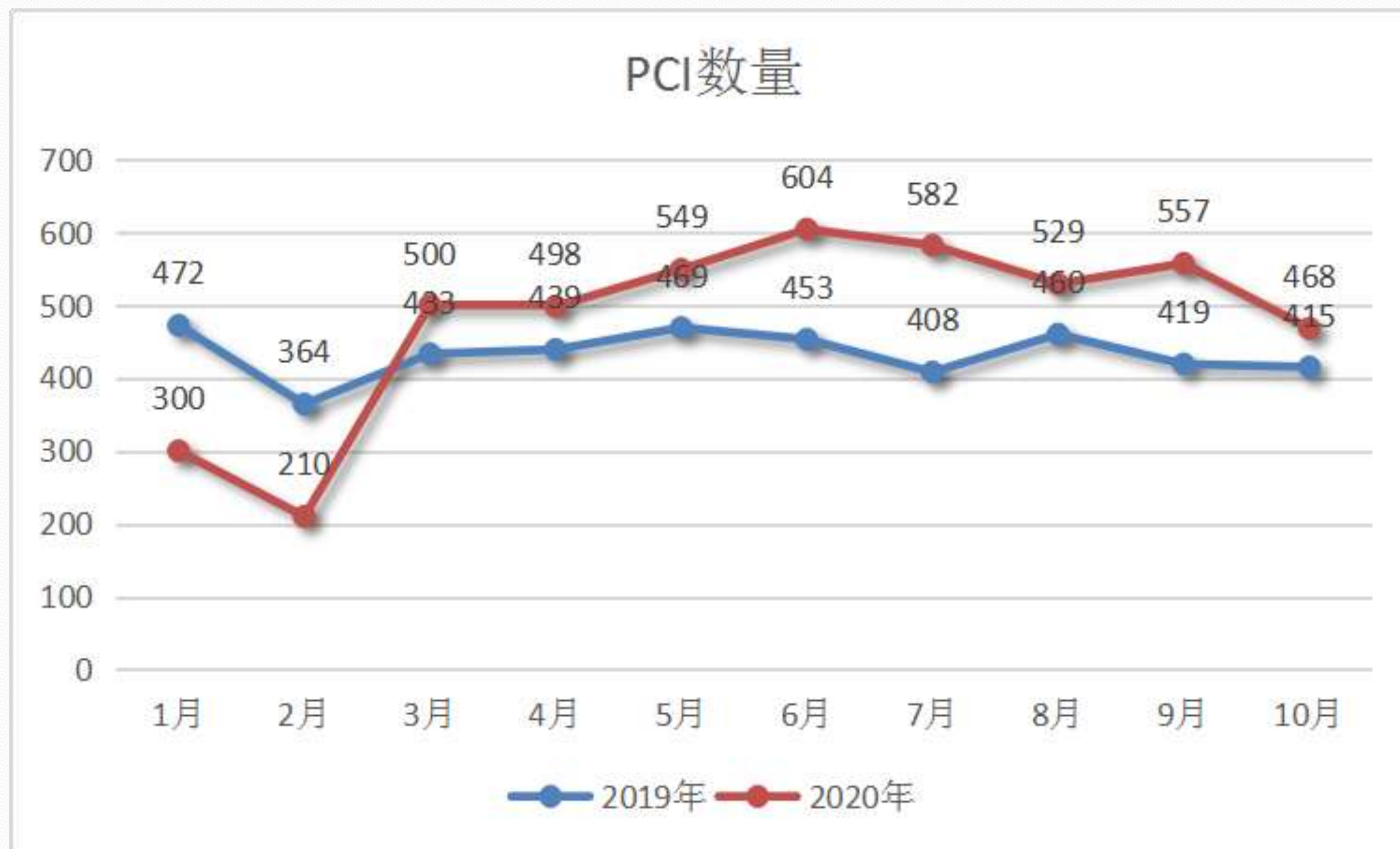
系统感染及呼吸、循环衰竭,更加需要积极地积极治疗。为规范诊疗、简化流程,现制定急性心肌梗死诊治流程和路径策略,供广大同道参考。

- 总体原则
- 就近原则
就近急性心肌梗死患者就近就诊,原地治疗,尽量减少患者转运和人员流动。
- 安全防护原则
原则上伴有发热等其他呼吸道症状的急性心肌梗

收稿日期:2020-02-06
通信作者:葛均波,中国医学科学院,复旦大学中山医院心内科, E-mail: ga.junbo@zh-hospital.sh.cn; 葛 磊,西安交通大学第一附属医院心内科, E-mail: yao.wu@jku.edu.cn



Elective PCI (blue:2019 red:2020)





Pacemaker Implantation (blue:2019 red:2020)





Radiofrequency Ablation (blue:2019 red:2020)

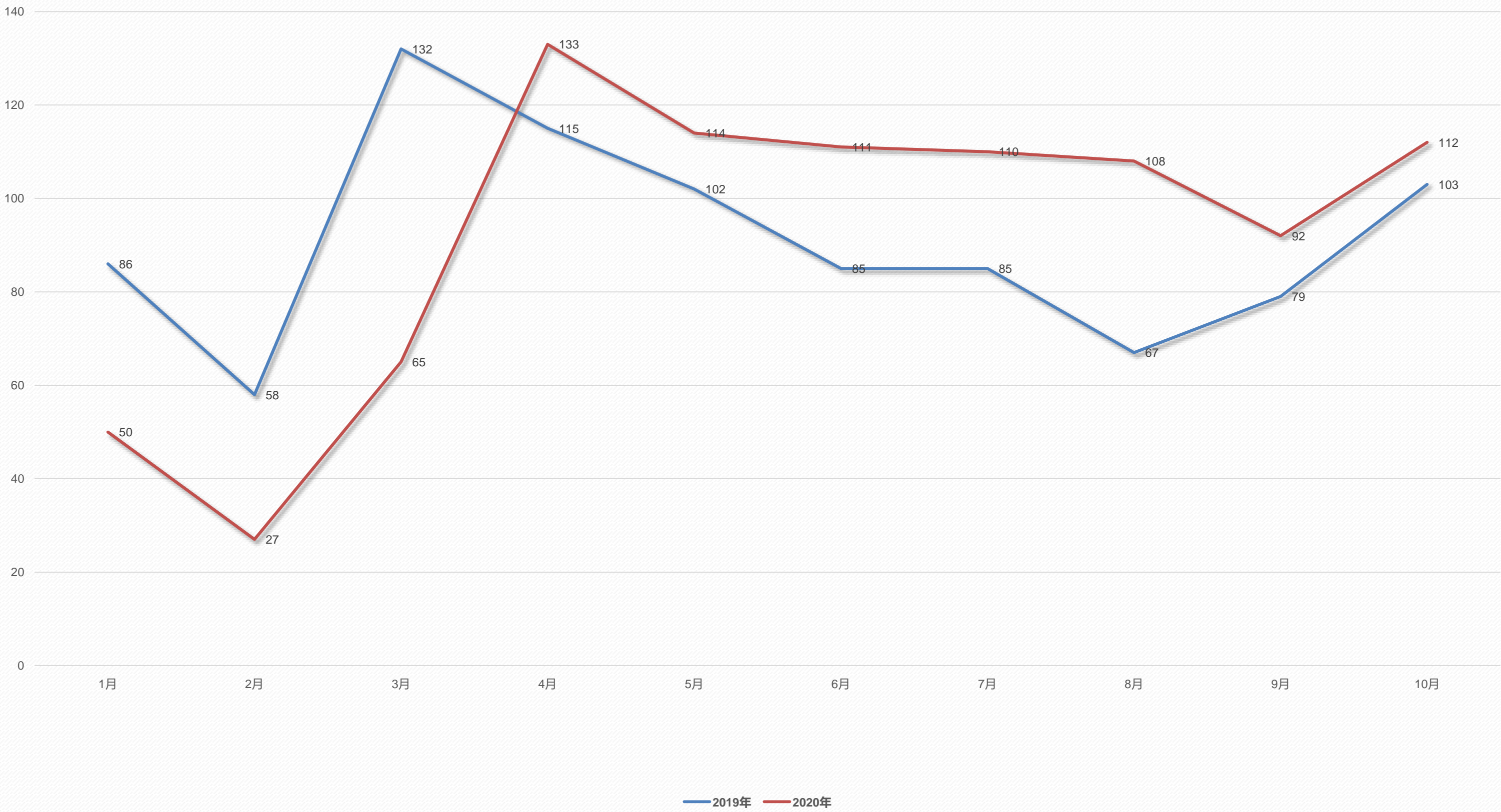




Cardiac Surgery

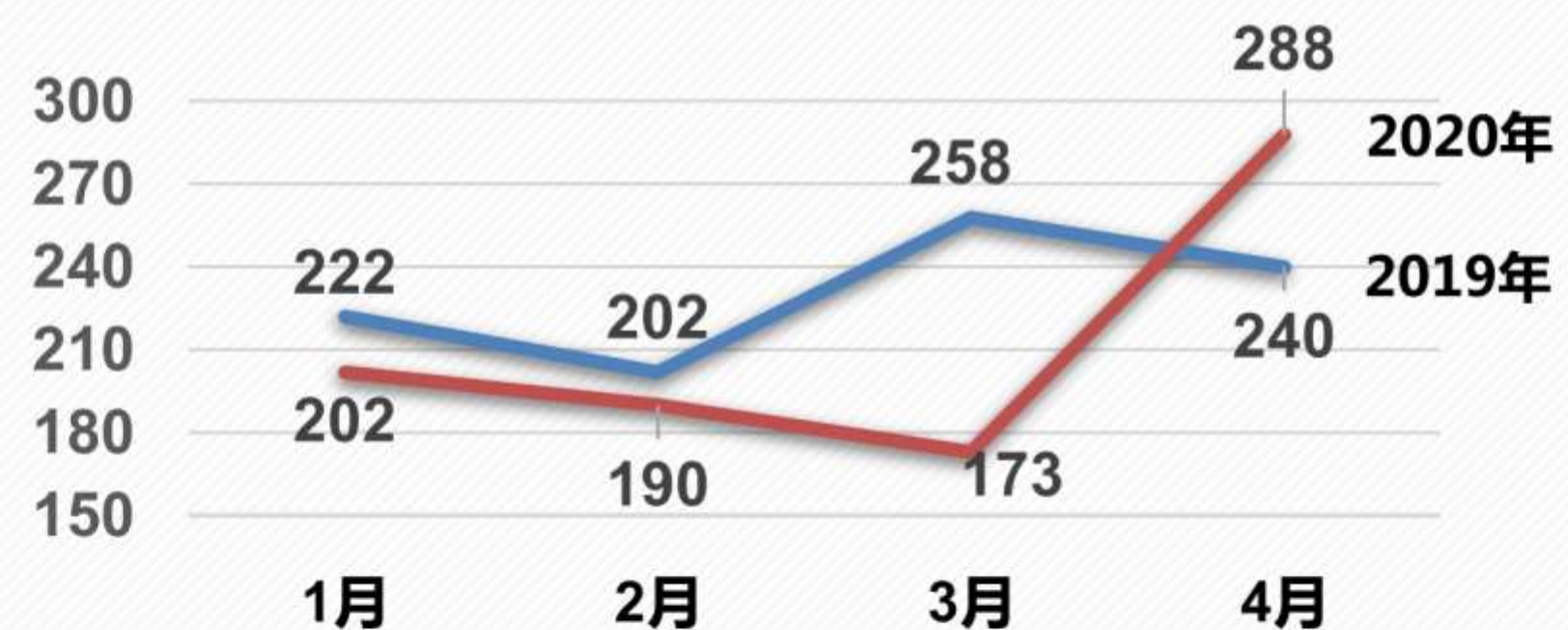
(blue:2019 red:2020)

心外科手术量

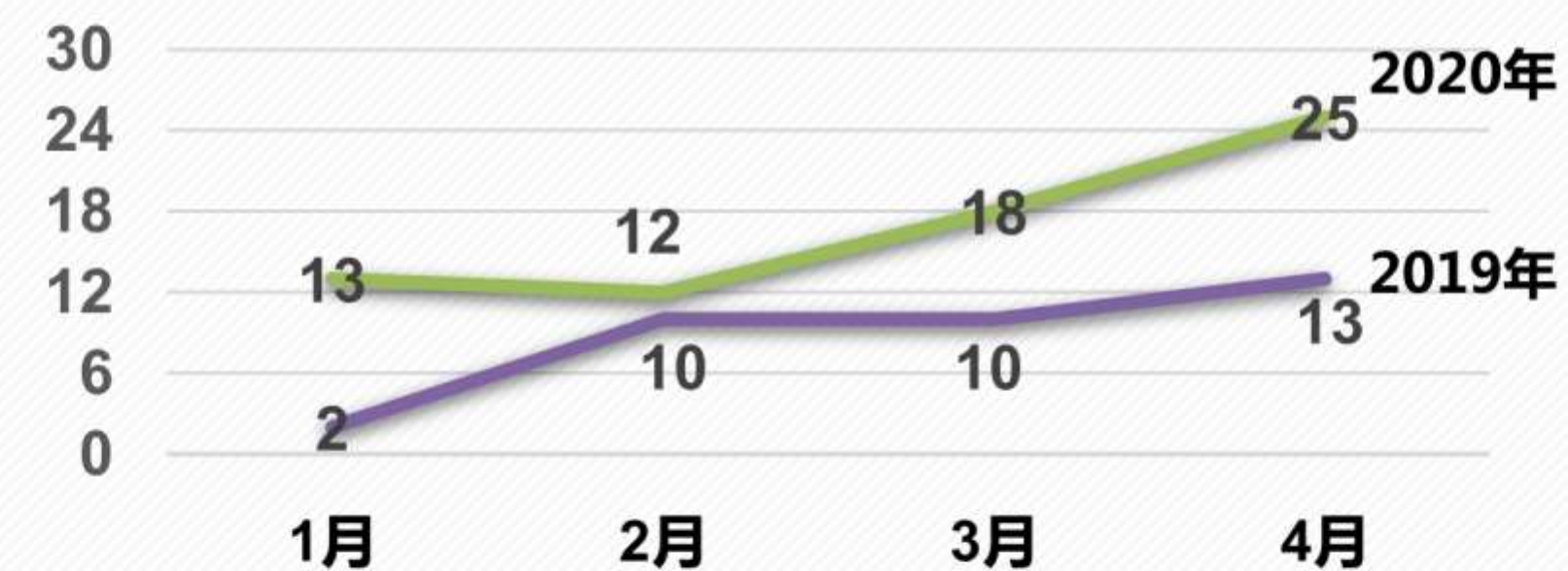




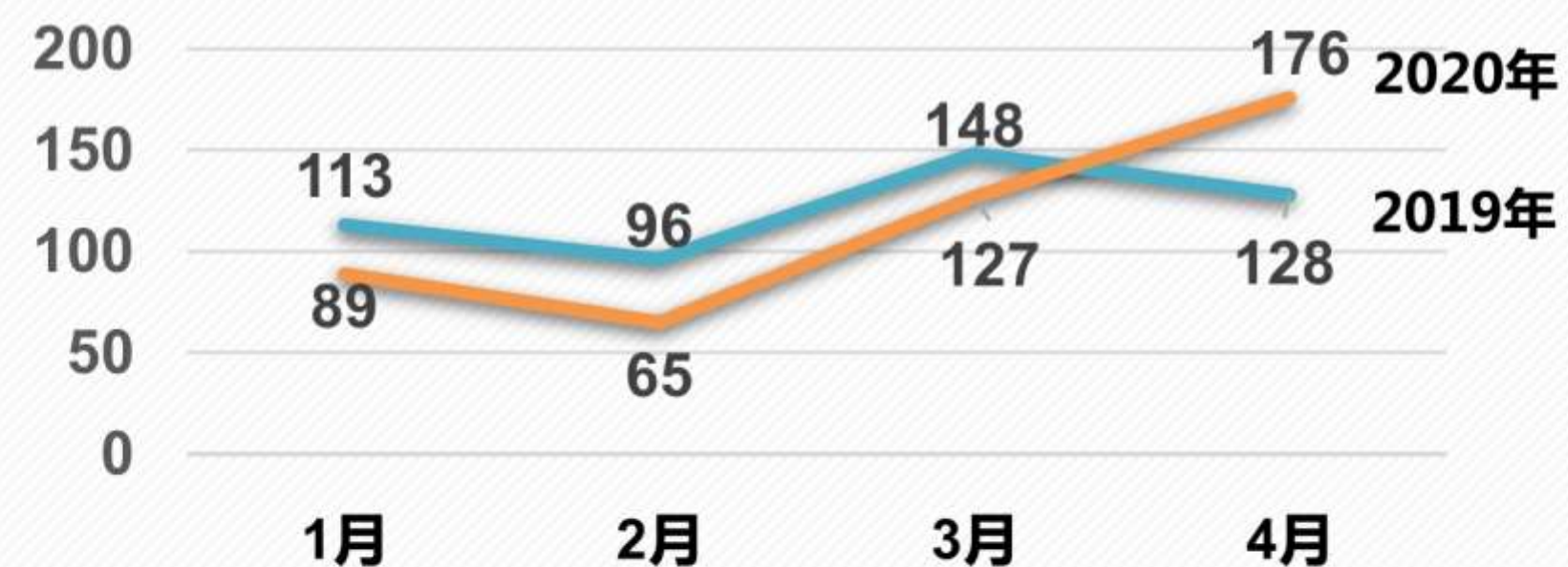
SC Visits



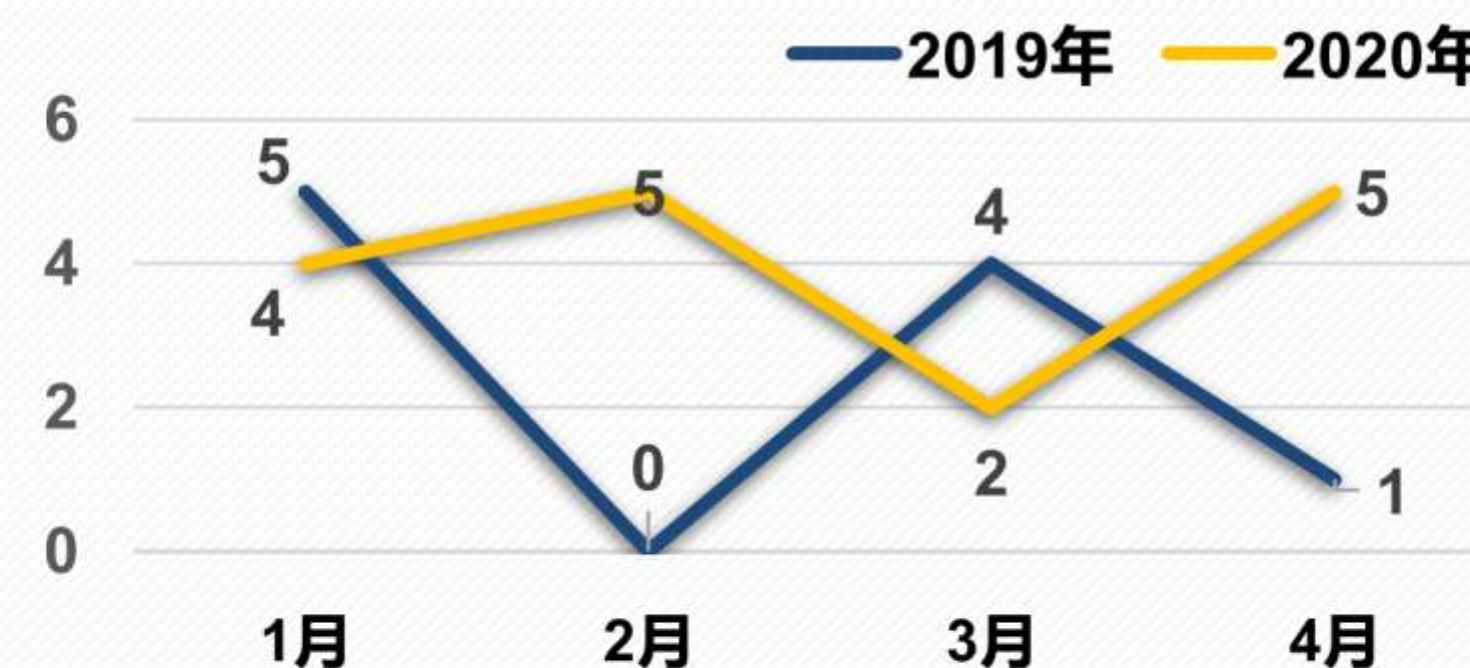
SC Thrombolysis



SC Angiography



SC Thrombectomy





Summary

- The COVID-19 epidemic spreads around the world and brings us many challenges;
 - Our experience suggests that overall planning, reasonable layout, scientific prevention and control, and adherence to the "four early" principles (early detection, early diagnosis, early isolation and early treatment) are effective methods to curb the spread of the virus;
 - Looking forward to multi-party cooperation, sharing valuable experience and lessons, and achieving the final victory in the global fight against COVID-19 as soon as possible.
-



Open dialogue & Q&A

Please share your key insights and your questions



Good Practice 3

Cllr. Prof. Samer Bagaeen

FRSA FRICS MRTPI FRGS, Brighton and Hove City Council

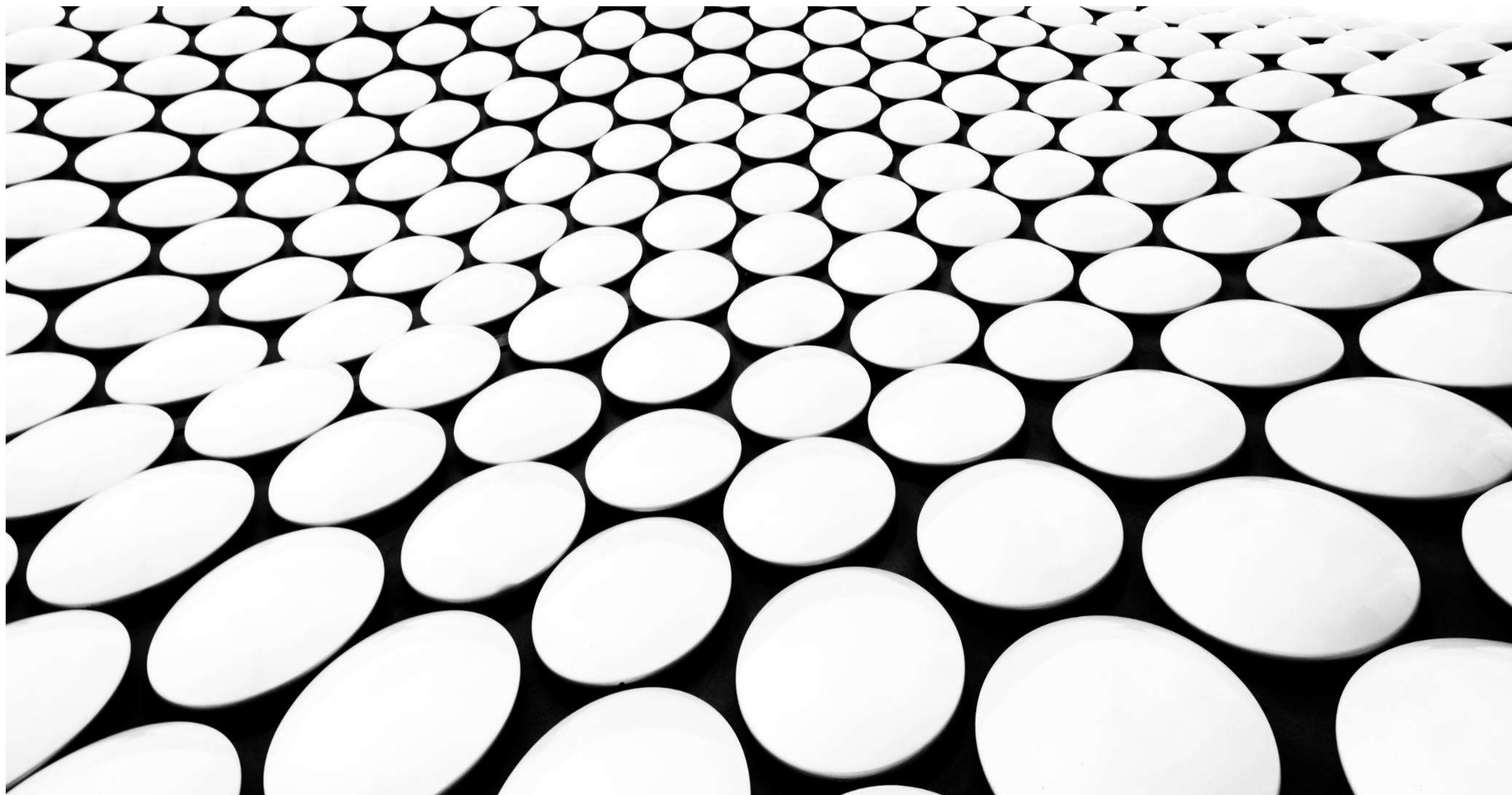
"Infection Chains and Mobile Testing"



INFECTION CHAINS & MOBILE TESTING

Cllr. Prof. Samer Bagaeen FRICS MRTPI FRSA

Member of the Health & Wellbeing Board & Professor of Planning



**University of
Kent**



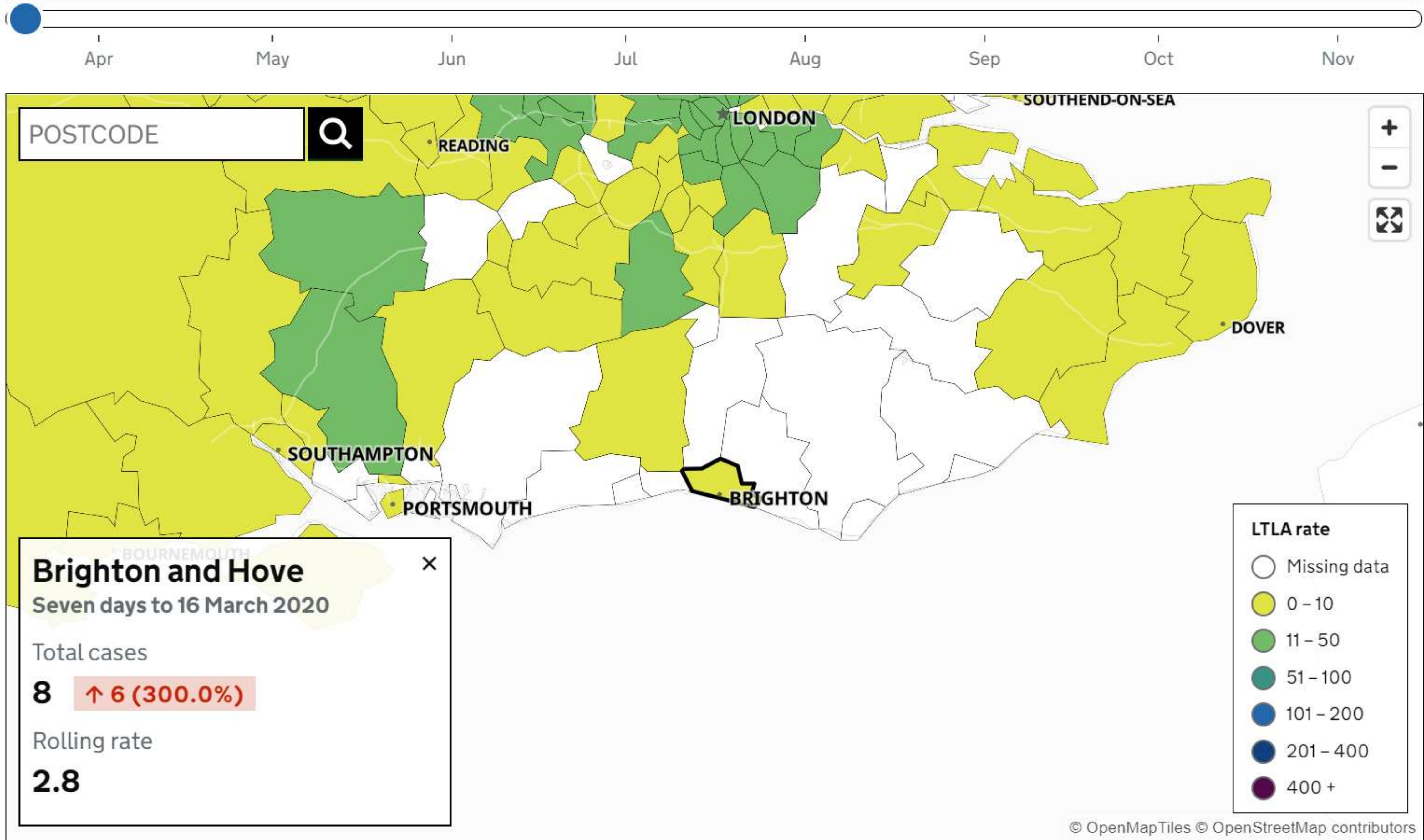


**ON 11 MARCH 2020, THE WORLD HEALTH ORGANISATION
DECLARED THAT COVID-19 WAS A PANDEMIC FOLLOWING
SUSTAINED GLOBAL TRANSMISSION**



EMERGENCY RESPONSE STRUCTURES

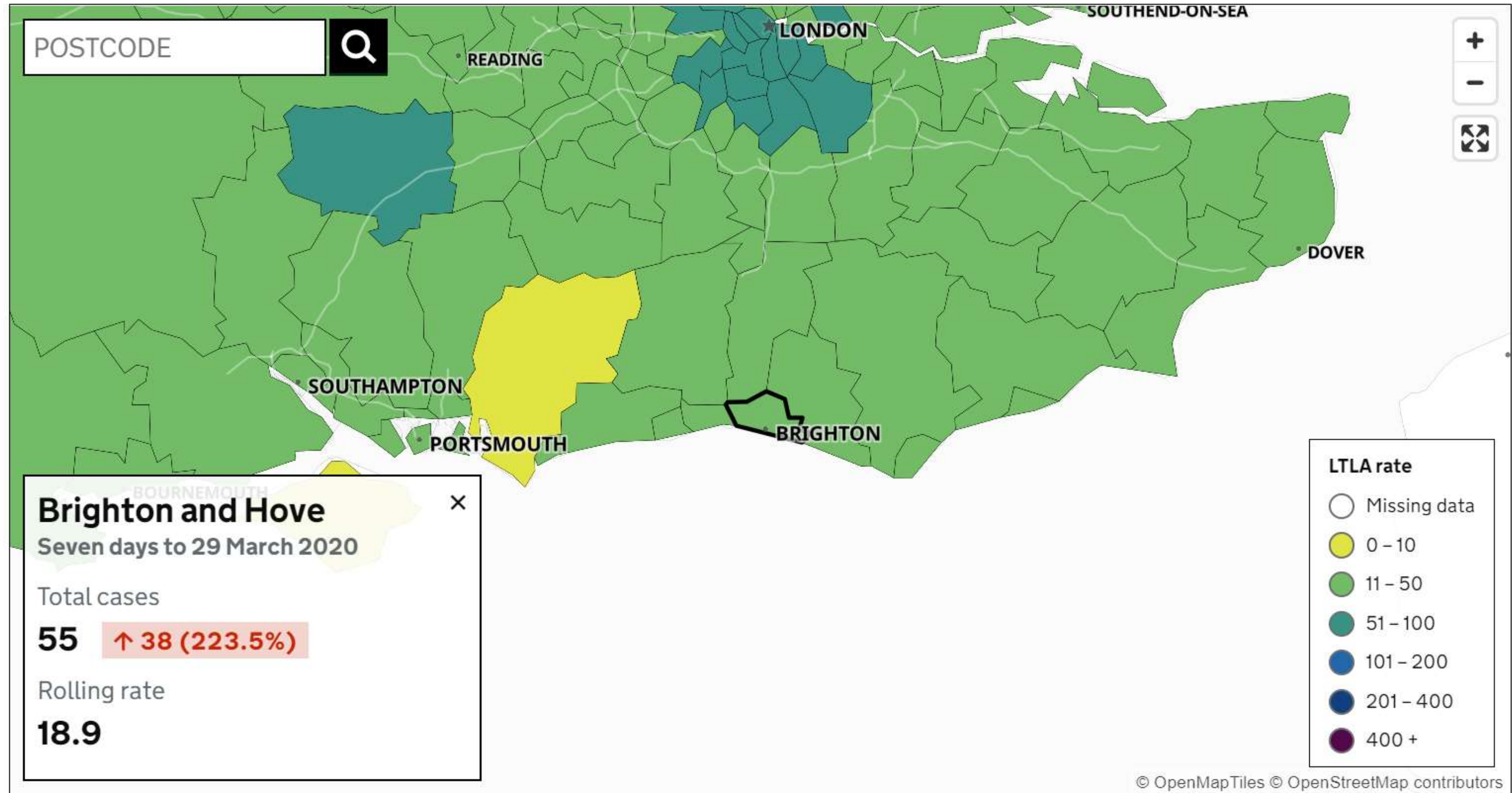
- Sussex Resilience Forum
- NHS declared Level 4 National Incident on 30 January – extensive work to date to prepare and respond
- Citywide emergency response led by the council – 13 cells established (and still operational) with a focus on the impact on public health, health & wellbeing, families & children, housing & homelessness, economy, etc
- Multiagency/sector response including voluntary & community sector



Download as [image](#).

Interactive Map

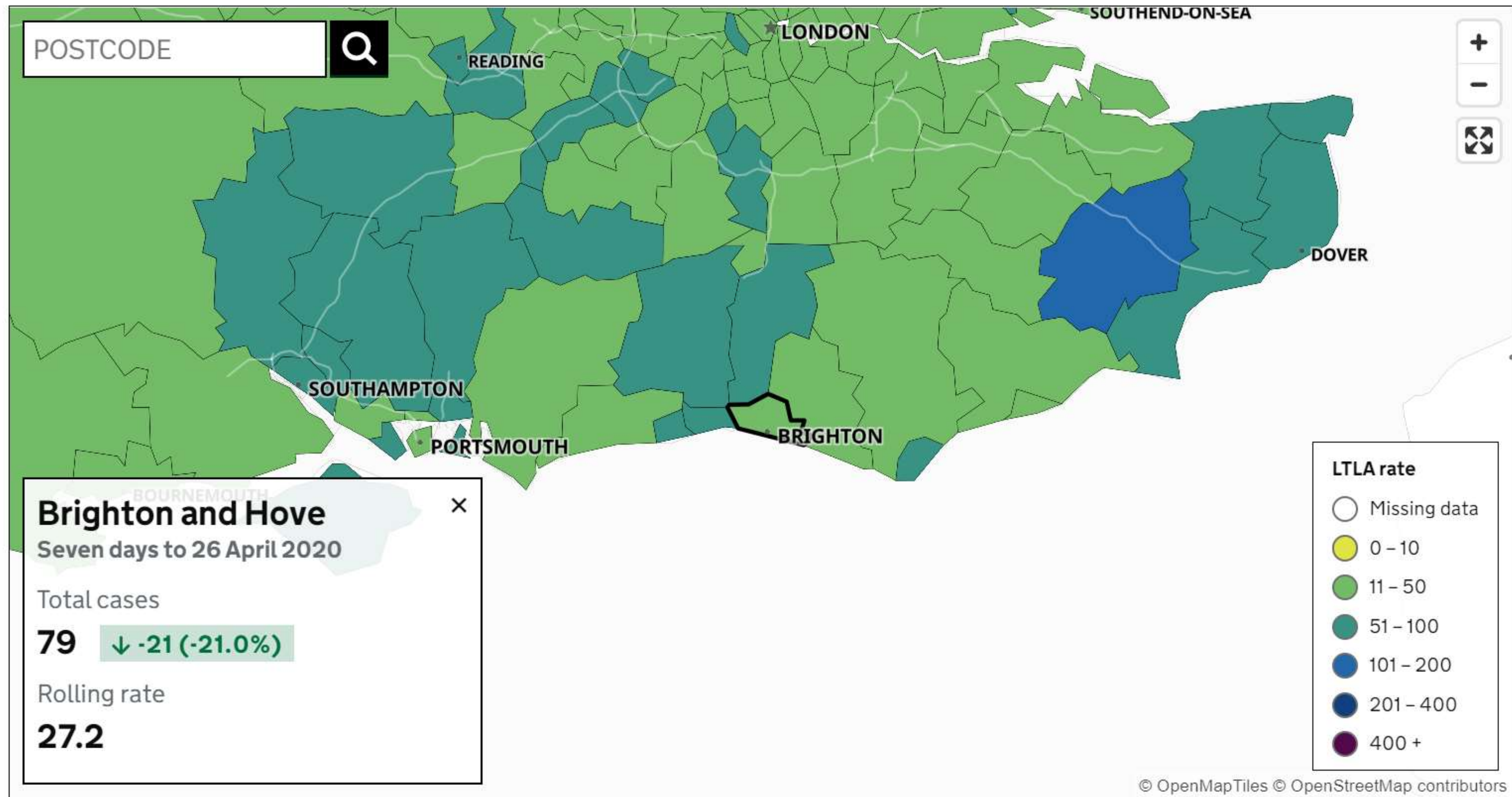
Seven day rolling rate of new cases by specimen date ending on 30 Mar 2020



Download as [image](#).

Interactive Map

Interactive Map showing rate of new cases by specimen date ending on 27 Apr 2020

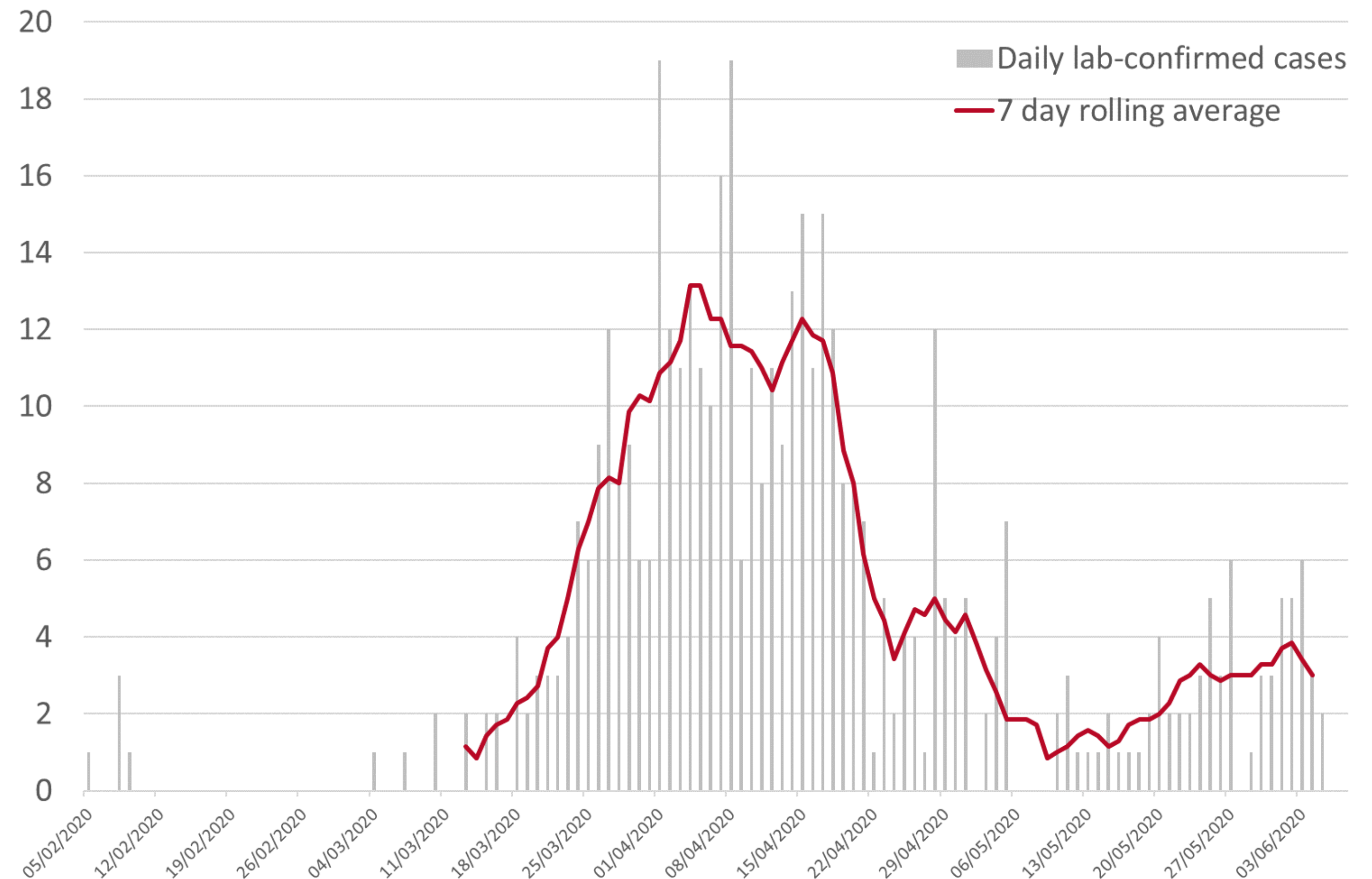


© OpenMapTiles © OpenStreetMap contributors

Download as [image](#).

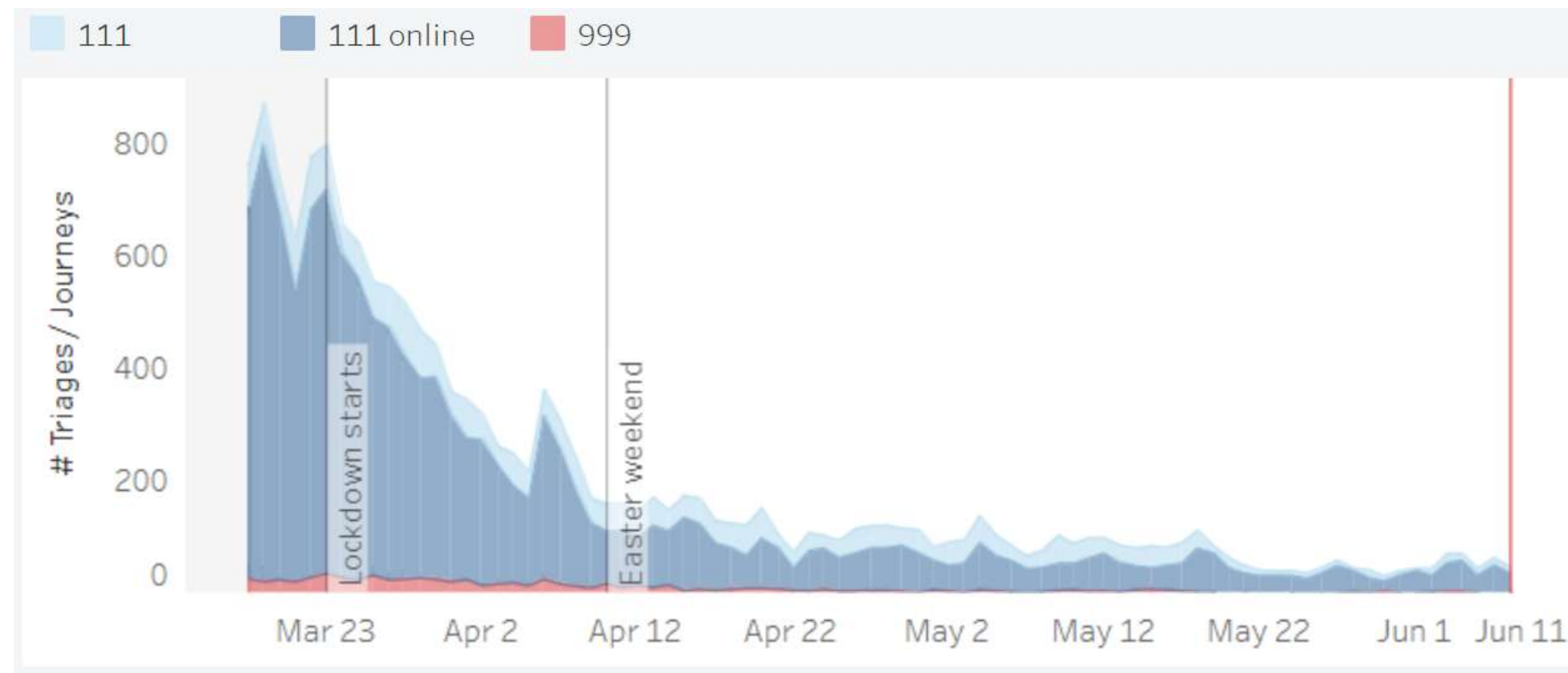
CONFIRMED CASES OF COVID-19

- PHE published data indicate 468 confirmed cases in Brighton & Hove up to 07/06/20
- Tests sent to private labs are not currently included in this data
- The crude cumulative rate from Brighton & Hove is lower than the England average – probably explained by our young age distribution.
- The peak of confirmed cases in Brighton & Hove was in early April 2020.
- Since then there has been a large reduction in the daily number of cases
- There is variation in the daily number of cases given the numbers are low.
- The recent small increase in cases is being closely monitored.



RESIDENTS REPORTING SYMPTOMS

- 111 and 999 data relating to Covid-19 symptoms is a good early warning indicator
- National research indicates a strong association between NHS 111 and 999 triages for Covid-19 and deaths from Covid-19 16 days later
- Daily monitoring of 111 and 999 data for Brighton & Hove residents show the reduction following the start of the lockdown in March which has continued, with comparatively very low numbers continuing



Source:
NHS Digital

EMERGENCY RESPONSE STRUCTURES

Current position

- First peak past
 - Restoration and recovery
 - Easing of lockdown
 - Preventing a second surge: NHS Test & Trace and Outbreak Control
-
- Collective effort, too early still for all lessons learnt but there will be a future 'new normal'



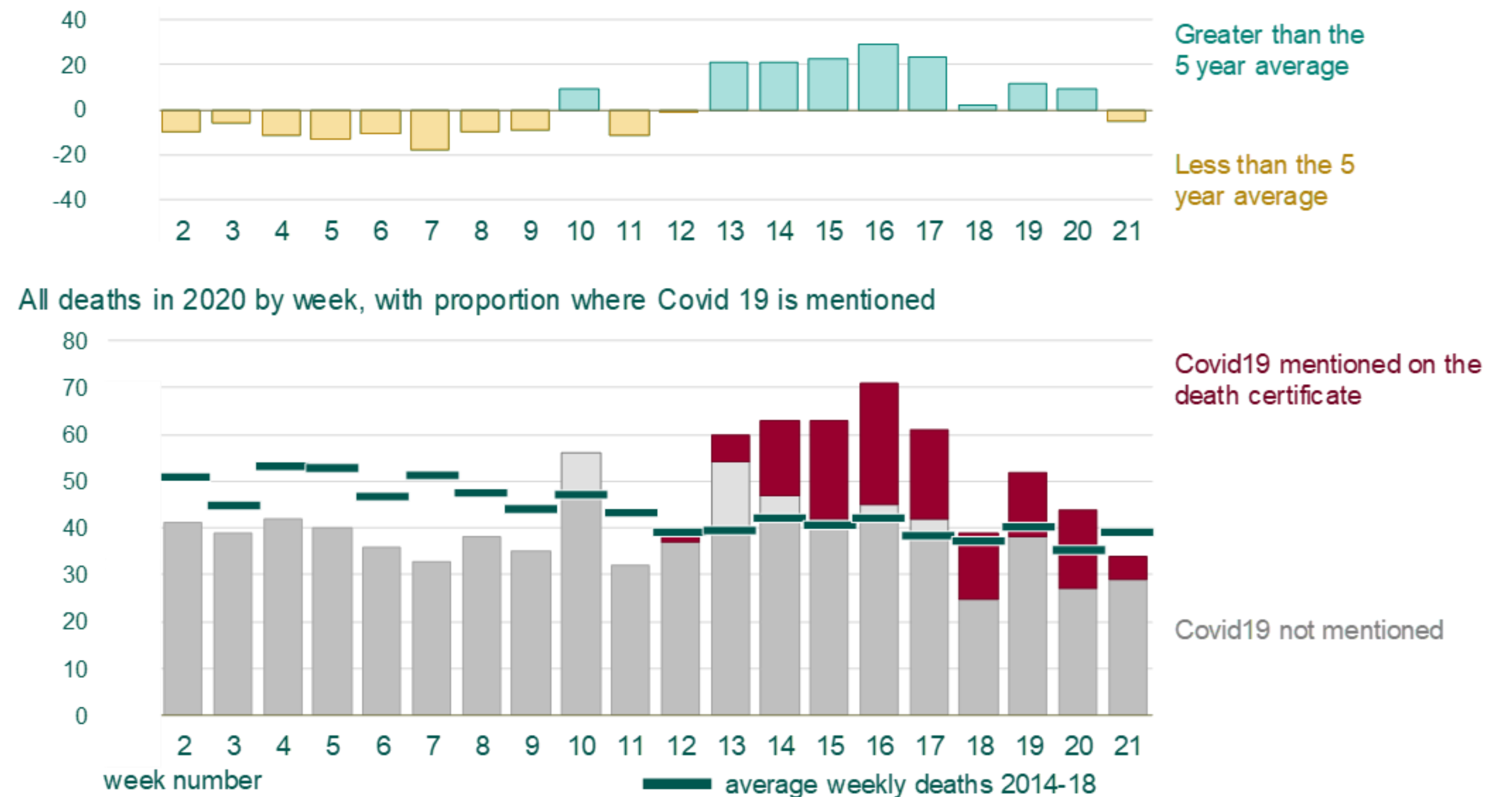
ON 28 MAY, THE NATIONAL NHS TEST AND TRACE SERVICE WAS OFFICIALLY LAUNCHED IN ENGLAND.

THIS NEW SERVICE PROVIDES THE FRAMEWORK FOR PEOPLE WHO HAVE COVID-19 SYMPTOMS TO HAVE A TEST AND FOLLOWS UP WITH CLOSE CONTACTS OF ANYONE WHO TESTS POSITIVE SO THEY TOO CAN BE ASSESSED AND GIVEN ADVICE ABOUT SELF-ISOLATING.



EXCESS MORTALITY

- These charts from Public Health England show deaths from all causes for Brighton & Hove by week in 2020 compared to the average for deaths registered in that week for 2014-2018.
- This shows that in the early weeks of 2020, there were fewer deaths per week compared to the average for 2014-18.
- From the w/e 27 March (week 13) there have been excess deaths compared with the average in the city
- In the w/e 22 May (week 21) there were fewer deaths than the average for 2014-2018.



ONS - Deaths registered weekly in England and Wales, provisional

LOCAL OUTBREAK CONTROL PLANS – JUNE 2020

- Local government and partners at the centre of outbreak response
- Interface with NHS Test and Trace
- Seven themes
 - Care homes and schools
 - High risk places, locations and communities
 - Local testing capacity
 - Contact tracing in complex settings
 - Use of data including links with Joint Biosecurity Centre
 - Supporting vulnerable people to self isolate
 - Local governance including Covid-19 Health Protection Board and Member led Board (potential role for HWB)



- The Brighton & Hove Local Outbreak Engagement Board (LOEB) is a councillor led oversight board, chaired by the Leader of the Council
- The primary roles of the LOEB are to
 - provide political oversight relating to outbreak response
 - provide direction and leadership for community engagement
 - be the public face of the local response in the event of an outbreak

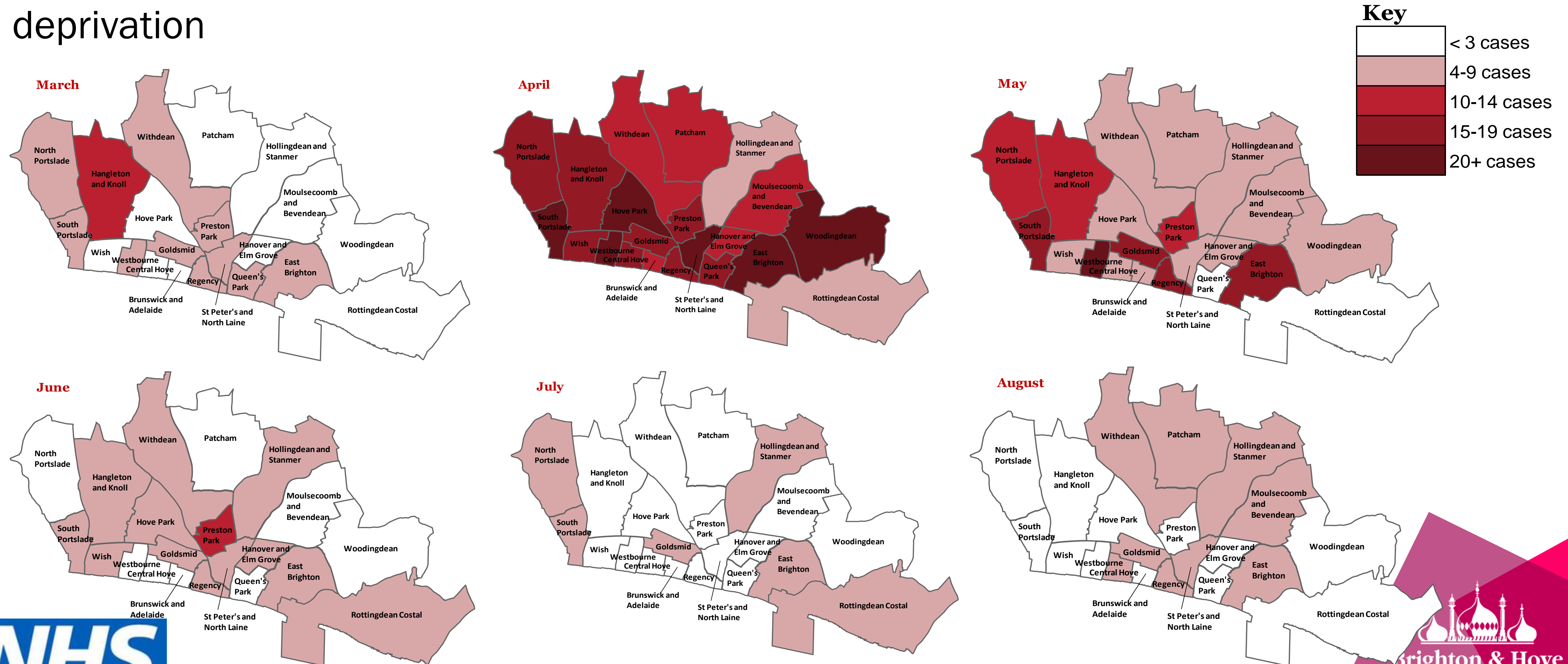


KEY ISSUES AND CHALLENGES

- **Keeping vulnerable people safe along with the safety of staff:**
 - Personal Protective Equipment
 - Testing: track and trace still embedding
 - Good hygiene practice – always!
- **Reducing rate of community transmissions (incl Care Homes)**
 - Embedding delivery of the care home support plan that has been submitted to Dept Health & Social Care
 - Even closer relationship between NHS, council and service providers (care homes/domiciliary care/supporting services)
 - Managing the risks in adopting a measured approach to recovery and a future new normal
- **Restoration of services**
- **Financial risk to council and wider system**

CONFIRMED CASES BY WARD

There has been no particular concentration in any area of the city and no link with deprivation

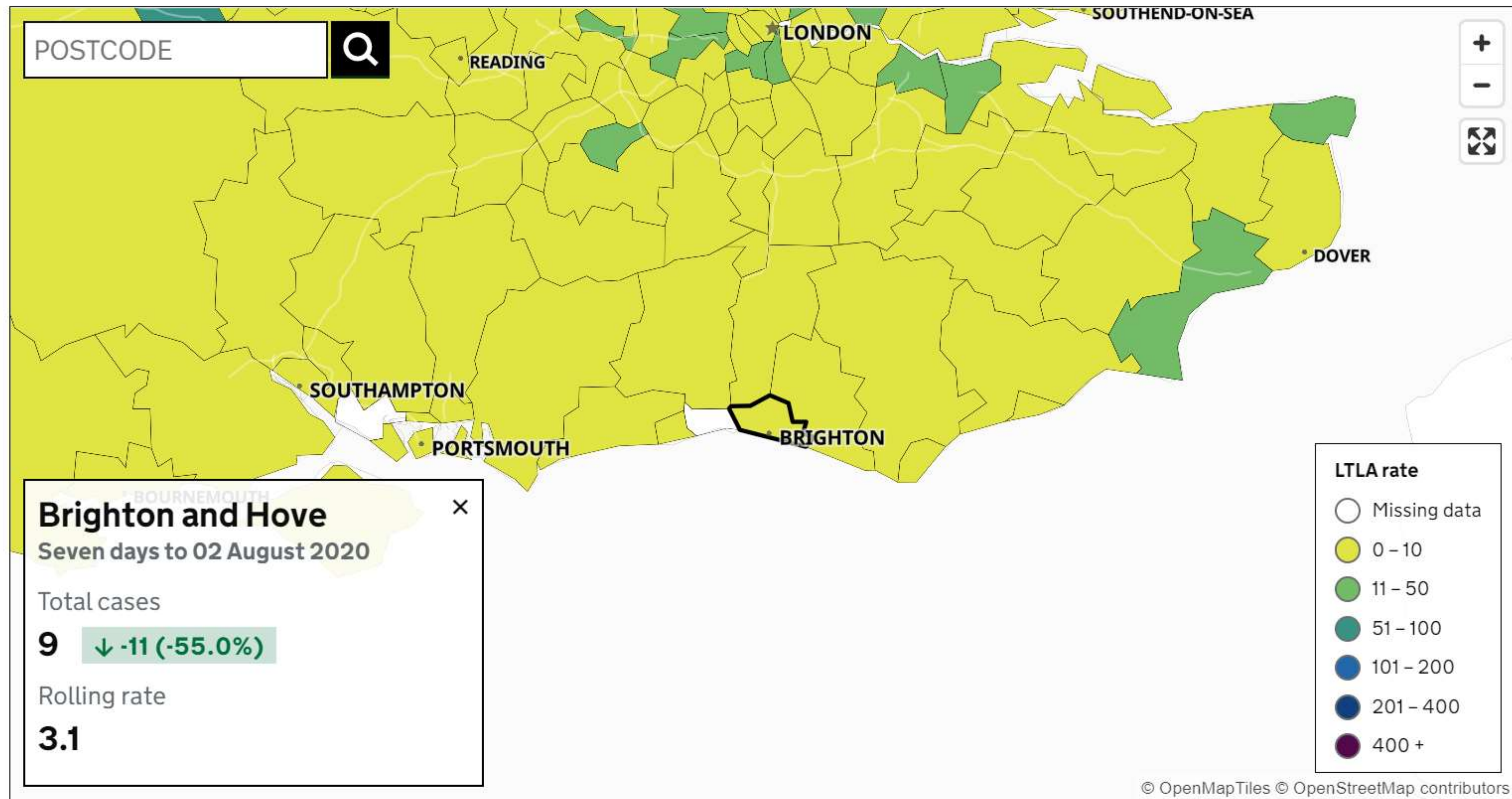


Brighton & Hove
City Council

Source: Public Health England confirmed cases

Interactive Map

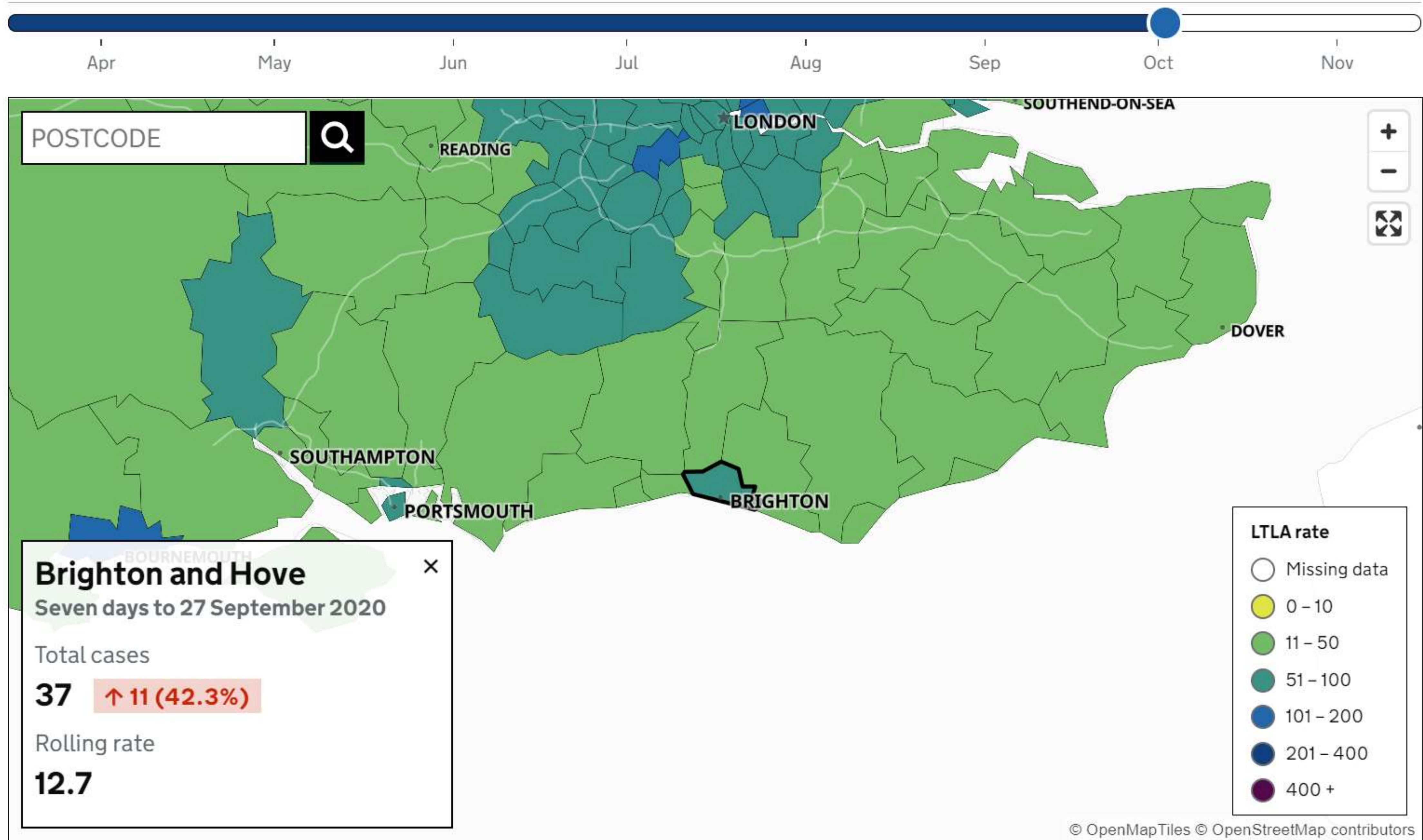
Estimated daily rate of new cases by specimen date ending on 03 Aug 2020



Download as [image](#).

Interactive Map

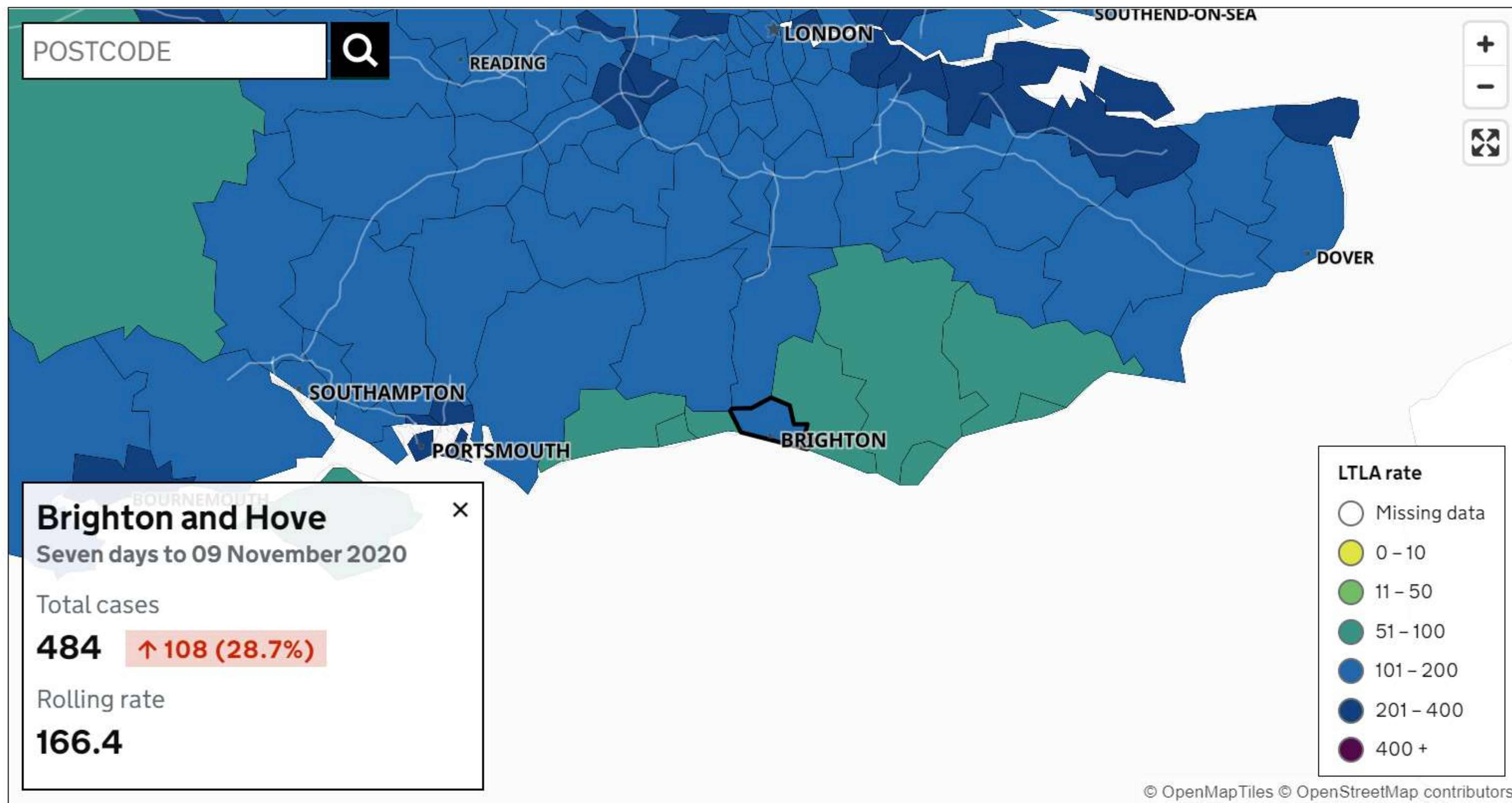
Interactive map showing the rate of new cases by specimen date ending on 05 Oct 2020



Download as [image](#).

Interactive Map

Seven days rolling rate of new cases by specimen date ending on 09 Nov 2020

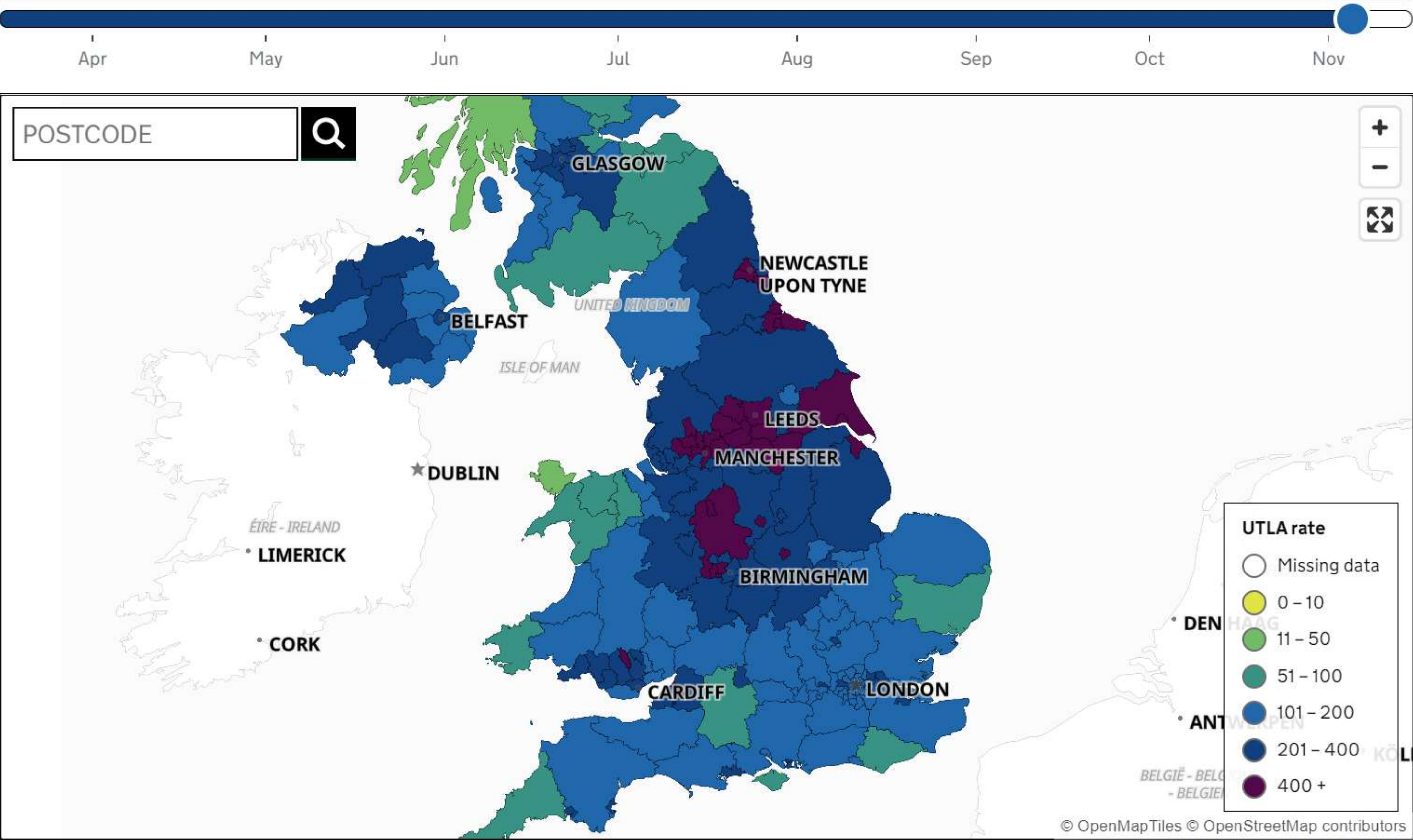


© OpenMapTiles © OpenStreetMap contributors

Download as [image](#).

Interactive Map

UTLA rate of new cases by specimen date ending on 09 Nov 2020



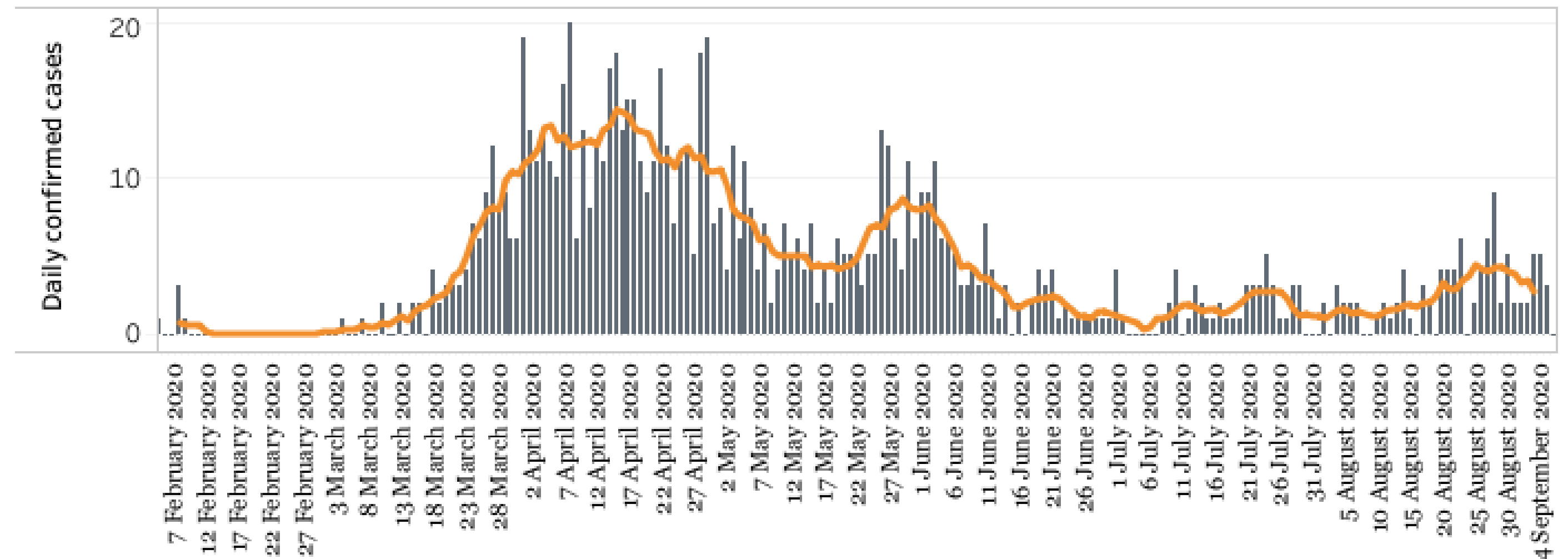
Download as [image](#).

CONFIRMED CASES OF COVID-19

- PHE published data indicate 907 confirmed cases in Brighton & Hove up to 06/09/20
- The crude cumulative rate from Brighton & Hove is lower than the England
- The peak of confirmed cases in Brighton & Hove was in early April
- Since then there has been a large reduction in the daily number of cases although there is variation in the daily number of cases given the numbers are low
- Cases have increased in late August, this is being closely monitored



Confirmed COVID-19 cases in Brighton & Hove



Key

- 7-day daily average
- Daily confirmed cases

Confirmed cases up to 6 September 2020:
907

Confirmed cases (rate per 100,000 population) up to 6 September 2020:
311.8

Confirmed cases in the last 7 days:
19

Confirmed cases (rate per 100,000 population) in week ending 30 August 2020:
8.3

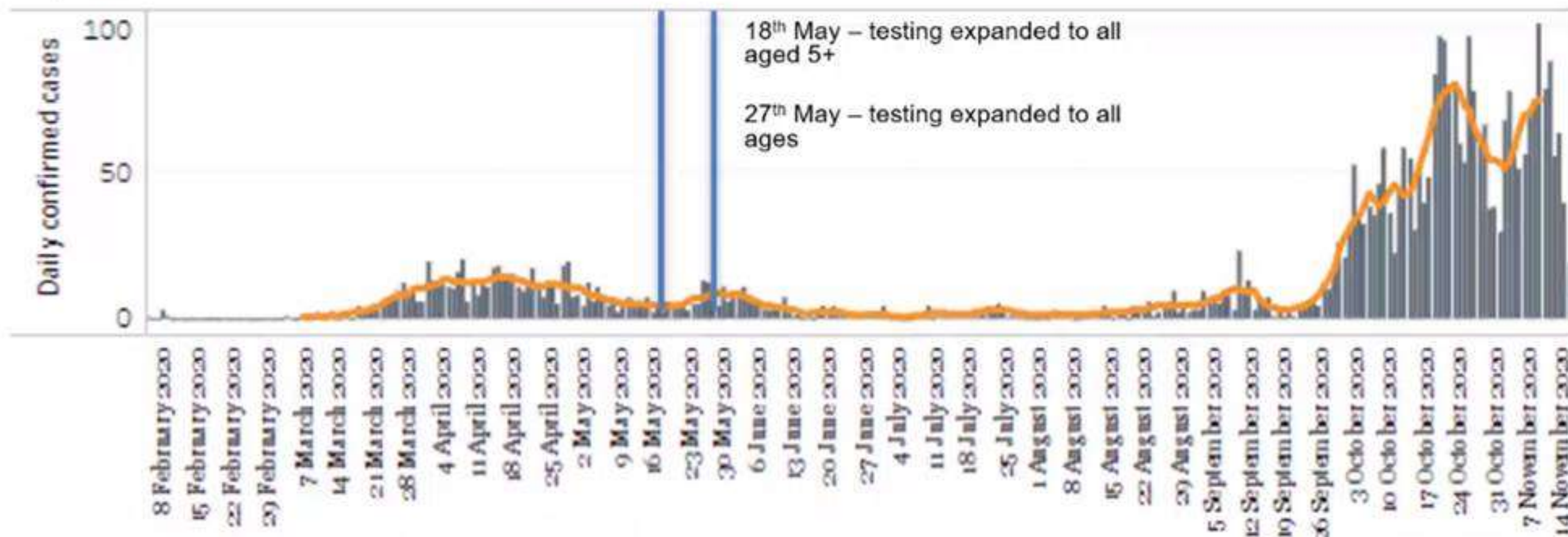
Last available data: 6 September 2020

Source: <https://coronavirus.data.gov.uk>

Confirmed cases of COVID-19



Confirmed COVID-19 cases in Brighton & Hove



519 cases in week to 12 November

Source: <https://www.brighton-hove.gov.uk/covid-19-key-statistics-brighton-hove/confirmed-cases>

Key

- 7 day daily average
- Daily confirmed cases

Confirmed cases up to 16 November 2020:
3,686

Confirmed cases (rate per 100,000 population) up to 16 November 2020:
1,267

Confirmed cases in the 7 days up to 12 November 2020:
519

Confirmed cases (rate per 100,000 population) in 7 days up to 12 November 2020:
178.4

Most recent days subject to reporting delay. Last available data: 16 November 2020

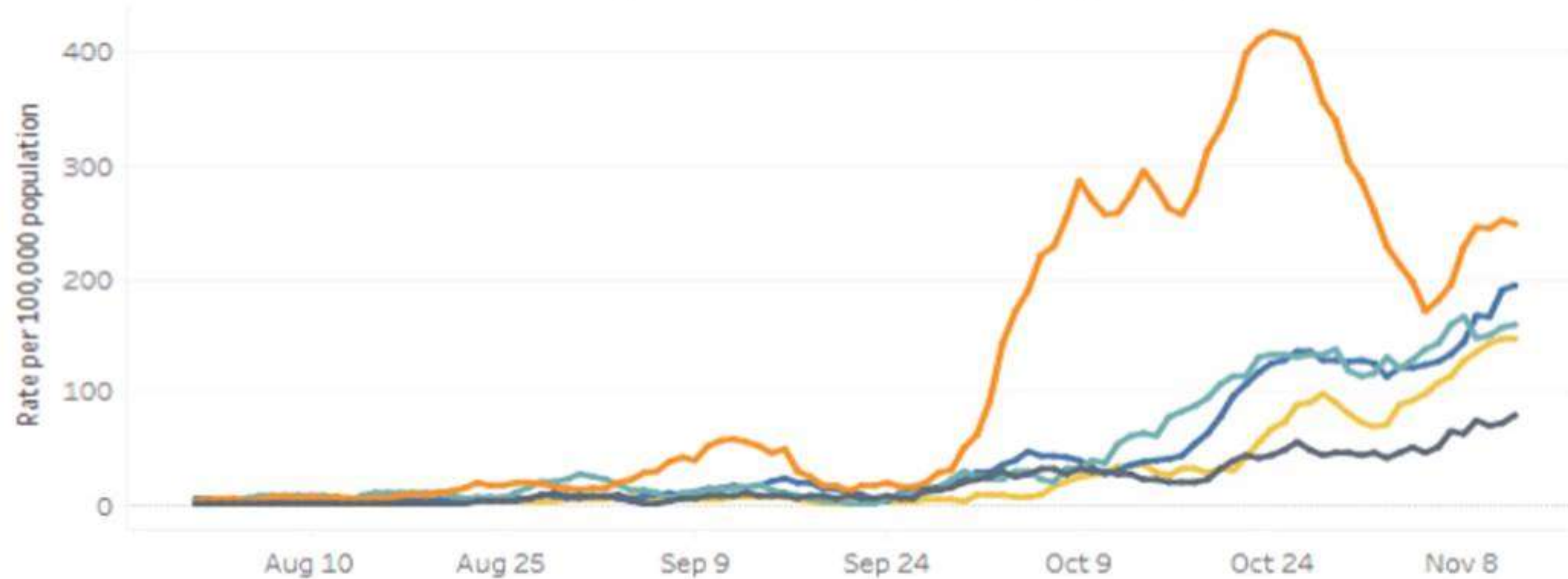


Case rates by age group

Updated 18.11.20



COVID-19 rates per 100,000 people by seven day period in Brighton & Hove, by age group



Key

- 0-14 years
- 15-29 years
- 30-39 years
- 40-59 years
- 60+ years

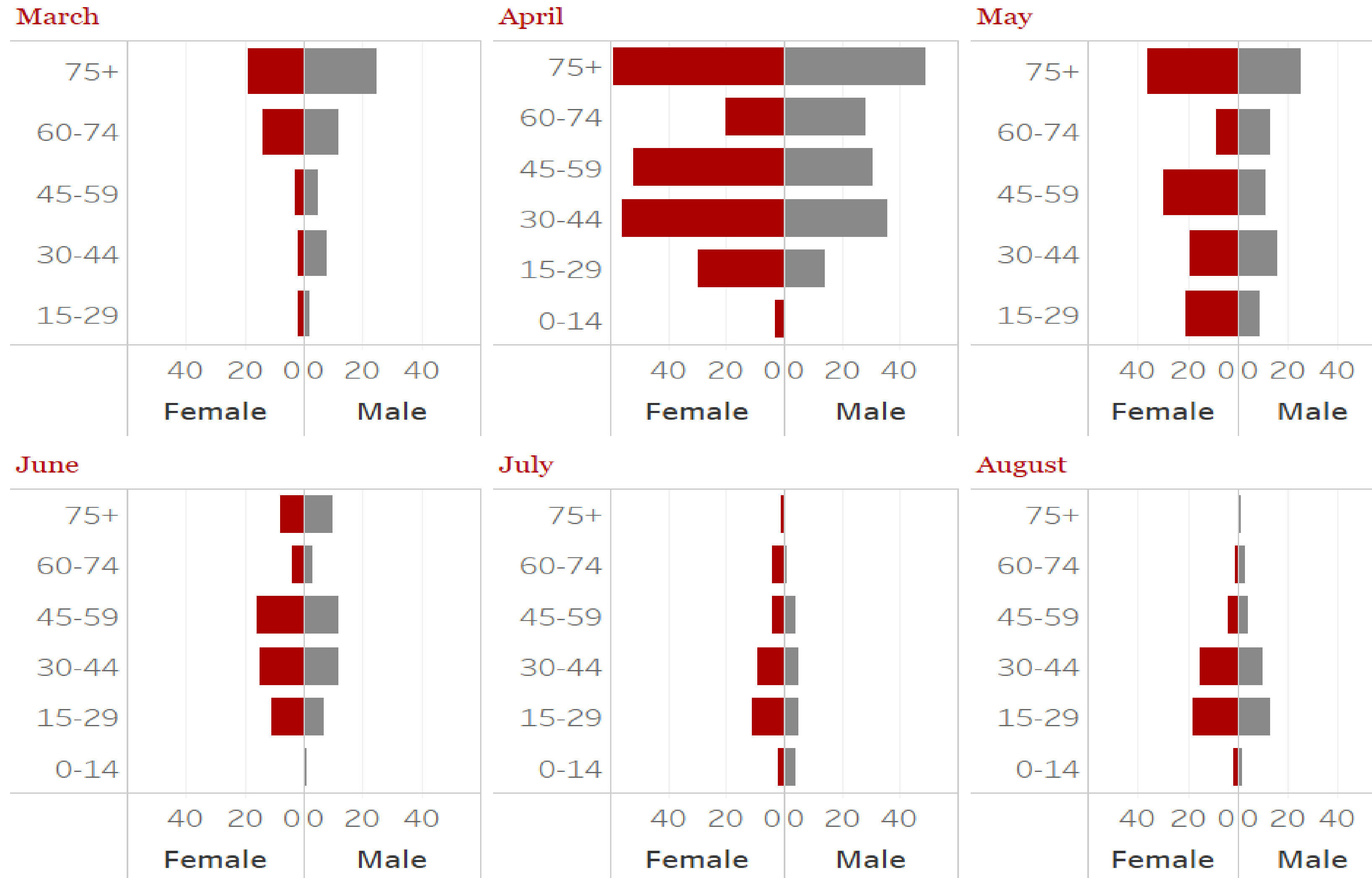
Confirmed COVID-19 cases per 100,000 in Brighton & Hove in 7 days up to November 12, 2020, by age group:

0-14 years	78.5
15-29 years	247.6
30-39 years	158.6
40-59 years	193.3
60+ years	146.2

CONFIRMED CASES BY AGE AND GENDER

- More females than males have tested positive for COVID-19 in Brighton & Hove (56% of confirmed cases are female)
- This is both for older people and for those of working age
- Very few children have tested positive for COVID-19 in Brighton & Hove
- Early testing was within hospitals, care homes and for health and care staff, which will have influenced the age and gender of confirmed cases
- Cases in more recent months have been higher in younger adults

Age and gender breakdown of confirmed cases up to 31st August, Brighton & Hove



Updated 18.11.20

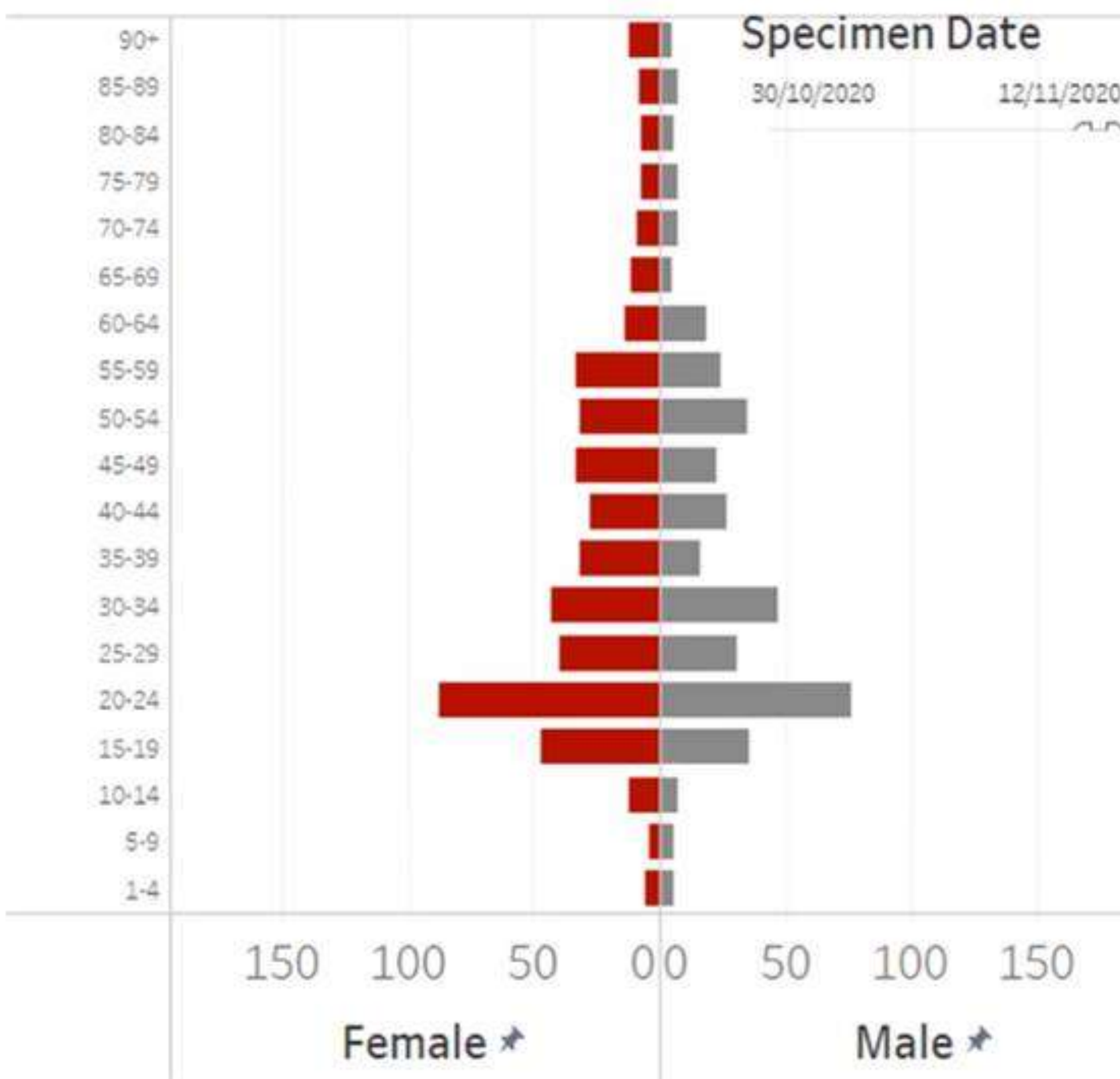
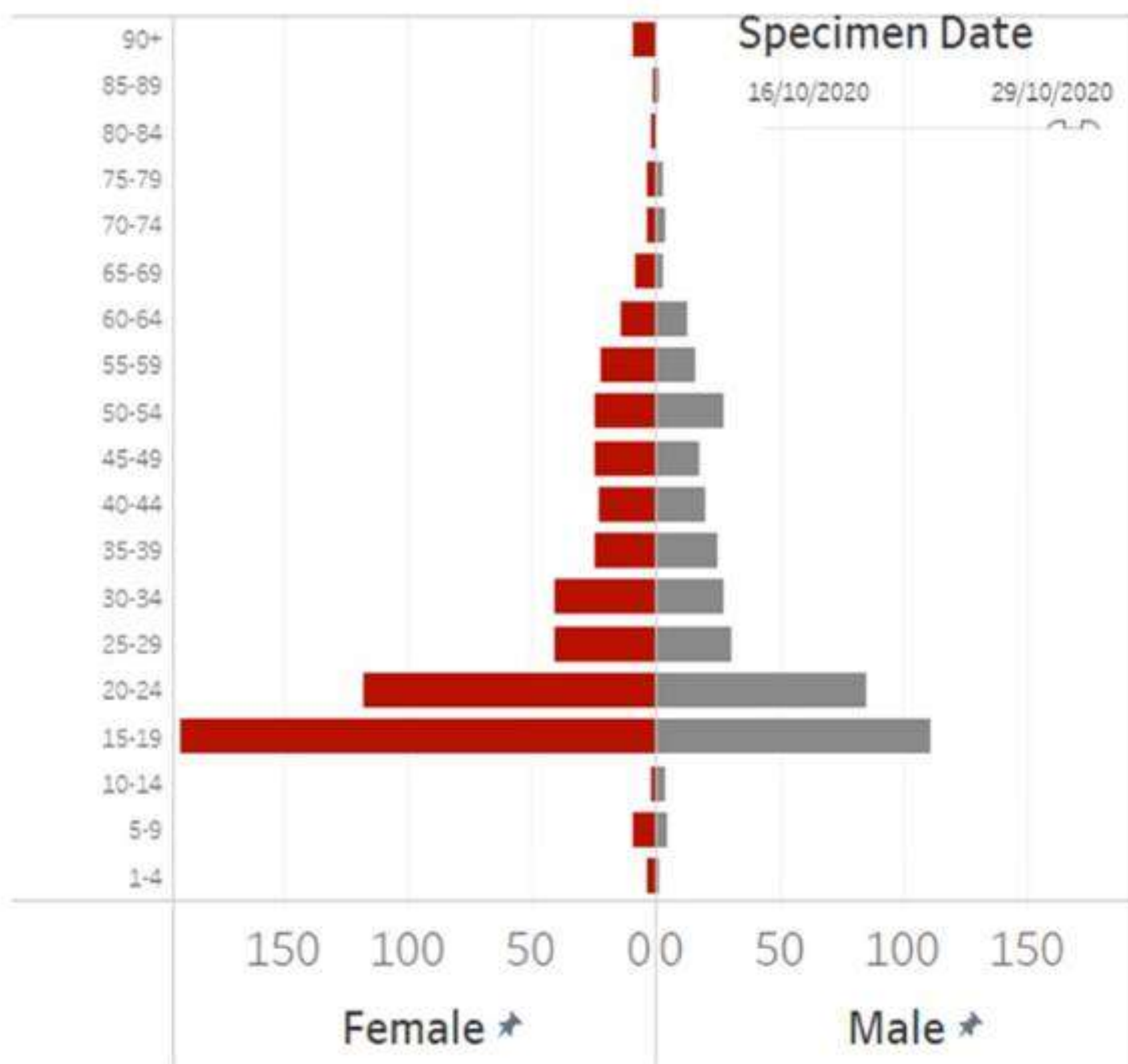
Turn car

Confirmed cases by age and gender

Age and gender pyramind of confirmed cases in latest 14 days compared to the previous 14 days

Previous 14 days

Most recent 14 days



Cases for 0 year olds removed due to data issue



RISKS AND STRENGTHS OF FUTURE JOINT WORKING

- Leading and managing in uncertainty
- New challenges to address and new opportunities we will want to retain
- Potential for refreshed HWB to play critical future role
- Financial sustainability – too early to detail but impact on council and other system stakeholders is, and will be, profound!

THANK YOU

S.BAGAEEN@KENT.AC.UK

www.samerbagaeen.com

<https://samerbagaeen.wordpress.com/>

Open dialogue & Q&A

Please share your key insights and your questions





See you again at 10:50 a.m. CET



Welcome to the Connective Cities Day 2 on “Public Health & Crisis Management”

Technical set-up

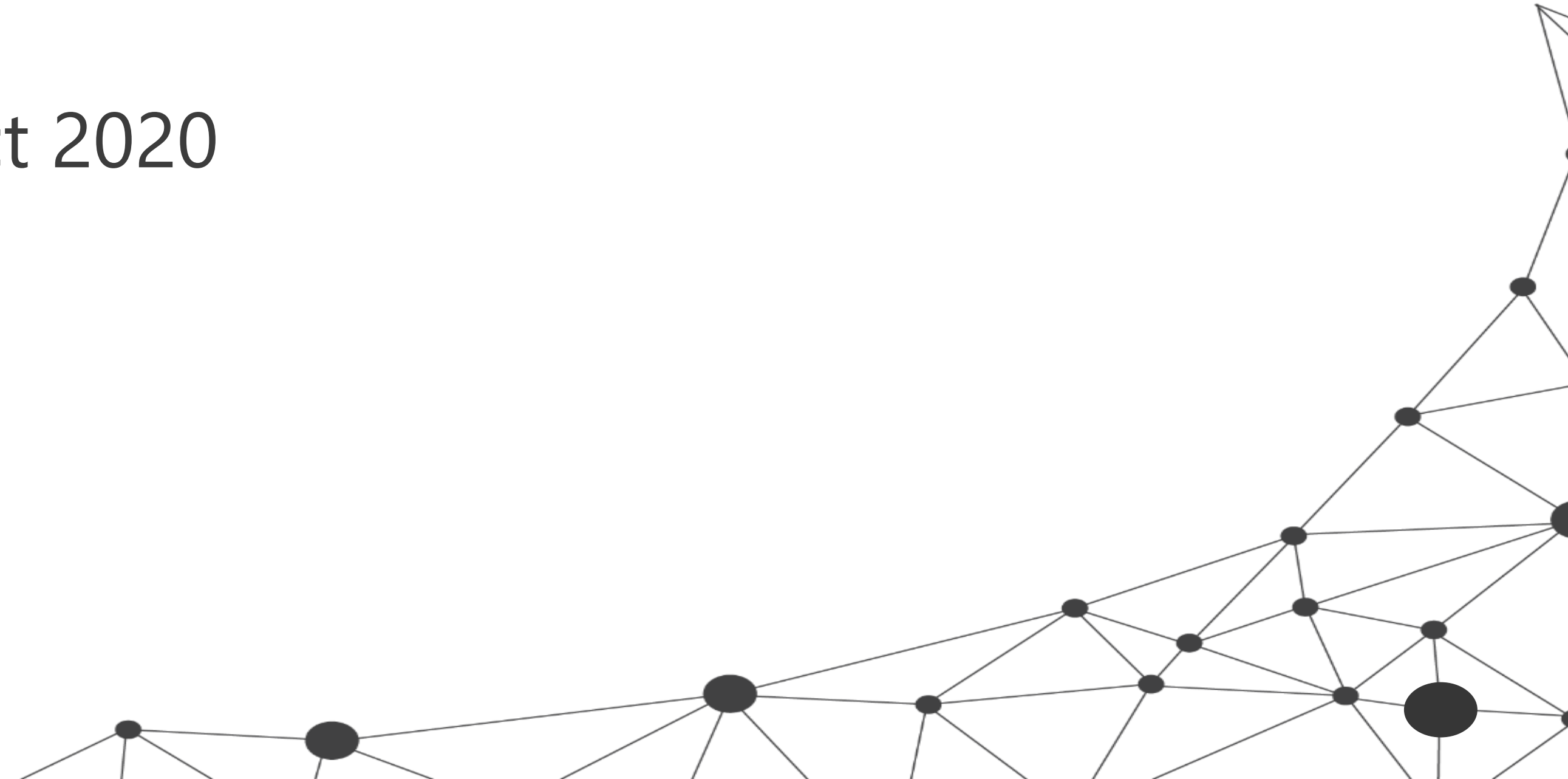
- Please check your audio and video connection
- Contact technical support for help if necessary



Welcome to Connective Cities Session 2

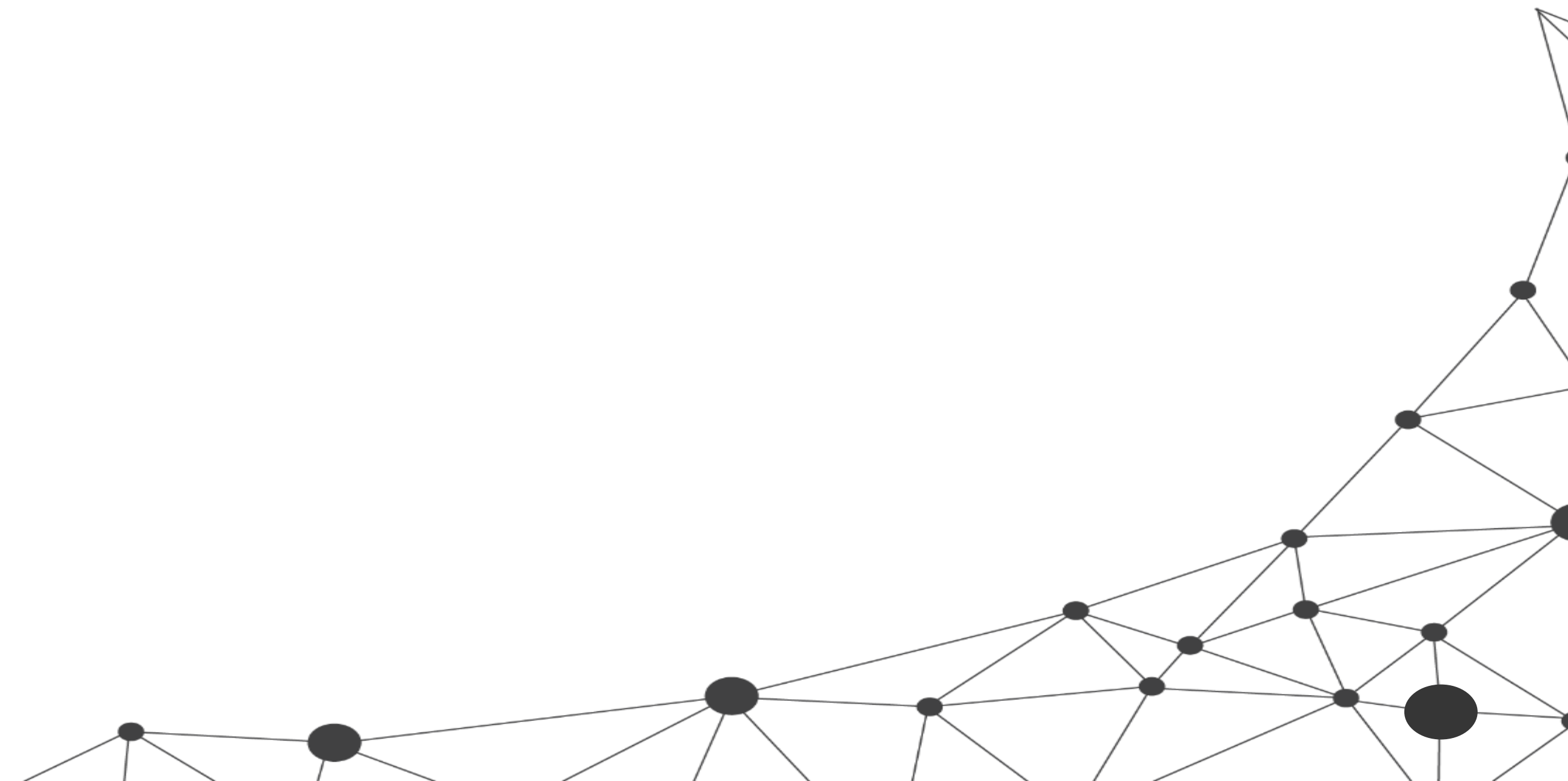
Day 2 “Public Health & Crises Management”

24 Oct 2020



Agenda of the day

Tuesday, 24 th Nov	Public Health & Crisis Management	08:30 – 10:30	Infection Chains & Mobile Testing
		11:00 – 13:00	Crisis Management and Urban Public Services
		16:30 – 18:30	Decision making and communication in crises situations



Workshop objectives for today

- Provide an **overview** on public health measures & crises management during the pandemic
- To share **ideas and good practices** on municipal projects
- To inform about possible **next steps** within the programme
Connective Cities



Housekeeping rules

For the next webinars:

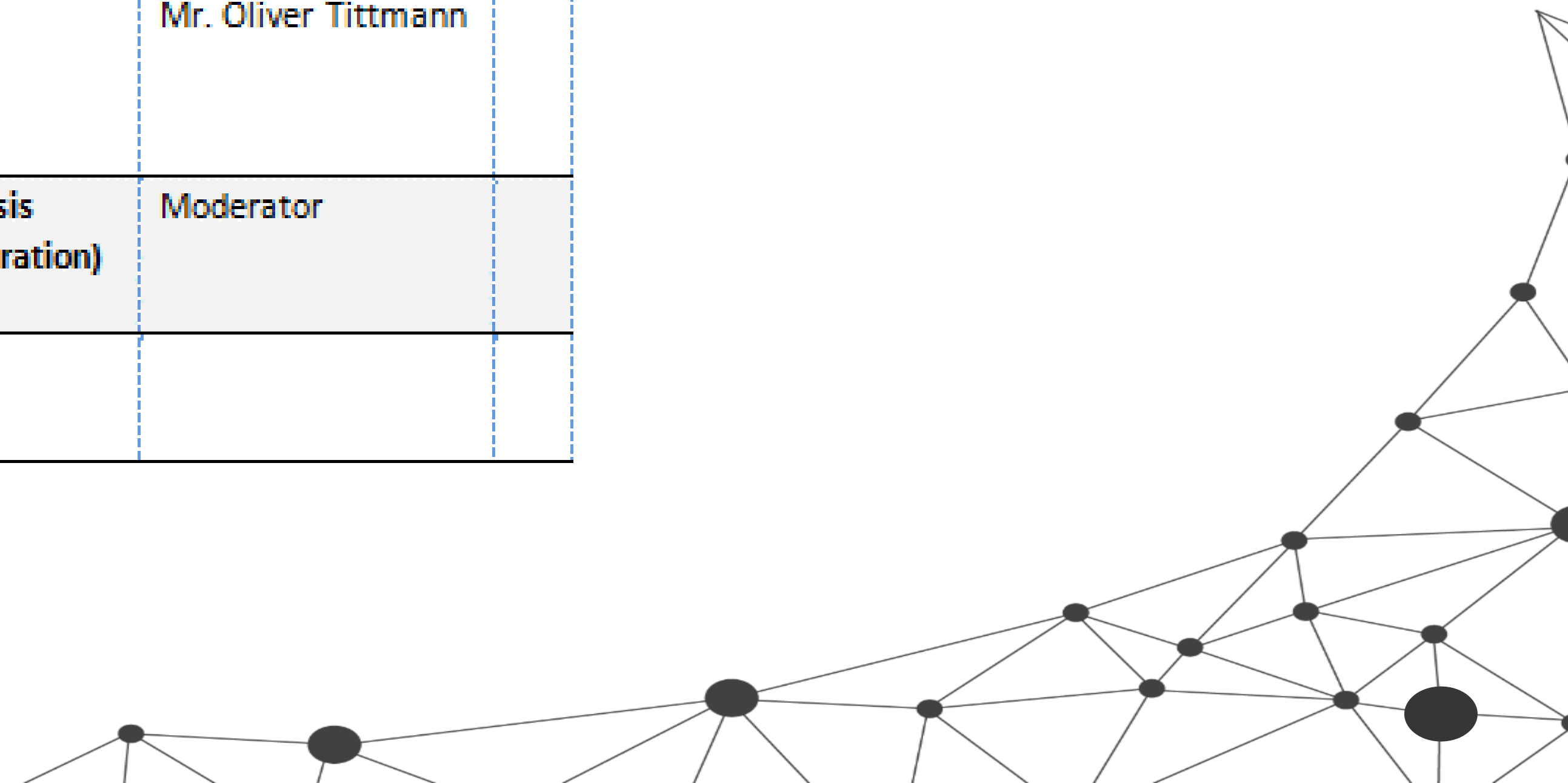
1. **Show up on time.** The BBB will be open 15 minutes upfront.
2. **Turn off your webcam** during the presentation.
3. **Mute yourself** when you are not speaking to avoid disturbances. Please use the **chat function** for your questions and comments
4. **For translation, please use the translation-link <https://app.interactio.io> and the code THINK2020 – also provided via chat**

Would you like to add a new rule? Reach out to us!
We are in this together to co-create a pleasant experience!



Agenda: Session 2

Time	Agenda	Speaker	
Tuesday, November 24 th ,			
10:50	Technical check-up	Tech-support	
11:00	Start of the Response Dialog	Moderator	
11:15 – 12:00	Good practice 1 and Q&A Wuhan	Ms. Junqin Wu	
12:00 – 12:45	Good practice 2 and Q&A Duisburg, German	Mr. Oliver Tittmann	
12:45 – 12:55	transferring learnings from the crisis (Challenges and chances for cooperation) Discussion (10 min)	Moderator	
12:55 – 13:00	Closing and next steps		



Good Practice 1

Junqin Wu

Vice director of Key Project Supervision and Coordination
Office of Wuhan Municipal People's Government



Open dialogue & Q&A

Please share your key insights and your questions



Good Practice 2

Oliver Tittmann

Head of fire department Duisburg

„Duisburgs action for COVID-19“



Oliver Tittmann

Chief of Fire Department Duisburg



Definition of Goals and Tasks:

- The progressive spread of the COVID-19 virus already showed the fire department management in advance of any requirements that might arise for crisis management. Experience from regions in which the COVID-19 virus was previously active was extremely helpful for the management staff.
- Building on this knowledge, goals of population supply were clearly defined and communicated. Working groups that go beyond the usual staff organization for the fire brigade were set up to achieve the goal. In addition to the staff, other specialist advisors (e.g. intensive care staff, medical advisers, chemists, pharmacists and much more) were brought in to support the working groups.
- Clear targets for the individual operational phases (working groups) and corresponding time frames were defined
- Clear work orders were defined within the management team and the working groups, given to the relevant specialist staff and processed there. The progress and the achievement of objectives were discussed in regular situation reviews.
- In addition, a regular evaluation of the work processes and working conditions in the management team and the working groups was carried out by the department heads or working group leaders. The knowledge gained from the evaluations flowed into the further work processes and led to improvements here.



Definition of Goals and Tasks:

- The progressive spread of the COVID-19 virus already showed the fire department management in advance of any requirements that might arise for crisis management. Experience from regions in which the COVID-19 virus was previously active was extremely helpful for the management staff.
- Building on this knowledge, goals of population supply were clearly defined and communicated. Working groups that go beyond the usual staff organization for the fire brigade were set up to achieve the goal. In addition to the staff, other specialist advisors (e.g. intensive care staff, medical advisers, chemists, pharmacists and much more) were brought in to support the working groups.
- Clear targets for the individual operational phases (working groups) and corresponding time frames were defined
- Clear work orders were defined within the management team and the working groups, given to the relevant specialist staff and processed there. The progress and the achievement of objectives were discussed in regular situation reviews.
- In addition, a regular evaluation of the work processes and working conditions in the management team and the working groups was carried out by the department heads or working group leaders. The knowledge gained from the evaluations flowed into the further work processes and led to improvements here.



Establishment of a Special Contact Tracking Unit

- After intensive cross-departmental personnel acquisition within the city administration, the special unit for contact tracking was staffed with sufficient personnel.
- At the Special Unit information about test results (positive and negative) is given, contact persons are asked, they are informed and the quarantine obligation is pointed out
- Infected people are called daily to inquire about their state of health and compliance with the quarantine obligation.
- Data on findings are recorded and archived.
- Processing of all telephone and electronic (email) inquiries.



Early Involvement of Volunteers (volunteer fire brigade and aid organisations)

- The immediate involvement of volunteers in the volunteer fire brigade and the relief organisations of organised emergency services proved to be very advantageous. Due to the different professional qualifications (e.g. business economist, merchant for warehouse and logistics, online editor, exam. Nurse, professional driver, etc.), these emergency workers were able to support the working groups on the one hand, but also contribute their experiences from everyday work and thus make a decisive contribution to improving work processes and thus to achieving goals.
- Numerous ideas and experiences flowed through joint discussions with work group leaders and managers volunteers in the different concepts described below.
- Establishment of viewing and test centers as well as mobile test units to relieve the burden on the resident doctors and hospitals, viewing and test centers were set up and mobile test units were set up. In the screening centers, people with symptoms of illness can be examined by a doctor and, if necessary, receive a referral for testing.
- The smears required for testing are carried out in the test centers.
- In cases where the patient cannot visit a doctor's office, hospital or any of the test centers, a mobile test unit carries out a test on site.





Der Oberbürgermeister

Feuerwehr Duisburg

Duisburgs actions for COVID-19



Acquisition of Spontaneous Helpers

- It was already clear from the beginning that neither the fire brigade nor aid organisations could handle the tasks themselves. In addition to an intensive and cross-agency personnel acquisition within the city administration, an online call to spontaneous helpers was launched. The aim of this call was to recruit qualified people (e.g. nursing staff for a makeshift hospital, dressmakers for the production of makeshift masks, etc.) who are not organized in a relief organization or any other association structure. To ensure insurance protection, a dedicated support unit (according to BHKG) was set up by the volunteer fire department.
- The registration and planning of the deployment of the spontaneous helpers was carried out by a specialist advisor in the fire department management team.



Early Integration of Media and Social Media

- The early integration of media portals and social networks paid off for all planned and taken measures. Following the social trend, a very large part of the communication with e.g. Spontaneous helpers take place online.
- It has proven advantageous here for several years to build up and maintain the fire brigade's social media presence on the Twitter, Facebook and Instagram networks. Contributions to the acquisition of spontaneous helpers in a wide range of tasks reached ranges of up to 200,000 users.
- In crisis situations, external communication is a cornerstone of successful crisis management. In order to implement identical and transparent external communication via the media and social networks, the voluntary organizational units involved (e.g. fire-fighting operations by the volunteer fire brigade, emergency response units, etc.) were given clear instructions for action. Independent reporting was consequently prevented. The entire reporting from the point of view of the fire brigade was carried out by appropriately trained and experienced crisis personnel in department 5 - press and public information - in close coordination with the communication office of the city administration. This was the only way to ensure the necessary harmonization across offices.



Makeshift Mask Sewing

- There was a massive shortage of FFP-2 protective masks on the international market right from the start. It also became clear that a mask corresponding to the FFP-2 standard is not necessary in every situation. In line with a project by the Essen fire brigade, the production of makeshift masks was initiated by spontaneous helpers.
- Regular calls to spontaneous helpers were made via the social networks Facebook and Twitter as well as the local media (local radio "Radio Duisburg", local TV station "Studio47" and online portals of the print media). This led to a great response from the population, so that seven locations could be established throughout the city within a week.
- In addition, spontaneous helpers who wanted to produce the masks from home were supplied with material via the logistics section.



Preparation of makeshift hospital / medical care facility

- The decision to set up a makeshift hospital with an initial admission capacity of 50 patients from regular clinics was made in the initial phase (day 2). The aim of the makeshift hospital was to buffer a supply emergency in the regular clinics.
- The search for a suitable property and the administrative steps resulting from the choice as well as the procurement of necessary materials take a lot of time (approx. 3 weeks). It is therefore advisable to explore suitable properties in advance of the crisis, draw up a concept and create a corresponding material reserve.



Disinfectant production

- There was already a shortage of disinfectants worldwide at the beginning of the situation. In a location like Duisburg, appropriate availability of disinfectants is one of the cornerstones of our ability to act. The fire department contacted a pharmacist and the RKI and developed a recipe for surface, skin and hand disinfectants that complies with the RKI guidelines. A production facility for daily production of up to 30,000 liters per day was built under the supervision of the chemical consultant for the volunteer fire brigade.
- Before the start of production, the customs and occupational safety-related requirements were implemented in close cooperation with the responsible authorities.



Production of protective coats

- The availability of protective gowns behaved similarly to the disinfectant. Here a fire engine of the volunteer fire department developed a sample and the production company belonging to the design. In a very short time, three production lines were installed, in which up to 2,500 coats per working day were made from commercially available PE film.



Feuerwehr Duisburg

Duisburgs actions for COVID-19

Production of retaining brackets for protective visors with 3D printers

- The IT department and another fire engine of the volunteer fire brigade installed 15 3D printers in the fire truck's tool shed. The fire brigade also uses 12 privately purchased 3D printers. These printers were used to produce up to 300 protective visor brackets per day. These protective visors, along with the makeshift masks sewn by spontaneous helpers at five locations and the protective gowns mentioned above, were provided with a clear film to the fire brigade, the offices of the city administration, clinics and nursing facilities as well as medical practices and associations.



Finance Task Force

- Staff area 4 (supply) coordinates the procurement of the required material, such as B. Protective equipment, raw materials for disinfectant production etc.
- To ensure compliance with all legal requirements at this point, the staff area is supported by financial accounting specialists.

Mass Sampling Taskforce

- To relieve the volunteer forces and the location service in the fire brigade control center, the professional fire brigade developed a concept for handling mass samples, e.g. in:
- Nursing homes, schools or accommodation for refugees.
- As part of this concept, the official was established by the Corona Service (BvC). This is a senior officer (senior service). With a team of up to 36 emergency personnel, this carries out mass sampling with a capacity of up to 1,000 samples / day.
- The BvC is in constant contact with the health department and coordinates the mass samples ordered from there.
- In order to be able to work spatially independently, a roll-off container was converted for mobile sampling. In the case of upcoming mass sampling, fire service personnel bring it to the test site and set it up there.
- Medically trained personnel take the samples. These are then sent to a laboratory for evaluation.



Der Oberbürgermeister
Feuerwehr Duisburg
Duisburgs actions for COVID-19



Open dialogue & Q&A

Please share your key insights and your questions



Welcome to the Connective Cities Day 2 on “Public Health & Crisis Management”

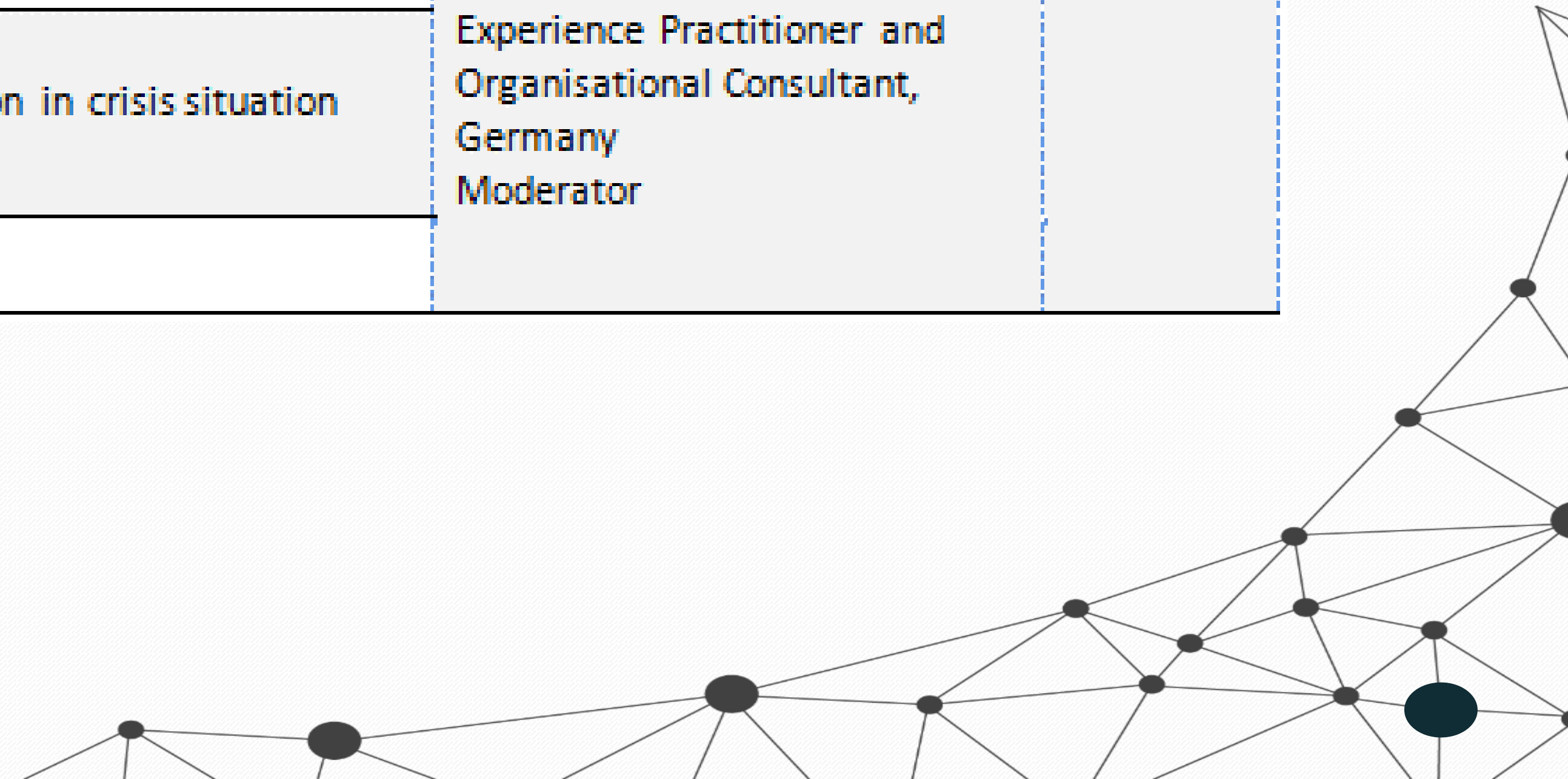
Technical set-up

- Please check your audio and video connection
- Contact technical support for help if necessary



Agenda: Session 3

Time	Agenda	Speaker	
Tuesday, November 24th,			
16:20 -16:30	Registration and system check	Sandra Mandl, certified systemic therapist (DGSF) and systemic consultant (GST), Germany Felix Richter, Somatic Experience Practitioner and Organisational Consultant, Germany Moderator	
16:30 – 16:40	Start of the Response Dialog Welcome, Check-in of participants, Objectives & Agenda Housekeeping		
16:40 – 18:15	Workshop Decision Making & Communication in crisis situation		
18:15 – 18:30	Closing and next steps		





Please don't forget to include at the end of each session some time for:

- Agenda Week 2 (marketing for respective session if existing)
- Evaluation: <https://giz-cc.think-modular.net/form/connective-cities-covid-19-event>
- Link for Harvesting Insights (informal exchange, link will follow)

