

BATH AND NORTH EAST SOMERSET

CHILDREN, ADULTS, HEALTH AND WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

Friday, 23rd October, 2020

Present:- Councillors Vic Pritchard (Chair), Michelle O'Doherty (Vice-Chair), Jess David, Ruth Malloy, Mark Roper, Andy Wait, Paul May and Liz Hardman

Co-opted Members: Kevin Burnett and Chris Batten

Also in attendance: Lesley Hutchinson (Director of Adult Social Care, Complex and Specialist Commissioning), Sarah Watts (Complaints & Data Protection Team Manager) and Christopher Wilford (Director of Education, Inclusion and Children's Safeguarding) and Sian Walker-McAllister (B&NES CSSP Independent Chair)

Councillor Kevin Guy, Cabinet Member for Children's Services

31 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

32 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Lucy Hodge and David Williams (Co-opted Member) had sent their apologies to the Panel.

33 DECLARATIONS OF INTEREST

Councillor Paul May declared an other interest in respect of agenda item 10 (Director's Briefing) as he is a non-executive Sirona board member.

34 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

35 ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

There were none.

36 MINUTES: 15TH SEPTEMBER 2020

The Panel confirmed the minutes of the previous meeting as a true record (subject to matters arising being resolved).

37 B&NES COMMUNITY SAFETY & SAFEGUARDING PARTNERSHIP ANNUAL REPORT

Sian Walker-McAllister, B&NES CSSP Independent Chair introduced this report to the Panel.

She explained that in June 2018, the government announced that all local authorities would need to make arrangements to replace their Local Safeguarding Children Board by September 2019. The government wanted each locality to have access to a team of Safeguarding Partners, who work collaboratively to strengthen the child protection and safeguarding system. The government specified that these Safeguarding Partners would be a team of key professionals from three sectors: the local authority, the Clinical Commissioning Group, and the Police.

In response to this, B&NES redefined its safeguarding arrangements to take a holistic approach and combined its responsibilities for community safety and safeguarding children and adults. B&NES replaced the Local Safeguarding Children's Board (LSCB), Local Safeguarding Adult's Board (LSAB) and Responsible Authorities Group (RAG) with the B&NES Community Safety and Safeguarding Partnership (BCSSP), which meets the statutory requirements of the three Boards it replaced.

She stated that the Annual Report covers the transitional period as the BCSSP became operational in September 2019, up until that point the report only reflects on the work of the LSCB and LSAB.

She said that the Strategic Plans for the LSAB, LSCB and RAG run through to 2021 and their priorities have been taken up by the BCSSP as they are still relevant to mitigating risk and providing assurance. The delivery mechanisms have altered to align with the new BCSSP governance structure.

All members of the BCSSP have worked extremely hard to establish the groups and sub-groups within the partnership and transition from the previous three boards as smoothly as possible to reduce impacting on delivery. There have been complexities in this process, but as shown in the report, there have been substantial achievements and the dynamic of the Partnership has been positive.

She informed the Panel that Healthwatch had been consulted on the report and had given their approval to it. She added that the report had already been presented to the Health & Wellbeing Board.

She stated that the report details the achievements, plans and priorities of the Partnership and the work carried out by its Sub-Groups and partners.

Councillor Liz Hardman asked what the strengths and weaknesses of the new arrangements are and is the new way of working better at safeguarding children and adults in our area.

Sian Walker-McAllister replied that she felt that the new arrangements have led to a better dialogue between all agencies and had enabled the 'Think Family' approach to be at the forefront of everyone's work. She added that the arrangements have

highlighted that particular focus should be given to children in need and their transition into adulthood.

She acknowledged that the Partnership has a large agenda to cover and that the intention is to hone down the strategic plans to enable a better use of time for all partners.

Councillor Andy Wait, referring to the chart on page 24 of the report, commented that a substantial number of years are covered by the age range 18-64 and that he would like to see these figures broken down if possible.

Sian Walker-McAllister replied that this range is normally used as it covers adults of a working age. She said that she would look at how the range can be broken down for future reports with a particular reference to mental health.

The Director of Adult Social Care, Complex and Specialist Commissioning added that the format of the report is standard and that they could look to provide additional information on a local level.

Kevin Burnett asked if any of the Sub-Groups of the Partnership were involved with the work of Operation Encompass.

Sian Walker-McAllister replied that the Domestic Abuse Sub-Group was.

Kevin Burnett asked if the Partnership had worked on the issue of Food Poverty.

Sian Walker-McAllister replied that the Early Help Sub-Group had been involved on this issue and had worked on highlighting appropriate resources to those that need them.

Kevin Burnett asked if there was guidance within schools on how to escalate Child Protection concerns.

Sian Walker-McAllister replied that the Escalation Protocol was currently under review. She added that this had been raised at a recent meeting of the Child Protection Forum and that good feedback had been received from the Forum regarding the officers that addressed them. She said that following the review she anticipated that a much smoother process would follow.

Kevin Burnett asked if further comment could be given regarding Case Reviews and the matter of what to do when services are offered but not accepted.

Sian Walker-McAllister replied that this is an issue that cuts across both Children and Adults. She said that the Partnership were looking at ways of approaching families and whether use of the Mental Capacity Act should be considered. She added that this work will continue over the coming year.

Councillor Paul May asked why the funding received from the Police was of a lower level.

Sian Walker-McAllister replied that as a rule across Partnerships the Police do not input as much funding. She added that there was an underspend of their budget currently and that they were looking to generate more income where possible through training.

Councillor Paul May asked if the Partnership had to deal with any cross-boundary issues.

Sian Walker-McAllister replied that the Partnership has recognised links with both Swindon and Wiltshire and that she has a good relationship with all the Local Authority Directors for Children & Adult Services.

Councillor Jess David asked what the role of the B&NES Hate Crime Review Panel was.

Sian Walker-McAllister replied that the Panel is chaired by B&NES Council Community Safety Team and its role is to work on how incidents can be prevented and to look at incidents that have occurred. She added that SARI (Stand Against Racism & Inequality) addressed the recent Child Protection Forum and that they work closely with schools. She said it was important to report incidents if observed.

The Chairman asked how plans for training were progressing in the current climate.

Sian Walker-McAllister replied that income had been lost due to training being delivered virtually, but that resources had been targeted to where they were most appropriately required. She added that she expected training and income from it to pick up over the next year.

Councillor Paul May asked how we can ensure that the voice of the child is heard within schools.

Sian Walker-McAllister replied that this was absolutely crucial to the role of the Partnership and would be a focus point for the report next year.

Councillor Kevin Guy asked if there was a particular area of work that she would like the Panel to shine a light on.

Sian Walker-McAllister replied that she would give that proposition some thought and reply in due course.

Councillor Ruth Malloy commented on the very important work of two groups mentioned within the report - 'Got Ya Back' river safety campaign with partners and students and the #NeverOK Campaign promoted in schools and colleges which conducted a survey on bullying. She asked if schools were also involved in the Got Ya Back campaign.

Sian Walker-McAllister replied that the local universities and colleges were and that it was a credit to have them involved. She added that she would reply in writing with more detail on this issue.

The Panel **RESOLVED** to note and endorse the Annual Report and Executive Summary for the BCSSP.

38 CHILDREN'S SERVICES ANNUAL COMPLAINTS & FEEDBACK REPORT

The Complaints & Data Protection Team Manager introduced this item. She explained that the report informs the Panel about the number and type of complaints and representations, including compliments, received between April 2019 and March 2020 by Children's Services.

She stated that the number of complaints to each team remains relatively consistent with the exception of the Duty Team which saw a significant increase in the number of complaints during 2019 – 20. She added that analysis of the complaints received each month has been carried out to determine whether the increase correlates to any issues with service delivery; however, there is no immediate explanation.

She informed the Panel that the primary purpose of the complaints procedure is to give the service the opportunity to put things right for the individual complainant when they have gone wrong. She added that the statutory guidance also states that:

All local authorities should provide a system for:

- o The dissemination of learning from complaints to line managers;
- o The use of complaints procedure as a measure of performance and means of quality control; and
- o Information derived from complaints to contribute to practice development, commissioning and service planning.

She said that to achieve this there are systems in place to collate and then disseminate information gathered at the conclusion of each stage of the procedure.

She stated that a total of 92 complaints about Children's Services were recorded under the Children's Social Care statutory complaints procedure or the Council's Corporate Complaints Procedure and 6 enquiries were received from the Local Government and Social Care Ombudsman.

She said that the total number of complaints received across the service had decreased during 2019 - 20; however, the distribution of complaints across the three stages and referrals to the Ombudsman remain consistent and the percentage of complaints which are escalated to Stage 2 remains very similar.

She added that in 2018 – 19, 9% of Stage 1 complaints were escalated to Stage 2, in 2019 – 20, this figure was 7%.

She explained that the Local Government Ombudsman (LGSCO) considered 6 complaints during 2019 – 20. The Council was required to respond to the Ombudsman's enquiries on two of these complaints. One complaint was upheld. The Ombudsman closed three complainants without any further investigation and the complainants did not pursue the final complaint.

She informed the Panel that a total of 53 compliments were recorded during the year from children, young people and their families and colleagues working in partner agencies. This is a significant increase from the previous year when 36 compliments were recorded. This is possibly due to the Celebration Newsletter that has been introduced in Children's Social Care which celebrates positive feedback and encourages staff to share the feedback they receive. She added that compliments reflect good practice and provide valuable information which can be considered alongside complaints to help establish where the strengths and weaknesses of the service are.

The Chairman said that the service should be commended for the number of compliments received. He added that he was a little concerned that a high proportion of complaints related to the attitude or behaviour of staff and asked for attention to be given on this over the coming year.

The Complaints & Data Protection Team Manager replied that work was underway to address this and to establish where possible if there has been an incident or whether it is a complaint about the message that is being given.

Councillor Liz Hardman asked if comparable data with other Local Authorities could be within the report for next year.

The Complaints & Data Protection Team Manager replied that no performance indicators are required for Children's Services, but they were looking to set some local benchmarking figures and will endeavour to include that information in the report next year.

Councillor Paul May commented that he was assured by the report that the system was working and commended the officers involved.

The Panel **RESOLVED** to note the contents of the report.

39 MUSIC HUB

The Director of Education, Inclusion and Children's Safeguarding introduced this report. He explained that the B&NES Music Service employs approx. 54 staff, the majority of whom are part time Peripatetic Instrument & Vocal Tutors. He added that the Service works with approx. 2200 pupils and 66 of B&NES's 82 Secondary, Primary, Junior, Infant and Special Schools each year.

He informed the Panel that the Music Education Hub (MEH) in B&NES is a group of interested representatives from schools and musical organisations in B&NES and that they are responsible for ensuring that the National Plan for Music Education (NPME) is delivered across the B&NES area.

He stated that the Music Service is the Lead Organisation for the MEH which attracts funding from Arts Council England (ACE) to deliver musical activities to ensure that every child has an opportunity to engage with music between the ages of 5 and 18.

He said that in May 2019, ACE commissioned a review of the B&NES Music Service. This review was undertaken by A P Benson consultancy firm. The review made several recommendations on how the Arts Council grant is currently being used to deliver the MEH in B&NES and how the Music Service was being operated.

He explained that the core issues identified by the ACE review fundamentally concluded that the Arts Council grant was not being used effectively to deliver the outcomes expected for a MEH and that too much of the grant was being used to support the Music Service and that the service delivery model was not financially sustainable in the long term. It also concluded that the MEH itself needed to be empowered with more of the ACE grant to achieve the expectations of the NPME and have wider strategic impact and increased avenues of delivery.

He stated that since October 2019, the Music Service and the MEH have been supported by Nick Howdle, Head of Wiltshire Music Connect and that Nick has worked alongside the two Co-Managers to carry out a detailed analysis of the delivery of the MEH and the Music Service.

He said that a redesign of the music service delivery model and a review of its processes had been completed to ensure that it will be more efficient in accounting for its use of finance. He added that this activity is designed to free up a significant percentage of the ACE grant, both (time and finance) to enable the MEH's to expand scope for delivery and capacity to deliver the NPME and ensure that the music service is viable.

He stated that the original objective was to pilot these new ways of working from September 2020 to demonstrate to ACE that the B&NES music service and the MEH were on a journey of improvement. He explained that these timescales have been impacted by COVID 19 and the A P Benson report is not yet completed. However, the current interim managers of the Music Service and Nick Howdle must be commended on the work they have achieved in a short amount of time.

Councillor Michelle O'Doherty asked if the Music Education Hub was now due to be financially self-sufficient.

The Director of Education, Inclusion and Children's Safeguarding replied that he had presented a budget to the latest steering group and believed that it would be.

Councillor Michelle O'Doherty asked what the long-term delivery plan was for lessons whilst the Covid-19 pandemic was still in place.

The Director of Education, Inclusion and Children's Safeguarding replied that the Service had adapted well and they were now looking to deliver face to face lessons in a safe way and had carried out risk assessments with schools.

The Interim Music Service Manager added that they had tried to gauge over the Summer how people felt about lessons coming back to school. He said that room plans have been devised and risk assessments shared with tutors.

He said that the figures had now doubled for those that want to receive tuition and that this would be delivered either online or face to face to individuals and classes.

He added that the review and impact of Covid-19 had opened up a lot of opportunities for the service to continue and widen their delivery.

Councillor Liz Hardman commented that she was pleased to hear that the Service was adapting and returning to lessons where possible. She said that the grant from the Arts Council was vital and had kept the Service going when budget cuts had been put in place around two years ago. She asked what they were able to offer to young people who were not able to pay for music lessons.

The Director of Education, Inclusion and Children's Safeguarding replied that the proposed budget cut did not take place in the end.

The Interim Music Service Manager added that he felt very strongly that music lessons should be available on a wider basis. He added that a redesign of the music service delivery model means that it will be more efficient in accounting for its use of finance and this will free up a significant percentage of the ACE grant, both (time and finance) to enable delivery of lessons to those that can't afford them.

Councillor Paul May commented that the Music Service was well respected across the Council and that he was pleased to see the proposals that had been made.

Councillor Kevin Guy, Cabinet Member for Children's Services stated that the proposed budget cut had not been implemented and that he supported the work of the Service. He added that the intention is to enhance it during his tenure.

Councillor Hardman said that she was pleased that the cuts did not take place and welcomed the comments from the Interim Music Service Manager.

Councillor Ruth Malloy said that she welcomed any effort to widen the offer of lessons to disadvantaged children.

The Chairman stated that it was clear that the Panel supports the work of the Music Service and thanked the officers for the report.

The Panel **RESOLVED** to:

- i) Note the progress being made in delivering improvements to the Music Service and the MEH.
- ii) Note that ACE has commissioned a second report by AP Benson, to examine the progress the Music Service and the MEH is making to deliver the improvements identified in the first A P Benson report in May 2019.
- iii) Note the impact of COVID 19 on the Music Service and its response to ensure that music education was still available to children and young people during the lockdown.

40 DIRECTOR'S BRIEFING

Kevin Burnett asked if within the Winter Plan for Adult Social Care there was any reference to how relatives can make safe visits to their family members living in Care Homes.

The Director of Adult Social Care, Complex and Specialist Commissioning replied that the response to the consultation was still ongoing and that there were 125 recommendations to address. She added that in her opinion partnership working over the past six months had been remarkable.

Kevin Burnett said that he was worried that in Dr Laurence's Covid-19 report it says that he is concerned 'that the whole test and trace system will never catch up'.

The Chairman commented that he felt that during the pandemic the working together attitude of the Council, its staff, their partners and residents had been fantastic and that that this had helped to keep case numbers low in general.

Councillor Jess David asked if the Panel could be updated at a future meeting on the figures relating to how many people had received a Winter Flu Vaccination this year.

The Chairman thanked the Director of Adult Social Care, Complex and Specialist Commissioning for her update.

41 PANEL WORKPLAN

The Chairman introduced this item to the Panel.

Kevin Burnett asked for updates to be provided at future meetings regarding:

- Former Culverhay School site options
- Looked After Children / Exploitation
- Autism Board

Councillor Liz Hardman asked for the Panel to be updated on the issue of Food Poverty.

The Chairman thanked them for these proposals and said that they would be discussed further by himself and the Vice-Chair at their agenda planning meeting with the Directors.

The meeting ended at 2.50 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

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Children Health and Care Panel

23/10/2020

Director update

Adult Social Care

- New Infection, Prevention and Control Fund has been allocated to each LA. There are revised conditions to the round two funding however there are increased monitoring and reporting requirements. Round two funding does however enable the Council to support a wider range of providers than the previous allocation did.
- The Council continues to review funding claims from social care providers who have been adversely impacted by Covid19 and these 'Supplier Relief' claims are being reviewed and processed on an individual basis.
- On the 18th September the Department for Health and Social Care published a Winter Plan for Adult Social Care, this is the first time this has been done and the Council has to respond on the 31st October to confirm there is a local plan in place. This Plan is being drafted and will relevant stakeholder groups for comment.
- The DHSC, Local Government Association and Association of Adult Social Services have jointly developed a Service Continuity and Market Review self assessment tool; this was shared with LAs on the 1st Oct and each LA has to review local arrangements in accordance with the tool. We will be uploading our response as required by the 31st October. This self assessment review forms part of the Winter Plan referenced above.
- The Community Resource Centre and Extra Care facilities successfully transferred to the Council on the 1st October this went smoothly and we have welcomed these services into the Council.
- The Compassionate Communities Hub has been successfully secured further funding (in part from the Council) certainly until the remainder of 2020/21.

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PDS report on Covid-19 in BaNES 13th October 2020

Introduction

This report is based on a memo sent out to all councillors on 8th October. I have amended it and updated figures to October 13th, but please note that by the time this is discussed at the panel the figures are likely to be higher, and there is a good chance we will be above the alert threshold of 100 new cases per 100,000 population in the last week. From the national announcements of Monday 12th October concerning the 3 tiers of intervention, there is nothing to suggest we will automatically move into a higher tier at this level, but it is likely that areas above this level will be discussed by the Joint Biosecurity Centre and at national silver command and decisions on further restrictions will be made based on perceived threat to the population as a whole.

Cases of Covid-19 are now rising in BaNES as elsewhere. Our current figure is 75 new cases per 100,000 population per week, and for the first time we find ourselves consistently higher than the SW average of 53. We are still well below the England average of 129, and that is also rising.

Approximately, you could say we have three situations to disentangle. The general population, young adults, and our large group of students.

The general population

In the wider population there is a modest rise in cases. Around $\frac{3}{4}$ of cases are in young adults concentrated in the 18-25 age group. There are very few cases under 18 and the remaining cases are distributed through working age and older adult age groups. Between 10 and 15% of cases are in the over 50s when more serious illness might be expected, but none so far above 70 when that risk accelerates.

We have had single cases in some care homes (14 at my last count but probably higher now), but almost all in staff, and we have had single cases in a few schools with just one school having a number of teachers off and having to shut for a while. Similarly, we haven't had any real workplace outbreaks yet.

We have three people currently in the local hospital (RUH) with Covid and haven't seen a Covid related death in many weeks.

Taking the cumulative picture since the start of the pandemic we have consistently been about 5th best LA in the country for low case rates but are now about 9th as we have overtaken a few low prevalence LAs without significant student populations. For deaths we are the 3rd lowest rate in the country by rate per unit of population. But now that the rates are taking off we should probably be more interested in how we benchmark on the current rate per week than that over the whole pandemic.

So overall there is yet, little evidence of a general major upsurge in cases although there is a rise, for sure. We had one spike of 20 to 30 cases a few weeks ago in the Midsomer Norton area which was traced to a pub and a social group and was

successfully contained in what I see as a good live exercise in the control of a small outbreak, and which also involved cross border work with Somerset.

Note that Bath is largely white and largely affluent. We do, of course, have our pockets of deprivation, fairly small numbers of people from ethnic minority groups with no large number of any particular group, and we have all the problems of homelessness, substance misuse and domestic abuse that everywhere else has, but all on small scales as reflects our population. One group that we are focused on that is perhaps more common in Bath than elsewhere is a community of people who live a marginal life on boats on the local canal, but we have a very active outreach team helping to ensure their wellbeing and access to healthcare and we have not yet been made aware of cases in this group.

Young adults and Students

Of the more or less $\frac{3}{4}$ of all recent cases that are in the 18-25 band, I would estimate that about $\frac{2}{3}$ of that, so about half our total case numbers, are university based. One has to take into account in Bath that our university and college population is about 25,000 in a city of only about 85,000 and a whole authority of just over 190,000. This means that we don't need huge outbreaks to put our numbers up significantly. We have got outbreaks in both universities that are significant, but not large compared to what we are seeing in many other city universities across the UK. We also have cases in the city college and Norland college which is to be expected.

We are working closely with the universities, and have been for a long while, and I believe that both in terms of control of campuses and students, and in pastoral care, they are both doing a very good job. But, in view of the current situation I, and a number of BaNES colleagues met recently with the Vice Chancellors of Bath Spa, the Deputy VC of Bath Uni and their deputies, as well as PHE and the NHS to discuss the situation overall and consider whether there is more we should be doing in any way to keep numbers as low as possible and particularly to avoid cases spreading to the wider population as many students, from both institutions, live in HMOs in a few parts of the city where there is a degree of public concern. This was a very positive meeting that showed a very good degree of cooperation between the universities and ourselves. There are now regular liaison meetings between the public health team, phe and the two universities to keep up with the evolving situation.

It is difficult to know at this stage whether the numbers of cases coming from universities will begin to plateau and fall or whether they will continue to rise. While the numbers of cases are certainly significant, we have not seen in Bath the very large outbreaks that have been seen in other cities such as Manchester and Nottingham, and even Exeter more locally.

Other control measures

Broadly we are doing what other Local Authorities are within the scope of our resources. I chair a weekly health protection board which brings together the elements of response. We have used LOMP (local outbreak management plan) funds to supplement our capacity in the following areas: communications and

engagement, response to public questions, informatics, outbreak management, environmental health, IPC in care homes, identification and support to vulnerable communities and humanitarian support to vulnerable and shielding individuals. We are also training a cohort of people to be able to contact trace as surge capacity for PHE, but for various reasons, mainly of capacity but also because we have relatively good tracing results already, I have not been keen to take on a lot of tracing work locally. I am unconvinced that it would be best use of our limited resources. But that is to be kept under review and there are signals that the government might soon devolve more of this work to local authorities, with or without extra resources to bring in the necessary capacity.

One of the more innovative things we have done is set up a local “Compassionate Communities Hub” managed by Virgin Care, our umbrella provider of community services, that brings together in a single place a multi-agency team that can triage, assess and support individuals with a whole range of needs including food, physical and mental health, social care etc. This has been so well received by users and statutory and third sector partners, that we are potentially going to remodel our community services around something like it and we are preparing to increase its capacity again to meet the needs of the winter.

We have done a lot of work with schools and care homes and make good use of local links through the Council’s education department and the adult social care teams respectively, so we hear about cases immediately and can keep ahead of events at least while the number of those isn’t overwhelming. One area where we are always thinking about how we can do more is that of communications and engagement. I am particularly keen that we make the most of whatever willingness there is in the population to “do the right thing” and have ways of using all routes into communities and local leadership wherever it is to be found. I would say this is work in progress, and that as so many of our cases are in younger people, we need to utilise the channels of communication and modes of engagement that might reach them most effectively. From the very start of the pandemic the public health team have manned an inbox to take and respond immediately to questions from the public, businesses and any other institutions and so far, we have given almost 1500 detailed answers.

We have added a town centre walk through facility that is in reach for students and others in Bath which will supplement a testing facility based at a Park and Ride on the edge of Bath that is in range of many of our more deprived communities. We also have in readiness a centre in the South of the patch at a football club. We stood this up for the outbreak I referred to above, but have mothballed it for now, as there are just a scattering of cases now in that area.

We are working with our local NHS to maximise the uptake of flu vaccine this year and are starting to plan for a possible Covid vaccination campaign. We have been told to be ready to start this as early as November, and there is a glimmer of hope for small amounts of vaccine being available by the end of 2020, but more realistically this is likely to start no earlier than next Spring.

We are active in vetting any events that are planned for Bath and I and other public health colleagues are now on our local SAGE group with colleagues from the events

and public protection teams that considers all of them, along with colleagues from the events and public protection teams. As an example, the Bath Half Marathon put itself back from March to September next year when it was made clear in a meeting with its organisers that there was no way we could support this big race through the city, just after we would likely be emerging from a very bad winter. We have also scaled back greatly the Christmas celebrations in Bath, and an unfortunate victim of this is the Bath Christmas market which even a particularly sociable sardine would find hard to describe as being socially distanced.

One of my main roles as DPH is, of course, to inform, galvanise and appropriately warn or reassure local councillors and the public. I have tried to put out such information as keeps people sufficiently informed to make good choices, but not so much that it either takes all of the time of our very small informatics and comms teams or puts petrol on the flames of public concerns. I have particularly wanted to acknowledge the concerns around our universities without inflaming the town-gown tensions that can be problematic here. I have exceptionally good relations with both the cabinet member for health and the council leader and we have weekly calls, also with the chief executive of the council. The leader has two-weekly stakeholder engagement boards with a range of public and voluntary sector leaders in BaNES, and she is consistently giving out strong messages that balance concerns, with reassurance and asking people to play their part in keeping the outbreak under control.

In order to follow the outbreak, we have a LOMP dashboard with the main local figures, that is now updated daily. It is for internal and partner use and quite comprehensive although avoiding any patient identifiable data of course. We put out a certain amount of public information in terms of data (alongside a lot of general narrative) but are currently discussing how much more information to make publicly available as cases rise.

Areas of concern

One of my areas of concern is that although most pubs and venues act well, some are less careful, while in many cases even if the venue is well controlled, people mix outside with much less care. Our EHOs do regular tours of the city and town centres to monitor and intervene, but how to control everyone's behaviour outside these venues, or indeed everyone's behaviour in their private spaces (including during the day when people are out of school or workplaces) is still difficult. With the advent of the 22.00 closing time we are seeing, particularly in central Bath, a lot of people pouring out of venues and onto the streets, and then gathering in groups in open spaces or outside venues or places where more alcohol can be purchased. This is a version of something that is seen in all cities. We are discussing what to do with the Covid enforcement money and had both a local and an LRF wide meeting about enforcement this week.

I am of course concerned that the numbers of cases and situations could overwhelm our capacity and I am also very mindful of resilience and how many people have been on this case intensely for most of this year already. So far people are holding up well but that is not to be taken for granted.

I am concerned that if the number of cases nationally and locally rises steadily to Christmas, a particular issue may be that it will be very hard to face the big student influx in the New Year and square that with public concern and health risk even if there is limited risk of transmission to the wider community. As important as universities are for so many reasons, and as important as the campus experience is as a part of that, there may be a push towards a default to online home-based teaching. Universities are ready to take a lot of instruction on-line, but if that is the demand from government, it will also need to provide financial support to make up for lost income streams. And if that is what happens there will also be other challenges for students and probably the biggest will be for those who have the least favourable home circumstances.

There is also concern that while the number of cases in schools is currently low, this may not last and many children might still miss a lot of education in the next period.

I am concerned that the whole test and trace system will never catch up with demand and we will face a situation when more and more people will be asked to isolate (and advise contacts to isolate) on the basis of symptoms which will create a lot of unrest and probably a lot more non-compliance. A lot of effort is still being put into improving capacity and performance here so things may get better but the system still seems to be on the back foot.

It is always a worry that we may start to see outbreaks in homeless shelters or among our vulnerable populations like substance misusers and boaters that would be hard to bring under control. But in BaNES we have strong organisations and partnerships looking after the needs of these groups so I am also hopeful that any such outbreaks could be controlled.

We are focused on our large population of older people in care homes as a relatively old-age skewed population (although also student age skewed). So far we have contained cases in these homes and have had no significant outbreaks but we feel that infection prevention and control (IPC) is variable across different homes and there are some special concerns eg in one company that wisely set up shared housing for its workers, but is now unfortunately exposed to the situation of people working in different homes sharing that accommodation. Homes have also had testing problems but we had a somewhat reassuring meeting between ourselves and the regional Test and Trace team a couple of weeks ago and I hope that is now improved.

I am aware that the NHS is already running very fast and close to the top of its capacity, and that there is really very little surge capacity if we see many more cases. I have a glimmer of optimism that we won't see quite the translation of cases of Covid to NHS needs that we did in the first wave, now that we have learned so much from that experience, but that is impossible to be sure about that. It is also apparent that the focus on Covid has meant that a backlog of other health needs including some very important ones like early diagnosis and treatment of cancer have built up, and so the health effects of the Covid pandemic will go far beyond the direct harm caused by the virus itself.

Finally in Bath we have taken an immense hit because so much of our council income comes from tourism and retail rents. We are truly in an existential crisis in the Council so we are also looking for huge savings while our population needs rise and rise. This puts extra strain on everyone, and all council teams including the public health team where we have had to manage a series of cuts to our grant.

Summary

We are certainly concerned at this general rise in cases and in response to that are drafting in some extra support in the form of new staff across a range of areas.

In the face of this increase we are seeking to understand it thoroughly and then respond appropriately.

We are not really doing anything qualitatively very different to before, but mostly building capacity to do more of the same, with a new level of focus on universities and their and our actions, a more restrictive approach to local events and venues and further exploration of how to engage more effectively with communities to aid prevention. We are also having weekly BaNES/PHE catch ups, and the support we get from PHE is truly exceptional, although we have to recognise that they are also a limited and much put upon resource.

In the Council we are again standing up our business continuity arrangements. We have continued to work across the LRF patch which is Avon and Somerset, and to work closely with our NHS colleagues who work across a BaNES, Swindon And Wiltshire footprint. Although this geographical complexity always complicates things in BaNES, we are used to looking in different directions and making things work as well as possible.

I hope that gives a useful update on where we are currently and some of the challenges we may face over the next few months.

Bruce Laurence