

HEALTH AND WELLBEING BOARD – 23 JUNE 2020

PUBLIC QUESTIONS

(1) Margaret Preddy

In light of the current pandemic, slow release of lockdown measures, social distancing recommendations, increasing numbers of day visitors and the closure of many toilet facilities within shops and cafes; what pro-active steps are being taken to ensure that additional toilets with hand sanitation and or washing facilities are provided in the UNESCO World heritage site that is the city centre of Bath in order to reduce transmission of COVID 19?

The precedent has already been established for additional toilet facilities to be brought in during the annual Christmas Market.

Reference:

BANES Health and Wellbeing Strategy 2015 - 2019

Theme 1: Preventing ill health by helping people to stay healthy.

Priority 4 - Creating healthy and sustainable places.

Visit Bath

Bath Tourism

Response

The Council has kept its public toilets within the centre of Bath open and available to use by key workers throughout the pandemic. We are working closely with our contractor Healthmatic who operate and maintain these facilities on our behalf. Social distancing and public health advice about hand washing is being installed on signage within and around the facilities. The toilets are being monitored and cleaned much more regularly. For reference, a map of all publicly available toilets within Bath can be found on our website - https://www.bathnes.gov.uk/sites/default/files/siteimages/bd12754_-_wc_map_-_web_version_050220.pdf.

(2) Debbie Clifton

(a) I agreed with most of the Covid-19 Outbreak Management Plan but what about testing available for black and the minority groups as it has been proved that this group are a high risk for Covid 19?

Response

The interrelation between ethnicity and covid risk is neither simple nor the same for all ethnic groups. Many of the causes of increased risk relate to wider questions of the living and working conditions, and

economic status of ethnic minority individuals in the UK, and the consequences of these conditions on long term health. So it is not a straightforward matter.

Banes has identified the vulnerability of black and minority ethnic group residents in its plan. The theme lead for vulnerable communities is engaged in further planning to manage this risk and has been asked to focus on BAME groups as a priority. There are several elements to this work including ensuring that employers take ethnicity into account in assessing risk to workers, and reaching out to representative bodies for these communities so that all BAME residents are aware of this risk, and the need to be vigilant, to seek testing early if necessary and comply with requests to self-isolate if appropriate.

Information about ethnicity is often not routinely collected by health and other services and efforts are also being made to give fuller information in data collected by the NHS and by the testing and tracing system.

- (b) What plans are going to be in place for the winter months? How is the medical profession going to sort out between Covid 19, flu and pneumonia? As giving the wrong advice will probably lead to deaths as medical intervention is needed early especially with pneumonia.

Response

As in previous years the health and care system work together to develop our plans for winter given the impact of seasonal flu and other gastrointestinal viruses. However, this year we are planning on the basis of living with COVID-19 and needing to respond to any outbreaks or peaks as well as the normal winter pressures.

We are giving support to practices to help them fulfil their flu and pneumococcal vaccine administration to at risks groups, an especially high priority this year. Furthermore, early testing for patients with Covid symptoms will help us distinguish between this and other pathogens and therefore the safety measures that are put in place following diagnosis.

Healthcare professionals will have a responsibility, as always, to assess and manage patients appropriately with infective symptoms based on the severity of these symptoms, regardless of the underlying cause. They would then take the safest course of action to minimise the risk of harm to a patient. In terms of isolation measures we will adhere to the national guidance that exists during the winter months.

- (c) As far as I am concerned there is no reason why the people in care homes etc should be denied health care as it has been proved that old people can survive this with medical treatment. Your statement gives me the impression that they will be denied medical treatment if it is needed.

Response

Please be assured no-one in a care home is denied access to health care or medical treatment. In B&NES, our GP practices are commissioned to provide a specific service to care homes, which includes weekly ward rounds, access to advice and support for the staff and ensuring appropriate care plans are in place, agreed jointly with the resident and/or their family.

If a resident needs to be admitted to hospital for medical treatment then that is arranged, but we also aim to ensure that frail and elderly residents are able to be cared for in the care home, particularly at end of life so they don't have to go into hospital unnecessarily which might not be their place of choice.

Clinicians would discuss with the patient and their family if an admission to hospital is in their best interests, considering the risks that exist in hospital and the types of treatment that are available. However, admission would always be an option for patients in care homes if it is an appropriate course of treatment.