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 ¾ 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 then 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 ¾ of all recent casesthat are in the 18-25 band, I would estimate that about 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 he 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, or 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 his 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