B&NES LIVING SAFELY AND FAIRLY WITH COVID-19 PLAN

2022-24

Document Control	
Name of document	B&NES Living Safely and Fairly with COVID-19 Plan
Version and date	Version 1 – July 2022
Owner	B&NES Director of Public Health
Author	COVID-19 Health Protection Board

Contents

FORWARD

The COVID-19 pandemic has been an unprecedented challenge for our health and care system and has had far reaching economic and social impacts. Whilst the risk of further waves of infection and localised outbreaks remains high, two years on from the start of the pandemic, the UK has moved to a situation where the majority of national measures to control the spread of the virus have been removed, and we are learning to live safely with the virus.

Our updated plan, which replaces the Local Outbreak Management Plan, provides a framework for how we will live safely with COVID-19 in Bath and North East Somerset. It builds on what we have learnt over the past two years and sets out how, within the new national context, we will **prevent and protect**, **respond** to localised outbreaks and any national resurgence of COVID-19, **communicate and engage** with our communities, and utilise **surveillance and monitoring** information.

As we make the transition to living safely with COVID-19, it is important that we state positively how individuals, employers, and other sections of our communities can manage risk. People need to have robust information to be able to risk assess their actions, and what their actions mean for themselves and others. We also need people to engage in behaviours that minimise risk, so for example, taking up the offer of COVID-19 vaccinations and adopting safe habits and choices such as regular hand washing and staying at home if unwell.

Good health and economic success are mutually dependent, and we will need to live fairly as well as safely with COVID-19. Reducing underlying poor health and inequalities, which were exposed and exacerbated by the pandemic, should be at the heart of our recovery so that all of our population are equally prepared to deal with any future resurgence of COVID-19, and we ensure more equal outcomes for our whole population.

We would like to acknowledge the Association of Director of Public Health report, Living Safely with COVID-19, which has informed our local approach. This B&NES Living Safely with COVID-19 Framework is for individuals, employers, and institutions to support our ongoing collective efforts to prevent, protect, and respond to COVID-19 in the coming years.

PLAN ON A PAGE

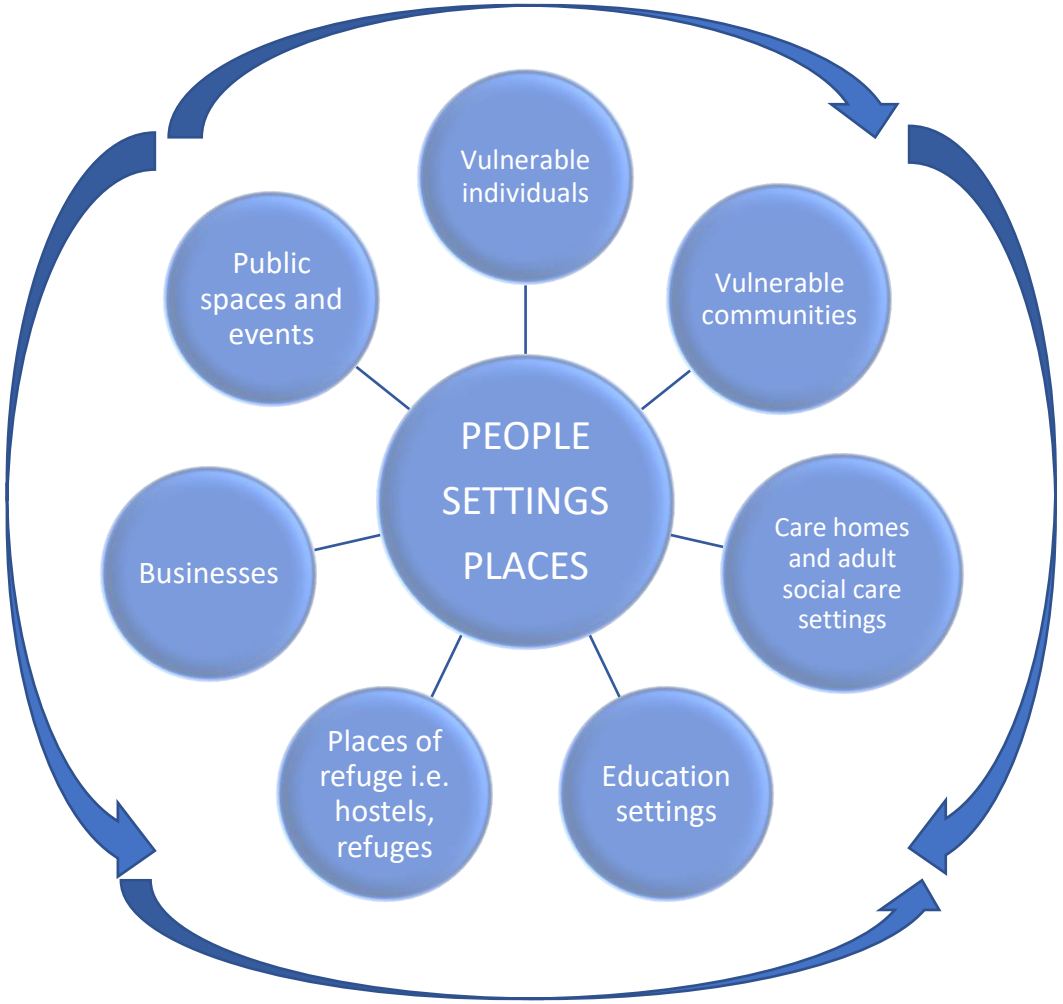
How we will live safely and fairly with COVID-19 in Bath & North East Somerset

Prevent and protect

- Safer behaviours i.e. maintaining regular and good handwashing, "catch it bin it kill it", stay at home if unwell
- Vaccination
- Community resilience; communities have the resources and expertise to prepare for, respond to and recover from threats
- Addressing inequalities

Surveillance and monitoring

- Use of national, regional and system-wide surveillance
- Local gathering of intelligence i.e. to support vaccination uptake



Respond: outbreak management response

- Support to higher-risk settings
- Testing and treatment
- Preparedness to flex up the response

Communications and engagement

- Local campaigns
- Use of behavioural insights; to encourage good choices by communities
- Work with communities

SECTION 1: INTRODUCTION

This Plan provides a framework for how we will live safely and fairly with COVID-19 in Bath and North East Somerset. It provides a consistent approach and set of principles by which B&NES will manage what remains a dynamic situation; national policy is now more stable, but we remain in a global pandemic, and the Government's Scientific Advisory Group for Emergencies (SAGE) is clear that there is considerable uncertainty about the path that the pandemic will take in the UK.

The plan is part of the council's overall response to emergencies and does not replace the existing Major Incident Plan. The B&NES Living Safely and Fairly with COVID-19 Plan will be kept under review, in line with changes in national guidance and capacity across the system. In support of this plan, there are detailed plans that will also change and evolve.

1.1 Aim, objectives and approach

AIM: The aim of the B&NES Living Safely and Fairly with COVID-19 Plan is to harness the capacity of the Council, working with communities and partners, to enable residents of Bath and North East Somerset to live safely and fairly with COVID-19, while retaining resilience and capabilities to respond to new variants, outbreaks and any resurgence of COVID-19.

OBJECTIVES: The objectives of the Plan are therefore to ensure:

- A strategic and coordinated approach to the prevention and control of COVID-19 infection.
- The protection of those individuals, communities and settings that remain more vulnerable to COVID-19.
- A focus on reducing inequalities during recovery, so that we ensure more equal outcomes for our whole population.
- Local resilience and capacity to flex up the response in the event of outbreaks, new variants that pose an additional threat to public health and/or any national resurgence of COVID-19.
- Robust communications and engagement with communities and partners, informed by intelligence and behavioural insights approaches.
- Effective surveillance and monitoring to inform the early identification and proactive management of potential outbreaks, and to inform the targeting of programme resource (i.e. the targeting of vaccination outreach clinics).

APPROACH: Our approach will be to:

- Learn from the last 2 years, addressing what didn't work so well and building on the strengths of our tried and tested approach and the opportunities that new ways of working have created.
- Adopt an equity and needs based approach, reflecting increased understanding about the differential impact of COVID-19 across B&NES and the risk of increasing health inequalities.
- Recognise the considerable assets in the city demonstrated through the overwhelming positive community response to the pandemic.
- Ensure that governance arrangements associated with our plan provide the structure and responsibilities to enable an effective place-based approach in B&NES.
- Use the evidence base and local knowledge to steer a consistent approach to decision making.
- Where it will strengthen efforts in B&NES, we will work with neighbouring Local Authorities and other key partners, such as the regional UK Health Security Agency (UKHSA) health protection team, the local NHS, and the Local Resilience Forum (LRF).

1.2 Capacity to deliver the plan and mobilisation of resources

Whilst there is good Local Authority capacity to deliver this Plan during 2022/23, it is important to recognise that national funding for Local Authorities has come to an end, and any funding carried

forward by Local Authorities must be spent by April 2023. At the same time, UKHSA's budget allocations to support COVID-19 related activities has reduced significantly. Going forward, and particularly beyond March 2023, we will therefore be working within a context of reduced resources. A reduction in resources is necessary as we shift from pandemic response to living with COVID-19, though this will have implications for what can be delivered and how quickly the system can flex up to meet the needs of a large-scale acute response. It also poses risks in relation to gaps in specialist expertise. We will seek innovative ways to embed health protection, infection prevention and control and emergency planning capacity and skills across the system in the context of reduced resources. We will also seek to build upon the strong community resilience achieved during the pandemic; where communities and individuals have harnessed resources and expertise to help themselves prepare for, respond to and recover from COVID-19, and in a way that complements the work of the Local Authority, emergency responders and wider partners.

Annex A outlines which aspects of the Local Authority COVID-19 programme response have been demobilised or stood down to align with the shift to living with COVID-19.

1.3 Health and social care context

As we shift to living with COVID-19 it is important to recognise that the challenges confronting the NHS and social care in recovering from the pandemic's consequences are considerable. There is currently very high demand on all services due to a combination of factors, including the prioritisation of services during the first phase of the pandemic, patients delayed care seeking, new or exacerbated needs and conditions (from long covid to increases in mental health conditions), and challenges in recruiting and retaining staff. Elective services that were scaled down during the worst of the crisis to meet the needs of acute and COVID-19-related care for example, are now facing extremely high demand. GP practices and mental health services are also experiencing significant strain, with 424,963 children and young people (0 to 18 years) in contact with mental health services in December 2021 compared with 367,403 in December 2019, an increase of 15.7%[1]. Further demand is likely for many months to come as patients that have not yet accessed, or been able to access, primary, community or mental health services have their health concerns addressed. At the same time, the system has faced challenges in managing the flow of patients from hospital to community settings such as care homes and their own homes with packages of domiciliary care, exacerbated by periods of care home closures to admissions due to COVID-19 outbreaks in the setting.

The NHS England *Delivery plan for tackling the COVID-19 backlog of elective care* has tasked the NHS with clearing backlogs and managing system pressures as quickly as possible, while simultaneously strengthening services so that they are more prepared and resilient for the future. This is reconfirmed by the NHS England *2022/23 priorities and operational planning guidance*, which sets out how the NHS and partners will need to meet new care demands and reduce the care backlogs that are a direct consequence of the pandemic. Yet services must do so with persistent staffing shortages and health and social care professionals still coping with the cumulative stress of the pandemic and impact on their mental health and wellbeing. Both the NHS delivery plan and operational planning guidance (and accompanying documents) recognise that going forward, it will be important to recruit further staff and maintain a focus on engaging, developing and supporting existing staff.

[1] Royal College of Psychiatrist analysis of NHS Digital Data: https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2022/03/15/record-4.3-million-referrals-to-specialist-mental-health-services-in-2021

SECTION 2: NATIONAL CONTEXT TO LIVING SAFELY AND FAIRLY WITH COVID-19

2.1 The case for transition - why we can move to living safely with COVID-19

The past two years have seen many restrictions imposed on everyday life to manage COVID-19, though it is widely acknowledged that these have come with a huge toll on wellbeing, social outcomes, and economic output. Scientists and the Government now understand more about COVID-19, how it behaves and how it can be treated. We know what individual and societal behaviours can help to reduce the risk of COVID-19 transmission and how we can protect those that are most vulnerable to COVID-19 infection. We are also in a very different place to the first phase of the pandemic in relation to vaccinations and treatments; we have a comprehensive and effective vaccination programme in place, and a range of therapeutic drug and treatment approaches that the NHS can deploy to treat people who are most vulnerable to COVID-19. As the virus continues to evolve, it will be important to continue to add to this understanding to inform our range of prevention and treatment options.

The Government has stated that this evolved position means that it can move away from deploying regulations and restrictive requirements such as lockdowns in England, to using public health measures and guidance, with the key lines of defence being safer behaviours and vaccinations[2]. To date, the data supports this approach as it continues to show that the link between cases, hospitalisations, and deaths has weakened significantly since the start of the pandemic. However, the Government recognises that it can only take these steps because it will retain contingency capabilities and will respond as necessary to further resurgences or worse variants of the virus.

2.2 Future COVID-19 scenarios

There is considerable uncertainty about the path that the virus will take over the next few years. The SAGE committee have outlined a number of medium-term scenarios for the pandemic in the UK (see **Diagram 1**). Each of these scenarios assumes that a more stable position will be achieved over time, but that we could move between scenarios, or more than one could co-exist at any one time. A constant in each scenario is the possibility of continued disproportionate impacts on certain groups, for example communities with lower vaccination rates.

The ‘reasonable best-case’ scenario assumes that although there will be new variants, none of these will be more severe or transmissible than the current situation and vaccines will continue to protect well, with booster doses administered for vulnerable people in winter periods. Lasting immunity results in minimal seasonality, and there's limited risk of new epidemics because we're able to identify and get on top of new variants very quickly. The ‘reasonable worst-case’ scenario assumes that we see constant and high prevalence infection in the population, and that waning immunity results in seasonality overlapping with existing seasonal Winter pressures, putting extra strain on systems and populations. In addition, there's a high risk of new epidemic waves resulting from new variants, or even a new pandemic.

The middle two positions - ‘optimistic central’ and ‘pessimistic central’ - are considered most likely, though remain hard to predict as they depend on the nature of the variants that do emerge, and ongoing uptake and effectiveness and availability of vaccines and treatments. Eventually, when the virus transmission is more steady and predictable, we will have reached an endemic state[3], but

[2] Cabinet Office (2022). Covid-19 Response; Living with Covid-19: https://www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19

[3] A disease outbreak is endemic when it is consistently present but limited to a particular region. This makes the disease spread and rates predictable.

meanwhile, we need to ensure capability to respond if new variants emerge domestically or internationally.

Diagram 1: SAGE 4 working scenarios[4]

REASONABLE BEST CASE: Minimal further escape from current vaccines and infection-induced immunity. Minor seasonal/regional outbreaks from waning immunity and minor antigenic change. Existing vaccines used annually to boost vulnerable only. Antivirals have a significant impact on mortality and morbidity and remain effective. Years with higher SARS-CoV-2 waves tend to have fewer influenza cases.
CENTRAL OPTIMISTIC: Increasing global immunity leads to generally lower realised severity. Waves of infection are driven by cycles of significant waning immunity and/or the emergence of new variants either from Omicron or other lineages. The general pattern is of annual seasonal infection with good and bad years, the latter with high transmissibility and intrinsic severity similar to Delta. Severe illness and mortality largely limited to vulnerable, elderly and those without prior immunity. Regularly updated vaccines given annually to the vulnerable and to others in bad years. Voluntary protective behaviours are high during waves. Some countries impose NPIs (e.g. face coverings) in bad years. Anti-viral resistance begins to appear and limits use until combination therapies are available.
CENTRAL PESSIMISTIC: High global incidence along with increasing population immunity drives unpredictable emergence of variants for many years, with a combination of enhanced immune evasion and greater transmissibility relative to Omicron, sometimes more than once per year and/or with intrinsic severity similar to Delta in bad years. Existing immunity and updated vaccines continue to provide good protection against most severe outcomes. Although now more severe, repeated waves of infection cause widespread disruption with disproportionate impacts in some groups, e.g. children in education. Widespread annual vaccination with updated vaccines. Anti-viral resistance is widespread. SARS-CoV-2 waves do not reduce influenza; SARS-CoV-2 waves overlap leading to further burdens on healthcare. Limited voluntary protective behaviours during waves. Some countries impose more significant NPIs in bad years.
REASONABLE WORST-CASE: High global incidence, incomplete global vaccination and circulation in animal reservoirs leads to repeated emergence of variants, including through recombination (exchange of genetic material between different variants infecting the same cell). Not all variants are equally challenging, but some show significant immune escape with respect to immunity from vaccines and prior infection. Unpredictable changes in how the virus causes disease alters the rate and age profile of severe disease and mortality, with increased long-term impacts following infection. Widespread annual vaccination with updated vaccines is required. Anti-viral resistance widespread. Voluntary protective behaviours are largely absent and/or a source of societal conflict. Significant use of NPIs is needed, especially when new variants outpace vaccine updates (and/or testing technologies fail).

2.3 The ability to respond to future scenarios

The national guidance COVID-19 Response: Living with COVID-19 states that the Government will ensure resilience and maintain contingency capabilities to deal with the range of possible COVID-19 scenarios. Whilst large scale demobilisation of some national infrastructure has taken place, including the demobilisation of NHS Test and Trace and community testing, some testing and contract tracing capability will be maintained and be scalable. Some sequencing of positive PCR samples from healthcare and community testing programmes, and some national surveillance will also remain (including the ONS survey, SIREN and VIVALDI studies), to support the rapid identification of new variants and monitoring of the virus over time.

B&NES Council is reviewing its resilience and capacity as an organisation to scale up to future COVID-19 and wider threats through the refresh and exercising of the B&NES Major Incident Plan, which recognises the importance of system-wide resilience involving partners and communities. To inform this process, workshops are taking place with partners, the voluntary and community sector and communities to provide an opportunity to reflect on how we can learn from and build upon the achievements of the first two years, and how we can remain ready to cope with the uncertainty and challenges of the future. As central funding to support the COVID-19 response reduces or comes to an end, key Council and UKHSA posts that support health protection resilience will be lost, and so a

[4] SAGE (2022): S1509_SAGE_105_minutes.pdf (publishing.service.gov.uk) and S151 SAGE scenarios: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1054323/S1513_Viral_Evolution_Scenarios.pdf

key challenge for the system going forward will be to embed crucial skills and expertise within roles, organisations and communities.

2.4 National policy and principles

The Government states that it's goal is to move towards managing COVID-19 in line with other respiratory viral illnesses and promote behaviours, from good hand hygiene to vaccination uptake, that can reduce the transmission of such viruses. This will both support ongoing COVID-19 management, and reduce the risk of surges of other respiratory viral infections and the subsequent impacts on the health and care system, local economy, and the wider community.

To meet this goal, the Government will structure its ongoing response around four principles:

- Living with COVID-19: removing domestic restrictions while **encouraging safer behaviours** through public health advice, in common with longstanding ways of managing most other respiratory illnesses;
- Protecting people most vulnerable to COVID-19: **vaccination** guided by Joint Committee on Vaccination and Immunisation (JCVI) advice, and deploying targeted testing;
- **Maintaining resilience**: **ongoing surveillance, contingency planning** and the ability to reintroduce key capabilities such as mass vaccination and testing in an emergency; and
- **Securing innovations and opportunities** from the COVID-19 response, including investment in life sciences. Would include treatments here.

This Plan sets out what actions will be taken in Bath & North East Somerset to support implementation of these principles at the local level; through the framework for how we will live safely and fairly with COVID-19 as outlined in the next section. Some of the national principles align with the key epidemiological principles that the ADPH advise should guide us through the next phase of the pandemic, which include reducing transmission, use of surveillance and vaccinations, and a clear testing strategy.

SECTION 3: LOCAL FRAMEWORK FOR LIVING SAFELY AND FAILRY WITH COVID-19

3.1 Learning from the past and maximising strengths and opportunities

As we move into the next phase of living safely and fairly with COVID-19, it is essential to consider and learn from what has worked well and what has not worked so well and why. The Coronavirus Pandemic has been the largest and most enduring pandemic since the "Spanish Flu" in 1918–1919, and the UK has experienced one of the highest proportions of excess deaths in the World (where excess deaths are recorded), particularly in the first wave of the pandemic. This is partly thought to be due to a lack of national preparedness to respond to a pandemic of this nature, and because the general population was less healthy than many Western counterparts. The pandemic has exposed and magnified health inequalities, resulting in even worse health outcomes for some of the worst off in our society.

Conversely, the challenge of the situation has brought about rapid change and innovation of a scale that would have been unimaginable just two years ago. New ways of working have been adopted at pace, solutions to problems not previously experienced have been found, and communities and partners across sectors have pulled together with unity and determination.

Between February and May 2022 B&NES Council conducted a number of “Look Back” and “Look Forward” workshops, including with internal colleagues, the COVID-19 Health Protection Board and the voluntary and community sector, to inform our understanding of what went well and areas of our response that we could improve and build on. From these workshops, key strengths of our local response that were highlighted include partnership working across organisations and sectors, and including to protect the most vulnerable, with the Community Wellbeing Hub frequently sighted as an excellent model for collaboration between commissioners and a wide range of providers. Other strengths include the flexible and agile response that all sectors demonstrated, the resilience of the workforce, the additional capacity and resilience provided by volunteers and volunteer networks, the development of new ways of working (supported by IT systems, software and equipment), and the development of new skills and opportunities across workforces. Robust emergency planning structures and relationships, and the delivery of robust COVID-19 interventions such as local contact tracing, community testing, the PPE store, and the mobilisation of an infection prevention and control team to support situations and outbreaks, including in care homes, education settings, and hostels, were also highlighted as strengths.

Key areas of our response that we will seek to improve and build on include developing more agile processes to support the recruitment and redeployment of staff, embedding the skills required to support a health protection response into continuing professional development programmes, ensuring that workforce wellbeing is a key element in preparing for both acute and sustained responses, and maintaining community resilience to respond to future COVID-19 and health protection threats. Further areas of focus also include addressing the harms that the pandemic has had on mental health and wellbeing, using recovery as an opportunity to address heath inequalities, and ensuring that our learning on the roles and responsibilities that different organisations, partners and communities fulfil in such emergencies inform this Plan and also the refresh of plans such as the Major Incident Plan and BSW Communicable Disease Plan.

Partnership working across sectors to protect the most vulnerable

Case study 1: The Community Wellbeing Hub was set up in the early stages of the pandemic to support residents with their basic needs, including providing emergency food parcels, collecting prescriptions, transporting residents to medical appointments, support with a gas or electricity top up, and support to people feeling anxious and/or lonely. Over time the Community Wellbeing Hub has expanded its offer to support people with a wide range of needs such as housing and benefits advice and health and wellbeing support such as help with stopping smoking, getting active or losing weight. This integrated offer has been made possible by the Hub being set up as a collaboration between HCRG Care Group, 3SG, Bath Mind, Bath & North East Somerset Council, BSW Clinical Commissioning Group, and other voluntary and community sector partners.

Case study 2: During the pandemic, a Homeless Partnership meeting was held weekly to bring together key partners involved in the care and support of homeless people and people at risk of homelessness. Members of the partnership included B&NES Public Health and Housing Services, homeless providers (Curo, Julian House, DHI, Home Group, Brighter Places, Genesis Trust, St Mungo's), police, Big Issue, HCRG Care Group and Citizen's Advice Bureau.

Key issues where discussion and action took place included support to residents to self-isolate and access to COVID-19 testing and vaccinations. The partnership acted as a valuable space for Public Health to provide updates on COVID-19 to the group, as well as for organisations and services to flag any COVID-19 related concerns or issues. Feedback from the partnership was key to informing the local authority's communications and outreach work. Outside of the weekly meetings, Public Health also communicated regular updates via email on locations and times of test sites (e.g. mobile testing van) as well as local walk-in vaccination clinics. Engagement with the homeless partnership during the pandemic was hugely valuable for all partners, and broader public health and health protection issues are now being discussed and taken forward by the partnership.

Case study 3: Community asymptomatic testing

B&NES Council set up asymptomatic community testing in early 2021 alongside other local authorities. Between June 2021 and April 2022, approximately 40,000 lateral flow test kits were handed out from the fixed testing site in Bath city centre and the mobile testing van. Additionally, 5,000 people were assisted with a lateral flow test from these sites. Lateral flow tests were also available to collect from community libraries and one-stop shops across B&NES.

The mobile testing unit, set up in August 2021, travelled to over 50 locations across B&NES including, parks, supermarkets, voluntary and community sector organisations, and faith settings, providing information about COVID-19 testing and facilitating access to lateral flow test kits. B&NES residents fed back that this was "a very useful service" and "a good way to help keep people safe".

By working with voluntary and community sector organisations such as Julian House, Bath Welcome Refugees, Bath Mind and Age UK, communities previously not accessing tests were able to access tests more easily, and were provided with information to be able to perform tests robustly and with confidence. "It's been really helpful and informative for our clients and ourselves" said Age UK.

Community asymptomatic testing has not only improved access to lateral flow tests in under-represented communities, but also provided wider support and comfort to individuals throughout the COVID-19 pandemic. As one testing operative stated, "meaningful interactions are the benchmark… some people just want human interaction and a chat, and I am more than happy to have a chat".

3.2 Local Framework

This section sets out the local framework for how, within the new national context, we will **prevent and protect**, **respond** to localised outbreaks and any national resurgence of COVID-19, **communicate and engage** with our communities, and utilise **surveillance and monitoring** information.

3.2.1 Prevent and protect

Encouraging safer behaviours

Small actions can make a big difference. Maintaining certain infection prevention and control choices and habits in the home, workplaces and public places will help to reduce transmission of COVID-19 and help to minimise transmission of other respiratory viruses. All individuals, employers and institutions will be encouraged to follow national safer behaviour advice, which includes:

- Getting vaccinated and boosted; this offers the best protection against COVID-19, it reduces the risk of getting seriously ill and of spreading it to others
- Let in fresh air when indoors
- Wash your hands regularly for 20 seconds or more
- Stay home if you feel unwell, if possible
- Consider wearing a face covering in the following scenarios; when coming into close contact with someone at higher risk of becoming seriously unwell from COVID-19 or other respiratory infections, when COVID-19 rates are high and you will be in close contact with other people, such as in crowded and enclosed spaces, and/or when there are a lot of respiratory viruses circulating, such as in winter, and you will be in close contact with other people in crowded and enclosed spaces.

During 2022-23 B&NES Infection Prevention and Control (IP&C) team will work with a range of settings, including higher risk settings, to train staff, residents and pupils in safer behaviours and IP&C measures, with the aim of preventing and reducing transmission of COVID-19 and other infections. A train the trainer approach will be utilised to support the sustained sharing of knowledge.

Vaccination

COVID-19 vaccines remain the most important and effective way the public can protect themselves and others from becoming seriously ill or dying from the virus. Without the vaccine programme, and the high levels of take-up, we would not have been able to transition into the current phase of living safely with COVID-19. A recent review by UKHSA also showed that people who have had one or more doses of a COVID-19 vaccine are less likely to develop long COVID symptoms than those who remain unvaccinated[5]. Nevertheless, no vaccine is 100% effective, not everyone will choose to be vaccinated, and there will be an ongoing risk of a new variant emerging that the vaccine is less effective against, and so vaccination remains one of a number of important measures.

A key role locally, will be for the Council and NHS to continue to work in partnership with the voluntary and community sector and communities to increase uptake in groups that have lower vaccine uptake. This includes continuing activities that make vaccinations more accessible, analysing vaccination uptake data to help identify which groups may need more support to access vaccination, and building behavioural insights into the programme to support understanding of how vaccine confidence can be increased. It also includes ensuring robust communications and community engagement campaigns that provide residents with the evidence-based information on the safety, efficacy, and rationale for vaccination, that they need to make informed choices.

Case study 4: Reducing inequalities in vaccine uptake

B&NES Council, the NHS, voluntary and community sector partners and key institutions, have made vaccinations more accessible through a central Bath vaccination clinic to supplement the Bath Racecourse vaccination centre, and through "pop-up" clinics at location across the local authority, and including in community centres, sports facilities, and University settings. We have also taken vaccinations to where people live, where they face specific barriers in accessing healthcare.

Boaters are at increased risk to COVID-19 due to cold weather/fuel poverty, underlying health conditions and reduced living space. Barriers to accessing healthcare are also significant due to lack of transport and no fixed abode. Approximately 12% of boaters are not registered with a GP. Of those that are registered, boaters live on average 47km away from their GP compared to 92% of the general population that live within 2km.

In light of this, a multi-agency group was set up – including Public Health B&NES and Wiltshire, BSW Clinical Commissioning Group, Julian House and Canal Ministries - to mobilise a COVID-19 canal boat outreach vaccination service. A drop-in vaccination clinic was held on a canal boat for three 1–2-week periods to offer 1st doses, 2nd doses and boosters. COVID-19 testing, first aid kits and health promotion material were also given out. The service was received very positively with 782 vaccinations (314 1st doses, 266 2nd doses and 202 boosters) administered. Nearly everyone who accessed the clinics had the vaccine. The service was valuable in enabling boaters to ask a health professional questions about the vaccine, particularly for those who had concerns.

[5] UKHSA (2022): The effectiveness of vaccination against long COVID A rapid evidence briefing: https://ukhsa.koha-ptfs.co.uk/cgi-bin/koha/opac-retrieve-file.pl?id=fe4f10cd3cd509fe045ad4f72ae0dfff

Community resilience

The pandemic has led to more resilient communities, though households, communities, organisations and businesses developing knowledge, skills and capabilities to support themselves and others in the event of major threats. The development of existing and new local support networks, some linked to voluntary and community organisations and some informal neighbourhood networks for example, has strengthened community resilience by harnessing the assets of individuals and groups. Volunteers have played a pivotal role in the response; from providing food and medical provisions and offering to transport people to medical appointments, through to telephone befriending services and doorstop visits to reduce social isolation and loneliness. We will continue to support the development of resilient communities through a programme of work with different sectors to develop the skills, capacity and neighbourhood plans to enable communities to prepare themselves for threats and know how best to respond, and particularly in order to protect those that are most vulnerable in our communities.

Addressing inequalities

By mid-March 2021 the pandemic had led to 119,000 excess deaths in the UK and in 2020 caused a 9.9% drop in GDP[6]. Behind these overall figures lie the unequal burdens carried by different population groups and regions. The pandemic for example, has revealed stark differences in the health of the working age population – those younger than 65 in the poorest 10% of areas in England were almost four times more likely to die from COVID-19 than those in wealthiest[7]. The type and quality of people's work, housing conditions, and access to financial support to self-isolate all contributed to different exposures to the virus. The pandemic has shown that health and wealth are inextricably connected and it will be important at the local level, for economic strategy to recognise this and to seek to create good health and wealth for all. Some groups, such as young people, those with disabilities, care home residents and minority ethnic groups have also been disproportionately affected by the pandemic, and it will be important to seek opportunities to address their needs. As part of its ongoing work to address inequalities the BaNES, Swindon and Wiltshire (BSW) Partnership is developing a new strategy to make sure that tackling inequalities is everybody's business and that there is a long-term commitment to addressing these issues across the system.

3.2.2 Outbreak management and response

Support to higher-risk settings

It will be important to maintain support to higher risk settings such as care homes, due to the clinical vulnerability of residents and the nature of multiple occupation settings, which means that viruses such as COVID-19 can spread very quickly without appropriate controls in place. Other higher-risk settings include homeless hostels and some sheltered housing settings, again due to the clinical vulnerability of residents and close proximity of living arrangements. Such settings will continue to be provided with support by UKHSA and B&NES Council, including to risk assess more complex situations and outbreaks and to provide advice on control measures. Key partnership forums will also be sustained so that there continues to be regular dialogue with care homes and other adult care providers to support preventative and outbreak management work, and so that as national

[6] The Health Foundation (2021): Unequal pandemic, fairer recovery: https://www.health.org.uk/publications/reports/unequal-pandemic-fairer-recovery#:~:text=Despite%20these%20efforts%2C%20by%20mid,different%20population%20groups%20and%20regions

[7] The Health Foundation (2021): Unequal pandemic, fairer recovery: https://www.health.org.uk/publications/reports/unequal-pandemic-fairer-recovery#:~:text=Despite%20these%20efforts%2C%20by%20mid,different%20population%20groups%20and%20regions

COVID-19 funding and resources reduce within UKHSA and the Council, providers are in a good position to manage routine situations independently.

Education settings from pre-school settings right the way through to universities will also remain vulnerable to outbreaks due to the close proximity of children and young people in these settings. However, as the overall risk of children and young people becoming severely ill from COVID-19 is extremely low, whilst the overall impact of control measures on their social and emotional wellbeing and educational outcomes is high, living safely and fairly with COVID-19 has required a new approach to managing COVID-19 infection in education settings. Risk assessments and safer behaviours remain important, but COVID-19 infection (confirmed or suspected) will be managed in line with other respiratory infections, asymptomatic and symptomatic testing is no longer recommended, and outbreak testing is only available by exception in eligible SEND residential settings.

Case study 5: Working with high risk settings

Care homes have been and continue to be identified as a high risk setting and have seen restrictions in place during outbreaks of COVID-19, which in some cases have been in place for long periods of time. These restrictions include limitations on visiting. The visiting policy and outbreak management plans of the care home are the responsibility of the registered manager. The B&NES adult social care Infection Prevention and Control (IP&C) team are able to support and advise in line with national guidance.

In one situation during a long running outbreak, meetings were held on a 1:1 basis with the registered manager to modify visiting during an outbreak using risk assessment in line with national guidance. This allowed outdoor events for special occasions, visits out of the care home, and visits inside to occur in a safe way. By supporting the manager in this intensive way the IP&C team were able to then explain the reasons for restrictions, what the risks were and the appropriate modifications to support the wellbeing of residents. This skilled up the care home manager to independently modify visiting in a safe way. The IP&C team also used this learning and the scenarios presented to write documents enabling other care home managers to understand risks and mitigations associated with COVID-19 in care homes, particularly during an outbreak.

Testing and treatment

The government has committed to ensuring those aged over 12 years who are at highest risk of severe illness from COVID-19, can continue to access tests so that they can check very quickly if they have developed the virus and get access to treatments quickly. Other groups eligible for free tests include NHS staff who care for patients, hospital patients who need PCR tests before treatment, people working in higher-risk settings such as care homes and prisons, care home residents, and hospital patients who are discharged to care homes or hospices.

The NHS is offering antibody and antiviral treatments to people with coronavirus (COVID-19) who are at highest risk of becoming seriously ill.

Preparedness to flex up the response

B&NES Council and other key agencies are required to prepare for and respond to health emergencies, including but not limited to COVID-19. As there is uncertainty about the path that the

virus will take, we will review our response plans periodically to ensure we are able to reinstate arrangements in a timely manner if required.

Plans will address mobilising capacity and arrangements to support:

- surge testing
- contact tracing
- self -solation or quarantine
- the management of situations and outbreaks
- the distribution of anti-viral treatments
- the distribution of personal protective equipment (PPE)
- mass surge vaccination
- contracts for emergency facilities and services
- community and voluntary sector and volunteer networks to meet the diverse needs of our local population

3.2.3 Communications and community engagement

Living safely and fairly with COVID-19 must state positively what we can do and how, so that individuals, employers and institutions can manage risk. People need to have robust information to be able to risk assess their actions, and what their actions mean for themselves and others. B&NES Council will continue to ensure the delivery of a robust Communications Plan so that local campaigns, in support of national campaigns, provide communities and strategic partners with clear and evidence-based information to inform their decision-making.

We know, however, that providing information isn't enough to influence the behaviours of everyone. We need to shift and change behaviours so that people act upon the information they are provided with. We will, therefore, continue to use behavioural insights intelligence to better understand the social, economic and cultural determinants that support engagement with (rather than hesitancy towards or refusal of) public health interventions. We will also continue to make use of frameworks such as EAST and APEASE to support the design and implementation of interventions. EAST encourages the design of interventions that are Easy, Attractive, Social and Timely and APEASE encourages consideration of Affordability, Practicability, Effectiveness and cost-effectiveness, Acceptability, Side-effects and safety, and Equity.

> *Reducing transmission is as much about influencing and changing population behaviour to be safe... We need large scale population adoption of safer behaviours as both habits (i.e. sustained behavioural patterns people do not need to think about) as well as a mindset of "safety first", where people are actively seeking to reduce risk. If enough sectors of the economy use design, behavioural choice, behavioural insights, and social psychology consistently, we can create a culture where people perform safer behaviours as habit.*
>
> *ADPH Report (2021): Living safely with COVID-19*

3.2.4 Surveillance and monitoring

With the demobilisation of community PCR and LFD testing, it is no longer possible to monitor the number of COVID-19 infections, and better measures for understanding whether infections are going up or down are COVID-19 hospitalisations and excess deaths. However, the Government will continue to monitor cases, in hospital settings in particular, and will use genomic sequencing, which will allow some insights into the evolution of the virus. UKHSA will maintain scaled down critical surveillance capabilities including the COVID-19 Infection Survey (CIS) population level survey,

genomic sequencing and additional data. This will be supplemented by continuing the SARS-CoV-2 Immunity & Reinfection Evaluation (SIREN) and Vivaldi studies. The purpose of the SIREN study is to understand whether prior infection with SARS-CoV2 (the virus that causes COVID-19) protects against future infection with the same virus. The Vivaldi study was established to investigate COVID-19 infections in care homes.

At the local level, data and intelligence is crucial in informing strategic and operational decisions on how best to prevent the transmission of COVID-19, maintain public confidence and engagement with public health measures, and inform the identification and proactive management of local outbreaks in higher risk settings such as Care Homes. B&NES Council will continue to utilise the national and local COVID-19 dashboards and proxy indicators to maintain an oversight of COVID-19 in the local authority and to support the targeting of appropriate infection prevention and control support and interventions. This includes using data to support specific settings in responding to situations and outbreaks, and using data proactively, for example, the Council and NHS will continue to utilise vaccination intelligence to inform the locations for “pop up” and outreach clinics for under-represented groups and the targeting of communications and community engagement activities.

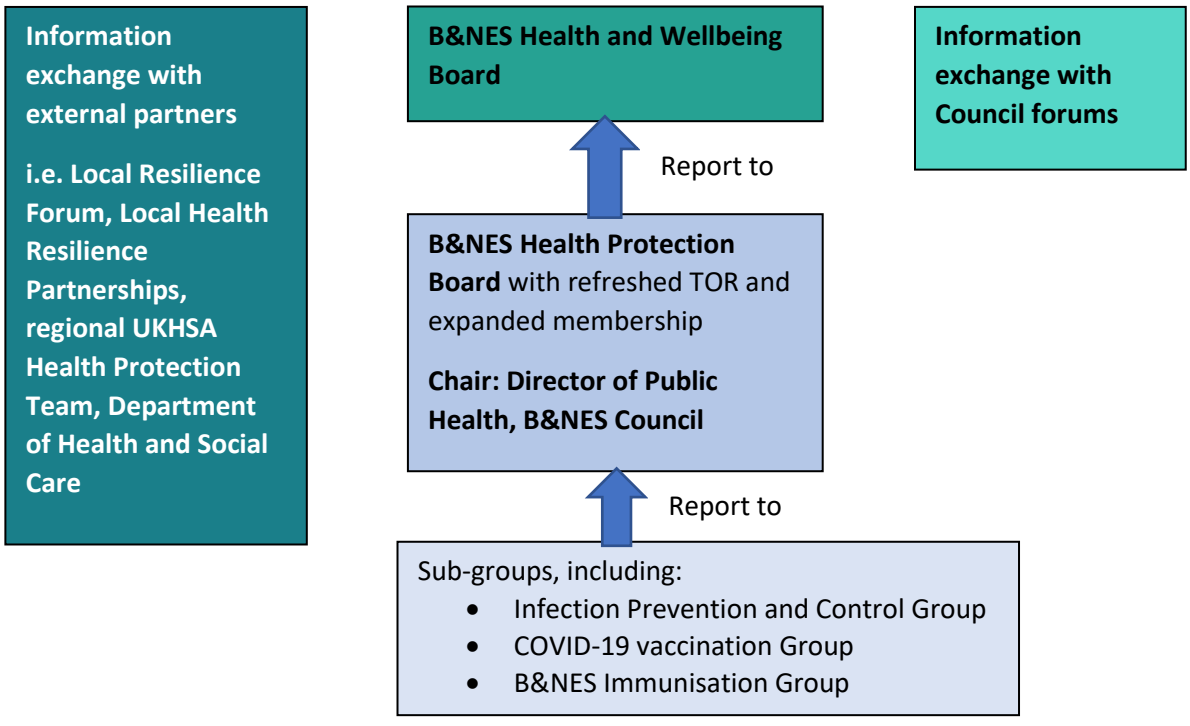
B&NES Council will also work with UKHSA in 2022-23 to develop a refreshed regional health protection dashboard, to support the surveillance of COVID-19 and also other infectious diseases

SECTION 4: GOVERANCE, ROLES AND RESPONSIBILITIES

Clear governance is essential to ensure that each area of the system operates effectively. Local governance of COVID-19 builds on existing practice and structures:

- the Director of Public Health (DPH) has a responsibility to ensure the development and implementation of the COVID-19 local outbreak management plan (or equivalent); supported by wider local authority teams as necessary
- the local authority corporate management team has a key role in providing strategic leadership and direction, ensuring local communications and engagement, and deploying local government resources
- local authorities, through their elected mayors and council leaders, are accountable to their local community for the local response, decisions and spending undertaken
- councillors, as local systems leaders, and local community leaders can facilitate systems relationships and community engagement
- the Civil Contingencies Act 2004 provides that other responders, through the local resilience forum (LRF), have a collective responsibility to plan, prepare and communicate in a multi-agency environment
- the local 'gold' structure, once "stood up", provides resource coordination, and links to COVID-19 regional partnership teams and other key category 1 responders from the local system
- local authorities have legal powers relating to public health which are listed in **Annex B.**
- Regional teams such as the South West UKHSA health protection team play an important role in connecting the national and local response, providing specialist expertise and capability, and working collaboratively with the Council and local partners.

The following governance arrangements are in place to support effective and transparent decision-making.



B&NES' geographical position adds some complexity to the response plan. Our LRF alignment is with Avon and Somerset, while our NHS system incorporates Swindon and Wiltshire who share a separate LRF. As we have done throughout the last 2 years, we will continue to work with our partner organisations across both footprints.

Annex A: Aspects of the Local Authority COVID-19 programme response that have been demobilised or stood to align with the shift to living with COVID-19

COVID-19 PROGRAMME	
Projects and resource in place to enable the delivery of B&NES Local Outbreak Management Plan between 2020-2022	**Status of project as at June 2022**
Public Health Inbox to respond to COVID-19 related queries	In place though resource scaled back from 31st March 2022 as enquires have reduced
Vaccination programme	Will remain in place and as directed by DHSC
Asymptomatic (LFD) community testing	**Demobilised** on 31st March 2022
Local PCR fixed and mobile sites (led by DHSC)	**Demobilised** on 31st March 2022
Local contact tracing service, in support of NHS Test and Trace	**Demobilised** on 24th February 2022
Infection prevention and control acute response	Scaled back though in place to support reactive and proactive work with higher risk settings, and to ensure resilience for Winter 2022/23
Environmental Health response	Scaled back though in place to support reactive and proactive work with settings in 2022/23
Community Wellbeing Hub	Specific functions demobilised though in place to support wider community wellbeing needs
Communications and community engagement	In place though scaled back to support engagement with vaccination and safer behaviours only. Weekly COVID-19 briefing, weekly Sitrep, and weekly extract for E-Connect **demobilised.** Education setting newsletter less frequent and covers all health protection issues.
Surveillance and intelligence	Weekly Sitrep **demobilised**. Power BI COVID-19 dashboard demobilised. Care Home dashboard, education tracker dashboard, RUH sitreps and Resilience Direct remain in place.
Forums in place to enable the delivery of B&NES Local Outbreak Management Plan between 2020-2022	**Status of Forums as at June 2022**
Command and control internal arrangements i.e. Gold, Silver, Bronze	**Stood down**
LRF command and control arrangements i.e. Tactical Coordinating Group, Strategic Coordinating Group	**Stood down**
COVID-19 Outbreak Engagement Board	**Stood down**
COVID-19 Health Protection Board	COVID-19 specific Board **stood down** and remit of the Board incorporated into the Terms of Reference for the B&NES Health Protection Board
Public Health Covid internal meeting	Replaced by a Health Protection Internal meeting, that meets monthly.
Vaccination sub-group	In place
Adult social care sub-group	In place

Higher risk groups and places sub-group	**Stood down**
Education sub-group	**Stood down**
Universities sub-group	**Stood down**
Contain Outbreak Management Fund sub-group	In place whilst funding is available (for 2022/23)

Annex B: Current Public Health legal powers

The legal context, including enforcement powers, for managing the Coronavirus pandemic has changed over the course of the pandemic. With the publication of the national Living with COVID-19 plan on the 24th February 2022, the government ended COVID-19 specific legal restrictions in England, in favour of public health guidance. Nevertheless, health protection legal powers for managing outbreaks of communicable disease, which present a risk to the health of the public requiring urgent investigation and management, remain and sit with:

- United Kingdom Health Security Agency (UKHSA) under the Health and Social Care Act 2012;
- Directors of Public Health, who have a duty to prepare for and lead the Local Authority Public Health response to incidents that present a threat to the public's health under the Health and Social Care Act 2012;
- Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984 and suite of Health Protection Regulations 2010 as amended;
- NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and UKHSA to take local action (e.g. testing and treating)