

ADULT SOCIAL CARE AND COMMUNITIES SCRUTINY COMMITTEE

Minutes of the meeting of the Adult Social Care and Communities Scrutiny Committee held on Tuesday 9 March 2021

PRESENT

Cllr Stephen Hirst (Chair)	Cllr Jeremy Hilton
Cllr Phil Awford	Cllr Shaun Parsons
Cllr Iain Dobie (Vice-Chair)	Cllr Steve Robinson
Cllr Andrew Gravells MBE	Cllr Brian Robinson
Cllr Terry Hale	

1. APOLOGIES

No apologies for absence

2. DECLARATIONS OF INTEREST

No declarations of interest

3. MINUTES

The minutes of the joint committee meeting held with the Gloucestershire Health Scrutiny Committee on 26 January 2021 were noted and agreed as a correct record of that meeting.

4. PUBLIC HEALTH REPORT

Members received a detailed update from the Executive Director of Adult Social Care and Public Health, (Gloucestershire County Council), on matters relating to public health, including the response to the COVID-19 Emergency.

A Covid-19 early warning indicator update was presented at the meeting, providing members with the latest information.

Members received an update of the Draft Domestic Abuse Bill, published in January 2019. The Bill outlined 123 commitments, both legislative and non-legislative, designed to:

- promote awareness of domestic abuse
- protect and support victims and their families
- transform the justice process to prioritise victim safety and provide an effective response to perpetrators

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- and to drive consistency and better performance in the response to domestic abuse across all local areas, agencies and sectors

At the second reading of the Bill in the House of Lords on 5 January 2021, several additional recommendations/considerations were made, including; extending the statutory duty on Local Authorities to include community-based support services. The Bill would be considered at the House of Lords (committee stage) before proceeding to the third reading and any amendments prior to receiving Royal Assent. It was expected that the statutory duties outlined in the Bill/ Act would come into force in April 2021.

Main Statutory Duties of the Domestic Abuse Bill

The Domestic Abuse Bill will place a statutory duty on tier 1 local authorities to provide support to victims of domestic abuse and their children within safe accommodation, with the aim of achieving consistency across England. It is noted that currently the duty does not extend to the provision of community-based support for victims of domestic abuse.

The main requirements under the statutory duty are to:

- Convene a Domestic Abuse Local Partnership Board
- Complete a Needs Assessment
- Develop a Domestic Abuse Strategy and commission appropriately
- Monitor and Report to Government
- LAs to have regard to Statutory Guidance in exercising the above functions
- Tier 2 local authorities to co-operate with tier 1 local authorities

The committee was informed that Gloucestershire was well placed to implement the Bill and statutory duties, with the work being led by Tina Hemingway (Outcome Manager) and Sophie Jarrett (County Domestic Abuse and Sexual Violence Strategic Coordinator). All requirements had been considered and appropriate actions taken. The Domestic Abuse and Sexual Violence Commissioning Group would oversee the required activity and reconvene as the Domestic Abuse Local Partnership Board.

Rapid research proposal

Rapid insight research had been commissioned to better understand attitudes and behaviours relating to self-isolating and accessing COVID-19 testing. This qualitative research to target critical workers (those who cannot work from home) who live in areas of high deprivation and/or near to a community testing site. It sought to develop:

- A clear understanding of the motives, barriers and implications of self-isolating and/or testing in different scenarios
- A clear qualitative insight into the needs and solutions to influence residents to comply with self-isolating and access testing

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- Insight-led recommendations for incentives/solutions that will influence and encourage compliance with the 4 desired behaviours

A research report would be completed in early March.

Communications update

From the beginning of 2021, focus on activity had been placed on supporting the Government's: 'Stay at home, Save Lives' message, community testing and the roll-out of the COVID-19 vaccination programme:

Activity included:

- Gloucestershire County Council joined NextDoor – a social site that helps us target our vital Covid messages at a hyperlocal level
- The county's first community testing centre opened at the Friendship café in Gloucester. Residents who still have to leave home for either work or caring responsibilities were invited to get a rapid, regular test. This was promoted via Gloucester FM, translated audio and posters, direct communications to parents via schools, Nextdoor and the media
- Promotion of the Holiday School Meals voucher scheme for February half term via social media
- Nearly 300,000 COVID-19 support leaflets were delivered to households across the county and included information on: looking after your mental health and wellbeing, financial support to help people to stay at home and more
- Lamppost signs across the county will be replaced to reflect the positive impact that lockdown has had on Covid cases in the county, with the message 'Help beat COVID-19'
- We shared a video from Gloucester Rugby encouraging people to follow the rules so that they can get back 'in the shed'
- NHS partners have been sharing details of the progress of the COVID-19 vaccination programme roll out. This includes the county council's efforts to reach frontline health and social care staff. Members of the county's Warning and Informing communications group have been supporting the efforts
- Gloucestershire Constabulary had been promoting enforcement activity during lockdown, reminding people to stick to the rules or face a fine
- On Valentines Day, social media had been used to encourage people to 'Spread the love, not the virus'

COVID-19 Vaccination Update: Social care staff vaccine roll out

The roll out of the NHS C19 vaccination programme had recently been extended to frontline social care staff (known as priority cohort 2). Directorates across GCC had been working collectively to identify not only their own eligible staff, but to invite social care providers in Gloucestershire into the local NHS vaccination programme, issuing letters of eligibility to evidence their priority for vaccination.

Priority cohort 2 included CQC-registered providers, and / or other non-registered organisations who employed frontline care workers providing care to individuals

clinically vulnerable to COVID infection. This included homelessness services and other community provision to those with severe mental health diagnosis and/or learning disabilities, as well as older adult social care.

Vaccinations Equity

A countywide COVID-19 Vaccinations Equity Group had convened at the end of January, chaired by Paul Roberts (Chief Executive of Gloucestershire Health and Care NHS Foundation Trust). The purpose of the group was to support equitable uptake of COVID-19 vaccinations across the population of Gloucestershire. The objectives of the group were to:

- Ensure robust data is collected that allow the group to identify and then measure any inequalities of uptake
- Consider and take into account the national evidence on vaccine hesitancy to supplement local data
- Engage and involve relevant groups who are not coming forward for vaccination
- Identify the reasons for vaccine hesitancy
- Agree strategies and interventions to address the issues raised
- Evaluate the strategies and interventions to ensure they are effective
- Share data and activity with the Gloucestershire COVID-19 Mass Vaccination Command Group and other key stakeholders

The Group had reviewed published evidence on COVID-19 vaccine hesitancy or refusal and what might work to encourage and enable vaccine uptake. This had been supplemented with local data on vaccine uptake across different population groups, local insight research and feedback during engagement activities, and the impact data and learning that we gather as interventions are delivered. A 'test and learn' approach had been taken to ensure the programme could adapt and improve effectively within the Gloucestershire Mass Vaccination Programme timelines. Efforts were being taken to co-design interventions where timescales and resources allowed.

A HealthWatch England survey was being undertaken to explore intentions to take up the vaccine and potential barriers. The Vaccinations Equity group was considering adaptations to the survey for targeted local use.

Conversations were ongoing regarding the vaccination of individuals resident in the Forest of Dean but registered with a GP in Wales, with studies to explore the risk of inequity, given the different trajectories for vaccine roll-out between the two countries.

In addition, representations had been made to the Gloucestershire COVID-19 Mass Vaccination Command Group to consider rough sleepers and asylum seekers as priority groups for vaccination under JCVI group 4, which included those who were extremely clinically vulnerable. This had been agreed on the basis of the likely vulnerability and exposure of this group and steps were underway to encourage and enable them to come forward for vaccination.

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Finally, the council was participating in a newly convened South West PHE regional network for Health Inequalities and COVID-19 Vaccinations to share learning and good practice.

Long Term Impact of COVID-19/Health Inequalities and COVID-19

Health Inequalities Framework / Toolkit

An outline of the toolkit and its range of tools had been presented to CCG colleagues in February. There was considerable support for the approach and agreement to test relevant tools in partnership. The idea was for the tools to be tested and simplified so that they can be picked up by partnerships, organisations and services across the system to help them take a more systematic approach to understanding and acting on the inequalities in their area.

Update on community testing

Two asymptomatic community testing sites had been set up in Gloucestershire and a third opening later in the Spring: -

- Friendship Café, Gloucester – opened on 13th January
- Royal Agricultural University, Cirencester – opened on 17th February
- Miners Welfare Hall, Cinderford – due to open by 10th March

Rapid COVID-19 tests were available to people who lived or worked in Gloucestershire, who needed to leave the house because of work or caring responsibilities. People were being encouraged to take the test twice a week, receiving their result within an hour of their test. Anyone who tested positive was followed up by the local Health Protection team to reinforce self isolation messages and, in certain cases, provide rapid action to prevent potential outbreaks in high risk settings.

As of 21st February 2021

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- 3,244 tests had been carried out in Gloucester, with 21 positive cases found
- 152 tests had been carried out in Cirencester, with 1 positive cases found

GCC had been actively working with DHSC to make rapid tests available to more people across the county and planning the roll out of further sites to be confirmed in the coming weeks.

Impact of Covid-19 on sexual health

In common with other health services, sexual health services had been impacted by the pandemic. Provisional data collated by PHE (December 2020) showed that the number of consultations carried out by specialist sexual health services had fallen during the first lockdown; along with rates of STI testing and new STI diagnoses. While there had been some recovery when lockdown measures had eased; nationally the numbers of consultations, tests and diagnoses in the summer of 2020 remained considerably below the same period in 2019. National data for the latter

part of last year was not yet available, but it was likely that attendances and activity would remain below expected levels.

The local sexual health service had remained open throughout the pandemic, but had needed to adapt to how services were provided to ensure the safety of staff and patients; and the resilience of the service. Clinics were largely concentrated in the central Hope House hub in Gloucester; facilities to enable remote tele-consultations are in place; and vulnerable/high risk patients are being prioritised. The county had an established programme of online STI testing which had ensured STI tests have remained accessible.

Young People

It was agreed it was important to continue to look at the support for young people's wellbeing across the pathway from prevention and early intervention to more specialist care. A new mental health CYP strategic response group had been set up to help co-ordinate the local response. The group would bring together commissioners and providers, and representatives from education, supported by the Gloucestershire Healthy Living and Learning programme.

The Committee would be kept up to date on work locally to support young people's mental health.

The report was noted.

5. ADULT SOCIAL CARE REPORT

The committee received an update from the Executive Director of Adult Social Care and Public Health, (Gloucestershire County Council), on matters relating to adult social care, including the response to the COVID-19 Emergency.

The report was noted.

6. CHIEF FIRE OFFICER REPORT

The committee received a detailed update on matters relating to the delivery of services within the Chief Fire Officer, (Gloucestershire), portfolio of services, comprising; Gloucestershire Fire and Rescue Service, Trading Standards, Civil Protection and Coroners Services.

The update was noted.

7. WORK PLAN REVIEW 2017-21

The committee noted the items of scrutiny that had been considered during the previous four years and invited to submit any suggestions on items for consideration by the new committee after the council elections in May 2021.

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CHAIRPERSON

Meeting concluded at 11.50am