

Adult Social Care and Communities Scrutiny Committee

Report from the Executive Director of Adult Social Care and Public Health

9 March 2021 – Public Health Update

Update on Domestic Abuse Bill

The draft Domestic Abuse Bill was published in January 2019 setting out 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
- and to drive consistency and better performance in the response to domestic abuse across all local areas, agencies and sectors

Following consultation, the DA Bill completed its stages through the House of Commons in July 2020. It had a second reading in the House of Lords on 5th Jan 2021, it is worth noting that at this stage several additional recommendations/considerations were made including; extending the statutory duty on Local Authorities to include community-based support services. The Bill is now at the House of Lords committee stage and will then proceed to; report stage, 3rd reading and amendments prior to receiving Royal Assent. It is expected that the statutory duties outlined in the Bill/ Act will 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

Gloucestershire is well placed to implement the DA Bill and statutory duties, this work is being led by Tina Hemingway (Outcome Manager) and Sophie Jarrett (County Domestic Abuse and Sexual Violence Strategic Coordinator). All requirements are

being considered and appropriate actions being taken. The Domestic Abuse and Sexual Violence Commissioning Group will oversee activity and will be reconvened as the Domestic Abuse Local Partnership Board.

Rapid research proposal

Rapid insight research has been commissioned to understand attitudes and behaviours related to self-isolating and accessing COVID-19 testing. This qualitative research will 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 seeks 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
- Insight-led recommendations for incentives/solutions that will influence and encourage compliance with the 4 desired behaviours

The research report will be completed by early March.

Communications update

Since the start of 2021, we have focussed on activity that supports the Government's: 'Stay at home, Save Lives' message, community testing and the roll-out of the COVID-19 vaccination programme:

Activity includes:

- 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 have been promoting enforcement activity during lockdown, reminding people to stick to the rules or face a fine
- This Valentines Day we used social media 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 was recently extended to frontline social care staff (known as priority cohort 2). Directorates across GCC have 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 includes CQC-registered providers, and / or other non-registered organisations who employ frontline care workers providing care to individuals that are clinically vulnerable to COVID infection. This includes homelessness services and other community provision to those with severe mental health diagnosis and/or learning disabilities, as well as older adult social care.

Who is eligible?

- Those working in long-stay residential and nursing care homes or other long-stay facilities where rapid spread is likely to following introduction of infection and cause high morbidity and mortality.
- Social care staff directly involved in the care of their patients or clients.
- Others involved directly in delivering social care such that they and clinically vulnerable patients or clients are at increased risk of exposure.

To date, letters of eligibility have been issued to over 7000 social care staff in Gloucestershire. This is in addition to staff working in older adult care homes who were offered the vaccine in cohort 1 of the vaccination programme.

A key priority going forward is to collect more information on uptake in social care settings and understand any barriers to uptake to inform the local Covid-19 vaccination roll out locally. A web based and telephone survey is currently being delivered to support this understanding.

Vaccinations Equity

A countywide COVID-19 Vaccinations Equity Group was convened at the end of January and is chaired by Paul Roberts (Chief Executive of Gloucestershire Health and Care NHS Foundation Trust). The purpose of this group is to support equitable uptake of COVID-19 vaccinations across the population of Gloucestershire. The objectives of the group are 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 has reviewed the published evidence on COVID-19 vaccine hesitancy or refusal and what might work in encouraging and enabling vaccine uptake. This will be 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 will ensure the programme can adapt and improve effectively within the Gloucestershire Mass Vaccination Programme timelines. We will endeavour to co-design interventions where timescales and resources allow and where this is not possible will be guided by national and local evidence and insights. The COM-B behaviour change model is being applied to our choice and design of interventions.

Current data on inequalities relating to vaccine uptake among JCVI priority groups 1-4 is limited to a broad breakdown by ethnicity, age and Primary Care Network (PCN). These data suggest, in line with national findings, that Black and Minority Ethnic (BAME) groups are less likely to come forward for the vaccination than White British groups. A crude analysis by PCN also supports the national trend that those living in areas of deprivation are less likely to come forward than those from more affluent areas. We are expecting more detailed data, including gender, a more detailed breakdown of ethnicity, pre-existing conditions and other characteristics over the next two to three weeks. A communications and engagement plan has been drafted and work is underway, initially focusing on BAME communities. To give a flavour of this work, to date it has included:

- Community champions Q & A event in Bartongate at the end of January, with follow up in March
- A community-led panel discussion for BAME groups on vaccination facts and myth busting (Weds 17th February)
- Compiling a database of community links e.g. faith leaders, and potential venues for targeted vaccination 'pop-ups' should these be needed
- A session for faith leaders planned for later in the month
- Development of translated and easy read versions of key resources
- Conversations with Polish and Eastern European communities to review popular social media sites to highlight misinformation. A Facebook live session for the local Polish community is being scoped.

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

Conversations are ongoing regarding the vaccination of individuals who are resident in the Forest of Dean but registered with a GP in Wales. We are exploring the risk of inequity given the different trajectories for vaccine roll-out between the two countries.

In addition, we have made representations 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 includes those who are extremely clinically vulnerable. This has been agreed on the basis of the likely vulnerability and exposure of this group and steps are underway to encourage and enable them to come forward for vaccination.

Finally, we are participating in a newly convened South West PHE regional network for Health Inequalities and COVID-19 Vaccinations to share learning and good practice and to raise and resolve

Long Term Impact of COVID-19

Health Inequalities and COVID-19

Building on the summary of this work provided in January we can report the following progress.

Health Inequalities Framework / Toolkit

An outline of the toolkit and its range of constituent tools were presented to CCG colleagues in February. There is considerable support for the approach and agreement to test relevant tools in partnership. The idea is that the tools will 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. The table below lists the tools and the areas in which they are being tested locally.

Tool	Purpose of the Tool	Case Study
Health Equity Audit (HEA)	To identify how fairly resources are distributed across different groups	Healthy Lifestyles Service
Health Equity Assessment (HEAT) Tool	Similar to HEA tool but a lighter weight alternative, which also helps to identify mitigating actions	Carers offer (adult carers)
Health Impact Assessment	Used to predict health consequences for different groups if a proposal were implemented	Planning and health

Social Return on Investment (SROI)	Identifies and attempts to put a value on the wider benefits of an intervention or programme	No Child Left Behind Programme
Intervention Effectiveness / Decay Model	Systematically uses data to assess the effectiveness of a patient pathway for different groups of the population	Respiratory CPG (pathway tbc)
Place-based tool	A joined-up approach that treats the 'place', and not just individual problems or issues, in recognition of the multiple causes of health inequalities	Gloucester City (specifics tbc)

While a draft of the toolkit will be available at the end of March this will continue to be developed as the case studies are implemented over forthcoming weeks and months. The toolkit will also include specific recommendations or to different parts of the system to contribute to reducing health inequalities across the seven priorities of the Gloucestershire Health and Wellbeing Strategy and the ambitions within the NHS Long Term Plan.

Anchor Institutions

The work to support Gloucestershire Health and Wellbeing Board to adopt an 'anchor institution' approach to addressing health inequalities has continued. Representatives from the relevant organisations are being consulted on the draft principles that have been developed to support a shared understanding of what anchor institutions in Gloucestershire are, and to summarise anchor institution activity. This will be shared with the Health and Wellbeing Board in March before being taken forward.

A BAME Task and Finish group was established to engage with BAME communities to take forward the recommendations within the 2020 Director of Public Health Annual Report. Recently this has included work to better understand the potential barriers to the uptake of the COVID-19 vaccination and to design communications and other activities to help address these barriers.

The CCG are leading a multiagency plan to address health inequalities in Gloucester and the first meeting of the sponsoring group for this plan was held in February. This plan aims to a place-based approach to reducing health inequalities in the City.

While there is a considerable amount of work underway with either the explicit intention, or the potential, to address health inequalities, some dedicated resource is needed for this work to progress at the pace required to embed the lessons learned from the COVID-19 pandemic and to ensure efforts are joined up effectively. Funding has been agreed from the COVID-19 Contain Outbreak Management Fund (COMF) for two two-year posts (an Outcome Manager and a Commissioning Officer), working to the Director of Public Health and with our wider partners, to support the development of a sustainable, system-wide network of action and learning on health inequalities.

Covid Variants: Update

All viruses naturally mutate over time, and SARS-CoV-2, the virus that causes COVID-19 disease, is no exception. Over time, changes can build up in the genetic code of the virus, and these new viral variants can be passed from person to person. Most of the time the changes are so small that they have little impact on the virus. But every so often a virus mutates in a way that benefits it, for example allowing it to spread more quickly, and causes us to be concerned about changes in the way the virus might behave. In this case the variant may be considered a 'variant of concern' by the UK government.

Some variants have been identified as Variants of Concern (VOC). These include:

- **“Kent” variant** (VOC202012/01) which likely emerged in September 2020, and appears responsible for the higher numbers of cases in Kent despite national restrictions being in place. This variant has multiple mutations in the spike protein, which is the part of the virus which first attaches to a human cell. These changes have resulted in the virus becoming about 50% more infectious and spreading more easily between people. This strain probably now accounts for about 80% of all new cases in the UK
- **“South African” variant** (VOC202012/02) which emerged around the same time as the Kent variant. It shares the same mutation to the spike protein as the Kent variant but also has a number of other mutations including E484K which means it may be able to escape the body's antibodies to some extent and is therefore of potential public health concern. Cases with this mutation are currently being followed-up closely and monitored in the UK, with extra case finding undertaken using “Project Eagle” in some areas where there are people who have the variant but have not travelled to South Africa.
- **“Manaus, Brazil” variant** (VOC202101/02) which has similar spike protein mutations to the South African variant. No cases have been confirmed in the UK to date.
- **“Bristol” variant** (VOC202102/02), which is similar to the Kent variant but has the same E484K mutation as the South African variant, and led to extra testing being put on to identify cases in the Bristol and South Gloucestershire area. There is currently no evidence this mutation alone causes more severe illness or greater transmissibility.

There are other variants that are “variants under investigation” (VUI) and this includes another strain from Brazil, a strain in Liverpool which is similar to the Bristol strain, and a new variant from Nigeria. There is currently no evidence that these variants cause more severe illness or increased transmissibility but Public Health England continues to monitor the situation.

Public Health England are continuing efforts to understand the effect of the variants on vaccine efficacy. In Gloucestershire, we have not been notified of variants of concern that require our follow up. However, we continue to work closely with Public Health England to review the case patterns across the UK and South West. A helpful blog is available on the variants from Public Health England <https://publichealthmatters.blog.gov.uk/2021/02/05/what-do-we-know-about-the-new-covid-19-variants/>

Update on community testing

Two asymptomatic community testing sites are now up and running in Gloucestershire and a third will be opening soon:

- 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 are now available to people who live or work in Gloucestershire, who have to leave the house because of work or caring responsibilities. People are encouraged to take the test twice a week, receiving their result within an hour of their test. Anyone who tests positive is followed up by the local Health Protection team to reinforce self isolation messages, signpost to support if needed and, in certain cases, provide rapid action to prevent potential outbreaks in high risk settings.

As of 21st February:

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

We are now actively working with DHSC to make rapid tests available to more people across the county and are planning the roll out of further sites to be confirmed in the coming weeks. We are also exploring other ways of making tests more accessible to those without symptoms, as national policy on community testing develops.

Impact of Covid-19 on sexual health

In common with other health services, sexual health services have also been impacted by the pandemic. Provisional data collated by PHE (December 2020) shows that the number of consultations carried out by specialist sexual health services fell during the first lockdown; along with rates of STI testing and new STI diagnoses. While there was some recovery when lockdown measures were eased; nationally the numbers of consultations, tests and diagnoses in summer 2020 still remained considerably below the same period in 2019. National data for the latter part of last year is not yet available, but it is likely that attendances and activity will still remain below expected levels.

The local sexual health service has remained open throughout the pandemic, but has had to adapt how services are provided to ensure the safety of staff and patients; and the resilience of the service. Clinics are 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 has an established programme of online STI testing which has ensured that STI tests have remained accessible.

Locally, the number of contacts delivered by the service has followed a similar pattern to the national trend. Activity numbers fell during lockdown compared to the same period in 2019; but recovered slightly when lockdown measures were eased. While there was a decrease in face to face contacts, contacts via telephone triage increased.

We do not yet have full data for 2020 on the rate of STI testing in the county or incidence (new diagnoses) of STIs. This will be published by PHE later this year. However, local data from the Sexual Health Service shows that there was a reduction in the number of STI testing kits ordered online in the first three quarters of 2020/21 compared to the same period in 2019/20. There has also been a slight decrease overall in the positivity rates locally of the four main STIs (chlamydia, gonorrhoea, syphilis and HIV). This may reflect changes in sexual behaviours linked to social distancing measures, and/or a reduction in people accessing testing either because of reduced need or reticence in accessing health services during the pandemic.

Overall, it is still too early to fully quantify the impact of the pandemic on STI rates and health outcomes; and it is important that we continue to monitor this and plan for the recovery phase.

Roll out of Pre-exposure Prophylaxis for HIV (PrEP)

The Committee will be aware that Gloucestershire rolled out the provision of PrEP (a drug that can prevent individuals contracting HIV) as part of routine commissioning in December 2020. A follow-up question was asked about how we promote PrEP and encourage uptake specifically among those groups who might be at higher risk of HIV.

Since the roll out, the Specialist Sexual Health Service have focused on embedding the new service and seeing individuals who were on the waiting list for PrEP following on from the national PrEP IMPACT trial. All those who were on the waiting list have now been seen and where appropriate, started on the medication and relevant care pathway. Over the coming months, the service will continue to promote PrEP to all new and existing service users who might benefit from its use.

Alongside this, it is also important that we work in the community to raise awareness of PrEP, with a particular focus on individuals at higher risk of HIV acquisition who might not be engaged with traditional sexual health services. This includes men who have sex with men, people from black and minority ethnic communities; transgender individuals, and heterosexual men and women who have sexual partners with undiagnosed or untreated HIV infection.

In December 2020, The Eddystone Trust, who delivers the sexual health prevention service in Gloucestershire, ran an online event for the South West region on inequalities in sexual health and PrEP for BAME communities. Six Gloucestershire organisations, including GARAS, attended the event. We will be building on this and

working closely with The Eddystone Trust over the coming months to utilise their existing networks in the county to ensure PrEP is promoted to other high-risk groups.

PrEP only protects against HIV transmission and it is important that we continue to promote it alongside condom use to ensure that people remain protected against other STIs. Positively the provision of PrEP should help encourage regular attendance and engagement with sexual health services from groups who might be more vulnerable to poor sexual health.

Mental health services for Children and Young people (CYP) – future plans

As the Committee will be aware, in Spring 2020 the Council commissioned a number of new mental health services for adults and children and young people (CYP) to help respond to the impact of the pandemic on mental wellbeing.

The new services include an open access online mental wellbeing platform ('Kooth') for young people aged 11-18 years, providing access to self-help resources and online counselling, and an anonymous helpline ('TIC+Chat') offering phone or text support to those aged between 11 and 21 years. The services were designed to work alongside existing mental health services for CYP in the county, ensuring a wider range of options for young people, and offering early intervention support to help prevent issues escalating.

Up to the end of January 2021, Kooth had 613 users who between them had logged into the site almost 3000 times. Through to the end of December 2020, TIC+Chat had supported 208 young people; the majority of whom presented with anxiety/stress. In feedback, users reported feeling listened to and supported by the service.

The new services were initially commissioned on a temporary basis with contracts lasting up to 12 months. This was to provide the council with greater flexibility to review provision in response to need and demand over the course of the pandemic. The current contract for the provision of Kooth will expire in May 2021 and the arrangement with Teens in Crisis (commissioned via the CCG) will end in June 2021.

Given the uncertainties of the pandemic, non-recurrent funding had been secured through the MTFS process to provide the council with the option to re-commission equivalent provision (again on a temporary basis) when the existing contracts come to an end. Over the coming months, commissioners will be reviewing uptake of the services and projected need and demand to determine the best short-term commissioning options going forward. Consideration will also be given to ensuring continuity of support for vulnerable young people through the recovery phase.

While it is too soon to fully quantify the impact of the pandemic on young people's mental health, local referrals to specialist mental health services for CYP in the

county have increased compared to the same period last year. There are also indications that young people are presenting with a higher level of need. In response, the CCG has agreed to provide some additional funding to the specialist service for extra staffing to mitigate some of the increased demand.

It is important that we also continue to look at support for young people's wellbeing across the pathway from prevention and early intervention to more specialist care; and a new mental health CYP strategic response group has been set up to help co-ordinate our local response. The group brings together commissioners and providers, and representatives from education supported by the Gloucestershire Healthy Living and Learning programme.

The Committee will be kept up to date on our work locally to support young people's mental health at this important time for their emotional wellbeing.

Containment Outbreak Management Fund (COMF)

COMF funding allocated to Gloucestershire County Council totals £6,552,000. Business cases have been developed and approved for number of initiatives. The Public Health team will be working closely with partners to identify any additional areas that required financial support from the COMF fund.

Area/ Activity
Testing <ul style="list-style-type: none">• Rolling out rapid community testing using LFDs to community settings, schools and workplaces based on intelligence relating to outbreak locations• Mobile LFD testing sites/workforce• Door to door rapid testing model development• Costs of venue/site hire, utilities, capital costs• Indemnity
Tracing <ul style="list-style-type: none">• Developing and broadening a local contact tracing service including staffing and systems – eventually to include contacts and cases and doorstep support/tracing at test sites
Compliance measures (£1,200,000 approved) <ul style="list-style-type: none">• Additional Covid Marshalls to support messaging and enforcement across the county• Additional staffing in District Environmental Health teams to support prevention of outbreaks• Support to enable effective compliance with vulnerable group demonstrating challenging behaviour
Communication and marketing <ul style="list-style-type: none">• A range of targeted communications campaigns
Support for the clinically extremely vulnerable <ul style="list-style-type: none">• Work with the district councils and VCS organisations to ensure that support is reaching those that need it e.g. provision of food, prescription collection services, activities to combat loneliness

Area/ Activity
<p>Support for wider vulnerable groups, including rough sleepers</p> <ul style="list-style-type: none"> • Bespoke packages for Rough Sleepers/entrenched homeless (£300,000 approved) • Provision for Mental Health support services across children and young people, and other vulnerable groups (£211,000 approved) • Work to understand and address the long-term impact of COVID-19 on health inequalities (£240,000 approved)
<p>Support for those self isolating</p> <ul style="list-style-type: none"> • To supplement the discretionary payments that district councils can allocate to residents for periods of self isolation • Exploring options regarding incentives to self isolate e.g. ICT equipment for school children (£200,000 approved)
<p>Targeted intervention for specific cohorts within the community</p> <ul style="list-style-type: none"> • Grant scheme to VCS anchor agencies to encourage prevention activities within communities (£750,000 approved)
<p>Specialist support</p> <ul style="list-style-type: none"> • Specialist support to target hard to reach groups within community through bespoke communication channels • Language and interpretation services for BAME groups
<p>Utilisation of local sectors (Academic, volunteers etc.)</p> <ul style="list-style-type: none"> • Recognising role of anchor institutions in vehicles for reaching large proportions of the community both in terms of delivery of key messages, and also in harnessing local, place based volunteers to support the response e.g. student champions and testing services, volunteer led messaging to supporting testing outreach
<p>Support for educational outbreaks</p> <ul style="list-style-type: none"> • To provide additional mental health and wellbeing support to teaching staff in the county's schools (£70,000 approved) • Additional Health and Safety staffing resource for schools (£46,000 approved) • IT equipment for students who need to self isolate (£200,000 approved)

Area/ Activity
Other: <ul style="list-style-type: none">• PPE to supplement ongoing activity
Total approved expenditure: £3,217,000

