

Adult Social Care and Communities Scrutiny Committee Induction

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

22nd June 2021 – Public Health COVID-19 Update

1. Purpose of Paper

No other event in recent years has had the impact of COVID-19 across every member of society across the world. The challenge to fight the virus and get back to “normal” remains one that faces most countries. In the UK, in February 2021, the UK Government set out a Roadmap with a phased approach to easing lockdown restrictions over the coming months with the aim to return to removal of all measures by 21st June.

Gloucestershire’s first cases of COVID-19 were confirmed on 28 February 2020. The first Strategic Coordination Group (SCG), a multi-agency forum for managing emergency response in the county, was held on 29 February 2020. Since then, the County Council’s Prevention, Wellbeing and Communities team has led an ongoing response to the pandemic; this report outlines that activity and highlights the next steps as we hopefully move to recovery from the virus.

2. COVID-19 Local Outbreak Management Plans

Having managed the response to the emerging COVID-19 cases alongside colleagues from Public Health England in early Spring last year, on 10 June 2020 it was announced that funding would be made available to Public Health teams in Upper Tier Local Authorities to support the ongoing response activity and provide much needed funding for local community activities such as testing and additional contact tracing to track and isolate cases of the virus.

The funding was based on the 2020/21 Public Health Grant allocation; for Gloucestershire County Council this is £2.2 million paid in one instalment in June 2020. In October 2020, additional funding through the Contain Outbreak Management Fund (COMF) was announced with Gloucestershire allocated a total of over £20 million to date.

The condition to this funding was that Local Authorities produced a COVID-19 Local Outbreak Management Plan (LOMP) which would provide the strategic and governance framework for accessing and mobilising local resources to implement effective health protection control measures across an area, and that this should be overseen by the Director of Public Health.

3. Gloucestershire’s LOMP

Gloucestershire’s LOMP provides the local road map for the system to rapidly prevent, contain, respond and monitor COVID-19. The Prevention, Wellbeing and Communities (PWC) Hub provides the strategic leadership for the LOMP which includes:

- Chairing of and providing regular reports to the Health Protection Board

- Chairing of and providing regular reports to the Tactical Response Group
- Lead role in the Tactical Enforcement Group
- Lead role in the Testing Coordination Cell and Community Testing Cell
- Lead role in the Community Resilience Cell
- Advisory role and initiating projects for the vaccination Equity Group

The overarching aim of the LOMP is to keep COVID-19 under control in Gloucestershire by:

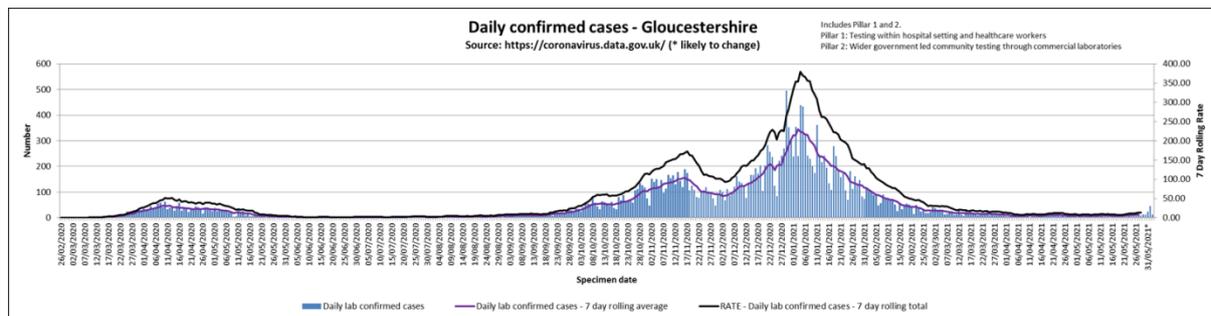
- preventing the spread of COVID-19
- the early identification and proactive management of local outbreak
- co-ordination of capabilities across agencies and stakeholders
- assuring the public and stakeholders that this is being effectively delivered

4. Prevent, Contain, Respond and Monitor

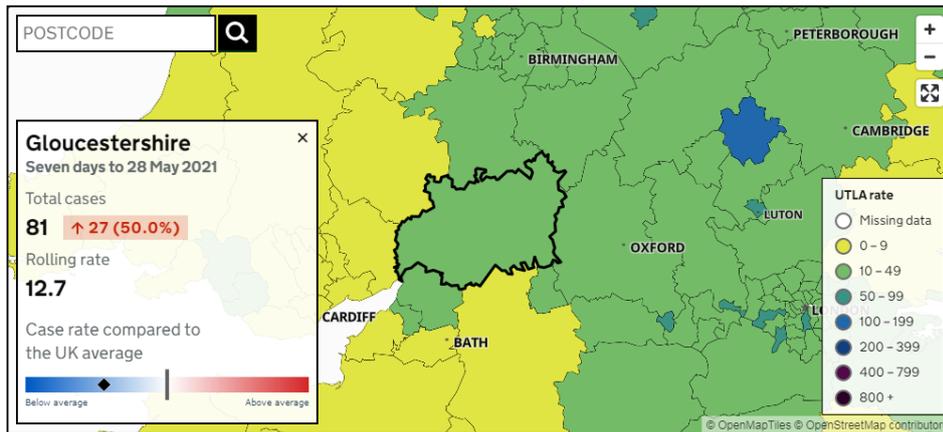
➤ MONITOR

Since the beginning of the pandemic, over 22,000 people in Gloucestershire have tested positive for COVID-19. At the peak of the first wave approximately 60 people were testing positive each day, however only those working in healthcare or admitted to hospital were being tested (termed pillar 1 testing) and therefore the true number of cases at this time is unknown.

During the second wave in winter 20/21 the numbers testing positive were significantly higher with improved access to testing. Local intelligence on infections, outbreaks and severe illness has been monitored daily throughout the pandemic and used to inform local preventative activity and to target testing and contact tracing resources.



We continue to closely monitor the trend and analyse information on cases and outbreaks across the county. Through identifying potential links (such as work-places, schools or public venues) we are better able to prevent onwards chains of transmission in the community.



Source: <https://coronavirus.data.gov.uk/details/interactive-map>

To support our residents and partners in being able to access timely information on cases and the impact of COVID-19 in the county we maintain a publically accessible resource page, and this remains GCC’s most frequently accessed webpage.

<https://www.gloucestershire.gov.uk/inform/health/latest-data-and-analysis-related-to-COVID-19-in-gloucestershire/>

Variants of Concern

We do need to be aware that COVID-19 is a virus and all viruses can change over time, and SARS-CoV-2, the virus that causes COVID-19 disease, is no exception. 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. We sequence a proportion of all COVID-19 Tests in the UK to look for these genetic changes.

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. There have been four of “variants of concern” so far. The first emerged in Kent before Christmas (Alpha), spotted because cases were still rising under Tier 3 restrictions; it was making up about 80% of all UK infections until recently. This variant is more transmissible because it has a change to the “spike protein” (which helps it stick to cells to invade them) but the vaccine still works as well as predicted on it.

The Beta (South Africa) and Gamma (Brazil) variants have a mutation of a part of the genome called E484K – this is the bit of the cell that antibodies developed through vaccination will recognise and so there are concerns that our vaccines might not be as effective in stopping spread, illness and death. This is another reason why even if people are vaccinated, then they should keep following the rules.

The most recent Variant of Concern is the Delta variant (which originated in India) has now become the dominant strain in the UK. There is some evidence it may be more transmissible, but two doses of the vaccine does still appear to prevent serious

disease. The good news is, the same measures work – hands, face and space, and isolating if you have symptoms. Locally we have plans for developing “surge testing” seen in other parts of the country which aim to find people with variant COVID-19 infection, trace their contacts and ensure they are self-isolating. This can be useful if there is significant spread of COVID-19 to help prevent further cases and the possibility of another variant occurring.

We are hopeful that more “holistic” vaccines will be developed in time that will recognise the whole virus, rather than just bits of the genome that then might mutate. This also means we have to plan for future vaccination programmes.

➤ PREVENT

General Guidance (Non-Pharmaceutical interventions)

The COVID-19 preventive strategies that will help protect both individuals and others include:

- Following the rules of hands, face, space and ventilate
- If symptomatic, self-isolating and getting a test
- If asymptomatic, getting a regular, rapid COVID test
- Having a COVID-19 vaccine when invited to do so
- Letting in fresh air/ensuring ventilation of indoor spaces

Making changes to individual behaviours through physical and social distancing, use of face masks, hand hygiene and ensuring there is fresh air remain the most important steps everyone can take to prevent catching and spreading COVID-19. Everyone is encouraged to wash their hands with soap and water for at least 20 seconds, or use hand sanitiser, regularly throughout the day. They are asked to stay two metres apart from people outside their household or bubble. When social distancing is not possible, it is advised that people wear a face covering. This remains a requirement when visiting shops or supermarkets. As restrictions start to ease, there is still a recommendation that people should minimise the amount of time spent indoors with people they do not live with. Opening windows and doors remains the simplest way of improving ventilation for most people.

Whilst the national roadmap out of lockdown allows more freedoms, COVID is still present. Everyone is encouraged to continue to follow the guidelines so that COVID cases are kept under control.

The local LOMP programme focuses on ensuring that ongoing prevention measures are in place across the population, but specifically in high risk settings and communities. Settings that have the potential to be more vulnerable to the spread of COVID-19 include schools and universities. Settings with a population more vulnerable to the spread of COVID-19 include the care sector and homelessness. Settings with concentrated populations include workplaces and events. Prevention remains a key approach in all of these settings due to their increased level of risk.

Vaccinations

The first aim for the NHS vaccination programme has been to reduce severe illness and death from COVID-19 by prioritising those who are most clinically vulnerable,

either due to age, co-morbidities or other vulnerabilities, e.g. where they live. Under the governance of the Gloucestershire Vaccine Inequalities Group we have been monitoring uptake across the county to ensure that any inequalities in uptake are understood and solutions can be developed to address any barriers to uptake.

The COVID-19 vaccination programme has moved at an exceptional pace with 75% of adults in Gloucestershire having received their first dose of vaccine, with ambitions to ensure that everyone over 18 is offered their vaccine by the end of July.

We know that there are various influences on individual decision making and vaccine hesitancy. These include access and method of invitation and delivery of the vaccine, individual risk versus benefit decision making, trust in health and care services, as well as their own experiences of COVID-19. As a system the NHS Vaccination programme and its partners, including GCC, have been working closely with communities to understand barriers to uptake and increase accessibility to and confidence in the vaccine. Solutions have included; outreach to care homes and other settings such as hostels and homelessness accommodation, walk-in clinics in Primary care and home visits to those that are unable to travel. Further outreach in religious venues and other community sites is currently being scoped.

Social care vaccinations

A key priority has been to support social care staff with accessing COVID-19 vaccinations and to promote uptake in care homes and supported living settings. Experts on the social care working group of SAGE (a government advisory body) advise that 80% of staff and 90% of residents need to be vaccinated to provide a minimum level of protection against outbreaks of COVID-19. To date, 84.7% of staff in older adult care homes and 93.4% of residents have received their vaccine (England average 83.5% and 95.2%). In younger adult care homes, 81.4% of staff and 93.2% of residents have been vaccinated (England average 79.8%/91.4%).

While vaccination uptake rates are good across Gloucestershire, there are still a small number of care homes which do not have the required level of protection needed to significantly reduce the risk of an outbreak. Gloucestershire County Council and its partners continue to carry out targeted work with independent social care providers to encourage and promote the uptake of the COVID-19 vaccine.

Events: Current Guidance

Step 3 of the Government's Roadmap out of lockdown, which commenced on 17th May, enabled both indoor and outdoor events to take place subject to meeting COVID-secure requirements including social distancing. This includes live performances, cinemas, funfairs and sport events. Attendance must be limited to the capacity of the venue allowing for the required level of social distancing (indoors rule of 6 or two households, outdoor groups of up to 30). There is a cap of 1,000 people or 50% of a venue's capacity, whichever is lower at indoor events, and 4,000 people or 50% of a site or venue's capacity, whichever is lower at outdoor events.

Local Event Management

There is no requirement for event organisers to seek approval from local agencies to hold events, unless they are using land or facilities owned or managed by local

agencies. However, for larger events District Councils convene Safety Advisory Groups (SAGs) which bring together key representatives such as environmental health, highways and police, to review event plans and risk assessments and advise on safety standards. During the pandemic District Authorities have worked more closely than ever with event organisers to review risk assessments and event plans to ensure they operate in line with covid security measures. This has included holding more frequent SAG meetings and asking event organisers to present plans.

In addition, a weekly Tactical Enforcement Group (TEG), chaired by Gloucestershire Constabulary, brings together key enforcement agencies and health and safety specialists to discuss upcoming events, share intelligence and coordinate any support required to maintain safety and reduce risk.

If there are concerns regarding an event, agencies have some enforcement powers available to them which have been recently introduced under, The Health Protection (Coronavirus, Restrictions) (Steps) (England) Regulations 2021. These tools allow local authorities to take decisive action against premises that do not comply with COVID-secure rules. These enable enforcement officers to issue improvement and restriction notices to premises that are not meeting COVID-secure business obligations. In addition, agencies can use existing powers under the Health and Safety at Work etc. Act 1974 and Health and Safety (Enforcing Authority) Regulations 1989. Police also have powers to issue fines and to remove people preventing compliance with the Covid regulations.

Events in Gloucestershire

Overall in Gloucestershire we have found event organisers to engage well with district councils and partner agencies and we have many examples of events that have been run very successfully, such as cycling sportives and farmers markets. Many event organisers have decided to postpone or cancel events due to concerns over the risk of transmission or due to the viability either financially or difficulty sourcing suppliers.

If a planned event has raised concerns, agencies have worked together successfully to gather evidence and intelligence (for example obtaining footage using body cameras) and worked with event organisers using the 'Four E's' – to engage, explain and encourage before taking enforcement action. This has meant that we have only needed to issue one notice that we intended to serve a direction to prohibit an event. This was for the Stow Horse Fair in October when the risk of transmission was high, the Stow Horse Fair in May was able to go ahead with support from local agencies to mitigate risks.

Visitor Economy

The Visitor Economy working group was established in March 2021 to look at additional control measures that could be introduced to enable safer tourism as national restrictions ease over the summer months. The group brings together representatives from district and county councils, police and the Local Economic Partnership.

The group has focussed on outdoor public areas where there are likely to be high visitor numbers but access is uncontrolled or there is limited control.

The control measures being introduced aim to align to the stages of the roadmap. Although there is some uncertainty as to how far restrictions will be eased, it is anticipated that many measures will continue to be advised due to their role in preventing and controlling the spread of viral infections generally.

Each of the six districts in Gloucestershire has received £50,000 from the Contain Outbreak Management Fund to resource these measures, alongside separate funding allocated for communications. The group also benefitted from the input of a Behavioural Insights' specialist, who discussed scenarios and provided ideas and expertise on how to achieve the desired behaviour.

Some control measures were considered but discounted if the resource requirement, impact on revenue and other negative consequences were considered to be disproportionate to the relative benefit, for example closing or limiting car parking.

Each district is in the process of implementing the following:

- Additional bins, waste collection and/or street cleaning
- Additional public toilets ('porta-loos') and/or more frequent public toilet cleaning
- Working closely with management organisations and businesses on risk assessments and control measures
- Signage such as on arrival in car parks, window wraps which utilise empty shop fronts and have the added benefit of making them look more attractive
- Working with neighbourhood police teams to monitor and advise the public
- Utilising Community Protection Officers (aka Covid Marshals).

In addition, districts have come up with some innovative measures that respond to their local needs, examples of these, including the locations of concern identified in each district, have been summarised in the table below:

District	Locations of concern	Examples of control measures
Stroud	Town Centres (Stroud, Dursley and Wotton-under-Edge) Various Beauty Spots (e.g, Common Land at Coaley Peak, Rodborough)	<ul style="list-style-type: none"> • Employed a dedicated SDC visitor website content manager • Film promoting less well-known areas to visit and disperse visitors more
Forest of Dean	Forestry England attractions Lydney Harbour Puzzlewood	<ul style="list-style-type: none"> • Eco-friendly signage
Cotswold	Cotswold Beach & Park Cotswold Lakes Bourton on the Water Bibury Tetbury Lechlade on Thames Moreton in the Marsh	<ul style="list-style-type: none"> • Put covid safety information on visitor maps • Messages on the safe and responsible disposal of PPE • Visitor packs with hand sanitiser and face masks • Supply starter sanitiser bottles to businesses
Gloucester	The Quays The Cross Westgate Street	<ul style="list-style-type: none"> • Using billboards and bollard coverings for messages • Considering new handwash basin into indoor market
Cheltenham	Montpelier Gardens and Imperial Gardens Town centre	<ul style="list-style-type: none"> • Installing a mobile CCTV camera • Promoting 'shop local' messages
Tewksbury	Three town centres – Winchcombe (Sudeley Castle), Bishops Cleeve and	<ul style="list-style-type: none"> • Supporting the local volunteer litter picking movement by providing equipment and advice • Created a video showcasing examples of retail

	Tewksbury Events such as village fetes	businesses operating effective control measures <ul style="list-style-type: none"> • Monitoring spectator areas such as Cleve Hill by Cheltenham Racecourse • Promoting 'shop local' messages.
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➤ **CONTAIN**

Testing

Since the pandemic, there have been over 2,000,000 COVID-19 tests for people in Gloucestershire. This includes PCR tests and LFD tests.

PCR tests involve taking a sample of fluids from deep in the nose and throat. It is collected using a swab and so is sometimes called the “swab test”. It is analysed on a machine which uses Reverse Transcription Polymerase Chain Reaction (RT-PCR) and so it may also be called the “PCR test” which looks for genetic material of the virus. This is the test which helps answer the question “do I currently have the virus?”

Lateral Flow Device (LFD) tests are simple-to-use point of care solution for rapid COVID-19 testing. This enables the identification and isolation of more asymptomatic people who are at high risk of spreading COVID-19, while minimising disruption for those whose test is negative. It is a 20 to 30-minute test that detects antigens (surface proteins) from the SARS-CoV-2 virus through a throat and nose swab. The test kit can be stored at room temperature and be processed without the requirement for laboratory technology. Test subjects provide a sample by swabbing their nose and throat. The sample is then prepared and tested through a trained test site operator. The results are processed and results entered using a mobile app or online portal. Test subjects are notified of results by text and email. As follow-up, people with positive test results are instructed to self-isolate; local health protection teams and NHS Test and Trace are notified.

LFD testing in schools - On 18 December the Department for Education (DfE) and the Department for Health and Social Care (DHSC) published guidance on a programme of mass testing for secondary schools and further education settings in England. Whilst the approach has changed slightly since original publication, schools testing has equated to approximately 30% of all COVID-19 testing in Gloucestershire.

Whole Care Home testing - The national rollout of regular testing (retesting) for care homes in England was announced on 6 July 2021. The whole care home testing includes staff and residents. This equates to 23% of all testing in Gloucestershire.

Asymptomatic testing in the community - In December 2020, Gloucestershire County Council worked with the Royal Agricultural University, Cirencester College and Deer Park School to pilot the testing of asymptomatic students and staff using Lateral Flow Devices (LFDs). During the 16 days that the Cirencester site was operational, 1,665 tests were carried out, with just two positive cases found.

Since 13 January 2021, GCC has been operating an LFD asymptomatic testing centre at the Friendship Café in Gloucester City. This was aimed initially at those who live within walking distance of the testing centre and specifically those who cannot reasonably work from home during the period of lockdown. Access was then widened to anyone living or working in Gloucestershire.

After the Friendship Café site was established, three further asymptomatic testing sites were opened in Cirencester, Tewkesbury and Cinderford. The four sites have processed over 12,500 tests in total, with 38 positive cases found and potential onward transmission by asymptomatic people prevented.

Pharmacies - In May 2021, GCC commissioned pharmacies to offer assisted processing of LFD tests. Participating pharmacies offer the same service as the asymptomatic testing centres but are much more accessible across the whole of Gloucestershire and more cost effective. At the time of writing, 58 Gloucestershire pharmacies have signed service specifications and are in the process of registering and training to begin testing. As these come on line in early June, the four asymptomatic testing centres have been stepping down their activity so that the venues can begin to return to business as usual, serving their local communities and testing becomes part of our daily routine, available from our local pharmacy.

Community Collect - In April 2021, LFD home testing kits were made more widely available to the general public. Sites were established where people could collect these home testing kits under this community collect model. Each of the four asymptomatic testing sites have been offering home testing kits since the beginning of April. Later, GCC and each of the District Councils offered community collect for their staff and the community testing team began outreach activity at supermarkets, high streets and outdoor events. Through this model, over 14,500 boxes of 7 test kits have been distributed (as of 2nd June). A nationally procured pharmacy community collect model was also established in April 2021. 107 pharmacies in Gloucester offer LFD home testing kits through this model.

From June onwards, the community testing team will be increasing their outreach activity, providing advice, guidance and home test kits out and about each day. Test kits will also be available from Gloucestershire Libraries and in settings that support vulnerable people, such as supported housing or substance misuse settings.

Contact Tracing

Contact Tracing is well established in Gloucestershire. The existing model is currently being developed into a locally focused programme which allows for quick, effective action and encourages increased adherence to self-isolation by both cases and contacts of cases.

The local programme of contact tracing identifies people who have been in close contact with someone who has tested positive for COVID-19. To contain the spread of COVID-19, it is essential that both those testing positive and their close contacts do not interact with others. They are asked to self-isolate for 10 days, even if they have no symptoms, to prevent the chance of further spread of the virus.

Currently, the majority of people testing positive in Gloucestershire are contacted by NHS Test and Trace contact tracers soon after their test result is available. Hard to

reach cases are followed up by local contact tracers based in GCC's Contact Centre and the COVID-19 Hub. If there continue to be difficulties with contacting the cases, the contact tracer will refer the case details onto a member of GFRS who will attempt to contact the individual by visiting them at home.

The demands on the local contact tracing service has fluctuated:

- Contact tracing calls - 41 daily in January
- 1 or 2 daily in May
- Call length - approximately ½ - 1 hour
- Requests for visits from GFRS- 128 per week in January
- 1 or 2 per week in May
- Success - almost 100% of cases complete contract tracing
- national team reaching approx.. 80% of cases
- local team picking up 20% of cases

However, there is now an opportunity to design a comprehensive and effective contact tracing programme which includes support and guidance for everyone testing positive across Gloucestershire, as well as ensuring that both cases and contacts isolate as instructed. This new programme will combine a local contact tracing model with a self-isolation service. It will encompass local, quick contact tracing alongside wraparound support for effective self-isolation, offering flexibility to provide enhanced surveillance of VOCs and support for surge testing.

The local Gloucestershire model will be carried out at a countywide level by the GCC COVID-19 Hub and at a district level by a new district level COVID workforce. The new COVID Response Officers will have a flexible role that will focus on contact tracing, but also include supporting people to self-isolate through home visits, welfare checks, signposting and referrals; carrying out enhanced surveillance questionnaires for VOC/VUI contact tracing; assisting in the local testing offer; providing capacity for delivering the surge plan where necessary; and supporting the districts' COVID Compliance Officers/COVID Recovery Assistants.

The officers are currently being employed and will be in post in June/July. A new national Integrated Tracing System (ITS) for contact tracing is due to be launched on 21st July, by which time it is planned that the team of COVID Response Officers will be trained and ready to take on their contact tracing role alongside their other COVID responsibilities with the districts.

➤ **RESPOND**

The COVID-19 Hub

This team was established in order to respond to incidents, clusters and outbreaks across the county. This involved recruiting a team of 10 staff and designing new systems in order to monitor and record situations locally. The Hub is supported by the Consultants in Public Health and is staffed 7 days a week from 8am – 6 pm.

The core role and function of the COVID-19 Hub is to take the public health lead in COVID-19 local outbreak management. The Hub responds to incidents, clusters and outbreaks of C19 in order to contain transmission in the Gloucestershire population, by working with settings and partner agencies. Roles within the Hub focus on recording, responding and supporting high-risk settings when a confirmed case is

identified. This includes regular communication with partners such as Public Health England, CCG colleagues and district councils in addition to regularly reviewing operating procedures and updates to policy, legislation and national guidance.

In addition to the community-acquired cases, which do not require in-depth involvement from the COVID-19 Hub, the Hub has dealt with a total of 1,413 outbreaks or incidents of COVID-19 in the last 16 months, affecting 7,454 people directly (not including close contacts). These totals are composed of outbreaks across various settings including the following:

- Adult Social Care (including care homes, day centres and domiciliary care) – 542 outbreaks affecting 3,395 people
- Education/Early Years – 504 outbreaks affecting 2,203 people
- Workplaces – 158 outbreaks affecting 570 people

COVID Emergency Accommodation

Whilst numbers of rough sleepers have fluctuated during the pandemic, we have sustained a significant reduction in numbers pre-Covid. This is a result of having 'brought people in', sustained engagement during Covid and successfully moved them into longer term accommodation. At the end of May, 5 individuals remained in emergency accommodation under legacy Community Emergency Accommodation Placements (CEAP) placements

During the pandemic over 300 successful planned moves have taken place from emergency accommodation into the wider pathway of housing (and support) services. To date, the highest number of planned moves were to Accommodation Based Support Services; followed by private rented accommodation; social housing; accommodation with enhanced housing management services and accommodation funded by the Next Steps Accommodation Programme (NSAP) (the latter two being more recent additions to the pathway).

We continue to work in partnership with to create bespoke solutions for the remaining core group of very entrenched repeat rough sleepers, with complex need and multiple/entrenched trauma: drawing together senior commissioners from Mental Health; Drugs & Alcohol and Housing services to look at specific needs for this group.

The new NSAP properties and enhanced housing support services brought on stream during the pandemic will provide the county with greater options targeted specifically at supporting and accommodating rough sleepers into the longer-term. Through Summer/Autumn 2021, we will have an opportunity to review our assertive outreach service and needs from MHCLG's Rough Sleeping Initiative funding to build services which learn from our experience during the pandemic and adapt to the greater understanding of our needs developed in this period.

Mental Health and What We Commissioned

Throughout the pandemic, the Council has been working with system partners to respond to the impact on people's mental health and wellbeing. A multi-agency Mental Health and Wellbeing 'cell' was set up in April 2020 to help co-ordinate our

local response. The 'cell' oversees a number of work-streams, including workforce wellbeing and targeted communications (under the 'Be Well Gloucestershire' campaign).

The Council has also commissioned a number of additional mental health services to extend the range of options available to people needing support. The new services, which will remain in place until early 2022 include an anonymous open access helpline for children and young people, free online counselling for 11-18 year olds and over 18s, and 1:1 counselling for adults whose mental health has been more severely impacted by the pandemic.

The cell is continuing to meet on a regular basis to share intelligence, monitor need and demand, and plan what support will be needed into the recovery phase, with a particular focus on those groups likely to be at highest risk of poor mental health.

COVID-19 Community Engagement and Community Champions

Community participation is crucial in a pandemic; the purpose of our programme is to engage the local community to assist in the prevention of the spread of coronavirus (Covid19).

With rising cases of COVID-19 in Gloucester City in autumn 2020, particularly within the Barton and Tredworth areas, colleagues from Gloucestershire County Council and Gloucester City Council formed a working group which aimed to curb the spread of the Coronavirus infection.

Alongside the above, a COVID-19 Community Champion programme was initiated by Gloucestershire County Council and early recruitment into the programme focused on membership from residents of the Barton and Tredworth area.

There are currently over 150 Covid19 Community Champions on the mailing list and the Champions have worked collaboratively with Gloucestershire County Council and key partners by providing intelligence from their communities and also disseminating key information to their communities; contributing to preventing the spread of Covid19 in their communities.

Our Programme aims to:

- Listen and understand community perspectives and barriers to adhering to guidance
- Identify and address Covid19 related rumours and misinformation
- Provide reliable health information, aimed at preventing and containing Covid19 in Gloucestershire communities (avoiding a one size fits all approach)
- Disseminate Key Covid19 messages within communities
- Work with other parts of the Prevent and Contain Strategy – including Covid Protection Officers, the Covid Hub and District Council partners to reduce confusion for the public and duplication
- Strengthen trust between communities and public sector services

What we did:

- Wrote to residents of the Barton and Tredworth area of Gloucester, including a booklet which had the letter translated into 8 languages (Arabic, Czech, Farsi, Gujarati, Hindi, Polish, Sylheti, Urdu, Polish) widely spoken within the community

- Prepared audio recordings in other languages widely spoken in the area; messages were circulated via relevant WhatsApp groups and also via audio transmitters into homes for those who belong to the Muslim community
- Provision of posters/leaflets in English and relevant other languages to local shops re: community testing, social distances, hands face space
- Prepared appropriate information for the Muslim Community via the Mosques
 - Explaining the implications of the restrictions and what they mean on a practical level for the community
 - Encouraging uptake of vaccination and reiterating guidelines in the approach to Ramadan
 - Provision of posters/leaflets in English and relevant other languages to local shops re: community testing, social distances, hands face space
- Created a dedicated resource for BAME communities:
<https://www.gloucestershire.gov.uk/COVID-19-information-and-advice/information-and-resources-for-bame-communities/>
- Hosted Covid19 Webinars specifically for:
 - Residents of the Matson, Robinswood and Whitehead areas of Gloucester
 - Polish community
 - Other webinars included the following topics:
 - Covid and the BAME population
 - Community testing
 - Long Covid
- Contribution to communications via locally used outlets
 - Articles for the Friendship Cafe: Covid19 vaccinations Myths and Facts/
 - Attendance at the BAME Carers meeting (Carers Hub) raising awareness of community testing facility in Friendship Café and encouraging community testing

5. Impact and Recovery: Taking Action to Mitigate the Long-term Impacts of COVID-19 on Health Inequalities

COVID-19 has exposed and amplified the health inequalities that already existed in the country. It has presented a new imperative for effective action to reduce health inequalities – and an opportunity to ‘build back fairer’¹.

Whilst Gloucestershire Health and Wellbeing Board (GHWB), the ICS Board and member organisations are already taking forward multiple programmes of work to address health inequalities there is a need to refocus these efforts in the light of Covid recovery and learning from the pandemic and ensure we can use this opportunity to create a coherent ‘whole system’ approach to deliver long- term sustainable change.

To this end Gloucestershire Health and Wellbeing and ICS Boards have agreed to convene a countywide Health Inequalities Panel to coordinate the developing health inequalities agenda (first meeting to be held in June). In addition, Covid Outbreak Management Funding (COMF) has been secured for two dedicated health

inequalities posts (fixed term to March 2023) to drive the work forwards (recruitment is underway).

Priorities going forwards include:

- Reinstating the commissioned services within Public Health that have been impacted by Covid19
- Activities with a clear health and care service focus (including delivery against NHS England's 'five urgent actions' on health inequalities)
- Strengthening action on the wider social, behavioural, environmental and economic determinants of health
- Continuing to implement recommendations from the 2020 Annual Report of the Director of Public Health, to help mitigate the impact of COVID-19 on ethnic minorities
- Maximising the synergies across other strategic priorities, including the Health and Wellbeing Board's priorities, and with the equity, diversity and inclusion agenda.
- Progressing work on number of 'enabling' activities including a Health Inequalities Toolkit to equip those acting to reduce health inequalities with the tools to do so effectively; and the development of a local 'anchor institutions' approach to supporting the economy and reducing health inequalities.

6. Summary

The work of the PWC team and our partners to prevent, respond, contain and monitor COVID-19 continues in earnest, as new cases arise and variants are identified. We will continue to respond as effectively as possible and support the recovery of the local population and economy. However, we recognise the significant impact and challenges Gloucestershire is facing and we will utilise this opportunity to support our communities to build back fairer and increase resilience for any future similar events that might occur in our lifetimes.