

Adult Social Care and Communities Scrutiny Committee

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

7 September 2021 – Public Health Update

This report provides an update on the following areas of the Prevention, Wellbeing and Communities hub business:

1. Update on mental health support/services for children and young people
2. Anchor Institutions
3. Changes to the vaccine of the HPV immunisation programme
4. Professor Dame Carol Black's Review of Drugs #2: prevention, treatment & recovery
5. Children's Weight Management Support
6. COVID-19 Update – Step 4 of the 'roadmap'
7. COVID-19 Prevention Grants 2021
8. Mandating COVID-19 vaccinations in care homes

The committee is asked to note the content of all report items and see additional requests under Item 1.

For further information on any of these reports, contact publichealth@gloucestershire.gov.uk

1. Update on mental health support/services for children and young people

Context

The pandemic has shone a spot light on children and young people's (CYP) mental health. Prior to the pandemic, national studies¹ suggest that overall one in eight 5 to 19-year olds had at least one mental disorder, rising to one in six in 17-19-year olds. While it is too early to fully quantify the additional impact of COVID-19 on mental health in the county, evidence² suggests that some young people are likely to be more at risk than others, including those with existing mental health issues, or those living with other vulnerabilities, such as children in care, children from lower income households or children with special educational needs.

Research carried out by TIC+³ (who provide a range of mental health support in the county) highlights a number of factors impacting on the wellbeing of young people accessing their counselling services through 2020, including concerns related to education, home-life, health anxiety, disruption to activities, and loneliness. TIC+ has also reported an increase in the level of complexity and need triggered by the pandemic.

This report provides an update on current activity levels in local CYP mental health support services, and our local response. It also provides an overview of the support available for CYP in the county.

¹ NHS Digital (2018) Mental Health of Children and Young People in England, 2017

² PHE (2021) COVID 19: mental health and wellbeing surveillance report.

³ TIC+ (2021) COVID 19 impact on children and young people.

Activity in local CYP mental health services

Overall referrals to CYP mental health services have increased, particularly since the reopening of schools. There is a waiting list for counselling support for both the CAMHS services (Child and Adolescent Mental Health Service provided by Gloucestershire Health and Care) and TIC+. Providers have noted an increase in the level of acuity in young people meaning that they may require more support over a longer time frame. Eating Disorder services have also seen an increase in demand and acuity, particularly from CYP. Young Gloucestershire (a local youth work charity) who have been commissioned by the Clinical Commissioning Group (CCG) to provide additional mental health support for more vulnerable CYP through the pandemic, report ongoing high demand for their services.

In response, the CCG has put additional investment into core mental health provision for CYP. Additional recruitment is underway for the both the CAMHS service and TIC+; and services are exploring new ways of working to support the increase in demand. A CYP strategic response group has been established chaired by the CCG, to share intelligence about the pressures on CYP mental health provision and co-ordinate the system response.

It is likely that services may see a short term fall in referrals over the summer holidays, but it is important that we continue to plan ahead. Analysts at the Council and the CCG have collaborated on a demand modelling exercise to project the likely increase in COVID-generated demand over the medium to longer term, and how this might present in local services. The increase in demand is projected to present over the next 3-7 years; however, it is important to note that not all young people whose mental health may have been affected by the pandemic will require a clinical intervention. Some will find their mental wellbeing improves as they are able to resume their normal activities, while others may benefit from community-based support. It is important that our response recognises the continuum of young people's needs.

At the outset of the pandemic, the Council commissioned some additional early intervention mental health support services for CYP to increase capacity and the range of options available. These services are anonymous and open access (meaning they don't require a referral). At the end of June 2021, the online mental wellbeing platform Kooth (for 11-18-year olds) had 1020 registered users; and an average of 111 unique users accessing the site pcm. The new anonymous helpline 'TIC+ chat' has supported 452 young people over its first 12 months; and the number of higher risk young people contacting the service has increased in recent months. These new temporary Council commissioned services are currently in place through to early 2022.

As noted above, the CCG commissioned some additional early intervention support with Young Gloucestershire, to combat the social isolation, loneliness and anxiety caused by lockdown during the pandemic. The service provides vulnerable young people aged 16-25 with resources, activities and interventions to manage their current situation and help transition out of the pandemic. The service is commissioned until the end of March 2022 and has supported over 225 young people over the last 12 months.

The support options available for CYP

The new temporary services commissioned by the Council complement a range of other commissioned services supporting Children and Young People in the county. These include, but are not limited to:

- CAMHS (Child and Adolescent Mental Health Services) provided by Gloucestershire Health and Care - specialist mental health services for children and young people up to 18 years of age (and their families/carers).

- TIC+ (formerly Teens in Crisis) - free, confidential counselling by phone, online text chat or video chat for 9 – 21 years living in Gloucestershire.
- All age Self-Harm Helpline - confidential support for people who self-harm, and their friends, families and carers.
- Young Gloucestershire Linked up+, Flex and Bounce Services - trained youth worker support and confidential counselling for vulnerable young people, children in care, care leavers and young people who self-harm aged 16-25 years (the weekly support can be accessed either digitally or face to face depending on individual preferences).

A hard copy and electronic leaflet were produced by the Children and Families Hub for professionals and volunteers working with children and young people to show the range of support available. Information about support options is also promoted to young people via schools and online at Be Well Gloucestershire. Over the summer holidays, the Council will be running social media adverts targeting CYP and is working with the district providers of the Holiday Activity Fund to promote the mental wellbeing support on offer locally. The Council will also shortly be relaunching its Harmless Glos resources aimed at enabling professionals and volunteers working with young people to spot the signs of self-harm and provide support.

Recognising the challenges young people might experience navigating the system, the CCG will be piloting a new 'On your mind' digital resource in the autumn, with a formal launch planned in the new year. The online service finder and textbot, designed in conjunction with CYP will provide a central digital resource for young people, practitioners and parents/carers to help with signposting young people to the support that best meets their needs.

The CYP Mental Health Transformation programme

The new online portal is one element of a wider transformation programme of mental health support for children and young people in the county (including the Trailblazer programme) being led by the CCG in conjunction with the Council, Gloucestershire Healthy Living and Learning, Gloucestershire Health and Care and other partners. The programme includes:

- the expansion of mental health support teams in schools into all localities in the county;
- the introduction of peer support in all secondary schools;
- mental health awareness training and trauma informed relational practice training for teaching staff;
- improved referral pathways into CAMHS, including personalised phone calls to help ensure young people are seen promptly and get the support which best meets their needs;
- the implementation of pathway efficiencies in services following work with NHS Improvement to make the best use of resources;
- the development of a young adults programme for 16-25 year olds to provide joined up support from Young Gloucestershire and Gloucestershire Health and Care Trust;
- expansion of outreach services to provide urgent support for young people and support young people to reduce hospital admission/stays where appropriate; and
- development of a CYP participation strategy to engage CYP and their families in sharing their views and shaping services.

As part of the transformation programme, the CCG has also commissioned a new 'Social Prescribing Plus' offer for children and young people who attend Trailblazer Schools in the Forest of Dean, Gloucester City and Cheltenham. This includes the offer of arts, nature and physical activity on prescription. In addition to this, as part of the Social Prescribing Universal Offer, CYP living in certain parts of Cheltenham, the Forest of Dean, Dursley and the Cotswolds can also access support from a Children and Young People's Link Worker to help

young people engage with groups and other activities in their local area. The programme will be gathering case studies and activity data, and these can be shared at a future meeting.

Next steps

Our immediate priority is managing the increase in referrals to the county's CYP mental health services. There is already strong partnership working in place between commissioners and providers to help address the demand; and steps have been taken to increase both the capacity in services and the range of support on offer. Longer term, the continued implementation of the CYP Mental Health Transformation programme should bring about a step change in mental health support locally across clinical services; community-based support and our schools and colleges.

As noted in this report, those young people with other vulnerabilities in their lives are likely to see the greatest impact from the pandemic on their wellbeing. Challenging circumstances or life experiences can both be a cause of mental health problems and a symptom. Factors such as employment and education opportunities, secure housing, access to green spaces and social connections will also have a bearing on young people's wellbeing, particularly as they make the transition into adulthood, and it is essential that we take a joined-up approach.

'Early Years', 'mental health and wellbeing' and Action on ACES are all priorities in the Gloucestershire Health and Wellbeing strategy. Child Friendly Gloucestershire also provides an opportunity to work with partners to address some of the wider determinants of young people's health and life chances.

It is asked that the Committee:

- note the information contained in this report on CYP mental health in the county;
- help raise awareness of the support available to CYP in their community; and
- advocate for a system wide approach to the promotion of positive mental health and wellbeing which recognises the importance of wider factors, such as employment, education and access to a secure and safe home environment.

2. Anchor Institutions Update

Background

The Gloucestershire Health and Wellbeing Board (GHWB) have pledged to adopt an 'anchor institution' approach to support the local economy and contribute to reducing health inequalities. Anchor Institutions are typically large, non-profit organisations like hospitals, local authorities and universities, whose long-term sustainability is tied to the wellbeing of their local communities.

This approach capitalises on the substantial economic leverage these organisations have; as employers, purchasers of goods and services, land and asset owners and community leaders. Anchor Institutions are significant stewards of public resources and often have duties to deliver social value. These characteristics mean they are well placed to positively influence the social, economic and environmental determinants of health within their local communities.

Nationally, NHS England and NHS Improvement are developing the 'NHS as an anchor institution work programme' and are continuing to build a picture of examples of good practice. The Health Foundation has launched the 'health anchors learning network', which is free to access by NHS and other organisations.

Local Action

A set of principles outlining what anchor institutions in Gloucestershire are, and how they can support the health inequalities agenda, have been approved off by GHWB. A mapping exercise has identified many excellent examples of anchor institution activity in Gloucestershire, including policies and initiatives around employment and training, inclusive economic growth, social value and leadership. We have worked in partnership with Cheltenham Borough Council and Oakwood Primary School to test a locally adapted 'social return on investment' tool, to understand participants' perspectives on the added value of the 'No Child Left Behind' programme. This will be incorporated into the local Health Inequalities Toolkit for use by commissioners, policy makers and partners; both prospectively to plan social value into activity, or retrospectively to evaluate the social value delivered.

This year's Director of Public Health Annual Report will focus on how an Anchor Institutions approach can be used to tackle health inequalities as well as supporting economic growth. This will be followed by a partnership even in December to launch the Gloucestershire Anchors Partnership Programme to Gloucestershire Health and Wellbeing Board and ICS Board members and representatives from member organisations. The Board has agreed to broaden the definition and scope of the Anchors local programme to include other organisations, for example, long-established local businesses, housing associations and some of the well established local VCSE organisations that function as anchors within their communities. While moving away from the 'official' definition of Anchor Institutions as largely non-profit organisations, the anticipated benefits would be the opportunity to build on the relationships that these organisations have within their local communities and the added value of a wider range of perspectives and the additional economic leverage of these organisations.

3. Changes to the vaccine of the HPV immunisation programme

The successful HPV (Human Papilloma Virus) immunisation programme, which is offered to all 12 to 13-year olds in school and to men who have sex with men up to the age of 45, has been updated. It will now use the Gardasil 9 vaccine which guards against 9 types of virus, rather than the 4 types prevented by the current vaccine. The aim of the vaccine programme is to reduce the risk of developing some cancers in later life such as cervical cancer and some mouth and throat cancers, amongst others. Evidence of the effectiveness of the vaccine programme is growing, with one study finding that the vaccine has reduced pre-cancerous cervical disease in 20-year-old females by up to 71%. The change will be introduced between late 2021 and early 2022. For the school-based programme in particular, there will be clear communication with parents and eligible adolescents and robust arrangements in place to ensure the consent process is adequate.

4. Professor Dame Carol Black's Review of Drugs part two: prevention, treatment and recovery

As the Committee is aware, the County Council commission Adult Community Drug and Alcohol Support Services in the county. The recommendations arising out of the recently published report of the second phase of the Professor Dame Carol Black Review, if adopted, have implications for the future commissioning of Community Drug and Alcohol Services and the Committee may be interested to receive a high-level summary below with a more in-depth report to follow in November.

Background

In February 2019, the Government commissioned Professor Dame Carol Black to undertake an independent review of drugs in two phases, an up-to-date analysis of the problems and

then recommended policy solutions. [Part 1](#), published in February 2020, outlined the extent of the illicit drugs market in the UK, worth almost £10 billion a year, with 3 million users and a supply chain that has become increasingly violent and exploitative. The Report found drug deaths at an all-time high and drug addiction fuelling many costly social problems, including homelessness and rising demands on children's social care. It found that the drugs market is driving most of the nation's crimes: half of all homicides and half of acquisitive crimes are linked to drugs. People with serious drug addiction occupy one in 3 prison places.

Importantly, Part 1 also showed how entrenched drug use and premature deaths occur disproportionately more in deprived areas and the north of the country.

Part 2 of the Review

The [second part](#) of the Review was published in July this year and has highlighted how the pandemic is highly likely to have widened inequalities and that any economic recession would further drive trends in drug use and deaths in the wrong direction. She notes that to achieve and sustain recovery people need, alongside treatment, somewhere safe to live and something meaningful to do (a job, education or training).

The Review recommends joining up the drugs agenda across government departments and the Government has already announced the new Joint Combating Drugs Unit, which will include:

- A national outcomes framework
- Annual report to Parliament
- Dame Carol as ongoing independent advisor on drugs

The Government has already invested additional money into the system through the Universal Drugs Grant, Project Adder and £52 million of funding this year through the rough sleeping drug and alcohol treatment grant. They have allocated £1.3 million in delivering telemedicine in 86 prisons to enable prisoners to make contact with treatment providers in the community.

The Office for Health Promotion will lead on monitoring local performance and holding the system to account. A local outcomes framework and a commissioning quality standard to support any future enhancement of the treatment and recovery system will be drafted in consultation with the local system. There is also an expectation that ICS partnerships will work together across NHS and public health to jointly plan for the provision of mental health and substance misuse services.

Summary

The government have given an initial response to the Phase 2 report and have confirmed that combating illegal drug misuse is a priority. They have committed to developing a long-term national strategy which they will publish by the end of the year. We hope to be able to report back in November with more detail of the proposed changes.

5. Children's Weight Management Support

This is a brief section to inform the Committee about a positive development in our plans to support families with a child affected by obesity. A full report on childhood obesity in Gloucestershire is scheduled for the Committee next March.

Context

Excess weight (overweight or obesity) affects one in four 11-year olds living in Gloucestershire and this rises to up to half of children living in neighbourhoods facing the

greatest socioeconomic challenges. Effective weight management can prevent obesity-related issues from tracking and make a material difference to a child's future.

Update

In partnership with the CCG we have commissioned a behaviour change organisation (BeeZee Bodies) to work with families from these communities to co-develop a flexible package of 'Tier 2' (community-based) support based on an understanding of the things that prevent them from living well, and things that can help. This offer, the first of its kind, uses a 'structural resilience model'⁴ to identify and support families to address the practical, social and economic issues that impact their ability engage and succeed in weight management.

On the back of national and regional interest in our weight management offer for families, NHS England and NHS Improvement (NHSE & I) have invited us to participate as an 'integration test site' for Tier 2 and Tier 3 (clinical) weight management services as part of their Children and Young People's Transformation Programme. This seeks to integrate new, regionally commissioned Tier 3 weight management services with our local Tier 2 offer and wider children's services to deliver a wrap-around support package for families. The opportunity comes with circa £200k funding per year, shared across Tiers of care, over a three-year period.

We have an initial planning meeting with NHS E & I leads in September and will provide further details to the Committee as part of our scheduled childhood obesity report in March.

6. COVID-19 update – Step 4 of the 'roadmap'

It was set out in the [COVID-19 Response - Spring 2021](#) ('the roadmap'), that once a sufficiently high proportion of the population are vaccinated, the country can learn to live with COVID-19 without the need for the stringent economic and social restrictions.

On the 19th July the country moved to step 4 of the 'roadmap'. At this step, the Government removed outstanding legal restrictions on social contact, life events, and allowed the opening of the remaining closed settings. This marked a new phase in the Government's response to the pandemic, moving away from stringent restrictions towards advising people on how to protect themselves and others, alongside targeted interventions to reduce risk. Nationally, [COVID-19 Response: Summer 2021](#) was published to support the move to step 4.

[COVID-19 contain framework: a guide for local decision-makers](#) sets out how the system will now work in step 4 to prevent, manage and contain outbreaks of COVID-19. This includes actions required to address the follow:

1. **Reinforce the country's vaccine wall of defence** through booster jabs and driving take up.
2. **Enable the public to make informed decisions** through guidance, rather than laws.
3. **Retain proportionate test, trace and isolate plans** in line with international comparators.

⁴ The structural resilience model is designed to triage families using key demographic and circumstantial indicators of readiness to make changes, not simply in terms of motivation (often the primary consideration), but in terms of social (partner, family, friends, system), emotional (mental wellbeing, readiness to learn and apply knowledge) and structural (financial, employment, living situation, general stability within their situation).

4. **Manage risks at the border and support a global response** to reduce the risk of variants emerging globally and entering the UK.

5. **Retain contingency measures** to respond to unexpected events, while accepting that further cases, hospitalisations and deaths will occur as the country learns to live with COVID-19.

(See [appendix 1](#) for further details).

Local Outbreak Management Plans (LOMPs) will continue to be central to the ongoing response, and will be regionally supported and nationally enabled. The guide reinforces that many of the groups who face disproportionate impacts from COVID-19 are likely to be underserved by national activity. We need local insight, and targeted, culturally competent action to engage them. Examples of addressing this locally in Gloucestershire are through the vaccine equity work and the targeted approach to community testing.

Contact tracing remains priority, and all positive cases, regardless of age or vaccination status, will be included in contact tracing. However, from the Monday 16th August, contacts do not need to self-isolate (unless, or until, they become symptomatic), but they will be asked to take a PCR test.

Regular **asymptomatic testing** continues to help find cases and break the chains of transmission. However, there is a shift to particularly focusing on those who are not fully vaccinated, those in education, and those in higher-risk settings such as the NHS, social care and prisons. As well as established distribution of lateral flow device (LFD) test in high risk setting, the Gloucestershire Community Testing team have been providing the targeted distribution for LFDs with 7448 test kits being distributed in the county via this route in the last month.

Vaccines are significantly reducing the link between infections and severe disease and death. As such step 4 marks a clear move towards more targeted work to enable people to test, trace and isolate.

However, the pandemic is not over. In Gloucestershire there were 302.5 confirmed cases of COVID-19 per 100,000 population in the 7 days up to 12th August 2021. This is a 9.3% increase in the rate compared with the previous 7 days.

The biggest risk is a variant of concern (VOC) which fully or partially escapes immunity. Local authorities play a critical role in responding to VOC outbreaks by working with the system to identify and isolate positive cases and working with communities to help support local responses, ensuring communities are safe and supported.

7. COVID Prevention Grants 2021

As part of the continued work to prevent the spread of Coronavirus, Gloucestershire County Council has been investing in Voluntary Sector Organisations (VCS) who have been supporting vulnerable people since the beginning of the pandemic.

These grants are to enable VCS organisations to continue their support for vulnerable people and those at highest risk, whilst reinforcing the COVID19 guidance messages, measures to minimise the spread of disease and to promote the vaccination programme.

GCC Public Health worked with members of the Community Resilience Forum (District Councils, VCS Alliance, and CCG) to identify those voluntary sector organisations that have

continued to support vulnerable people and those who has seen increased demand as a result of the pandemic, in particular those supporting young people and individuals with poor mental health. The organisations identified were approached to submit a bid for a COVID Prevention Grant up to £20,000. The process was designed to ensure the funding reached the sector quickly and with minimal bureaucracy.

To date £1,016,537.60 has been awarded in grants to 58 Voluntary Sector Organisations that work countywide and at a locality level. The thematic break down of agencies supported is:

- Support to vulnerable adults – 12 applications
- Support to vulnerable young people – 9 applications
- Improve mental wellbeing – 15 applications
- Reduce Social Isolation – 8 applications
- Improve Local Community Support – 8 applications
- Supporting Homeless people – 1 application
- Support to countywide VCS organisations – 2 applications
- Domestic Abuse – 1 application
- Supporting women specifically – 2 applications

The programme will continue for a fourth wave of grants with a budget of £250,000 in October 2021 with a particular focus on those organisations who have significant demand for their support generated by the pandemic which they are unable to meet without more short-term resource.

8. Mandating COVID-19 vaccinations in care homes

From November 11th 2021, all care home workers, **and anyone entering a care home**, will need to be fully vaccinated against COVID-19, unless they are exempt under the regulations.

This new rule means that anyone working or entering a care home (other than family, friends and essential care givers) must have booked and received their first dose of the vaccination by September 16th 2021 to allow enough time for them to receive their second jab in time for the regulations to come into force on 11th November.

Adult social care and public health have been working with care homes and local NHS partners to prepare for this new legislation.

- Care home managers and staff have been provided with links to the guidance and steps on what they need to do next
- Care homes have been provided with communications to share with visitors who may need to prepare for the new legislation
- Care homes have been signposted to existing communications materials to use with staff and also been offered training in having vaccine conversations
- Care homes have been offered outreach from the NHS vaccination programme for unvaccinated staff, and the opportunity to speak with a clinician

To read the Government guidance in full, [click here](#)

All care home workers to be vaccinated

16-week
grace period
starts

22 July

Last date for care home
workers to get their first
dose so they are fully
vaccinated by the time
regulations come into force

16 September

Regulations
come into force

11 November

Appendix 1:

Summary of COVID-19 contain framework: a guide for local decision-makers

Key points

- Many of the groups who face disproportionate impacts from COVID-19 are likely to be underserved by national activity, and we need local insight, and targeted, culturally competent action to engage them.
- LOMPs continue to be central to the ongoing response, and will be regionally supported and nationally enabled
- Vaccines are significantly reducing the link between infections and severe disease and death.
- people will be asked to make informed decisions and act carefully and proportionately, to manage the risks to themselves and others
- The biggest risk is a variant of concern (VOC) which fully or partially escapes immunity.

	Locally lead - DPH / LA (LOMP) will need to ensure	Nationally lead
5 key areas of government action:		
Reinforce the country's vaccine wall of defense through booster jabs and driving take up	<ul style="list-style-type: none"> • drive up vaccination rates among those groups with lower uptake • ensuring second vaccinations are administered • Booster vaccinations (likely to be needed and DPH/LA to assist NHS to ensure max uptake) 	NHS England has recently published guidance to local authorities on surge vaccination in response to the prevalence of the delta variant.
Enable the public to make informed decisions through guidance , rather than laws	<ul style="list-style-type: none"> • support their local communities to understand and manage risk, to make informed choices, and live safely with COVID-19 as national restrictions are lifted. • Community engagement will potentially be even more critical for the next phase of the response. • Venue alerts - Although it is no longer a legal duty for venues to ask customers to check in, they are strongly encouraged to do so and local authorities can promote the continuation of venue alerts. • Ensure their local response is targeted at the communities and settings that are at the greatest risk, ensuring that the underserved and vulnerable, particularly those who are ineligible or unable to be vaccinated, are protected. • Ensure they use the data and other tools at their disposal to best understand which individuals and communities they particularly need to focus their efforts on. • Continue to work with and through trusted local voluntary and community sector partners to support engagement and outreach. 	<p>The following will also remain in place (but kept under review)</p> <ul style="list-style-type: none"> • symptomatic testing and targeted asymptomatic testing in education and high risk workplaces • self-isolation for positive cases (or if advised) • border quarantine • cautious guidance for individuals, businesses and the vulnerable

<p>Retain proportionate test, trace and isolate plans in line with international comparators</p>	<p>Test</p> <ul style="list-style-type: none"> • Symptomatic testing will remain critical and a top priority • When demand for PCR testing is high, or for reasons of reach or epidemiology, symptomatic testing may be flexed to LFD provision, as clinically appropriate. • A range of asymptomatic testing offers will be available over the summer whilst the adult population is given access to vaccination • Asymptomatic testing in vulnerable and higher-risk settings will be continuously reviewed considering the public health risk, as will testing in educational settings that are open. • Targeted community testing supports local delivery of asymptomatic testing to disproportionately impacted and underserved groups, reflecting local priorities and insight. • Local authorities can draw on the contributions of the voluntary and community sector to encourage and support priority populations, using trusted partners, to increase access to testing and develop tailored communications. • Educational settings that remain open over the summer holidays will be provided with kits to continue regular testing. Secondary school children will be asked to complete 2 onsite tests on return in September and then to continue home testing until the end of September. University students will be asked to test before travelling to university for the autumn term and to complete 2 LFD tests at home or at an asymptomatic testing site (ATS) site on return. 	<ul style="list-style-type: none"> • Keeping under close review the need for asymptomatic testing considering prevalence levels and continued roll out and uptake of the vaccine. • LFD home testing will continue to be available through gov.uk and pharmacy collect but will be targeted at those individuals, communities and settings that are at greater risk of transmission and will experience worse outcomes from COVID-19. • Most regular workplace testing will finish at the end of July as previously announced and the online ordering system closed on 19 July. We are currently considering the potential use of assisted daily contact testing in some workplaces. • To proactively mitigate exposure and outbreaks in high-risk and vulnerable settings (such as the NHS and adult social care) we will continue to provide tests in these settings, proportionate to the epidemiology and public health risk.
	<p>Trace</p> <ul style="list-style-type: none"> • Contact tracing a priority, and all positive cases, regardless of age or vaccination status, will be contacted for CT. • Local – 4 model has been adopted by many LAs. LTPs take responsibility for contacting new cases as soon as they are referred to the contact tracing system, rather than only those who cannot be reached by national tracing teams. 	<ul style="list-style-type: none"> • Contacts will not need to self-isolate unless, or until, they become symptomatic, but – as now – they will be asked to take a PCR test • Work is underway to pilot Local Contacts, a scheme which enables local authorities to trace contacts of cases without them being passed through the national system. • Daily contact testing will be rolled out to some critical workplaces in England so that contacts who would otherwise be self-isolating can instead take daily tests. The contact tracing process will therefore remain vital as a way of ensuring that people receive appropriate advice on self-isolation, PCR testing or daily LFD testing (depending on circumstances).
	<p>Isolate</p>	<p>Since March 2021, the government has provided monthly funding to support local authorities in arranging support in line with the framework, and this is currently scheduled to run until the end of September 2021.</p>

Manage risks at the border and support a global response to reduce the risk of variants emerging globally and entering the UK	Support compliance with testing and quarantine regimes for those passengers still bound by them	
Retain contingency measures to respond to unexpected events, while accepting that further cases, hospitalisations and deaths will occur as the country learns to live with COVID-19	<ul style="list-style-type: none"> • Providing ongoing advice and support will remain critical, as will a rapid response if outbreaks occur • Ability to respond swiftly and robustly to a variant outbreak must continue to be a priority • The No 3. Regulations which enable local authorities to impose restrictions, requirements or prohibitions on individual premises, events and public outdoor places will continue until 27 September. • OIRR (Outbreak Investigation and Rapid Response) intelligence used to support outbreak detection includes backward contact tracing data gathered from cases. These data are used in analytical reports and tools to identify 'clusters' of new cases linked to a common setting which may be an early indication of a larger outbreak. Combined with local intelligence, this information is routinely assessed and prioritised for investigation by local public health teams and HPTs to assess whether an outbreak is associated with the location and to take public health control measures. 	See OIRR intelligence note in previous column (is this the common exposure reporting?)
Additional guidance in the contain plan		
Surveillance	Robust population surveillance programmes are essential to understand the rate of COVID-19 infection, and how the virus is spreading across the country.	
Wastewater monitoring		Wastewater monitoring is carried out on an ongoing basis across around 70% of the population of England.
Enhanced support		UKHSA will provide enhanced support to local areas facing sharply rising levels of transmission, where the evidence suggests short-term additional support could slow or bring rates down.
Enduring transmission	Areas experiencing enduring transmission require a sustained approach, with national and regional support to enable and enhance the work of local government.	
VUI and VOC outbreaks	Local authorities will play a critical role in responding to VUI and VOC outbreaks , building on their LOMPs, to identify and isolate positive cases, while working with their communities to help support local responses, ensuring communities are safe and supported.	

Events		The NHS COVID Pass is a tool which shows proof of vaccination, a recent negative test, or natural immunity as a means of entry. The government is urging nightclubs and other higher-risk venues with large crowds to make use of the NHS COVID Pass. Although this this will initially be voluntary the government has announced its intention to introduce mandatory vaccine-based certification from the autumn for nightclubs and other high-risk settings.
Outbreaks	The majority of COVID-19 outbreaks will be best dealt with at a local level. Local authorities have a range of existing powers, such as enforcement of deep cleaning or temporary closure, to ensure an appropriate response.	Detailed guidance in the accompanying Outbreak Management Response Toolkit (OMRT)

Updates for specific settings

Setting	Update
Settings with risk of rapid spread	For individual settings where the risks of rapid spread are particularly acute, DsPH, in consultation with setting operators and relevant departments, will be able to advise that social distancing is put in place, if necessary, to control outbreaks.
Education settings	From 16 August 2021, children under the age of 18 will no longer be required to self-isolate if they are contacted by NHSTT as a close contact of a positive COVID-19 case. Instead, children – or a parent or guardian – will be informed they have been in close contact with a positive case and advised to take a PCR test. Attendance restrictions will always be a last resort.
Adult Social Care	In exceptional circumstances, fully vaccinated frontline NHS and social care staff in England who have been told to self-isolate as a close contact will be permitted to attend work. This will only apply where the individual’s absence may lead to significant risk of harm. Changes to COVID-19 infection prevention control (IPC), personal protective equipment (PPE), visiting, testing and isolation guidance in adult social care settings – including those recently announced for step 4 of the roadmap
Workplaces	Regulations that place COVID-secure requirements on businesses are no longer in place. The working safely guidance issued by the government has been updated to provide examples of sensible precautions

Enablers

Enablers	Update
Staffing / capacity	It is vitally important that the local teams keep their capacity and capabilities under active review. Local authority activity, using local resources in line with individual LOMPs, will remain the first and primary mechanism to respond to incidents and outbreaks of COVID.
	It is expected that all funds will be spent by the end of March 2022.
COMF	It is expected that all funds will be spent by the end of March 2022.
Self isolation fund	Finance made available to support payments to those who are self-isolating to reduce the financial hardships, and practical support payments and medicines delivery services also. These schemes are currently funded out to September 2021, and further analysis will be undertaken to ascertain funding requirements for the remainder of the year in line with the ‘roadmap’.
Communications	Communications/engagement strategy will be at forefront of ensuring the public understand how to go about their daily business safely
Plans - LOMP	It is therefore important that LOMPs set out an effective response to outbreaks, including of VOCs, and in higher risk settings. LOMPs should reflect the core ongoing response including the national UKHSA tool and services that effectively support and enable this local response.