

Adult Social Care and Communities Scrutiny Committee

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

9 November 2021 – Public Health Update

This report contains an update on the following Prevention, Wellbeing and Community Hub activities:

1. COVID-19 Update
2. Public Health Nursing
3. Population Health Management
4. Children's Weight Management Programme
5. Adverse Childhood Experiences
6. Update on Drug and Alcohol Performance Data

1. COVID-19 Update

Rates (current date data pack also provided)

At the time of writing this report, investigations continue into the precise cause of a significant number of false negative results returned to people in the county from an NHS Test and Trace laboratory in Wolverhampton. The UK Health Security Agency (formerly Public Health England) who are investigating the incident, estimate that around 400,000 samples have been processed through the PCR testing lab. The vast majority of samples will have been true negative results, but an estimated 43,000 people may have been given incorrect negative PCR test results between 8 September and 12 October, mostly in the South West of England, including Gloucestershire.

NHS Test and Trace have now contacted all of the people that could still be infectious to advise them to take another test. Close contacts who are symptomatic are also advised to take a PCR test in line with normal practice.

Gloucestershire's COVID-19 case rate increased steeply as the impact of the UKHSA laboratory testing issues filtered through. Up to 12 October, the county's infection rate will have appeared lower than it really was due to many tests giving an inaccurate negative result (false negatives). It is unclear how much of the county's increase was due to those affected by the lab issues coming forward for retesting and how much was 'new' infection. There will almost certainly have been additional community transmission as a consequence of these problems.

The UK Health Security Agency (UKHSA) has stated that this is an isolated incident linked to one laboratory and that there is no evidence of any faults with LFD or PCR test kits themselves and the public should remain confident in using them and in other laboratory services currently provided - all samples taken since the incident was declared have since been redirected to other laboratories.

Information on how you can get a [PCR test](#) is available on our website. The Government's website provides further information and advice on [how to stay safe and help prevent the spread of COVID-19](#)

A verbal update on current rates will be provided at the meeting to explain the recent trends.

New treatment for COVID-19

The government announced on 17 September 2021 that NHS patients in hospital will benefit from a new antibody treatment, Ronapreve. It will initially be used for patients who have not mounted a successful immune response against COVID, for example those with certain cancers or autoimmune disease. This will help the NHS in treating any new infections, especially over the Winter Period when rates are expected to rise.

Community Testing Programme

Regular asymptomatic testing using Lateral Flow Devices (LFDs) continues to help find cases and break chains of transmission. There has been a shift to focusing on those who are not fully vaccinated, those in education, those in higher-risk settings such as the NHS, social care and prisons and under-represented groups. As part of the national Community Testing Programme, the Gloucestershire Community Testing Team have been providing the targeting the distribution of LFDs to priority groups such low income families, people with disabilities, people experiencing homelessness and the traveller community (including distributing tests at the recent Stow Horse Fair). Working in Gloucestershire's areas of highest deprivation and with Voluntary and Community Sector partners, the team distributed 9708 boxes of test kits in the county in September. A further 365 were distributed via community collection points established by the team in partnership with other organisations, such as the Forest Sensory Service.

Education and childcare

The Government's priority for the 21/22 academic year was that education and childcare settings should continue to operate as normally as possible by maximising the number of children and young people in face-to face education or childcare and minimising any disruption. The risk from COVID-19 to children and young people remains low and there is a move towards managing COVID-19 in a similar way to existing infection control threats.

We are seeing high numbers of cases in schools and expect this to continue. This is due to exemption of under 18s from isolation after close contact, routine LFD testing for 11 year olds leading to higher identification of cases, and contact tracing no longer being undertaken by education and childcare settings, as well as the easing of restrictions more broadly.

The Department for Education have issued guidance which sets out thresholds for escalating outbreaks to local and regional health protection teams (> 10% of a group that has mixed closely e.g. a class, or 2 or more cases for special and boarding schools). When an outbreak is escalated we risk assess the situation (based on severity, spread, options for intervention, uncertainty and context) and advise on additional control measures where required (ranging from initial response measures such as communication with parents and enhanced cleaning, through to reintroducing face-coverings, additional testing and reducing mixing, to exceptional measures such as restricting attendance). Each outbreak is given a risk score (either low, medium low, medium, medium high and high) and this score dictates

how frequently we follow up and who we cascade the notification to. Towards the last week of the September/October half term, there were large numbers of outbreaks and infection, and schools will be issued with further guidance to support their return to school in November.

Vaccine update

The Joint Committee on Vaccination and Immunisation (JCVI) have considered options for a booster programme to revaccinate adults in order to reduce mortality, morbidity and hospitalisations from COVID-19 over the 2021 to 2022 winter period. They have recommended that protection is maintained at a high level, and so all adults in high risk groups, health and social care staff and adults aged over 50 will be offered a booster dose of the vaccine, 180 days after their second dose. Up to date figures on the local uptake so far is provided in the attached data pack. In addition, all children aged 12 to 15 years old will be offered a first dose of COVID-19 vaccine. This is being delivered through schools, and it is expected that all children will have been offered a dose before the end of November 2021.

Mandatory vaccinations for care staff

Earlier this year, legislation was introduced to ensure that all staff working in residential care homes would be fully vaccinated (two doses) against COVID-19 by 11 November 2021. This means that the deadline for receiving the first jab was 16 September; workers not vaccinated by this date would need to be redeployed or cease employment in the setting. In Gloucestershire, we have provided regular communication with local care home to support their vaccine uptake and help people make an informed choice about the vaccine based on facts. This has included individual conversations with experts where needed. Gloucestershire care homes with lower than a 90% uptake of the COVID-19 vaccine uptake were contacted to assess the potential numbers of staff that would leave as a result of the legislation.

54 older person care homes (as of 24/09/2021): 3.85% of staff will not be continuing employment and five homes anticipate losing 5 or more staff.

24 younger adult care homes contacted (as of 24/09.2021): 3.84% of staff are thought to be leaving due to declining the vaccine.

This is reassuring as the DHSC statement of impact predicted 3-12% of care home staff would be unvaccinated by 11 November; Gloucestershire's estimate is at the lower end that range.

Care home workers who are unable to have the vaccine due to medical reasons are able to apply for formal medical exemption through the NHS COVID Pass system. There is also a provision for individuals who have received COVID-19 vaccination abroad to receive certification of vaccine status.

Wider consultation on mandatory vaccinations

On 9 September 2021, DHSC launched a 6-week consultation to seek views on making COVID-19 vaccination a mandatory condition of employment for frontline workers in health and care settings. This second cohort of workers would include domiciliary care staff, supported living and day services in social care, as well as frontline NHS staff. The consultation will also consider whether flu vaccination should be mandatory for those in contact with patients and people receiving care. The results of this consultation should be known shortly at which point, any potential impact on the system will need to be assessed.

2. Public Health Nursing

Our Public Health Nursing Service includes our Health Visiting and School Nursing teams provided by Gloucestershire Health and Care NHS Foundation Trust. In response to the COVID-19 pandemic, the service had to adapt its approach, such as providing a virtual offer where safe to do so, and redeploying some staff to support the healthcare system.

As we move into recovery, New Birth Visits and 6 to 8 week checks continue to be conducted in the home with full PPE following a Covid assessment. All targeted and specialist contacts are also carried out in the home. Covid secure 1-2-1 appointments are available for baby hubs and the reintroduction of three drop in hubs are being piloted in Gloucester.

In the first quarter of 2021/22 about 70% of Universal children were offered a face to face contact for developmental reviews, with the remainder being offered a virtual review. There are still families that are declining the offer of developmental checks and for these the community nursery nurses offer age appropriate Public Health advice over the phone on topics including dental hygiene and home safety. The Health Visiting team have been working with the Gloucestershire County Council Early Years Manager to promote development checks alongside the promotion of free childcare places for eligible 2 year-olds using methods such as leaflets, the NHS bus and a social media campaign.

The team have reported an increase in safeguarding meetings with higher levels of complexity as we emerge from the pandemic.

The school nursing service has largely returned to business as usual. The National Child Measurement Programme (NCMP) has been completed in the 28 schools we were requested to target by the Office for Health Improvement and Disparities (OHID). School reception year NCMP coverage of 98.4% has been achieved. Vision screening achievement is 93.6% at the end of Sept and the service is expecting to achieve 95% by end of October.

During August there was some redeployment due to short term staff shortages in the district nursing service which resulted in a 'risk to life' level situation. There are no longer any members of the Health Visiting and School Nursing teams redeployed to community nursing.

3. Population health management

Population health management is a change in cultural approach and a novel technique to plan and organise health and care services provision.

It supports local health and care partnerships to better leverage data to design new models of proactive care and deliver improvements in health and wellbeing which make best use of the collective resources.

In practical terms it is meant to support the transition to Integrated Care Systems (ICS) with a single version of the truth in terms of data, intelligence and insights about the health of the population. This way across the system one can identify need, design interventions and monitor and evaluate programmes and services in a joint-up, rigorous and continuous way.

To support and enable Population Health Management (PHM) in Gloucestershire we have already joined up a wide range of healthcare data sources into a single, pseudonymized, dataset and we are overcoming the last technical hurdles to add adult social care data to it.

This will ultimately provide us with a more nuanced and integrated view of the whole person journey through the complex pathways of health and care. The joint dataset will also give partner organisations and professionals a way to collaborate and provide support across service boundaries.

For citizens and patients, this aims to achieve less repetition, more joined-up services which are tailored to the need of the person and of the local communities in a more closely integrated system which proactively considers the wider and social determinants of health as well as the causes of acute ill-health.

For us in public health and social care, PHM ultimately means that the language of prevention, planning, health inequalities, opportunity cost, outcome and process evaluation will become central and fundamental to the way of working of the ICS, NHS trusts, GPs and third sector organisations.

Next steps

During the pandemic the roadmap for PHM was put on hold as the system geared up to respond to COVID 19.

We are now updating that roadmap collaboratively, to make sure that everyone across the system identifies themselves with it and that the learnings of the pandemic (in terms of collaborative working) have been embedded within it.

It is a cultural journey which cannot be solved with mere technical enablers and so we are also working on creating the right governing and leadership structures to support a lasting process of integration and collaboration across the whole of Gloucestershire. Ultimately the aim is to make PHM the interfacing language of the ICS.

4. Action on ACEs

Context

[The Gloucestershire Action on ACEs programme](#) launched in 2018 with the aim of creating a countywide social movement to raise awareness of the impact of childhood adversity and trauma, and build resilience. The programme is co-ordinated by the ACEs Panel which includes representation from the Council, Gloucestershire police, Gloucestershire Clinical Commissioning Group and the Voluntary and Community sector. Adverse Childhood Experiences have been identified as a priority in the Joint Health and Wellbeing Strategy.

Adverse Childhood Experiences (or ACEs) are specific traumatic events, such as abuse, neglect or parental substance misuse, occurring in a child's life before the age of 18. High or frequent exposure to ACEs without the support of a trusted adult can have long lasting effects into adulthood; impacting on life chances and health outcomes. Developing resilience through access to a trusted adult, supportive friends, and positive attachments has been shown to improve outcomes even in those who experience high levels of ACEs.

Update on the local programme

A key focus of the Gloucestershire Action on ACEs programme is the use of 'viral change'; using peer to peer influencing to spread knowledge and drive change. The aim is to enable professionals working with children and young people (CYP) or vulnerable adults to adopt and champion the principles of Action on ACEs in their sector. The programme has established a network of over 135 ACEs Ambassadors across social care, early years, the VCS and education sectors; and provided free e-learning and resources, including a toolkit for front line practitioners working with CYP.

There are good examples of organisations across the county adopting an ACEs informed approach, including: the Aston project set up by Gloucestershire constabulary to provide mentoring to vulnerable young people experiencing or at risk of ACEs; and a pilot in maternity services led by Gloucestershire Hospitals Trust which supported midwives to identify risk factors for ACEs and work with expectant mothers and families to build resilience and reduce risk.

The ACEs panel resumed regular meetings in September 2020 after a pause through the first phase of the pandemic. The focus has been on continuing momentum in the programme recognising the impact of the pandemic on vulnerable children and adults.

In May 2021, the Action on ACEs programme held an Ambassadors Networking event. This was followed by the annual ACEs conference in June (ran jointly with education colleagues) as a virtual event. The conference, which was attended by 497 delegates, focused on the importance of resilience as a protective factor against the impact of ACEs and included the presentation of Change Maker Awards to individuals and organisations making a difference in their community or sector. In the delegate feedback, 100% of attendees rated the conference overall as excellent or very good; and 100% expected to use what they had learnt at the conference in their work.

Refresh of the ACEs strategy and action plan

The ACEs panel are currently overseeing the refresh of the Action on ACEs strategy. The strategy reflects on learning and achievements to date and sets out our priorities going forward. The overarching priorities remain:

- raising awareness and understanding of ACEs with communities and organisations;
- providing training, resources and information;
- working in partnership with communities and organisations to build resilient communities;
- incorporating ACEs and trauma informed approaches into relevant organisational policies, strategies and contracts; and
- growing the evidence base and sharing best practice.

The programme has also identified a number of new areas to focus on. These include a focus on the relationship between ACEs and ‘trauma informed approaches’ which aim to increase practitioners’ awareness of the negative impact of trauma. The panel is also looking at widening the ACEs programme to focus on supporting those working with vulnerable adults who are experiencing the long term impact of childhood adversity and trauma.

In addition to the strategy refresh, the ACEs panel is supporting a number of specific projects, including:

- rolling out a pilot of trauma informed training for the VCS sector in conjunction with the Nelson Trust;
- working with education colleagues to introduce Trauma Informed Relational Practice training for schools.

The ACEs panel has also been supporting the CHK Foundation who are providing funding to a number of VCS organisations in the county to roll out mentoring programmes for vulnerable young women at risk of ACEs or involvement with the criminal justice system.

Next steps

The revised ACEs strategy will be launched later this year and will feed into the annual action plan. Discussions are also underway with partners to identify a recurrent funding stream for the programme to support achievement of the priorities identified in the Joint Health and Wellbeing strategy.

5. Children and Young People’s Transformation Programme – Weight Management

Improving the health and wellbeing of children and young people (aged 0-25 years) is a key priority for NHS England and NHS Improvement (NHS&I), as set out in the [NHS Long Term Plan](#). A Children and Young People Transformation Programme has been established to oversee delivery of the Long Term Plan commitments. This focuses on a range of priorities, from improving care for children with special educational needs, supporting integration and development of new models of care, to improving transition to adult services. One of the topics under the ‘supporting integration and new models of care’ theme focuses on weight management support (obesity treatment).

In 2019 Gloucestershire County Council and NHS Gloucestershire CCG commissioned a specialist childhood weight management organisation, BeeZee Bodies to work with families in seven neighbourhoods in Gloucester City and the Forest of Dean, to co-develop a package of weight management support able to meet their needs. The resulting offer, the first of its kind, uses a 'structural resilience model'¹ 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 regional and national interest in our weight management offer, NHSE&I have invited NHS Gloucestershire CCG (working in partnership with the public health team) to submit an expression of interest to participate as a Transformation Programme 'integration site' for obesity. This will involve developing and testing a new model of weight management care, which integrates 'Tier 2' (community-based) and 'Tier 3' (clinical) weight management with wider children's services, thereby offering a coherent, flexible and child-centred package of care.

In August we learned that we have been selected as one of two integration sites for obesity in England; the other being Greater Manchester. The integration project will run from September 2021 to 31st March 2024 and is supported by national grant funding. Funding is circa £240k Year 1, with subsequent years still to be confirmed.

Our local vision is 'to create a weight management pathway that is greater than the sum of its parts, that is embedded in the local landscape and contexts of the children and families it is designed to support'. We will work with Gloucestershire's Joint Commissioning Hub to ensure that all children's services are able to play their part in improving weight management outcomes. We also intend to use the opportunity to test other models of care including, life coaches for children in care, and utilising existing non-clinical support e.g. social prescribing.

Our priorities for the remainder of 2021/22 are to consolidate the current Tier 2 offer and to work with the Tier 3 provider (Bristol's 'COCO' clinic) and local stakeholders, including NHS providers, to develop local pathways. It is our intention to start integrated service provision during the first quarter of 2022/23.

6. Drugs and Alcohol Update

The Committee had a short update in September on the recommendations arising out of the recently published report of the second phase of the Professor Dame Carol Black Review of Drugs. We are still waiting on further detail of the Joint Combating Drugs Unit that is being set up by the Government; the new national strategy that is due to be published by the end of the year and the new performance framework and we will provide an update as soon as information is available.

Publicly reported performance indicators for the current adult community drug and alcohol service focus on successful completions of treatment without representing to services within

¹ The structural resilience model is designed to triage families using key demographic and circumstantial indicators of their 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).

the following six months. Performance against these indicators has been on a downward trajectory for the past six quarters which has been exacerbated by the need to almost entirely halt discharges to keep vulnerable people safe and under observation at a time of significantly increased risk during the Pandemic and the various lockdowns. This downward trajectory is mirrored nationally but Commissioners are working closely with the provider to help them implement a recovery plan. Plans for a new abstinence and aftercare service are being put in place and we are exploring how we can improve recruitment and workforce development. The provider performs well against targets for numbers in treatment and getting people into treatment within the specified timeframe of three weeks.

Recognising that many things contribute to a person's ability to recover from addiction including having appropriate housing, physical and mental health support and employment, commissioners are also liaising with colleagues across the system to look at how we can commission services more effectively for individuals experiencing multiple disadvantages.

A Strategic Review of Drugs and Alcohol, started just before lockdown in 2020, has recently recommenced and we are currently collating and analysing data and engaging with stakeholders and service users. We hope to have interim findings by January 2022 and a final report by March. This report will inform our future commissioning of community drug and alcohol services and will give us a good benchmark of where we are as the new national strategy is introduced.

REPORT ENDS