

Adult Social Care and Communities Scrutiny Committee
Report from the Executive Director of Adult Social Care and Public Health
January 2022 – Public Health Update

Overview

This report contains updates on the following public health services from the Prevention, Wellbeing and Communities team for the consideration of the Adult Social Care and Communities Scrutiny Committee:

1. Sexual Health Services
2. Drugs and Alcohol Services
3. Childhood Obesity and Weight Management Services
4. Domestic Abuse

1. Sexual Health Services Update

Understanding the impact of the pandemic on sexual and reproductive health

In Gloucestershire, between 2019 and 2020, there has been a decrease of 38% in Gloucestershire in the diagnosis of sexually transmitted infections (excluding Chlamydia) (PHE, 2021). This is comparable with the decrease in England of 32% for the same period. As this was during the pandemic, the decline reflects changes in sexual behaviour linked to lockdown and subsequent social distancing measures, and a reduction in people accessing testing either because of reduced need or reticence in accessing health services in the circumstances. Despite the fall in diagnoses, sexually transmitted infections (STI) diagnoses overall remain high.

Locally, the majority of contraception is prescribed by primary care, including Long-Acting Reversible Contraception (LARC) such as coils and implants. Guidance from The Royal College of General Practitioners (RCGP) and Faculty of Sexual and Reproductive Healthcare (FSRH) on GP workload prioritisation during COVID-19 advised the provision of LARC should continue where possible and if the risk of fitting outweighed the risk to the patient and healthcare professional for example, in emergency situations or for very vulnerable women. It was suggested that measures such as extending the use of current LARCs due for renewal or prescribing other forms of contraception following a telephone assessment, such as the progestogen-only pill (POP) may be the most sensible option short term for the majority. This led to a significant drop in the prescribing of coils and implants both nationally and locally from April 2020. In Gloucestershire, levels of prescribing returned close to previous levels by December 2020 and have stayed broadly consistent with pre-pandemic levels since, with GP prescribing rates for LARC in the county the highest in the Southwest.

The percentage of repeat abortions in under 25s, and the rate of under 18 conceptions remain below the national average. However, it is important to continue to monitor the data closely to understand the impact of the pandemic on young people's sexual health.

The specialist sexual health service has remained open throughout the pandemic, with an adapted service model. Initially services were concentrated in the main Gloucester clinic

(Hope House) and satellite district clinics were closed on a temporary basis, but as part of recovery plans, the clinic in Cheltenham, Cirencester and the Royal Agricultural College have now reopened. The county has an established programme of online STI testing which ensured that STI tests remained accessible; and facilities to enable remote tele-consultations were also introduced. Commissioner and provider leads continue to work together on the service's overall recovery plan and the resumption of further district clinics.

To support the local sexual health system with the impact of the pandemic, we have commissioned additional clinic capacity on a short-term basis as part of the recovery plan to increase access to contraception and sexual health appointments in primary care. This is through eight more GP practices in addition to the eleven GP sexual health clinics which are already in operation. The specialist sexual health service is also running a monthly LARCATHON event during the first three months of 2022 to increase access to LARC (Long-Acting Reversible Contraception). A review will be carried out early 2022 to understand if the additional capacity is required into the 2022/23 financial year.

Other sexual health updates

Following a successful two-year pilot, the maternity contraception service will be continued as a routinely commissioned service. Vulnerable women are supported by midwives to consider contraception choices as part of the prenatal pathway and are initiated on their chosen method before or shortly after discharge from hospital, with the aim of preventing short interval and unplanned pregnancies. Since its launch in 2018, the service has initiated contraception for over 750 vulnerable women. Recruitment is beginning for additional midwife capacity to help the service support more vulnerable women during 2022.

Pre-exposure prophylaxis (PrEP), a drug that can prevent individuals contracting HIV, has been routinely available in Gloucestershire since December 2020. Work will continue during 2022 to identify ways to ensure individuals from higher risk groups are supported to access the drug. Southwest sexual health commissioners have identified funding to enable an initial scoping of a regionally tailored programme which builds on the principles of behavioural science, social marketing, health improvement and prevention of HIV, focussed on PrEP. The programme will aim to reach groups and individuals with lower uptake of PrEP but at increased risk of HIV transmission. Locally, scoping work has begun with system partners to explore how we can better support at risk individuals to access PrEP, including an option for an outreach PrEP health advisor post within specialist sexual health services.

2. Drugs and Alcohol Update

The Scrutiny Committee is due to receive a more in-depth report on adult community drug and alcohol services and the new national drug strategy at a future meeting. However, in response to a specific question asked at the last meeting, we wanted to describe how we work with/commission the voluntary and community sector (VCS) to deliver drug and alcohol treatment services in the county. Indeed, we recognise that the VCS are key partners in the local system and are fully committed to working with organisations in this sector.

The current contract for the drug and alcohol treatment service was awarded to Change Grow Live (CGL) from 1 January 2017. This followed a Cabinet decision in April 2016 to carry out a comprehensive OJEU compliant open competitive tender. Liaison with the VCS was a key part of the tendering process from pre-consultation information events through consultation, market engagement and development of the service specification that formed the basis of the tender. The successful bidder, Change Grow Live (CGL), is a charitable organisation and they also subcontract parts of the service to other third sector organisations including Emerging Futures, Ara, Nelson Trust, Barnardo's and Young Gloucestershire.

Emerging Futures provide aftercare support across Gloucestershire for service users in recovery from substance misuse. Coaches help people reconnect with their local communities and build recovery capital. One-to-one support and wellbeing checks are combined with group work programmes to encourage behaviour change. Programmes can be accessed face-to-face in community venues and via Zoom. They also support individuals to apply to detox and/or rehabilitation services and facilitate an evening Zoom group for concerned others. In Gloucester, Cheltenham, and Stroud, allotment and gardening projects let people engage in meaningful activity and produce homegrown fruit and vegetables. They recruit and train volunteer Recovery Coaches to support people in recovery to fulfil their goals and move forward.

Ara is one of the largest voluntary sector organisations providing addiction and mental health services in the Southwest. In Gloucestershire, they provide a housing link worker, outreach, and hospital in-reach services.

CGL subcontract the Nelson Trust to provide a pilot service for women's continuing care, helping women to leave treatment in a supported way. We have also supported the Nelson Trust Sex Worker Outreach Project which provides an on-street, out of hours harm reduction service.

Barnardo's provide therapeutic work with parents and children; and Young Gloucestershire have provided individual and group work with 16–25-year-olds.

In addition to our commissioned services, we convene Gloucestershire Drug and Alcohol Working Group (GDAWG), a stakeholder meeting providing a forum for work on drugs and alcohol, linking county and district levels and specialist services on behalf of the Safer Gloucestershire Partnership. Membership of this group includes the VCS Alliance, the Shaw Trust, Nelson Trust, Emerging Futures and P3 amongst others. As part of the current Strategic Review of Drugs and Alcohol in the county, we have also commissioned an external consultant to engage with stakeholders and seek their views on what works well and what doesn't in the current pathways. This engagement work has included a focus group with VCS organisations to enable their views to be incorporated. The Strategic Review will help inform future commissioning of the drug and alcohol service.

3. Childhood Obesity and Weight Management Services

Introduction

Childhood obesity matters. It is a serious threat to the health, wellbeing and life chances of children and young people as well as having a wider impact on health and care services and the wider economy.

The National Child Measurement Programme (NCMP) provides high quality data on the prevalence of childhood obesity in England. This measures the height and weight of children in Reception (aged 4 to 5) and Year 6 (aged 10 to 11) in state schools across the country every year. The 2020/21 school year data was published in November 2021.

School closures caused by the pandemic disrupted the NCMP in 2019/20 and 2020/21. This meant that in 2019/20 only around 70% of children were measured (we need 85% coverage to have a high level of confidence that the data reflect the true prevalence). In 2020/21 local authorities were advised to complete measurements in a representative 10% sample of schools so that we could make estimates about all children.

In Gloucestershire, we measured 98% of Reception children by using routine vision screening appointments, giving a very high level of confidence in our 2020/21 data. Our Year 6 data, based on a much smaller sample size, can only be an estimate. Since 2019/20 data are incomplete comparisons below are made between 2018/19 and 2020/21.

Childhood obesity prevalence (England and Gloucestershire)

Table 1 below compares the prevalence of obesity and severe obesity among Reception and Year 6 children in England and Gloucestershire in 2018/19 and 2020/21 school years.

Table 1: Obesity and severe obesity prevalence 2020/21 versus 2018/19 school years

Year group	BMI category	Gloucestershire		England	
		2020/21	2018/19	2020/21	2018/19
Reception	Obesity	13.5%	9.1%	*14.4%	9.7%
	Severe obesity	4.2%	2.3%	*4.7%	2.4%
Year 6	Obesity	*21.1%	18.2%	*25.5%	20.2%
	Severe obesity	*5.0%	4.0%	*6.3%	4.4%

*Data incomplete so less confidence the data is representative of the whole year group.

Key facts

- These data show large increases in the proportions of children in with obesity and severe obesity, in England and in Gloucestershire, compared to previous years
- In England, obesity rates increased by 4.7 percentage points in Reception children, and by 5.3 percentage points in Year 6 children. This is the largest increase we have seen since the NCMP began in 2006/07.
- 14.4% Reception children and 25.5% Year 6 children in England have obesity.
- The rates of severe obesity among children in England increased from 2.4% to 4.7% in Reception, and from 4.4% to 6.3% in Year 6, between 2018/19 in 2020/21.
- In Gloucestershire, there was a 4.4 percentage points increase in obesity levels among Reception children and an *estimated* 2.9 percentage points increase among Year 6 children between 2018/19 and 2020/21.
- This means that 13.5% reception children and an estimated 21.1% Year 6 children in Gloucestershire have obesity.
- Rates of severe obesity in Gloucestershire increased from 2.3% to 4.2% in Reception, and from 4.0% to an estimated 5.0% in Year 6, between 2018/19 and 2020/21
- In Gloucestershire this is an increase from 592 to 884 children in Reception with obesity from 2018/19 to 2020/21. Of the 884 children, around 260 have severe obesity.

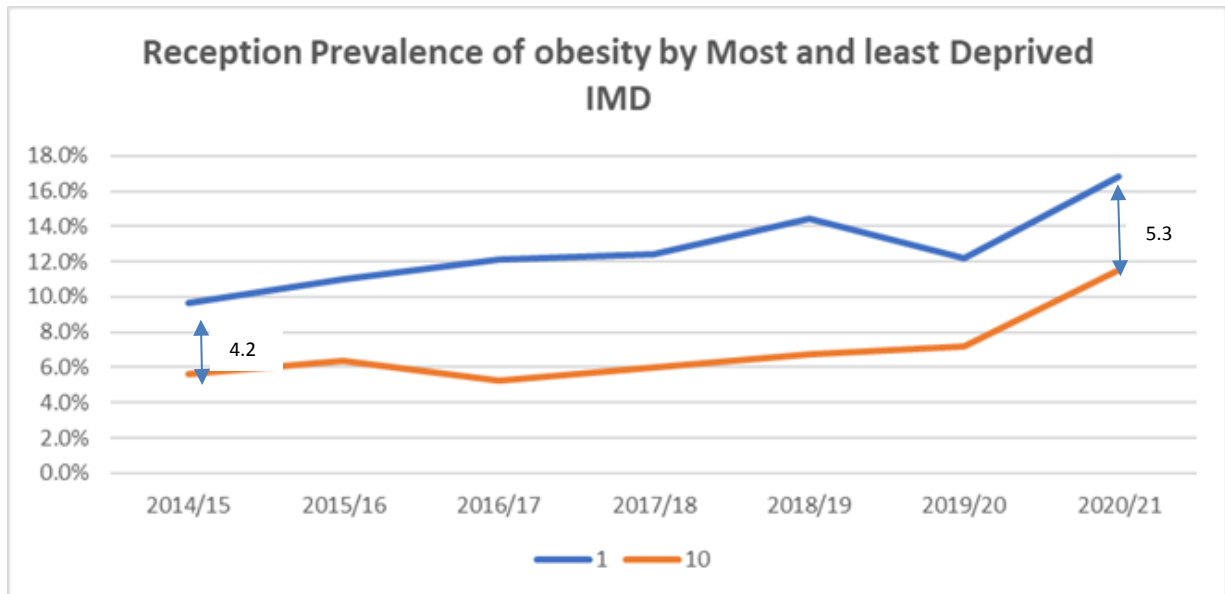
Further modelling is needed to estimate the number of children with obesity across all year groups. Meanwhile, extrapolating Reception and Year 6 data a **very conservative estimate** of the total burden of obesity (including severe obesity) among children in Gloucestershire is upwards of 25,000 children. [NB: This estimate does not take into account the increase childhood obesity rates with age].

These data clearly demonstrate a concerning increase in levels of obesity among primary school children in Gloucestershire. Given this unprecedented increase since NCMP records began in 2006/07 we can infer that factors related to the COVID-19 pandemic have been the main driver for this increase.

Disparities in childhood obesity rates

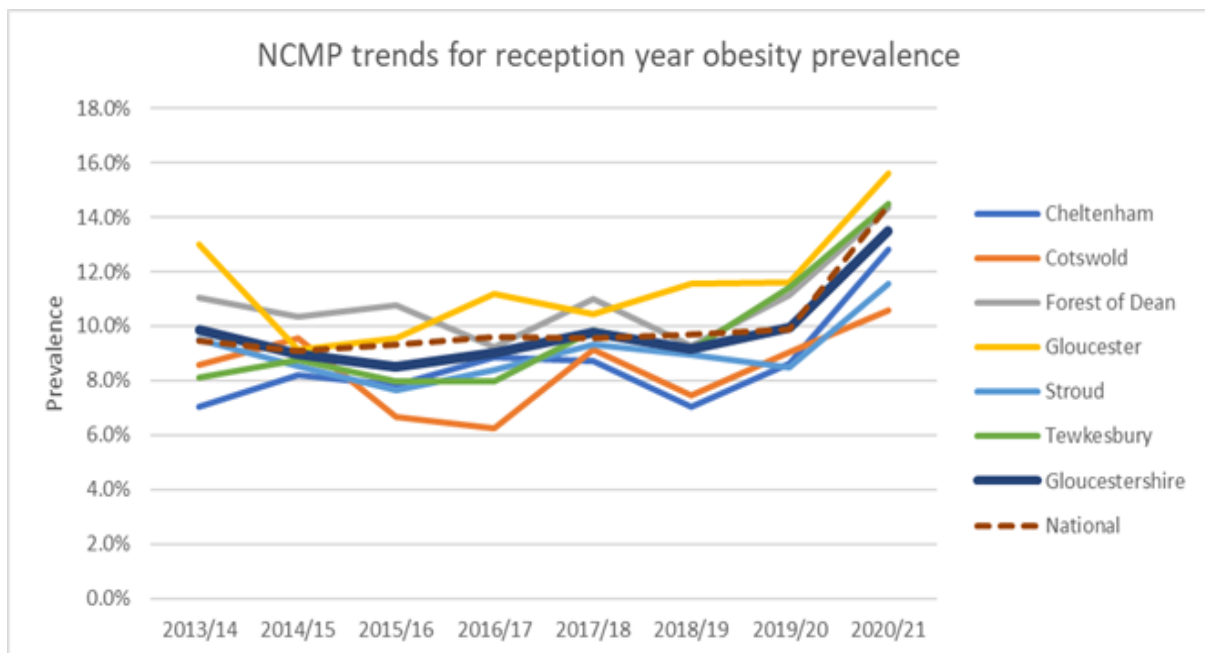
Childhood obesity is a health inequalities issue. The association between poverty and obesity is apparent nationally and locally. The proportion of Reception children with obesity

in our poorest neighbourhoods is one and a half times the proportion affected in the most affluent parts of the county. The gap between obesity prevalence in our most and least deprived areas has increased from 4.1 percentage points in 2014/15 to 5.3 percentage points in 2020/21.



There are also differences in obesity prevalence between genders. Our 2020/21 estimates for Year 6 suggest that 23.5% of boys had obesity, compared to 15.4% of girls. Ethnicity data is currently being analysed and will be shared when available.

Levels of childhood obesity among Reception age children in 2020/21 were the highest since the NCMP began across all Gloucestershire districts. Obesity rates in Gloucester City (15.6%), Tewkesbury (14.5%) and the Forest of Dean (14.3%) are similar or higher than the England average of 14.4%.



Local action on obesity

The 'Healthy Weight' agenda is a key strategic priority for Gloucestershire County Council (GCC) and the Gloucestershire Health and Wellbeing Board. GCC was one of four local authorities in England to participate in the national 'whole system obesity' programme (2016-2019). We coproduced guidance to support local authorities to adopt a 'whole systems approach' to obesity prevention via collaborative action across the wider social, economic and environmental determinants of obesity. Adopting such an approach requires significant coordination to join up existing activities and encourage and enable partners to take action.

Obesity prevention

GCC commissions or works with partners to support a range of prevention activities including Gloucestershire Healthy Living and Learning (healthy schools programme); 'we can move', Active Gloucestershire's innovative physical activity programme; action on food insecurity; and our 'first 1001 days' maternity and early years' healthy lifestyle programme. However, we have not yet secured the resources required to drive whole system change.

Childhood weight management (obesity treatment)

GCC and the Gloucestershire Clinical Commissioning Group commission some weight management 'treatment' for children with obesity, though current provision is insufficient to meet the level of need in the county. Clinical commissioning groups are generally responsible for commissioning clinical (sometimes called 'tier 3') weight management and Local Authorities for community based ('tier 2') support, though neither are mandated to do so. Current services include limited access to Tier 3 support (around ten families per annum) provided by the regional Care of Childhood Obesity (CoCO) clinic in Bristol. At Tier 2, in the absence of an effective 'off the shelf' weight management intervention for children, are working with a specialist children's weight management provider (BeeZee Bodies) and local families to coproduce and test a community-based offer. Engaging with local families affected by obesity has enabled us to develop a nuanced understanding of the challenges they face; this informed the development of our pioneering 'structural resilience' weight management offer.

Face-to-face delivery of the Tier 2 programme was paused shortly after its launch in January 2020 due to the COVID-19 pandemic. Digital support was offered during national lockdowns and face-to-face delivery was reinstated in September 2021, with the first course completing at the end of December. We therefore have limited outcome data at this stage (see early outcomes below).

Digital programme

The digital programme was delivered during national lockdowns from April 2020 to July 2021. Activity and outcomes were as follows:

- 50 children and their families completed the programmes. This represents a 72% retention rate, which is the best predictor of a successful outcome.
- No weight measurements were possible virtually, but positive behaviour change outcomes were reported including: 60% of children had increased their physical activity and 85% of families improved their understanding of portion sizes.

Face-to-face programme

Delivery of the core face-to-face programme was postponed due to the pandemic and resumed in September 2021 with three 16-week programmes being delivered in Gloucester (Matson and Quedgeley) and the Forest of Dean (Coleford).

Many of the families completing the programme face particular challenges, for example: 41% are living in the first and second most deprived quintiles of the county; 26% of children have learning disabilities; and 47% were on a child protection or child in need plan.

COVID-19 had some impact on group attendance but of the 23 children who started the programme, 19 completed it (83% retention rate).

Outcomes reported for completers include:

- 88% of children reduce BMI Z-score. This means they achieved a healthier weight status by the end of programme.
- 64% of children increased their physical activity, despite it being winter)
- 50% of children increased their fruit and veg consumption and by the end of the programme the average met the daily recommendation
- 65% of families improved their understanding of portion size
- 75% felt more confident cooking healthy meals

Next steps are to strengthen our approach to recruiting and engaging families. A full independent evaluation of the pilot is being undertaken by Teesside University and will be reported later in the year.

The local Tier 2 pilot is funded until December 2022 and a business case for substantive funding has been submitted as part of GCC's 2021-22 financial planning round.

Meanwhile, our local Tier 2 programme has received regional and national recognition as the first of its kind. On the back of this we were invited to participate in the NHS England and NHS Improvement (NHSE&I) Children and Young People's Transformation Programme as one of two 'integration test sites' for obesity (the other being Greater Manchester). This will involve working with local and regional partners, over a three-year period (2020 to 2023), to develop end-to-end weight management support pathways, ensuring integration with wider children and families' support. The Integrated Care System will receive funding (expected to be around £230k per annum) to support this work.

4. Domestic Abuse

Delivery of the Council's new statutory responsibilities

As the Committee will be aware, under the Domestic Abuse Act 2021 Tier 1 local authorities now have a statutory duty to provide support to victims of domestic abuse and their children residing within refuge and other 'domestic abuse safe accommodation'. The Act creates a statutory definition of domestic abuse; emphasising that domestic abuse is not just physical violence, but can also take the form of emotional abuse, controlling or coercive abuse, and economic abuse. It also establishes in law the office of Domestic Abuse Commissioner.

The main requirements for the County Council under its new statutory duty are to:

- Convene a multi-agency Domestic Abuse Local Partnership Board (LPB)
- Complete a Needs Assessment assessing the need for accommodation-based domestic abuse support for all victims and their children who reside in relevant safe accommodation (to be completed every three years with an annual refresh)
- Develop a Domestic Abuse Strategy (to be completed every three years with an annual refresh) and commission in line with the strategy
- Monitor and report to Government.

Tier 2 local authorities are required to co-operate with Tier 1 local authorities to support delivery of the statutory duty; and the Council will need to prepare an annual report on investment and impact.

The Department of Levelling Up, Housing and Communities (DLUHC) will allocate non-ring-fenced funding on an annual basis to support Tier 1 and Tier 2 local authorities to fulfil their statutory obligations. GCC has been allocated £1,105,661 for 2021/22; and the district councils have been allocated a combined total of £198,956 to cover their administrative burdens. Districts will also receive some of the Tier 1 allocation to commission on the County Council's behalf.

Gloucestershire has largely adopted a *community-based approach* to supporting victims of DA (alongside the provision of accommodation-based support). A community-based model focuses on enabling and supporting victims and their children to stay in their *own home* where it is safe to do so. Going forward, the new statutory duty puts a greater emphasis on providing support to victims residing in DA safe accommodation, such as refuges or specialist safe accommodation. Developing this provision will be a key focus of our strategy going forward; alongside the continuation of community-based support.

The Council and its partners are making good progress in delivering their responsibilities under the Act. The multi-agency **Domestic Abuse Local Partnership Board (LPB)** is established; and comprises three interconnected groups: a strategic group, an operational group, and a virtual consultation group. In line with statutory guidance, the LPB includes representation from the County Council, Social Care, Safeguarding, health partners, the district councils, the police, probation, the OPCC and the Crown Prosecution Service. Providers of Domestic Abuse services are also represented on the operational group. The LPB will report to Safer Gloucestershire (with a dotted line to the Health and Wellbeing Board) and will link closely with the Safeguarding Boards and the Sexual Violence Partnership Board amongst others.

The Consultation group will ensure that the voice of victims/survivors of domestic abuse, their children and other community voices are reflected in decision making. The work will be delivered by a dedicated LPB Consultation Officer.

In line with our statutory responsibilities, the LPB has overseen the completion of the **Gloucestershire Domestic Abuse needs assessment** and the **Gloucestershire Domestic Abuse Strategy 2021-24**.

Findings from the needs assessment include the following:

- 13% of all crimes reported to Gloucestershire police are domestic abuse
- 30% of referrals into Children's Social Care are DA related
- There were in excess of 7000 referrals to Gloucestershire Domestic Abuse Support Service (GDASS) in 20/21; a 7% increase on 19/20. Despite the pandemic, this is what we would anticipate as an average yearly increase in referrals to GDASS.

Several key themes have been identified through the needs assessment, including the importance of domestic abuse awareness training for professionals, early identification; and a need to support DA victims with complex needs and/or multiple disadvantages, such as those from LGBTQ communities, ethnic minority communities and people with disabilities. The needs assessment also flagged the need to increase DA specific accommodation across all tenures in the county, as well as growing capacity in the county's existing community-based support services.

The findings of the needs assessment have informed the Gloucestershire Domestic Abuse Strategy, which was published on 26th October 2021 in line with the government requirement for local authorities to have at least a draft strategy published by this date. The Strategy was then formally launched on 25th November 2021. The GCC press release is available [here](#).

The strategy focuses on 5 key priorities:

- Priority 1: Prevention and early intervention
- Priority 2: Multi-agency working and pathway development
- Priority 3: Workforce development
- Priority 4: High quality domestic abuse services for victims and their families
- Priority 5: Breaking the cycle of perpetrator behaviour.

A three-year delivery plan is being developed to support the implementation of the strategy. This will detail how each priority and associated outcomes will be achieved and how progress will be monitored.

Investing the DLUHC funding

July Cabinet approved the investment of an initial tranche of the year 1 (21/22) DA grant funding from DLUHC. Funds were approved for:

- Twelve new Places of Safety (to be commissioned via the district councils)
- Provision of two units to provide 'dispersed refuge'; self-contained single units of accommodation available to DA victims
- Annual investment into the Stroud Beresford Refuge; funding an additional 70 staffing hours per week
- Additional funding for the Flexible Funding Scheme –a funding pot to provide timely and personalised funding to victims of domestic abuse for housing related needs.
- Funding of additional capacity for 'Floating Support'/Mobile Advocacy to support individuals accommodated in Places of Safety.
- Additional investment in 'target hardening' (sanctuary); enhanced security measures for properties to enable victims to stay safe in their own homes.
- Funding for new posts, including DA Intervention Post for the Districts, specialist DA advocates in housing teams; and DA housing champions (to be commissioned via the district councils).

Council Motion 890 - Domestic Abuse

At its December meeting, full Council resolved a motion on Domestic Abuse (motion 890). The Council resolved that 'all people should be able to live in a happy and safe homes, free from violence and abuse'; and made a commitment to ensuring that 'those who are suffering from domestic abuse are given support and assistance so that they are able to live their lives safe from harm'.

The motion highlighted the need to ensure sufficient provision of DA safe accommodation in the county, specifically but not limited to refuge accommodation. It asked that both the Adult Social Care and Communities Scrutiny Committee and the Children and Families Scrutiny Committee consider the findings of the Domestic Abuse Needs Assessment and the Gloucestershire Domestic Abuse Strategy; with a particular focus on scrutinising local partnership work to ensure that the county is providing sufficient accommodation and support for victims who are forced to leave their homes.

As noted above, developing accommodation-based support for victims of DA is a key focus of our strategy and investment plan going forward; alongside the continuation of community-based support. A further update will be brought to a future committee meeting to enable members to consider our response to the issues raised in the Council motion.

Wider Domestic Abuse commissioning

In addition to work connected to the delivery of the Council's new statutory responsibilities, commissioners are also taking forward the commissioning of two DA services in the new year:

- STREET (Safe Teenage Relationships Education & Empowerment Team) Gloucestershire: Targeted healthy relationship support for young (aged 13– 19 years) experiencing abuse in their own (intimate) relationships or witnessing domestic abuse in the home. Interventions also be available to young people who may be demonstrating harmful behaviour in their own close relationships; and
- PRG (Positive Relationships Gloucestershire): Services to address the behaviour of perpetrators of domestic abuse with the aim of supporting a reduction in risk to victims and their children; and helping prevent repeat and serial incidence of perpetrator behaviour.

Adult Social Care and Communities Scrutiny Committee

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

January 2022 – COVID-19 Update

Overview

This report contains updates on the COVID-19 issues for the consideration of the Adult Scrutiny Committee. This includes:

1. Emergence of the Omicron Variant
2. Changes to self-isolation guidance for cases
3. Changes to self-isolation guidance for close contacts
4. Community testing
5. Local contact tracing
6. Education and childcare settings
7. Care home outbreak duration
8. COVID-19 Vaccinations
9. Contain Outbreak Management Fund Total allocation

1. Emergence of the Omicron Variant

The omicron variant of COVID-19 was first notified to the World Health Organization (WHO) at the end of November 2020, with the first cases reported in South Africa. It has since rapidly spread worldwide, and it has become the dominant variant in the UK in mid-December. Due to the relatively large number of mutations displayed by this variant there was early concern about its ability to escape immunity and led to the introduction of “Plan B” in the UK. This has been confirmed by the data and the rapidity of its spread. Omicron can largely evade immunity built with two doses of vaccine and with past infections. This means that the susceptible population to Omicron has been much larger, and this fact has aided its spread, which began in the younger age groups in the capital but has now spread across the whole of the UK and reached older age groups.

Whilst its infectiousness is evidently much higher, the severity of symptoms associated with an Omicron infection does appear to be lower. A third dose, booster, vaccination appears to increase the immune system ability to prevent infection or moderate its severity. Initial reports from South Africa, the US and the UK, indicate with some confidence that Omicron leads to a lower risk of death, severe symptoms and hospitalisation for the individual. Considering the Omicron wave’s effects at the population level it is still possible that due to the large and rising number of infections we will experience a significant spike in hospital admissions and mortality, especially once the virus reaches vulnerable populations. NHS services delivery and patient flow in particular may be adversely affected by this rise in admissions. This effect may also be compounded by the significant number of simultaneous staff absences in healthcare and emergency staff that is being reported across services, further reducing capacity. The situation is being closely monitored by government.

2. Changes to Self-Isolation and Testing Guidance for Cases

From 22nd December 2021, new guidance enabled the 10-day self-isolation period for people who have tested positive for COVID-19 to be reduced to 7 days, in most cases. People who

receive negative Lateral Flow Device (LFD) results on day 6 and day 7 of their self-isolation period (with tests taken 24 hours apart), no longer have to self-isolate for the full 10 days. The first test must be taken no earlier than day 6 of the self-isolation period.

Those who leave self-isolation on or after day 7 are strongly advised to limit close contact with other people in crowded or poorly ventilated spaces, work from home and minimise contact with anyone who is at higher risk of severe illness if infected with COVID-19.

From 11th January, anyone who has no symptoms and test positive using an LFD no longer needs a PCR test to confirm their COVID-19 diagnosis and should isolate immediately as per the new guidance. Should someone require financial support for isolation, then a PCR is still required, even if a person has no symptoms. In addition, anyone with symptoms is still asked to get a PCR rather than use an LFD.

3. Changes to Self-Isolation Guidance for Close Contacts

People who live in the same household as someone with COVID-19 you are at significantly higher risk of becoming infected yourself. If such close household contacts are fully vaccinated or aged under 18 years and 6 months, they are no longer legally required to self-isolate. Instead, they are being strongly advised to take an LFD test every day for 7 days (or until 10 days after the household member who has COVID-19 started their self-isolation period if this is earlier).

Anyone living in the same household as someone with COVID-19 and is aged over 18 years and 6 months and not fully vaccinated, is still legally required to self-isolate. This does not apply to people who have taken part in or are currently part of an approved COVID-19 vaccine trial or who are not able to get vaccinated for medical reasons.

4. Community Testing

Lateral flow Device (LFD) testing continues to be promoted as a fast and simple way to test people who do not have symptoms of COVID-19, but who may still be spreading the virus. 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. During December 2021, the team distributed 13,242 boxes of LFD kits (containing 7 tests in each box). The team have supported access to LFD testing for close contacts of a COVID-19 case in light of the changes in guidance whereby contacts are advised to take a daily LFD test.

5. Local Contact Tracing

To contain the spread of COVID-19, it is essential that people testing positive self-isolate even if they have no symptoms, to prevent the chance of further spread of the virus. Currently, positive cases are required to isolate for 10 days, although it may be possible to leave isolation after day 6 and day 7 negative LFD results.

The national Test and Trace team continue to contact the majority of people testing positive in Gloucestershire soon after their test result is available. However, they are not able to contact everyone, so details of these positive cases are sent to the local COVID-19 team to continue attempts at making the initial phone call contact. During the initial conversation with the positive case, the member of staff carries out a contact tracing interview to help identify who the case has been in contact with during their infectious period. These details are then passed back to the national team for the follow up of contacts, advising them to self-isolate or if exempt, to highlight their increased risk. Fully vaccinated adults are exempt from isolation as contacts, as are children under the age of 18.

In addition to asking questions about contacts, the initial phone call provides an opportunity to check on the individual's welfare and give advice about self-isolating. The person is offered support and signposted to local organisations or groups. The local contact tracers are working closely with district council teams, sharing detailed knowledge, connections and soft intelligence on local communities as well as raising awareness of local support networks and offers. These might include arranging food or medicine deliveries or simply finding someone to walk the dog. These offers make it easier for people to stay at home and therefore reduce transmission of the virus.

A team of COVID-19 Response Officers are employed to deliver the contact tracing programme, working alongside the COVID-19 Health Protection Practitioners and with support from the district council teams.

6. Education and childcare settings

The Government priority continues to be to maintain face to face education while introducing interventions to reduce risk of COVID-19 transmission. As pupils return for the spring term, all secondary schools have been asked to offer all pupils one LFD test onsite. Staff in early years, primary, secondary, colleges and Universities and students in secondary, colleges and universities will be provided with home test kits to enable twice weekly testing throughout term.

From 4 January, the Government recommends young people in Year 7 and above should wear a face covering in classrooms as well as in communal, indoor areas and on public or designated school transport.

7. Care home outbreak duration

With the emergence of the more transmissible Omicron variant there has been an increase in community case numbers which is resulting in high numbers of health and social care staff needing to self-isolate, putting additional pressure on care homes and the care sector. Homes are supported to minimise the risk of spread of COVID-19 and other winter viruses with community Infection Prevention Control (IPC) nurse support and advice as appropriate.

Current guidance is that care homes with a confirmed Omicron COVID-19 outbreak close to non-essential visitors for 28 days; however, this guidance has recently been updated due to Omicron now being the dominant variant and care home outbreak measures return to standard (14 days)

8. COVID-19 Vaccinations

Due to the emergence of the more easily transmitted Omicron variant, the NHS COVID-19 vaccination programme was accelerated in December 2021 to call everyone that had previously received their primary course of vaccination for a booster dose, as long as they had received their second dose at least three months ago. This reduction in gap between second and booster dose from 6 to 3 months ensures that everyone can have their immunity boosted as soon as possible.

While Omicron demonstrates some ability to evade vaccines, data suggests that current vaccines are still effective in reducing the risk of severe illness requiring hospitalisation.

Following the expansion of the programme there was a local call to action to boost capacity at vaccination sites with volunteers from across the system and an extension of the existing vaccine inequalities outreach programme.

Vaccine inequalities outreach

To support with inequalities in COVID-19 uptake across the county, Gloucestershire Health and Care NHS Trust have continued to deliver Gloucestershire's outreach programme throughout December and the Christmas period to many communities and individuals who may not be able to easily access the vaccination programme in Primary Care Network sites.

This has included home visits to housebound individuals, homelessness settings, drugs and alcohol settings, Police custody suites and to asylum seekers (in partnership with GARAS), as well as providing support to people with learning disabilities and mental health issues in the community to access to the vaccine. This has been achieved through a mix of reasonable adjustments at vaccine sites (e.g., quiet spaces), being supported to attend a vaccine site, or receiving a home visit.

This is all in addition to arranging community pop-up's which enable local access to first, second or booster doses in known and trusted community and faith venues. Community pop-up's have included:

- Friendship Café, GL4 6PR
- Springbank Community Resource Centre, GL51 0LG
- Kingsway Community Centre, GL2 2DJ
- YMCA Cheltenham, GL51 1 TP
- Go Outdoors! GL1 4DZ
- Kingfishers Treasure Seekers, GL1 2NF
- Cornerstones Centre, GL52 5QA
- Cheltenham Mosque, GL52 2RS
- Cheltenham Food Bank

Other sites are currently being scoped for suitability for pop-up clinics in areas with lower uptake across the county.

The engagement approach of the vaccine inequalities programme is to build confidence and trust within the targeted communities and areas of lower uptake, identify appropriate venues for delivery and co-design messages for communities with local stakeholders, as well as raising awareness of the outreach offer.

Communications materials and engagement events have included;

- Posters for outreach clinics created and disseminated through Community and VSCE organisations, Know Your Patch networks, 'Whats App' groups, local Councillors and social media.
- Posters and information leaflets in a variety of languages and formats to support the outreach delivery. Including information in BSL language and translation in top 9 languages.
- Targeted engagement with geographical communities including those living in Barton and Tredworth, Kingsway, Cheltenham St Paul's and engagement with local businesses, shops and workplaces.
- Faith Groups engagement to gain support from Faith Leaders and encourage members of Faith communities to access outreach/bespoke offer.
- GFM – radio interview with GHC's Director of Nursing on the community link show (Mon 20 December)
- Rosebank vaccination clinic gentleman engagement encouraging others to get a vaccine in Punjabi
- Video filmed at Friendship Café 30th by vaccinators to increase awareness of the outreach programme and approach.

Both the engagement and the outreach delivery arms of the vaccine inequalities programme support those who may be hesitant and little more concerned about vaccination programmes. This is achieved through 1:1's conversations, discussion supported by information and resources available in different languages and formats and use of behavioural approaches to vaccine hesitancy.

All vaccinations are available for anyone, even if they have no address, no GP and NHS Number and/or residency status in the UK.

9. Contain Outbreak Management Fund Total allocation

The following pages contain a summary of the spend against the one-off COVID-19 Contain Outbreak Management Fund (COMF) grant, given to all Upper Tier local authorities to prevent the spread of Covid and increase resilience in communities or groups where COVID-19 had the greatest impact.

Gloucestershire received an allocation of £17.9 million. The Health Protection Board has received regular reporting on the use of the funding. This is provided to Scrutiny for information on the total spend to date and in order that the Committee can see the kinds of projects that will help to prevent COVID-19 spread or will increase resilience in our communities protecting them from further incidents such as the pandemic that have adversely affected the most vulnerable in our county.

COMF funded projects status update

Area	Funds allocated £	Update
Testing		
LFD Testing Programme	187,436	Funding to support LFD testing sites (Dec 20 to Jun 21) and Community outreach programme. See main report update
MTU site support	15,750	A one-off payment to 5 rugby clubs who have provided their premises for free to facilitate the use of the Mobile Testing Units in the county over the period of the pandemic.
Tracing		
Local Contact Tracing Staffing	151,277	Staff dedicated to conducting local contact tracing for hard-to-reach positive COVID-19 cases. A total of 5823 contact tracing calls have been completed on the system since the start of January 2021. See main report update
Support for those in self isolation (non-financial support)		
Supporting Children and Young People in need of Information and Communication Technology (ICT)	200,000	Laptops, Visualisers & headphones have been purchased and distributed to school partnerships for use by vulnerable children and young people
Support vulnerable groups and target community interventions		
Personalisation Budget / Bespoke solutions– Adults with complex needs	300,000	A ring-fenced budget to procure bespoke solutions for Rough Sleepers and Adults with complex need to access and maintain safe accommodation for the purposes of allowing them to self-isolate. Projects supported include: Supported accommodation placement for emergency Adult Social Care (ASC)

Area	Funds allocated £	Update
		<p>assessment. Following assessment ASC have taken on placement payments going forward. The individual previously had a history of significant drug and alcohol use, chaotic behaviour with significant use of emergency services and a history of rough sleeping, now doing very well, feeling safe, settled and secure.</p> <p>6-month Housing Led Worker to provide additional support for rough sleepers moving into accommodation with complex needs. Housing Led worker continuing to provide support to enable rough sleepers move into and maintain accommodation.</p>
VCS Infrastructure Grant Scheme	1,250,000	<p>Direct grants to key VCS organisations who have been key in the response effort and who have been supporting vulnerable people and families in our communities. The cohorts included BAME, older people, clinically extremely vulnerable, vulnerable families and children, young people and people with disabilities.</p> <p>The grants will enable the VCS organisations to continue their support for vulnerable people and those at highest risk whilst reinforcing the COVID-19 guidance messages and measures to minimise the spread of disease. These organisations have built up trust with their beneficiaries and are key in the wider dissemination of reliable health information, aimed at preventing and containing COVID-19 in Gloucestershire communities.</p> <p>A total of 81 grants have been awarded to local charity and community organisations and town/parish councils (note some organisations received two grants to meet the demand created by the pandemic)</p> <p>The fund is now closed and won't be taking any more applications. This is unlikely to change unless there are any urgent requests for support that can be met by the fund.</p>
Health Inequalities Staffing	240,000	<p>Two dedicated health inequalities (HI) officers in post since September 2021. These posts are funded until March 2023. The posts are in place to progress the work of the Health Inequalities Panel, which was convened in June 2021. The Panel has identified the following two strategic objectives:</p>

Area	Funds allocated £	Update
		<ol style="list-style-type: none"> 1. Acknowledging the extent of the work already underway, the immediate priority of the Panel is to better understand what is currently happening and support the coordination of public sector action on health inequalities. This will help to identify priorities for strengthening this work; opportunities to embedding action on health inequalities across our business; and ensuring impact is monitored and learning is shared 2. The longer-term ambition is to support the development of a sustainable, community-centred, whole systems approach to reducing health inequalities in the county. <p>The initial task of the HI officers is to identify ‘what good looks like’ and to better understand what is currently happening in the system. A high-level mapping exercise is underway, which will deliver a series of recommendations for how the local approach can be strengthened, ensuring the work complements the Council’s Levelling Up agenda. This work will report in March.</p> <p>At the same time a range of local health inequalities ‘case studies’ are underway, which will be used to produce a local toolkit for the system to support robust action</p>
Recommissioning of temporary mental health services in response to impacts of COVID-19	211,000	<p>Completed the remaining months left on the existing contracts with Mental Health COVID-19 service providers (Xenzone; Gloucestershire Counselling Services and TIC+) in the 21/22 financial year (total requested: £106K; total spent: £106K)</p> <p>Additional 1:1 counselling support for adults whose mental health has been significantly impacted by COVID-19 and who are unable to self-fund. Contract awarded to Gloucestershire Counselling Service. Service commenced in September 2021 on a 9 month contract (with 3 month extension option).</p> <p>New counselling contract with Gloucestershire Counselling Service (September</p>

Area	Funds allocated £	Update
		<p>2021-May 2022)</p> <p>In the first 2 months of the new contract, the service has received 47 registrations for adults for 1:1 counselling. CORE outcome scores post counselling (based on cumulative data for the new contract period and previous contract period) show a general reduction in psychological distress and symptom severity among clients (though individual outcomes will vary depending on presenting issues and individual circumstances).</p>
<p>Additional mental health and wellbeing support to Gloucestershire school staff</p>	<p>70,000</p>	<p>The COVID-19 pandemic has placed additional pressures on schools, which has impacted on head teachers and school staff wellbeing. The COMF funding is being used to provide additional mental health and wellbeing support to staff working in Gloucestershire schools.</p> <p>The funding is used to provide:</p> <ul style="list-style-type: none"> • Reflective supervision session predominately aimed at head teachers and senior leaders in education settings – 45 individuals have started with another 34 due to start. • Access to Employee Assistance Programme (EAP) for all school staff. 78 school staff have made a call to EAP since 1st May – 31st August 2021. Awaiting figures for Q3 but have been informed verbally that November was the busiest month to date by far with 53 calls from school staff in that month alone as opposed to 78 for the entire period May to August
<p>Summer Transitions Project</p>	<p>8,347</p>	<p>Project aimed at supporting young people with emerging mental health needs and vulnerabilities to develop positive relationships with school staff and peers to build their confidence and resilience in readiness for their transition from primary to secondary school. 29 out of the 30 sessions offered have taken place. With the last session due in early 2022. 10 Schools participated with a total of 93 children taking part.</p>
<p>Volunteering Model Set-Up</p>	<p>130,000</p>	<p>In the context of a significant new wave of volunteering during the pandemic, a year-long system-wide engagement exercise was undertaken focusing on how key partners can work together to improve the way volunteering works across the county. The report that was produced and presented to the Enabling Active Communities and Individuals Board at an</p>

Area	Funds allocated £	Update
		<p>extra-ordinary meeting on 6th July 2021 included 27 recommendations, of which five were prioritised during the meeting.</p> <p>One of the prioritised recommendations is to commission a new county-wide online volunteering platform, including a website and app. This will be for the benefit of all organisations utilising volunteers throughout the county, and all people wishing to volunteer in Gloucestershire. The COMF money is being used to pay for a Project Officer employed by Gloucestershire VCS Alliance to manage the development and marketing of the countywide online volunteering platform for 3 years.</p> <p>GNHSCCG have match funded £130,000 towards the volunteering countywide model. This funding will pay for the following:</p> <ul style="list-style-type: none"> • Volunteering App – Deedmob • Host Agency to administer/support the Gloucestershire Volunteering Collaborative for 3 years • Volunteer expenses to backfill representatives from VSC organisations and volunteers
VCS Infrastructure – BAME voice	50,000	<p>The Gloucestershire VCS Alliance has identified a gap in VCSE representation for Black, Asian and minority ethnic groups in the county. Black Southwest Network have been commissioned to map out the current status of the Black led VCSE sector in Gloucestershire ICS. This will produce a comprehensive picture of the sector with in-depth information on the issues and challenges hindering its development. The allocation of £50,000 will support the improvement in the capability and capacity of the BAME VCS organisations informed by the recommendations the research produces.</p> <p>The research has taken much longer than anticipated due to the level of mistrust amongst the BAME communities so very few people were willing to come forward to participate in the research. With the help of key community leaders enough participants have come forward to complete the report which will be completed in January 2022.</p>
Build Back Better Cllr led grant scheme	530,000	<p>The Build Back Better – Councillor Scheme was launched in July 2021.</p> <ul style="list-style-type: none"> • A Councillor led grant scheme with each County Councillor allocated £40,000 to

Area	Funds allocated £	Update
		<p>spend over 4 years from July 2021 until January 2025. (not all funded from COMF)</p> <ul style="list-style-type: none"> • A total budget of £2.2 million. • The fund builds upon the GCC approach to give small grants to community groups with minimal bureaucracy and ensuring the money reaches the community quickly. • The purpose of the fund is to give money to local community groups to help with the recovery from the pandemic and building back better and stronger. • Any kind of group or project can be supported including themes such as nature/environmental projects, improving physical and mental wellbeing, digital inclusion, building connections and improving your neighbourhood. These are not exclusive themes and all applications supported by the local Councillor will be funded. • There is no upper or lower limit for applications. <p>The grant scheme is on track. To date 83 grant applications have been received. The feedback is very positive about the programme in particular the wide criteria and minimal bureaucracy involved.</p>
Equalities posts	117,000	Additional staff capacity to work on minimising the impact of COVID-19 on certain minority ethnic groups. One post to focus on delivering the recommendations of the DPH Annual Report Beyond COVID-19: Race, Health and Inequality in Gloucestershire, developing the GCC equality and diversity work, started on the 27 th September, and another to take forward the GCC equality and diversity work, started on the 1 st November
Housing Rescue Fund	382,500	To intervene to reduce housing arrears for families at-risk of homelessness. A small (£1k) envelope is included to deliver promotional materials within advice services (such as Citizens Advice) to encourage access and awareness. The fund has been available to local Housing Authorities since July. Awaiting information re current uptake.
Barton & Tredworth Community Development	192,643	Set up of a task force of Officers specifically focusing on Barton and Tredworth to tackle health inequalities which have directly seen the impact of COVID-19 disproportionately impact on this community.

Area	Funds allocated £	Update
		<p>The project is on track with a project management resource driving the project forward and two newly recruited enviro-crime officers are in post and spending their time actively investigating fly tipping and other enviro-crime concerns. Officers from the private sector housing team are also completing property inspections and instigating enforcement action to improve housing conditions as appropriate and proportionate.</p>
<p>Holiday Activity Fund Programme</p>	<p>1,391,310</p>	<p>Extending the Holiday Activity Fund (HAF) programme in Gloucestershire. The HAF programme provides nutritional food, advice for families, enrichment and fun and physical activities for children and young people in communities across Gloucestershire that are eligible for Free Schools Meals</p> <p>The summer HAF programme, funded by the DFE and COMF, in collaboration with 6 districts lead organisations, was very successful with over 10,000 children and young people from across Gloucestershire participating in a wide range of activities over the summer.</p> <p>The additional funding through COMF funded 115 providers who reached 2897 children and young people. The COMF funding, enabled a wider range of children and young people to access activities, and included funding for providers specialising in activities for children with special educational needs or disabilities disabled enabling children with more complex needs to have accessible provision.</p> <p>Using learning from the delivery the summer programme, following feedback from District Leads, providers and parents for the Winter Christmas provision we have:</p> <ul style="list-style-type: none"> • Asked each District lead to produce Activity packs, for example, in Cheltenham, a community packing session was organised and over 1000 activity bags were packed for vulnerable children in the district these included a scrap book, art activities and activity booklet. • Commissioned dedicated family support in each District to support our most vulnerable families, those facing digital exclusion and for those who find it most

Area	Funds allocated £	Update
		<p>difficult to access the provision. The aim is that even more families will access activities and nutritious food this Christmas. Family support is being provided by Barnardos, Aspire Foundation and Families First.</p> <ul style="list-style-type: none"> • Provided support marketing support for providers, so that parents have a better idea of what was on offer and whether it was accessible. our Communications Coordinator also developed a resource pack for providers to support them to effectively advertised their programme and that communications of remained consistent across the County. • Asked each District lead organisation to develop a communications plan for their area which has greatly improved co-ordination of marketing of the provision. <p>The additional members of staff to support the delivery of the programme, include an Outcome Manager (OM) was appointed in August to oversee the programme, they took lead in using the lessons learnt from the summer programme to improve the application and due diligence processes for providers. A Commissioning Officer (CO) was appointed to specifically to liaise with providers and District leads and to oversee the due diligence of the programme and organised compulsory training sessions for providers in relation to GDPR, health and safety, first aid and safeguarding. A Registered Nutritionist joined the team, to ensure each district was able to provide a comprehensive food offer adhered to the School Food Guidelines and provided training for providers following the introduction of Natasha's Law in October. A bank of 'cookalong' and nutritional videos has been developed as part of the HAF Winter programme's virtual offer.</p> <p>Our Christmas offer includes a wide range of ticketed activities, including gymnastics with a dedicated SEND session, two great STEM offers, Bloodhound Charity at South Gloucestershire and Stroud college and Educraft at Gloucester Museum. Yoga Bugs is a great all age range on line health and well-being and Yoga offer, which will provide families with three months' free access to this online resource. Treasurer Trails have been purchased for families in each District, enabling them to enjoy a day out exploring their local area.</p> <p>Currently under consideration is purchasing a Gloucestershire version of 50 things to do</p>

Area	Funds allocated £	Update
		before your five as great resource and lasting legacy of the programme.
BME NEET Research	50,027	To understand the affect the COVID-19 pandemic has had on the employment prospects of young people from ethnic communities and how this may affect their employment aspirations Recruitment for 2 young people will took place in September 2021. The project will be delivered during the next academic year.
Intervening with young people at risk of disengaging because of substance misuse	15,000	<p>Improving the system response to young people with disengagement issues related to low mental wellbeing and substance misuse made more vulnerable by COVID-19 contingency measures.</p> <ul style="list-style-type: none"> • 94 secondary aged school children have received raising awareness sessions on substance misuse • 1 group of secondary aged school children are being worked with • 6 young people have received 1:1 support to deal with the challenges relating to substance misuse
Steps Ahead	919,509	<p>The aim of this project is to reduce the consequences of lockdown on babies, toddlers and their families/carers by providing enhanced opportunities across the most disadvantaged neighbourhoods in Gloucestershire in and around the children and family centres. By targeting areas that experience greatest health inequalities our intervention will lead to a reduction in further longer-term health inequalities. By focussing on prevention and the wider implications of COVID-19, we will contribute to the national strategy to “build back fairer”.</p> <p>Project to commence in Jan 22</p>
Best Start in Life	237,556	<p>Invest additional resource into Early Years services and Public Health Nursing in response to the additional development needs of young children (age 2-4) created by the COVID-19 pandemic. This will build resilience in communities and our workforce to manage potential future waves as well as building on our ambition to give all children in Gloucestershire the best start in life</p> <p>Project to commence in Jan 22</p>

Area	Funds allocated £	Update
Gloucestershire Anchor Programme	17,750	To engage the organization Breaking Barriers Innovations in developing an anchor institutions approach for Gloucestershire that gains strategic alignment and buy-in around a set of priorities for addressing health inequalities in the county. Anchor institution event for 'core' public sector organisations took place on 2 nd December. Final report on the stakeholder interviews is expected mid-January.
Other: Prevention, management of local outbreaks and data intelligence, surveillance and communications		
SHE COVID-19 Adviser	45,360	<p>An additional post in GCC's Safety, Health and Environment team for 12 months fixed term in order to provide the advice and support required by schools and early years settings to help reduce COVID-19 transmission.</p> <p>The temporary contract appointment is at the halfway stage with 6 months remaining. The SHE COVID-19 Adviser role continues to offer best practice advice and direct support to LA colleagues and educational settings. Resources compiled by the government, DfE and UKHSA are interpreted and disseminated to colleagues to provide information on relevant changes in legislation and guidance. Keeping abreast with changes to COVID-19 is imperative to ensure documentation is kept up to date.</p> <p>The SHE COVID-19 Adviser post is highly valued by colleagues in the LA, Health Protection and Education sector. The role has proved enormously beneficial in the direct support it offers to all parties to protect the wider community. The extra resource (SHE COVID-19 Adviser) has effectively removed the COVID-19 workload burden placed on others in the SHE team and enabled them to concentrate resources on the general business plan and ensure the wider functions of the SHE service is being performed.</p> <p>The function of the SHE COVID-19 Adviser remains essential to provide the much needed support and advice to continue the joint effort provision led by the Council to protect its community.</p>
Infection Prevention Control Nursing	275, 068 150,000	Infection Prevention and Control (IPC) nurse roles will focus on prevention and support through building resilience, training, implementation of guidance and assurance; and the provision of operational support in incidents or outbreaks in care homes. These are hosted by the CCG where appropriate line management, supervision and links to the Integrated

Area	Funds allocated £	Update
		<p>Care System partners are available.</p> <p>Infection Prevention and Control Support to Social Care Providers. During the period of December – Nov 2021 the team has continued to provide IPC support. This is both in response to notification of communicable infections as well as to help services put in place the required IPC/PPE processes.</p> <p>Work continues to be dominated by COVID-19 however when required advise is provided on other aspects of infection prevention and control. Total number of IPC support visits (Dec – Nov): 258 (visits average 2 hours plus travel time. After a review verbal and written feedback is provided.)</p> <p>Collaborative work (includes operational links and system working) The CHIP team continues to work collaboratively with several partners who meet weekly. Recently a Public Health Consultant from UKHSA has joined the meeting.</p> <p>Over the last quarter one output from the group has been the development of an information poster and a risk assessment template. The purpose is to support care home teams when receiving requests for overnight visits by family or friends of a resident or the person being supported. We continue to be aligned and supported by IPC Team at Gloucestershire Hospital NHS Foundation Trust. Examples of our collaborative work include supporting with IPC advise to facilitate safe, timely discharges and improve the treatment of people with Clostridioides Difficile Infection (CDI) in care homes.</p>
PPE Storage	45,678	<p>To fund the relocation of the existing PPE store at the Uckington Fire Station, Cheltenham to Edward Jenner Court and a hangar building at Gloucestershire Airport, Staverton from circa June / July 2021 to 31 March 2022 with an option to extend beyond this date as determined by the Department of Health & Social Care as part of its on-going COVID-19 pandemic response.</p> <p>The status of the work is ongoing. There is a continued need to provide emergency PPE on behalf of the Local Resilience Forum, and the service is currently contracted until 31 March 2022.</p>

Area	Funds allocated £	Update																										
		<p data-bbox="835 331 1989 395">Since GHC took over the running of the service in July 2021, the following PPE has been distributed:</p> <table border="1" data-bbox="835 432 1496 1326"> <tbody> <tr> <td data-bbox="835 432 1155 501">Aprons</td> <td data-bbox="1155 432 1496 501">90,700</td> </tr> <tr> <td data-bbox="835 501 1155 569">Hand Gel (ABHR)</td> <td data-bbox="1155 501 1496 569">1058</td> </tr> <tr> <td data-bbox="835 569 1155 638">Visors</td> <td data-bbox="1155 569 1496 638">959</td> </tr> <tr> <td data-bbox="835 638 1155 707">Clinical Waste bags</td> <td data-bbox="1155 638 1496 707">4100</td> </tr> <tr> <td data-bbox="835 707 1155 775">FFP2 masks</td> <td data-bbox="1155 707 1496 775">5280</td> </tr> <tr> <td data-bbox="835 775 1155 844">FFP3</td> <td data-bbox="1155 775 1496 844">45</td> </tr> <tr> <td data-bbox="835 844 1155 912">Type IIR</td> <td data-bbox="1155 844 1496 912">84,400</td> </tr> <tr> <td data-bbox="835 912 1155 981">Goggles</td> <td data-bbox="1155 912 1496 981">20</td> </tr> <tr> <td data-bbox="835 981 1155 1050">Gowns</td> <td data-bbox="1155 981 1496 1050">300</td> </tr> <tr> <td data-bbox="835 1050 1155 1118">Large Gloves</td> <td data-bbox="1155 1050 1496 1118">169,200</td> </tr> <tr> <td data-bbox="835 1118 1155 1187">Medium Gloves</td> <td data-bbox="1155 1118 1496 1187">260,700</td> </tr> <tr> <td data-bbox="835 1187 1155 1256">Small Gloves</td> <td data-bbox="1155 1187 1496 1256">102,700</td> </tr> <tr> <td data-bbox="835 1256 1155 1326">XL Gloves</td> <td data-bbox="1155 1256 1496 1326">53,500</td> </tr> </tbody> </table> <p data-bbox="835 1361 1238 1393">Total products issued: 772,962</p>	Aprons	90,700	Hand Gel (ABHR)	1058	Visors	959	Clinical Waste bags	4100	FFP2 masks	5280	FFP3	45	Type IIR	84,400	Goggles	20	Gowns	300	Large Gloves	169,200	Medium Gloves	260,700	Small Gloves	102,700	XL Gloves	53,500
Aprons	90,700																											
Hand Gel (ABHR)	1058																											
Visors	959																											
Clinical Waste bags	4100																											
FFP2 masks	5280																											
FFP3	45																											
Type IIR	84,400																											
Goggles	20																											
Gowns	300																											
Large Gloves	169,200																											
Medium Gloves	260,700																											
Small Gloves	102,700																											
XL Gloves	53,500																											

Area	Funds allocated £	Update
		Total number of services collecting: 64
GCC salaries C19 deployment	655,940	Funding allocated to salaries of staff from across GCC who have been deployed to the response to the pandemic
Point of Care testing and surveillance	53,162	Ensure the robust delivery of COVID-19 Point of Care Testing (POCT) by developing a seven day a week POCT service at Edward Jenner Court to 31 March 2022. To increase productivity within the GHC Infection prevention and Control fund administration posts to support the Infection Prevention & Control team in the surveillance and reporting of service users who test positive for COVID-19
Point of Care testing in care homes	62,996	To improve the timely diagnosis of winter respiratory outbreaks and the activation of public health interventions in care home residents and members of staff and to prevent outbreak spread using a Point of Care Testing process with the Abbott ID-Now Equipment
Compliance and Enforcement		
Continuation of COVID-19 Compliance and Prevention Funding	1,200,000 200,000 per district	<ul style="list-style-type: none"> • Continuation of county wide funding to districts to work across all districts to maintain and further improve COVID-19 compliance via encouragement, education, engagement, and enforcement within the workplace sector, events and public open spaces for 2021/22 to include: • Extension of contracts to 31 March 2022 for Community Protection Officers/ COVID-19 Marshalls or equivalent to support COVID-19 19 messaging, engagement, and education across the county. • Extension of contracts for COVID-19 Compliance Officers to 31 March 2022. • Additional staffing in District Environmental Health teams to ensure prevention and enforcement of COVID-19 breaches and to respond to outbreaks within workplace settings
Visitor Economy Work	300,000 50,000 per district	Funding for a range of initiatives to enable tourist sites to put additional measures in place to ensure COVID-19 safety.

Area	Funds allocated £	Update
		<p>Projects supported include:</p> <ul style="list-style-type: none"> • New waymarked routes in Cotswold Water Park: Creation of two circular waymarked walks from Neigh Bridge Country Park: Walk 1 - 1.75 mile Walk 2 - 3 miles (approx) to support dispersal of visitors and encourage increase level of physical activity and improvement in wellbeing. • PR, Comms and Messaging, led by Forest of Dean and Wye Valley (FOD&WV) Destination Management Organisation (DMO). Maintain COVID-19 awareness for visitors and residents alike, particular focus on pinch points such as car parks etc. • Face masks, Face Shields, Hand Sanitizers and Branded Water Bottles Handed out to members of the public in Gloucester City • Enhanced cleaning of streets and public conveniences in Stroud District • Litter picking across whole district reviewed and supported with additional equipment and COVID-19 advice measures - More than 400 litter pickers contacted and given COVID-19 advice in Tewkesbury Borough
Licensing Support to districts	750,000 125,000 per district	Additional staffing support to Districts to ensure COVID-19 secure measures are in place and maintained within Licensed Premises; for the management of temporary events and to ensure COVID-19 compliance within other sectors of licensing including taxi and private hire vehicles, street trading and caravan sites, including enforcement when necessary, using existing legislation.
Event Support to districts	750,000 125,000 per district	Additional staffing support to Districts to ensure COVID-19 secure measures are in place for the management of events.