

# Living with Covid in Gloucestershire

May 2022

**Prevent. Contain. Respond. Monitor**

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**Gloucestershire**  
COUNTY COUNCIL

# Living Safely With COVID-19 in Gloucestershire

## February 2022

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## 1. Introduction

Almost two years from the first confirmed case of COVID-19 in Gloucester, on the 21 February 2022, the UK government announced its intention to deploy a plan for “living safely with COVID”. All remaining measures to control the spread of the virus have since been removed in line with that plan

At the time of writing, over 91% of the UK population aged over 12 has had one dose of the COVID-19 vaccine, with over 95% of people aged over 60s have been boosted. The Spring booster campaign, for those most vulnerable to COVID-19, has commenced. The enormous success of the vaccination programme has resulted in a decision to remove restrictions which, whilst they cut chains of transmission and slow spread, may also have other impacts on the way we live our lives.

We know that many people with long term conditions or lowered immunity, even with full vaccination, remain concerned about catching the virus and it is important we continue to work together to support individuals who may be anxious.

This plan sets out our updated local strategy to live safely with COVID-19 in Gloucestershire following the release of additional guidance on 31<sup>st</sup> March 2022. This will replace Gloucestershire’s Local Outbreak Management Plan and will set the direction for how we will continue to prevent, contain, respond and monitor COVID-19 in a different way. It also outlines the procedure for stepping back up surge testing requirements if necessary.

As we make this transition, we need to keep a focus on the underlying poor health exposed and exacerbated by the pandemic; we will need to continue to ensure our resources are invested in improving public health and reducing inequalities to make sure that all of our population are equally prepared to deal with any future resurgence of COVID-19 and ensure more equal outcomes for our whole population.

## 2. What we now know about COVID-19

COVID-19 is caused by the virus called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and belongs to the broad family of viruses known as coronaviruses. It was first identified in the Wuhan province in China in December 2019; a global pandemic was declared by the World Health Organization on 11 March 2020. It has changed our lives, impacting on us physically, socially, emotionally and financially and has sadly been responsible for nearly 6 million deaths worldwide.

We knew very little about COVID-19 when it first emerged as a new virus, but it has since been studied intensely. We now know much more about its properties, how it is spread, and of course now have a vaccine that works to make sure our immune systems can recognise and fight it effectively. Without these breakthroughs, we would not have had the opportunity to prevent spread whilst removing restrictions safely.

A timeline of COVID-19 globally and in Gloucestershire can be found in Figure 1. In the UK, COVID-19 was added to the [Notification of Infectious Diseases list](#) on 5 March 2020 and this national notification and monitoring system has also been key to our understanding of the spread of the virus and how we have changed restrictions to reflect the current profile of disease in the UK.

In addition, to control the spread of the virus both in the UK (and across the globe), measures have been introduced at various times throughout the pandemic including social distancing, hand hygiene, mask wearing, isolation, testing and tracing contacts of positive individuals and, more recently, vaccination. Whilst these measures have been proven to help to prevent and contain the spread of the virus, they have had other economic and wellbeing impacts. Additionally, we recognise that more vulnerable individuals and communities have been hit hardest, and that as we have moved to the recovery and lifting of restrictions, we have reviewed our learning and implemented what we have learned to both address these inequalities and safeguard for any future resurgence of the virus.

*Figure 1: A timeline of COVID-19 globally and in Gloucestershire*

|                                |  |
|--------------------------------|--|
| December 2019                  | Outbreak declared in Wuhan, China of a novel coronavirus   |
| January 2020:                  | WHO declare Global Health Emergency; Cases identified in UK.   |
| February 2020                  | First case of transmission in UK announced. 1st case in Gloucestershire 28th Feb; disease is named COVID-19  |
| March 2020                     | First national lockdown announced; the first death involving COVID-19 in Gloucestershire occurred on 19th March 2020   |
| April 2020                     | UK human COVID-19 vaccine trials start.  |
| May to July 2020               | COVID-19 cases worldwide passes 5 million; Roadmap out of lockdown, leading to lifting of many, but not all, restrictions  |
| September to October 2020      | Coronavirus cases hit 30 million worldwide and UK passes 1 million confirmed coronavirus cases.; Restrictions including the "rule of six" and regional tiers introduced                                    |
| November 2020                  | Second national lockdown, intended as a "firebreak" to slow a noticeable rise in hospital admissions   |
| December 2020                  | UK administers its first does of Pfizer/BioNTech vaccine outside of clinical trials; Tiered system returns with new tier four and specific guidelines covering Christmas; Gloucestershire goes into Tier 3 |
| January to March 2021          | UK death toll passes 75,000; Third national lockdown; 15 million Britons have received their first dose of a Covid-19 vaccine by mid-Feb and 30 million by end of March.                                   |
| March to July 2021             | Delta variant causes. Roadmap out of lockdown, but this time with almost all measures removed  |
| November 2021                  | UK detects first two cases of Omicron variant  |
| December 2021 to February 2022 | UK hits 150,000 Covid-19 related deaths since the start of the pandemic; "Plan B" measures put in place in response to the Omicron variant; end of restrictions announced in England on 21 February        |

### 3. National Policy Context

On Monday 21 February 2022, the Prime Minister announced the end of all remaining legal restrictions including the requirement to self-isolate and advisory regular testing. Full details are available in the government's briefing paper [Living with COVID-19](#).

#### ***Future COVID-19 Scenarios***

The SAGE committee outlined a number of [medium term scenarios](#) for the pandemic in the UK. Each of these scenarios assumes that a more stable position will be achieved over time, but that we could move between scenarios, or more than one could co-exist at any one time.

The 'reasonable best-case' scenario assumes that although there will be new variants, none of these will be more severe or transmissible than the current situation and that vaccines will continue to protect well, with consideration needed for booster doses for vulnerable people in winter periods. The 'reasonable worst-case' scenario assumes that there might be many more severe variants, and that high levels of infection and illness would be a result. The middle two positions (optimistic central and pessimistic central) are considered most likely but remain hard to predict as this depends on the variants that do emerge and ongoing uptake, effectiveness and availability of vaccines and treatments.

Eventually, when the virus transmission is steadier and more predictable, we will have reached an 'endemic' state. Until we reach this point, we need to ensure ongoing monitoring and capability to respond if new variants emerge domestically or internationally.

#### ***Vaccination and Treatment***

Given the scenarios outlined by SAGE, the importance of vaccination and treatment has been emphasised by the government. Also announced on 21 February was the government's intention to offer an additional booster jab/a 'spring booster' to people aged 75 years and over, residents in care homes for older adults, and people aged 12 years and over who are immunosuppressed, this programme was commenced in April. This booster is in addition to an 'evergreen' offer for anyone not yet vaccinated to receive their doses, and the roll out of the vaccine to 5 – 11-year-olds. Further booster campaigns will also be considered on the advice of the Joint Committee for Vaccination and Immunisation (JCVI) and may be administered in a seasonal pattern in future.

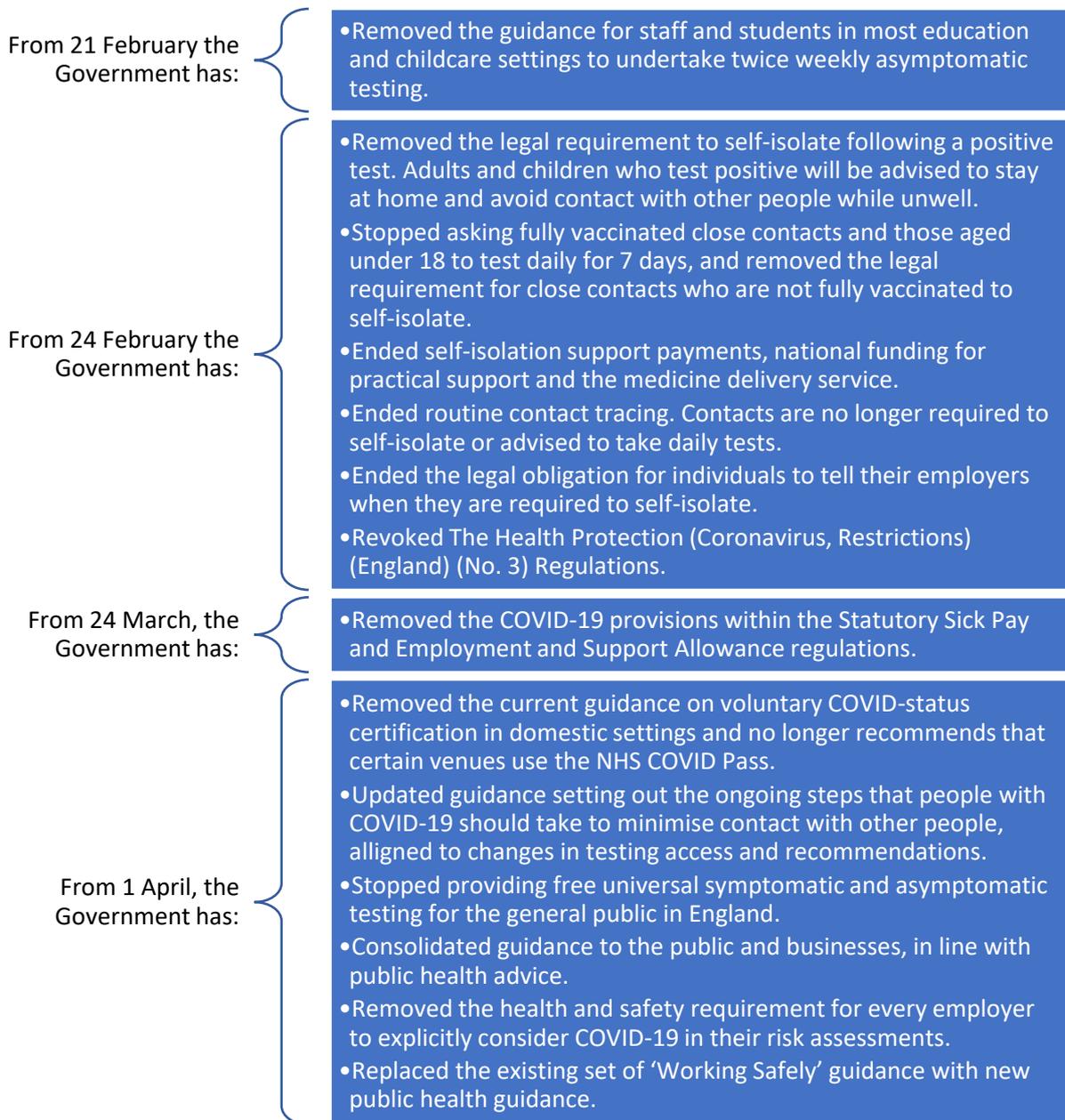
An emphasis has also been placed on treatment. This includes the use of anti-virals, which if used in the early stages of the virus can decrease the severity of the illness. The government has released guidance on who is eligible to access free testing and assessment for antivirals should they become unwell, ensuring that those who are clinically vulnerable can check very quickly if they have developed the virus and get on to these possibly lifesaving treatments: [COVID-19 antibody and antiviral treatments - GOV.UK \(www.gov.uk\)](#)

In addition, there are now also therapeutic drugs available to treat those hospitalised with COVID-19 and reduce their risk of death. These will continue to be available to treat patients who need it.

## Changes in Regulations

Between 21st Feb and 1<sup>st</sup> April, restrictions that were put in place to protect the population and contain the virus, were phased out (see figure 2).

Figure 2: Summary of Regulation Changes Announced on 21 February 2022



Core guidance can now be found on the government website:

### Guidance for the general public

[People with symptoms of a respiratory infection including COVID-19 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19)

[Living safely with respiratory infections, including COVID-19 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/living-safely-with-respiratory-infections-including-covid-19)

### **Guidance for those more clinically vulnerable**

[COVID-19: guidance on protecting people defined on medical grounds as extremely vulnerable - GOV.UK \(www.gov.uk\)](#)

[COVID-19 antibody and antiviral treatments - GOV.UK \(www.gov.uk\)](#)

### **Guidance for higher risk settings**

[COVID-19: infection prevention and control \(IPC\) - GOV.UK \(www.gov.uk\)](#)

[COVID-19 testing in adult social care - GOV.UK \(www.gov.uk\)](#)

[COVID-19: guidance for hostel services for people experiencing homelessness and rough sleeping - GOV.UK \(www.gov.uk\)](#)

[COVID-19: guidance for providers of accommodation for asylum seekers - GOV.UK \(www.gov.uk\)](#)

### **Guidance for workplaces**

[Reducing the spread of respiratory infections, including COVID-19, in the workplace - GOV.UK \(www.gov.uk\)](#)

## **4. Implementing a Local Framework for Living with COVID-19**

The goal of the Living Safely with Covid strategy is to move towards managing COVID-19 in line with other respiratory viral illnesses and promote behaviours that can reduce the transmission of such viruses. This will support ongoing COVID-19 management and reduce the risk of surges of other respiratory viral infections and the subsequent impacts on the health and care system, local economy, and the wider community. This framework sets out what we have done to achieve this.

### ***Principles:***

In line with the national [COVID-19 Response: Living with COVID-19](#), our local response is based on the following principles:

- Living with COVID-19: removing domestic restrictions while encouraging safer behaviours through public health advice, in common with longstanding ways of managing most other respiratory illnesses.
- Protecting people most vulnerable to COVID-19: vaccination guided by Joint Committee on Vaccination and Immunisation (JCVI) advice, and deploying targeted testing
- Maintaining resilience: ongoing surveillance, contingency planning and the ability to reintroduce key capabilities such as mass vaccination and testing in an emergency.

### ***Functions:***

Locally, we recognise that there are many people for whom the new policy context and the regulation changes will be concerning, especially whilst rates remain high. We therefore need to continue to ensure that people know how they can **prevent** COVID-19 from spreading to help others feel safer and keep rates low in our communities.

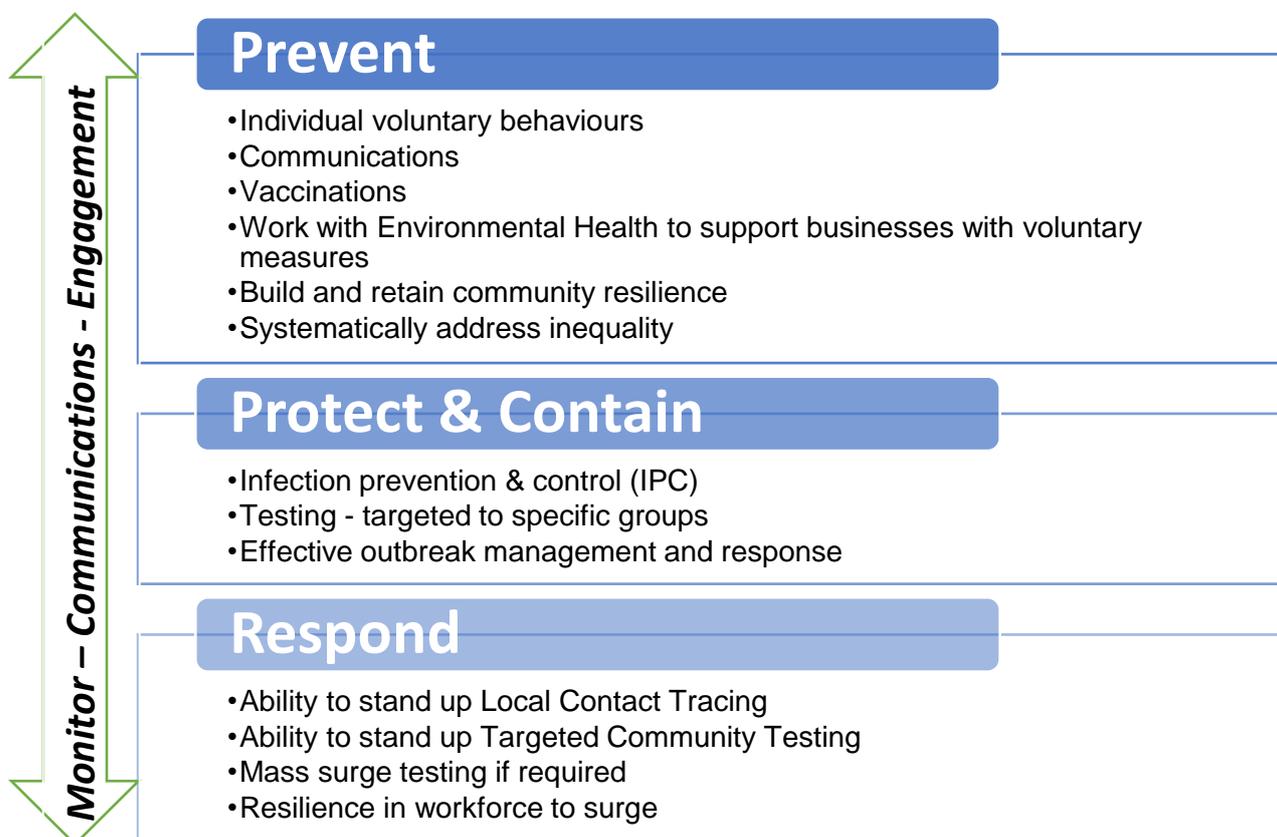
In addition, there remain some settings and circumstances where we need to maintain additional measures to **protect** people and **contain** any spread of the virus to reduce the impacts of the virus on individuals who are most at risk of harm from COVID-19. This includes our care homes and special schools, and ensuring rapid testing is available for individuals who may benefit from receiving new treatments for the virus. A key strategy to protect ourselves

and others remains vaccination and we will continue to promote taking up the offer of the free vaccine and booster doses.

In the same way the government are intending to keep an ability to **respond** to a variant, we must capture our learning from the waves so far and reflect and build upon this to ensure we have plans in place to respond to outbreaks of COVID-19 in high-risk settings (such as care homes) as well as being ready to step up surge capacity if a new variant emerges.

Finally, we will continue work with UKHSA and local system partners to continue to **Monitor** trends in COVID-19, accepting that this will need to be flexible as testing data decreases. We will work with UK Health Security Agency to understand their surveillance techniques and how we might establish estimates for our area.

*Figure 3: Functions of the local framework*



## 5. Transitioning

The transition from the Local Outbreak Management Plan (LOMP) response to implementing the framework for living with COVID-19 required standing down a number of response functions:

- **Local Contact Tracing** ceased to function from 23<sup>rd</sup> February 2022.

- **Community Targeted Testing** (asymptomatic testing) ceased to be delivered as of 31<sup>st</sup> March 2022.
- **Symptomatic / PCR testing** sites will be decommissioned by the Department of Health and Social Care (DHSC) during 2022 and ceased to operate after 31<sup>st</sup> March 2022. This includes the Regional Testing Site (RTS), the Local Testing Sites (LTS) and the Mobile Testing Units (MTUs). There are likely to remain a limited number of MTUs within the region to deploy if required to support surge testing.
- An exit plan for **Communications** has been developed to support understanding of living with covid.
- **Responding** to COVID-19 clusters and outbreaks has been co-ordinated locally through the GCC COVID-19 Hub. The approach to managing these local situations has evolved, and over the coming months and will be scaled back. The important role that the UK Health Security Agency (UKHSA) Health Protection Team (HPT) have had to play in outbreak control and management will need to be taken into account. In the context of the current high prevalence, HPTs are asked to focus their outbreak investigation activities on high-priority and complex cases.

Further details of transition activity and dates are included in the checklist within the Exit Communication Plan (see appendix 1).

As we transition, it is important that we also capture the lessons learnt and use this to inform any future plans.

## 6. Preventing COVID-19

*“Living with and managing the virus will mean maintaining the population's wall of protection and communicating safer behaviours that the public can follow to manage risk.” (para 35, [COVID-19 Response: Living with COVID-19](#))*

As a community, we all need to do what we can to protect those who are vulnerable to Covid and other illnesses. We can do that by:

- *getting vaccinated, including the booster*
- *regular hand washing*
- *covering our mouth and nose when coughing and sneezing*
- *staying at home if we feel unwell*

Following our experiences and learning from the pandemic, staying home if you have flu-like symptoms or a severe cold is even more important. By following the good hygiene which has become embedded since Covid-19, we can all help prevent more viruses from spreading and protect others who may become seriously ill if they catch them.

The Gloucestershire COVID-19 Exit Communications Principles (Appendix 1) provides details of COVID-19 actions and messaging from 1<sup>st</sup> April 2022 onwards.

### **Prevention activities**

The following activities have been implemented to support preventing COVID-19:

- Share government and NHS guidance on Covid-19 with key stakeholders, including communities
- Continue to promote the vaccination programme at all stages of roll-out, support the identification and targeting of resource to reduce inequalities in uptake

- Encouraging staff in relevant adult social care organisations to continue to asymptotically test with Lateral Flow Tests (LFTs)
- Prevent ongoing transmission in high risk settings by continuing to encourage symptomatic testing for staff of adult social care organisations who are eligible for free testing and residents in care homes and certain extra care and supported living services (see guidance on [COVID-19 testing in adult social care](#) for further details)
- Promote good hygiene and safe behaviours
- Promote any relevant grants that may support settings with IPC and health and safety activity
- Work with Environmental Health colleagues to communicate voluntary workplace and public measures
- Ensure lessons are captured and shared across the system to inform future planning and prevention activity

In addition to the above prevention activities, there is also an ongoing commitment to:

- *Build and maintain community resilience* – Throughout the pandemic the power of community resilience has been demonstrated. Whilst this has featured strongly in lessons learnt, we also want to ensure that there is an ongoing commitment to working with communities to continue to build and maintain this resilience.
- *Systematically address health inequality* – Health inequalities are the ‘avoidable and unfair differences in people’s health across different population groups’ which are a result of social inequalities ‘in the conditions in which people are born, grow, live, work and age’. The COVID-19 pandemic has shone a light on the longstanding inequalities in health and life chances that already existed in our society. Early on in the pandemic it became apparent that certain people are more vulnerable to catching the virus, developing severe symptoms and dying than others. Wider societal measures to control the spread of the virus have also disproportionately affected society. As part of our prevention approach, we have implemented learning from the pandemic and are ensuring a commitment to addressing inequalities.

## 7. Protect and Contain

### ***Infection Prevention and Control (IPC)***

IPC support (training, access to specialist advice and PPE) for high-risk settings has helped to keep transmission rates low. IPC teams have made a significant contribution to prevention and management of COVID-19 in all settings. These will be retained for the year ahead for ongoing prevention work but will be reviewed in order to plan future provision.

### ***Symptomatic Testing***

On 1 April 2022, free testing ended for most people in England. Symptomatic testing in high-risk settings such as care homes will continue, where infections can spread rapidly among people who may be at higher risk of serious illness.

Free tests for people who have COVID-19 symptoms will continue to be provided to the following groups:

- NHS patients in hospital
- Those eligible for COVID-19 antiviral and other treatments,
- NHS staff and staff working in NHS-funded independent healthcare provision
- Adult social care staff in care homes, homecare organisations, extra care and supported living settings and adult day care centres, as well as residents in care homes and extra care and supported living settings.
- Adult social care social workers, personal assistants, Shared Lives carers and CQC inspectors
- Staff and patients in hospices will be supplied tests by the hospice
- Staff and detainees in prisons and other places of detention
- Staff and detainees in immigration removal centres
- Staff and users of high-risk domestic abuse refuges and homelessness settings

### ***Asymptomatic Testing***

During periods of high prevalence, asymptomatic testing will continue to mitigate risk. Testing will continue to be provided for:

- Adult social care staff and a small number of visitors providing personal care
- Hospice staff
- Patient-facing staff in the NHS and NHS-funded independent healthcare provision
- Some staff in prisons and other places of detention, and some refuges and shelters

### ***Effective outbreak management and response***

The support from the COVID-19 Hub response desk into management of covid outbreaks and community cases has been scaled back in line with outbreak guidance for settings and UK HSA input to covid outbreaks. Outbreak response is focused on high-risk settings such as care homes. Support is continuing to be provided in terms of IPC advice to setting and system partners. GCC is continuing to work closely with care providers to respond to outbreaks in care settings and help manage local workforce pressures, although the structures for this support are likely to change over time to complement support available through UK HSA.

## **8. Responding to COVID-19**

It is possible more severe variants will emerge and there will sadly be more hospitalisations and deaths. As a result, we will take steps to ensure there are plans in place to maintain resilience against significant resurgences or future variants and remains ready to act if required. This includes:

- Implementing learning from the pandemic into future plans and response
- Development of training resources and Standard Operating Procedure (SOP) for quickly implementing Local Contact Tracing (LCT) and Targeted Community Testing (TCT) if required.
- Surge testing plans and processes, should the need arise (including resilience for workforce surge capacity).

## **9. Monitoring**

As testing has reduced and the Government's approach to managing COVID-19 has further evolved, the way we monitor COVID-19 has changed. Cases will continue to be tracked,

albeit in a more targeted fashion, through ONS community prevalence studies, hospital testing (which will include genomic sequencing) and continuing the SARS-CoV-2 Immunity & Reinfection Evaluation (SIREN) and Vivaldi studies (which monitors cases in care homes). We are working with the southwest UK Health Security Agency team to understand how we will monitor local infection rates in order to inform our local response and enable us to surge to meet the demands of outbreaks in vulnerable settings and/or new variants. Nationally, a proportion of positive tests will be sequenced to monitor for changes to the virus and new variants.

## **10. Governance**

The Health Protection Board is required to oversee the stand down of COVID-19 activity as we transition into living safely with COVID-19. The Health Protection Board has now returned to a general “all hazards” oversight of the plan to protect the health of the local population; this will feed in the Local Health Resilience Forum and the Local Resilience Form.

## **11. Review**

This plan will be reviewed if the situation, or national policy, regarding covid changes.

## Appendix 1

### Living Safely with COVID-19 in Gloucestershire

#### Stand Down & Communications Plan

The following is proposed in relation to Gloucestershire's response to covid-19:

| Activity  | Suggested action     | Lead                      | Notes   |
|---|----------------------|---------------------------|---|
| <b>Local Response Functions</b>   |                      |                           |   |
| Local "duty desk" outbreak management function & agree outbreak cascade | Scale back: 31 March | Public Health             | Requires discussion with UKHSA. Will need to maintain staff temporarily to review, evaluate and ensure resilience. Need to maintain support for care sector |
| Local community testing team (LFDs)                                     | Stand down: 31 March | Public Health / DHSC      | Phase out. Stood down   |
| Local contact tracing team  | Stand down: 24 Feb   | Public Health / DHSC      | Stand down staff. Transition to lessons learned.  |
| Local community infection control team                                  | Maintain             | Public Health/CCG         | Required for ongoing prevention and Winter 22/23  |
| District Council EHO Covid Response Teams                               | Scale back: 31 March | District Councils         | Maintain some resilience for possible surge support. Continue to provide advice to businesses relating to covid risk assessments                            |
| Local Environmental Health network                                      | Maintain             | Public Health / Districts | Will ensure ongoing joined up response between Public Health and EHOs as Living with Covid guidance emerges esp. workplaces                                 |
| Closure of PCR sites (Stroud, Gloucester and Cheltenham)                | Stand down: 31 March | DHSC                      | Date TBC by DHSC  |
| Closure of mobile PCR testing units                                     | Stand down: 31 March | DHSC                      | Date TBC by DHSC  |
| Covid Community Champions   | Stand down: 31 March | PWC hub                   | Close mailbox and stand down champions. Continue to work with VCS networks to build resilience  |
| Closure of Help Hub   | Stand down: 21 Feb   | PWC & Comms               | Stood down  |
| <b>Communications &amp; Intelligence Products</b>                       |                      |                           |   |
| Weekly sitrep   | Stand down: 31 March | Comms and data teams      | Complete  |
| Weekly social media updates   | Stand down: 31 March | Comms                     | Complete  |

| Activity  | Suggested action  | Lead            | Notes  |
|---|---|-----------------|--|
| Weekly key message email  | 31 March  | Comms           | Complete   |
| Removal of all current W&I signage and messages   | In line with relevant Gov dates, concluding on 31 March | Comms           | In progress  |
| Mop up of any outdoor materials at sites including schools, high streets, council owned assets now out of date. |   | W&I Comms group | In progress  |
| Other Intelligence Products   | Scale back: 31 March                                    | Public Health   | See Appendix for details   |
| <b>Boards/Oversight Groups</b>  |   |                 |  |
| Engagement Board  | Stand Down: 31 March                                    | GCC             | Stood down   |
| GCC Leader's Stocktake  | Transition  | GCC             | Transition to new BAU Leader's Briefing  |
| Health Protection Board   | Scale back: 31 March                                    | GCC             | Moved to All Hazards approach  |
| Tactical Response Group   | Scale back: 31 March                                    | GCC             | Final meeting May 22   |
| Gold & Silver GCC   | TBC   | GCC             | Gold CMT to meet weekly. Silver repurposed to Corporate Change Delivery Group – Emergency Response/ Preparedness monthly meeting |
| MPs Briefing  | TBC   | GCC             | Stood down   |
| Recovery Coordinating Group   | TBC   | GCC             | Stood down   |
| Strategic Coordinating Group  | Stand Down: Jan 22                                      | LRF/SCG Chair   | Stood down   |
| <b>New Actions to take for "Living with Covid"</b>  |   |                 |  |
| Develop Living with Covid Plan and incorporate agreed stand down dates  | By: 24 Feb  | Public Health   | COmplete   |
| Refine covid information on the website – reducing to a page of   | By: 31 March  | Comms           | Complete and reviewed regularly  |

| Activity   | Suggested action                                    | Lead                    | Notes  |
|--|---|-------------------------|--|
| information/advice – still linked from front page but not in a banner                  |   |                         |  |
| Develop outward messaging for 1 April onwards (see below)                              | From: 1 April                                       | Comms                   | Complete and reviewed regularly  |
| Develop internal staff comms   | From: 24 Feb  | Comms                   | Complete and reviewed regularly  |
| Review new working safely with Covid guidance for GCC staff                            | From: date TBC                                      | GCC                     | Complete and reviewed regularly  |
| Risk Management Strategy   | Review of SGC risks and identification of new risks | Health Protection Board | Risk management approach agreed for All Hazards HPB  |
| Develop paper for ongoing resilience needs for communicable disease in Gloucestershire | By: 1 July  | GCC                     | Awaiting guidance from UKHSA and DHSC on whether any new LA burdens – para 108 Living with Covid |
| Continue focus on tackling inequalities to maintain resilience and improve recovery    | Ongoing   | GCC                     | Through Levelling Up conference and wider health inequalities work                               |

## Communications principles and key messages

Communications activity to support this plan predominantly focuses on prevention.

- **Reassure:**
  - Although Covid-19 hasn't gone away, guidance is easy to follow, and we can do this together
  - We continue to work with local and national partners to share information and intelligence
  - Gloucestershire is prepared to respond to new variants if we need to
- **Repeat** (national messaging)
  - Vaccinations are safe, and they are the best way to protect yourself from Covid-19 and keep you and your family safe and well. [promoting vaccine programmes]
  - [Testing messaging – being clear on how, when and who]
  - Stay safe and well by... [infection prevention/hygiene behaviours]
- **Respect** (each other and yourself; respecting residents' experiences)
  - Thank you for following the guidance so far and for keeping each other safe.
  - It's okay to feel anxious/it's okay to act cautiously; the pandemic has affected everyone differently, so remember to be patient and respect people who choose to wear a face covering or ask for a bit more space.
  - Change can be tricky, so make sure you check in with how you are feeling. Support is available if you need it [signpost to MH services]

- Nobody likes being poorly; stay home if you feel unwell / Give people your time not your germs; stay home if you feel unwell
- **Respond:**
  - (Appropriate outbreak response messages to inform/instruct as necessary)

Alongside this, we need to capture the positive community work which has taken place by promoting COMF projects and collecting case studies where funding has made a difference. Consider Living well with Covid messaging to compliment the health inequalities work and integrate other public health messaging.

## Intelligence Products – suggested changes from 1 April but flexibility required with changes in data available

| <u>Report/product/intel circulation</u>                              | <u>Description</u>  | <u>Current Frequency</u> | <u>Suggested Change</u>  |
|--|---|--------------------------|--|
| <b>Reports for specific groups:</b>                                  | -   | -                        | -  |
| <b>HPAB</b>  | Health Protection Assurance Board EWI report  | weekly                   | Reduce dto fit with Board frequency  |
| <b>Engagement Board</b>  | Engagement Board EWI report (slightly redacted version of HPAB)   | weekly                   | Stopped – refer to gov.uk website  |
| <b>System Briefing</b>   | System Briefing - basic cases, mortality, age breakdown, nearest neighbour comparison (redacted version of HPAB)  | weekly                   | Stopped – refer to gov.uk website  |
| <b>GOLD Early Warning Indicators report</b>                          | EWI slides  | weekly                   | Reduced to fit with Gold frequency   |
| <b>Daily email</b>   | Daily case rates/change, age 60+ case rates/change, summary alert table by district, high risk settings confirmed cases/outbreaks table. Attached cases summary spreadsheet   | weekdays                 | Reduced to weekly. Stop from 1 April when mass testing stops.  |
| <b>Weekly case review - 14 day case review and look back summary</b> | Includes summary case numbers, demographics, age profile, occupation summary, contact tracing, case home staff and residents case summary/change, MSOAs with large numbers of cases, job description summary. Variants graph. | weekly                   | Stopped – will be picked up as part of early warning report  |
| <b>MPs Briefing</b>  | Similar to system Briefing - basic cases, mortality, age breakdown, nearest neighbour comparison (redacted version of HPAB)   | weekly                   | Reduced to fit with MP meeting frequency   |
| <b>Scrutiny reports</b>  | Similar to system Briefing - basic cases, mortality, age breakdown, nearest neighbour comparison (redacted version of HPAB)   | As needed                | Stopped – will be covered in general scrutiny update reports after 1 April   |
| <b>SCG Early Warning Indicators</b>                                  |   | Stopped                  | Stand back up only if SCG sits again   |
| <b>Vaccination uptake case rate graph</b>                            | Vaccination uptake overlaid by case rates for each age group  | weekly                   | Replaced with vaccination uptake only as case rates no longer relevant (nor represent the population). Can present % population with covid by month to aid vaccine planning. |
| <b>Spreadsheets</b>  | -   | -                        | -  |

|   |  |             |  |
|---|--|-------------|--|
| <b>Age heat maps spreadsheet</b>                                    | used for reporting/knowledge for reporting   | weekly      | Based on case rates so may not be able to continue/ may evolve as data becomes limited after 1 <sup>st</sup> April |
| <b>CQC deaths in care homes spreadsheet</b>                         |  | monthly     | Keep under review – feed may continue, may be useful comparison to 5-year average even if covid data ceases        |
| <b>ONS deaths spreadsheet</b>                                       | show significance of all cause mortality vs 5 year rate  | monthly     | Reduced to monthly, mid-month to coincide with HPAB (potential to reduce reporting within)                         |
| <b><u>Sent to specific others</u></b>                               | -  | -           | -  |
| <b>Weekly comms roundup</b>   | summarises deaths and cases  | weekly      | Stopped – refer to gov.uk website  |
| <b>Weekly contact tracing summary</b>                               | summary of people going through contact tracing  | weekly      | Stopped – CT will cease  |
| <b>Public facing slides - weekly</b>                                |  | weekly      | Stopped – refer to gov.uk website  |
| <b>For desk: daily flow of care home cases/school helpline data</b> | daily data flow to health protection   | weekdays    | Reduced based on operational need  |
| <b>School testing case rate graph for school age groups</b>         | Graph and summary of cases trends and significance compared to SW/England for school age groups. | fortnightly | Stopped – testing will cease. Replace with age data if needed.   |