

Covid-19 update

Key messages

Gloucestershire updates

- [Mobile testing unit to trial new locations across the county](#)
- [The county council has received £7.7 million from Government to help tackle the spread of Coronavirus \(COVID-19\) in care homes and to protect those who receive care at home.](#)
- [£375k boost for county mental health services](#)

National updates

- [Thousands of high street shops, department stores and shopping centres to reopen safely in England](#) - shops in England selling non-essential goods will be able to reopen from Monday 15 June.
- [Meeting people from outside your household](#) - how you can see people that you do not live with while protecting yourself and others from Coronavirus.
- [Procurement Policy Note 04/20: Recovery and Transition from Covid-19](#) - this note sets out information and guidance for public bodies on payment of their suppliers to ensure service continuity during the Coronavirus outbreak.
- [Parents returning to work after extended leave eligible for furlough](#)
- [Adult Social Care Infection Control Fund](#) - sets out the infection control measures that the infection control fund will support, including information on the distribution of funds and reporting requirements.
- [Whole home testing rolled out to all care homes in England](#) - every care home in England will now be offered a Coronavirus test for all residents and staff, even if they have no symptoms.

- [Coronavirus Job Retention Scheme: people receiving direct payments](#) - how the Coronavirus Job Retention Scheme (CJRS) can be used by direct payment holders who employ people for their care.
- [Informing DfE of the death of a colleague across children's services](#) - how local authorities and social care providers can tell the Department for Education about the death of a colleague across children's services.
- [Study launched to monitor prevalence of COVID-19 in schools](#)
- [Teaching about mental wellbeing](#) - practical materials for primary and secondary schools to use to train staff.
- [Apply for the coronavirus Local Authority Discretionary Grants Fund](#) - eligibility points confirmed.
- [Coronavirus: information for farmers, landowners and rural businesses](#) - Rural Payments helpline will be open on 13 and 14 June.
- [Coronavirus and Loneliness, Great Britain: 3 April 2020 to 3 May 2020](#)

Stats

Total UK Tests - **6,042,622**

Total UK Cases - **290,143**

Total UK Deaths - **41,128**

Total Confirmed Cases in South West - **7,853**

Total Confirmed Cases in Gloucestershire* - **1,378**

Total Confirmed Cases in

- Cheltenham - **322**
- Cotswold - **156**
- Forest of Dean - **117**
- Gloucester - **403**
- Stroud - **198**
- Tewkesbury - **182**

Total Deaths in Gloucestershire NHS Trusts** - **226**

Covid-19 deaths in Gloucestershire that occurred up to 22 May but were registered up to the 30 May*** - **568**

Help hub stats

- I can offer help – 3444
- I need help – 3168
- Someone I know needs help – 1280
- My business can help – 379

Key links

[National Guidance](#)

[General NHS advice](#)

[Latest advice and developments from Gloucestershire NHS](#)

[Gloucestershire's Community Help Hub](#)

[Council service updates](#)

[Make an adult social care referral](#)

[Business advice and support](#)

[Looking after your wellbeing](#)

[Support for children and families during Covid-19](#)

Your questions answered

Care Home update

Suspected or confirmed outbreaks

As of 10 June 2020, GCC had been notified of 80 care home settings where there was one or more suspected or confirmed Covid-19 cases. Table 1 shows the breakdown of notifications by district level, with the most notifications occurring in Cheltenham and Gloucester.

Table 1: Notifications of Covid-19 in care home settings, by district****

| | Total number of care homes with a suspected or confirmed outbreak | Total number of care homes | Proportion of care homes in a District that have a suspected or confirmed outbreak |
|-----------------|---|----------------------------|--|
| Cheltenham | 20 | 40 | 50.0% |
| Cotswold | 10 | 18 | 55.6% |
| Forest of Dean | 8 | 40 | 20.0% |
| Gloucester | 22 | 53 | 41.5% |
| Stroud | 9 | 48 | 18.8% |
| Tewkesbury | 11 | 19 | 57.9% |
| Gloucestershire | 80 | 218 | 36.7% |

Covid-19 deaths

CQC publish figures on deaths where Covid-19 was suspected in the notification from the care home, as well as all cause mortality (since 10 April 2020).

(n.b: It is probable that not all deaths due to Covid-19 will be notified as such, conversely Covid-19 may be mentioned but not have been a contributory factor in a death)

Sadly between 10 April and 5 June there were 222 Covid-19 suspected deaths notified from care homes in Gloucestershire, with a total of 432 deaths from all causes notified. There has been a decline in care home deaths since the week ending 24 April 2020.

While CQC numbers are more comprehensive than local reporting, they are not currently reported by district council. Table 2 uses local and PHE notifications of deaths in care homes which are available by district, however these numbers are lower than CQC reported figures as not all deaths are reported by this route. As of 3 June 2020 there were 65 deaths of care home residents who were suspected to have Covid-19 notified to GCC locally, however we do not have information at this time as to whether Covid-19 was a contributory factor in each of these deaths.

Due to changes in the processes of reporting and recording this information there is no update for these figures or district breakdown available this week.

We must do more to ensure the health, safety and well-being of BAME people during this pandemic and after it. Please could the report on BAME Covid-19 deaths be addressed actionably and immediately? Collecting statistics about inequality is not the same as actively fighting

to end inequality, and the government must step up to protect the communities being hit hardest by this pandemic.

Reducing inequalities is one of our priority areas, and we are working to understand the impact locally, identify mitigating actions and appropriate tools to support this and understand how our Covid-19 response structures can contribute to this agenda.

Mitigating its effects during and after this pandemic will require an understanding of how health inequalities are intertwined with Covid-19. We can address by seeking to better understand and mitigate impact through each of the following four dimensions:

- Wider determinants
- Risk and protective factors
- Unwarranted variation in access to service provision
- Gaps in health outcomes

National data

Emerging UK and international data suggest that people from Black, Asian and Minority Ethnic (BAME) backgrounds are being disproportionately affected by Covid-19. PHE review of Covid-19 disparities published on the 2 June, confirms that the impact of Covid-19 has replicated existing health inequalities and, in some cases, exacerbated them further (these analyses do not take into account the existence of comorbidities):

- Age: The largest disparity found was by age. Among people already diagnosed with Covid-19, people who were 80 or older were seventy times more likely to die than those under 40.
- Gender: Working age males diagnosed with Covid-19 were twice as likely to die as females.
- Deprivation: People who live in deprived areas have higher diagnosis rates and death rates than those living in less deprived areas. The mortality rates from Covid-19 in the most deprived areas were more than double the least deprived area
- Ethnicity: People from Black ethnic groups were most likely to be diagnosed. Death rates from Covid-19 were highest among people of Black and Asian ethnic groups. This is the opposite of what is seen in previous years, when the mortality rates were lower in Asian and Black ethnic groups than White ethnic groups. People of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50 per cent higher risk of death when compared to White British.

When compared to previous years, the review also found a particularly high increase in all cause deaths among those born outside the UK and Ireland; those in a range of caring occupations, including social care and nursing auxiliaries and assistants; those who drive passengers in road vehicles for a living including taxi and minicab drivers and

chauffeurs; those working as security guards and related occupations; and those in care homes. The full review can be found [here](#).

Local intelligence

There is limited data available for local analysis, but this generally is in line with national figures showing higher rates in older population, men, urban areas and deprived areas.

Gloucester city has a higher rate of confirmed cases over the last four weeks. The reason for is likely to be a multifactorial possibly including; higher levels of deprivation, greater proportion of BAME than other areas, being at different point of pandemic curve and difference in eligible population for testing.

There is currently much discussion about the reasons for the disproportionate impact but, as yet, no definitive answers; the situation is evolving, and the evidence needs further analysis before concrete conclusions can be drawn.

As part of the response to Covid-19 there are a number of groups which have been set up specifically to reduce the impact for vulnerable groups. These include; a community resilience cell, a homelessness cell and the recovery cell is actively reviewing information and action to reduce inequalities. In Gloucestershire the acute hospital trust have sent out communications to all BAME staff and posted on their intranet sources of support. BAME staff are encouraged to contact the occupational health team to discuss individual circumstances. In addition, staff have been signposted to local and national sources of support. There is an active BAME network which is providing support on this issue.

How many residents in Gloucestershire have used the Test, Track and Trace since its roll out?

As you will be aware, NHS Test and Trace service launched on the 28 May, and forms a central part of the government's coronavirus recovery strategy. Anyone with symptoms will be tested and their close contacts will be traced.

We will receive data on the cases and contacts from Public Health England. As this emerging dataset develops, further analysis on activity will be undertaken as data becomes available.

In Gloucestershire the information from the NHS Test and Trace service will help us to identify and respond to localised outbreaks. We have been refining our local outbreak plan and action cards for different settings to reflect how we will use this data and intelligence locally.

*The above data reflects nationally published data [available here](#).

**This section contains information on deaths of patients who have died in hospitals in Gloucestershire and had tested positive for Covid-19 at time of death or where Covid-19 was mentioned on the death certificate. All deaths are recorded against the date of

death rather than the date the deaths were announced. It is based on national NHS data [published here](#).

The data in this briefing is updated at 9am each day based on the figures released at 2pm the previous day.

***Weekly death figures provide provisional counts of the number of deaths registered in England and Wales for which data are available. From 31 March 2020 these figures also show the number of deaths involving coronavirus (COVID-19), based on any mention of COVID-19 on the death certificate. The number includes deaths that occurred up to 15 May but were registered up to 23 May. Figures by place of death may differ to previously published figures due to improvements in the way we code place of death. This figure does not include deaths of those resident outside England and Wales or those records where the place of residence is either missing or not yet fully coded. For this reason counts may differ to published figures when summed. Bank Holidays could affect the number of registrations made within those weeks.

****Case data is based on cases reported to PHE by diagnostic laboratories, and matched to ONS administrative geography codes and names to generate geographic case counts. The number of confirmed cases under-represents the likely total number of Covid-19 cases in Gloucestershire. There may be some minor fluctuations in the daily number of cases due to laboratory reporting delays.

Care homes vary in size and in the characteristics of their residents. Outbreak data is also being reported publicly here: <https://www.gov.uk/government/statistical-data-sets/covid-19-number-of-outbreaks-in-care-homes-management-information>. The figures here are slightly lower than our local figures due to a time lag. The number of cases (confirmed or suspected) has not been reported due to limitations in data accuracy which means comparison is not possible. This information is being used for operational purposes. As testing in care homes increases we will review whether adding this information will add additional strategic insight.