

Living with Covid in Gloucestershire

March 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 to the day from the first confirmed case of COVID-19 in Gloucestershire, the UK government has announced its intention to move to a situation where we are “living safely with COVID”, and remaining measures to control the spread of the virus have, or will shortly be, removed.

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 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.

Indeed, we are seeing positive signs that the rates of COVID-19 are decreasing in our communities following the Omicron wave which began in late 2021. Whilst this is positive news, rates of the virus in our local population although decreasing, remain among the highest in the country. We know that many people with long term conditions or lowered immunity, even with full vaccination and the milder Omicron variant, remain concerned about catching the virus. It is important we continue to work together to support individuals who may be anxious as restrictions lift, to be able to manage in our new ways of living with COVID.

This plan sets out our local strategy to live safely with COVID-19 in Gloucestershire; it replaces Gloucestershire’s Local Outbreak Management Plan and sets the direction for how we will continue to prevent, contain, respond and monitor COVID-19 in a different way, and outlines how we will be able to step back up our surge 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.

When it first emerged, we knew very little about this new virus but since, it has been intensely studied. We therefore know much more about how it is spread and its properties, and of course have a vaccine that works to make sure our immune systems can recognise it and fight it effectively. Without these breakthroughs, we would not have the opportunity to remove restrictions to prevent its spread.

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 have 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 time 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 have recognised that more vulnerable individuals and communities have been hit hardest, and as we move to recovery and lifting of restrictions, we must review our learning and implement 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, 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 have 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 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 high levels of infection and illness would result. The middle two positions (optimistic central and pessimistic central) are considered most likely but remain hard to predict as depend on the variants that do emerge and ongoing uptake and effectiveness and availability of vaccines and treatments.

Eventually, when the virus transmission is more steady/predictable, then we will have reached an 'endemic' state, but until 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 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 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 and may be administered in a seasonal pattern in future.

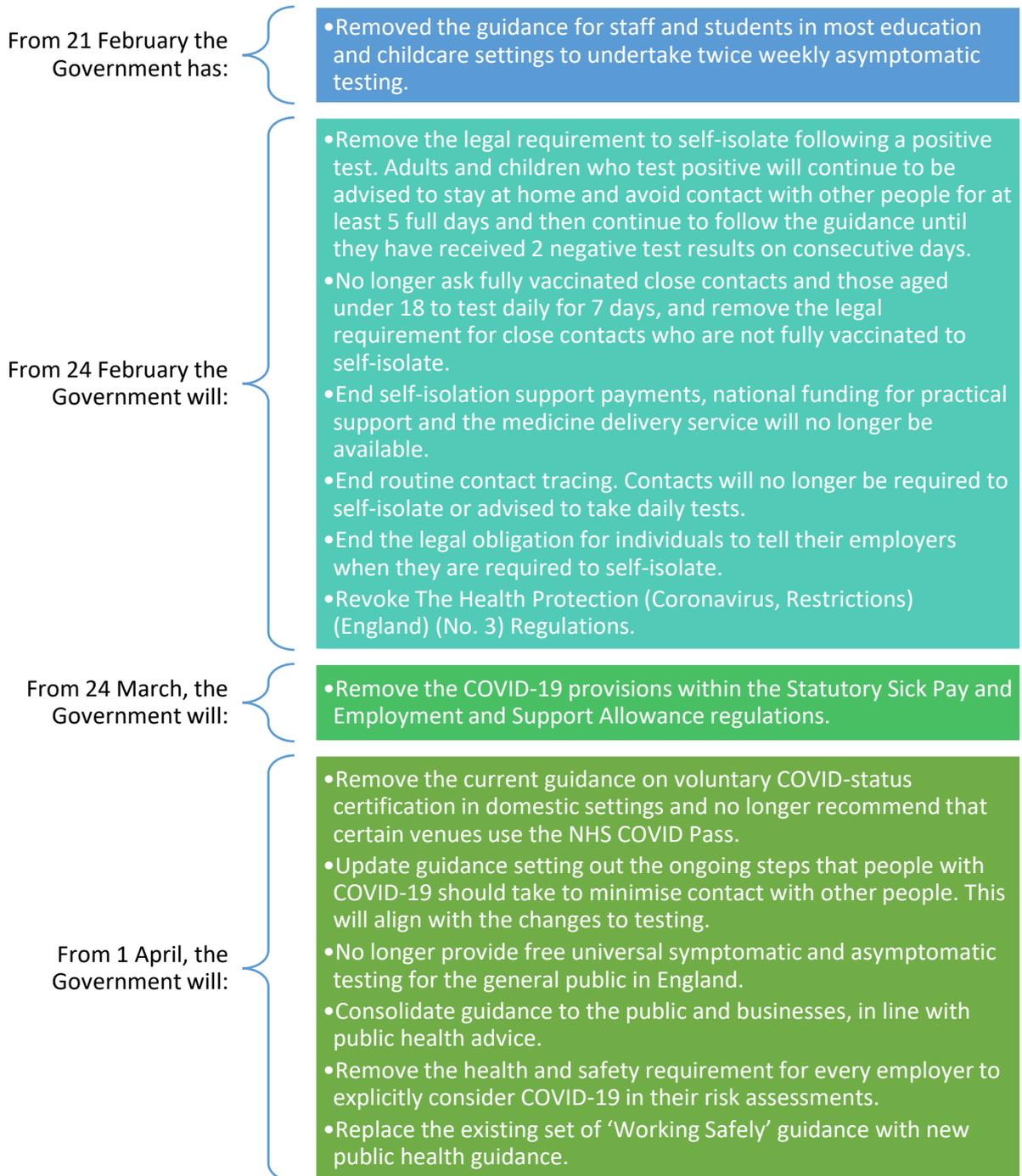
An emphasis has also been placed on treatment. This includes anti-virals, which if used in the early stages of the virus can decrease the severity of the illness. The government has therefore committed to ensuring those who are clinically vulnerable can access PCR tests so that they can check very quickly if they have developed the virus and get on to these possibly lifesaving treatments quickly.

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

The restrictions will be phased out over the next six weeks; we will be working to implement these in Gloucestershire and communicate these changes in the coming days and weeks (see section 4).

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



Ongoing Monitoring and Response

The government has also laid out its plans for ongoing surveillance, contingency planning and the ability to reintroduce key capabilities such as mass vaccination and testing in an emergency; and will also capture lessons learned and opportunities from the pandemic.

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

The Government's goal 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 both 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 set out what we need to implement locally to achieve this.

Principles:

In line with the national [COVID-19 Response: Living with COVID-19](#), our local response will be 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:

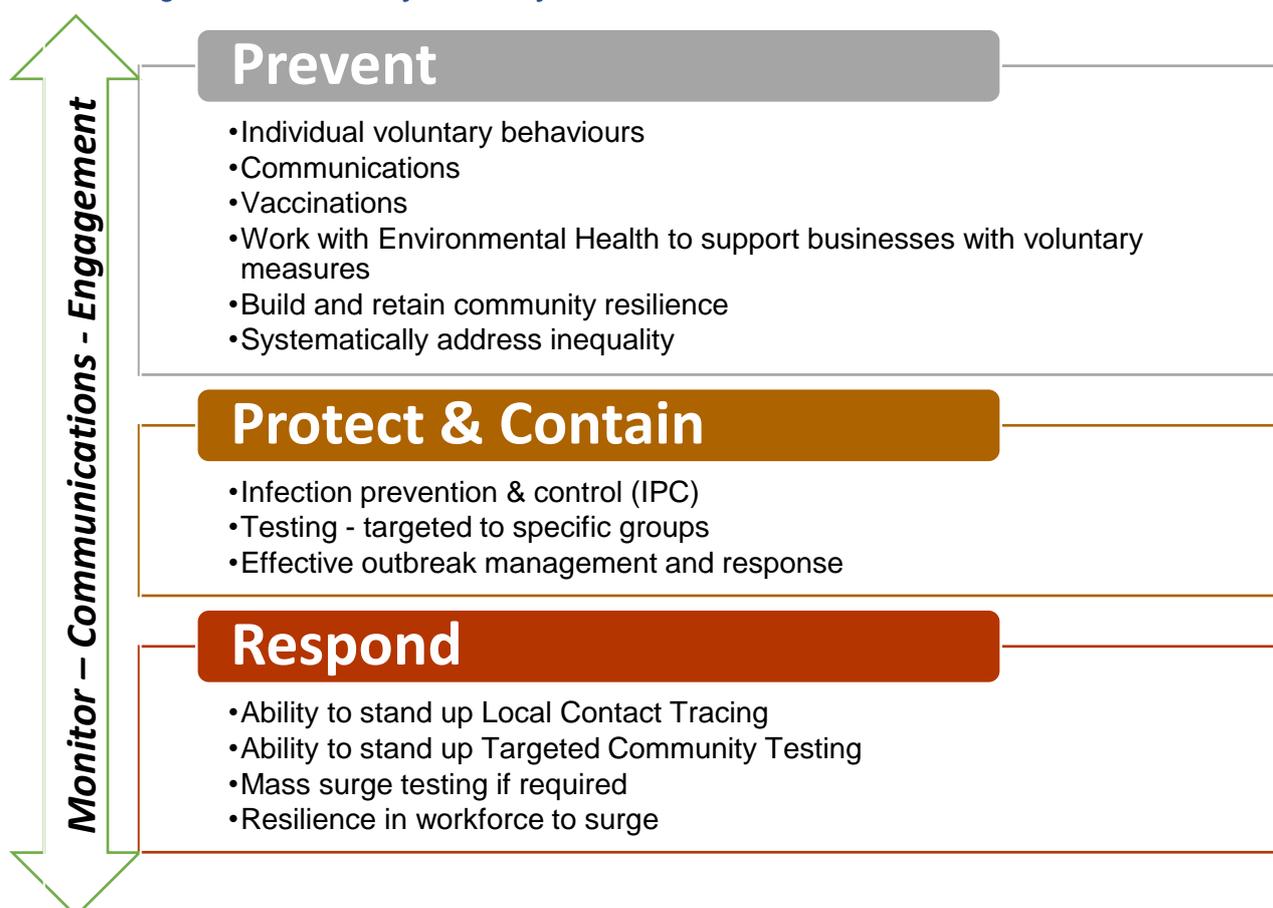
Locally, we recognise that there are many people for whom the new policy context and the regulation changes will be concerning, especially whilst rates remain high. We therefore need to ensure we continue to ensure that people know how they can **prevent** COVID-19 from spreading to help others feel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

Transition from current Local Outbreak Management Plan (LOMP) response to implementing this framework for living with COVID-19 requires standing down a number of response functions:

- **Local Contact Tracing** ceased to function from 23rd February 2022.
- **Community Targeted Testing** (asymptomatic testing) will cease to be delivered from 31st March 2022.
- **Symptomatic / PCR testing** sites will be decommissioned by the Department of Health and Social Care (DHSC) and cease to operate after 31st March 2022. This includes the Regional Testing Site (RTS), the Local Testing Sites (LTS) and the Mobile Testing Units (MTUs). There is 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 transition to the messaging to be used from 1st April 2022 onwards.
- **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 will evolve over the coming months and will be scaled back. It will need to take into account the important role that the UK Health Security Agency (UKHSA) Health Protection Team (HPT) have to play in outbreak control and management. 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.

From 1 April 2022, guidance to the public and to businesses will be consolidated in line with public health advice. There will continue to be specific guidance for those whose immune system means they are at higher risk of serious illness from COVID-19 despite vaccination. UKHSA have requested that Local Authorities to continue to routinely provide public health messaging and communications to set out advice about sensible behaviours and actions to their local residents.

The Gloucestershire COVID-19 Exit Communications Plan (Appendix 1) provides details of COVID-19 messaging from 1st April 2022 onwards.

Prevention activities

The following activities will be implemented to support preventing COVID-19

- Share government and NHS guidance on Covid-19 with key stakeholders, including communities
- Promote the vaccination programme including booster jabs, to targeted lower update areas, 12-15s second dose and 5-11s first dose
- Encourage people to Lateral Flow Test (LFT) if they have symptoms (noting that most people will have to buy them after 31 March 2022).
- Ensure people take a LFT if they are entering a hospital or high risk setting or are vulnerable
- Promote good hygiene and safe behaviours
- Promote any relevant grants e.g. business grants deadlines
- Work with Environmental Health colleagues to communicate voluntary workplace and public measures
- Promote vaccination including boosters and especially focusing on underrepresented groups

- 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 will feature in the 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 need to learn lessons from this pandemic and ensure 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.

Testing

From 1 April 2022, there will be some limited ongoing free testing:

- Limited symptomatic testing available for a small number of at-risk groups - the Government will set out further details on which groups will be eligible.
- Free symptomatic testing will remain available to social care staff.

Effective outbreak management and response

The support from the COVID-19 Hub response desk will be scaled back. Outbreak response will be focused on high-risk settings such as care homes. Support will continue to be provided in terms of IPC advice. GCC will continue to work closely with care providers to respond to outbreaks in care settings and help manage local workforce pressures.

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:

- Capturing lessons learnt to inform further response

- Developing a training resource and Standard Operating Procedure (SOP) for quickly implementing Local Contact Tracing (LCT) and Targeted Community Testing (TCT) if required.
- Ensuring the ability locally for surge testing
- Planning for resilience in the workforce for surge capacity.

9. Monitoring

As testing reduces and the Government's approach to managing COVID-19 further evolves, the way we monitor COVID-19 will change. Cases will be continued to be tracked, albeit in a more targeted fashion, through hospital testing (which will include genomic sequencing) and continuing the SARS-CoV-2 Immunity & Reinfection Evaluation (SIREN) and Vivaldi studies. We will work 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.

10. Governance

The Health Protection Board will be required in interim to oversee stand down of COVID-19 activity as we transition into living safely with COVID-19. This will merge to general "all hazards" Health Protection issues in the future and have oversight of the plan to protect the health of the local population; this will feed into the Local Health Resilience Forum and the Local Resilience Partnership.

11. Review

This is an initial plan for living safely with COVID-19 in Gloucestershire. It will be kept under review and updated accordingly. The next latest review date for this plan is 1 April 2022.

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
Local Response Functions			
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. Stand down staff
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	Di Billingham	Close mailbox and stand down champions. Continue to work with VCS networks to build resilience
Closure of Help Hub	Stand down: 21 Feb	Di Billingham & Comms	COMPLETE
Communications & Intelligence Products			
Weekly sitrep	Stand down: 31 March		
Weekly social media updates	Stand down: 31 March	Comms	
Weekly key message email	31 March	Comms	

Activity	Suggested action	Lead	Notes
Removal of all current W&I signage and messages	In line with relevant Gov dates, concluding on 31 March	Comms	
Mop up of any outdoor materials at sites including schools, high streets, council owned assets now out of date.		W&I Comms group	
Other Intelligence Products	Scale back: 31 March	Public Health	See Appendix for details
Boards/Oversight Groups			
Engagement Board	Stand Down: 31 March	Mark Hawthorne/ Sarah Scott	
GCC Leader's Stocktake	Transition	Mark Hawthorne / Pete Bungard	Transition to new BAU Leader's Briefing
Health Protection Board	Scale back: 31 March	Sarah Scott	Needed in interim to oversee stand down; will merge to general Health Protection issues in future
Tactical Response Group	Scale back: 31 March	Siobhan Farmer	Services HPAB, will move in line with this
Gold & Silver GCC	TBC	Steve Mawson/Mandy Quayle	Decide on frequency and function
MPs Briefing	TBC	Pete Bungard	To discuss with CCG/MPs
Recovery Coordinating Group	TBC	Steve Mawson	Steve to discuss with group
Strategic Coordinating Group	Stand Down: Jan 22	LRF/SCG Chair	COMPLETE
New Actions to take for "Living with Covid"			
Develop Living with Covid Plan and incorporate agreed stand down dates	By: 24 Feb	Public Health	
Refine covid information on the website – reducing to a page of information/advice – still linked from front page but not in a banner	By: 31 March	Comms	

Activity	Suggested action	Lead	Notes
Develop outward messaging for 1 April onwards (see below)	From: 1 April	Comms	Needs to include key focus of eg vaccination
Develop internal staff comms	From: 24 Feb	Comms	
Review new working safely with Covid guidance for GCC staff	From: date TBC	Silver	Review when guidance released
Risk Management Strategy	Review of SGC risks and identification of new risks	Health Protection Board	
Develop paper for ongoing resilience needs for communicable disease in Gloucestershire	By: 1 April	Siobhan Farmer/Sarah Scott	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	Sarah Scott	Through Levelling Up conference and wider health inequalities work

Communications principles and key messages

- **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.
 - [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>
Reports for specific groups:			
HPAB	Health Protection Assurance Board EWI report	weekly	Reduce to fit with Board frequency
Engagement Board	Engagement Board EWI report (slightly redacted version of HPAB)	weekly	Stop – refer to gov.uk website
System Briefing	System Briefing - basic cases, mortality, age breakdown, nearest neighbour comparison (redacted version of HPAB)	weekly	Stop – refer to gov.uk website
GOLD Early Warning Indicators report	EWI slides	weekly	Reduce to fit with Gold frequency
Daily email	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	Reduce to weekly. Stop from 1 April when mass testing stops.
Weekly case review - 14 day case review and look back summary	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	Stop – will be picked up as part of early warning report
MPs Briefing	Similar to system Briefing - basic cases, mortality, age breakdown, nearest neighbour comparison (redacted version of HPAB)	weekly	Reduce to fit with MP meeting frequency
Scrutiny reports	Similar to system Briefing - basic cases, mortality, age breakdown, nearest neighbour comparison (redacted version of HPAB)	As needed	Stop – will be covered in general scrutiny update reports after 1 April
SCG Early Warning Indicators		Stopped	Stand back up only if SCG sits again
Vaccination uptake case rate graph	Vaccination uptake overlaid by case rates for each age group	weekly	Reduce to fortnightly as the uptake rate has slowed

Spreadsheets			
Age heat maps spreadsheet	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 st April
CQC deaths in care homes spreadsheet		monthly	Review – feed may continue, may be useful comparison to 5-year average even if covid data ceases
ONS deaths spreadsheet	show significance of all cause mortality vs 5 year rate	monthly	Stop – stand back up if required
Sent to specific others			
Weekly comms roundup	summarises deaths and cases	weekly	Stop – refer to gov.uk website
Weekly contact tracing summary	summary of people going through contact tracing	weekly	Stop – CT will cease
Public facing slides - weekly		weekly	Stop – refer to gov.uk website
For desk: daily flow of care home cases/school helpline data	daily data flow to health protection	weekdays	Reduce based on operational need
School testing case rate graph for school age groups	Graph and summary of cases trends and significance compared to SW/England for school age groups.	fortnightly	Stop – testing will cease. Replace with age data if needed.