



# EAST SUSSEX HEALTH AND WELLBEING BOARD

THURSDAY, 17 SEPTEMBER 2020

2.30 PM CC2, COUNTY HALL, LEWES

**++Please note that Members will join this meeting remotely++**

MEMBERSHIP - Councillor Keith Glazier, East Sussex County Council (Chair)  
Councillor Carl Maynard, East Sussex County Council  
Councillor John Ungar, East Sussex County Council  
Councillor Trevor Webb, East Sussex County Council  
Councillor Philip Lunn, Wealden District Council  
Councillor Rebecca Whippy, Eastbourne Borough Council  
Louise Ansari, East Sussex Clinical Commissioning Group  
Jessica Britton, East Sussex Clinical Commissioning Group  
Dr David Warden, East Sussex Clinical Commissioning Group  
Keith Hinkley, Director of Adult Social Care and Health, ESCC  
Stuart Gallimore, Director of Children's Services, ESCC  
Darrell Gale, Director of Public Health  
John Routledge, Healthwatch East Sussex  
Sarah MacDonald, NHS England South (South East)  
Dr Adrian Bull, East Sussex Healthcare NHS Trust  
Siobhan Melia, Sussex Community NHS Trust  
Samantha Allen, Sussex Partnership NHS Foundation Trust

INVITED OBSERVERS WITH SPEAKING RIGHTS Councillor Paul Barnett, Hastings Borough Council  
Councillor Zoe Nicholson, Lewes District Council  
Councillor John Barnes MBE, Rother District Council  
Becky Shaw, Chief Executive, ESCC  
Michelle Nice, Voluntary and Community Sector Representative  
Mark Andrews, East Sussex Fire and Rescue Service  
Katy Bourne, Sussex Police and Crime Commissioner

## A G E N D A

- 1 Minutes of meeting of Health and Wellbeing Board held on 14 July 2020 *(Pages 3 - 10)*
- 2 Apologies for absence
- 3 Disclosure by all members present of personal interests in matters on the agenda
- 4 Urgent items  
Notification of items which the Chair considers to be urgent and proposes to take at the end of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgently
- 5 East Sussex Health and Social Care Programme - programme update report *(Pages 11 - 22)*
- 6 Presentation on Health and Social Care Programme Key Developments in 2019/20 *(Pages 23 - 36)*

- 7 Sussex Health and Care Partnership Winter Plan (*Pages 37 - 54*)
- 8 East Sussex Outbreak Control Plan Update (*Pages 55 - 138*)
- 9 Support to Care Homes and Covid-19 Impact on Black Asian Minority Ethnic Groups (*Pages 139 - 144*)
- 10 Safeguarding Adults Board (SAB) Annual Report 2019-20 (*Pages 145 - 198*)
- 11 Work programme (*Pages 199 - 200*)
- 12 Any other items previously notified under agenda item 4

PHILIP BAKER  
Assistant Chief Executive  
County Hall, St Anne's Crescent  
LEWES BN7 1UE

9 September 2020

Contact Harvey Winder, Democratic Services Officer, 01273 481796,

Email: [harvey.winder@eastsussex.gov.uk](mailto:harvey.winder@eastsussex.gov.uk)

**NOTE: As part of the County Council's drive to increase accessibility to its public meetings, this meeting will be broadcast live on its website and the record archived. The live broadcast is accessible at: [www.eastsussex.gov.uk/yourcouncil/webcasts/default.htm](http://www.eastsussex.gov.uk/yourcouncil/webcasts/default.htm)**

## EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at CC2, County Hall, Lewes on 14 July 2020. Members joined the meeting remotely

---

### MEMBERS PRESENT

Councillor Keith Glazier (Chair)  
Councillor Carl Maynard, Councillor John Ungar, Councillor Trevor Webb, Councillor Philip Lunn, Councillor Paul Barnett, Jessica Britton, Louise Ansari, Keith Hinkley, Stuart Gallimore, Darrell Gale, John Routledge, Joanne Chadwick-Bell and Siobhan Melia

INVITED OBSERVERS PRESENT Councillor Rebecca Whippy, Councillor Zoe Nicholson, Councillor John Barnes MBE, Becky Shaw and Sophie Hepworth

### 1 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 3 MARCH 2020

1.1. The minutes of the meeting held on 3 March 2020 were agreed as a correct record.

### 2 APOLOGIES FOR ABSENCE

2.1. The following apologies were received:

- Sarah MacDonald, NHS England
- Sam Allen, Sussex Partnership NHS Foundation Trust

2.2. The following substitutions were made

- Dr Richard Warden, Chair of East Sussex CCG (Substitute Julia Rudrum)
- Adrian Bull, East Sussex Healthcare NHS Trust (substitute Joe Chadwick-Bell)
- Cllr Sean MacLeod (substitute Cllr Zoe Nicholson)
- Mark Andrews (substitute Sophie Hepworth)

2.3. Zoe Nicholson left after item 6

2.4. Siobhan Melia and Joe Chadwick-Bell left after item 8.

### 3 DISCLOSURE BY ALL MEMBERS PRESENT OF PERSONAL INTERESTS IN MATTERS ON THE AGENDA

3.1. Cllr Ungar declared a personal interest as a member of the Green Street Patient Participation Group.

### 4 URGENT ITEMS

4.1 There were no urgent items

## 5 EAST SUSSEX HEALTH AND SOCIAL CARE PLAN PROGRESS UPDATE

5.1. The Board considered a report providing an update on work to implement a revised East Sussex integration programme in 2020/21 as a result of the changes brought about by the COVID-19 pandemic.

5.2. The Board asked which new models of care that have emerged during Covid-19 would be kept and expanded. The Board was particularly keen to see the continuation of the community hubs, given their important role in prevention.

5.3. Vicky Smith, Programme Director - East Sussex Health and Social Care Transformation, explained that the new models of care that partners are keen to retain or develop further included:

- the new community hub arrangements, which have helped with patient flows, as well as improved working between East Sussex County Council, the East Sussex Clinical Commissioning Group (CCG), district and borough councils, and community and voluntary sector (CVS).
- Remote working and virtual team meetings, which has aided the recently established integrated locality health and social care teams. This is due to the fact that finding appropriate estate for social workers, district nurses and occupational therapists to co-locate was proving to be a challenge.
- The co-ordinated whole system support for care homes during the pandemic, which seen a dramatic improvement in working together across primary, community, adult social care and the independent sector – and between commissioners and providers – to support care and nursing homes.

5.4. Keith Hinkley, Director of Adult Social Care and Health, explained that it was important now for all partners to think about what the best ways were of doing things collaboratively so that they can be maintained in the future. Partners are likely to be pragmatic for the rest of the year and continue to support the arrangements that have been developed over the last four months. After that time, it will be necessary to decide on the long term future of these services and whether they can be enhanced.

5.5. The Board asked what the plans were for re-engaging the public in relation to the East Sussex Health and Social Care Plan (ESHSCP).

5.6. Vicky Smith said that the key principles of the ESHSCP will not have changed following the pandemic and much engagement around these already took place prior to publishing the current plan. Partner organisations are now in the process of determining which elements of the ESHSCP need to be adjusted in light of Covid-19. Once this process is complete, partners will take a view of which elements of the revised ESHSCP they will need to conduct engagement with the public and patients. for example, proposed new services.

5.7. The Board asked about the impact of agency staff working in more than one care home during the pandemic.

5.8. Keith Hinkley explained that movement of agency staff between care homes during the pandemic has been identified nationally as an issue. It is the case, however, that there is roughly a 10% shortfall in the social care workforce nationally and that creates an environment where there is a disproportionate amount of agency staff. East Sussex County Council has invested heavily in increasing fee rates in home care and care home sector, which has helped

to some extent, as well as offering an improved training package for care workers. Something, however, needs to be done long term at a national level to enable greater investment in more care staff. There is a national Adult Social Care Taskforce established to focus on a response during the winter period to a potential second surge, and it is really important that work translates into longer term improvements to recruitment and retention.

5.9. The Board asked about how community response to the pandemic can be retained, for example, new organisations like Heart in Hastings which within a couple of weeks had 1,000 volunteers.

5.10. Keith Hinkley explained there has been a commitment to a more localised approach but this has been slow to develop but discussions and mobilisation of resources during the pandemic at a local level has seen significant progress made. It is important now for statutory agencies to work with local networks to develop responses to the issues arising from Covid-19, such as loneliness. step. It is also important that in the future these local groups are integrated with primary, community and social care services to ensure there is a system in place that fulfils statutory responsibilities and also delivers responsive local services to those in need.

5.11. The Board RESOLVED to:

1) Note the work that has been taking place to review the East Sussex health and social care integration programme objectives and projects, taking account of changes to our integrated working due to COVID-19; and

2) Receive a further report in September which will set out in more detail the proposed integration programme objectives and projects

## 6 EAST SUSSEX OUTBREAK CONTROL PLAN

6.1. The Board considered a report seeking approval of the proposed East Sussex Outbreak Control Plan.

6.2. The Board asked whether the Pillar 2 testing information had not been available in Leicester and whether it is made available for East Sussex Public Health Team within 24 hours.

6.3. Darrell Gale, Director of Public Health, explained that Leicester's Public Health Team had started to look at pillar 1 testing and had raised concerns with the centre that had not been heeded. Pillar 2 data was later made available to the local public health team and within a day Matt Hancock declared the local lockdown, as the centre had seen the data at an earlier date and was responding to it. East Sussex Public Health Team (PH) is now getting pillar 2 data usually within 24 hours, although the weekend can cause delays.

6.4. The Board asked about the reasons for the difference in the number of cases between Hastings and the rest of the county.

6.5. Darrell Gale explained that Hastings had the second lowest and now, following the addition of pillar 2 data, has the 13th lowest number of infections in England. The pillar 2 data added a number of positive results from the community, care homes and other settings. Hastings and Rother, however, still have a considerably lower infection rate than the rest of the county.

6.6. Darrell Gale said that PH is working closely with the local universities on an investigation into why Hastings and Rother have a lower infection rate, especially given the higher health inequalities and Black and Minority Ethnic (BAME) population and tendency of these factors to lead to worse outcomes. Some of the reasons being investigated include the fact the Hastings

Borough Council and Rother District Council both cancelled public gatherings sooner than the national lockdown, and the area has poor transport links so was behind the curve in transmission rates when the local moves towards lockdown were made. The investigation would include direct engagement with communities, including the BAME population.

6.7. The Board asked whether there is any ethnicity data collected on pillar 2 and if not whether this meant there is no clear understanding of the impact of Covid-19 on BAME.

6.8. Darrell Gale said he had not seen the most recent figures but it was case that previous tranches of pillar 2 data did not include ethnicity data for local populations or workforce, which are essential for helping to identify the impact of the virus on BAME community. He explained it is possible, however, for the PH to understand the impact on BAME communities via a proxy measure of comparing the postcodes of people with positive results included in pillar 2 data with the known location of BAME populations in the county.

6.9. Rob Tolfree, Public Health Consultant, confirmed that the issues with the dataset stem from both how it is collected and how it is distributed locally. Pillar 1 testing by the NHS and Public Health England records the ethnicity of a patient 50% of the time, meaning the information is there but is not cascading down to public health teams. Pillar 2 data is slightly better with some ethnicity data coming through to public health teams, but it is still less than 20%. It is, however, continuing to improve.

6.10. Louise Ansari, Lay Member (Patient and Public Involvement), NHS East Sussex CCG, explained that the CCG had been undertaking individual risk assessments for BAME staff and has a locally commissioned service which is seeking to identify at risk BAME patients and individually contact them.

6.11. Jessica Britton assured the Board there was a Sussex-wide plan with senior sign off from all partners containing a coordinated approach towards safeguarding BAME staff and population.

6.12. The Board asked for confirmation whether there has been any deaths locally of health workers.

6.13. Darrell Gale said there had been deaths in East Sussex including one employed by East Sussex Healthcare NHS Trust (ESHT). Joe Chadwick-Bell, Chief Operating Officer at ESHT, added that this member of staff had sadly passed early in the pandemic but was not working for the Trust in the weeks before becoming unwell. Other staff have since become very ill with Covid-19 whilst working. The Trust and CCG is offering BAME staff risks assessments and the Trust is complying with them; staff with symptoms are subject to track and trace; and all staff are offered antibody tests, with figures being passed on to PH.

6.14. The Board asked what communications can be done locally around the local outbreak control plan and how they will be disseminated, including to BAME communities.

6.15. Darrell Gale said the local outbreak plan is publicised through the HWB but is not meant to be read widely by the public, although it is accessible to those who do wish to read it. There is expected to be further central guidance on how to communicate actions during a local lockdown based on what has been learned during Leicester, including communicating in different languages. Communicating to local populations about new laws and restrictions such as wearing masks in shops is also necessary and the PH is working on how best to do so. He said it was important that organisations send out press releases as a joint effort with clear messages speaking as one voice to avoid confusion. PH releases a public bulletin on available Covid-19 data in East Sussex to stakeholders as a way of informing them and helping them to counteract

rumours. The bulletin also contains general messaging on hand washing and face covering which, without a vaccine, remain the best ways to forestall the virus.

6.16. The Board asked whether the Public Health Team felt it was fully supported by the Government .

6.17. Darrell Gale said that this is an unprecedented situation, and everyone was still learning on the job. This meant that whilst there may have been some errors made, everyone has been working on reducing the impact of the virus. Due to the unprecedented nature of the virus, there is regular changes to national guidance that local public health teams must keep on top of, for example, Personal Protective Equipment (PPE) guidance changed 20 times for health and care workers during April. PH is also able to raise quickly concerns when it is not happy about national advice or support via the professional director of public health association and via individual local authorities.

6.18. The Board asked whether the Public Health Team had sufficient funding to respond adequately to the Covid-19.

6.19. Darrell Gale explained that the Council had received £2.5m of funding to support outbreak planning with no certainty whether it is a one-off or will be repeated annually. In response to the uncertainty, PH has identified some areas to invest this money but is spending it slowly in case more is not forthcoming. The Team has capacity within its local contract tracing team and will be able to step up and provide contact tracing if asked to.

6.20. The Board asked whether there is a trend in an increase in the non-Covid related deaths.

6.21. Darrell Gale said looking at five-year data on normal patterns of death the unexpected numbers of deaths has tailed off in the last few weeks and may now enter a period of fewer deaths than the five year average. This is partly because some lives lost during the peak were people who were frail and in end of life settings that would have died in next few weeks or months.

6.22. The Board asked about whether the quarterly meetings of HWB are sufficient to enable it to fulfil the role of the engagement board for the East Sussex Outbreak Control Plan.

6.23. Darrell Gale said that it felt sensible to use existing governance structures to fulfil the requirement for a public-facing board led by council members. The frequency of meetings is driven by the current need and the Board could meet more frequently if needs be, including in response to an urgent need.

6.24. The Board RESOLVED to:

- 1) approve the proposed East Sussex Outbreak Control Plan (appendix 1);
- 2) agree to receive a further report at its September 2020 meeting updating on the development of the Plan and an update on the pandemic response; and
- 3) request that the weekly Public Health Bulletin is circulated to the HWB.

## 7 THE SUSSEX WIDE CHILDREN & YOUNG PERSON'S EMOTIONAL HEALTH & WELLBEING SERVICE REVIEW

7.1. The Board considered a report on the Sussex-wide review of Children and Young Persons' Emotional Health and Wellbeing Services.

7.2. The Board asked where the funding for the improvements identified in the report would come from, and whether there are any tangible outcomes that progress will be measured against and how will it be delivered, including via the community and voluntary sector.

7.3. Steve Appleton, Independent Chair, said that the delivery of the recommendations would be for the individual commissioning organisations that were the subject of the review to deliver. The report identifies opportunities to do things more effectively and provide a better service for children and young people, but it is likely this will have some financial impact.

7.4. The Board asked whether it is possible for the recommendations of this report to be absorbed into the workstreams of the ESHSCP to ensure they are acted on, for example, through both the children's and mental health workstreams of those ESHSCP.

7.5. Steve Appleton agreed that there should be local change as a result of the report and that HWB can play an important part in monitoring the implementation of the report's recommendations.

7.6. The Board RESOLVED to:

1. Note the Independently Chaired Report – Foundations For Our Future - at Appendix 1;
2. Note the Concordat Agreement which underpins the partnership commitment to act upon the recommendations – at Appendix 2; and
3. Endorse the recommendations described in the Report.

## 8 JOINT TARGETED AREA INSPECTION OF THE MULTI-AGENCY RESPONSES TO CHILDREN'S MENTAL HEALTH IN EAST SUSSEX

8.1. The Board considered a report on the outcome of the joint targeted area inspection (JTAI) of the multi-agency responses to children's mental health in East Sussex.

8.2. The Board asked how the delay in mental health CAMHS assessments could be reduced.

8.3. Jessica Britton, Executive Managing Director of East Sussex CCG, said

8.4. Ruth Hollman, Director of CAMHS, agreed that people wait too long for diagnosis and that this has been going on a long time. The number of children or young people referred to specialist services such as CAMHS has also continued to increase recently. This means that the mental health pathway for children and young people needs continued investment at the earliest stages where parents and children are trying to access support and advice. This is a workstream of the ESHSCP and East Sussex has made considerable progress in this area already, both through the establishment of a Single Point of Advice (SPOA) for people calling about child and young people mental health issues; and the iRock services in Hastings and Eastbourne that provide low level mental health support and signposting to other services than mental health, such as housing support, which may be the cause of distress in some people.

8.5. Stuart Gallimore, Director of Children Services, added that the JTAI report speaks highly of the partnership arrangements and the innovations in place. SPOA had been in place for 6-8 months at time of the inspection and the report welcomes its ability to bring in support from the Council's early help and health visiting services along with SPFT's CAMHS practitioners to



ensure help is provided at the earliest possible time and avoids waiting for clinicians, except for those who need it.

8.6. The Board RESOLVED to:

- 1) note the findings of the inspection into the multi-agency responses to children's mental health in East Sussex which was published 14 April (Appendix 1); and
- 2) note the multi-agency action plan which has been developed to address the areas for development (Appendix 2).

## 9 HEALTHWATCH ANNUAL REPORT 2019-20

9.1. The Board considered a report and presentation providing an overview of Healthwatch East Sussex's Annual Report 2019-20

9.2. The Board thanked Healthwatch for the presentation and the work that Healthwatch does highlighting the views of the public.

9.3. Keith Hinkley suggested that the future plans of Healthwatch should be timetabled alongside the plans of the rest of the ESHSCP in due course.

The Board RESOLVED to note the report.

## 10 WORK PROGRAMME

10.1. The Board considered its work programme.

10.2. The Board RESOLVED to:

- 1) note the work programme; and
- 2) note that the Board may need to meet more often in the future as part of the East Sussex Outbreak Control Plan

The meeting ended at 4.45 pm.

Councillor Keith Glazier (Chair)

This page is intentionally left blank

**Report to:** East Sussex Health and Wellbeing Board

**Date of meeting:** 17<sup>th</sup> September 2020

**By:** Director of Adult Social Care and Health and Executive Managing Director, East Sussex Clinical Commissioning Group (CCG)

**Title:** East Sussex Health and Social Care Programme – programme update report

**Purpose:** To consider progress on work to implement a revised East Sussex integration programme in 2020/21, as a result of the changes brought about by the COVID-19 pandemic

---

## **RECOMMENDATIONS**

The Health and Wellbeing Board (HWB) is recommended to:

- 1) Note the progress made with producing a revised East Sussex health and social care integration programme, taking account of changes to our integrated working due to COVID-19.**
  - 2) Note that detailed projects and metrics for the finalised programme will be worked up in the suggested areas to enable programme monitoring.**
- 

### **1 Background**

1.1 Our collective system business associated with the East Sussex Plan and integration programme has been paused since March in order to enable our health and social care system to focus on the management of our urgent response to the COVID-19 pandemic. This included adapting our system governance in order to deliver the emergency response where this has required coordination and grip across the whole system.

1.2 The management of the pandemic has presented additional ongoing responsibilities that require a collaborative response from our whole health and social care system, including:

- Local Care Homes Resilience Plan and mutual aid support to the care market;
- Local Outbreak Control Plan (covered as a separate item on the agenda);
- Implementing of Phase 3 of the NHS response to the COVID-19 pandemic, including restoration and recovery of healthcare services to 'near normal' levels;
- Our local East Sussex and Sussex-wide Winter Plans (covered as a separate item on the agenda), and;
- The likelihood that the Department of Health and Social Care's Social Care Task Force will request a separate Winter Plan to be submitted for Social Care.

1.3 Our existing system governance has provided a robust platform for managing these additional responsibilities and ensuring that plans fully align to deliver the best possible outcomes for the population in East Sussex. We are also continuing to balance the immediate and pressing issues relating to COVID-19 and winter planning, with the pace and delivery of our shared priorities for transformation set out in our long term East Sussex Health and Social Care Plan, and aimed at meeting the health and social care needs of our population, reducing health inequalities and deliver long term sustainability.

1.4 The previous report to the Health and Wellbeing Board on the 14<sup>th</sup> July outlined the new models and ways of working that have emerged at speed during the pandemic, as a result of the changes made to allow for surge capacity within our hospitals and managing delivery of services

and support during lockdown, social distancing and shielding. This report brings an update on our further progress with revising and updating our integration programme priorities and objectives for 2020/21 to take account of:

- The learning from new ways of working that have rapidly been developed as part of our system response to the pandemic, and sustaining new models of delivery where there have been agreed benefits;
- The impacts of responding to the COVID-19 pandemic and the ongoing need to manage the response during 2020/21;
- New responsibilities and changes in focus, and broader restoration and recovery planning, and;
- The need to manage capacity, resources and risks appropriately across our system for the remainder of 2020/21.

## **2 Supporting information**

### ***Revised integration programme for 2020/21***

2.1 Our focus is to ensure we can identify and prioritise the key areas of development that will enable our system to continue to make further progress as an Integrated Care Partnership (ICP) in 2020/21, and deliver the long term outcomes set out in our East Sussex Plan.

2.2 Discussions have taken place across our system during June, July and August to identify the potential integration projects that are now emerging as critical shared priorities during the remainder of 2020/21, given the changes in focus due to COVID-19, and broader restoration and recovery planning. This covers children and young people, community, urgent care, planned care, and mental health. Within these, priorities for personalisation, prevention, and reducing health inequalities have also been taken into consideration.

2.3 Appendix 1 describes the suggested project areas that have emerged out of recent system discussions as being appropriate priorities for our collective system working in order to make progress during the remainder of 2020/21. Ahead of fully working up objectives, projects and Key Performance Indicators (KPIs) in more detail these areas are currently being further tested and sense-checked to ensure they contribute wherever possible to:

- Offering greater levels and experience of integrated care and personalised care and support;
- Maximising the potential for prevention, early intervention and avoiding unnecessary attendance or admission to hospital;
- Supporting patient flow through hospital and reduced length of stay, and planning for winter and the ongoing need to manage the response to COVID-19, including any possible outbreak control if necessary;
- Supporting our individual organisations' core service delivery, including local NHS and Sussex Integrated Care System (ICS) plans for recovery and restoration of services, including the national requirement to restore NHS services to pre-COVID-19 levels, and;
- Alignment with broader Sussex-wide programmes of work where appropriate to meet the health and social care needs of our East Sussex population, for example the collaboratives for acute care, primary and community, and mental health, and the planned care and cancer programmes.

2.4 In addition to testing the agreed benefits for our system in the short and medium term, attention is also being given to programme resources and capacity, and specifically our operational capacity to manage and deliver the revised programme in the current environment.

2.5 Once the programme and the finalised list of projects has been agreed by the East Sussex Health and Social Care Executive Group at the end of August, the next step will be to set out a framework of realistic programme metrics and resources for the remainder of 2020/21, taking into account the current challenges, complexities and risks across our whole system.

### ***System governance and engagement***

2.6 Although there will continue to be further detail to work through, we will return to our integration programme delivery and monitoring in a phased and manageable way by the early autumn. Alongside the monthly meetings of the (COVID-19) East Sussex Health and Social Care Executive Group throughout the pandemic response, the following oversight boards have held meetings during June, July and August to review their partnership programmes for the restoration exercise, and develop other critical action plans such as preparation for winter and supporting recovery and restoration of services:

- Children and Young People Oversight Board
- Community Oversight Board
- Local A&E Delivery and Urgent Care Oversight Board
- Planned Care Oversight Board
- Meetings have taken place in July and August to establish the new East Sussex Mental Health Oversight Board and programme, considering the terms of reference, potential programme scope, including what will be led at the East Sussex level alignment with the Sussex ICS Mental Health Collaborative Programme.

2.7 Our East Sussex Health and Social Care System Partnership Board met again on 6<sup>th</sup> August to re-engage after a pause since April 2020. This was a welcome opportunity to review our position after the initial phase of the pandemic from each of our organisational perspectives, including District and Borough Councils, Healthwatch and the Voluntary and Community Sector, alongside core health and social care system partners.

2.8 The suggested project areas that have emerged out of recent system discussions as being appropriate priorities for our collective system working (set out in Appendix 1) were shared at the meeting. The meeting discussion has helped shape where the focus of the System Partnership Board can be used to best effect to add value to our collective system plans, in the context of managing the ongoing pandemic response. The key messages from the meeting are attached in Appendix 2.

2.9 The partnership nature of the discussions across our system has been fundamental to the process of restoring the integration programme. As the revised programmes and projects are worked up in detail this will include future arrangements for partner organisations to be involved in project delivery where there is a shared interest, and how clients, patients and carers will be involved. Health inequalities and equality impact screens and full assessments will also be undertaken if this is required as part of future agreed projects.

2.10 As the broader Sussex Integrated Care System (ICS) governance embeds further work is also underway to understand how plans can be best developed and delivered in different footprints within the ICS, and ensure appropriate alignment. This has taken into consideration the previous agreements about how accountability will work across the Sussex ICS, and the role Councils have as sovereign organisations in the partnership.

### ***Integrated commissioning for population health***

2.11 Our previous plans have set out how in the long term this will describe what is led at the East Sussex level, the outcomes our ICP has to deliver to meet the health and care needs of our population and the collective resources available to do this. As part of this and to support the

broader development of our ICP at the meeting in March the Health and Wellbeing Board agreed to adopt our shared Outcomes Framework as a working document in 2020/21, to link this with developing how we strategically commission our ICP and measure performance in delivering improvements in four areas:

- Population health and wellbeing
- Experience of local people
- Quality care and support
- Transforming services for sustainability

2.12 Developing a model of integrated commissioning for population health will entail shaping and strengthening how our East Sussex ICP operates as both a commissioner and provider of services for our East Sussex population. Responding to COVID-19 together as a system has rapidly developed a faster more collaborative approach between NHS commissioners and providers, and across our joint work with voluntary and independent care sector providers. Specific areas of work have been identified to help us build on this to accelerate our model for integrated commissioning this year, so that we can use the learning to inform the next steps for taking this forward in 2021/22. The areas are:

- Developing a plan and programme for mental health and wellbeing;
- Developing sustainable community hubs and wider integrated working;
- Integrated commissioning of hospital discharge and pathways; and
- Supporting and shaping care markets.

2.14 High level detail about these areas of work can be found in Appendix 1, and monitoring of progress will dovetail with our wider programme governance arrangements. A next step will be to revisit our plans set out at the beginning of 2020/21 to design meaningful monitoring of our shared system Outcomes Framework and setting outcome measures and performance indicators, in conjunction with the monitoring of our integration programme.

### **3. Conclusion and reasons for recommendations**

3.1 Strong progress has been made with updating our programme both to understand the learning from new ways of working that have rapidly been developed as part of our system response to the pandemic, and sustain new models of delivery where there have been agreed benefits.

3.2 Responding to the COVID-19 pandemic has brought with it additional responsibilities for our health and social care system. The updated integration programme will enable us to take account of the new responsibilities and changes in focus, and broader restoration and recovery planning.

3.2 As part of reaching a finalised list of projects, the recommended areas for the revised programme are being further sense-checked to ensure there is a good fit with current additional requirements placed on our system. This includes the need to manage capacity, resources and risks appropriately across our system for the remainder of 2020/21. Detailed projects and metrics will then be worked up in the suggested areas to enable programme monitoring.

**JESSICA BRITTON**

**Executive Managing Director, East Sussex CCG**

**KEITH HINKLEY**

**Director of Adult Social Care and Health, ESCC**

Contact Officer: Vicky Smith

Tel. No. 01273 482036 / 07827 841063

Email: Vicky.smith@eastsussex.gov.uk

Appendix 1 Draft Summary of potential integration programme projects and suggested areas for system working in 2020/21

Appendix 2 Key messages from the East Sussex Health and Social Care System Partnership Board meeting

This page is intentionally left blank



## **DRAFT Summary of potential integration programme projects and suggested areas for system working in 2020/21**

In the context of our wider core business and the continuous improvement of services across our system, the following areas are emerging out of our recent system discussions as being appropriate priorities for our collective system working, in order to add increased value and make further progress during the remainder of 2020/21. Acknowledging that programmes are at different stages of being formalised, ahead of working up objectives, projects and KPIs in more detail these potential areas are currently being further sense-checked to ensure they contribute wherever possible to:

- Offering greater levels and experience of integrated care and personalised care and support;
- Maximising the potential for prevention, early intervention and avoiding unnecessary attendance or admission to hospital;
- Supporting patient flow through hospital, and planning for winter, including the ongoing need to manage the pandemic response and possible outbreak control if this is necessary;
- Supporting organisation and Sussex ICS plans for recovery and restoration of services, including the national requirement to restore NHS services to pre-COVID-19 levels, and;
- Alignment with broader Sussex-wide programme delivery where appropriate, for example the acute care collaborative, primary care and community collaborative and mental health collaborative.

As a result we are developing a revised programme that takes into account the changes and new service models that have recently been put in place and the learning from this work. Our integration programme restoration will focus on the priorities for our recovery and ongoing transformation of care that make best sense to be collectively led at the East Sussex level, covering Children and Young People; Community; Urgent Care; Planned Care, and; Mental Health. Priorities for personalisation, prevention and reducing health inequalities will also where appropriate form a part of each of these programme areas and projects.

### **Potential projects for the children and young people programme**

A programme has been developed to enable increased levels of age-appropriate integrated care across local NHS and Children's Social Care; including integrating physical and mental health services; joint working between primary, community and acute services, and; supporting transition to adult services.

The initial suggested focus will be:

- Pathways and commissioning approach for children in secure or specialist placements.
- Development of new free special schools with places for children with Social Emotional and Mental Health, autism and profound multiple learning difficulties.
- Pathways for children and young people with Autism, ADHD and other neurodevelopmental disorders, aligning local implementation with the outcomes and recommendations from the recently published Sussex-wide Review of Emotional Health and Wellbeing Support for Children and Young People (May 2020).
- Mental health and emotional wellbeing services aligning local implementation with the outcomes and recommendations from the recently published Sussex-wide Review of Emotional Health and Wellbeing Support for Children and Young People (May 2020), and the areas for development outlined in the joint targeted area inspection of the multi-agency responses to children's mental health in East Sussex.
- Pathways for young people transitioning from the children's disability service to adult health and social care services.

### **Potential projects for the community programme**

The previously agreed target operating model for community health and social care services has been reviewed in light of the learning from delivering the response to COVID-19, with the following areas suggested as the revised priorities:

- Joint review and development of hospital discharge processes in the context of embedding hospital discharge hubs that have been developed as part of the pandemic response, including out of county acute pathways.

- In the context of the above work some specific projects on Home First Pathways:
  - Developing a multi-disciplinary, integrated rapid response community team to deliver Home First Pathway 1 (hospital discharge to own home with a package of support).
  - Reviewing Home First Pathway 3 (discharge to temporary nursing or residential beds for assessment), across acute and community health and social care processes and a strategic approach to commissioning, procurement and supplier management of beds.
- Developing and delivering a system approach to supporting care homes through building on the East Sussex Care Homes Resilience Plan and mutual aid support and the primary care Directed Enhanced Service to deliver a cohesive model of support.
- Developing a strategic partnership approach to workforce across Primary Care Networks, community health providers and Adult Social Care relating to allied health professional and practitioner roles.
- Continuing to implement the use of SingleView in community health and social care and linking other key systems in order to give a summary view across more key services.
- Sustaining the Community Hubs that were created by the Council, District and Borough Councils, Voluntary and Community Sector (VCS) and CCG in response to COVID-19 and lock down, including designing a future model.
- Exploring out of hospital assessments and trusted assessor models for Continuing Healthcare, integration of ASC and NHS CHC processes and linking with the work to review Hospital Discharge processes described above.

#### **Potential projects for the urgent care programme**

Continued implementation of our urgent care plans and programme including:

- Expanding the High Intensity User service introduced last year in East Sussex, refining the offer and delivering to a wider potential cohort of people who frequently use services.
- Continued implementation of the integrated urgent care model, including NHS 111 First and Talk Before You Walk.
- Further consolidation of the Professional Support Line and Health and Social Care Connect to align with the Target Operating Model for community health and social care services, and streamline access to health professionals.
- Redesigning falls prevention services to ensure best practice and reduce unwarranted variation.

#### **Potential projects for the planned care programme**

- The overriding priority is restoration and recovery of services in line with national requirements with particular reference to planned care and cancer. Further to this specific focus may be given to some of the following schemes in support of that agenda:
  - Supporting the Sussex-wide redesign of Sussex-wide ophthalmology services covering Glaucoma, Retinal AMD and Cataracts.
  - Medicines optimisation.
  - Outpatient transformation and ensuring increased use of clinical Advice and Guidance, and increased use of remote and video consultations according to need alongside face-to-face consultations where this is needed.
  - Continued improvement of diabetes care in the community.
  - Optimising primary care pathology test requests through Direct Access.
  - Multi-disciplinary led triage for GP Gastroenterology referrals.
  - Place-based implementation to support programmes aimed at reducing unwarranted variation and standardisation of care delivery across Sussex.
  - Reviewing Cardiology Services in acute and community settings.

#### **Potential projects for mental health**

- Developing a single plan and programme for East Sussex covering:
  - NHS Mental Health LTP and restoration of services, including alignment with the ICS Mental Health Collaborative programme;
  - Commissioned services and supported accommodation and housing developments;

- Operational priorities and joint working;
- Prevention and voluntary and community sector support, including links with the community hubs and primary care

21<sup>st</sup> August 2020

DRAFT

This page is intentionally left blank



## East Sussex Health and Social Care System Partnership Board

### Key messages from the meeting – 6<sup>th</sup> August 2020

#### Background

*Launched in September 2019, the System Partnership Board (SPB) is accountable to our East Sussex Health and Wellbeing Board which oversees how well we work together as a system, and it will also feed into our Sussex Health and Care Partnership. Through aligning organisational plans across our health, social care and wellbeing system, the focus for the System Partnership Board is to oversee and help shape the following developments:*

- *Our East Sussex Health and Social Care Plan, which sets out **what** we need to do to drive the developments required to meet the health and care needs of our population. This is done through agreeing our local priorities for collaboration and our contribution to the wider Sussex Health and Care Partnership strategy to help achieve NHS Long Term Plan ambitions*
- *Our proposals for **how** our organisations can best organise ourselves to deliver our plans as an Integrated Care Partnership (ICP) in 2020/21 and beyond*
- *Further developing our approach to population health and social care commissioning in East Sussex to deliver improved **outcomes** and reduce health inequalities*

*The membership embraces broader representation to help impact on the wider determinants of health. This includes East Sussex Healthcare NHS Trust, Sussex Community NHS Foundation Trust, Sussex Partnership NHS Foundation Trust, East Sussex District and Borough Councils, Healthwatch and the voluntary sector, alongside East Sussex Clinical Commissioning Group and East Sussex County Council as statutory health and social care commissioners, and is now being expanded to invite representation from Primary Care Networks in East Sussex. Everyone on the System Partnership Board (SPB) feeds back to a broader constituency, and we have agreed to capture the key messages from each meeting to support this.*

#### Key messages

The System Partnership Board met again on 6<sup>th</sup> August to resume work after our planned meetings in April and June were suspended to enable our system to focus on the management of our emergency response to the COVID-19 pandemic. The meeting was an opportunity to focus on restarting our system integration work in the context of broader restoration and recovery plans, and the ongoing management of the COVID-19 pandemic.

The meeting was a welcome opportunity to consider the impacts of COVID-19 after the initial phase of the pandemic, from each of our organisational perspectives. In considering how we can use the future planned meetings of the System Partnership Boards to best effect for the remainder of 2020/21, the following themes were highlighted during discussions:

- We will be working in the context of COVID-19 for the foreseeable future. In addition to the impact on people's health there are wider economic and social impacts of the pandemic for example rising unemployment and financial hardship and social isolation, and this will have a continuing impact on our communities and the types of services and support that people will need, with changes in demand for all of our services that we will need to adapt to. There is a clear role for our System Partnership Board in helping us to agree priorities and coordinate leadership action in our communities on these wider impacts.

- It is also crucial that we maintain and continue to strengthen the strong integrated working that has served us so well in East Sussex in responding to the pandemic, and we will look to work together to hold on to what has worked well from new models and ways of working that have been implemented rapidly in the past few months to support the most vulnerable people in our communities.
- To support this during the rest of 2020/21 as a System we will need to make links across our revised integration programme between the restoration of healthcare and mental health services, primary, community and urgent care services, social care and the support provided by community hubs and the wider voluntary and community sector, to ensure we can get the most benefit for our population.
- We have seen a rise in the use of digital technology which has been valuable in maintaining contact and services for some of our most vulnerable people, and widening access for others. We will continue to embrace technology, whilst at the same time acknowledging the need to protect the interests of those at risk of digital exclusion to find solutions that can work for everyone.
- Within all of this we need to be realistic about our resources and the ongoing requirements of managing a Pandemic and restoring and recovering services. This will include maintaining the strong, collaborative working ethos and fast paced decision-making and action, that has been seen in our response to COVID-19. We will also be mindful of the ongoing pressures on our staff and volunteers and ensure that we focus on the shared priorities that will add value in this current context, and make sure we carefully balance the momentum and pace of our transformation work with delivering our ongoing response to the Pandemic.

The SPB will meet again in October 2020.

For more information please contact: Vicky Smith, Programme Director – East Sussex Health and Social Care Transformation.

Email: [vicky.smith@eastsussex.gov.uk](mailto:vicky.smith@eastsussex.gov.uk)

**Report to:** East Sussex Health and Wellbeing Board

**Date of meeting:** 17<sup>th</sup> September 2020

**By:** Director of Adult Social Care and Health and Executive Managing Director, East Sussex Clinical Commissioning Group (CCG)

**Title:** Presentation: Health and Social Care Programme Key Developments in 2019/20

**Purpose:** To provide an update on key developments and progress in 2019/20

---

## RECOMMENDATIONS

The Health and Wellbeing Board is recommended to consider and note the report

---

### 1. Background

1.1 The attached presentation provides a summary of the key developments and progress made by East Sussex Clinical Commissioning Groups<sup>1</sup>, East Sussex County Council, East Sussex Healthcare NHS Trust, Sussex Community NHS Foundation Trust and Sussex Partnership NHS Foundation Trust through our health and social care programme in 2019/20.

### 2. Supporting information

The attached presentation covers:

- Key building blocks in 2019/20
- Integration programme impacts
- East Sussex Health and Social Care Plan
- East Sussex Integrated Care Partnership Development
- External judgements about East Sussex in 2019/20
- Delivering the emergency response to COVID-19
- Additional responsibilities as a result of COVID-19

### 3. Conclusion and reasons for recommendations

3.1 In 2019/20 we have successfully taken steps to further embed whole system working across our organisations in East Sussex and made strong progress on our long term objectives of increased integrated care and a focus on prevention and early intervention.

3.2 We continue to be able to evidence better whole system working to reduce pressure on hospital service delivery, improving community health and social care responsiveness and ensuring good use planned care, including shorter waits. As a result of clear system governance, and standardised multi-agency performance reporting across our system, we have been able to capture the positive impact of a range of projects and benefits realised to date and highlight in a timely way any areas of risk to our plans.

3.3 This put us in a strong position to respond quickly as a health and social care system to the COVID-19 emergency as it emerged during the last quarter of 2019/20, where this has

---

<sup>1</sup> Merged into East Sussex Clinical Commissioning Group as of 1<sup>st</sup> April 2020

required grip and coordination across our organisations to deliver the response and also the ability to rapidly build on developments that were already in train in our system, for example Home First hospital discharge pathways.

3.4 Detailed programme plans were produced for 2020/21 arising from the shared priorities set out in our East Sussex Health and Social Care Plan. As a result of the changes brought about by the pandemic it has been necessary to revisit these programme plans, and progress with updating our programme is the subject of separate reports to the Health and Wellbeing Board.

**JESSICA BRITTON**

**Executive Managing Director, East Sussex CCG**

**KEITH HINKLEY**

**Director of Adult Social Care and Health, ESCC**

Contact Officer: Vicky Smith

Tel. No. 01273 482036

Email: [Vicky.smith@eastsussex.gov.uk](mailto:Vicky.smith@eastsussex.gov.uk)

Background documents

None



# East Sussex Health and Social Care Programme

## Key Developments in 2019/20

# Key building blocks in 2019/20



## **Our context: Long-term commitment in East Sussex to:**

- Integrated health and social care delivery
- Increased levels of prevention and early intervention
- Integrated commissioning for population health and social care

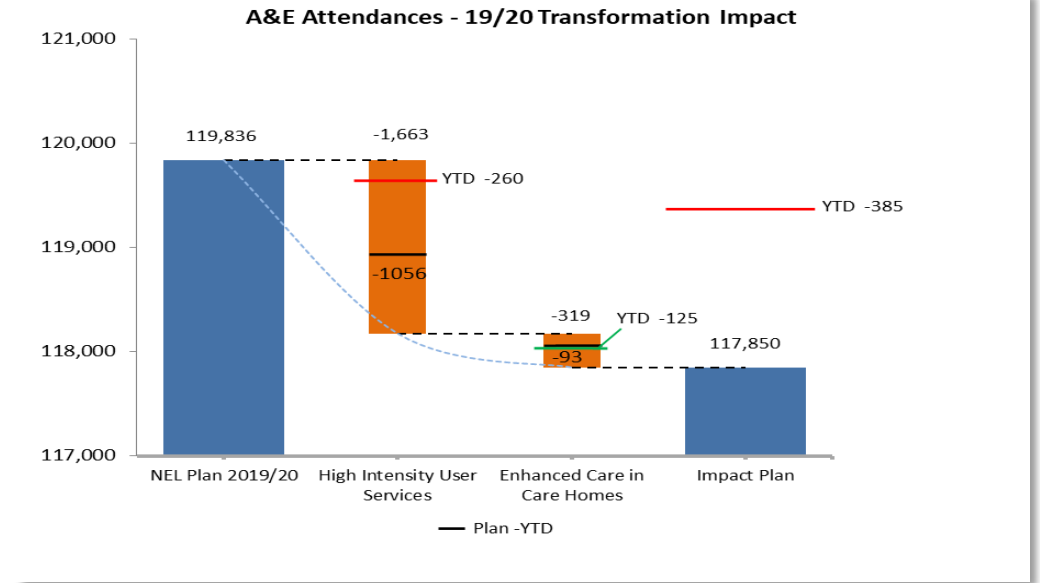
## **Single health and social care programme, system governance and accountability established and embedded:**

- Reflecting the whole population of East Sussex and our statutory responsibilities for services at that level,
- Direct report into the Health and Wellbeing Board as the key statutory committee responsible for oversight of system working
- Identified Joint System Responsible Officers (SROs): ESCC Director of ASC&H, East Sussex CCGs Executive Managing Director, ESHT Chief Executive Officer
- Programme SROs: senior leaders from operational commissioning and delivery across five areas – Community Health and Social Care, Urgent Care and Planned Care
- Programme and project management capacity is in place where required

East Sussex Health and Social Care Executive Group

# 2019/20 Integration programme

- In-year integration programme to deliver agreed priorities across community health and social care provision, urgent care and planned care
- Underpinning view and monitoring of system finances to support this
- Targets, Key Performance Indicators and critical milestones set together at the East Sussex level
- Alignment with Sussex-wide collaboratives and programmes
- Metrics, benefits and impacts captured by the system portfolio office across the whole programme
- Collectively held to account through our system governance - East Sussex Health and Social Care Executive Group and Oversight Boards
- Quarterly programme monitoring reports to the Health and Wellbeing Board



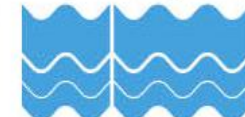


# Integration programme impacts in 2019/20

## High Level Summary

- Our priority for 2019/20 was to treat people in the right place, at the right time, and by the right service: attendances at our Accident & Emergency sites had seen a continual increase over the last few years and we've been keen to ensure we're able to provide a better service and response to meet needs
- The programmes focussed on redesigning existing services or developing new integrated services with a focus on prevention, early intervention and supporting independence to enable a decrease in activity in our emergency services, as this might not always be the best place to treat people
- The programmes meant that 1000 people who previously would have been treated in A&E were able to access other services and support, similarly for 700 people who would previously have been emergency admissions
- Improvements in diagnostics and procedures have also reduced the need for hospital appointments, and overall the impact of this reduced activity has equated to an avoidance of £4.7m cost pressures for our system
- Many qualitative benefits were also realised and continue to improve as changes become more established
- The impact of COVID-19 on our system has helped accelerate innovations that strengthen integration e.g. the rapid take up of digital solutions

# Examples of key successes



## **Further integration of community health and social care services to provide seamless care for people:**

- We have continued our community health and social care integration programme which has seen the co-location of the community nursing and social care teams in Eastbourne, to support multi-disciplinary working and care coordination for people with multiple and complex care needs
- Home First Hospital Discharge pathways have been successfully piloted linking with joint community reablement teams to support people to leave hospital and have their needs assessed either in their own home or care home setting
- As a result health and social care partners agreed a Target Operating Model for community health and social care services for the whole County and the projects that will deliver this in 2020/21

## **Urgent care initiatives have reduced the demand from our emergency services ensuring the right care first time:**

Page 29

Two key workers in Health and Social Care Connect have provided a High Intensity User Service working with our most vulnerable people with high levels of emergency attendances. The service works directly with people to provide advice and support and guidance on where to seek support before reaching a crisis

- Urgent Treatment Centres have been implemented at both emergency sites at Hastings and Eastbourne providing a primary care led diagnostic service and improving the way urgent care is delivered as part of our wider Urgent Care Strategy

## **Planned care has focussed on the management of long term conditions:**

Our Locally Commissioned Service (LCS) for Respiratory was introduced in April last year. This service was designed to:

- encourage a holistic and patient centred empowering approach to respiratory management;
- improve parity of respiratory care across East Sussex;
- make quality improvements identified in the NHS Rightcare Commissioning for Value Respiratory pack;
- reduce inappropriate use of inhaled corticosteroids;
- empower practices to make prescribing cost savings by improving medicines optimisation, and;
- support reduction in oxygen costs and emergency admissions;
- The service elements of the LCS include proactive case finding for lung disease e.g. COPD, enhanced annual reviews, reviews of highly medicated asthma sufferers. Since the launch of this service we have seen 148 avoided emergency admissions.

# East Sussex Health and Social Care Plan

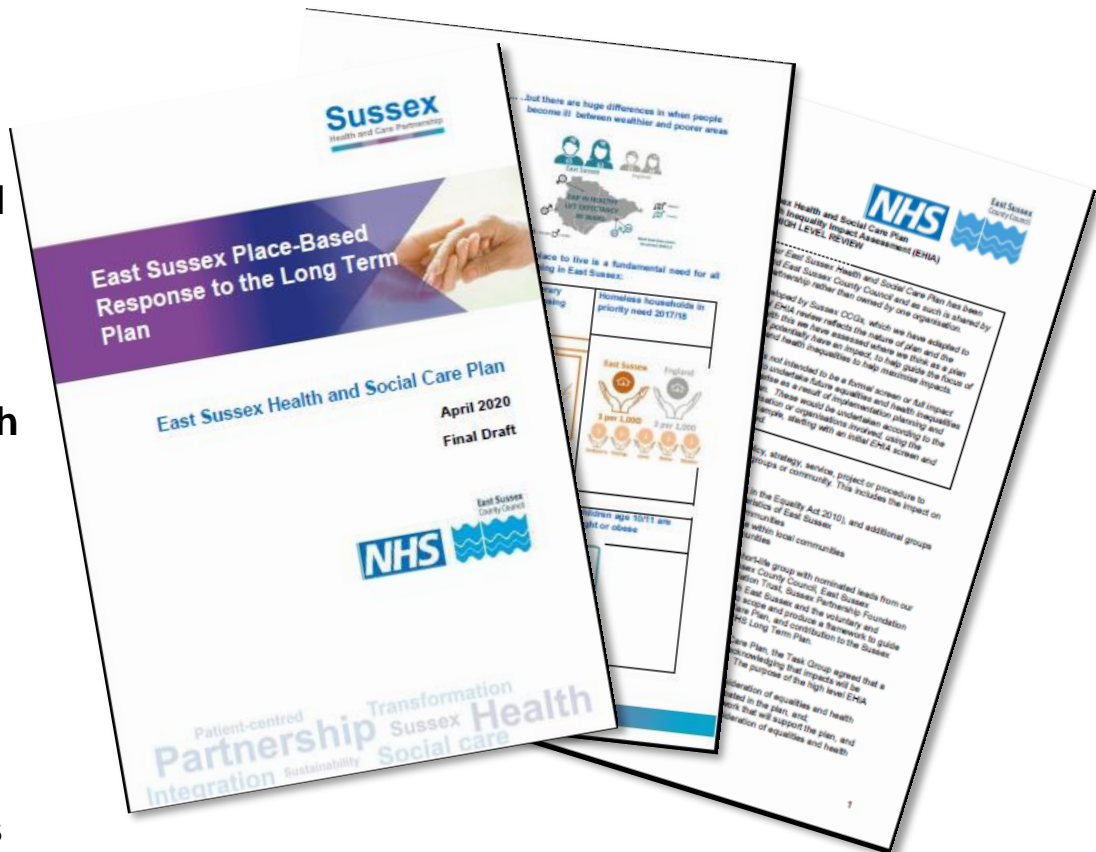
Reflects the population needs and circumstances in East Sussex, NHS Long Term Plan commitments and the shared priorities for our system work to deliver our agreed long term outcomes.

- Developed by our multi-agency **East Sussex Plan Task Group**:
- Initial draft, consultation and submission to NHS England **September – December 2019**
- Short period of further consultation to further test the final draft plan, and inform the programme for 2020/21 during **January – March 2020**

Equalities and Health Inequalities review to inform where we would expect to see benefits **November – January 2020**

Endorsed by the East Sussex Health and Wellbeing Board and ESCC Cabinet, and CCG Governing Bodies and Trust Boards **January - March 2020**

- Existing integration programme covering urgent care, planned care and community extended:
  - Agreed to formalise programmes of work for **Children and Young People** and **Mental Health**
  - Focus on **personalisation**, **prevention** and **reducing health inequalities** across all areas of the programme
- Launched the **East Sussex Health and Social Care System Partnership Board** in **September 2019** to ensure wider integration and alignment of plans with District and Borough Councils and VCS partners



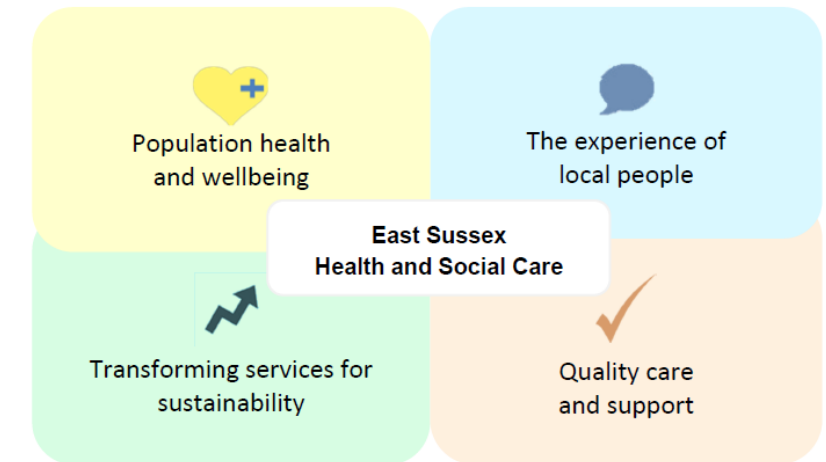
East Sussex Health and Wellbeing Board



# East Sussex Integrated Care Partnership development



- The East Sussex ICP Development Steering Group (T&F) met during 2019/20
- Senior Executive Officers of ESCC, East Sussex CCGs, ESHT, SCFT and SPFT
- March 2020: Agreement reached to develop our ICP in a phased way, strengthening the ICP role as commissioner and provider of services
- ICP proposal covered further work on the following key enablers:
  - Shared Outcomes Framework
  - Integrated population health and social care commissioning
  - Shared East Sussex Health and Social Care Plan and integration programme
  - The Target Operating Model for integrated community health and social care services
  - Underpinning system financial framework
  - Integrated dataset development (SID-E)
  - Our longstanding system wide approach to communications and engagement and workforce planning
- Acknowledged patient and financial flow beyond our ICP and ICS



The Outcomes Framework shows our commitment to measuring our progress against the health and care priorities that matter to people. We have identified a small number of long term, overarching outcomes that organisations in our health and social care system share and are collectively working towards, based on what local people have told us is important. For local people using our services, this means developing a way to measure whether the services and support they receive is improving their health, wellbeing and experience of care and support (outcomes). Overall, through developing our Integrated care Partnership\* in 2020/21 we want to strengthen the way we join forces to improve the health and wellbeing of our population, the quality and experience of health and care services, and keep this affordable.

### Population health and wellbeing

The impact of services on the health of the population such as preventing premature death and overall prevalence of disease.

Ambition	Outcome
Improve and protect mental and physical health and wellbeing for local people	<ul style="list-style-type: none"> <li>Children have a good start in life</li> <li>People are able to live well</li> <li>People age well</li> <li>People have a good end of life</li> </ul>
Reduce health inequalities for local people	<ul style="list-style-type: none"> <li>The gap in health outcomes is improved</li> </ul>

### Transforming services for sustainability

The way health, mental health, social care, education, housing and other services and support work together, and how effective they are at impacting positively on the people who use them.

Ambition	Outcome
Prioritise prevention, early intervention, self-care and self-management	<ul style="list-style-type: none"> <li>People get support from their communities to prevent, reduce or delay their need for health, care and support</li> <li>People get help early to prevent situations from getting worse</li> <li>People get help to manage their condition(s)</li> </ul>
Deliver an integrated model of care	<ul style="list-style-type: none"> <li>People are supported to be as independent as possible</li> </ul>
Demonstrate financial and system sustainability	<ul style="list-style-type: none"> <li>People have access to timely and responsive care, including access to emergency hospital services when they need them</li> <li>Financial balance is achieved across the health and care system</li> <li>Digital services and innovation are used to help make best use of resources</li> </ul>

### The experience of local people

The experience people have of their health and care services.

Ambition	Outcome
Good communication and access to information for local people	<ul style="list-style-type: none"> <li>Jargon free health and social care information can be found in a range of formats and locations</li> <li>Health and care services talk to each other so that people receive seamless services and people and staff have access to shared and integrated information</li> </ul>
Put people in control of their health and care	<ul style="list-style-type: none"> <li>People feel respected and able to make informed choices about services</li> <li>People have choice and control over services and how they are delivered</li> </ul>

### Quality care and support

Making sure we have safe and effective care and support.

Ambition	Outcome
Provide safe, effective and high-quality care and support	<ul style="list-style-type: none"> <li>People receive high quality care and support</li> <li>People are kept safe and free from avoidable harm</li> </ul>
Deliver personalised care through integrated and skilled service provision	<ul style="list-style-type: none"> <li>People are supported by skilled staff, delivering holistic and personalised care</li> </ul>

*\*An Integrated Care Partnership is a way of strengthening how we plan, organise, commission and deliver services together and better deliver our shared priorities across the county.*

*Working draft produced 13 February 2020 for Health and Wellbeing Board 3 March 2020*



## External commentary on our system in 2019/20



Our strong approach and emphasis on system working has contributed to the following positive judgements about our services;

- **July 2019** – NHSE lifted legal directions for EHS CCG and HR CCG
- **July 2019** – ESHT exited financial special measures
- **November – December 2019** – CQC rated ESHT Good or Outstanding across almost every domain
- **February 2020** – Joint targeted area inspection of the multi-agency responses to children's mental health in East Sussex: the positive inspection found that *“Partnership arrangements in East Sussex are well established and effective.”*

# COVID-19: Delivering the emergency response



**As a consequence of our strong integrated working we were able to respond rapidly to the COVID-19 emergency from March 2020 onwards through initiatives such as**

- Hubs and liaison arrangements to support discharges across physical and mental health
- Joint commissioning of care home beds to create capacity in our hospitals
- More virtual integrated working across community health and social care teams
- Coordinated whole system mutual aid support to care homes across PPE, Infection Prevention and Control, workforce and the clinical support offer and close working with primary care, in conjunction with the benefits brought by the Sussex-wide approach to IP&C and primary care support to care homes in supporting consistency
- More information on the Care Homes Resilience Plan can be found here  
<https://www.eastsussex.gov.uk/socialcare/providers/covid-19-asc/escc-updates/>
- Community hubs that have supported vulnerable people with food and essential supplies, welfare checks and medicines delivered in partnership by the Council, District and Borough Councils, CCG and the voluntary sector.

East Sussex Health and Social Care Executive Group

## Additional responsibilities as a result of COVID-19

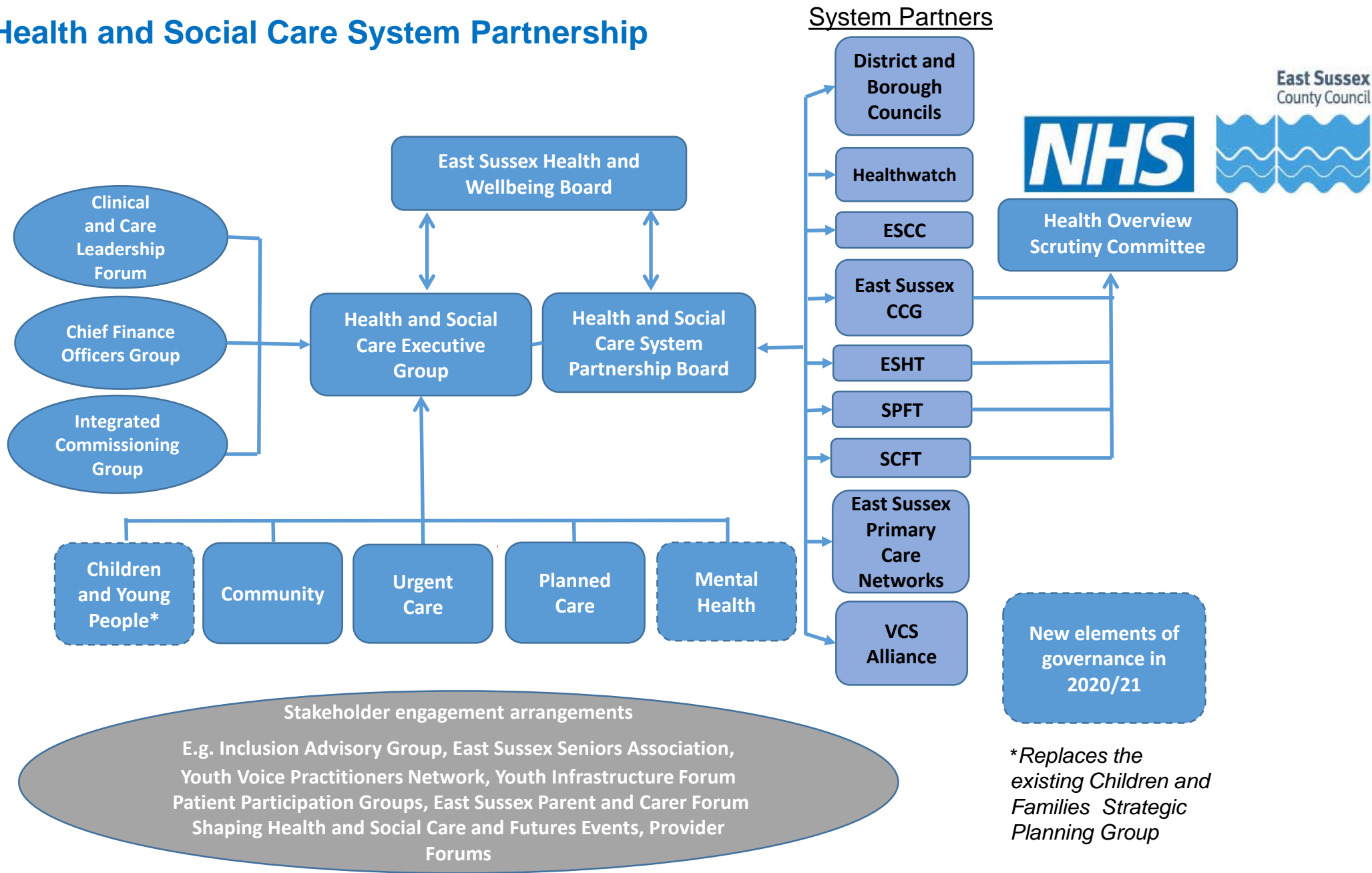


- Responding to the Pandemic has brought with it extra responsibilities for the foreseeable future:
  - Care Homes Resilience Plan and mutual aid support to the market
  - Local Outbreak Control Plan
  - Implementing Phase 3 of the NHS response to the pandemic, including restoration and recovery of healthcare services to pre-COVID levels
  - East Sussex and Sussex-wide Winter Plans, including planning for a possible future surge, and possible requirement to produce a separate Winter Plan for Social Care
- Each of these continues to require close system working and accountability at the upper tier authority level, a strong place based grip and localised responses across public services - County Council (adult services, children's services and public health), the NHS, District and Borough Councils, and the Voluntary and Community Sector
- We have agreed to use our core system business to help us deliver these plans and align them wherever possible, and use our existing governance to best effect to support this
- We have revisited and updated our integration programme for 2020/21 to take account of the changes in focus brought about by the pandemic, and sustaining new models and ways of working where there are agreed benefits for our population.

East Sussex Health and Social Care Executive Group

# East Sussex Health and Social Care System Partnership Governance

This structure shows the current key elements of our partnership governance and the lines of accountability, to support delivery in 2020/21 and the widened scope of our programme. It will evolve over time, for example, as our East Sussex Integrated Care Partnership (ICP) develops and matures



*\*Replaces the existing Children and Families Strategic Planning Group*

**Report to:** East Sussex Health and Wellbeing Board

**Date of meeting:** 17 September 2020

**By:** Head of Resilience, Sussex CCGs

**Title:** Sussex Health and Care Partnership Winter Plan

**Purpose:** To provide an update on progress to date in relation to winter planning, outline next steps and timelines.

---

## **RECOMMENDATIONS**

**The East Sussex Health and Wellbeing Board is recommended to consider and comment on the Sussex Health and Care Partnership Winter Plan 2020-21.**

---

### **1 Background**

1.1 The overall purpose of the winter plan is to ensure that the system is able to effectively manage the capacity and demand pressures anticipated during the Winter period. The Winter planning period covers the period 01 October 2020 to 31 March 2021. The plan should ensure that the local systems remain resilient and are able to manage demand surge effectively, maintain patient safety and support delivery of the relevant business plan objectives and locally agreed system improvements during this period.

1.2 For 2020/21, the planning process has also considered the impact and learning from the current Covid-19 outbreak as well as plan for further possible outbreaks. Core to the development of plans for 2020/21 are the following:

- Building upon learning from winter 2019/20
- Developing capacity and demand modelling which takes into account expected A&E activity, impact of the Covid-19 pandemic (numbers of incidents as well as impact of national requirements)
- Reviewing system surge plans and escalation triggers

1.3 This year's winter plan has been developed through place based engagement with commissioners and providers through the Local A&E Delivery Board (LAEDB) and working groups.

### **2 Supporting information**

2.1 Planning for the winter period is a national requirement for local preparation for additional demands and pressure on the health and social care system expected during the winter period (01 October 2020 to 31 March 2021).

2.2 The plan is being developed by the place based LAEDBs and working groups, which have representation from all local system health and social care providers and commissioners.

2.3 This year's plan is a Sussex wide plan covering all three local places with local placed based planning and nuances incorporated.

2.4 Winter plans will be reviewed through the system and Integrated Care System (ICS) governance framework and an ICS Winter Oversight and Assurance Group has been

established to enable this. A Red, Amber, Green (RAG) rating assurance framework will be used to demonstrate delivery against overarching requirements and key deliverables. Winter plans will assured against the national Key Lines of Enquiry, in addition to assessment of placed based plans and the Sussex wide plans in relation to Communications, Flu, NHS 111 and NHS 999.

2.5 The Sussex Health and Care Partnership (SHCP) Winter Plan 2020-21 has the following governance and assurance process in progress ahead of submission of the final plan to NHS England:

<b>Committee / Board</b>	<b>Date</b>	<b>Status</b>
Sussex Local A&E Delivery Boards	w/c 20 July 2020	Comments received and plans updated
CCG Brighton and Hove and East Sussex Local Management Team	04 August 2020	Comments received and plans updated
CCG West Sussex Local Management Team	05 August 2020	Comments received and plans updated
Sussex Local A&E Delivery Boards	w/c 17 August 2020	Comments received and plans updated
Integrated Care System Oversight and Assurance Group	04 September 2020	Pending at the time of writing
Brighton and Hove Health and Wellbeing Board	08 September 2020	Not due at the time of writing
CCG Joint Quality Committee	08 September 2020	Not due at the time of writing
East Sussex Health Overview and Scrutiny Committee	10 September 2020	Not due at the time of writing
West Sussex Health and Adult Social Care Scrutiny Committee Task and Finish Group	11 September 2020	Not due at the time of writing
CCG Executive Management Team	14 September 2020	Not due at the time of writing
Sussex Local A&E Delivery Boards	w/c 14 September 2020	Not due at the time of writing

East Sussex Health and Wellbeing Board	17 September 2020	Not due at the time of writing
CCG Brighton and Hove and East Sussex Local Management Team	22 September 2020	Not yet due
CCG West Sussex Local Management Team	23 September 2020	Not yet due
CCG Joint Finance and Performance Committee	30 September 2020	Not yet due
NHS England	01 October 2020	Not yet due
Brighton and Hove CCG Governing Body	06 October 2020	Not yet due
West Sussex CCG Governing Body	06 October 2020	Not yet due
East Sussex CCG Governing Body	07 October 2020	Not yet due
Integrated Care System Covid-19 Incident Management Team and Restoration Group	08 October 2020	Not yet due
West Sussex Health and Wellbeing Board	08 October 2020	Not yet due
Brighton and Hove Health Overview and Scrutiny Committee	14 October 2020	Not yet due

### 3. Conclusion and reasons for recommendations

3.1 The East Sussex Health and Wellbeing Board is recommended to consider and comment on the SHCP Winter Plan 2020-21 Update.

**IZZY DAVIS-FERNANDEZ**  
**Head of Resilience, Sussex CCGs**

Contact Officer: Leila Morley  
Tel. No. 07775412510  
Email: leila.morley@nhs.net

#### BACKGROUND DOCUMENTS

None

This page is intentionally left blank



# Update on Winter Planning 2020-21

**East Sussex Health and Wellbeing Board**

# Introduction (1)

Page 42

- The purpose of this document is to outline the progress for the development of winter plans for 2020/21
- Plans are being developed by Local A&E Delivery Boards (LAEDB) with input from partners – local authority, providers and commissioners – across each system.
- Work undertaken locally will form the basis of a single Sussex wide plan, which provides an opportunity to:
  - Minimise duplication in local plans for key areas e.g. communications plans
  - Include LAEDB specific requirements to meet the needs of the local population i.e. plans from East Sussex Healthcare Trust and East Sussex Local Authority.
- The overall purpose of the winter plan is to ensure that the system is able to effectively manage the capacity and demand pressures anticipated during the Winter period (to 31 March 2021). Including local systems are able to manage demand surge effectively, maintain patient safety and support delivery of the relevant business plan objectives and locally agreed system improvements during this period.

# Introduction (2)

---

- For 2020/21, the planning process has also considered the impact and learning from the current Covid-19 outbreak as well as plan for further possible outbreaks. As such, the capacity and demand modelling, surge escalation triggers and overall response will require review and ongoing refinement as further learning emerges over coming weeks and months.
- The final version of plan will be approved by the LAEDB at the end of September. The plan will be considered for assurance by the East Sussex CCG Governing Body in October and individual providers will assure their own plans through their respective boards.
- We are bringing this update to Health & Wellbeing Board for information

Page 43

# Objectives for 2020/21

---

The objectives of the Winter plan are:

- To maintain patient safety at all time;
  - To prepare for and respond to periods of increased demand, including any future increases in COVID-19 infections
- Page 44
- To ensure that acute hospital bed occupancy is maintained at a level that ensures that patients who require admission to a hospital bed are able to be admitted in a timely way, thereby avoiding the risk of overcrowding in A&E and delays to ambulances being able to handover patients and respond to 999 calls
- To ensure that community health services are maximised, e.g. improving length of stay and utilisation and increasing the number of patients who can be safely discharged home in a timely manner with care support. Effective use of community services during the winter period will support timely discharge from hospital and avoidance of unnecessary admission to an acute hospital bed

# Objectives for 2020/21

---

- To avoid ambulance delays of over 30 minutes;
- To support delivery of the agreed local system performance trajectory in respect for the 4 hour A&E standard, the 18 week referral to treatment standard (in line with COVID-19 restoration and recovery plans) and Cancer waiting times standards
- To continue deliver a reduction in long length of stay patients by March 2021
- To proactively prevent and manage infection control outbreaks issues such as norovirus and influenza – including the influenza vaccination programme

# Key elements of the plan:

---

The winter plan outlines plans for:

- ✓ System capacity and demand modelling – including the combined impact of COVID-19 and winter activity
- ✓ Primary Care
- ✓ Social Care
- ✓ Community Services
- ✓ Acute hospital plans
- ✓ Mental Health
- ✓ 999 and NHS111 – including 111 First
- ✓ Business Continuity
- ✓ Impact of EU Exit
- ✓ Severe weather planning
- ✓ Winter Communications and Engagement
- ✓ Enhanced capacity requirements to meet the Christmas and New Year period 24th December -7th January 2020
- ✓ System Pressure monitoring and escalation response
- ✓ Risks to delivery and mitigating actions

# Key Lessons Learnt Winter 2019-20

The following reflections were captured at the SHCP winter stocktake session held on 4th March 2020 and attended by system partners.

## Things that went well

Good communication between all system partners and prompt resolutions to system issues

Improved ambulance handover performance

Reduction in cancelled electives

Streaming at the front door and Same Day Emergency Care (SDEC)

Improved Access in place

Long Length of Stay reduction programmes in place

Improved Discharge to Assess (D2A) pathways and criteria flex when needed

Good reporting; BI producing Resilience dashboards

NHS 111 & 999 and Patient Transport Service (PTS) staffing were profiled in line with robust forecasting.

The Haven at Mill View and single place to support Coastal patients had positive impact on Brighton and Sussex University Hospital Trust (BSUH), Sussex Police & South East Coast Ambulance (SECAmb)

System Director of Nursing managing infection control outbreaks during escalation, reporting outbreaks to wider system, aligned guidance and local arrangements.

Communications toolkit used data to inform media. Effective flu communications.

# Key Lessons Learnt Winter 2019-20

The following reflections were captured at the SHCP winter stocktake session held on 4th March 2020 and attended by system partners. Please be aware that actions may not reflect subsequent learning from Covid-19. Ongoing review of Covid-19 learning in progress to inform plan development

Areas for improvement	Actions taken / to be taken
Paediatric demand in November/December	<ul style="list-style-type: none"> <li>Paediatric capacity and demand modelling to be reviewed, including impact of Respiratory Syncytial Virus (RSV)</li> <li>Review of pathways for the Royal Alexandra Childrens Hospital (RACH) undertaken, and consideration of actions for alternative models of care to support ongoing management of likely demands in progress</li> </ul>
Workforce challenges both underlying and seasonal	<ul style="list-style-type: none"> <li>BSUH to continue recruitment plans.</li> <li>East Sussex Hospitals Trust (ESHT) to complete deep dive into conveyances to confirm time trends and to inform required changes in rotas/workforce distribution.</li> <li>West Sussex community provider to hold recruitment events.</li> <li>Brighton and Hove Adult Social Care (ASC) to look at recruitment for weekend community staff rota.</li> <li>SECamb will consider how incentives are communicated to staff and provide clarification of additional/overtime shifts available and remuneration.</li> </ul>
Impact of Covid-19	To be confirmed



# Key Lessons Learnt Winter 2019-20

Areas for improvement	Actions taken / to be taken
Mental Health (MH) Delayed Transfer of Care (DToC) and ECRs	<ul style="list-style-type: none"> <li>System wide MH DToC escalation</li> <li>LOSAG calls now review ECR's</li> <li>Internal Out of Area reduction plan in place with improvement trajectory</li> <li>MH breach guidance re-iterated to all system partners</li> <li>Capacity gaps review across Sussex Health and Care Partnership</li> </ul>
OPEL escalations still inconsistent	Review system escalation plan for 20/21.
Long Length of Stay (LLoS) challenges in BSUH and Western Sussex Hospitals Trust (WSHT) systems	<ul style="list-style-type: none"> <li>Standardise process for Estimated Discharge Date (EDD) setting &amp; ward rounds</li> <li>Ensure consistent use of Board Rounds</li> <li>To Take Out (TTO) medication processes too complex</li> <li>Ensure adequate Discharge Co-Ordinator cover on medical wards</li> </ul>
HomeFirst pathway capacity	<ul style="list-style-type: none"> <li>Demand/ capacity for HomeFirst to be aligned</li> <li>Continued support of Discharge to Assess (D2A) improvement work</li> <li>Review of D2A beds, process and capacity, including how the beds can be used</li> <li>Introduce process to review D2A LoS and escalate any delays</li> <li>Regular check in calls between West Sussex County Council (WSCC) and Sussex Community Foundation Trust (SCFT) re. HomeFirst</li> </ul>

# Key Lessons Learnt Winter 2019-20

Areas for improvement	Actions taken / to be taken
Capacity & demand mismatches despite modelling and planning	<ul style="list-style-type: none"> <li>• Nervecentre live bed state in place to support operational delivery at ESHT</li> <li>• B&amp;H IA capacity to be included on SHREWD</li> <li>• Manual inputs on SHREWD to ensure robust tracking of data feeds</li> </ul>
Organisational plans not delivered, under-delivered, or later than planned which adversely affected capacity	<ul style="list-style-type: none"> <li>• System wide performance and accountability via Integrated Care Partnerships (ICPs) to be progressed.</li> <li>• Escalation and monitoring of late/no scheme delivery</li> </ul>
Poor weekend discharges	Review seven day working and weekend discharge planning
Acute repatriations Out Of Area (OOA)	Review Repatriation Policy with other acute providers and relaunch
Special communications activity to be in line with the rest of NHS	Special communication activity planned with schools through council ahead of launch of wider winter comms campaign, so we are in line with the rest of NHS

# Local & National Covid-19 Surge Planning

The COVID-19 Phase 3 letter released on 31 July 2020, outlines the expectation for preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally. Including:

- Continue to follow good Covid-related practice to enable patients to access services safely and protect staff, whilst also preparing for localised Covid outbreaks or a wider national wave
- Prepare for winter including by:
  - Sustaining current NHS staffing, beds and capacity, including use of independent sector capacity, Nightingale hospitals, and support to quickly and safely discharge patients from NHS hospitals through to March 2021.
  - Deliver a very significantly expanded seasonal flu vaccination programme
  - Expanding the 111 First offer
  - Maximise the use of 'Hear and Treat' and 'See and Treat' pathways for 999
  - Continue to make full use of the NHS Volunteer Responders scheme
  - Continuing to work with local authorities - ensure that those medically fit for discharge are not delayed from being able to go home as soon as it is safe for them to do so

Page 51

In addition to these requirements, work is in progress across Sussex to ensure alignment of escalation frameworks across LAEDB resilience and surge arrangements with escalation based on early warning indicators related to Covid-19 incidence. This will enable a pre-emptive, robust and timely response to ensuring service provision meets the needs of local people

# Key Risks and Mitigations

REF	DESCRIPTION	IMPACT 1-5	LIKELIHOOD 1-5	RAG	MITIGATIONS
1	<u>Covid Surge</u> There is a risk that there will be a second wave Covid surge resulting in system fragility and potentially impacting on patient safety alongside the risk to delivering restoration and recovery as planned.	4	3	12	<ul style="list-style-type: none"> <li>· Development of Early Warning Mechanisms and local outbreak management plans at a system-response level</li> <li>· OPEL escalation framework to be revised to include Covid triggers and manage response 'COPEL'</li> <li>· Robust provider Red / Green capacity plans inclusive of social distancing requirements</li> </ul>
2	<u>Demand and Capacity</u> There is a demand and capacity risk given the unknown impact of a Covid second wave coinciding with flu and other infection control surges. This will place extreme pressure on system; risking quality and safety, patient experience and operational performance.	4	3	12	<ul style="list-style-type: none"> <li>· Demand and capacity modelling completed with in-built assumptions and worse-case scenario modelling</li> <li>· Covid phase one schemes recommended to continue in order to sustain community capacity to support flow</li> <li>· Model identifies the residual gap and mitigations are identified to close the acute and community bed gaps</li> </ul>
3	<u>Workforce</u> There is a risk to the resilience of the fragile health and care workforce during the winter months. Existing workforce pressures are likely to be exacerbated by requirements for self-isolation, burnout and sickness/shielding.	3	3	9	<ul style="list-style-type: none"> <li>· Risk assessments for at risk staff completed across the system and workplace environments adapted to be Covid-secure where possible</li> <li>· Redeployment and PPE protocols established and in place to deal with surge periods</li> </ul>
4	<u>Residential and Care Home Fragility</u> There is a risk of outbreaks and closures in residential and care home settings.	3	3	9	<ul style="list-style-type: none"> <li>· There is established enhanced Care Home support in place, delivered by community partners</li> <li>· Care Home fragility and issues are monitored, managed and coordinated by a dedicated joint care Care Home cell including provision of PPE</li> </ul>
5	<u>Mental Health</u> There is a risk of increased Mental Health demands as a result of Covid. Unmet surge mental health activity will impact on quality and patient experience in addition to placing pressure on A&Es and negatively impacting on flow.	3	3	9	<ul style="list-style-type: none"> <li>· Increasing Mental Health workforce and reconfiguration of services to support the front-door</li> <li>· Development of Mental Health escalation framework and triggers</li> <li>· Established weekly senior oversight on Mental Health flow and actions</li> <li>· Potential use of independent sector for bedded capacity</li> </ul>

# Next Steps

Page 53

Action required	By When	Status
Winter plan stocktake paper to LAEDBs, LMTs, and F&Ps	May – June 2020	Completed
System development of Winter plan	May – August 2020	In progress
Place based stress testing of initial draft plan	August 2020	Completed
Sussex wide stress testing of revised plan	10 September 2020	Not yet due
Review and sign-off final plan	September 2020	In progress
NHSE submission	01 October 2020	Not yet due
Monitoring of plans and actuals against planning assumptions	October 2020 – February 2021	Not yet due
Monthly Winter plan progress report and review at LAEDBs	October 2020 – February 2021	Not yet due
Detailed operational plan for Christmas and New Year confirmed	November 2020	Not yet due
Winter lessons learnt stocktake	March 2021	Not yet due

# Conclusion

---

- Winter 2020/21 will be a challenging period with the combined impact of 'normal' winter activity, potential influenza and norovirus activity exacerbated by the ongoing threat of further Covid-19 peaks.
- Plans are therefore focussed on mitigating these challenges, building upon existing arrangements in place, and maintain a focus on patient safety
- There are a number of lessons that have been identified that informed the development of the plan for this winter.
- The ongoing development of a whole system approach to capacity and demand planning for winter will significantly strengthen our response
- It is also important that as a system we effectively support our staff during the challenging winter period
- An update on full winter plans will be provided at the Health and Wellbeing Board in December 2020

**Report to:** East Sussex Health and Wellbeing Board

**Date of meeting:** 17 September 2020

**By:** Director of Public Health

**Title:** East Sussex Outbreak Control Plan

**Purpose:** To seek Health and Wellbeing Board approval of the refreshed East Sussex Outbreak Control Plan

---

## **RECOMMENDATIONS**

The Board is recommended to:

- 1) approve the revised East Sussex Outbreak Control Plan (Appendix 1); and
  - 2) receive a report at its December 2020 meeting on further developments of the Plan and update on the position in East Sussex
- 

### **1 Background**

- 1.1 Covid-19 (a coronavirus) was declared a global pandemic by the World Health Organisation in March 2020 after sustained global transmission.
- 1.2 East Sussex County Council published the first version of the East Sussex COVID-19 Outbreak Control Plan (OCP) at the end of June, as required by the Government, to prevent cases of the virus where possible in East Sussex and to respond to any local outbreaks.
- 1.3 At its meeting of 14 July, the Board agreed to receive an update on development of the OCP.
- 1.4 The OCP will continue to be an iterative document, with continuing updates as more learning and guidance is produced, as well as structured reviews every three months.

### **2 Supporting information**

- 2.1 The OCP has been updated in collaboration with a wide range of stakeholders including the NHS and Borough and District Councils (Appendix 1). The updates reflect:
  - changes to guidance and legislation around the powers given to upper and local tier authorities to prevent transmission of the disease;
  - updates arising from local lessons to ensure that the OCP is dynamic and resonates with stakeholders;
  - national lessons learned, particularly from areas subjected to further lockdown and those where softer measures have been introduced;
  - surveillance reporting and the use of and publication of data to ensure transparency for both stakeholders and the public;
  - the development of an escalation framework which will help to guide our approach in the event of increased transmission in either the community or a particular setting.
- 2.2 Surveillance and interpretation of data is key to determining the action required to contain any increases in transmission. A weekly surveillance report has been developed to provide an accessible overview of cases in East Sussex. This is distributed to key stakeholders and published to the website alongside the OCP.

2.3 Planning to prevent and respond to cases of Covid-19 in our communities requires a whole system and multi-agency approach, including the NHS Test and Trace programme. It has recently been announced that the way Test and Trace is configured nationally may be extended to include local involvement. All Local Authorities in the South East have put themselves forward for training to understand how this can best work in the future.

2.4 An escalation framework (Appendix 2) has been developed to describe the different stages that an area may need to move to as transmission of COVID-19 increases, or manifests in differential distribution across the county with the possibility of localised outbreaks. The framework has been aligned across Sussex. The four stages are:

- Outbreak prevention and containment
- Raised local alertness
- Raised local concern
- National oversight

2.5 There has been a £2.5m grant allocation to ESCC to support the development of its response to the pandemic and this will be used to support Districts and Borough Environmental Health Teams and ESCC Trading Standards, Emergency Planning, Communications and Public Health functions.

2.7 An exercise to test the OCP will be held with key stakeholders on 17<sup>th</sup> September. The learning from this exercise will be used to update the OCP.

### **3. Conclusion and reasons for recommendations**

3.1 The Health and Wellbeing Board, as the local accountable body, is recommended to approve the latest version of the OCP.

3.2 Members of the Health and Wellbeing Board will be updated as further guidance is received from Government and the East Sussex Outbreak Control Plan is developed. It is also proposed that a report providing an update on the Plan is made to the next meeting of the Health and Wellbeing Board in December 2020.

DARRELL GALE

Director of Public Health

Contact Officer: Rob Tolfree, Consultant in Public Health

Tel. No. 01273 336298

Email: [rob.tolfree@eastsussex.gov.uk](mailto:rob.tolfree@eastsussex.gov.uk)

Background Documents:

None





# East Sussex Outbreak Control Plan – COVID-19

July 2020

Version 2.3



## Version Control

**Timeline for review:** This plan will remain a live, iterative document. It will be revised as new national guidance and evidence is produced and where lessons are learned locally or elsewhere. It will also be reviewed at the following three-month intervals:

- October 2020
- January 2021
- April 2021

Version		Date
2.3	Whole plan refresh, including new escalation framework	4 <sup>th</sup> September 2020
2.2	Appendix B removed and Appendix C moved to Appendix B.	2 <sup>nd</sup> July 2020
2.1	Minor corrections and amendments	1 <sup>st</sup> July 2020
2.0	Final version prepared by Rob Tolfree, Tracey Houston and Emma King based on comments received by partners.  Approved by Becky Shaw, Chief Executive ESCC, and Darrell Gale, Director of Public Health ESCC.	30 <sup>th</sup> June 2020
1.3	Second draft prepared by Rob Tolfree based on comments received.  Version 1.3 sent for comments to: Chief Executives of Districts and Boroughs and Environmental Health leads; Sussex Resilience Forum; Police; Emergency Planning; Communities, Environment and Transport; Children's; Adult Social Care; ESHT; CCG; SCFT; SPFT; Health Watch; Public Health England; RSI; Communications; HMP Lewes; HSE	23 June 2020
1.2	First draft by Rob Tolfree.  Relevant sections of Version 1.2 sent for comments to Environmental Health for each District and Borough, Sussex Resilience Forum, Police, Emergency Planning, Children's, Adult Social Care, Communities Environment and Transport, Health Watch, CCG, ESHT, SCFT; SPFT, Public Health England, Rough Sleeper Initiative, Communications, HMP Lewes, Legal	17 <sup>th</sup> June 2020
1.1	Structure and outline approved by Darrell Gale, Director of Public Health ESCC	15 <sup>th</sup> June 2020



# Contents page

[List Figures](#)

[Glossary](#)

[Section 1 - Introduction](#)

[Section 2 - Escalation Framework and Governance](#)

[Section 3 - Legal context](#)

[Section 4 - Outbreak investigation](#)

[Section 5 - Communications and Engagement](#)

[Section 6 - Data Integration](#)

[Section 7 - Testing](#)

[Section 8 - Supporting Vulnerable People](#)

[Section 9 - Prevention](#)

[Section 10 - Outbreak investigation: High Risk Places, Locations and Communities](#)

[Section 11 - Appendices](#)

## List of figures

[Figure 1: Confirmed cases of COVID-19 per 100,000 population by upper tier Local Authority in England](#)

[Figure 2: Confirmed cases of COVID-19 per 100,000 population by lower tier Local Authority in England](#)

[Figure 3: COVID-19 cumulative crude case rate 100,000 population by lower tier authority, South East Specimen Date: 2020-06-27](#)

[Figure 4: Escalation Framework](#)

[Figure 5: Links between C-19 Health Protection Board, Local Outbreak Control Board \(Health and Wellbeing Board\) Sussex Resilience Forum](#)

[Figure 6: East Sussex Outbreak Control Plan Governance](#)

[Figure 7: NHS Test and Trace – Three Tiers](#)

[Figure 8: What is contact tracing \(PHE\)](#)

## Glossary

BAME	Black and Asian, Minority Ethnic
CCA	Civil Contingencies Act
CCG	Clinical Commissioning Group
DHSC	Department of Health and Social Care
DPH	Director of Public Health
EHO	Environmental Health Officer
ESCC	East Sussex County Council
FS	Field Services
HPT	Health Protection Team
ESHT	East Sussex Healthcare Trust
GRT	Gypsy and Roma Travellers
HMP	Her Majesty's Prison
ICS	Integrated Care System
ICN	Integrated Care Network
IMT	Incident Management Team
IPC	Infection, Prevention, Control
LA	Local Authority
LCS	Locally Commissioned Service
LHRP	Local Health Resilience Partnership
OCT	Outbreak Control Team
ONS	Office for National Statistics
MoJ	Ministry of Justice
MHCLG	Ministry of Housing, Communities and Local Government
MTU	Mobile Testing Unit
NHS BSA	NHS Business Services Authority
NHSE	NHS England
PHE	Public Health England
PPE	Personal Protective Equipment
RSI	Rough Sleeper Initiative
SCFT	Sussex Community Foundation Trust
SECAmb	South East Coast Ambulance
SID	Sussex Integrated Dataset
SOP	Standard Operating Procedure
SPFT	Sussex Partnership Foundation Trust
SCG	Strategic Coordinating Group
SRF	Sussex Resilience Forum
TCG	Tactical Coordinating Group
UTLA	Upper Tier Local Authority
VCSE	Voluntary, Community and Social Enterprise
WHO	World Health Organisation

# Introduction

## Background

On the 31<sup>st</sup> December 2019 the World Health Organisation (WHO) were notified about a cluster of pneumonia of unknown cause. This was identified as a coronavirus on the 12<sup>th</sup> January and later named COVID-19. The WHO subsequently announced an Emergency of International Concern on the 30<sup>th</sup> January, and on the 11<sup>th</sup> March the WHO declared that COVID-19 was a pandemic following sustained global transmission.

In the UK, the first two cases of COVID-19 were confirmed on 31<sup>st</sup> January 2020, and there has been substantial transmission across the UK. This has resulted in various degrees of social distancing measures advised nationally in order to interrupt transmission and limit spread.

On the 28<sup>th</sup> May the national NHS Test and Trace service was officially launched. This new service provides the framework for people who have COVID-19 symptoms to access a test, and follows up confirmed cases to identify, assess and give advice to them and any of their close contacts. Further details are provided in the Outbreak Investigation section.

Infectious diseases require a coordinated, multi-agency response to ensure that where possible cases are prevented, and in the event of a potential outbreak the cause is investigated, control measures are put in place, appropriate advice is communicated, and that ultimately health is protected. Following the launch of the NHS Test and Trace service, Upper Tier Local Authorities were asked to develop local Outbreak Control Plans by the end of June 2020. This was accompanied by Upper Tier Local Authorities being awarded a grant to support local outbreak prevention and response, including funding activity of partners in Districts and Boroughs in relation to COVID-19.

Thanks to all agencies across East Sussex who have contributed to the development of this plan, and for their support in further iterations that will need to be developed. This plan will be a 'live' document and will be refreshed as further guidance is produced nationally and as lessons are learned locally.



## Aim

The aim of this Outbreak Control Plan is to outline current local arrangements related to COVID-19 across East Sussex and to identify gaps for future development.

## Objectives

The Department of Health and Social Care (DHSC) has given two core pieces of guidance related to the development of Local Outbreak Control Plans. Firstly – the required governance arrangements, and secondly, that plans are centred around the following themes:

1. **Care homes and schools.** Planning for local outbreaks in care homes and schools
2. **High risk places, settings and communities.** Identifying and planning how to manage other high-risk places, locations and communities of interest
3. **Testing.** Identifying methods for local testing to ensure a swift response that is accessible to the entire population.
4. **Contact Tracing.** Assessing local and regional contact tracing and infection control capability in complex settings.
5. **Integrated data.** Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook
6. **Supporting vulnerable people.** Supporting vulnerable local people to get help to self-isolate and ensuring services meet the needs of diverse communities.
7. **Governance.** Establishing governance structures led by existing Covid-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

## Existing plans and guidance

There are a range of local, regional and national plans and documents that this plan will need to align with and be based on:

- East Sussex County Council (ESCC) Emergency Response Plan (2017)
- East Sussex County Council Pandemic Influenza Business Continuity Supplement (2020)
- Kent, Surrey and Sussex Public Health England Outbreak/Incident Control Plan (2014, updated 2020)
- Joint Health Protection Incident and Outbreak Control Plan, Kent Surrey and Sussex Local Health Resilience Partnerships (2020)
- Local Agreement between the Local Environmental Health Services of Surrey, East Sussex, West Sussex and Brighton and Hove, and Public Health England South East Horsham Health Protection Team (2019)
- Public Health England (PHE) Communicable Disease Outbreak Management: Operational Guidance (2013)
- PHE Infectious Diseases Strategy 2020 – 2025 (2019)
- SOP PHE-LA Joint Management of COVID-19 Outbreaks in the SE of England (2020)
- Sussex Local Health Resilience Partnership (LHRP) Memorandum of Understanding: Responsibilities for the Mobilisation of Health Resources to Support the Response to Health Protection Outbreaks/Incidents in Sussex (2019)
- Sussex Resilience Forum Pandemic Influenza Plan (2020)
- Sussex Resilience Forum, Sussex Emergency Response and Recovery Plan (2019)

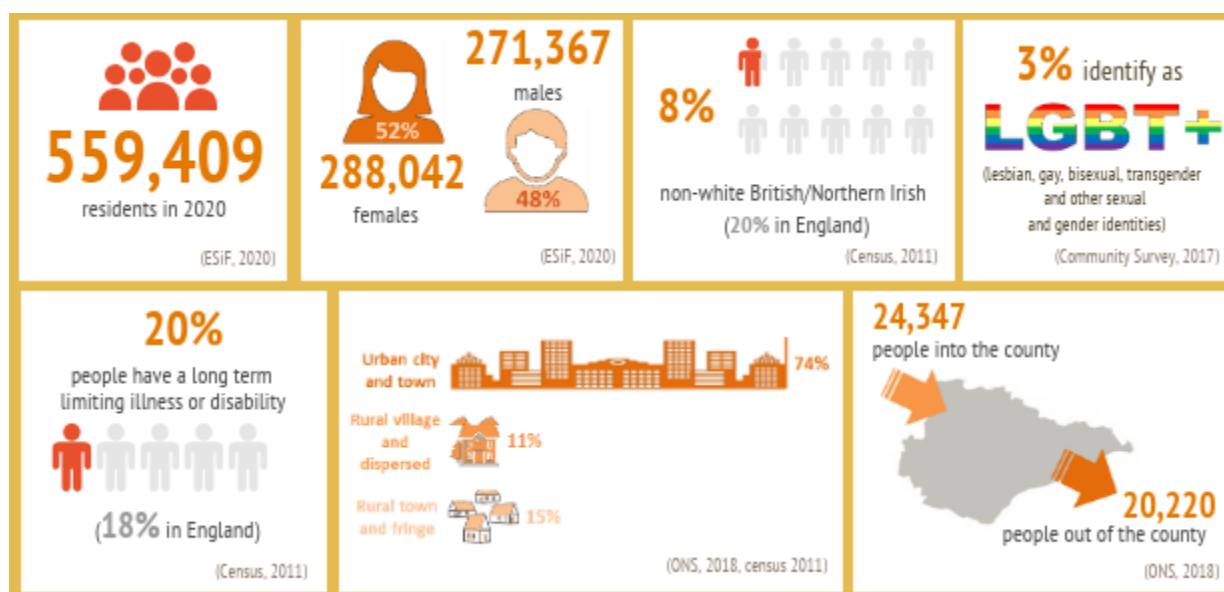
There are also numerous organisational plans that individual agencies will use, covering scenarios such as emergency planning, infectious diseases and outbreak management. Although these are not listed here, they are important context.

Any local outbreak plan is reliant on central government support as there are many interdependencies between a local system that can prevent and respond to outbreaks, and guidance produced at a national level.

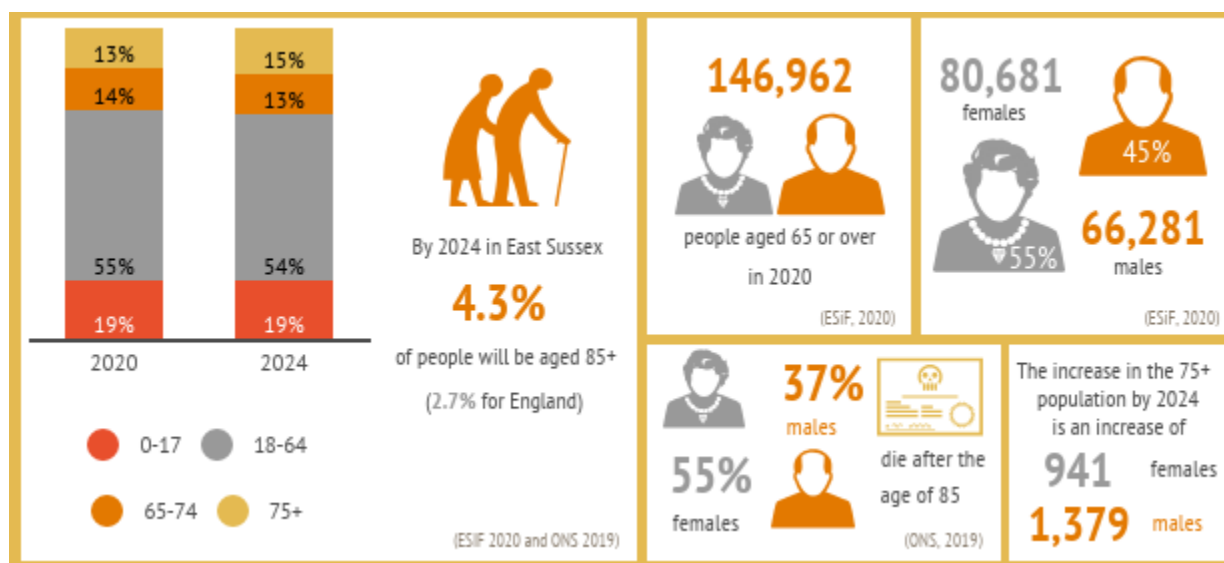
## East Sussex overview

Over half a million people live in East Sussex. It is a mixture of urban and rural areas with a large elderly population, particularly in some of its coastal towns. There are stark inequalities within the county with some areas having significantly worse health, as well as significant differences across the determinants of health.

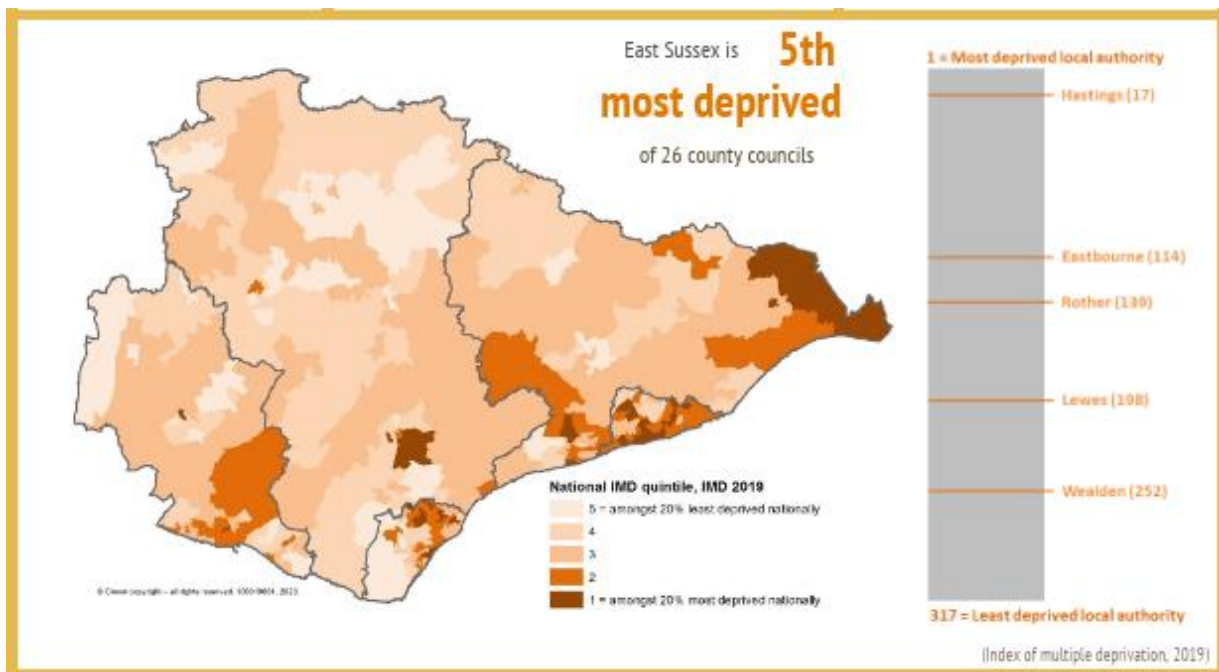
The East Sussex Community Survey identifies that nearly three quarters of people have a strong sense of secure identity and sense of belonging, and over three quarters are more than satisfied with their local area. People are also engaged and willing to support each other with half of those responding to our community survey reporting they have volunteered in the past year.



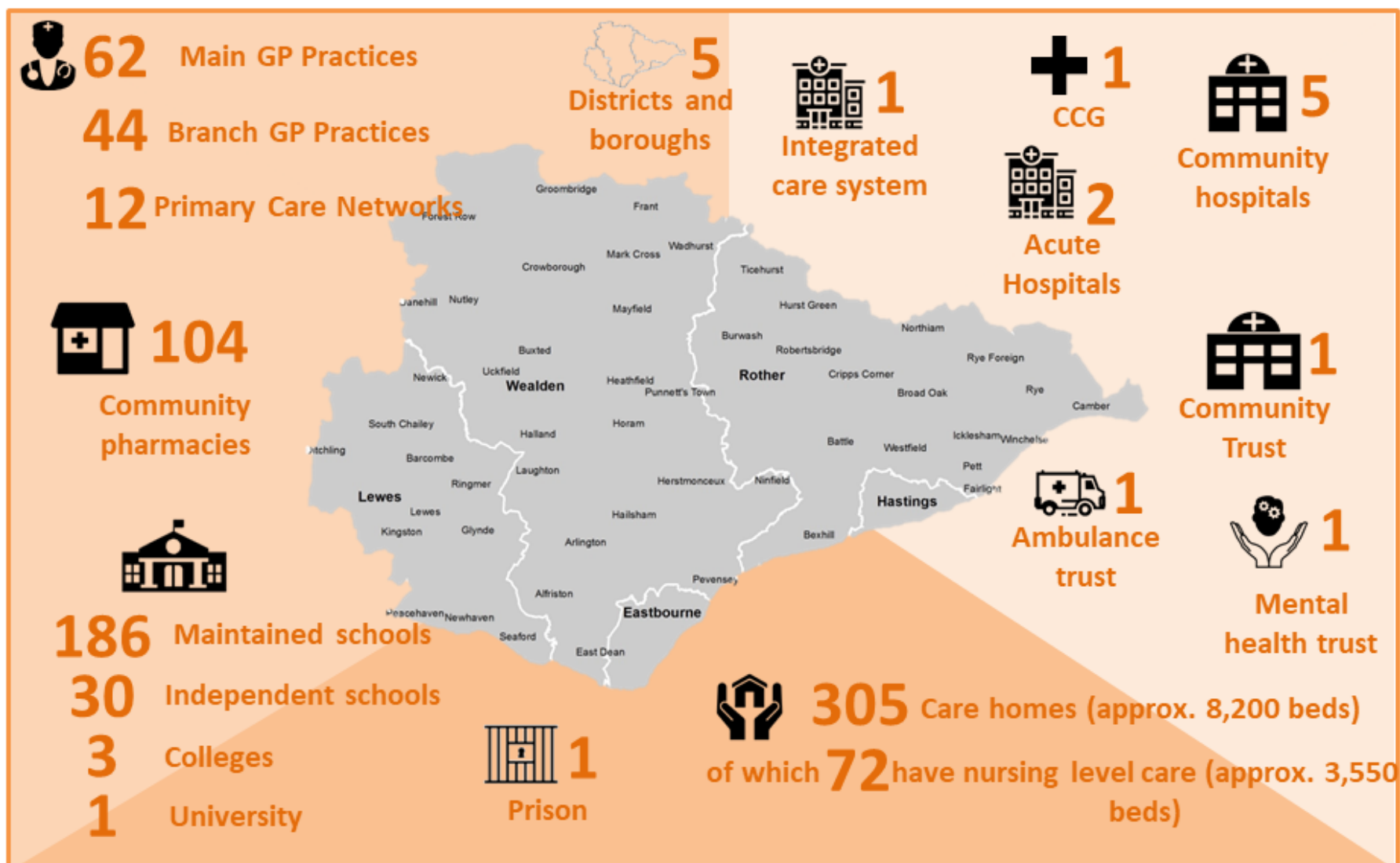
The over 65s now present a quarter of the county's population and are projected to make up nearly a third of all people by 2035. The fastest rate of growth will be seen in the 85 and over group. Those aged 85 and over are the largest users of health and social services.



A girl born in East Sussex can expect to live to 84, and a boy to 80. Healthy life expectancy has increased for males from 62 to 65 between 2009/11 and 2014/16, but it has fallen for females from 65 to 63 years. Those living in our most deprived communities have the lowest life expectancy and can expect to live fewer years in good health.



## East Sussex health and care landscape



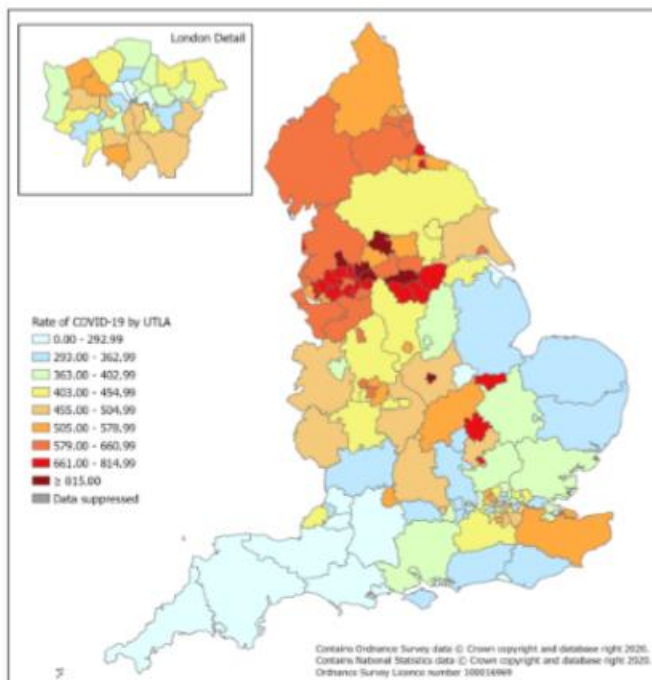
## COVID-19 Epidemiology

Where there is substantial community transmission of a respiratory infection such as COVID-19, it is important to understand the wider context that the infection exists within.

The rate of COVID-19, the number of confirmed cases of COVID-19 per 100,000, provides a comparable figure that allows different areas to be compared by taking account of the population size.

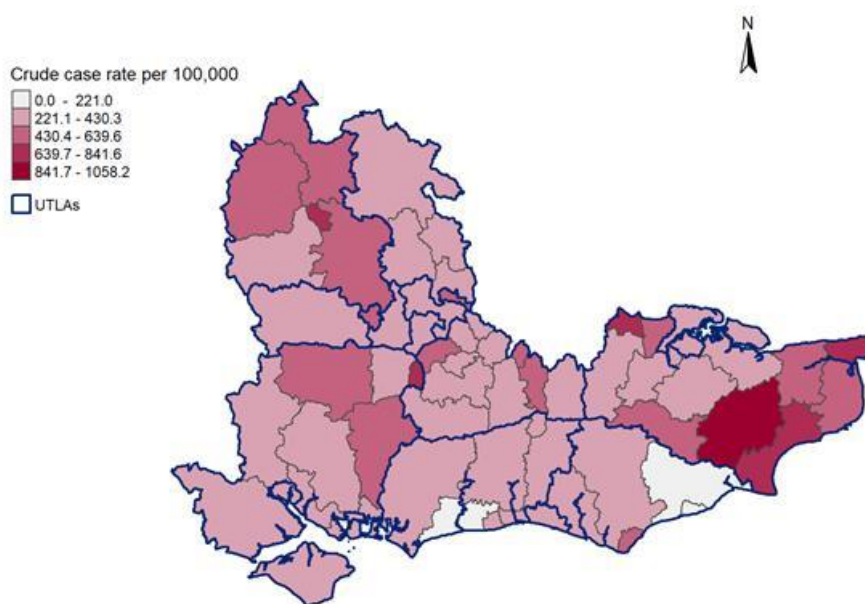
As of 27<sup>th</sup> August 2020, East Sussex was ranked 131st out of 149 upper tier local authorities (with 1 having the highest rate of COVID-19 infections, and 149 having the lowest). The map below shows confirmed COVID-19 cases displayed by lower tier local authority with the lighter colour reflecting a lower rate.

*Figure 1: Confirmed cases of COVID-19 per 100,000 population by upper tier Local Authority in England (Source: [National COVID-19 surveillance reports](#) at GOV.UK, published 21<sup>st</sup> August)*



*Figure 2: Confirmed cases of COVID-19 per 100,000 population by lower tier Local Authority in England (Source: Public Health England, produced 27<sup>th</sup> August)*

COVID-19 cumulative crude case rate 100,000 population by lower tier local authority, South East  
Specimen Date: 2020-08-25



Contains National Statistics data ? Crown copyright and database right 2020  
Also contains public sector information licensed under the Open Government Licence v3.0  
Data Sources: Coronavirus (COVID-19) in the UK, accessed from coronavirus.data.gov.uk  
ONS mid-year population estimates, 2018  
Produced by PHE Local Knowledge and Intelligence Service, South East

Testing data shows that there has been a consistently lower rate of COVID-19 in East Sussex, West Sussex, and Brighton, compared to the neighbouring authorities. Data from Districts and Boroughs within East Sussex also reveals variation. The following table shows the rate of COVID-19 for each of the 5 Districts and Boroughs with Eastbourne having the highest rate and Hastings the lowest rate.

*Figure 3: COVID-19 cumulative crude case rate 100,000 population by lower tier authority, South East Specimen Date: 2020-06-27*

	COVID-19 rate per 100,000	Local Authority rank (1 highest)
East Sussex	303	131/149
Eastbourne	446	143/315
Hastings	158	309/315
Lewes	381	204/315
Rother	208	297/315
Wealden	302	259/315

Hastings is worthy of particular attention as it is currently ranked 309 lowest out of 315 Lower Tier Local Authorities. This is particularly striking in the context of Hastings being linked to Ashford in Kent which has had one of the highest rates of COVID-19 cases in the country, as well as Hastings having high levels of deprivation – a factor usually associated with poorer health. More work is needed to understand this variation and the underlying protective characteristics, as well as the need for a more complete picture of all confirmed COVID-19 cases. There is work underway with the University of Sussex to understand whether there are particular protective factors at play in Hastings, and also to explore whether these same factors may hamper or support the area through reset and recovery.



# Escalation Framework and Governance

## Escalation Framework

Public Health teams across Sussex have agreed an overall aligned escalation framework. This describes four stages of escalation:

- **Outbreak prevention and containment.** This is the baseline stage whilst COVID-19 is a risk to the community. It is characterised by cases or outbreaks being managed within existing mechanisms, early warning metrics being within expected limits, and no wider concerns.
- **Raised local alertness.** This is the first stage of escalation, where early warning measures suggest need for raised local alertness, or there are outbreaks in complex settings. At this stage the affected community will not be asked to do anything different to elsewhere, but actions will include undertaking a retrospective investigation, increasing testing capacity, and doing targeted public communications.
- **Raised local concern.** The next stage of escalation will be triggered when there is sustained concern about early warning indicators and an increasing trend in new cases. At this point the affected community will be asked to take different action to people elsewhere, for example to work from home where possible and avoiding contact with other households. Additional measures could include enhanced business inspection regimes, further increasing local testing capacity, and protecting vulnerable people.
- **National oversight.** The final stage of escalation will involve national oversight where additional measures are required to control the spread of COVID-19. This could include restricting travel or movement, closing some businesses, and limiting years or closing schools.

Figure 4 – East Sussex escalation framework

	Outbreak prevention and containment	Raised local alertness	Raised local concern	National oversight
<b>Potential triggers include</b>	<p>Early Warning indicators are stable/improving or not presenting a cause for concern.</p> <p>Cases and outbreaks managed within existing mechanisms</p> <p>No identified additional concerns about specific vulnerable or under-served communities.</p>	<p>Analysis of the early warning indicators suggests the need for raise local alertness</p> <p>At least one outbreak in a complex setting that is not managed within routine outbreak control arrangements e.g. due to high numbers of contacts, high media interest etc.</p> <p>Specific concerns / outbreaks in vulnerable communities (e.g. Black, Asian and Minority Ethnic Communities).</p>	<p>Sustained concern regarding early warning indicators and increasing trend in overall numbers of cases in an area.</p> <p>Multiple outbreaks in complex settings, potentially combined with community spread.</p>	<p>Central Govt Watchlist is published weekly highlighting local authorities of greatest concern, within one of three categories: Area of Concern; Area requiring Enhanced Support; Area requiring intervention.</p> <p>The latter includes situations where either ESCC requests national intervention, resource prioritisation is required by Ministers as local systems cannot meet need (eg PPE; staff), or Local capabilities and controls are exceeded.</p>
<b>Event Determination</b>	<p>Review of Early Warning indicators and all other available data by ES Public Health and discussed at daily PH COVID call)</p> <p>East Sussex COVID-19 Operational cell (weekly)</p>	<p>Escalation by the Director of Public Health (DPH) and discussed at weekly ESCC COVID-19 Health Protection Operational cell.</p> <p>If threshold met in-between the weekly ESCC Operational Cell, then escalation by DPH in consultation with, at a minimum, Environmental Health and Public Health England.</p> <p>Consideration given to consultation with SRF and other agencies depending on the specific circumstances.</p> <ul style="list-style-type: none"> <li>• ESCC Health Protection Board</li> <li>• ESCC COVID-19 Tactical Group</li> <li>• ESCC COVID-19 Strategic Group</li> <li>• NHS Silver</li> <li>• Sussex ICS Monitoring Group</li> <li>• Member briefing</li> <li>• SRF</li> <li>• Weekly COVID-19 surveillance report sent to partners</li> </ul> <p>Consideration to notify neighbouring areas</p>	<p>Escalation to raised local concern by DPH, following consultation with:</p> <ul style="list-style-type: none"> <li>- ESCC COVID-19 Strategic Group</li> <li>- East Sussex Health Protection Board (weekly).</li> <li>- Sussex Resilience Forum (SRF), including whether any Sussex wide/neighbouring LRF action; mutual aid; coordination with government</li> <li>- Public Health England, and District / Borough</li> </ul>	<p>Secretary of State for Health and Social Care, at the Local Action Committee, drawing on advice from the CMO, NHS Test and Trace, Joint Biosecurity Centre and PHE.</p>
<b>Notifications &amp; Communication</b>	<p>Weekly COVID-19 surveillance report sent to partners</p>	<ul style="list-style-type: none"> <li>• ESCC Health Protection Board</li> <li>• ESCC COVID-19 Tactical Group</li> <li>• ESCC COVID-19 Strategic Group</li> <li>• NHS Silver</li> <li>• Sussex ICS Monitoring Group</li> <li>• Member briefing</li> <li>• SRF</li> <li>• Weekly COVID-19 surveillance report sent to partners</li> </ul> <p>Consideration to notify neighbouring areas</p>	<ul style="list-style-type: none"> <li>• ESCC Operational Cell</li> <li>• ESCC COVID-19 Tactical Group</li> <li>• ESCC Health and Wellbeing Board</li> <li>• NHS Silver</li> <li>• Sussex ICS Monitoring Group.</li> <li>• SRF. Consideration given to need for Tactical Coordinating Group.</li> <li>• Formal briefing to members and local MPs</li> </ul> <p>Consideration to notify neighbouring areas</p>	<p>As for <i>Raised Local Concern</i>, with frequent briefings to members and local MPs, and assurance to Government as required.</p> <p>Daily briefings with the media.</p>
<b>Potential Actions (each level describes additional actions)</b>	<ul style="list-style-type: none"> <li>• Ongoing implementation of Outbreak Control Plan</li> <li>• Individual cases / routine outbreaks usually with support as required.</li> <li>• Comms focus on prevention and preparing reactive statements as required of managed outbreaks.</li> <li>• Ongoing preventative and reactive support to businesses and events to ensure they are COVID-secure</li> </ul>	<ul style="list-style-type: none"> <li>• PHE establish Outbreak Control Team (OCT) for specific outbreak(s)</li> <li>• Formal local investigation including retrospective audit into potential community spread, (Regional PHE or local) Multi-agency discussion with Public Health, Environmental Health, PHE, CCG, ESHT, Emergency Planning and Comms</li> <li>• Development of proactive and reactive comms increases.</li> <li>• Targeted community communications emphasizing the standard COVID-19 messages, as per COMS plan.</li> <li>• Increasing testing capacity</li> <li>• Consideration given to enhanced business inspection regime</li> </ul>	<ul style="list-style-type: none"> <li>• Multiple OCTs led by PHE with support from relevant agencies</li> <li>• Specialist support from PHE Field Epidemiology Service.</li> <li>• Public communication to request local changes in behaviour, e.g. home working; avoid public spaces; enhanced social distancing etc</li> <li>• Consider measures to protect vulnerable members of the affected community, e.g. restricting visits to care homes</li> <li>• Additional stakeholder COMS</li> <li>• Further targeted testing capacity</li> <li>• Enhanced business inspection regime</li> </ul>	<p><b>Area of concern:</b> ESCC leads with support from PHE, NHS Test and Trace, and JBC. Potential actions: targeted testing; enhanced comms; specialist epidemiological analysis.</p> <p><b>Area of enhanced support:</b> Increased national support and oversight including resources. Potential actions: widespread testing; local restrictions; detailed engagement &amp; comms.</p> <p><b>Area of intervention:</b> Decision making referred to national level. Potential actions:</p> <ul style="list-style-type: none"> <li>• Extensive comms and community engagement</li> <li>• Expanded testing (i.e. asymptomatic)</li> <li>• Closing some businesses, venues, public areas</li> <li>• Limiting years or closing schools</li> <li>• Restricting travel or movement</li> <li>• Bespoke measures for shielding population</li> </ul>
<b>De-escalation</b>	Sustained period - DPH to consider moving to business as usual	DPH & ESCC Operational Cell	DPH & Health Protection Board	Nationally determined

## **Governance overview**

As detailed in one of the four principles of good practice, this Local Outbreak Control Plan needs to sit within the context of existing health protection and emergency planning structures.

There are three new structures to oversee COVID-19 across East Sussex:

- East Sussex COVID-19 Operational Cell
- Health Protection Board
- The Engagement Board

Each of these groups will be discussed in turn, before describing the involvement of the Sussex Resilience Forum.

### **East Sussex COVID-19 Operational Cell**

The East Sussex COVID-19 Operational Cell is chaired by the Director of Public Health and sits under the direction of the Health Protection Board. This is a multi-agency group that brings together and interprets information from the Test and Trace service, the Joint Biosecurity Centre, and other sources of intelligence in order to understand what current transmission of COVID-19 across East Sussex, and any supplementary investigation or control measures needed in addition to those already being discharged by other parts of the system.

The group also gathers and disseminates lessons learned, and oversees specific Task and Finish Groups to address specific issues. Membership will be flexible according to particular areas of focus, but includes Environmental Health, Trading Standards, Public Health England, Environmental Health, Local Authority Public Health, Police, Emergency Planning, the CCG, East Sussex Healthcare Trust, and Communications.

As described in the Escalation Framework section on the previous page, the Operational Cell will be the forum where the Director of Public Health will discuss if an area needs to move to raised local alertness.

### **The Health Protection Board**

The Health Protection Board is a new function of the East Sussex Health and Social Care COVID-19 Executive Group that meets weekly. The Health Protection Board receives the weekly surveillance report and Operational Cell risk log, and reviews and agrees any additional actions required. Membership includes local Public Health, Adult Social Care, the Integrated Care System, the CCG, and ESHT.

As described in the Escalation Framework, the Health Protection Board is notified if there is escalation to 'raised local alertness' and is consulted if an area is proposed to move to 'raised local concern'.

.

## **The Engagement Board**

The Engagement Board is a new function to ensure that there is political and democratic accountability for outbreak investigation and response. In East Sussex, the Engagement Board will draw on the established Health and Wellbeing Board (as suggested by the existing guidance) and be a new core function. This Outbreak Control Plan is approved by the Engagement Board. As described in the Escalation Framework, the engagement board will be stood up virtually and at pace in the event of an area escalating to 'raised local concern'. The role of the engagement board will include reviewing and commenting on the effectiveness of public communications and engagement.

## **Sussex Resilience Forum**

Local Resilience Forums are multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others. These agencies are known as Category 1 Responders, as defined by the Civil Contingencies Act. There is one Local Resilience Forum covering Sussex, called the Sussex Resilience Forum (SRF).

The SRF has an important role across Sussex in coordinating agencies, supporting joint communications, and identifying lessons learned. There are a range of scenarios where the SRF will be potentially needed, for example in the event of a substantial and complex outbreak, where numerous outbreaks are occurring at the same time, or where there are issues spanning borders. The need for Sussex Resilience Forum involvement will be considered at all stages of emerging outbreak investigation and control.

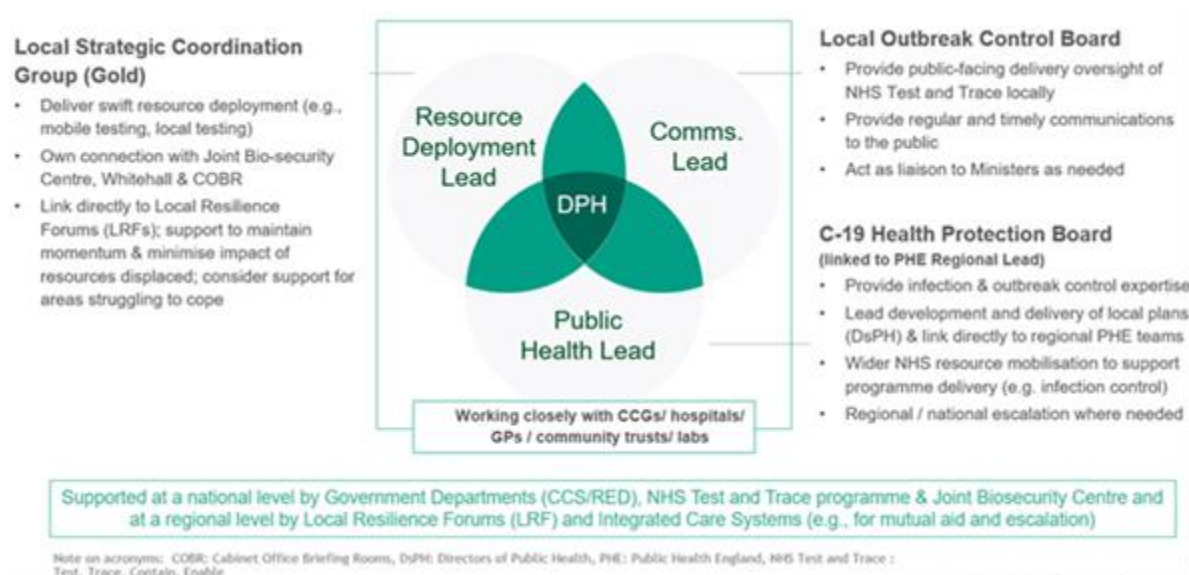
The SRF will be sent the weekly East Sussex COVID-19 surveillance report and will be notified of any change in escalation level. Consideration will be given to whether there is any requirement for the SRF to be consulted as part of a change to 'raised local alertness'. The SRF will be consulted as part of any consideration to move an area to 'raised local concern'.

The Sussex Resilience Forum (SRF) will support local health protection arrangements working with the Health Protection Board and Local Outbreak Engagement Board directly through the Strategic Co-ordinating Group (SCG) or if in place the Strategic Recovery Group (RCG), Tactical Co-ordinating Group (TCG), and the following Cells:

- Multi-agency Information Cell
- Logistics and Supply Chain Cell
- Test and Trace Support
- Testing logistics
- Vulnerability and Wellbeing Cell.

The Logistics and Supply Chain Cell will include the support to operations for the test and Trace and testing. The SRF structure will be expected to manage the deployment of broader resources and local testing capacity to rapidly test people in the event of a local outbreak.

*Figure 5: Links between C-19 Health Protection Board, Local Outbreak Control Board (Health and Wellbeing Board) Sussex Resilience Forum*



## Other joint working across Sussex and beyond

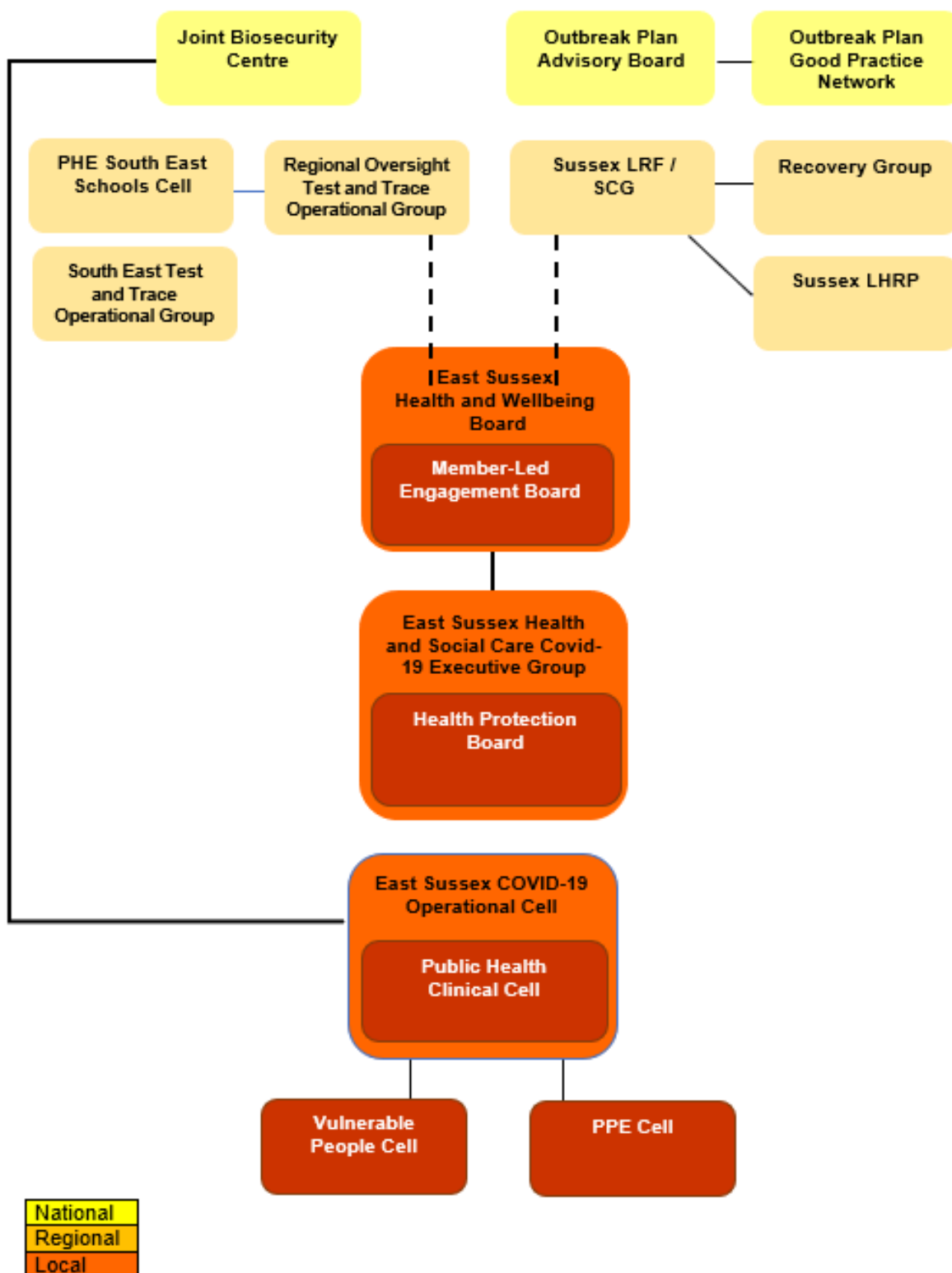
It is vital that work to tackle the pandemic is conducted as seamlessly as possible across different geographies and organisations. For this reason, sections within the Plan relating to data, testing and complex contact tracing have been jointly developed with Brighton & Hove and West Sussex County Councils' Public Health Teams, PHE and NHS partners.

In addition to close working as part of the Sussex Resilience Forum, our plan reflects robust partnerships across the Sussex Health and Care Partnership (the Integrated Care Partnership which brings together NHS commissioners and providers, public health, social care and other providers), Local Authority Public Health teams and with the PHE Surrey and Sussex Health Protection Team.

There are strong operational and strategic links across the Public Health Teams including regular meetings between Directors of Public Health in relation to the Covid-19 response. In relation to data strong local and regional links have been developed, including a weekly South East Health Public Health Intelligence meeting led by Public Health England, bi-lateral working between authorities on specific issues and cross-organisational working and data sharing agreements established at speed on specific datasets. In East Sussex, this also includes working with Kent who share a border.

Figure 6 - East Sussex Outbreak Control Plan Governance

## East Sussex Outbreak Control Plan Governance



## Legal context

The legal framework for managing outbreaks of communicable or infectious disease which present a risk to the health of the public requiring urgent investigation and management sits with:

- Public Health England under the Health and Social Care Act 2012
- Directors of Public Health under the Health and Social Care Act 2012
- Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984 and suite of Health Protection Regulations 2010 as amended
- NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist in the management of outbreaks under the Health and Social Care Act 2012
- other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004

A communicable disease can also be notifiable i.e. a disease with significant public health implications, typically a highly infectious disease, for which the diagnosing clinician has a statutory responsibility to notify the correct body or person.

Specific legislation to assist in the control of outbreaks is detailed below. An Outbreak Control Team could request the organisation vested with powers take specific actions, but the final decision lies with the relevant organisation.

### **Coronavirus Act 2020**

Under the Coronavirus Act, The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020 as amended set out the restrictions as to what is and is not permitted, which when taken together with both statutory and non- statutory guidance create the situation of lockdown. Any easing of lockdown comes from amending or lifting these national Regulations and/or updating guidance. The powers of the Police to enforce lockdown also flow from these national Regulations.

Any localised lockdown would require further Regulations that are designed to be implemented locally. Currently there are no such Regulations. The Joint Biosecurity Centre (JBC) will be issuing further information about how local movement restrictions may need to be increased if infection rates increase again. On 29 June 2020 local action or a localised lockdown was announced in Leicester. There will need to be consideration of how measures are to be implemented locally if contained in guidance that follows this.

### **Health Protection Regulations 2010 as amended**

The powers contained in the suite of Health Protection Regulations 2010 as amended, sit with District and Borough Environmental Health teams.

The Health Protection (Local Authority Powers) Regulations 2010 allow a local authority to serve notice on any person with a request to co-operate for health protection purposes to prevent, protect against, control or provide a public health response to the spread of infection which could present significant harm to human health. There is no offence attached to non-compliance with this request for co-operation.



The Health Protection (Part 2A Orders) Regulations 2010 allow a local authority to apply to a magistrates' court for an order requiring a person to undertake specified health measures for a maximum period of 28 days. These Orders are a last resort mechanism, requiring specific criteria to be met and are resource intensive. These Orders were not designed for the purpose of enforcing 'localised' lockdowns, so it is possible that there may be a reluctance by the Courts to make these Orders for this purpose. Non statutory guidance from government indicates that they should be considered to reduce the risk of Covid-19 infection in limited circumstances.

## **Health and Safety at work**

Local authority public health teams and the Health and Safety Executive have responsibilities for the enforcement of employers' health and safety obligations as contained in the Health and Safety at Work Act 1974 (as amended) and associated regulations. The following guidance addresses how the general obligations in law apply to Covid-19

[Working safely during coronavirus \(COVID-19\): Guidance to help employers, employees and the self-employed understand how to work safely during the coronavirus pandemic](#)

[Social distancing, keeping businesses open and in-work activities during the coronavirus outbreak](#)

## **Local Authority policy framework**

The following policies and plans written prior to the outbreak of COVID-19 are also being utilised by the local authority ("LA")'s Emergency Planning and Adult Social Care and Health departments in planning for the potential impact on the County:

- Emergency Response Plan (including Business Continuity Arrangements) Part 1 (dated 29th August 2017)
- Emergency Response Plan (including Business Continuity Arrangements) Part 2 (dated 29th August 2017)
- Business Continuity Policy (dated June 2018)
- Pandemic Influenza Business Continuity Supplement (dated July 2019)

## **Data Sharing**

In addition to the Data Protection Act 2018, the intention is to encourage a proactive approach to sharing information between local responders, in line with the following framework:

- instructions and guidance issued by the Secretary of State;
- the following four (as at 27/8/20) notices issued by the Secretary of State for Health and Social Care under the Health Service Control of Patient Information Regulations 2002 requiring data to be shared (between healthcare organisations and local authorities) for the purposes of the emergency response to Covid-19 which are now to remain in force until at least March 2021:
  - i. Coronavirus (COVID-19): notice under regulation 3(4) of the Health Service Control of Patient Information Regulations 2002 – general;



- ii. Coronavirus (COVID-19): notice under regulation 3(4) of the Health Service Control of Patient Information Regulations 2002 – NHSE, NHSI;
  - iii. Coronavirus (COVID-19): notice under regulation 3(4) of the Health Service Control of Patient Information Regulations 2002 – Biobank; and
  - iv. Coronavirus (COVID-19): notice under regulation 3(4) of the Health Service Control of Patient Information Regulations 2002 – NHS Digital;
- such further notices issued by the Secretary of State for Health and Social Care under the Health Service Control of Patient Information Regulations 2002 requiring data to be shared (between healthcare organisations and local authorities) for the purposes of the emergency response to Covid-19;
  - statements and guidance issued by the Information Commissioner in relation to data sharing and COVID-19; and
  - the data sharing permissions provided for by the Civil Contingencies Act 2004 and the Contingency Planning Regulations.

## Summary of measures to prevent or control COVID-19 and the enabling legislation

The following table describes the various measures currently available to different agencies, who the designated lead would be, and the enabling legislation.

Type of measure	Prevent/ Control	Lead	Enabling legislation	Description of use
<b>Taking action against a business/premises permitted to be open but not complying with COVID-19 guidelines<sup>1</sup></b>	Prevent <i>For use at any point in escalation framework.</i>	Environmental Health	<b>Health and Safety at Work Act 1974</b> , and with reference to <b>sector specific COVID guidelines</b>  In extremis: <b>The Health Protection (Coronavirus Restrictions) No 3 Regulations</b>	Action taken depends on the severity of the concern and strength of the evidence (following the hierarchy of control). This may include engagement with the business via a visit/call/letter, serving an improvement notice to require risk assessment. HSE have cautioned against the serving of deferred provision notices and prohibition notices as you would in usual circumstances, based on the relatively low level of risk to an average individual in contracting CV-19. However, the decision to serve deferred provision/prohibition notices will be up to each Lower Tier Local Authority in accordance with their own enforcement policy and with regards to each specific situation.  Where a business refuses to comply, Regs 3 could be used to issue a directive to close the business.
<b>Taking action against a business/premises NOT permitted to be open</b>	Prevent <i>For use at any point in escalation framework.</i>	Environmental Health / Trading standards (depending on sector)	<b>The Health Protection (Coronavirus Restrictions) No 2 Regulations (SI 684)</b>	For sectors that are not yet permitted to be operating (as at 01/09 this includes nightclubs, dance halls and sexual entertainment venues), a prohibition notice can be served.
<b>Shutting a business/premises following intelligence of an outbreak where action wasn't taken voluntarily</b>	Control <i>For use at any point in escalation framework.</i>	Environmental Health	<b>Health and Safety at Work Act 1974</b> , and with reference to <b>sector specific COVID guidelines</b>  In extremis: <b>The Health Protection (Coronavirus Restrictions) No 3 Regulations</b>	Action taken depends on the severity of the concern and strength of the evidence (following the hierarchy of control). This may include engagement with the business via a visit/call/letter, serving an improvement notice to require risk assessment. The decision to serve deferred provision/prohibition notices will be up to each Lower Tier Local Authority in accordance with their own enforcement policy and with regards to each specific situation.  Where a business refuses to comply, Regs 3 could be used to issue a directive to close the business.

<sup>1</sup> In relation to sectors included under schedule 1 of the Health and Safety Authority Regulations 1989. HSE are responsible for health and safety in sectors outlined in schedule 2.

<b>Closing an outdoor public space</b>	Prevent <i>Only to be considered in areas with 'raised local concern/national concern'.</i>	Director of Public Health (in partnership with relevant LTLA)	<b>The Health Protection (Coronavirus Restrictions) No 3 Regulations</b>	The DPH may make a direction to close an outdoor public space where three conditions can be met in relation to responding to a "serious and imminent" threat to public health, necessity and proportionality. However, it may be difficult to justify taking this action as there appears to be little evidence in increased transmission from crowded, outdoor spaces (e.g. Brighton or Bournemouth beaches). The potential difficulty of enforcing the closure of an outdoor public space should be considered when taking this decision.
<b>Directing an individual to undertake specified health measures</b>	Prevent/Control <i>For use at any point in escalation framework.</i>	Any local authority authorised officer specifically designated to carry out this role under delegated powers	<b>The Health Protection (Part 2A Orders) Regulations 2010</b>	Following service of a notice to co-operate, a local authority can apply to a magistrates' court for an order requiring a person to undertake specified health measures for a maximum period of 28 days. Very strong evidence would be required to support the use of this. These Orders are a last resort mechanism, requiring specific criteria to be met and are resource intensive. They were not designed to enforce compliance with COVID-19 measures and so Courts may be reluctant to grant the order. Additionally, this is a time intensive process and so may not be appropriate due to the length of the infectious period of CV-19.
<b>Declaring a gathering of more than 30 illegal</b>	Prevent <i>For use at any point in escalation framework (as decision depends on CV19 RA quality etc)</i>	Environmental Health or Public Health representative at a SAG	<b>The Licensing Act 2003 and the Health Protection (Coronavirus Restrictions) No 2 Regulations<sup>2</sup> (SI 684)</b>  <b>In extremis: The Health Protection (Coronavirus Restrictions) No 3 Regulations</b>	Organisers <sup>3</sup> can request permission to hold an event for over 30 people via a Premises license, or a standard Temporary Event Notice (TEN) <sup>4</sup> . The process for these two routes differ, but there are no specific public health grounds on which to refuse permission in either route under the Licensing Act 2003. However, the No 2 regs require a CV-19 risk assessment and demonstration that all reasonable measures have been taken to limit the risk of transmission of COVID-19. If the risk assessment is not deemed 'suitable and sufficient,' permission can be <a href="#">refused</a> and the organiser and Police Prevent Inspector would be notified that the event is illegal. In a case where the CV-19 risk assessment is satisfactory, but there are serious concerns regarding the incidence rate in that area or in the incidence rate in the area of the people attending the event, the organiser will be engaged with to defer/cancel the event. Where the organiser refuses, the DPH may make a direction under the No 3 regs to prohibit the event, where the three conditions can be met in relation to responding to a "serious and imminent" threat to public health, necessity and proportionality. Once a Direction has been made delegated LA Officers can issue "prohibition Notices" to close individual premises.

<sup>2</sup> Where there are employees working at the event, the Health and Safety Act 1974 can also be used.

<sup>3</sup> Events of over 30 people organised by individuals are illegal, as per the No 2 regs and this is enforceable by the Police.

<sup>4</sup> In the case of late TENs, the Police or Environmental Health can object with no right for the organiser to appeal.

# Outbreak investigation

## Principles

There are well established [principles of outbreak investigation and management](#). The Communicable Disease Outbreak Management - Operational guidance (2014), produced by Public Health England, outlines the national approach to investigating, managing and controlling outbreaks.

Whilst the principles of outbreak management are common to all types of infectious disease, some of the specific steps are dependent on how an infection is transmitted. As COVID-19 is a respiratory infection, with the route of transmission being respiratory droplets, contact tracing plays a vital role in interrupting transmission. Contact tracing requires the identification of people who have had close contact with a confirmed case, and an assessment of how much contact and when that contact occurred. This is used to determine whether someone is classified as a close contact, and the appropriate corresponding advice (including isolation advice, testing and follow-up). The following page describes the principles of contact tracing related to COVID-19.

The definition of an outbreak of COVID-19 below, provides examples of when action is triggered in relation to cases (adapted from PHE definition):

- an incident in which two or more people experiencing COVID-19 are linked in time or place
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred
- a single case of COVID-19 in a high-risk setting.

## Test and trace

The NHS Test and Trace service was launched on the 28<sup>th</sup> May 2020. Although contact tracing is already an established part of the current system for investigating and managing outbreaks, COVID-19 has necessitated a substantial scaling up of the current contact tracing system which has resulted in the new NHS Test and Trace structure.

There are three tiers to NHS Test and Trace:

- Tier 3 is a newly formed national structure for COVID-19 that contains approximately 18,000 call handlers. They will work alongside a website and digital service to give advice to confirmed cases in East Sussex and their close contacts. Any cases fulfilling certain national criteria will be escalated to Tier 2.
- Tier 2 is a newly formed national structure for COVID-19 that contains approximately 3,000 dedicated professional contact tracing staff who have clinical and/or contact tracing experience. This tier will deal with East Sussex cases and situations that are not routine. Any cases/situations that are complex will be escalated to Tier 1.
- Tier 1 is the Health Protection Team, the existing team within Public Health England (PHE), who have the statutory responsibility for leading outbreaks. Tier 1 will be responsible for leading outbreak in complex situations such as cases in care homes, schools etc. Where PHE determine that an Outbreak Control Team (OCT) is required

(see OCT later in this section) this will involve relevant agencies to support the investigation and control measures

NHS Test and Trace is accessed on-line at <https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works>. On registration with the service, people are asked to provide contact details so that results and advice can be provided by email, text or phone. For those with hearing impairment they can provide next of kin or friend details, and parent/guardian details for children.

Across Sussex, the outbreak reporting process is available at <https://www.eastsussex.gov.uk/community/emergencyplanningandcommunitysafety/coronavirus/outbreak-control-plan/>

Figure 7: NHS Test and Trace – Three Tiers

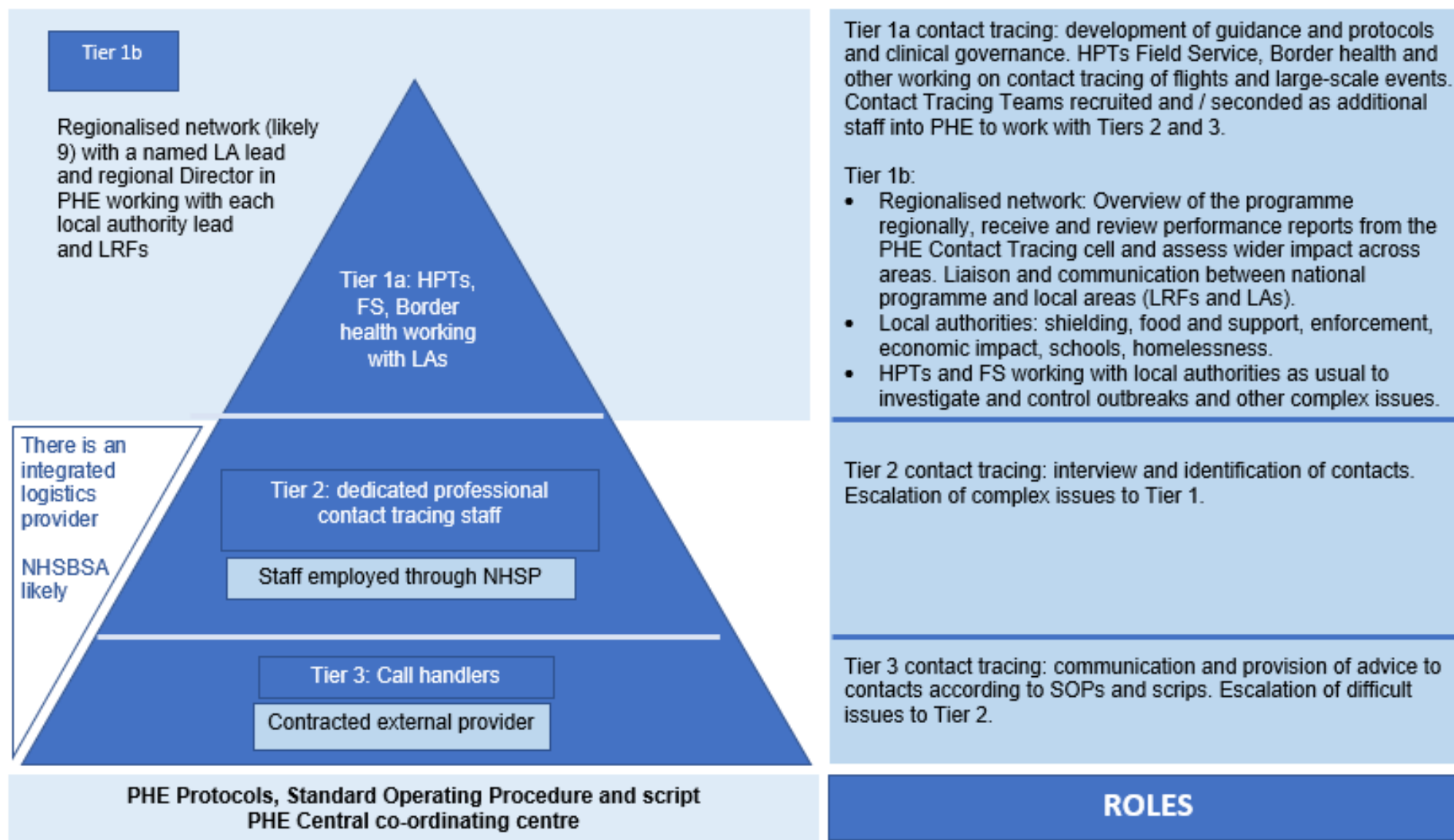
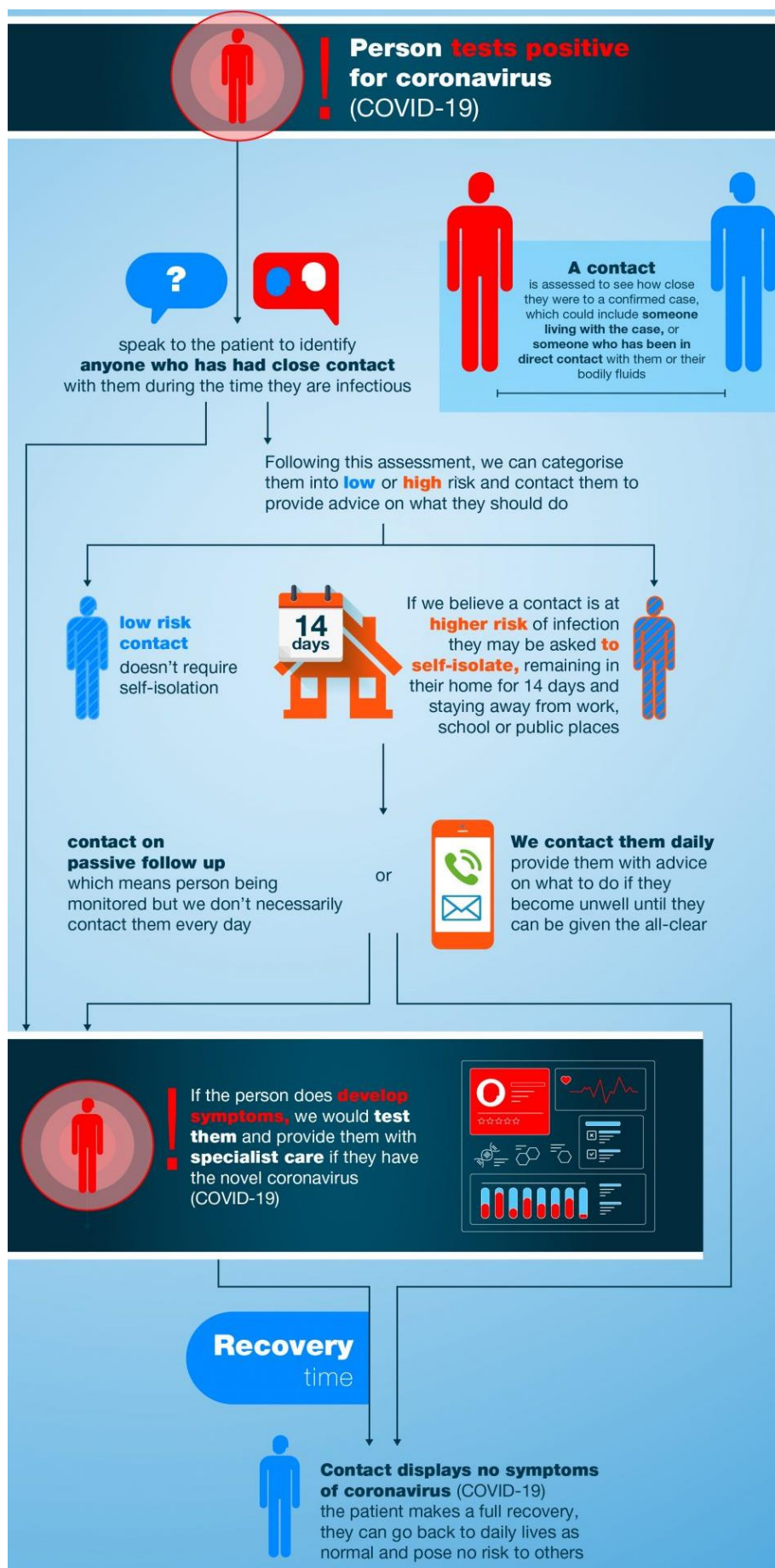


Figure 8: What is contact tracing (PHE)





## **Outbreak Control Teams**

As described in the Communicable Disease Outbreak Management - Operational guidance (2014), an Outbreak Control Team should be potentially convened in response to an outbreak where a multi-agency response is required. This is usually declared by a Consultant in Communicable Disease Control (CCDC) or Consultant in Health Protection (CHP) from Public Health England and is normally chaired by the CCDC / CHP or a Consultant Epidemiologist. Meetings are normally held virtually, and minutes of the meeting and all associated public health actions are recorded on HPZone (Public Health England's infectious diseases database).

OCTs are a well-established process that existed prior to COVID-19. Members of this time-limited group will typically include the following core members:

- CCDC / CHP from Public Health England
- Director of Public Health, East Sussex County Council (or representative)
- Environmental Health Office from the relevant District / Borough Council
- Field Services, Public Health England
- Communications.

Other members will be dependent on the scale of the outbreak and the specific setting. Where relevant these potential members have been listed under the specific High-Risk Places, Locations and Communities section. This could include representatives from Health, the police, the voluntary sector,

The Public Health England – Local Authority Joint Management of COVID-19 Outbreaks in the SE of England provides further detail on how outbreaks will be managed.

## **Sussex Resilience Forum**

The Sussex Resilience Forum (SRF) has an important role across Sussex in coordinating agencies, supporting joint communications, and identifying lessons learned. There are a range of scenarios where the SRF may be needed, for example in the event of a substantial outbreak or where outbreaks are occurring across borders. The involvement of the SRF will be considered as part of the initial outbreak investigation as well as during the OCT. Further detail about the SRF is detailed in the Escalation Framework and Governance section.

# Communications and Engagement

## Priorities for Communications and Engagement

- To secure public trust in outbreak planning and response
- To ensure communication networks and systems are in place to rapidly warn and inform all residents of necessary restrictions in the event of any local outbreaks
- To increase public understanding of evolving national and local guidance on health protection. Emphasise our collective responsibility for restricting the virus.
- To work effectively with partners across Sussex while recognising different parts of the county will at times have differing approaches.

## Communications and engagement plan

We have developed a communications and engagement plan for East Sussex which sets out the approach to communicating with residents, businesses, partners, members and staff on local protection planning and activity. This supports the approach set out in this Outbreak Control Plan and sits within the governance framework identified. In particular, the level and scope of our communications activity aligns with the escalation framework for East Sussex. The communications plan specifies how and when ESCC's communications team would initiate a communications cell to work with partner organisations if infections rise in East Sussex (including in cross-border outbreaks).

The communications approach includes both digital and non-digital engagement tactics to ensure messaging can be targeted at residents within a few hours of a notification of a local outbreak. It will draw on existing communication networks (including among schools, care homes, GPs and other community services) to help achieve this.

The communication and engagement plan also outlines how specific groups will be reached using online platforms, including how residents can be targeted by their locality (home or work) and /or their profession. It includes particular thinking on how we will reach at-risk or potentially marginalised groups, including the Black and Minority Ethnic (BAME) community, shielded groups, the homeless and people with impaired vision or hearing.

To deliver messaging effectively, the communications team will work with the Operational Cell as well as monitor Government advice to provide real-time updates on the Test and Trace service and signpost people to the correct Government sources to gain information.



# Data Integration

## Data objectives

To combat the pandemic at a local level, it is vital that there is access to timely and robust data; including data relating to testing, the number of cases, local outbreaks in places such as schools, hospitals and care homes, hospital use and deaths.

There are an increasing range of data being produced relating to COVID-19 and datasets have expanded as the response to the pandemic has developed. Some datasets are in the public domain, others are, and will remain, confidential and restricted.

At a local level Public Health, local authority and NHS staff are seeking to maximise the use of available data to ensure a quick, targeted and transparent response. To do this we need to ensure that we have good access to data being produced including by the Joint Biosecurity Centre and NHS; we need to be vigilant of change such as increasing number of cases or hospital admissions; we need to produce clear summaries to support staff tackling outbreaks; and we need to support the transparency and accountability of decisions taken.

Much of this work will be coordinated Sussex wide, through the Sussex Covid-19 Data and Modelling Group, whilst ensuring a local East Sussex focus.

<p>Objective 1:</p> <p>Staff in local authorities will secure access to the range of data available, for this we will:</p>	<ul style="list-style-type: none"><li>▪ Have a clear understanding of the data flows, such as Test and Trace data and information from the newly established Joint Biosecurity Centre, and raise concerns where information is not forthcoming;</li><li>▪ Work with local and regional partners to gain access/develop further data feeds which will inform outbreak control measures (such as Public Health England, Environmental Health)</li><li>▪ Ensure the Sussex Integrated Dataset (SID), an anonymised linked record level dataset, is developed to support this workstream; in relation to COVID-19 this will help to understand infection rates in specific areas and groups and in the longer term understand the recovery and on-going support needs of people affected.</li></ul>
<p>Objective 2:</p> <p>Using the range of data, we will be highly vigilant (“proactive surveillance”) in monitoring change:</p>	<ul style="list-style-type: none"><li>▪ There will be proactive surveillance by reviewing a broad range of indicators which may provide an early warning of outbreaks or possible community transmission</li><li>▪ We will have, and further develop, our understanding of high-risk places, locations and communities</li></ul>

<p>Objective 3:</p> <p>Staff tackling outbreaks will have access to robust and concise information and be supported in their use of data; this will include:</p>	<ul style="list-style-type: none"> <li>▪ Information relating to the local response to outbreaks (e.g. care homes or schools), including providing an understanding and quantifying the numbers involved and the areas/settings impacted</li> <li>▪ Help to identify similar settings of concern</li> <li>▪ Modelling possible scenarios.</li> </ul>
<p>Objective 4:</p> <p>We will seek to maximise the transparency of local decisions:</p>	<ul style="list-style-type: none"> <li>▪ There will be consistent reporting to each local authority Outbreak Engagement Board and support where possible wider dissemination working with local Communication teams</li> <li>▪ Provide data to the public in a clear and transparent way, and demonstrate how this information is used, to inform local decisions.</li> <li>▪ Clearly note the sources of data and which datasets are, and are not, in the public domain.</li> </ul>

### Data arrangements currently in place

Data to support this plan is sourced from a range of data sources, including Public Health England national and regional teams, the local PHE Health Protection Team, NHS Digital, NHS England/Improvement, the Office of National Statistics (ONS), the Care Quality Commission (CQC) the Sussex local registry offices and many local health and care partners such as CCGs and NHS trusts.

Public Health England are now providing to local authorities record level datasets including postcode in relation to cases and contacts from the national Test and Trace system.

Of particular relevance for this plan is daily reporting by PHE on outbreaks in care homes, schools and prisons and the hospital onset COVID-19 reporting by trusts to NHS England.

These data are managed by the East Sussex Public Health Intelligence team at the council in collaboration with other local, Sussex-wide and regional partners.

A public facing [weekly surveillance update](#) for East Sussex is available from the councils website.

More detailed data are scrutinised on a daily basis by the local authority public health team, with further investigations and actions agreed at the end of each session.

Data are shared and discussed weekly at the Operational Cell with further investigations and actions agreed at the end of each session.

Across Sussex there is a COVID-19 Data and Modelling Group, which reports to the Local Health Resilience Partnership (LHRP). This was established in March 2020 as a response to the pandemic and is comprised of staff from Public Health Intelligence teams, CCGs, the Sussex ICS, Sussex Partnership NHS Foundation Trust, Adult Social Care and the University of Sussex. The group's focus has been around modelling the pandemic, for example modelling hospital activity and deaths.

It has developed a Sussex-wide dashboard to support partners in maintaining a proactive view of indicators that will help provide early warning when indicators are increasing across Sussex that require further investigation and action. The group is also coordinating efforts to ensure that evidence of inequalities is collected and analysed.

### **Data arrangements that need to be set up**

It is anticipated that the following arrangements will need to be set up:

- Extend the role of the Sussex Data and Modelling Group to oversee the data integration work.
- Improve flow and integration datasets, particularly from test and trace which is subject to weekly and sometimes daily changes in how it is provided and what it contains.
- Improved insight reports to support the various governance structures.

### **Data sharing and Data security**

Given the challenge of tackling this pandemic, all agencies will assume they are required to adopt a proactive approach to sharing information by default, in line with the Instructions of the Secretary of State, the Statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act.

The Secretary of State has issued [four notices](#) under the Health Service Control of Patient Information Regulations 2002 requiring the following organisations to process information: NHS Digital, NHS England and Improvement, health organisations, arm's length bodies, local authorities, GPs. These notices require that data is shared for purposes of coronavirus (COVID-19) and give health organisations and local authorities the security and confidence to share the data they need to respond to coronavirus (COVID-19).

The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply. Under the Civil Contingencies Act 2004 (CCA) and the Contingency Planning Regulations, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required for those responders to fulfil their duties under the CCA.

# Testing

## Testing provision

There is a regional testing site (RTS) centre at Gatwick Airport and a locally commissioned satellite testing centre at Bexhill. The previous RTS at the AMEX stadium in Brighton closed on 24<sup>th</sup> August and currently plans are being explored to for a new site, likely to be in West Sussex.

Mobile Testing Units (MTUs) are being used across the county with deployment being prioritised via the LRF and the regional testing cell. These are customised vans which are available to stop in a location for 1-3 days to test local residents. These are accessed by car or on foot and require a booked appointment. Sodexo have been commissioned by DHSC to lead operational delivery of MTUs. There are additional MTUs which can be deployed if outbreaks occur.

Local Testing Sites (LTS) are small, localised test sites that are set up in high density, urban areas under the direction of the DPH. LTS are meant to serve potentially more vulnerable people who may only be able to access a test site by walking locally, or require a more in-depth and guided approach in taking a test. They are designed to be walk-through sites, active for an ideally 3+ months. DHSC give approval for the specific site location, finalise contracts for the leases and appoint a contractor to oversee the site build, setup and preparation. Currently work is underway to identify suitable locations to set up LTS in Eastbourne and Hastings and potentially Bexhill.

The Sussex Central Booking Team is an additional resource put in place to assist organisations with the administration of testing. The team can advise on testing criteria, assist with booking on the national website and book community testing where appropriate.

## Testing pathways currently in place

There are several different ways that testing can be accessed for Sussex residents:

- Symptomatic residents can apply via the [NHS website](#), or by telephoning 119, to either be tested at a testing site, mobile testing unit, or receive a home testing kit.
- Essential workers can be referred individually via the Sussex Central Booking Team or via the [GOV.uk site](#) (some are eligible for asymptomatic testing)
- Regular testing (retesting) for care homes in England commenced roll out from 6 July – this involves care homes testing staff weekly and residents every 28 days. Care homes can request whole-home testing for all residents (irrespective of symptoms) and asymptomatic staff via the [Care Home Portal](#). Currently only care homes caring for over 65s and those with dementia are eligible for retesting. All other adult care homes registered with CQC will be able to register for regular testing from 31 August.
- Acute hospital patients and staff (including those who are asymptomatic, where indicated by clinical need) can be tested in the hospital setting. Staff testing may take place as part of an outbreak, otherwise staff will go through central bookings or national portals to arrange testing.

- Outbreak testing – At the point of notification the Health Protection Team at Public Health England will arrange testing of symptomatic individuals where appropriate, in order to inform outbreak management in various settings including care homes, prisons and hostels. This will be arranged through the central booking team. If there are more than two symptomatic individuals the home will be risk assessed and whole care home testing undertaken, those who are negative will be tested on day 4-7 then 6 weeks after the symptomatic patient the home will be tested then return to the pillar 2 testing regime.
- Other individuals that require symptomatic or asymptomatic testing and are unable to access it through other routes can get tested by contacting Sussex Central Booking Team, for example to facilitate placements of children or vulnerable adults in care settings such as foster care, supported accommodation, care homes or for new domiciliary care referrals. This testing is currently delivered by Assisted Swabbing teams from the Sussex Community Foundation Trust and East Sussex Healthcare Trust.
- Antibody Testing – As of the 3rd August all NHS staff have been offered antibody testing and clinics continue to allow access. Testing has been rolled out to community pharmacists and dentists. Currently social workers and other key council staff have been offered testing by East Sussex Healthcare NHS trust and Sussex Community Foundation Trust. From the week commencing 10th August care home and domiciliary staff were offered and started testing in East Sussex through East Sussex Healthcare NHS trust. Further options such as GPs providing testing are being explored for care homes staff.

### **Current issues in testing**

Recently National lab processing capacity has been exceeded leading to restrictions being placed on the number of testing slots that residents can access via the Gov.uk site. Allocation of testing capacity is being based on areas of greatest need, prioritising areas of high prevalence and actions determined by the Directors of Public Health in outbreak areas to support their local testing strategies. In addition, priority is being given to testing in adult social care and regular whole home retesting. The impact of this issue is potential delay of testing for symptomatic residents and some asymptomatic essential workers.

In addition to the above there are several other issues that being discussed related to gaps in testing or changes in provision that are required. These include:

- Home testing availability for clients who require testing before admission to a care home or residential setting, or before new domiciliary care is put in place, who aren't symptomatic. This is currently carried out by assisted testing teams or couriers, but home testing kits would be more appropriate.
- Home testing availability for those who won't meet the online ID check or don't have an email address, for example those experiencing homelessness. This testing currently needs to be carried out by the assisted testing team.

- Where necessary, there is need to set up targeted testing with BAME communities including asymptomatic testing in high risk settings

### **Ongoing Testing Requirements**

Ongoing testing requirements will need an integrated flexible model, to ensure no community is disadvantaged and to ensure all the national requirements and local needs are met. A commissioning support document and business case is being prepared for Sussex to guide the development of this model.

The model should include:

**Mass testing** which can be delivered through:

Drive Thru whether static sites as stated above, national and local centres or using the Mobile Testing Unit. (These increasingly will take walk-ins as well as those driving-through)

Walk in Local Testing Sites

Home Testing Kits delivered through the national portals. Access and delivery of this may change with time and local ownership has been indicated regionally.

University and schools access to testing – likely to be delivered through pillar 2

**Niche-testing** for those who need support:

Supported through the central booking team directing people to the service most appropriate for the individual or group.

This could be through a national/Drive Thru or to a local service

**Local services** could be a mixed model of:

Locally delivery and pick up of swabs for self-swabbing whether to individuals or group (home, organisation, community) as required by public health, safeguarding teams or as appropriate.

Undertaking of swabs which require an assistant. A trained individual would need to be involved to actually undertake the swabs.

A modified walk-in set up for larger numbers, this may be supported by the MTU if the national model is able to change. This may be within a town centre, village, industrial estate, factory, university etc where an outbreak is occurring to get larger numbers in a contain area.

For care homes/other environments where outbreak support and management is required, testing in response to PHE or it may need individuals to be trained to enable them to undertake whole home swabbing. This may be linked to other support that will be provided in these settings.

National guidance on on-going requirements for testing will need to be considered including point of care testing and flu/Covid-19 all in one test.

## Vulnerable People

Supporting vulnerable people arrangements currently in place East Sussex are multi-agency and cross-sector in nature. East Sussex County Council has led on support provided to the Shielded Group, with the District and Borough Councils in partnership with local VCSE have provided the local Community Hub response. Support has been available through the Hubs for those who for any reason are without a local support network, are isolated, struggling to cope, anxious, unwell, require information, advice and guidance or cannot get medicine, food or other essential supplies. The whole effort has been a collaborative, resident focused response.

Largely the East Sussex response can be described as meeting the requirements for three groups of individuals:

- Extremely clinically vulnerable people who are shielding, this has been led by ESCC.
- Vulnerable people known to statutory services and those locally identified as requiring support e.g. the homeless, those in substance misuse treatment and those who need safeguarding such as children and vulnerable adults. This work has been convened by ESCC Vulnerable People's Group.
- Other vulnerable people (not at increased risk due to medical reasons) who are at risk due to a change in circumstances, or the impact of the restrictions put in place through social isolation, worsening mental or physical health. This support has been led through the Community Hubs.

To date support has been offered to:

- Approximately 22,000 people currently shielded – contact has been made with both those that have registered for support through the central government Extremely Vulnerable Person (EVP) service and those that haven't registered.
- Approximately 4,500 people in community settings known to statutory services and identified as potentially vulnerable and contacted by operational teams.
- Approximately 5,000 people who have chosen to contact a Community Hub.
- An unknown number of people who have accessed support directly from their local communities, friends or VCSE.

ESCC has provided centralised coordination of support to those in the clinically vulnerable groups who were advised to shield. Those identified by a GP or clinician as being in the extremely clinically vulnerable group were encouraged to register with the national shielding service to access a weekly free food parcel, medicine delivery or assistance from the NHS volunteers. ESCC worked closely with the National Shielding Service to locally manage any additional needs such as welfare, wellbeing, social contact or care and support requirements.

Over 60 tonnes of food were provided by ESCC, equating to 10,00 food boxes, to the Shielded Group. This was an internally led logistical operation requiring over 140 staff redeployed from non-priority areas of work. Close to 2000 calls were taken from Shielded Group individuals seeking support. In preparation for any local outbreak/second wave an external provider has been commissioned to undertake this element of ESCC's response.



Welfare calls were made to all those 22,000 advised to shield. Where contact couldn't be made letters were sent, and welfare visits to those that couldn't be contacted at all have been carried out by East Sussex Fire and Rescue Service, along with the British Red Cross. Advice provided over the phone has been followed up with written advice. Additionally, leaflet drops across the County have augmented specific communications.

Calls have been made by a range of redeployed staff within ESCC and directly commissioned services. Many of these staff have now returned to their substantive posts following the suspension of the Shielding Operation. Current provision is therefore reactive and provided through Health and Social Care Connect.

Across East Sussex, local authorities and health partners commission and work closely with Community and Voluntary Organisations to provide services to vulnerable people. Working in partnership with the voluntary sector has proactively adapted, to continue to deliver services, utilising new approaches, addressing the specific needs resulting from COVID-19 which are ever more complex and varied as circumstances evolve.

Changes in national guidance since the most recent government announcement on 22nd June 2020 outlined a phased relaxation of shielding advice, and ultimately led to the current pause in support. East Sussex County Council will continue to work with key partners to support shielded residents as appropriate.

### **Current Support Arrangements**

The Government has paused the centralised support to the Shielded Group as at the start of August. East Sussex has therefore also paused elements of its support – most notably the food distribution service. However, support arrangements are still available:

- Community Hub provision continues in each District and Borough. As demand has fallen to circa 25 calls per week, provision has generally been taken into existing contact centre provision and is being used as business as usual. Regular demand monitoring is still occurring, and any significant increase would require a review of arrangements.
- Health and Social Care Connect has taken on responsibility at a County level for advising previously shielding people. Additional capacity is being recruited into Health and Social Care Connect to support this and prepare for a second wave.
- Recognising that food security has been a key issue during the initial lockdown investment has been agreed to:
  - Support to 15 foodbanks across the County through £270k of funding
  - Develop food partnerships in each District and Borough
  - Provide £100k of additional funding to groups help those accessing food banks
  - Fund Citizens Advice to provide fuel vouchers
- The East Sussex Vulnerable People Group has evolved to become a network to provide ongoing coordination on specific issues.

### **Future support requirements**

East Sussex County Council is in the process of reviewing its response to the first lockdown and support available to vulnerable, particularly the shielded group to identify areas for improvement. Extensive work is underway evaluating data from the first lockdown to understand the changes in demand experienced.

Ongoing monitoring of systems to support vulnerable people the Shielded Group also continues to assess:

- The patterns in demand for food, medicine and support.
- Any amendments required to the contracted food and supplies provision, including the balance of urgent same day demand with scheduled home delivery.
- How best to sustain the Community Hubs to meet demand generated by a second wave.
- Consider how to embed the principles and approach into the longer-term prevention model to support health and social care systems.

Future provision will need to be able to flex, acknowledging that this may fluctuate in scale and geographical distribution at any given time based on the number of outbreaks and specific setting type:

- Quarantine and individual self-isolation where there are no support arrangements available
- Local lock downs in specific geographic areas
- A more generalised support for a second wave.

Where people do need support, in the form of food or prescription delivery, existing support mechanisms should be able to meet this demand. We understand that three questions have been included in the NHS Test and Trace questionnaires for people to self-identify as vulnerable or that they, or someone they care for, may need support. This information will be provided to NHS Business Services Authority (BSA) who will text people with the relevant local authority helpline details and provide links to websites that allow them to find the numbers of their local support helplines. Where people can't be contacted by phone or email, then Tier 2 contact tracers will visit. A list of people will not be provided directly to local authorities daily, as the preferred option of local government colleagues was to use communication from NHS BSA.

A mechanism for including people who have requested support via the helpline while they self-isolate as a result of Test and Trace, will need to be included in the food and medicines support scheme, where it is identified that they have no other means to get help. As people will be self-isolating for a short period of time (either 7 or 14 days), most people will be able to cope without support, however where support is required it will need to be timely, and flexible to support a cohort of people that will be constantly changing. Data thus far indicates demand is not significant.

The challenges for supporting newly isolating residents will include:

- Clear communication as to how to access support and what support is available.
- The unknown demand for urgent food and medical supplies that may fluctuate in scale at any given time based on the number of outbreaks and specific setting type.
- The reduced volunteer pool as many volunteers have returned to work and life as usual.

## Prevention

The most effective way to minimise outbreaks of COVID-19 is to focus on prevention. This includes promoting and supporting all parts of East Sussex to follow social distance guidelines, to be vigilant to symptoms of COVID-19 (a new continuous cough, fever, or loss of taste or smell) and test and self-isolate if they appear, through adherence to risk assessed safe working advice as detailed in the [COVID-19 secure guidance](#), and to ensure the public regularly clean hands and surfaces. All organisations across East Sussex have an important role to play in promoting these messages and ensuring the guidance and advice is shared and followed.

East Sussex County Council is working closely with District and Borough Councils to ensure that businesses are aware of and operating within COVID-19 secure guidance. District Councils, through their Environmental Health function have a key role in supporting residents to limit their exposure to COVID-19 infections and thereby to prevent the spread of infection, along with Trading Standards and the Health and Safety Executive. This has included a particular focus on specific settings of higher risk, for example letters have been sent to pubs across East Sussex detailing appropriate advice, and other high-risk settings have been proactively identified and risk assessed.

There are systems in place to ensure that local intelligence on settings and businesses not operating in a COVID-19 secure way is fed back to the relevant agency to enable follow up and review of current practices.

Communication with the public is key to preventing outbreaks, more of which is detailed in the Communications section, and all agencies have an important role in communicating with and supporting the public to ensure this is followed, including Health and Social Care, the police, Education, Upper and Lower Tier Authorities, the Sussex Resilience Forum, and at a national level. This includes messaging and nudge strategies to support the public to maintain social distancing, guidance on face masks where they are required, vigilance of symptoms, and reminding the public about hand hygiene.

All local health and care organisations are working to ensure that patients and staff are protected from COVID-19 and that testing of patients prior to discharge is in place. There needs to be continued campaigns and support for essential workers and other residents to self-isolate alongside promptly access testing on experiencing COVID-19 symptoms.

# Outbreak investigation

## High Risk Places, Locations and Communities

The following section details the specific issues and considerations for specific high-risk places, locations and communities across East Sussex, and is structured in the following way:

[Care homes](#)

[Children's homes](#)

[Schools](#)

[Prisons and other places of detention](#)

[Workplaces](#)

[Faith settings](#)

[Tourist attractions and travel accommodation](#)

[Black and Minority Ethnic \(BAME\) Communities](#)

[Gypsy, Roma and Travellers \(GRT\) and Van Dwellers](#)

[Homeless](#)

[Acute](#)

[Primary Care](#)

[Mental Health and Community Trusts](#)

[Transport Locations](#)

## Care Homes

### Objective

The objective is to prevent COVID-19 cases occurring in the first place, and to reduce and eliminate new cases of COVID-19 and deaths from COVID-19 in Care Homes in Sussex.

### Context:

There are 305 CQC registered care homes in Sussex. They are all independent sector run homes except an intermediate care centre with nursing and two Learning Disability respite services which are run by East Sussex County Council.

### What's already in place:

All partners within Sussex LRF Community Care Settings Cell, Testing Cell, Health and care, Logistics and Recovery groups have worked closely with Sussex Care Association to implement a package of measures to support care homes, including:

- Provision of Personal Protective Equipment (PPE) supplies based on a prioritisation framework that prioritises health and social care overnight settings
- Infection Prevention and Control (IPC) training offer to all care homes delivered by Sussex trainers/super trainers, from Sussex CCG ICNs and Consultant ICNs from an independent provider. Training included of the use of PPE and practical test swabbing

### Testing -

- Symptomatic staff (as essential workers) can be referred to the national testing programme, using the self-referral portal National Testing website- Employer Portal <https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested>; or for testing at a regional site, mobile testing unit or to receive a home testing kit, via the Sussex Central Booking Team [sxccg.covidtestingreferrals@nhs.net](mailto:sxccg.covidtestingreferrals@nhs.net); National testing sites are at (Gatwick, AMEX), Local testing sites are at Bexhill and Brighton AMEX stadium.
- Symptomatic residents are tested by PHE upon initial notification of an outbreak
- Whole home testing can be requested via the national Care Home Portal, for residents (irrespective of symptoms) and asymptomatic staff in all adult or via registered care homes. This whole home testing is prioritised at national level to those homes with an outbreak, those with 50 beds or more, and those identified by Directors of Public Health.

ESCC Adult Social Care Market Support Team supports registered providers in terms of day to day management challenges; workforce; training and CQC related matters.

Clinical support is support is being offered by the Sussex CCG ICNs for the 1<sup>st</sup> 48hrs from the notification of an outbreak by the local HPT from PHE. The ESCC clinical cell picks up the support after 48hrs or on escalation from the CCG ICNs. A weekly IMT is held with stake holders where homes of concern are discussed, actions agreed, and outcomes are confirmed.

**What else will need to be put in place:**

Commissioned community testing arrangements for:

- Asymptomatic residents being admitted to a care home from the community
- Residents in their own home receiving new domiciliary care/ moving into supported accommodation
- Testing new symptomatic residents in care homes after the initial outbreak, where necessary
- Assisted testing where care homes are unable to test residents themselves.

A local protocol for care home staff/residents being identified via Test and Trace will be developed to consider/address the potential impact on the workforce.

**Local outbreak scenarios and triggers:**

PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT).

In the event of an OCT being required, additional members for the OCT will include;

- Representative of the specific setting
- Assistant Director of Operations, ESCC
- Assistant Director of Strategy, Commissioning and Supply Management

All outbreaks in care homes irrespective of complexity are initially risk assessed by PHE where provisional support and advice is given. All care homes are then followed up by the CCG's Infection Control Team. All outbreaks in care homes are then discussed at the weekly Incident Management Team meeting to ensure no additional support is required. Furthermore, any other East Sussex care homes where there are potential COVID-19 related concerns are also raised at this meeting.

**Resource capabilities and capacity implications:**

Staffing

- Additional IPC training and support for care homes with outbreaks
  - Ongoing provision of PPE until care homes can source PPE through normal supply routes or the PPE Portal for small care homes (less than 24 beds)
- [PPERequest@eastsussex.gov.uk](mailto:PPERequest@eastsussex.gov.uk)

**Links to additional information:**

Adult Social Care guidance can be found at;

[How to work safely in care homes](#)

[Management of exposed healthcare workers and patients in hospital settings](#)

[Personal protective equipment \(PPE\) – resource for care workers](#)

[Coronavirus \(COVID-19\): adult social care guidance](#)

<https://www.gov.uk/apply-coronavirus-test-care-home>

## Children's Homes

<p><b>Objective</b></p> <p>The objective is to prevent COVID-19 cases occurring in the first place, to identify cases and reduce the risk of transmission of COVID-19 in local authority children's homes and residential schools in East Sussex, as well as the wider independent/private and semi-independent sector.</p>
<p><b>Context:</b></p> <p>In East Sussex there are:</p> <ul style="list-style-type: none"><li>• 3 East Sussex County Council Children's Community Homes</li><li>• 2 ESCC Learning Disabilities Children's Homes</li><li>• 1 ESCC Secure Children's Home</li><li>• 25+ Private Children's Homes and Residential Schools within the County</li></ul> <p>The rest of the market is independent/private, and semi-independent providers for children aged 16+.</p>
<p><b>What's already in place:</b></p> <p>Partners within the Sussex LRF Community Care Settings Cell and Testing Cell have worked to put in place measures to support Children's Homes and Special Schools in East Sussex, including:</p> <ul style="list-style-type: none"><li>• Provision of Personal Protective Equipment (PPE) supplies based on a prioritisation framework that prioritises health and social care overnight settings</li><li>• Testing -<ul style="list-style-type: none"><li>- Symptomatic staff (as essential workers) can access testing through Gov.uk or via the Sussex Central Booking Team. Asymptomatic staff can also be tested through this route on an individual basis.</li><li>- Symptomatic children are identified for testing when PHE receive initial notification of an outbreak</li></ul></li><li>• Staffing continuity has been provided for Children's Homes</li></ul>
<p><b>What else will need to be put in place:</b></p> <p>We need to develop an ESCC SOP which incorporates established processes and procedures to ensure children's homes and special schools' staff, parents, East Sussex County Council, and healthcare colleagues are aware of how to access testing for symptomatic children and how to respond to an outbreak.</p> <p>We need to ensure that future testing provision is readily accessible for children's setting in the form of both 'whole home testing' where required and support with testing individual children in settings.</p>

**Local outbreak scenarios and triggers:**

PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT).

In addition to the core OCT members, additional members would potentially include the two residential Operations Managers, for either Lansdowne and the open homes or for the disability homes.

**Resource capabilities and capacity implications:****Staffing**

- Ongoing IPC training and support for Children's Homes with outbreaks
- Ongoing provision of PPE until Children's Homes can source PPE through normal supply routes or the PPE Portal for small Children's Homes (less than 24 beds)

**Links to additional information:**

- [Coronavirus \(COVID-19\): guidance on isolation for residential educational settings](#)
- [Coronavirus \(COVID-19\): guidance for children's social care services](#)



## Schools

<p><b>INCLUDING:</b></p> <p><b>PRIMARY AND SECONDARY, EARLY YEARS SETTINGS, UNIVERSITIES/COLLEGES &amp; SPECIAL SCHOOLS</b></p>
<p><b>Objective:</b></p> <p>The objective is to enable all educational settings in East Sussex to open fully, to prevent COVID-19 cases occurring in the first place, and to identify cases and reduce the risk of transmission of COVID-19.</p>
<p><b>Context:</b></p> <p>In East Sussex there are:</p> <ul style="list-style-type: none"> <li>• 503 early years' providers, made up of 194 nurseries/pre-schools, 227 childminders, 25 standalone holiday playschemes/out of school clubs, 41 schools with nurseries, (maintained/academies), 13 independent school nurseries</li> <li>• 186 schools - 149 primary schools, 3 all-through schools, 23 secondary schools, 10 special schools and one alternative provision</li> <li>• One further education college, one sixth form college and one land-based college</li> <li>• 67,502 number of learners on roll across primary, secondary and special.</li> <li>•</li> </ul>
<p><b>What's already in place:</b></p> <p>A virtual task group 'Keeping Schools Open' was established to oversee the support for schools, colleges and early years settings during this period and to ensure that provision is offered in line with the government's guidance. The group consists of staff from across Children's Services and other key teams across East Sussex County Council – school transport, catering and cleaning contract managers. The group quickly put in place key measures:</p> <ul style="list-style-type: none"> <li>• a Daily Message Board to schools, colleges and settings providing updates to national and local guidance, and key information from the range of Council services that work with schools</li> <li>• information and guidance provided on the Czone website</li> <li>• clear mechanisms for schools, colleges and settings to communicate with the Council with any queries</li> <li>• risk assessment templates for schools and settings</li> <li>• contingency plan guidance for schools and settings</li> <li>• advice and information on dealing with suspected or confirmed cases.</li> </ul> <p>Most schools, and many early years settings in the county were open to some pupils throughout the pandemic and all have their own procedures in place to reduce risks to staff and pupils.</p> <p>A model document has been made available to schools to support them in achieving the objectives of contingency planning as outlined in <a href="#">Section 5 of the DfE's 'Guidance for full opening: schools'</a>. This includes the following elements,</p> <p><b>Section A – Ensuring school is prepared for a potential outbreak</b>  A1: Organisation and staffing  A2: Curriculum planning</p> <p><b>Section B – Responding once a local outbreak has been confirmed by PHE</b>  B1: Managing the remote curriculum  B3: Health and Safety</p>

#### B4: Safeguarding

As part of the local authority duty for safeguarding children, and supporting schools to safeguard vulnerable children and young people (0-25) during the COVID-19 school closures a virtual group was set up to agree and implement a process to do this, to ensure:

- the assessment and management of risk for vulnerable children during COVID-19 school closures
- improved systems for sharing information and utilising resources to monitor at-risk children during school closures
- identification of barriers to vulnerable children attending school and working together to resolve these so that schools can prioritise the right children to attend.

East Sussex County Council's Public Health Department organised several online training sessions specifically for education settings on COVID-19 infection prevention and control (IPC). This training was delivered by Infection Prevention Solutions (IPS).

The local authority continues to support schools and settings for full opening from September. A range of information and advice is available on the East Sussex County Council's ["We Are Ready"](#) web pages.

#### **What else will need to be put in place:**

East Sussex County Council's Children's Services and Public Health departments will be jointing hosting, in partnership with Public Health England, four webinars at the start of the academic year for education settings. These will focus on what schools must do in the event of a suspected or confirmed case/outbreak, to include key IPC measures.

Clear information, advice and support is available for schools, settings and colleges on dealing with suspected and confirmed cases of covid-19.

Schools will need to ensure that they reflect the [Tiered](#) approach to lockdown arrangements within their contingency plans, so that they are able to operate under each of the four scenarios. This includes arrangements for a rota system for secondary schools should [Tier 2 restrictions](#) be needed.

#### **Local outbreak scenarios and triggers:**

There are two key likely scenarios which may result in partial or full school closure.

##### 1) Confirmed or Suspected Cases in a School

The existing protocols remain the same and begin with the school making contact with their local PHE Health Protection Team for risk assessment and advice.

PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT). An OCT may be required for a complex outbreak such as:

- there has been a death at the school/college
- there are a large number of vulnerable children
- there are a high number of cases
- the outbreak has been ongoing despite usual control measures
- there are concerns on the safe running of the school
- there are other factors that require multi-agency coordination and decision making.

In addition to the core OCT members, an OCT related to an educational setting would also include a lead within the children's department, the consultant in public health with

<p>responsibility for children, and a representative from the specific setting(s), and a representative from HR.</p> <p>Testing is available for individuals through GOV.uk or through community testing routes if required.</p> <p><u>2) Evidence of Community Spread Requiring National Oversight</u></p> <p>In this scenario, the Council will follow the requirements of <a href="#">Annex 3</a> of the 'COVID-19 contain framework: a guide for local decision-makers'. This describes tiers of national restriction for education and childcare.</p>
<p><b>Resource capabilities and capacity implications:</b></p> <p>Staffing and workforce planning dependent on further government guidance.</p>
<p><b>Links to additional information:</b></p> <p><a href="#">Guidance on opening schools to more pupils</a></p>

## Prisons and other prescribed places of detention

<p><b>Objective:</b></p> <p>The objective is to prevent COVID-19 cases occurring in the first place, and to identify new cases and prevent onward transmission and deaths from COVID-19 in prisons and places of detention in East Sussex.</p>
<p><b>Context:</b></p> <p>There is one closed adult (18+) prison located in East Sussex:</p> <ul style="list-style-type: none"><li>• <b>HMP Lewes</b> – male prison, current op cap 560, category B (including remand) prison located in Lewes in East Sussex</li></ul> <p>There is also one secure children's home</p> <ul style="list-style-type: none"><li>• <b>Lansdowne House</b> – capacity 7 young people of either gender aged 13 – 17 years old. The client group comprises of young people who have displayed serious and extreme behaviours which have resulted in them needing to be placed in a secure children's home for their own protection or protection of others in the community.</li></ul> <p><b><i>Note that Lansdowne SCH will be covered in the earlier children's care home section.</i></b></p>
<p><b>What's already in place:</b></p> <p>Prisons are currently in level 4 lockdown until further national guidance on recovery planning is issued, with prison visits expected to be re-instated soon, as well as reinstating some health services where risk assessment allows. Prison staffing is returning to stable. Prisons follow infection prevention and control procedures which are working well across the South East.</p> <p>Established PHE procedures are in place to manage outbreaks in prisons and other prescribed places of detention, linking with Health and Justice teams in PHE and NHSE, and HMPPS Health and Social Care. Currently there is a low incidence of COVID-19 in prisons across the SE.</p> <p>While there is no specific guidance for testing in prisons, the SE Region is currently following the testing regime for care homes organised by PHE as part of the initial risk assessment for symptomatic prisoners/staff.</p>
<p><b>What else will need to be put in place:</b></p> <p>Under a joint initiative between NHSE Health and Justice team and the Ministry of Justice (MoJ), 30 prisons are being selected nationally to undertake mass testing of both staff and prisoners imminently; HMP Lewes is a confirmed site as part of this pilot and planning is underway to implement.</p> <p>Hospitals are requiring prisoners (and staff escorting them) coming to hospitals for treatment/operations etc to test negative prior to hospital admission. There is no testing facility within prisons (or national guidance) for this to occur for asymptomatic prisoners or staff (who hospitals are also asking to self-isolate for 14 days beforehand escorting</p>

<p>prisoners); this issue is being experienced nationally and has been escalated. There may be the potential for the ICS to arrange local testing for Sussex prisoners and escorting staff requiring hospital treatment or release to care homes.</p>
<p><b>Local outbreak scenarios and triggers:</b></p> <p>PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT).</p> <p>There are a wide range of stakeholders that are involved in prison OCTs over and above the core membership and this would follow the current prison outbreak guidance and be determined by PHE.</p>
<p><b>Resource capabilities and capacity implications:</b></p> <p>Staffing – prison officers and healthcare staff. Staff levels currently fine.</p>
<p><b>Links to additional information:</b></p> <p><b>Covid-19 specific:</b> <a href="#">COVID-19: prisons and other prescribed places of detention guidance</a></p> <p><b>Prison Outbreak Plan:</b>  <a href="#">Multi-agency contingency plan for the management of outbreaks of communicable diseases or other health protection incidents in prisons and other places of detention in England, 2016</a></p>

## Workplaces

### INCLUDING:

- ❖ COUNCIL OWNED PREMISES – OFFICES/DEPOTS, LIBRARIES, LEISURE CENTRES, DAY CENTRES ETC.
- ❖ PRIVATE COMMERCIAL PREMISES - RETAIL, OFFICES, LEISURE AND HOSPITALITY SERVICES (CLUBS, GYMS, HAIRDRESSERS/BARBERS, BEAUTICIANS, PUBS, RESTAURANTS, HOTELS, CAMPSITES ETC), INDOOR EVENT VENUES (CONFERENCE CENTRES, THEATRES, CINEMAS ETC), OUTDOOR EVENT VENUES (RACECOURSES, SPORT VENUES ETC), MANUFACTURING AND PROCESSING SITES, CONSTRUCTION SITES, FORESTRY, FARMING AND FISHING PREMISES.
- ❖ CRITICAL INFRASTRUCTURE SITES

### Objective:

The objectives are to protect employees, visitors and customers, while restarting the local economy as quickly as possible, to prevent COVID-19 cases occurring in the first place, and to identify and eliminate all cases of COVID-19 in workplaces.

### Context:

East Sussex has approximately 22,895 businesses. A higher proportion of businesses in East Sussex are micro (0-9 employees) than nationally<sup>i</sup> at 90.4%. There are fewer businesses in East Sussex that fall within the small (10-49 employees), medium (50-249 employees) and large (250+ employees) categories than nationally. The largest sectors within the county are construction; wholesale, retail and motors; and professional, scientific and technical.

There are several critical infrastructure sites across the county, where staffing levels need to be maintained, including:

- Wastewater treatment services – Peacehaven, Eastbourne, Hailsham.
- Water supply - Arlington Reservoir outside of Berwick. Bewl Water is on the border with Kent and supplies Kent; similarly, Weir Wood is on border with West Sussex, supplying West Sussex.
- Power generation - Rampion.
- Waste Disposal - Newhaven Energy Recovery Facility / incinerator.
- Shipping and goods – Newhaven Port.
- Telephone exchanges (63 across County but not all staffed)

### What's already in place:

The key principles for workplaces are ensuring they take a preventative approach to keep their environment COVID-secure and to support them to undertake risk assessments. Several agencies are involved locally in supporting businesses both proactively and reactively including Environmental Health, Trading Standards, and the Health and Safety Executive. Sector specific guidance for working safely during coronavirus is available on the [www.gov.uk](http://www.gov.uk) website, along with the 5 steps for working safely that all employers should take.

The NHS Test and Trace service does not change the current existing guidance that individuals should be working from home wherever possible. Workplaces where social distancing can be properly followed are deemed to be low risk. Sector specific

Government guidance gives details of reducing the risk when full social distancing is not possible.

- The NHS Test and Trace service supplements the risk mitigation measures taken by employers by identifying people who have had close recent contact with someone who has tested positive for COVID-19 and advising them to self-isolate, where necessary. Employers should ensure employees with COVID 19 symptoms self-isolate and seek testing as soon as possible. Employers should support workers who need to self-isolate and must not ask them to attend the workplace. Workers will be told to isolate because they have COVID-19 symptoms and are awaiting a test result
- have tested positive for COVID-19
- are a member of the same household as someone who has symptoms or has tested positive for COVID-19
- have been in close recent contact with someone who has tested positive and received a notification to self-isolate from NHS Test and Trace.

If there is more than one case of COVID-19 in the workplace, employers should contact the local health protection team to report the suspected outbreak. Early outbreak management action cards provide instructions to anyone responsible for a business or organisation on what to do in the event of one or more confirmed cases of coronavirus in their organisation.

#### **What else will need to be put in place:**

We need to develop:

- A communications plan on how to provide national guidance on preventing outbreaks in workplaces and accessing testing, to the business sector – with consideration given to hard-to-reach businesses. This will require multi-organisation collaboration to get messages out as widely as possible, including D&Bs (who have responsibility for business rates), Chambers, FSB etc.
- An ESCC Standard Operating Procedure on supporting the business sector when an outbreak in the workplace has been identified and control measures need to be implemented
- Consideration given to engaging proactively with higher risk industries such as food manufacture, abattoirs, meat processing, fisheries, fishing fleets, wholesale markets, agricultural markets

#### **Local outbreak scenarios and triggers:**

If multiple cases of COVID-19 (suspected or confirmed) occur in a workplace, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT).

In addition to the core OCT membership, attendance would also potentially include a representative from the specific setting in question and their associated HR / occupational health.

#### **Resource capabilities and capacity implications:**

Staffing

- to develop communications plan and SOPs,
- to visit/contact non-compliant workplaces as part of prevention work
- to visit/contact workplaces with outbreaks to advise/enforce on control measures.

**Links to additional information:**

More detail is at: [NHS test and trace: workplace guidance](#) and [Working Safely during Coronavirus guidance](#)

Further work and financial support information can be found [here](#)

COVID-19 early outbreak management: [Action cards](#)

How to find your local health protection team: [Health Protection Team](#)

Sussex COVID-19 Toolkit: [considerations for restarting your business safely](#)

Eastbourne Hospitality Association: [Covid Ready scheme](#)



## Faith Settings

<b>Objective:</b> <p>The objective is to prevent COVID-19 cases occurring in the first place, to closely monitor any cases of COVID-19 linked to faith settings and ensure that any outbreaks are managed quickly and efficiently.</p>
<b>Context:</b> <p>There are approximately 250 places of worship in East Sussex</p>
<b>What's already in place:</b> <p>There is currently no specific guidance for faith settings. When faith settings reopen, it is expected that national guidance will be provided on social distancing measures, hand and respiratory hygiene, cleaning, and ensuring those with symptoms self-isolate for 7 days and get tested for COVID-19.</p>
<b>What else will need to be put in place:</b> <p>We need to develop:</p> <ul style="list-style-type: none"><li>• A communications plan to work with the faith sector when national guidance on preventing outbreaks in faith settings has been published</li><li>• A SOP on supporting the faith sector when an outbreak in a faith setting has been identified and control measures need to be implemented</li></ul>
<b>Local outbreak scenarios and triggers:</b> <p>If multiple cases of COVID-19 (suspected or confirmed) occur in a faith setting, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT). In addition to the core OCT membership, additional members will potentially include a representative from the overall organisation, as well as a representative from the specific setting(s)</p>
<b>Resource capabilities and capacity implications:</b> <p>Staffing</p> <ul style="list-style-type: none"><li>• to develop communications plan and SOPs,</li><li>• to visit/contact non-compliant faith settings as part of prevention work</li><li>• to visit/contact faith settings with outbreaks to advise/enforce on control measures</li></ul>
<b>Links to additional information:</b> <p><a href="#">COVID-19: guidance for the safe use of places of worship during the pandemic</a></p>

## Tourist attractions and travel accommodation

<p><b>Objective:</b></p> <p>The objective is to closely monitor any cases of COVID-19 linked to tourism, ensuring that attractions and accommodation are COVID-secure, cases are prevented, and that any outbreaks are managed quickly and efficiently.</p>
<p><b>Context:</b></p> <p>East Sussex is a significant tourist destination, with a substantial number of particularly small to medium sized tourist attractions. Accompanying these attractions are a range of different accommodation businesses, including traditional hotels and bed and breakfast establishments, and camping and caravan sites.</p>
<p><b>What's already in place:</b></p> <p>There is currently no specific guidance for tourist attractions, but the principles of the existing workplace guidance all apply to these settings.</p> <p>Environmental Health colleagues are providing advice and support to tourist attractions to ensure that when they open they are following COVID-secure principles, although many of these settings are still closed to the public.</p> <p>The following guidance applies to accommodation providers: <a href="https://www.gov.uk/guidance/covid-19-advice-for-accommodation-providers">https://www.gov.uk/guidance/covid-19-advice-for-accommodation-providers</a> and they are currently required to be closed for tourism related matters, and the existing cleaning and social distancing guidelines apply where they remain open for specific groups.</p>
<p><b>What else will need to be put in place:</b></p> <p>We need to develop:</p> <ul style="list-style-type: none"><li>• A communications plan to work with the tourism sector when national guidance on preventing outbreaks in tourist settings is produced</li><li>• To develop SOPs aligned to the Joint Biosecurity Centre's action cards</li></ul>
<p><b>Local outbreak scenarios and triggers:</b></p> <p>If multiple cases of COVID-19 (suspected or confirmed) occur in a tourist attraction or travel accommodation setting, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT).</p> <p>Environmental Health have established relationships with tourist attractions and travel accommodation businesses and will be able to bring additional detailed knowledge of the specific setting. The OCT in addition to the core membership would also include a representative from the specific setting.</p>
<p><b>Resource capabilities and capacity implications:</b></p> <p>Staffing</p> <ul style="list-style-type: none"><li>• to develop communications plan and SOPs,</li></ul>

- to visit/contact non-compliant tourist / accommodation settings as part of prevention work
- to visit/contact tourist / accommodation settings with outbreaks to advise/enforce on control measures

**Links to additional information:**

<https://www.gov.uk/guidance/covid-19-advice-for-accommodation-providers>

<https://www.gov.uk/coronavirus/business-support>

<https://www.hse.gov.uk/simple-health-safety/risk/index.htm>

<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19>

## Black Asian and Minority Ethnic (BAME) Communities

### Objective:

The objective is to ensure approaches to reduce and eliminate new cases of COVID-19 across the county reach all BAME workforce, population groups and communities, and to ensure that inequalities in COVID outcomes are reduced.

### Context:

The ONS national population survey 2019 showed that approximately 2% of the overall East Sussex population over 18 described themselves as Asian, 1% as Black, and 1% as Mixed. Within East Sussex, around 6% of the population of Hastings and Eastbourne are BAME, compared to 3% elsewhere in East Sussex.

A third of the NHS community and secondary care workforce are from BAME communities, with almost 50% of the medical and dental staff from BAME groups. Most recent staff survey 4.7% of ESCC staff recorded themselves as BAME (with 7.5% not answering).

### What's already in place:

As part of the regional NHS-E/I response to the high number of deaths amongst BAME groups, local partners are participating in two workstreams:

- reducing COVID-19 illness and mortality amongst BAME health and care workers, building on the Workforce Race Equality programme already under way
- reducing illness and mortality in the general population, led by the Sussex ICS Equality and Diversity Clinical Lead

The Sussex Health and Care Partnership BAME COVID-19 disparity programme is addressing the disproportionate impact of COVID-19 on people from BAME backgrounds. The programme has two work streams:

**Workforce programme** – focused on BAME health and care staff across Sussex and working with the Director of Workforce and OD NHS England and NHS Improvement South East, to ensure risk assessment templates are updated in the light of emerging evidence e.g. about pregnancy risks in BAME women.

**Population programme** - BAME and Vulnerable group Locally Commissioned Service (LCS) – a two-part voluntary LCS delivered through GP surgeries which has had 98% uptake from GP practices across Sussex, and BAME residents who are registered with a non-participating practice, are covered by neighbouring practices. The Sussex LCS was recognised by NHSE in their WRES programme board papers as an exemplar case study.

### Part A – Proactive and protective BAME specific activities

- Identify BAME patients from practice list who might benefit from specific interventions to reduce their risk of COVID-19 related mortality and offer check with health professional;

<ul style="list-style-type: none"> <li>• Improve communication and engagement with local BAME communities, working with BAME community and voluntary sector and improving diversity of PPGs in recognition of the diverse range of people covered by the term BAME.</li> <li>• Improve communication directly to patients via text messaging cascade</li> </ul> <p><b>Part B – Reactive care to vulnerable individuals</b></p> <ul style="list-style-type: none"> <li>• Offer a supportive monitoring protocol for patients in vulnerable groups who develop COVID-19.</li> </ul> <p>The programme includes community research and engagement and looking for alternative appropriate methods to ensure information reaches these communities. ESCC have developed a 'COVID-19 model risk assessment' which can be used to support employees in the workplace and includes BAME background as well as age and gender.</p> <p><b>Testing data</b></p> <p>The national testing website records ethnic group as part of the process for registering for a test, and this data is now shared with public health intelligence teams. Overall since March 23% of tests for East Sussex residents do not include ethnicity data. Completeness of recording has fluctuated over time. 8% of tests in East Sussex were for people of BAME which is higher than the 4% of the population recorded as BAME.</p>
<p><b>What else will need to be put in place:</b></p> <p>PH are working with colleagues across the East Sussex system to better understand the impact of COVID on our BAME population which will further inform action plans. It will be important as a vaccine for COVID is developed to understand factors which influence vaccine uptake in different groups.</p> <p>We will need to work with those running the national test and trace programme to develop and implement communications using local relationships. including the ICS to ensure our local BAME and population understand the key messages, and targeted messages can be sent where appropriate or in the event of local outbreaks.</p>
<p><b>Resource capabilities and capacity implications:</b></p> <p>Staffing</p> <ul style="list-style-type: none"> <li>• Develop communications and work with the local BAME population and communities through ESCC COVID disparities plan and the BAME LCS Steering group.</li> </ul> <p>Work with CCG and GP Practices to establish text message targeted alert system.</p>
<p><b>Links to additional information:</b></p> <p>PHE report <a href="https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes">https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes</a></p>

## Gypsy, Roma and Travellers (GRT) and Van Dwellers

<p><b>Objective:</b></p> <p>The objective is to prevent COVID-19 cases occurring in the first place, and to identify new cases and prevent onward transmission and deaths from COVID-19 in the GRT community in East Sussex.</p>
<p><b>Context:</b></p> <p>East Sussex County Council work in partnership with District &amp; Borough housing teams to provide GRT sites in East Sussex. Any issues with van dwellers are not a GRT issue and are therefore dealt with by District &amp; Borough Councils.</p>
<p><b>What's already in place:</b></p> <p>The East Sussex County Council Traveller Liaison Team work in partnership with local District &amp; Borough Councils and have been in regular contact with GRT and Van Dwellers across East Sussex. Any emerging needs are signposted to the appropriate District or Borough Council, health provider or Social Services. Where GRT encampments are on East Sussex land, these are dealt with on a case by case basis taking into account community impact, anti-behaviour and Traveller needs.</p> <p>During Covid-19 a risk assessment process for new admissions to our sites has been developed by the Traveller Liaison Team.</p>
<p><b>What else will need to be put in place:</b></p> <p>Disposable gloves, alcohol gel sanitiser and wipes have been supplied and kept in the Transit Site office should they be required.</p>
<p><b>Local outbreak scenarios and triggers:</b></p> <p>If there is one or more suspected or confirmed COVID-19 case within a GRT or Van dweller community the PHE Health Protection Team are contacted.</p> <p>If multiple cases of COVID-19 (suspected or confirmed) occur in a GRT or Van dweller community, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an IMT (Incident Management Team). Additional membership over and above the core group would potentially include the relevant housing team within the District or Borough, the ESCC GRT lead.</p> <p>If a local outbreak were to occur any encampment would continue to be assessed with recognition of the community impact and current welfare needs within the group. ESCC will continue to work with the relevant District and Borough's alongside Sussex Police to manage encampments in East Sussex.</p> <p>Additional issues to be considered include costs arising from risk assessment process and from purchasing additional PPE</p>
<p><b>Resource capabilities and capacity implications:</b></p>

The ESCC transit site does not have full capacity due to the social distancing measures required to keep residents safe. This may have an impact on our ability to provide transit facilities if its reduced capacity were exceeded. Exceptions to this would be if the spaces taken on site were of the same family group. ESCC will coordinate with Brighton and Hove County Council and West Sussex County Council in order to provide available transit availability across Sussex. Transit availability across Sussex stands at 41 pitches, but all of these pitches will not be able to be utilised depending on the ability to socially distance residents on site.

## Homeless community

<p><b>Objective:</b></p> <p>The objective is to prevent COVID-19 cases within the homeless community, to closely monitor any new cases of COVID-19 and ensure that any outbreaks are managed quickly and efficiently.</p>
<p><b>Context:</b></p> <p>Due to the COVID-19 Pandemic, MHCLG asked local authorities to provide self-isolating accommodation for the homeless population. In East Sussex since the 18<sup>th</sup> March 188single homeless people have been housed in emergency accommodation, with most sites hosting several people. Of these, 110 had been rough sleepers.</p> <p>There is a high burden of disease amongst the homeless population, which predisposes them to a higher risk of severe illness from COVID-19, and there exists a risk of outbreaks amongst those who share a living space such as hotels and Bed and Breakfasts. Other specific issues faced by this population include high levels of substance misuse, mental health issues and higher levels of resistance to engage with services.</p>
<p><b>What's already in place:</b></p> <p>PHE locally have an outbreak management plan for use in sites of multiple occupancy such as hotels and Bed and Breakfasts, which includes a screening and monitoring proforma used by housing managers across East Sussex to support in identifying and escalating any news suspected cases of COVID-19. All former rough sleepers placed in temporary accommodation across East Sussex have been triaged by the Rough Sleeper Initiative. Details have been shared with commissioned GP federations. PHE will arrange testing of symptomatic individuals in hostels when first notified of a case and will risk assess and consider testing additional cases on a case-by-case basis.</p> <p>All temporary accommodation units have been given training materials on COVID-19 and daily verbal checks that they undertake. In addition, the local authorities have dedicated teams of support workers (RSI Housing First, Rapid Rehousing Officers, Home Works) who undertake regular wellbeing checks. Informal contact and support is also happening through organisations such as Warming up the Homeless.</p> <p>There is an East Sussex Homelessness cell with an associated action plan, and East Sussex CCG has commissioned a Care and Protect service for all rough sleepers being accommodated in response to COVID-19 which commenced on the 9<sup>th</sup> June.</p> <p>Latest PHE guidance states that where possible people living in hostels/ hotels who have symptoms or test positive should have access to self-contained accommodation. Where this is not possible, they can be cohorted though avoiding any individuals who met the criteria for shielding.</p>
<p><b>What else will need to be put in place:</b></p> <p>PHE will consider the severity and spread of the outbreak, current control measures, the</p>



wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT). An OCT may be required for current emergency accommodation sites due to:

- The clinical vulnerability of the homeless population
- Borough and district housing managers recognised the need for 'former rough sleepers' to be provided with mobiles during Covid-19 lockdown. There may be the need to look at mobile provision amongst wider homeless placements in order to ensure the Test and Trace App alert service can be fully delivered.
- Resistance to engage with services by some of the homeless population

This does pose an issue regarding sharing confidential health information with housing managers. Similarly, there is a risk that in smaller accommodation sites, informing other residents about a positive case may result in the positive case being identified. There is also a need to consider accommodation options for those who have tested positive but do not have a place to isolate.

As we start to prepare for recovery and transition those in emergency accommodation into longer term housing, there is a need for testing to be extended to those who are asymptomatic and those who are ineligible for home testing due to required ID checks. The district and borough councils are currently working with ESCC and the CCG to submit the next bid for national funding to support 'move on' accommodation. This consists both of revenue funding and capital funding. In relation to capital funding some of this might be used to acquire new properties for the councils to use as 'supported move on accommodation'. This will help to free up temporary and emergency accommodation for use with new clients coming forward as homeless.

#### **Local outbreak scenarios and triggers:**

If multiple cases of COVID-19 (suspected or confirmed) occur in a homeless community, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT). If an OCT is required, additional members required to support this OCT over and above the core group would potentially include the Rough Sleeping Initiative Coordinator, the CCG homeless lead, the Consultant in Public Health with lead for homelessness, and any organisation that has a relationship with the community affected.

#### **Resource capabilities and capacity implications:**

To ensure that there is a thorough system of contact tracing for positive patients, there needs to be a strong system of identifying those who are symptomatic in the first place – this is not possible with the current staff capacity.

#### **Links to additional information:**

[Letter from Minister Luke Hall to local authorities asking to 'bring everyone in'](#)

MHCLG/ PHE Guidance for homeless people in shared accommodation and hotels/ hostels 7 August 2020

[https://www.gov.uk/government/publications/covid-19-guidance-on-services-for-people-experiencing-rough-sleeping?utm\\_source=5a049bbf-de8b-4995-929c-63b6826a838e&utm\\_medium=email&utm\\_campaign=govuk-notifications&utm\\_content=daily](https://www.gov.uk/government/publications/covid-19-guidance-on-services-for-people-experiencing-rough-sleeping?utm_source=5a049bbf-de8b-4995-929c-63b6826a838e&utm_medium=email&utm_campaign=govuk-notifications&utm_content=daily)

--

## Acute

### Objective:

The objective is to prevent COVID-19 cases, to closely monitor any new cases of COVID-19 linked to exposure within acute hospitals, and to ensure that any outbreaks are managed quickly and efficiently to minimise spread of infection.

### Context:

There is one combined acute and community hospital trust in East Sussex with two main acute hospital sites

- East Sussex Healthcare NHS Trust (ESHT)
  - Eastbourne District General Hospital, Eastbourne
  - The Conquest Hospital Hastings

ESHT also runs Hospital sites at Bexhill & Rye and runs a number of other smaller community sites as well as the provision of community health services in clinics and people's homes across East Sussex.

ESHT provides healthcare for the majority of the East Sussex population, however, a proportion of the population living in the west and the north of the county attend hospitals out of county, in Brighton or Kent. In addition, there are five community hospitals run by Sussex Community Foundation Trust, who provide community health care in the west of the county, Brighton and West Sussex.

### What's already in place:

ESHT has a COVID-19 Response plan and processes in place to undertake outbreak management, including Outbreak control teams which are led by the Trust, with support from PHE

- ESHT continues to use its Trust policies, procedures and guidelines for all infection control outbreaks
- Patient management is via the Infection Control Team.
- Staff management is via Occupational Health
- The Trust has its own internal processes in response to all PHE Guidelines and its COVID-19 response methodology is cascaded via Trust wide communications
- The Trust is undertaking antigen and antibody testing – staff with potential as having COVID-19 are screened via swabbing
- ESHT currently has a good PPE supply chain
- Routine staff testing for COVID-19 being implemented alongside routine activity
- Test & Trace: ESHT undertakes contact tracing of all patients and staff following identification of a positive COVID-19 case. These processes are being revised to take account of the NHS Test and Trace system.

**What else will need to be put in place:**

To support the effective management of COVID-19 outbreaks there will be some changes to existing reporting processes and development of standard ways of responding to these outbreaks, using high level flowcharts which can be adapted for local use. There will also be reporting on staff absence due to NHS Test and Trace and the impact on the service.

These procedures will be developed further as needed between Local Authority, PHE and ESHT infection prevention team. ESCC PH, PHE and CCG representatives are invited to the monthly Trust Infection Prevention and Control Group meeting which reviews the Trusts' annual programme of infection prevention work, Regulation 12, and Health Care Associated Infections (HCAI). HCAI reports now include COVID-19 outbreaks and Infection Control self-assessment assurance. They also receive the minutes of these meetings.

**Local outbreak scenarios and triggers:**

If multiple cases of COVID-19 (suspected or confirmed) are linked to exposure within the hospital, the Trust will consider the severity and spread of the outbreak, current control measures, the wider context and will routinely convene an ICT if they suspect an outbreak within their hospital. PHE, the CCG and the Local Authority Public Health team are included as required.

**Resource capabilities and capacity implications:**

TBC – none raised to date.

**Links to additional information:**

The ESHT website provides information for patients and visitors on the main measures implemented to reduce the spread of COVID-19. ESHT staff can access full policies on intranet.

Kent Surrey Sussex outbreak incident control plan:

<https://www.eastsussex.gov.uk/community/emergencyplanningandcommunitysafety/coronavirus/outbreak-control-plan/>

## Primary Care

<p>INCLUDING:</p> <ul style="list-style-type: none"><li>❖ GENERAL PRACTICES AND WALK-IN CENTRES</li><li>❖ COMMUNITY PHARMACY</li><li>❖ DENTISTS</li><li>❖ OPTOMETRY</li></ul>
<p><b>Objective:</b></p> <p>The objective is to prevent COVID-19 cases, to closely monitor any cases of COVID-19 linked to exposure within Primary Care settings, ensuring that any outbreaks are managed quickly and efficiently.</p>
<p><b>Context:</b></p> <p>In East Sussex there are:</p> <ul style="list-style-type: none"><li>• 62 General Practices</li><li>• 104 Community Pharmacies</li><li>• 150 Dentists</li><li>• 54 Opticians</li></ul>
<p><b>What's already in place:</b></p> <p>In the event of a COVID-19 outbreak, NHS organisations should continue to follow existing Public Health England guidance on defining and managing communicable disease outbreaks.</p> <p><b>General Practices and Walk-in Centres</b> - As part of the COVID-19 response, Primary Care have put in place measures to manage any outbreaks of COVID-19. In line with the 31 July 2020 letter from NHS England about the third phase of NHS response to COVID-19 Practices are changing how they deliver their services by providing more face to face appointments whilst continuing to utilise other methods of supporting the population such as online consultation, as part of restoring services and activity to usual levels where clinically appropriate.</p> <p>These sites are fully prepped with PPE for staff. Appropriate level cleaning services are in place and deep cleaning takes place at these sites if any site appears to have an issue with an outbreak. If there are outbreaks, then staff and patients who have been in contact in the surgery can be traced and tested and staff are able to self-isolate if appropriate.</p> <p>The CCG has supplied practices with laptops and cameras to undertake remote working and commissioned ZOHO so practices can log into clinical systems from home. They have instigated a website across all practices (and undertaking training on the website). Footfall which allows patients to remote access into the practice by use of the website and ask questions and apply for prescriptions etc via the website.</p> <p>Practices have been supported in applying through the COVID-19 fund for cleaning, PPE and other areas such as spit guards and Perspex screens to support and mitigate against any potential outbreaks.</p>

<p>Each practice has been contacted to undertake a risk assessment for their at risk and BAME staff.</p> <p><b>Community Pharmacy</b> - commissioned service for delivery of medicines in place and funded until end of July to support shielded patients, and access to volunteer hubs to support delivery of medicines.</p>
<p><b>What else will need to be put in place:</b></p> <p><b>General Practice and Walk in Centres</b> - To develop clear local pathways for local outbreak management</p> <p>Practices to notify PCN delivery manager when aware of COVID positive cases in their practice (to support the effective management of COVID-19 outbreaks there will be some changes to existing reporting processes and development of standard ways of responding to these outbreaks, using high level flowcharts which can be adapted for local use). There will also be reporting on staff absence due to NHS Test and Trace and the impact on the service.</p> <p><b>General Practices and Walk-in Centres</b></p> <ul style="list-style-type: none"> <li>• Antibody testing for staff and patients</li> <li>• Review access to PPE via Clipper as at present only one pack of PPE is allowed for each order regardless of the size of the practice and taking into account the increased number of patients doing Face to Face appointments with clinical staff in GP practices</li> <li>• Further work being undertaken on supporting BAME communities</li> <li>• Potential for additional PPE – FP3 facemasks to support clinical staff from BAME communities</li> </ul> <p><b>Community Pharmacy</b></p> <ul style="list-style-type: none"> <li>• Access to medicines &amp; pharmacy services - all pharmacies to remain open during any local restrictions to provide access to medicines</li> <li>• Access to local volunteer hubs for pharmacies in the event of a local restrictions for support to in collection / pick-up of medicines for those that are shielded and others</li> <li>• Funding to support a locally commissioned service for delivery of medicines (in the event of the national pandemic pharmacy delivery service having ended)</li> <li>• Consider prioritisation of pharmacy staff within key services e.g. school places, access to other essential services</li> </ul>
<p><b>Local outbreak scenarios and triggers:</b></p> <p>If multiple cases of COVID-19 (suspected or confirmed) are linked to exposure within a Primary Care setting, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the NHS and Local Authority the need for an Outbreak Control Team (OCT).</p>
<p><b>Resource capabilities and capacity implications:</b></p> <p><b>General Practices and Walk-in Centres</b> – General Practices and Walk-in Centres Practice are in receipt of resource funding from the CCG who are liaising with NHSE for reimbursement</p> <p><b>Community Pharmacy</b></p>

- |   |
|---|
| <ul style="list-style-type: none"><li>• To co-ordinate with commissioner (NHSE&amp;I) through national contractual arrangements to understand local impact and scope and ability to stand up previous flexibilities</li><li>• Impact of local measures of other providers on pharmacies to be assessed, mitigated or funded e.g. displaced patients from local hospitals, GP surgeries and others</li></ul> |
| <b>Links to additional information:</b>   |

## Mental Health and Community Trusts

### Objective:

The objective is to prevent COVID-19, to closely monitor any cases of COVID-19 linked to exposure within Mental Health and Community Trusts, ensuring that any outbreaks are managed quickly and efficiently

### Context:

There is one Mental Health Trust operating in East Sussex

- Sussex Partnership Foundation Trust (SPFT) with sites, including clinics, day centres and supported accommodation for people with mental illness and /or learning disabilities at a number of locations across East Sussex

<https://www.sussexpartnership.nhs.uk/east-sussex> including :

- **Supported accommodation:** Acorn House, Eastbourne, BN21 2NW; Mayfield Court, Eastbourne, BN21 2BZ
- **In Health Centres:** Battle, TN33 0DF; Bexhill, TN40 2DZ; Peacehaven, BN10 8NF
- **Wellbeing Centres:** Lewes, BN7 1RL; Bexhill, TN39 3LB; Eastbourne, BN21 1DG
- **Assessment and Treatment Centres:** Avenida Lodge, Eastbourne, BN21 3UY; Horder Healthcare, Seaford, BN25 1SS; Hillrise, Newhaven BN9 9HH.
- **On Hospital sites:** Crowborough Hospital, TN6 1NY; Orchard House, Victoria Hospital Site, Lewes, BN7 1PF; Uckfield Community Hospital, Uckfield, TN22 5AW (Millwood Unit, Beechwood Unit); Conquest Hospital, TN37 7PT (Woodlands)
- Amberstone, Hailsham, BN27 4HU
- Bellbrook Centre, Uckfield, TN22 1QL
- Braybrooke House, Hastings, TN24 1LY
- Highmore, Hailsham, BN27 3DY
- Cavendish House, Hastings, TN34 3AA
- St Anne's Centre, St Leonards-on-Sea, TN37 7PT
- St Mary's House, Eastbourne, BN21 3UU
- Hellingly, BN27 4ER (The Firs, Southview Low Secure Unit, Woodside),

There is one Community Trust operating in the west of East Sussex (In the old HWLH CCG area) in addition to the combined acute and community trust.

- Sussex Community Foundation Trust (SCFT)

### What's already in place:

In the event of a COVID-19 outbreak, NHS organisations should continue to follow existing Public Health England guidance on defining and managing communicable disease outbreaks.

**Sussex Partnership NHS Foundation Trust** - has a COVID-19 control command structure which includes operational, tactical and strategic command and control. The structures include internal and external escalation/reporting requirements to ensure early notification of outbreak/concerns. IPC governance is central to this which is underpinned by Public Health England guidance and the NHS IPC Assurance Framework supported by a specialist IPC team.

### What else will need to be put in place:



<p>To support the effective management of COVID-19 outbreaks existing reporting processes and standard ways of responding to these outbreaks will be utilised using agreed mechanisms including out of hours. Reporting on staff absence due to NHS Test and Trace and the impact on the service is also in place.</p>
<p><b>Local outbreak scenarios and triggers:</b>          If multiple cases of COVID-19 (suspected or confirmed) are linked to exposure within a Mental Health or Community Trust, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the NHS and local authority the need for an Outbreak Control Team (OCT).</p>
<p><b>Resource capabilities and capacity implications:</b>          None identified</p>
<p><b>Links to additional information:</b>  <b>Sussex Partnership Foundation Trust</b> - website for COVID-19 advice for patients, family and staff. Detailed advice for staff including procedures is on intranet - <a href="#">Coronavirus - what you need to know</a></p> <p>○</p>

## Transport locations

### Objective:

The objective is to prevent COVID-19 in the transport network, to closely monitor any cases of COVID-19 amongst those arriving in, or travelling through, East Sussex, and to ensure that any outbreaks linked to transport settings are managed quickly and efficiently.

### Context:

Newhaven is the main port of entry for East Sussex, but the ports at Dover, and Gatwick Airport are key nearby ports of entry with many travellers likely to pass through or reside within East Sussex.

Within East Sussex there are 45 train stations providing key transport links for travelling in and around East Sussex as well as direct rail links to Brighton, London and the surrounding area.

The highest public transport use in East Sussex is on local bus routes, with a network of over a 100 bus services serving nearly all communities. Bus services also link to destinations outside the county including Brighton, Burgess Hill, Haywards Heath, East Grinstead, Tunbridge Wells, Ashford, Folkestone and Dover.

In addition, there are also over 100 bus services for the specific use of school/college students to enable attendance at their educational establishment. This number excludes home to school taxis and minibuses.

### What's already in place:

PHE Health Protection Teams have local arrangements with Port Health Authorities for both Heathrow and Gatwick Airports to manage symptomatic cases of infectious diseases arriving at these Ports of Entry. From 8 June, new rules are in place for those travelling to the UK (residents and visitors) which requires them to complete a Contact Locator Form (they will receive a receipt to prove completion of the form to UK Border Force) and where a Covid-19 travel corridor is not in place to self-isolate for the first 14 days. PHE will have access to these forms (held by the Home Office) for rapid contact tracing purposes. PHE will contact a random 20% of airline passengers to monitor compliance with self-isolation rules and will inform the Police of those that fail to comply.

From 3 July, travel corridors with various countries were established whereby anyone arriving from these countries did not need to self-isolate for 14 days on entering the UK. The list of countries where these travel corridors are in place is updated periodically by Government to take account of the local Covid-19 circumstances.

To help control the virus, passengers are now required to wear a face covering (with some age, health and equality exemptions) when:

- on board a vessel (ferry) which has departed from or is to dock in England; in the airport building and throughout their flight to and from their destination.

<p>Environmental Health have arrangements in place with Newhaven for managing infectious diseases, including COVID-19.</p> <p>Public transport networks including bus and rail are following guidance on social distancing, cleaning and wider infection prevention control. Similar guidance, specific to students attending educational establishments who use public transport and dedicated school transport, is also being followed.</p> <p>Rail passengers are now required to wear a face covering whilst within rail stations, including on platforms, and on trains. Likewise, bus passengers are now required to wear face coverings on buses and contained transport hubs.</p>
<p><b>What else will need to be put in place:</b></p> <p>Provision of support for symptomatic visitors needing access to food and medical supplies during 14 days self-isolation period.</p>
<p><b>Local outbreak scenarios and triggers:</b></p> <p>For UK residents, self-isolating in normal place of residence is unlikely to result in outbreaks.</p> <p>For visitors, self-isolation in commercial accommodation such as hotels etc has the potential to result in outbreaks in commercial premises.</p> <p>If there is evidence of a potential outbreak linked to a transport location, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT). If an OCT is required, then attendance in addition to the core membership would also potentially include representatives from the transport company including any managers of specific sites.</p>
<p><b>Resource capabilities and capacity implications:</b></p> <p>Provision of support for visitors needing access to food and medical supplies.</p>
<p><b>Links to additional information:</b></p> <p>Guidance on <a href="#">entering the UK</a></p> <p>Guidance for those <a href="#">using transport or working in the transport industry</a></p> <p>Guidance for <a href="#">passengers on public transport in the UK</a></p> <p>Guidance on <a href="#">Covid-19 travel corridors</a></p> <p>Guidance for transport operators:  <a href="https://www.gov.uk/government/publications/coronavirus-covid-19-safer-transport-guidance-for-operators">https://www.gov.uk/government/publications/coronavirus-covid-19-safer-transport-guidance-for-operators</a></p> <p>Guidance for transport to school Autumn Term 2020:  <a href="https://www.gov.uk/government/publications/transport-to-school-and-other-places-of-education-autumn-term-2020/transport-to-school-and-other-places-of-education-autumn-term-2020">https://www.gov.uk/government/publications/transport-to-school-and-other-places-of-education-autumn-term-2020/transport-to-school-and-other-places-of-education-autumn-term-2020</a></p>



## **Appendices**

[Appendix A: Data integration tasks](#)

[Appendix B: Standards for managing an outbreak](#)

## Data integration tasks

Action (Sussex Wide)	Date	Lead Officer	Internal /External partners involved
<ul style="list-style-type: none"> <li>Expand role of the Sussex Covid Data and Modelling Group to include data integration to support Local Outbreak Control Plans at a Sussex and UTLA level.</li> <li>Readjusting plans to reflect what the JBC will provide to local areas.</li> </ul>			Sussex wide Data and Modelling Group (membership above)
<ul style="list-style-type: none"> <li>Complete work on early warning indicators for subsequent waves of the pandemic, and modelling of these waves based upon the assumptions published by SAGE and working.</li> </ul>			Data and Modelling Group, University of Sussex (modelling)
<ul style="list-style-type: none"> <li>Map and secure regular automated dataflows from a variety of organisations to provide the intelligence to support our system. This includes but is not limited to data from the national testing programme, the community testing programme (SECAMB/Mobile Testing Units (MTU)), and the national contact tracing programme PHE, HPT, NHS.</li> </ul> <p><b>Note:</b> It is currently unclear whether the national JBC will provide a single source of data. This includes data to provide evidence of inequalities and high-risk groups.</p>			<p>Sussex wide Data and Modelling Group (membership above)</p> <p>Local data group for vulnerable groups cell</p>

Action (East Sussex)	Date	Lead Officer	Internal /External partners involved
<ul style="list-style-type: none"> <li>• Provide updates as requested to senior managers and local Members, and report to the PH Functional Cell and respond to external requests for information.</li> </ul>		GE	East Sussex CC
<ul style="list-style-type: none"> <li>• Work closely with the local HPT, lead PH Consultant to establish systems to identify and examine outbreaks.</li> </ul>		GE	East Sussex CC
<ul style="list-style-type: none"> <li>• Liaise with District and Borough councils to ensure accessing and sharing of data relating to local outbreaks, settings and events.</li> <li>• Establish named contacts for data in each of the local authorities, specifically in relation to:               <ul style="list-style-type: none"> <li>○ Communities at higher risk of infection and the impact of COVID</li> <li>○ Specific settings and events at a local level</li> </ul> </li> </ul> <p><b>Note:</b> it is anticipated that named contacts should, at least, include Environmental Health staff, and community development/engagement.</p>		GE/RT	East Sussex CC

## Standards for managing an outbreak

The standards for managing outbreaks are contained in the Communicable Disease Outbreak Management – Operational guidance (2014) and include the following steps:

Outbreak recognition	Initial investigation to clarify the nature of the outbreak begun within 24 hours
	Immediate risk assessment undertaken and recorded following receipt of initial information
Outbreak declaration	Decision made and recorded at the end of the initial investigation regarding outbreak declaration and convening of outbreak control team
Outbreak Control Team (OCT)	OCT held as soon as possible and within three working days of decision to convene
	All agencies/disciplines involved in investigation and control represented at OCT meeting
	Roles and responsibilities of OCT members agreed and recorded
	Lead organisation with accountability for outbreak management agree and recorded
Outbreak investigation and control	Control measures documented with clear timescales for implementation and responsibility
	Case definition agreed and recorded
	Descriptive epidemiology undertaken and reviewed at OCT. To include: number of cases in line with case definition; epidemic curve; description of key characteristics including gender, geographic spread, pertinent risk factors; severity; hypothesis generated
	Review risk assessment in light of evidence gathered
	Analytical study considered and rationale for decision recorded
	Investigation protocol prepared if an analytical study is undertaken
Communications	Communications strategy agreed at first OCT meeting and reviewed throughout the investigation
	Absolute clarity about the outbreak lead at all times with appropriate handover consistent with handover standards
End of outbreak	Final outbreak report completed within 12 weeks of the formal closure of the outbreak
	Report recommendations and lessons learnt reviewed within 12 months after formal closure of the outbreak

<sup>i</sup> [Business Enterprises by size of Business. East Sussex in Figures, 2019](#)



# Escalation Framework

	Outbreak prevention and containment	Raised local alertness	Raised local concern	National oversight
Potential triggers include	<p>Early Warning indicators are stable/improving or not presenting a cause for concern.</p> <p>Cases and outbreaks managed within existing mechanisms</p> <p>No identified additional concerns about specific vulnerable or under-served communities.</p>	<p>Analysis of the early warning indicators suggests the need for raise local alertness</p> <p>At least one outbreak in a complex setting that is not managed within routine outbreak control arrangements e.g. due to high numbers of contacts, high media interest etc.</p> <p>Specific concerns / outbreaks in vulnerable communities (e.g. Black, Asian and Minority Ethnic Communities).</p>	<p>Sustained concern regarding early warning Indicators and increasing trend in overall numbers of cases in an area.</p> <p>Multiple outbreaks in complex settings, potentially combined with community spread.</p>	<p>Central Govt Watchlist is published weekly highlighting local authorities of greatest concern, within one of three categories: Area of Concern; Area requiring Enhanced Support; Area requiring Intervention.</p> <p>The latter includes situations where either ESCC requests national intervention, resource prioritisation is required by Ministers as local systems cannot meet need (eg PPE; staff), or Local capabilities and controls are exceeded.</p>
Event Determination	<p>Review of Early Warning Indicators and all other available data by ES Public Health and discussed at daily PH COVID call)</p> <p>East Sussex COVID-19 Operational cell (weekly)</p>	<p>Escalation by the Director of Public Health (DPH) and discussed at weekly ESCC COVID-19 Health Protection Operational cell.</p> <p>If threshold met in-between the weekly ESCC Operational Cell, then escalation by DPH in consultation with, at a minimum, Environmental Health and Public Health England.</p> <p>Consideration given to consultation with SRF and other agencies depending on the specific circumstances.</p>	<p>Escalation to raised local concern by DPH, following consultation with:</p> <ul style="list-style-type: none"> <li>- ESCC COVID-19 Strategic Group</li> <li>- East Sussex Health Protection Board (weekly).</li> <li>- Sussex Resilience Forum (SRF), including whether any Sussex wide/neighbouring LRF action; mutual aid; coordination with government</li> <li>- Public Health England, and District / Borough</li> </ul>	<p>Secretary of State for Health and Social Care, at the Local Action Committee, drawing on advice from the CMO, NHS Test and Trace, Joint Biosecurity Centre and PHE.</p>
Notifications & Communication	<p>Weekly COVID-19 surveillance report sent to partners</p>	<ul style="list-style-type: none"> <li>• ESCC Health Protection Board</li> <li>• ESCC COVID-19 Tactical Group</li> <li>• ESCC COVID-19 Strategic Group</li> <li>• NHS Silver</li> <li>• Sussex ICS Monitoring Group</li> <li>• Member briefing</li> <li>• SRF</li> <li>• Weekly COVID-19 surveillance report sent to partners</li> </ul> <p>Consideration to notify neighbouring areas</p>	<ul style="list-style-type: none"> <li>• ESCC Operational Cell</li> <li>• ESCC COVID-19 Tactical Group</li> <li>• ESCC Health and Wellbeing Board</li> <li>• NHS Silver</li> <li>• Sussex ICS Monitoring Group.</li> <li>• SRF. Consideration given to need for Tactical Coordinating Group.</li> <li>• Formal briefing to members and local MPs</li> </ul> <p>Consideration to notify neighbouring areas</p>	<p>As for <i>Raised Local Concern</i>, with Frequent briefings to members and local MPs, and assurance to Government as required.</p> <p>Daily briefings with the media.</p>
Potential Actions (each level describes additional actions)	<ul style="list-style-type: none"> <li>• Ongoing implementation of Outbreak Control Plan</li> <li>• Individual cases / routine outbreaks usually with support as required.</li> <li>• Comms focus on prevention and preparing reactive statements as required of managed outbreaks.</li> <li>• Ongoing preventative and reactive support to businesses and events to ensure they are COVID-secure</li> </ul>	<ul style="list-style-type: none"> <li>• PHE establish Outbreak Control Team (OCT) for specific outbreak(s)</li> <li>• Formal local investigation including retrospective audit into potential community spread, (Regional PHE or local)</li> <li>• Multi-agency discussion with Public Health, Environmental Health, PHE, CCG, ESHT, Emergency Planning and Comms</li> <li>• Development of proactive and reactive comms increases.</li> <li>• Targeted community communications emphasizing the standard COVID-19 messages, as per COMS plan.</li> <li>• Increasing testing capacity</li> <li>• Consideration given to enhanced business inspection regime</li> </ul>	<ul style="list-style-type: none"> <li>• Outbreak Engagement Board reviews and comments on effectiveness of active public communication and engagement.</li> <li>• Multiple OCTs led by PHE with support from relevant agencies</li> <li>• Specialist support from PHE Field Epidemiology Service.</li> <li>• Public communication to request local changes in behaviour, e.g. home working; avoid public spaces; enhanced social distancing etc</li> <li>• Consider measures to protect vulnerable members of the affected community, e.g. restricting visits to care homes</li> <li>• Additional stakeholder COMS</li> <li>• Further targeted testing capacity</li> <li>• Enhanced business inspection regime</li> </ul>	<p><b>Area of concern:</b> ESCC leads with support from PHE, NHS Test and Trace, and JBC. Potential actions: targeted testing; enhanced comms; specialist epidemiological analysis.</p> <p><b>Area of enhanced support:</b> Increased national support and oversight including resources. Potential actions: widespread testing; local restrictions; detailed engagement &amp; comms.</p> <p><b>Area of intervention:</b> Decision making referred to national level. Potential actions:</p> <ul style="list-style-type: none"> <li>• Extensive comms and community engagement</li> <li>• Expanded testing inc asymptomatic</li> <li>• Closing some businesses, venues, public areas</li> <li>• Limiting years or closing schools</li> <li>• Restricting travel or movement</li> <li>• Bespoke measures for shielding population</li> </ul>
De-escalation	<p>Sustained period - DPH to consider moving to business as usual</p>	<p>DPH &amp; ESCC Operational Cell</p>	<p>DPH &amp; Health Protection Board</p>	<p>Nationally determined</p>

This page is intentionally left blank

**Report to:** East Sussex Health and Wellbeing Board

**Date of meeting:** 17 September 2020

**By:** Director of Adult Social Care and Health

**Title:** Support to Care Homes and Covid-19 Impact on Black Asian Minority Ethnic Groups

**Purpose:** To inform the Health and Wellbeing Board of support provided to Care Homes during the Covid19 crisis and work the local health and social care system are doing to support people from Black, Asian Minority Ethnic staff working in the care sector.

---

## RECOMMENDATION

The Health and Wellbeing Board is recommended to consider and comment on the report.

---

### 1. Background

1.1 This report provides the Health and Wellbeing Board with a summary of the support being provided to Care Homes during the Covid-19 crisis and the work the local health and social care system are doing to support people from Black, Asian Minority Ethnic (BAME) staff working in the care sector.

1.2 The Covid-19 pandemic has raised particular challenges for care home residents, their families and the staff who look after them. Staff working in care homes have played a key role in the response to Covid-19. Care homes have opened their doors to rapid admissions from both the community and hospitals, and staff have worked hard to understand residents' wishes and to ensure that care plans respect these. Staff have gone above and beyond in caring for residents and have, in many instances, learned new competencies and skills to do so.

1.3 As early as April 2020, the Kings Fund reported 'Many care homes and the staff who work in them have been brought to their knees by Covid-19. The emotional trauma of losing a significant number of residents (referred to as 'family members' by some homes), who staff have known for a number of years cannot be overstated. Meanwhile, the impact of Covid-19 on staff cover is felt acutely in the small teams that are typical in care homes.'

1.4 Following the outbreak of the Covid-19 pandemic in the UK, Public Health England reports<sup>1</sup> have provided clear evidence that older age, ethnicity, male sex and geographical area are associated with a higher risk of getting Covid-19, experiencing more severe symptoms and higher rates of death. The evidence suggests both ethnicity and low socio-economic status are independently associated with higher Covid-19 mortality.

---

1

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/892085/disparities\\_review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf) and [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/892376/COVID\\_stakeholder\\_engagement\\_synthesis\\_beyond\\_the\\_data.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf)

1.5 The unequal impact of Covid-19 on BAME communities is thought to be due to a wide range of inter-related factors such as occupational risk (BAME staff tend to be in higher exposure roles); socio-economic inequalities including poorer housing and riskier living conditions; use of public transport; and greater risk of health conditions which increase severity of Covid-19 e.g. obesity, heart disease and diabetes. Stakeholders<sup>1</sup> reported that racism, discrimination, stigma made it harder for BAME groups to access Personal Protective Equipment (PPE) or healthcare, and public health information and media messages may not have been culturally appropriate for all BAME or lower socio-economic groups, resulting in stay safe messages not being received.

## **2. Supporting information**

2.1 Throughout the Covid19 crisis, Health and Social Care have been supporting care homes and care providers in a number of ways. Some examples are provided below:

### Personal Protective Equipment (PPE)

2.2 The key elements of the East Sussex response are:

- East Sussex County Council (ESCC) has procured PPE to support local Health and Social Care providers during Covid-19. Providers have been able to access this stock, free of charge, since April. The PPE has been used to support providers whose stocks are running critically low, and where all other options of supply have been exhausted
- Between April and August, 563,018 items of procured stock were issued
- More broadly, the Adult Social Care and Health Department have been responsible for the issuing of both Local Resilience Forum PPE supplies, which have been allocated to Local Authorities to support local businesses through the pandemic. These supplies have been used to support a wide range of businesses including Registrars; pharmacies, schools and funeral directors
- At the time of writing (19/08/2020) 989,034 items from Local Resilience Forum (LRF) stock have been issued since the beginning of April
- Alongside the provision of PPE, all national PPE guidance has been shared with independent sector care providers throughout the pandemic through the Adult Social Care provider bulletin. Telephone support has also been provided to care homes by Public Health, the Adult Social Care Market Support Team and Clinical Commissioning Group Infection Control Team

### Infection prevention and control (IPC)

2.3 The key elements of the East Sussex response are:

- As part of the Sussex Covid-19 response, Sussex Clinical Commissioning Groups (CCGs) have formed an Infection Prevention and Control Care Homes work stream. In partnership with ESCC Adult Social Care, ESCC Public Health Team and Acute and Community providers this work supports the Covid-19 response to care homes
- By the end of May 2020, Infection Prevention Training had been provided by the CCG Infection Control Nurse Specialists to all providers including Nursing and Residential care homes and Domiciliary providers across Sussex. This training included the use of Personal Protective Equipment
- In addition, Sussex CCGs in partnership with local authorities are implementing the National Infection Prevention training programme which includes the practical application of Personal Protective Equipment
- The Sussex CCGs Infection Prevention and Control team provide a follow up call to all care homes and providers who declare a suspected or confirmed COVID19 outbreak via Public Health England outbreaks reports. This call includes providing homes with advice and guidance on following national IPC and PPE guidelines for Covid-19.

Advice is provided on how to isolate and cohort residents within the care home environment according to their circumstances

- Care homes are also given support on ensuring IPC measures in relation to staff and the care home environment are taken to limit transmission this includes advice on managing laundry, refuse and cleaning regimes
- The weekly Incident Management Team response call chaired by Public Health is attended by representatives from across health and social care. It ensures that additional support regarding infection prevention and control is in place to assist homes experiencing an outbreak

#### The experiences of Black, Asian Minority Ethnic (BAME) staff during the current Covid-19 pandemic

2.4 The key elements of the East Sussex response are:

- A BAME Covid-19 Disparity Programme has been set up by the NHS Improvement and NHS England (NHSI/E) nationally and a South East BAME Mortality Disparity Advisory Panel has also been established. Sussex Health and Care Partnership is co-ordinating a programme of work to address the disparity of the impact of Covid-19 for the BAME population and health and social care workforce
- As part of this Programme Hastings, Brighton & Hove and Crawley have undertaken studies into Covid-19 and the impact on the BAME population in their local areas. Hasting Voluntary Action published their report in August. The report considers the causes, understanding and awareness within the BAME community of Hastings and St Leonards of the increased risk they faced from Covid-19; it begins to consider the effect of increased risk based on the pre Covid-19 experiences of the BAME community of using NHS services and looks at the formal and informal networks and sources of influence within the local BAME communities. The recommendations from the reports will be considered by the Sussex Health and Care Partnership and we will ensure they link into the East Sussex Race Disparities group's work.
- Risk assessment templates and supporting information for managers has been prepared and shared with Adult Social Care independent sector care providers. There is an ongoing dialogue with the independent sector about the impact of Covid-19 on the BAME workforce
- The [East Sussex Outbreak Management Plan](#) covers approaches to deal with outbreaks in a range of settings including care homes, and plans to support more vulnerable groups including BAME
- ESCC staff were invited to share their pandemic experiences and help us plan for recovery by completing the Time to Talk survey. A summary of the [staff survey feedback](#) has been published on the intranet. The feedback will help inform ongoing reviews about working arrangements over the next few months. The data is being analysed into themes affecting specific groups such as frontline workers, BAME staff and those shielding
- We have also conducted online and telephone survey with our residents to understand how the pandemic has affected them. This data has been analysed across various demographics and used by various teams to plan recovery and services during a further outbreak
- An ESCC working group has been set up in response to the Covid-19 related disparities and to prepare ourselves for Recovery and/or a potential second wave which addresses any underlying inequalities in how our staff and population from different backgrounds have been affected by the pandemic
- In ESCC a range of training and development opportunities already exist, including those listed below:

- Equality & Diversity elearning – mandatory for all staff at induction
  - Unconscious Bias elearning
  - Racial, National and Ethnic Equality elearning
  - Trans Awareness elearning
  - Social Model of Disability elearning
  - Neurodiversity in the workplace elearning
  - Equality & Diversity course
  - Equality & Diversity for Managers course
  - Mitigating Unconscious Bias course
  - Gypsy, Roma & Traveller Community Awareness elearning
- On 15<sup>th</sup> July Diversity Resource International ran a Resilience in Adversity seminar in East Sussex, supported by ESCC. The event was a community conversation with local people from ethnic minority communities with circa 100 people on the call. One of the key themes from the seminar was the need for a consistent and sustainable commitment to addressing the challenges of inequality from East Sussex statutory organisations; using our social purpose to develop mutually beneficial and sustainable relationships within the local community.
  - The future of the Community Hubs established during Covid-19 are currently being decided and there is an opportunity to ensure they are developed with an enhanced focus on reaching ethnic minority populations.
  - Adult Social Care and Health Department (ASCH) has commissioned Activmob to undertake research with ASCH service users and wider population to understand how our services and communication have fared during lockdown. The learning from this can be shared more widely. Recruitment of participants for this research has been done to ensure that there is proportionate representation from all strands of equality.
  - Recognising that there has been an increased incidence of racism to people from ethnic minority communities and possibly to our staff, we are developing Continuing Professional Development training for our internal staff which coaches on how to coach staff who have experienced racial harm.

#### Mental health and wellbeing support for care workers and managers

##### 2.5 The key elements of the East Sussex response are:

- East Sussex County Council has a web page dedicated to resources and support available for social care providers and the wellbeing of their staff:  
<https://www.eastsussex.gov.uk/socialcare/providers/covid-19-asc/staff-wellbeing/>
- The web page includes sections on:
  - Psychological support for staff
  - Wellbeing information and resources
  - Dealing with stress, trauma and death
  - Free visa extensions for care workers
- The Adult Social Care provider bulletin regularly promotes this support and highlights different types of support available for care staff. This includes guidance, training; services staff can access for support; resource packs; posters; checklists and guidance for managers.
- We are working on a briefing on worker's rights specifically looking at Covid-19 and care homes which we encourage our providers to share with agency staff to enhance the understanding of rights on accessing PPE equipment, risk assessments, shift work and access to testing.

## Mental Health services and the impact of Covid-19

2.6 The key elements of the East Sussex response are:

- Support targeted at BAME populations in East Sussex has continued throughout the pandemic. Supporting and engaging with local communities in the Hastings and Eastbourne area ensuring people get access to advice and support for health as well as mental health as early as possible according to their needs. Also, specific support for the Gypsy and Traveller communities has continued to provide support during Covid-19
- East Sussex has a Race Equalities Support Resource that supports engagement approaches for local services as well as translation available for people who don't speak English. In some cases, the officer will provide liaison support for people experiencing difficulty with mental health services. They review and monitor all mental health services quarterly to ensure they are accessible and engaging with local BAME populations
- Throughout the pandemic in East Sussex, local telephone support and advice has also been available for all levels of mental health through a mental health action line
- Local mental health services are now developing their approaches for re-establishing local services and how they can re-establish provision safely

### **3. Conclusion and recommendations**

3.1 The Health and Wellbeing Board is recommended to consider and comment on the report.

**KEITH HINKLEY**

**Director of Adult Social Care and Health**

Contact Officer: Samantha Williams

Tel. No. 01273 482115

Email: [Samantha.williams@eastsussex.gov.uk](mailto:Samantha.williams@eastsussex.gov.uk)

### BACKGROUND DOCUMENTS

None

This page is intentionally left blank



<b>Report to:</b>	<b>East Sussex Health and Wellbeing Board</b>
<b>Date:</b>	<b>17<sup>th</sup> September 2020</b>
<b>By:</b>	<b>Independent Chair, East Sussex Safeguarding Adults Board</b>
<b>Title of report:</b>	<b>East Sussex Safeguarding Adults Board (SAB) Annual Report 2019 - 2020</b>
<b>Purpose of report:</b>	<b>To present the SAB Annual Report as required in the Care Act</b>

---

## **RECOMMENDATIONS**

**The Health and Wellbeing Board is recommended to consider and note the report**

---

### **1. Background**

1.1 The East Sussex Safeguarding Adults Board (SAB) Annual Report 2019-2020 (Appendix 1) outlines safeguarding activity and performance in East Sussex between April 2019 and March 2020.

### **2. Supporting Information**

2.1 It is impossible to reflect on 2019-20 without reporting on the impact of the outbreak of Covid-19 in March 2020, which led to unprecedented challenges for the whole country, but also created a number of specific issues for safeguarding adults, including:

- A rise in Covid-19 related scams.
- A reduction in the number of safeguarding concerns being raised with the local authority during the lockdown period.
- An increase in instances of domestic abuse, along with a reduction in formal reports to the police.
- The impact on people's mental health and an anticipated increase in suicides.
- The impact upon the workforce.
- A national increase in deaths of adults with learning disabilities during the pandemic and more widely within the residential and nursing home sector.

2.2 Over the next year, the East Sussex SAB will ensure any lessons relating to safeguarding adults during the Covid-19 crisis are learnt.

2.3 As a consequence of the Coronavirus pandemic and the subsequent pressures this has placed on local authorities, NHS Digital has extended the deadlines for the Safeguarding Adults Collection 2019 – 20. As such the 2019 – 20 data included in this report may be subject to slight variations from what will be included in the final SAB return. Any additional updates will be added to this annual report as an addendum at a later date.

2.4 Highlights in the report are as follows:

### **Strategic Aim 1: Accountability and Leadership**

- In accordance with the two-year cycle for undertaking the self-assessment process, a Sussex-wide peer challenge event was held on 9<sup>th</sup> July 2019. Several areas for development were identified, which have been incorporated into an action plan.
- An updated East Sussex SAB Information Sharing Guide and protocol was published in March 2020, providing specific guidance on sharing safeguarding information between partner agencies, including good practice principles on managing safeguarding meetings and discussions, record keeping and data quality.

### **Strategic Aim 2: Policies and Procedures**

- Whilst no new Safeguarding Adults Reviews (SARs) were commissioned over this last year, work continued on the two SARs that commenced in 2018 – 19. The SAB published the report for SAR Adult B in February 2020. Despite the impact of Covid-19 causing delays in progressing some areas of work, good progress has been made in taking forward the recommendations within the action plan. This has included work to develop updated Making Safeguarding Personal (MSP) guidance and a leaflet and developing a multi-agency protocol for investigating unexpected adult deaths where abuse or neglect is known or suspected. Another SAR in relation to Adult C is due to be finalised in the summer of 2020, and work has commenced to develop the Board response to the report.
- Four Safeguarding Adults Review (SAR) referrals were made in 2019 – 20 involving a range of adults with differing care and support needs, including self-neglect, substance misuse and working with multiple complex needs. In all cases, decisions were made that the case did not meet the statutory criteria for carrying out a SAR and the SAB was satisfied that appropriate learning had been identified through other mechanisms, such as Single Agency Reviews.
- Work commenced in 2019 to review and update the Sussex SAR Protocol with Brighton & Hove and West Sussex SABs. This has been published in August 2020, with further planned work to develop a shared and consistent approach to contracting SAR reviewers.

### **Strategic Aim 3: Performance, Quality and Audit and Organisational Learning**

- The SAB participated in a University of Sussex research project to explore how learning from SARs involving self-neglect can be embedded. An action plan is being developed to take forward the findings and recommendations from the project.
- A multi-agency audit was undertaken in August 2019 in relation to young people at risk of exploitation, focusing on the effectiveness of safeguarding responses to this cohort of young people. Good practice included the application of an MSP approach, appropriate consideration of the Care Act and Mental Capacity Act, and a number of cases reflecting professional curiosity and understanding the importance of trauma-informed practice. An action plan is in place to address the areas for development, which includes reviewing the effectiveness of current processes to identify, manage and communicate risks for young people approaching the age of 18 and the need for greater awareness amongst agencies around recognising the different forms of exploitation that come under the abuse type of modern slavery.
- A second audit regarding multi-agency involvement in safeguarding was undertaken in February 2020, which was conducted jointly between the Brighton & Hove and East Sussex SABs. This was interrupted by the coronavirus pandemic in and there are plans to progress this in August 2020. A summary will be provided in next year's annual report.

#### **Strategic Aim 4: Prevention, Engagement and Making Safeguarding Personal**

- An easy read version of the MSP leaflet was developed by members of the East Sussex Learning Disability Partnership Board and the Safeguarding Community Network.
- The East Sussex SAB published the first edition of its newsletter in February 2020, with the aim of sharing news about the work of the Board, disseminating relevant learning and information, and to raise awareness for those who have an interest in adult safeguarding issues.

#### **Strategic Aim 5: Integration, and Training and Workforce Development**

- The SAB continues to deliver a comprehensive range of multi-agency safeguarding training which has evolved over 2019 – 20 in response to learning identified from SARs and multi-agency audits. The SAB training programme includes courses on modern slavery and human trafficking, domestic abuse, the Mental Capacity Act, self-neglect and coercion and control.

#### **Multi-agency data**

- The number of safeguarding contacts has decreased from 5,532 in 2018-19 to 5,033 in 2019 – 20. Of the total contacts received in 2019 – 20, 4,484 (86%) were considered safeguarding concerns.
- The number of enquiries completed has increased by 69% from 1,185 in 2018 – 19 to 1,998 in 2019 – 20. This increase can be attributed in part to changes made to the social care recording system in 2019 which has led to improvements in capturing safeguarding enquiries more accurately.
- In 2019 – 20, the most common form of abuse reported was neglect (as in 2018 – 19) with 36% of all enquiries undertaken comprising, at least in part neglect. Financial abuse was the second most common form of abuse reported, followed by psychological abuse, accounting for 24.5% and 25% respectively of the enquiries completed.
- The most significant proportional differences since 2018 – 19 are an 10% decrease in neglect from 46% to 36%, a 6% increase in domestic abuse from 13% to 19%, and a 4% increase in self-neglect cases 3% to 7%.
- Data from East Sussex Fire and Rescue Service (ESFRS) reflects that the number of home first safety visits completed in the second half of 2019 – 20 decreased from 1814 in quarter 3 to 1577 in quarter 4. This can be attributed to the usual trend of fewer visits over the festive period, but also was compounded by the outbreak of Coronavirus.
- Overall, there has been an increase of 36% in the number of Vulnerable Adult at Risk (VAAR) referrals made by Sussex Police into Adult Social Care and Health Department (ASCH), with the biggest variation in quarter one of 2019-20 with a 63% increase upon figures for 2018-19.
- The data from South East Coast Ambulance Service (SECamb) highlights that there was a 12% increase in the number of safeguarding concerns raised to ASCH in the first half of 2019 - 20 compared to the same period in 2018 – 19. There was also another slight increase in safeguarding concerns being raised by SECamb during the second half of this year.

### **3. Conclusion and recommendations**

3.1 The annual report shows that the Board has continued to make significant progress in delivering the aims set out in the SAB Strategic Plan 2018 – 21, reflecting the hard work and commitment shown by partner agencies. The SAB will ensure that the learning and recommendations from the SARs undertaken in 2019 – 20 are progressed and embedded in practice.

GRAHAM BARTLETT

Independent Chair, East Sussex Safeguarding Adults Board



## **East Sussex Safeguarding Adults Board Annual Report April 2019 to March 2020**

*“Our vision is for all agencies to work together effectively to enable the citizens of East Sussex to live free from abuse and neglect, and to promote widely the message that safeguarding is everybody’s business”*



You can get all our publications in a format to suit you. If you would prefer this report in an alternative format or language, please ask us.  
Please phone Health and Social Care Connect on 0345 60 80 191.

# Contents

Foreword by Graham Bartlett, East Sussex SAB Independent Chair .....	1
Comments by Healthwatch.....	2
About us .....	3
Our vision and our aims.....	4
Our subgroups.....	5
Links to other partnerships .....	6
Board membership .....	7
SAB budget .....	8
Key learning and achievements 2019 – 2020.....	100
Our priorities 2020 – 2021 .....	222
Our training and development .....	244
Our learning.....	255
Our data.....	322
Reporting a safeguarding concern.....	48

*The East Sussex Safeguarding Adults Board gratefully acknowledges Hampshire and West Sussex Safeguarding Adults Boards for providing this annual report format.*

## Foreword by Graham Bartlett, East Sussex SAB Independent Chair



I am pleased to introduce the East Sussex Safeguarding Adults Board Annual Report 2019-20. The Safeguarding Adults Board (SAB) provides strategic leadership, ensuring adults at risk of abuse or neglect are effectively safeguarded. As Independent Chair, I support and challenge SAB partners and agencies in East Sussex to work collaboratively for the benefit of adults with care and support needs and foster continuous improvement.

The last few months of the year provided challenges beyond anyone's expectations. Covid-19 threw the whole world into turmoil and, whilst we had ten months of relative normality before the pandemic struck, it is difficult to reflect on 2019-20 without its impact being reported upon. How it will transform the safeguarding system and partners and how the SAB will assure that those at risk are adequately safeguarded will only start to emerge over the next year or so. What we know already though is that it affected the most vulnerable disproportionately and that our workforce showed itself to be as phenomenally flexible, innovative and selfless as we knew they were.

We have continued to make significant progress against the priorities in our Strategic Plan 2018-21 and I would like to acknowledge the hard work and commitment shown by all our partner agencies to achieve these aims. Highlights include the agency self-assessment process, culminating in a pan-Sussex challenge event where significant introspection and learning took place and a robust action plan was developed.

We participated in a University of Sussex research project to explore how learning from Safeguarding Adults Reviews (SARs) involving self-neglect can be embedded into practice and how organisational change can be effected. The learning from this is starting to be embedded.

We published the 'Adult B' SAR this year and will complete another during 2020–21.

During the coming year we have an equally busy workplan. As well as developing new strands related to Covid-19, we will continue to develop our re-formed Safeguarding Community Network, enhance our reach into those who access safeguarding services and those who care for them, strengthen our affiliation with the community and voluntary sector and look for opportunities to share arrangements and good practice with neighbouring SABs and at a national level.

I hope you find this report interesting and are assured of the commitment of the East Sussex SAB to continual improvement and decisive action when things go wrong.

A handwritten signature in black ink, appearing to read 'G. Bartlett'.

**Graham Bartlett**

Independent Chair, East Sussex Safeguarding Adults Board

## Comments by Healthwatch



Healthwatch has continued to work in partnership with the East Sussex SAB over the past year. Our focus is to ensure that the needs, experiences and concerns of people who use health and social care services are understood by those who commission and deliver them. The East Sussex SAB provides excellent leadership, coordination and partnership which supports this work to promote high standards and seek assurance from partner agencies where required.

As Chair of the Safeguarding Community Network (SCN), I have been encouraged by the progress made in 2019 – 20. A key goal for the network over this last year has been to expand representation at the SCN from the Voluntary and Community Sector and we have welcomed six new members to the group from a range of services, including from homelessness and veterans' charities, as well as family support and education services. A priority for the next year will be to consider ways in which the SCN can have broader engagement with adults and carers, and support work to gather feedback from adults and carers on their experiences of safeguarding interventions.

The outbreak of COVID-19 has brought into sharp focus the importance of communicating with the public as well as capturing people's views and experiences of health and social care services at this time. Healthwatch will work closely with the SAB over the forthcoming months to understand the impacts of the pandemic and engage with partner agencies and the local community in setting future priorities.

### **Elizabeth Mackie**

Volunteer & Community Liaison Manager, Healthwatch East Sussex



## About us

The East Sussex Safeguarding Adults Board (SAB) is a multi-agency statutory partnership which provides leadership and strategic oversight of adult safeguarding work across East Sussex. The Board is made up of senior representatives from a range of organisations. Our core membership, as specified in the Care Act 2014, includes East Sussex County Council, NHS East Sussex Clinical Commissioning Group and Sussex Police. Additional key community and voluntary agencies and lay members are represented on the Board to reflect that safeguarding activity and interventions can only be effective where there is collaboration and shared commitment.

The East Sussex SAB is led by our Independent Chair, Graham Bartlett, supported by a SAB Development Manager, Quality Assurance and Learning Development Officer and Administrator.

Under the Care Act 2014, we are required to:

- Develop and publish a [Strategic Plan](#) setting out how we will meet our objectives and how our partner agencies will contribute to this.
- Publish an annual report detailing how effective our work has been.
- Arrange for Safeguarding Adults Reviews (SARs) to be undertaken when the criteria are considered to have been met.

The overarching purpose of the East Sussex SAB is to help and safeguard adults with care and support needs from abuse, neglect and exploitation. We do this by:

- Gaining assurance that local safeguarding arrangements are in place as defined by the Care Act and its statutory guidance.
- Gaining assurance that the principles of Making Safeguarding Personal are central to safeguarding, and practice is person-centred and outcome-focused.
- Working collaboratively to prevent abuse and neglect, where possible.
- Ensuring partner agencies are effective when abuse and neglect has occurred, and give timely and proportionate responses.
- Striving for continuous improvement in safeguarding practice, and supporting partner agencies to embed learning from local and national SARs, other learning reviews and multi-agency audits.

## Our vision and our aims

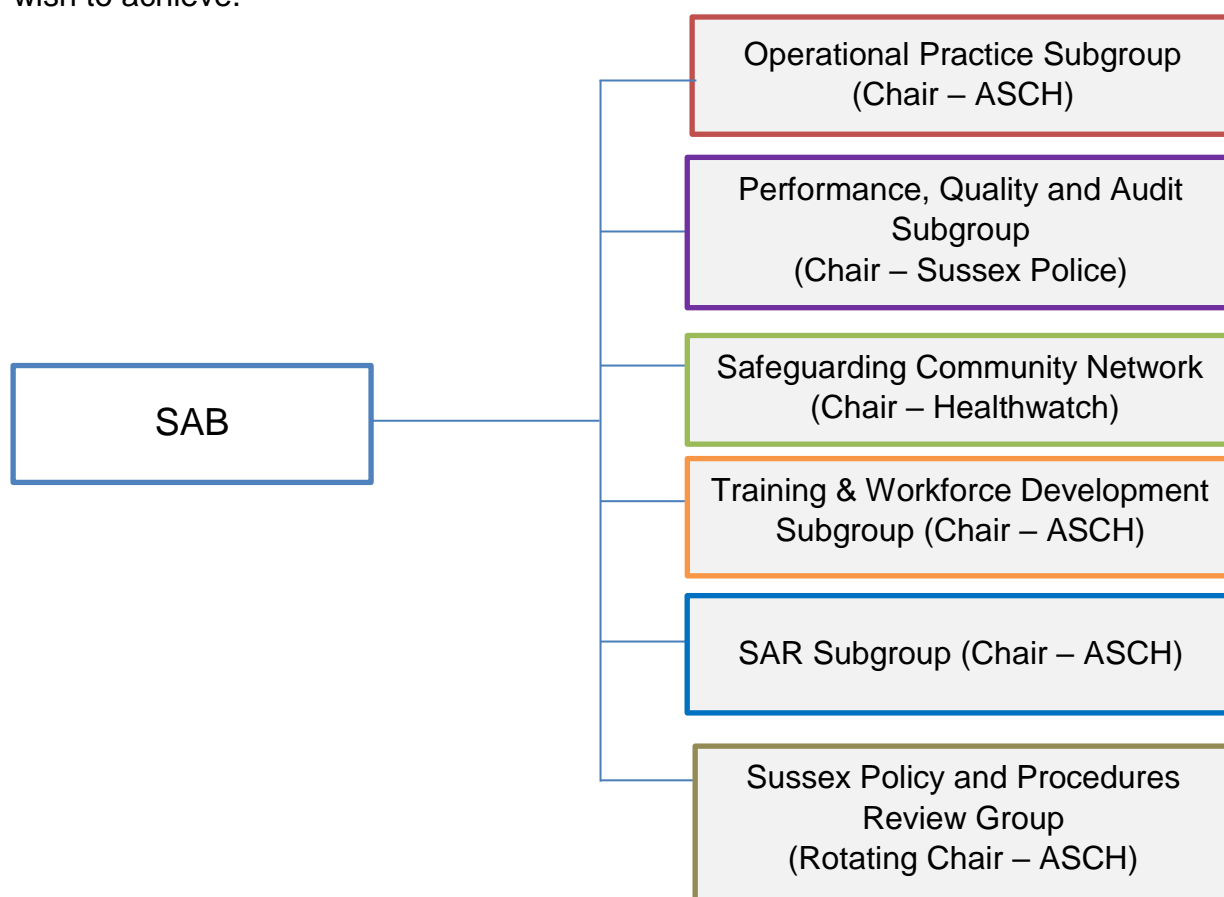
Our vision is for all agencies to work together effectively to enable the citizens of East Sussex to live free from abuse and neglect, and to promote widely the message that safeguarding is everybody's business.

To achieve this vision, the aims and functions of the Board are to:

- Actively promote collaboration between organisations.
- Work together on prevention strategies.
- Safeguard adults in a way that supports them in making choices and having control about how they want to live.
- Ensure that the views, wishes and desired outcomes of adults and their carers or family are considered in the delivery of safeguarding services.
- Oversee the co-ordination of adult safeguarding activity in East Sussex.
- Develop and co-ordinate multi-agency safeguarding training, which meets local needs.
- Conduct multi-agency audits and monitor performance in relation to safeguarding activity.
- Raise public and professional awareness of adult safeguarding issues.
- Provide information and support in accessible ways to help people understand the different types of abuse, neglect and exploitation, how to stay safe, and how to raise a concern about the safety or wellbeing of an adult.

## Our subgroups

The East Sussex SAB meets four times a year. The Board is supported by a range of subgroups that are crucial in ensuring that the priorities set out in the SAB Strategic Plan are delivered. Each subgroup has a work plan which details the areas of focus for the financial year, and are regularly updated with specific actions and timescales. These subgroups ensure that the work of the Board really makes a difference to local safeguarding practice and to the outcomes adults and their carers wish to achieve.



**Operational Practice Subgroup** This group co-ordinates local safeguarding work and ensures the priorities of the SAB are put into place operationally. The group has a particular focus on ensuring that all contact with adults with care and support needs is based on shared responsibilities for responding to abuse and neglect, and that the principles of Making Safeguarding Personal are embedded in safeguarding practice.

**Performance, Quality & Audit Subgroup** This group establishes effective systems for monitoring, reporting and evaluating performance across agencies, and links annual reporting to improvement planning. The group highlights staffing groups or service areas that require further awareness or training.

**Safeguarding Community Network** This group brings together representatives from the community and organisations who support people with disabilities, mental ill health and learning disabilities, together with older people and carers. The group enables two-way communication and exchange of information between the SAB and

clients and carers to improve safeguarding experiences and inform policy development.

**Training & Workforce Development Subgroup** This group is responsible for delivering the objectives of the Sussex Learning and Development Strategy, and overseeing multi-agency training developments and delivery in key safeguarding matters.

**Safeguarding Adults Review (SAR) Subgroup** This group consists of the statutory partners of the East Sussex SAB. It meets monthly with the purpose of considering cases that may require a SAR and makes recommendations to the SAB Independent Chair.

**Sussex Policy and Procedures Review Group** This group consists of the statutory partners of the three SABs across Sussex (including Brighton and Hove and West Sussex). Its purpose is to review and update the safeguarding procedures in line with any policy and legal updates.

In addition to the subgroups outlined above, the SAB also coordinates a Mental Capacity Multi-Agency Forum, which brings together champions for mental capacity across partner agencies. These meetings take place on a quarterly basis, with the aim of raising awareness, sharing good practice, and ensuring an effective response to mental capacity, within and between, agencies and professionals, who have responsibility for practice under the Mental Capacity Act.

## Links to other partnerships

The Board has formal links with a number of other strategic partnerships in East Sussex, including the Health and Wellbeing Board, Safer Communities Partnership, East Sussex Safeguarding Children Partnership, Children and Young People's Trust.

Following the changes to the multi-agency arrangements for safeguarding children in response to the Children and Social Work Act 2017 (which came into effect in September 2019), work has commenced to develop an updated Partnership Protocol. Progress on this has been delayed due to the impact of the coronavirus pandemic, and it is anticipated that the new protocol will now be ready to be launched in the autumn of 2020. The revised protocol will also reflect changes in other partnerships, and include specific examples of joined-up practice with overlapping themes, including modern slavery and domestic abuse.

The SAB and its Independent Chair also maintain regular liaison with Sussex-wide and national networks and forums, including participation in the South East Regional SAB Network, National SAB Managers Forum and National Chairs Network. In addition, our Independent Chair also chairs a neighbouring SAB, which supports appropriate collaboration regarding shared themes and priorities.

## Board membership

Partners of the East Sussex SAB are:

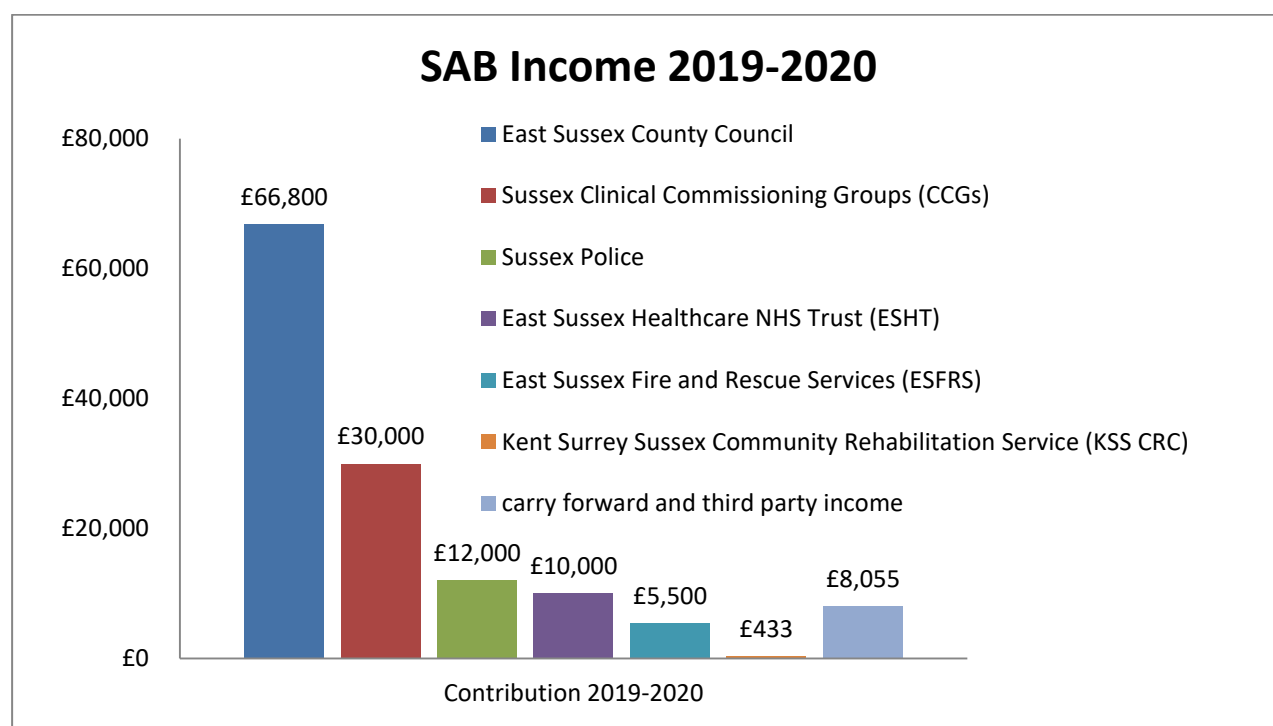
- East Sussex Adult Social Care & Health (ASCH)
- NHS East Sussex Clinical Commissioning Group (CCG)
- Sussex Police
- Care for the Carers
- Care Quality Commission (CQC)
- Change, Grow, Live (CGL)
- District and borough council representation
- East Sussex Fire and Rescue Service (ESFRS)
- East Sussex Healthcare NHS Trust (ESHT)
- East Sussex Safeguarding Children Partnership (ESSCP)
- Healthwatch
- HMP Lewes
- Homecare representatives
- Kent, Surrey, Sussex Community Rehabilitation Company (KSS CRC)
- Lay members
- National Probation Service (NPS)
- NHS England
- Registered Care Association (RCA)
- South East Coast Ambulance Service NHS Foundation Trust (SECAmb)
- Sussex Community NHS Foundation Trust (SCFT)
- Sussex Partnership NHS Foundation Trust (SPFT)
- Trading Standards
- Voluntary and community sector representation

## SAB budget

The SAB budget is pooled and partner agencies contribute to the running of the Board, not just financially but by offering to chair meetings and SAR Panels, provide use of buildings and facilities, and co-deliver training.

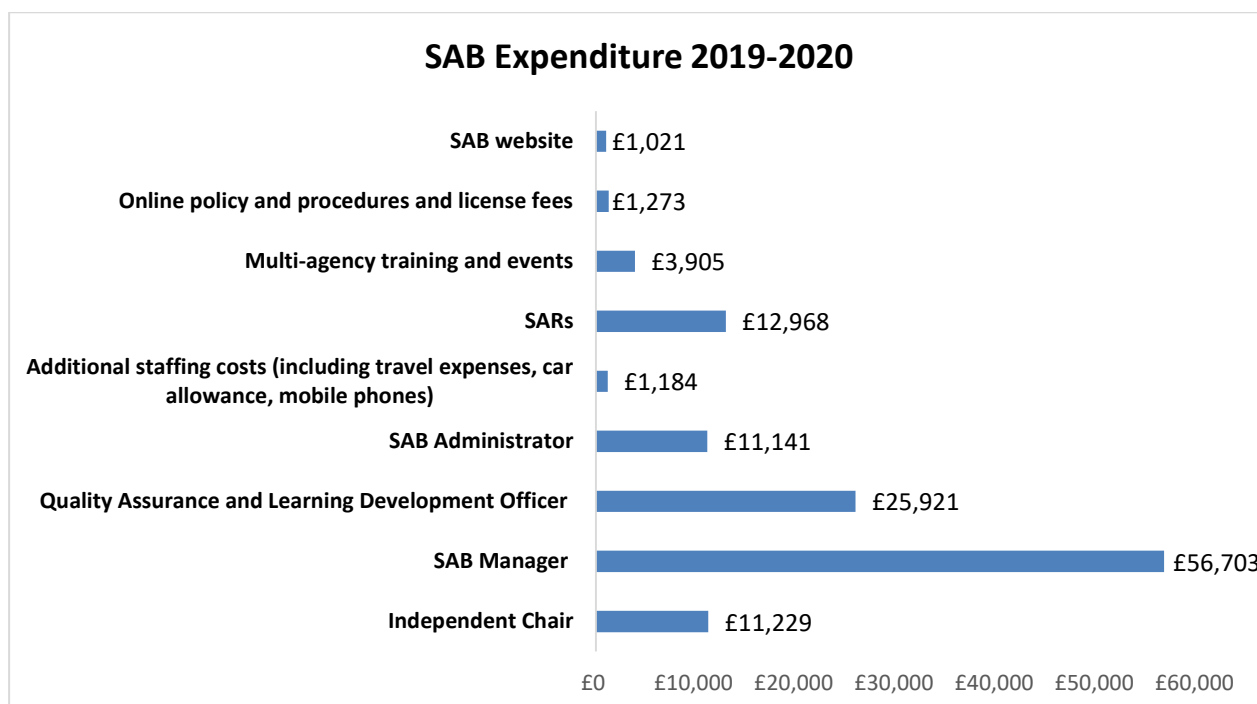
### Income

The SAB budget for 2019 – 20 consisted of financial contributions from the following SAB partners:



The data above incorporates additional contributions that were made by several agencies towards the end of 2019 to adopt a proposal to make the Quality Assurance and Learning Development Officer a permanent post within the SAB team. The Board also carried forward £8,055 from East Sussex County Council and third-party income from 2018 – 19 into 2019 – 20, bringing the **total income to £132,788**.

## Expenditure



The current forecast for the 2020 – 21 budget estimates that the Board will face a shortfall due to projected increases in SAR activity, costs relating to the SAB website upgrade and SAB conference, and rises in year-on-year staffing costs. A review and negotiation of contributions will be taken forward at the start of the 2020 – 21 financial year.

## Key learning and achievements 2019 – 2020

Strategic aim 1: Accountability and leadership		
Strategic objectives	What we have achieved	Focus for 2020 – 21
<p><b>Objective one</b></p> <p>Ensure that robust mechanisms are in place so that partners are held to account for their safeguarding practice.</p>	<p><b>Sussex-wide peer challenge event</b></p> <p>In accordance with our two-year cycle for undertaking the self-assessment process, a Sussex-wide peer challenge event was held on 9<sup>th</sup> July 2019. The event was hosted by Brighton &amp; Hove SAB, and jointly chaired by Graham Bartlett, Independent Chair of both Brighton &amp; Hove and East Sussex SABs, and Annie Callanan, Independent Chair of the West Sussex SAB. The event was well-received and attended by over 35 representatives from agencies across Sussex.</p> <p>Several areas for development and improvement were identified. Considerable progress towards these has been made by partner agencies over the course of the year, including updating safeguarding policy documents and reviewing internal safeguarding training courses.</p> <p>The event highlighted that there appears to be a gap in suitable safeguarding training for senior managers. A survey was sent out to SAB representatives towards the end of 2019 to evaluate what areas should be included in the training package.</p>	<ul style="list-style-type: none"> <li>• Development of multi-agency safeguarding training for strategic managers.</li> <li>• Develop and update the self-assessment process for 2021, responding to feedback received on the 2019 process, to ensure consistent and robust scrutiny.</li> <li>• Oversee and monitor the remaining actions on the safeguarding assurance action plans and obtain updates from relevant agencies.</li> </ul>



Strategic objectives	What we have achieved	Focus for 2020 – 21
<b>Objective one (cont.)</b>	<p><b>Managing allegations against people in positions of trust</b></p> <p>In line with Care Act 2014 requirements, a framework and process has been established for how allegations against people in positions of trust, working with adults with care and support needs, should be responded to, in order to promote an individual's suitability to work with adults.</p> <p>The East Sussex SAB receives annual updates and assurance from the Local Authority Designated Officer (LADO) in relation to the people in positions of trust arrangements across the local health and social care system.</p>	<ul style="list-style-type: none"> <li>The SAB will continue to monitor the LADO's activity in 2020 – 21, and ensure there is clarity on the response to allegations about people in a position of trust.</li> </ul>
<p><b>Objective two</b></p> <p>Ensure the SAB provides strategic leadership to embed the principles of safeguarding and contribute to the prevention of abuse and neglect.</p>	<p><b>Information Sharing Guide and Protocol</b></p> <p>A common theme identified in reviews, case file audits and multi-agency audits has been the importance of effective communication when safeguarding adults who are at risk of, or experiencing, abuse or neglect.</p> <p>The updated East Sussex SAB Information Sharing Guide and Protocol was published in March 2020, including specific guidance on sharing safeguarding information between partner agencies, good practice principles on managing safeguarding meetings and discussions, record keeping and data quality.</p>	<ul style="list-style-type: none"> <li>A <a href="#">Pan-Sussex version of the Information Sharing Guide and Protocol</a> will be published in the summer of 2020, drawn from the East Sussex version referred to.</li> </ul>

Strategic objectives	What we have achieved	Focus for 2020 – 21
<p><b>Objective three</b></p> <p>Develop arrangements with other Boards to be responsive and adapt to emerging safeguarding themes. Currently, these include domestic abuse, modern slavery, cuckooing, exploitation and abuse of those transitioning from children's to adults services, and safeguarding rough sleepers.</p>	<p><b>Modern slavery</b></p> <p>The East Sussex SAB has continued to work in collaboration with the East Sussex Safer Communities Partnership, Adult Social Care &amp; Health (ASCH), Sussex Police and NHS colleagues to develop our pathways and processes for responding to concerns about modern slavery. This is a priority given the severe and long-term impact that modern slavery can have on victims, and the need for a multi-agency response to tackle it effectively. Progress has been made in supporting First Responder organisations to strengthen their ability to respond to modern slavery and human trafficking, in line with the Modern Slavery Act 2015, through SAB multi-agency training, and the development of a Single Point of Contact (SPOC) network of practitioners with skill and knowledge in this area of practice.</p> <p>Over 2019, ASCH has developed a modern slavery toolkit to support practitioners in responding to concerns involving suspected modern slavery, and a central email inbox has been implemented to collate all local authority referrals made into the National Referral Mechanism.</p>	<ul style="list-style-type: none"> <li>• Further expansion of the SPOC network within partner agencies to ensure a range of staff across different settings develop the necessary level of skill and knowledge in relation to modern slavery.</li> <li>• In response to the coronavirus pandemic, during which time face-to-face training was not possible, a review of all training programmes, including modern slavery, will take place. This will consider other ways in which workforce development can be supported, such as via webinars.</li> <li>• In collaboration with the Safer Communities Partnership and East Sussex Safeguarding Children Partnership (ESSCP), the East Sussex SAB will produce e-newsletters for the SPOC network.</li> <li>• The SAB multi-agency audit on modern slavery, carried out in 2018, identified the need for a follow-up audit of cases. The purpose being to evaluate the impact on practice of training, the referral pathway and associated guidance. The audit is being undertaken by ASCH, and the learning is due to be shared through the PQA subgroup in August 2020.</li> </ul>

Strategic objectives	What we have achieved	Focus for 2020 – 21
<b>Objective three (cont.)</b>	<p><b>Domestic abuse</b></p> <p>The Joint Domestic and Sexual Violence and Abuse and Violence against Women and Girls (VAWG) Unit for Brighton &amp; Hove and East Sussex has led a comprehensive stakeholder engagement programme to review existing strategies in relation to domestic and sexual violence and abuse. This has informed the development of partnership activity and planned recommissioning.</p> <p>The commissioning of domestic violence services was planned to commence in March 2020 with new services to be in place by October 2020. However, due to revised national procurement guidance in response to COVID-19 and the increased pressure on services, the re-commission has been delayed by six months, with new services planned to be in place for April 2021.</p> <p>Work has also commenced to redesign the MARAC process to respond to year-on-year increases in referrals and complexity of cases. A MARAC Hub pilot was delivered from January to March 2020. Early evaluation findings and feedback from partner agencies highlighted improvements to the working model introduced by the Hub. A full evaluation with partners will be completed later in 2020 – 21 to determine next steps.</p>	<ul style="list-style-type: none"> <li>• The delivery plan for the partnership strategy will be finalised in the summer of 2020, alongside service specifications for specialist domestic and sexual violence and abuse services.</li> <li>• A full evaluation, with partners, of the MARAC Hub will be completed later in 2020 – 21 to determine next steps.</li> </ul>

Strategic objectives	What we have achieved	Focus for 2020 – 21
<p><b>Objective four</b></p> <p>Ensure flexible links are in place with all relevant agencies and sectors in order to provide strategic leadership to embed safeguarding principles.</p>	<p><b>SAB Development Day</b></p> <p>A SAB Development Day was held on 9<sup>th</sup> March 2020 to consider how we can build on existing mechanisms to support the work of the Board, and to consider areas of focus for our next Strategic Plan 2021 – 24.</p> <p>SAB members undertook a survey before the event to provide their views on the performance and effectiveness of the SAB. An evaluation of the responses reflected positive views about the strength of the leadership provided by the Independent Chair and subgroup chairs, and that the SAB has a clear set of aims and objectives. The responses in the survey also noted the challenges of ensuring adequate financial resourcing of the SAB.</p> <p><b>Links with the voluntary and community sector</b></p> <p>Discussions have taken place around how the Board can build better links with the voluntary and community sector (VCS) in order to collaborate effectively over the safeguarding agenda. This has led to work being taken forward through the Safeguarding Community Network (SCN) to expand membership within the VCS. Following an advert which was circulated through various VCS networks last year, six new members have joined the SCN.</p>	<ul style="list-style-type: none"> <li>• The contributions from the SAB Development Day will inform the priorities to be included in our next Strategic Plan.</li> <li>• We will continue to support the links between the SAB and the VCS.</li> </ul>

<b>Strategic aim 2: Policies and procedures</b>		
<b>Strategic objectives</b>	<b>What we have achieved</b>	<b>Focus for 2020 – 21</b>
<p><b>Objective one</b></p> <p>Ensure that safeguarding arrangements are in place under the Care Act 2014, with appropriate feedback and review arrangements.</p>	<p><b>Lead Enquiry Officer (LEO) role</b></p> <p>The LEO has responsibility for co-ordinating decision making and ensuring that enquiry actions are carried out in accordance with Care Act duties and safeguarding procedures.</p> <p>Following a pilot earlier last year, Adult Social Care &amp; Health (ASCH) implemented the LEO role across operational teams in October 2019 taking over from the previous roles of Enquiry Officer and Enquiry Manager.</p> <p><b>South East ADASS Peer Review</b></p> <p>Work has been completed in ASCH to fulfil recommendations that were made as part of the South East ADASS Peer Review, which took place in 2018. This has included:</p> <ul style="list-style-type: none"> <li>• Enhancing the safeguarding recording system in ASCH by developing a more streamlined and outcomes-focused system for recording concerns and enquiries.</li> <li>• Implementing an online safeguarding referral form in February 2020.</li> </ul>	<ul style="list-style-type: none"> <li>• A full review and update of the Sussex Safeguarding Adults Policy and Procedures is scheduled to take place in the autumn of 2020. Revised content will include more detailed information about consent where there are issues of coercion and control, and a section covering the transition of children and young people to adult services.</li> <li>• Evaluation of the impact on practice of the self-neglect procedures and the Multi-Agency Mental Capacity Act Policy and Procedures.</li> </ul>

Strategic objectives	What we have achieved	Focus for 2020 – 21
<p><b>Objective two</b></p> <p>To raise awareness of the SAR Protocol and ensure threshold decision making is consistent across Sussex.</p>	<p><b>Sussex Safeguarding Adults Review (SAR) Protocol</b></p> <p>Work commenced in 2019 to review and update the Sussex SAR Protocol with colleagues from the Brighton &amp; Hove and West Sussex SABs.</p> <p><b>SCIE Learning Together Programme</b></p> <p>In June 2019, the three Sussex SABs and Surrey SAB jointly commissioned the Social Care Institute for Excellence (SCIE) Learning Together Programme. This was delivered to statutory partners of the SABs with the aim of improving knowledge of the SAR approach. One of the course attendees was able to support work in relation to a SAR in East Sussex later in 2019 as a means of starting the process of gaining accreditation as a SAR reviewer.</p>	<ul style="list-style-type: none"> <li>• The revised <a href="#">Sussex SAR Protocol</a> is due to be launched in August 2020.</li> <li>• Further work will take place between the three Sussex SABs to develop a shared and consistent approach to contracting SAR reviewers.</li> </ul>

Strategic aim 3: Performance, quality and audit, and organisational learning		
Strategic objectives	What we have achieved	Focus for 2020 – 21
<b>Objective one</b> Ensure that learning from reviews is effectively embedded into practice, and to facilitate organisational change across agencies.	<b>University of Sussex research project</b> The SAB participated in a research project by the University of Sussex which began in 2018. This explored how learning from SARs involving self-neglect can be embedded into practice, and how organisational change can best be facilitated. The project brought together social work academics and researchers, and members of six SABs from across the country.  As part of this research project, in June 2019 members of the East Sussex SAB co-facilitated a focus group with Dr David Orr from the University of Sussex. The group considered the impact of the self-neglect procedures on frontline practice. It was attended by a range of staff from different agencies and sectors. The SAB has published a <a href="#">learning briefing</a> which summarises the main findings and learning from the project report.	<ul style="list-style-type: none"> <li>The East Sussex SAB is developing an action plan to ensure the findings from this research inform future developments in procedures and practice.</li> </ul>
<b>Objective one (cont.)</b>	<b>Learning briefings</b> The SAB has published a range of briefings and action plans over the course of 2019 – 20, in relation to our SARs and multi-agency audits, to raise awareness of the learning and to promote reflective discussions amongst front-line services.	<ul style="list-style-type: none"> <li>We will continue to produce <a href="#">learning briefings</a> and action plans, and consider ways in which these can be disseminated more broadly with our partner organisations to share relevant learning and celebrate success.</li> </ul>

Strategic objectives	What we have achieved	Focus for 2020 – 21
<p><b>Objective two</b></p> <p>Ensure the SAB has robust multi-agency data to shape training and practice, and effect change where required.</p>	<p><b>Multi-agency data set report</b></p> <p>Our Quality Assurance and Learning Development Officer has continued to develop an improved multi-agency data set report over 2019 – 20. This is essential in demonstrating the effectiveness of safeguarding arrangements.</p> <p>Partner agencies contributing to the data set report include Adult Social Care &amp; Health, Sussex Police, Sussex Partnership NHS Foundation Trust, Sussex Community NHS Foundation Trust, South East Coast NHS Ambulance Service, East Sussex Healthcare NHS Trust and East Sussex Fire and Rescue Service.</p> <p>A summary of safeguarding data for 2019 – 2020 is set out under ‘Our data’.</p>	<ul style="list-style-type: none"> <li>• The multi-agency data set report will continue to be produced twice a year. This will strengthen the role of partner agencies in providing data to the SAB to determine strategic priorities.</li> </ul>
<p><b>Objective three</b></p> <p>Carry out quality assurance activity to test effectiveness of, and adherence to, safeguarding adults policies and procedures.</p>	<p><b>Multi-agency themed audits</b></p> <p>Our Quality Assurance and Learning Development Officer leads on the co-ordination of two multi-agency themed audits per year. During 2019 – 20, audits have been completed in relation to young people at risk of exploitation, and multi-agency involvement in safeguarding.</p> <p>Details regarding the findings from these audits are set out under ‘Our Learning’.</p>	<ul style="list-style-type: none"> <li>• The Performance, Quality &amp; Audit Subgroup work plan for 2020 – 21 includes an action to develop an audit planner setting out agreed priorities for audit activity over the year.</li> </ul>



Strategic aim 4: Prevention, engagement and Making Safeguarding Personal		
Strategic objectives	What we have achieved	Focus for 2020 – 21
<p><b>Objective one</b></p> <p>Produce information and reports for the local community that are easily accessible and raise awareness of adult safeguarding and how concerns can be raised.</p>	<p><b>Making Safeguarding Personal leaflet</b></p> <p>An <a href="#">easy read version of the Making Safeguarding Personal leaflet</a> was developed by members of the East Sussex Learning Disability Partnership Board and the Safeguarding Community Network.</p> <p><b>Twitter</b></p> <p>The SAB has further developed its use of <a href="#">Twitter</a> to support the public in understanding the role of the SAB, and to promote broader community engagement.</p> <p><b>SAB newsletter</b></p> <p>The East Sussex SAB published the first edition of its newsletter in February 2020, with the aim of sharing news about the work of the Board, disseminating relevant learning and information, and to raise awareness for those who have an interest in adult safeguarding issues.</p> <p><b>SAB website</b></p> <p>Work commenced in 2020 to develop a new East Sussex SAB website which will have improved accessibility, navigation and updated content.</p>	<ul style="list-style-type: none"> <li>• Review all safeguarding leaflets to ensure compliance with accessibility standards.</li> <li>• Review and update the Making Safeguarding Personal leaflet to include content on the importance of practitioners being able to have direct personal contact with adults where there are concerns about safety and risk.</li> <li>• The Safeguarding Community Network will update their Communication Strategy to improve people's understanding of, and engagement in, work relating to safeguarding adults.</li> <li>• The East Sussex SAB will produce newsletters on a quarterly basis, and look at ways of expanding its distribution to a wider audience of professionals and members of the public.</li> <li>• The new <a href="#">East Sussex SAB website</a> will be launched in August 2020.</li> </ul>

Strategic objectives	What we have achieved	Focus for 2020 – 21
<p><b>Objective two</b></p> <p>Involve adults and carers in shaping the work of the SAB and safeguarding responses.</p>	<p><b>Video about overcoming abuse</b></p> <p>The short film Ben’s safeguarding story: overcoming abuse, created by a member of the Safeguarding Community Network, launched early in 2019 has been utilised as a training resource by a number of partner agencies, and other SABs, including it being presented at the West Sussex SAB’s safeguarding conference in November 2019.</p> <p><a href="#">Click here</a> to view the video about overcoming abuse.</p>	<ul style="list-style-type: none"> <li>• The Safeguarding Community Network (SCN) will consider the development of other video resources to raise public awareness of safeguarding issues.</li> <li>• The SCN will review its terms of reference and accessibility to include wider representation from adults and carers.</li> </ul>
<p><b>Objective three</b></p> <p>Ensure adults are consulted in the process of helping them to stay safe, and agreeing goals to achieve.</p>	<p><b>Adult feedback on safeguarding interventions</b></p> <p>The Safeguarding Development Team in Adult Social Care &amp; Health (ASCH) remains committed to promoting greater opportunities for adults who have been involved in safeguarding enquiries to provide feedback on their experience.</p> <p>A number of changes have been made to ASCH’s recording system to capture feedback more effectively, including changing the format of the feedback questionnaire to make the language more accessible, and increasing the options available for adults to provide feedback.</p>	<ul style="list-style-type: none"> <li>• The Safeguarding Development Team will work with the Safeguarding Community Network to consider how other agencies outside of ASCH may be able to support the process of gathering feedback, and to increase the numbers of adults who provide information about their experience of being involved in a safeguarding intervention.</li> </ul>

Strategic aim 5: Integration, and training and workforce development		
Strategic objectives	What we have achieved	Focus for 2020 – 21
<b>Objective one</b> Ensure the training strategy includes mechanisms to review the impact and effectiveness of training.	<b>Learning and development strategy</b> The <a href="#">Pan Sussex Learning and Development Strategy 2019 – 22</a> provides an overarching framework for adult safeguarding training and workforce development across Sussex. The strategy seeks to create shared learning opportunities and analysis of outcomes from SARs and multi-agency audits. The focus for 2019 – 22 will be on the following areas: <ul style="list-style-type: none"> <li>• Managing high risk cases.</li> <li>• Staff confidence and resilience.</li> <li>• Communication and co-ordination between agencies.</li> <li>• Working with families.</li> </ul>	<ul style="list-style-type: none"> <li>• Work is planned over the next year to review and strengthen the strategy, and develop more effective mechanisms for sharing learning and training opportunities.</li> </ul>
<b>Objective two</b> Ensure the workforce is equipped to support adults appropriately where abuse and or neglect is suspected.	<b>Multi-agency safeguarding training</b> The SAB continues to deliver a comprehensive range of multi-agency safeguarding training. This has continued to evolve over 2019 – 20 in response to learning identified from SARs and multi-agency audits. Details of training provided is covered in this report, under 'Our training and development'.	<ul style="list-style-type: none"> <li>• As a recommendation in the Adult B SAR action plan, the SAB will hold a conference to highlight key areas of learning, including professional curiosity, trauma-informed practice and managing complex cases. The conference was originally planned to take place in the autumn of 2020 but has been delayed due to coronavirus. It is now planned to take place early in 2021.</li> </ul>

## Our priorities 2020 – 2021

In addition to the areas of focus for 2020 – 21 outlined above, the East Sussex SAB has identified a number of other priorities to work towards over the next year.

These include:

- Building greater opportunities to share relevant learning for SABs in relation to Domestic Homicide Reviews (DHRs) and the Learning Disabilities Mortality Review (LeDeR) Programme.

This will be achieved by enhancing links between the SAR Subgroup and these service areas, sharing published reviews and learning briefings, and utilising opportunities for shared learning events and conferences.

- Evaluating the impact of the [Financial Abuse Strategy 2017 – 20](#), including consideration of new emerging scam activity which has arisen as a direct result of coronavirus.
- Continuing to follow-up actions from a multi-agency audit considering young people at risk of exploitation.  
This will include looking at how to strengthen mechanisms across children's and adult services to identify risks and support this cohort of people, and assessing whether there are any gaps in provision within transition cases.
- Making links with the Rough Sleepers Project Co-ordinator to ensure the safeguarding needs of rough sleepers are met.

### Impact of coronavirus on safeguarding adults

The outbreak of Covid-19 in March 2020 led to unprecedented challenges for the whole country, but also created a number of specific issues for safeguarding adults, including concerns relating to:

- An increase in Covid-19 related scams.
- A reduction in the number of safeguarding concerns being raised with the local authority during the lockdown period.
- An increase in instances of domestic abuse, along with a reduction in formal reports to the police.
- The impact on people's mental health and an anticipated increase in suicides.
- The impact upon the workforce.

- A national increase in deaths of adults with learning disabilities during the pandemic and more widely within the residential and nursing home sector.

Over the next year, the East Sussex SAB will ensure any lessons relating to safeguarding adults during the Covid-19 crisis are learnt. The SAB will consider what work is required to understand the nature of the impact of Covid-19 and lockdown on safeguarding activity. The SAB will also continue to consider any formal guidance released by the government in relevant areas.

It is anticipated that SABs may experience a rise in SAR referrals relating to Covid-19, and consideration is being given as to how SABs can manage this activity in a proportionate way, joining up with other Boards where possible around shared themes and areas of learning.

## Our training and development

### SAB multi-agency training programme

As practitioners in the field of safeguarding are dealing with increasingly complex and challenging cases, the benefits of multi-agency training are significant, and create opportunities for increased collaboration and partnership, along with improved understanding of different roles and responsibilities.

The SAB has continued to work closely with colleagues from the Training and Workforce Development Subgroup to develop and deliver multi-agency training opportunities across the networks of the SAB and the East Sussex Safeguarding Children Partnership (ESSCP). The content of our training programme is linked to our priorities and has evolved to respond to the learning stemming from multi-agency audits and Safeguarding Adults Reviews (SARs). Over this last year our training has included the following workshops:

- Modern slavery and human trafficking.
- Adopting a whole family approach to domestic abuse and promoting safety.
- Mental Capacity Act 2005: A multi-agency approach to complex cases.
- Self-neglect.
- Coercion and control.

Adult Social Care & Health (ASCH) runs additional safeguarding training, including e-learning and face-to-face courses, which all SAB agencies can access. All our courses can be booked via the [East Sussex Learning Portal](#).

The SAB and ASCH safeguarding training programme remains popular and, in this financial year, over 1,500 representatives from 22 different agencies have accessed the training.

With the outbreak of coronavirus in March 2020, all face-to-face training was postponed. During the early stages of the next financial year, the SAB will be looking at new ways in which training can be delivered.

Great to have a representative from the police and RISE.

I learnt about the importance of a multi-agency approach in complex cases.

Brilliant case studies and discussion time.

I have gained a lot of information about the subject that I can share with my colleagues.

# Our learning

## Safeguarding Adults Reviews (SARs)

SABs have a statutory duty under the Care Act to undertake Safeguarding Adults Reviews (SARs). This is when:

- An adult dies as a result of abuse or neglect (including death by suicide), whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.
- An adult is still alive but has experienced serious abuse or neglect, and there is concern that partner agencies could have worked more effectively to protect the adult.

SABs can undertake reviews in any other circumstance where an adult has care and support needs.

The purpose of having a SAR is to consider any lessons to be learnt from the circumstances of the case regarding:

- the ways in which professionals and agencies work together to safeguard adults,
- review the effectiveness of procedures, and
- highlight good practice.

The purpose of a SAR is to determine what the agencies involved in the case might have done differently that could have prevented harm or death. It is not an enquiry into how a person died, nor is it to apportion blame; but to learn from such situations, and to ensure that any learning is applied to future cases to reduce the likelihood of similar harm occurring again.

The [Sussex SAR Protocol](#) aims to ensure a consistent approach across Sussex to the process and practice of undertaking SARs that follow both statutory guidance and local policies.

During 2019 – 20, the East Sussex SAB considered four new SAR referrals involving a range of adults with differing care and support needs, including self-neglect, substance misuse and working with multiple complex needs. In addition, decisions regarding two referrals received in the previous year, 2018 – 19, were confirmed during 2019 – 20. In all six cases, decisions were made that the case did not meet the statutory criteria for carrying out a SAR under Section 44 of the Care Act, and the SAB was satisfied that appropriate learning had been identified through other mechanisms, such as Single Agency Reviews.

Whilst no new SARs were commissioned over this last year, work continued on the two SARS that commenced in 2018 – 19, and the SAB published the report for SAR Adult B in February 2020. Another SAR in relation to Adult C is due to be finalised later in 2020, and a summary of this review will be included in next year's annual report.

## **SAR – Adult B**

This SAR was initiated in response to the death of a 94-year-old woman in September 2017, referred to in the report as Adult B.

The review evaluated multi-agency responses, and examined the support the professionals involved in the case had provided, to establish what lessons could be learnt.

Adult B died in hospital of natural causes but, when admitted, was found to have 26 unexplained injuries including a fractured nose and jaw, as well as old and new bruising to her face, arms and legs. She was diagnosed with sepsis and pneumonia shortly after her arrival in hospital and she died eight days later. The woman had been living firstly with her grand-daughter and then with her son and his family. They were providing most of her day-to-day care but with support from privately arranged care workers and community nurses.

The SAR was led by an Independent Reviewer and examined the following areas:

1. How effectively issues of Adult B's mental capacity and consent were addressed.
2. Whether the historical concerns were sufficiently considered when agencies responded to individual incidents – particularly in 2017.
3. Whether practitioners involved initially at the time of the 2017 injuries were sufficiently curious in their investigations of the injuries.
4. Whether assessments undertaken understood the family dynamics and whether there was consideration of disguised compliance by the wider family in these assessments.

This case highlighted that professionals can be too inclined to assess the needs and vulnerabilities of adults at face value. Systems do not always allow them to understand the full historical and current context. When this is coupled with a lack of curiosity, and a lack of confidence to challenge family members, it can leave vulnerable people at risk.

On the back of the review, the SAB made a number of recommendations for how private care providers, community nurses, GPs, police and adult social care services should improve how they work together. These included:

- ensuring clients are seen privately and personally away from their families, and



- better training for professionals working with complex cases, especially where there may be coercion and control.

The review also questioned whether the arrangements for investigating adults' deaths at the time, where abuse or neglect is suspected, were sufficient and asked for options to be scoped that reflect the procedures when a child dies.

An action plan has been developed to implement these recommendations, and progress will continue to be monitored through the SAR subgroup and reported to the Board over the next few months.

The [full report, action plan and learning briefing for the Adult B SAR](#) can be found on the East Sussex SAB website.

## **Serious Case Review – Child T**

In June 2019, the East Sussex Safeguarding Children Partnership (ESSCP) published a Serious Case Review (SCR) in respect of a young man known as Child T. Child T died in hospital at the age of 18 years and 6 months. His death was associated with type 1 diabetes which he had developed as a child. The ESSCP commissioned the review to look at the lessons that could be learnt about the way agencies work together to safeguard children and vulnerable young adults.

The SCR identified important learning for the East Sussex SAB partner agencies, particularly concerning the areas of:

- self-neglect,
- mental capacity,
- inherent jurisdiction,
- coercion and control, and
- transitions between children's and adult services.

The East Sussex SAB developed its own action plan to respond to the learning in these areas, and good progress has been made in taking these actions forward over this last year. This has included reviewing multi-agency training programmes to include updated content on coercion and control. Work is planned later in 2020 to carry out a workforce survey to evaluate how well the self-neglect procedures are applied in practice.

The East Sussex SAB and ESSCP produced a joint [learning briefing](#) to summarise key learning in the case.

The full [Child T SCR report](#) can be viewed on the ESSCP website.

## Multi-agency audits

During 2019 – 20, the East Sussex SAB undertook two multi-agency audits, focussing on:

- young people at risk of exploitation, and
- multi-agency involvement in the safeguarding process.

### Young people at risk of exploitation

The focus of this audit was to assess the effectiveness of multi-agency safeguarding responses to young people (aged 16-25) who had been identified as being at risk of exploitation. The audit considered five cases where safeguarding concerns had been raised in the period 1<sup>st</sup> April 2018 – 31<sup>st</sup> March 2019, and there had been concerns about exploitation including sexual exploitation and criminal exploitation such as cuckooing, county drug lines or modern slavery. All the individuals involved were aged 16-25 and two were under 18 at the time of the safeguarding concern.

Specifically, the audit considered the following points:

- The timely identification of risk of exploitation.
- The effectiveness of multi-agency working to reduce risk.
- Making Safeguarding Personal and empowerment.
- How potential barriers to engagement were recognised and addressed.
- Information sharing between children's and adult services.

The audit group comprised representatives from Adult Social Care & Health (ASCH), Children's Services, Sussex Police, East Sussex NHS Clinical Commissioning Groups (CCGs), Sussex Partnership NHS Foundation Trust (SPFT), East Sussex Healthcare NHS Trust (ESHT), National Probation Service, Change, Grow, Live (CGL) and the Salvation Army Housing Association (SAHA).

The audit identified a number of strengths and examples of good practice as well as some areas for improvement.

### What is working well?

- In many cases, professionals demonstrated effective multi-agency working and good practice in relation to information sharing and ensuring a timely response.
- Application of a Making Safeguarding Personal approach was evident in several cases
- Several cases reflected understanding of the impact childhood trauma can have in later life and of the importance of using trauma-informed practice.

- Professional curiosity was demonstrated in many cases, not making assumptions and triangulating information from different sources to gain a better understanding of an individual's situation.
- Good knowledge and application of the Care Act and Mental Capacity Act principles.

### What can we improve?

Raising awareness of the different forms of exploitation that come under the abuse type of modern slavery, which can include cuckooing and county lines.

- Greater consistency of information sharing across agencies to support effective communication. This was particularly lacking in terms of communication with primary care.
- Greater understanding of how involvement in substance misuse and drug debt can increase risks of exploitation.
- The effectiveness of current processes to identify, manage and communicate risks for young people approaching their eighteenth birthday.
- Multi-agency involvement in developing safeguarding plans could be improved. The cases reviewed reflected that ASCH often does not clearly document which agencies it has informed or shared the safeguarding plan with.

An action plan is in place to address the areas for development, and this will be taken forward during 2020, with progress being monitored through the PQA subgroup.

A [learning briefing](#) has also been published to summarise the outcomes from this audit.

### Multi-agency involvement in the safeguarding process

One of the recommendations from the Adult B SAR was that the SAB should:

‘Undertake a sample audit of general agency involvement in the safeguarding process, including invitation and attendance at safeguarding meetings and receipt of minutes of such meetings. This is to inform the development of robust mechanisms that ensure appropriate representation at safeguarding meetings, information sharing if attendance is not confirmed, and secure electronic communication’.

The purpose of the audit was to:

- Assess the effectiveness of multi-agency involvement and communication at key stages of the safeguarding enquiry process.

- Assess the effectiveness of current mechanisms to manage safeguarding meetings, including how agencies follow-up invitations and achieve clear outcomes.
- Assess compliance with existing policies, procedures and guidance.
- Identify gaps and areas for development.
- Identify examples of best practice with a view to sharing and replicating.
- Recommend actions or improvements to practice and procedures.

In view of mutually relevant themes, it was agreed that this audit would be conducted jointly between the Brighton & Hove and East Sussex SABs. An audit meeting took place in February 2020. The outbreak of the coronavirus pandemic in March has affected the SAB's ability to consult with partner agencies to finalise the report and develop an action plan, but there are plans to progress this later in 2020, and a summary will be provided in next year's annual report.

## Learning from complaints

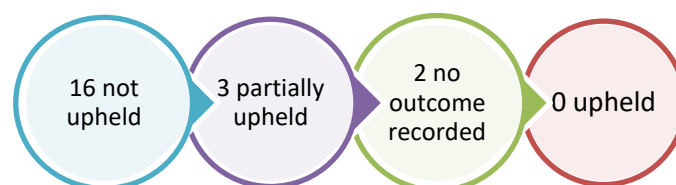
All complaints about our safeguarding processes are taken seriously, as they help us to learn and improve how we do things in the future.

The total number of complaints recorded for Adult Social Care & Health (ASCH) for 2019 – 20 was **427**. Of these **21** related directly to safeguarding, this is **5%** of the total complaints received.

In addition to these 21 complaints, there were **11** other complaints that have other primary classifications but appear to have a safeguarding element.

This compares to 18 complaints and four MP or councillor enquiries in 2018 – 19.

The 21 complaints received can be broken down as shown in this diagram:



As a result of a complaint about inter-familial abuse, ASCH took comprehensive action to improve Adult Social Care staff's knowledge and awareness of inter-familial domestic abuse, including:

- Arranging six additional two-day training sessions for ASCH staff on the whole family approach to domestic abuse.

- A further review of the domestic abuse training offer and action plan.
- Creating a register to track the staff who have completed domestic abuse training and those who need to attend.
- A review of the Sussex Safeguarding Adults Policy and Procedures to ensure they provide clear and robust guidance on safeguarding and domestic abuse.

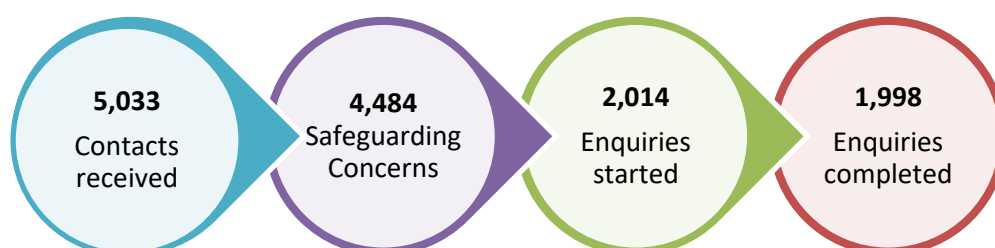
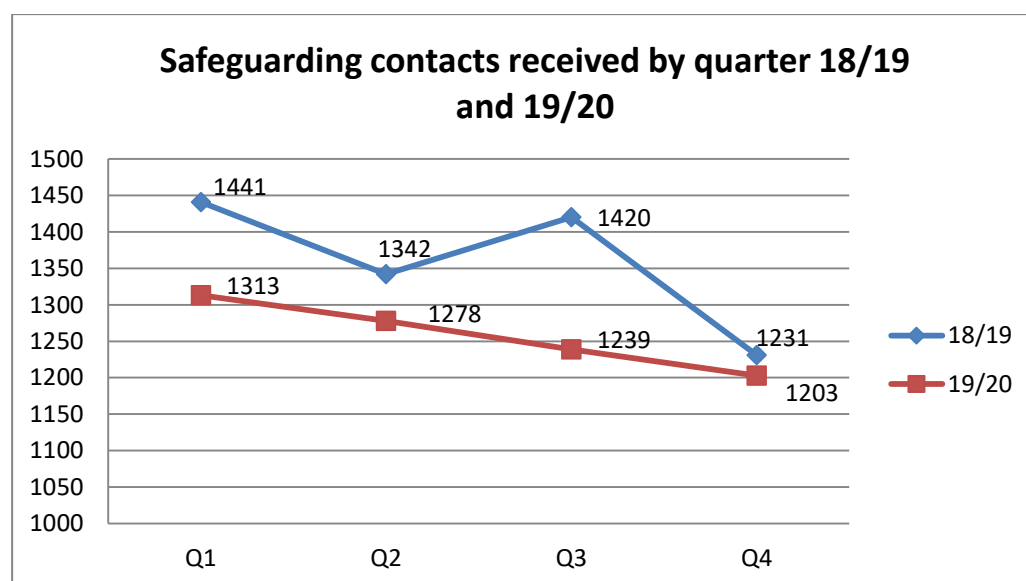
## Our data

The Care Act 2014 sets out our statutory duties and responsibilities for safeguarding adults including the requirement to undertake enquiries under section 42 of the Act. Below is a summary of key safeguarding activity during 2019 – 2020 for both concerns raised and enquiries undertaken by East Sussex County Council Adult Social Care & Health (ASCH).

As a consequence of the Coronavirus pandemic and the subsequent pressures this has placed on local authorities, NHS Digital have extended the deadlines for the Safeguarding Adults Collection (SAC) 2019 – 20. As such the 2019 – 20 data included in this report may be subject to slight variations from what will be included in the final SAC return. Any additional updates will be added to this annual report as an addendum at a later date.

### Analysing safeguarding data

The number of safeguarding contacts has decreased from **5,532** in 2018 – 19 to **5,033** in 2019 – 20, which is a change of 9.9%.

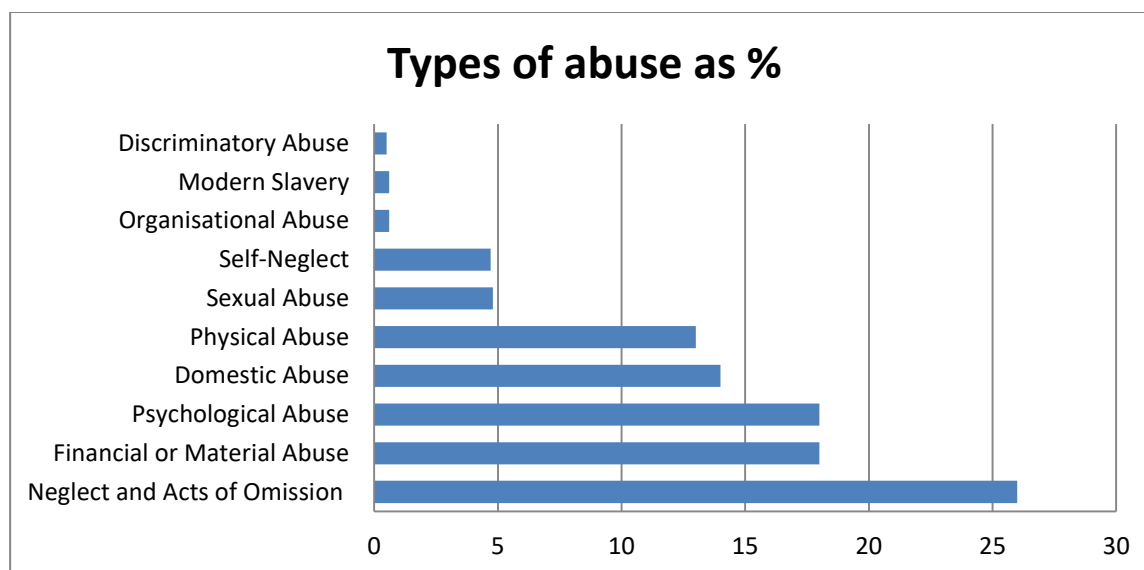


Of the total contacts received in 2019 – 20, **4,484 (86%)** were considered safeguarding concerns. The number of enquiries completed has increased by **69%**

when compared to 2018 – 19 (increasing from **1,185** to **1,998**). This increase can be attributed in part to changes made to the social care recording system in 2019 which has led to improvements in capturing safeguarding enquiries more accurately.

**Note** - The figure for completed enquiries is not a proportion of the figure given for enquiries started as some completed enquiries would result from concerns received prior to 2019 – 20, and correspondingly some enquiries started in 2019 – 20 would still be ongoing at the end of the financial year.

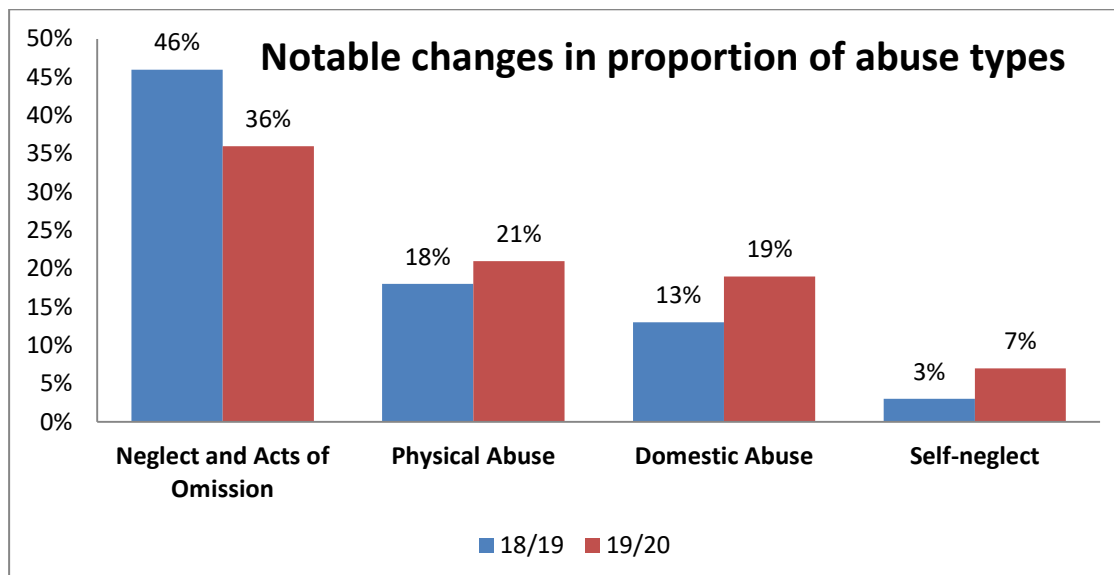
## Types of abuse



In 2018 – 19, the most common form of abuse reported was neglect followed by psychological and then financial abuse. In 2019 – 20, neglect is still the most common type of abuse with **36%** of all enquiries undertaken comprising, at least in part, neglect.

Financial abuse is now the second most common form of abuse reported, followed by psychological abuse, accounting for **25.4%** and **25.0%** respectively of the enquiries completed.

**Note** - The total types of abuse will exceed the total completed enquiries as some enquiries involve multiple types of abuse.



The most significant proportional differences since 2018 – 19 are:

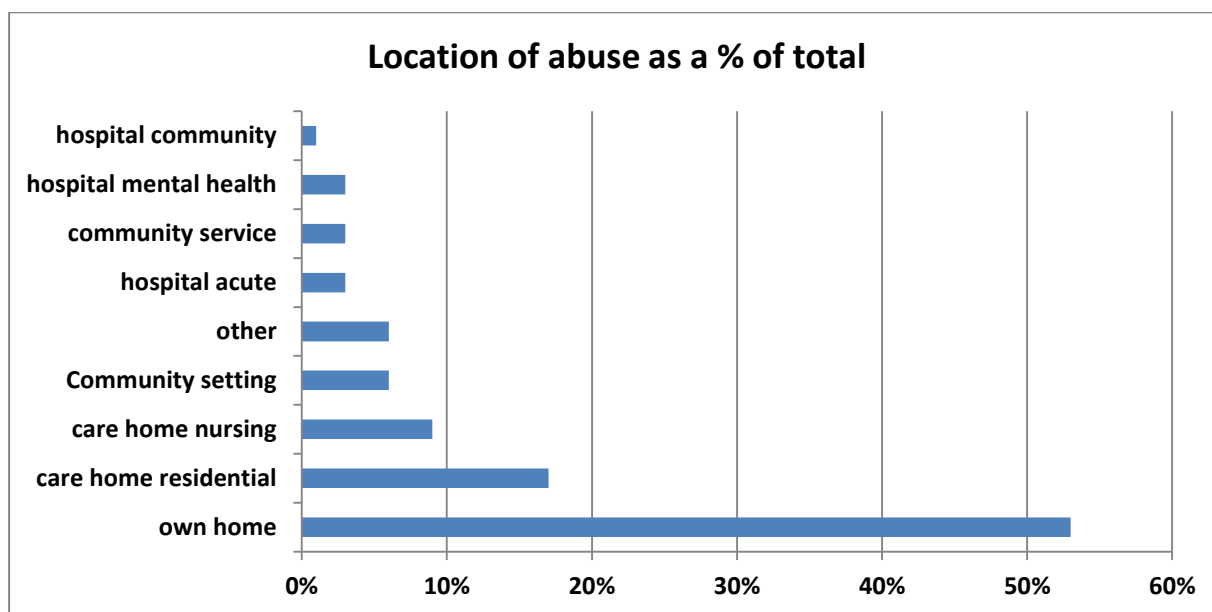
- A 10% decrease in cases of neglect from 46% to 36%.
- A 6% increase in domestic abuse from 13% to 19%.
- A 4% increase in self-neglect cases from 3% to 7%.

This continues to evidence that supportive measures in relation to these specific areas of abuse are required to help work with individuals to manage the risk posed to them by others. East Sussex has a much older population profile than the country as a whole with 26% of the population being aged 65 plus<sup>1</sup>. This means that there are an increased number of individuals who will have, or will develop, care and support needs.

<sup>1</sup> Data extracted from East Sussex in Figures, June 2020

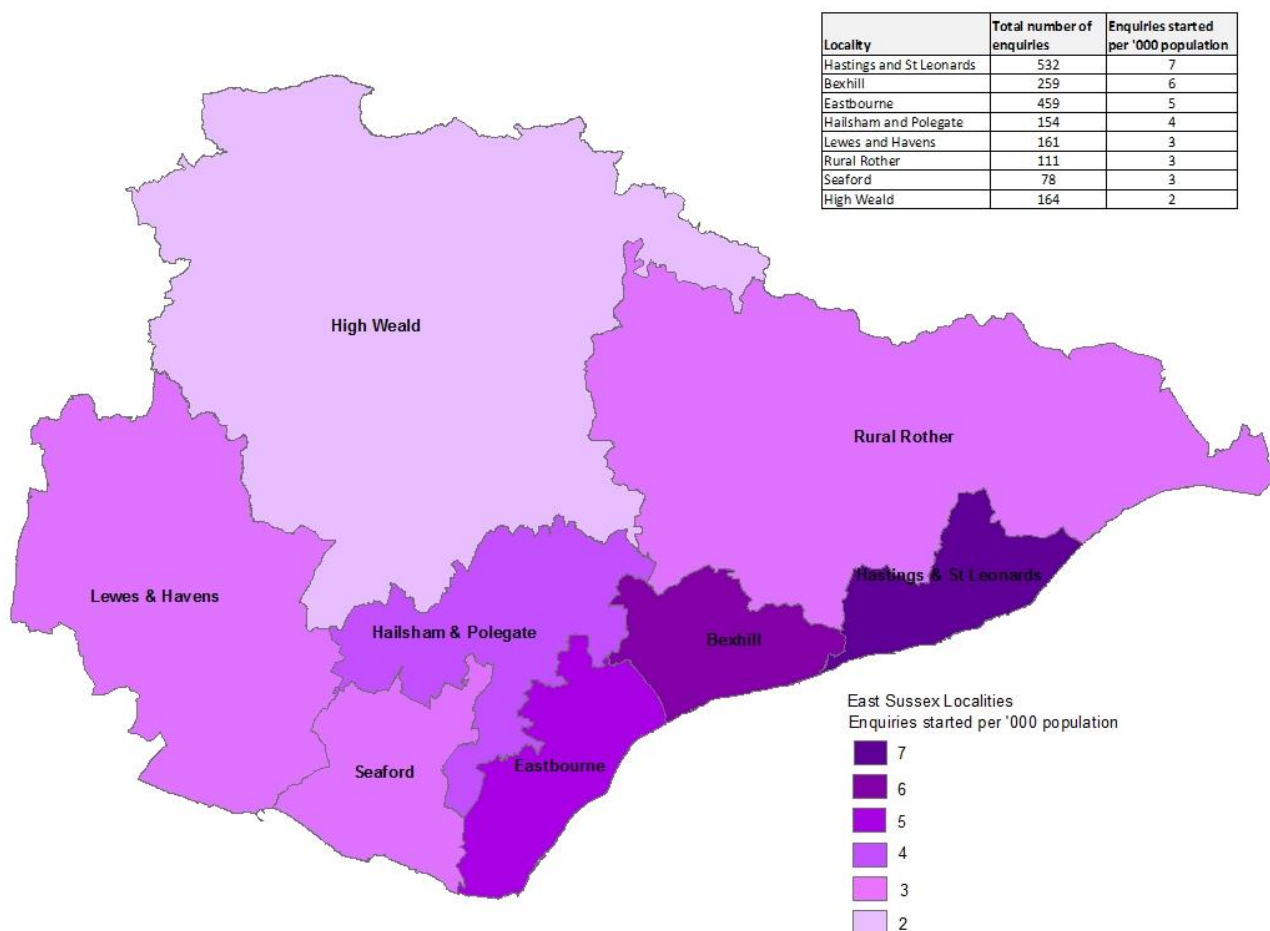


## Locations of abuse



As in previous years, the most common reported location of abuse is in the adult at risk's own home (**53%**). This is an increase from **43%** in 2018 – 19. The second most common location continues to be care homes, accounting for **26%**. This is a decrease from **36%** in 2018 – 19.

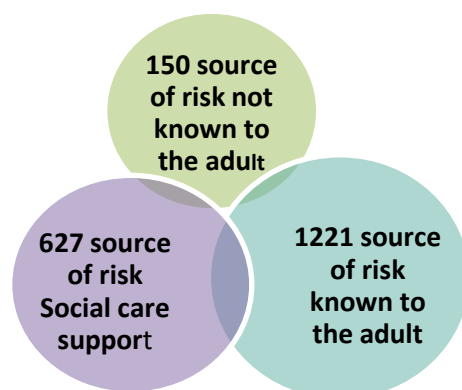
Abuse in residential homes has reduced from **22%** to **17%** of all reported abuse whilst cases in acute hospitals have decreased from **6%** to **3%** of all cases.



## Source of risk

Of the 1,998 enquiries completed in this financial year, in **61%** of those enquiries, the source of risk was known to the adult (up from **50%** in 2018 – 19).

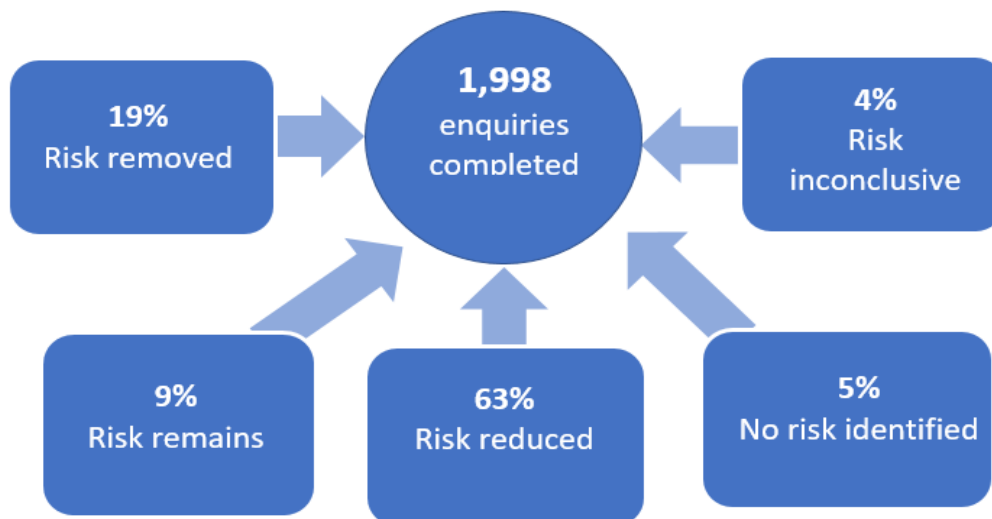
In **51%** of these cases, the source of the risk was either the adult's partner or another family member.



In **8%** of cases, the source of risk was not known to the adult (down from **10%** in 2018 – 19) and in the remaining **31%** of cases, the source of risk was social care staff, a decrease from **42%** in the previous year.

## Impact on risk

In 2019 – 20, in **84%** of enquiries there was an identified risk to the adult and action was taken. In **90%** of these cases, the risk was either reduced or removed completely. This is a slight decrease from **93%** in 2018 – 19.

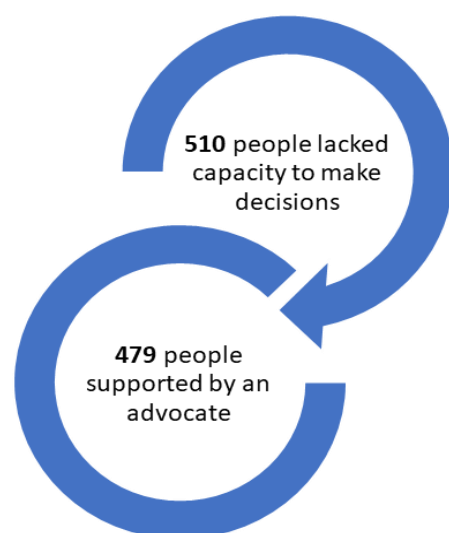


It should be acknowledged that it is unlikely that risk will be reduced or removed in 100% of cases, as individuals may exercise choice and control over the steps taken by authorities to mitigate the risk. A challenging aspect of safeguarding work is ensuring that the wishes of adults with capacity are respected when this results in risks remaining.

From safeguarding enquiries completed in which a risk was identified, the proportion of cases where risk remains has increased from **7%** to **10%**.

## Support for adults at risk who lack capacity to make informed decisions

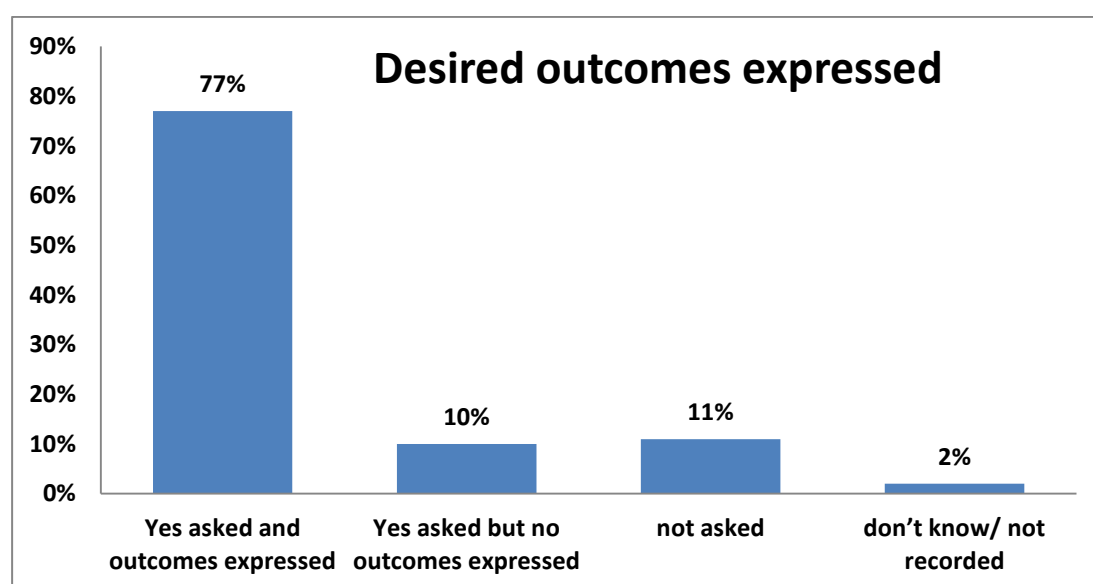
Making Safeguarding Personal is a key focus for the Board. We aspire that people are able to express their wishes wherever possible and that safeguarding work strives to support desired outcomes. This approach requires appropriate support to those who may lack the mental capacity to make safeguarding decisions for themselves. This support can be provided informally for example by a family member or friend, or through advocacy services. In East Sussex the advocacy services in 2019 – 20 were provided by POhWER.



In East Sussex, **93.9%** of all adults who lacked capacity received support, either by family or friends or via a referral to POHWER for advocacy support.

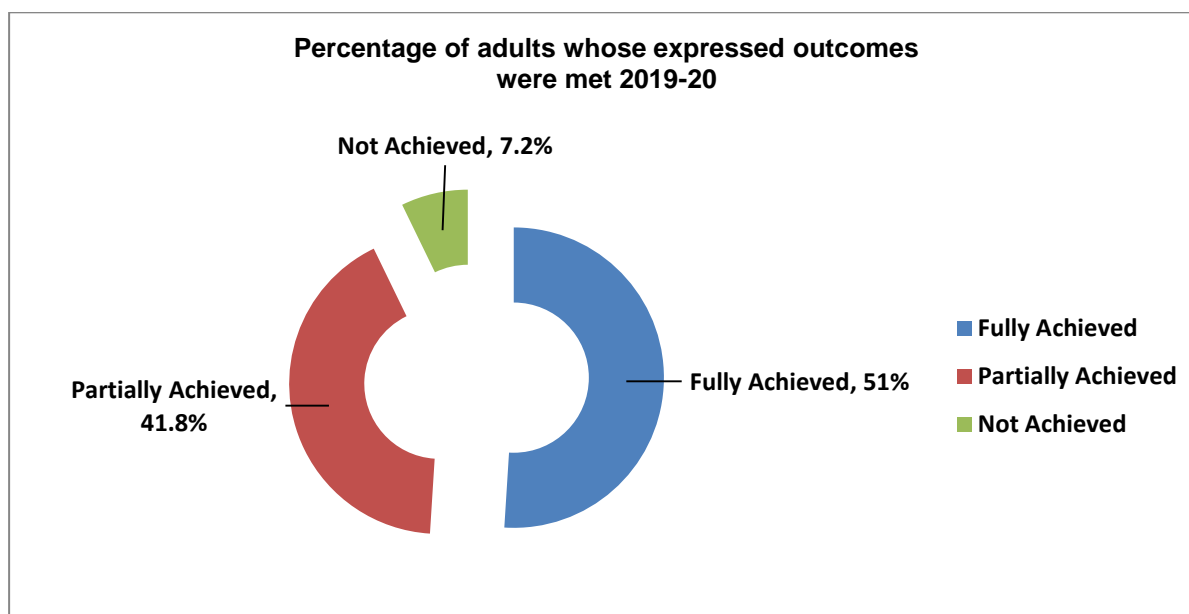
## Outcomes achieved through safeguarding

In 2019 – 20, **87%** of adults were asked about their desired outcomes, a slight increase on **82%** in 2018 – 19.



A review of cases where outcomes were not asked found that these were all cases where the adult lacked capacity to make decisions in relation to the enquiry.

In 2019 – 20, of those who expressed a desire for specific outcomes, in **93%** of cases those outcomes were either fully or partially met. This is the same percentage as for 2018 – 19.



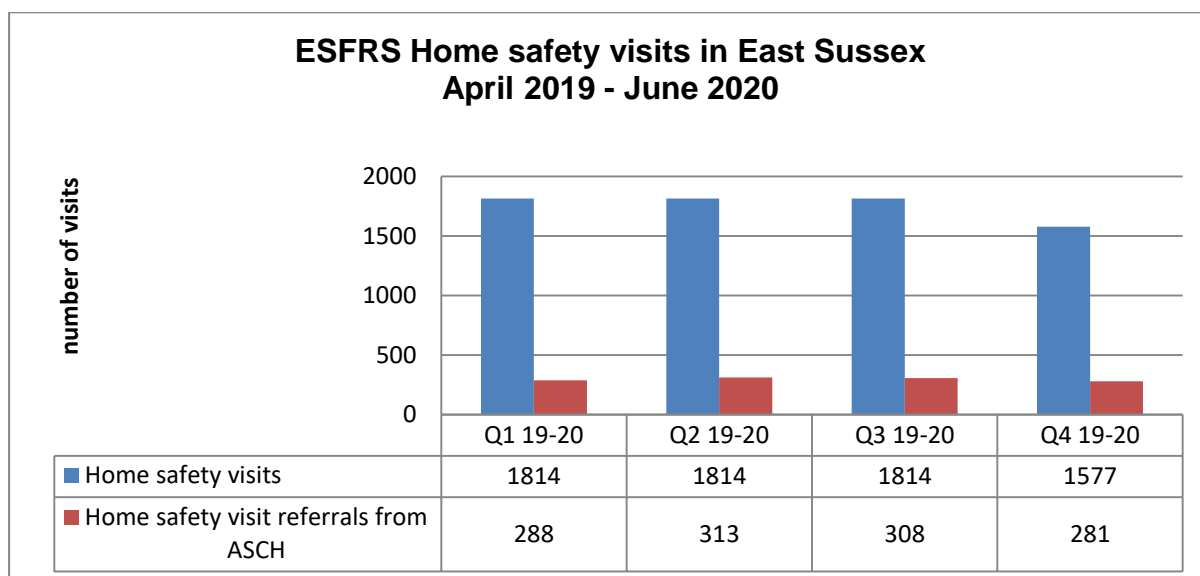
It is acknowledged that there will always be cases where outcomes will not have been achieved, for example, where desired outcomes are beyond the remit and control of the enquiry, or where the situation has changed from the initial desired outcomes that were recorded.

## Safeguarding data from partner agencies

The SAB through the Performance Quality and Audit (PQA) subgroup monitors and evaluates safeguarding performance across partner agencies and ensures this links to service improvement. A multi-agency data set report is reviewed by the PQA subgroup twice a year. A summary of the data provided by some of the SAB partner agencies for 2019 - 20 is provided below.

## East Sussex Fire and Rescue Service (ESFRS)

The chart below shows the number of home safety visits conducted by ESFRS in the last four quarters, including the number of visits conducted as a result of referrals from East Sussex ASCH. These visits are one element of the ESFRS targeted prevention work providing support to the most vulnerable members of the community who may be more at risk of having a fire in their home.



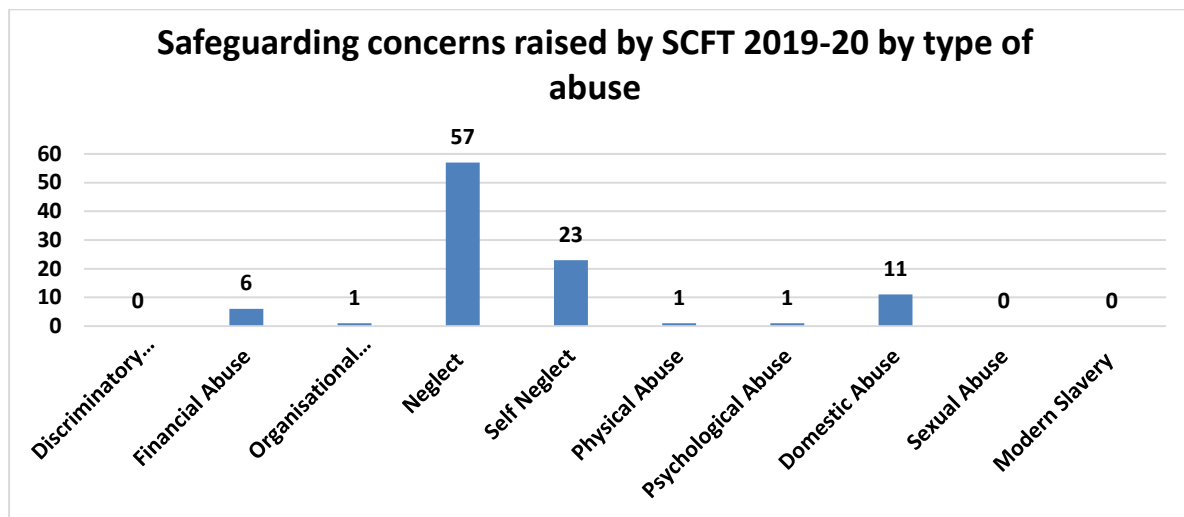
The reduction in number of home safety visits completed in the second half of the year is a part of an annual pattern of peaks and troughs and also a tendency for fewer visits to be completed during the festive season. This year the numbers of home safety visits towards the end of quarter 4 were further affected by the outbreak of Coronavirus.

In undertaking home safety visits ESFRS often identify safeguarding concerns, which they report to the local authority via a coming to notice (CTN) form. During 2019 – 20 there was a total of 313 CTNs raised with East Sussex ASCH, relating to a range of safeguarding and care and support issues, including self-neglect, hoarding, cuckooing, domestic abuse, financial abuse, substance misuse concerns, mental health concerns and fire risks, including unattended cooking and smoking.

## **Sussex Community NHS Foundation Trust (SCFT)**

SCFT delivers adult community health services to the High Weald Lewes and Havens area of East Sussex. Professionals work in multi-disciplinary teams linking closely with health and social care partners. SCFT professionals might visit patients in a care home, a variety of healthcare settings or within the patient's own home. Their work includes supporting people with complex long-term health conditions, rehabilitation following hospital admission and assessing urgent health care needs.

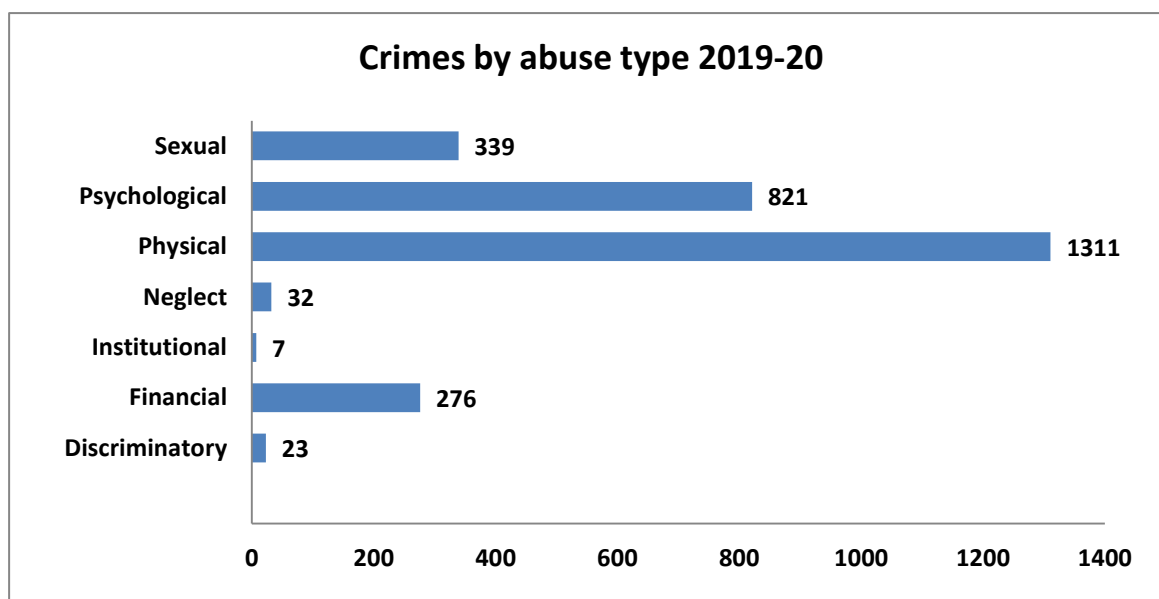
While supporting a patient with their health needs, professionals may identify a safeguarding concern and report this to the local authority. In 2019 – 20, the type of abuse most commonly reported by SCFT was neglect, followed by self-neglect and then domestic abuse.



These three types of abuse saw the largest increase in safeguarding concerns raised in 2019 – 20 upon the previous year. Concerns raised for neglect increased by 58%, concerns for self-neglect increased by 360% and concerns for domestic abuse increased by 450%. The increase in safeguarding concerns is influenced by a number of factors and is considered a positive change evidencing SCFT compliance of Care Act duty in relation to adult safeguarding concerns. In 2019 - 20 SCFT focussed on raising staff awareness and understanding of domestic abuse and the increase in this year's figures reflects an increase in recognition of this form of abuse. In 2019 – 20 there were no concerns raised for Discriminatory Abuse, Sexual Abuse or Modern Slavery.

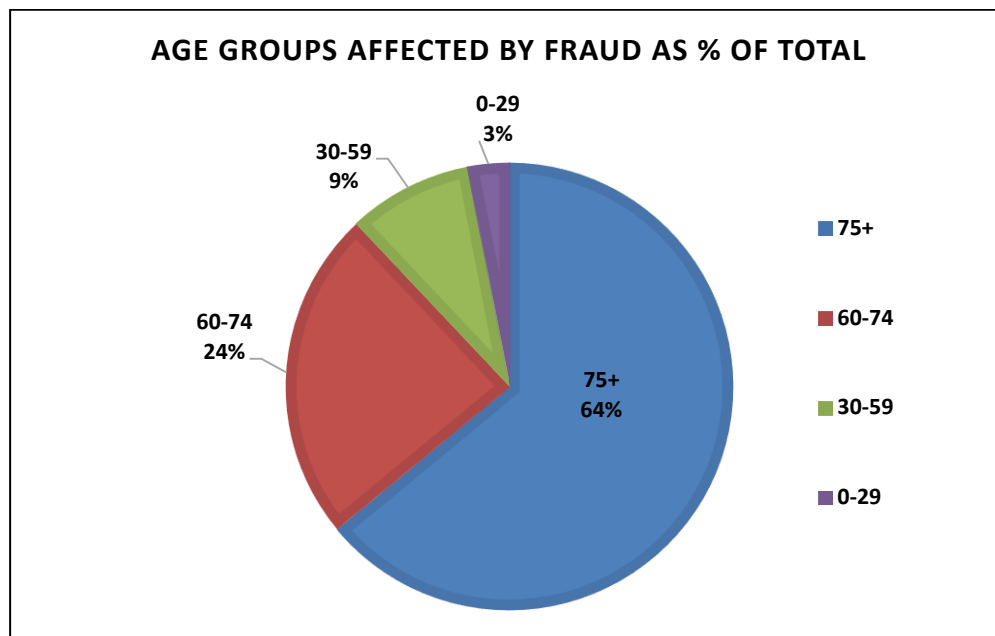
## Sussex Police

The following chart shows the number of reported crimes per category of abuse, by each quarter. The overall numbers of crimes were lower in quarter 3 and quarter 4, but the ratio of abuse types has remained roughly stable through the year.



## Operation Signature

Operation Signature is the operational response of Sussex Police, which identifies and supports vulnerable, and often elderly, victims of fraud of all types. The types of fraud include people that have been contacted by telephone, email, letter and on the doorstep. Two specialist Operation Signature case workers working across Sussex have supported 850 victims of fraud during 2019 – 20.



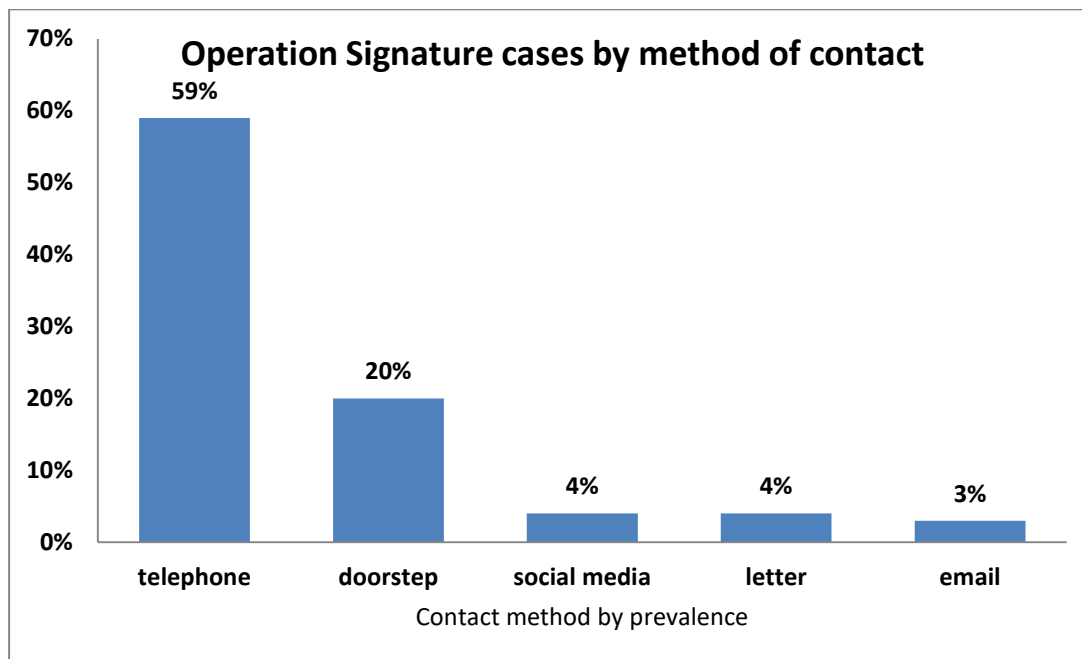
In East Sussex, the overwhelming majority of cases, **88%**, were elderly people: 24% of victims were 60 – 74 years old and **64%** of victims were over 75 years old.

In 2019 – 20, the number of identified cases in East Sussex was **791**, an increase of **43%** on the previous year's figures. **525** cases were in the Eastbourne, Lewes and Wealden area and **269** in the Hastings and Rother area<sup>2</sup>.

In East Sussex **61%** of the cases identified by Operation Signature involved the criminals contacting victims by telephone, with **21%** being targeted by doorstep crime.

<sup>2</sup> Population figures extracted from East Sussex in Figures, June 2020

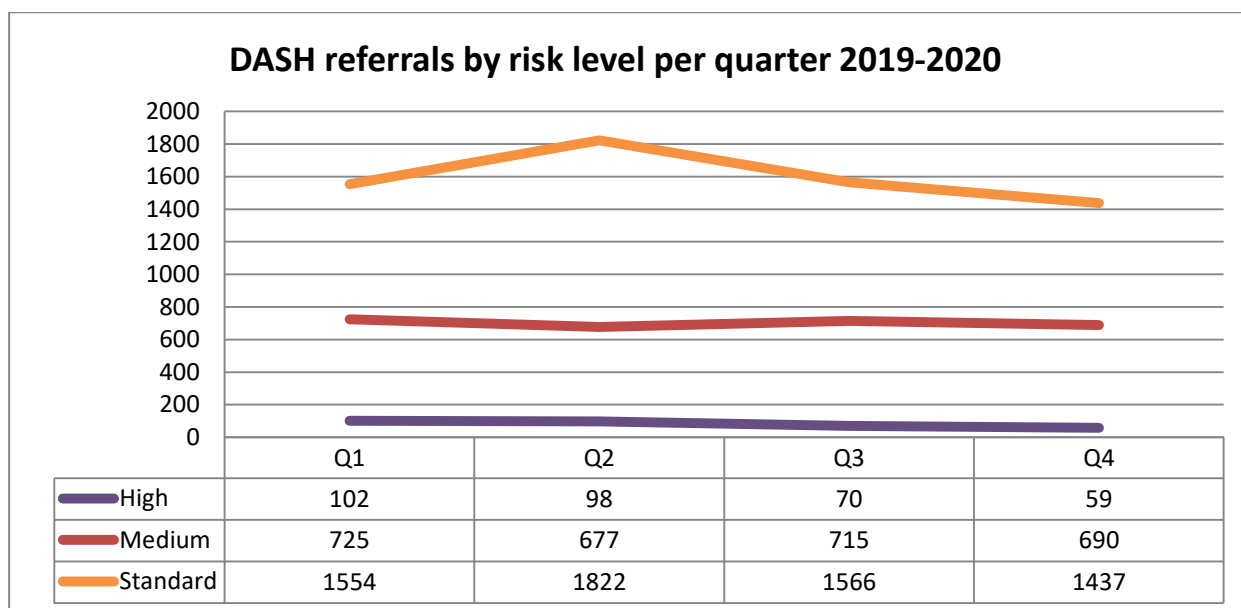




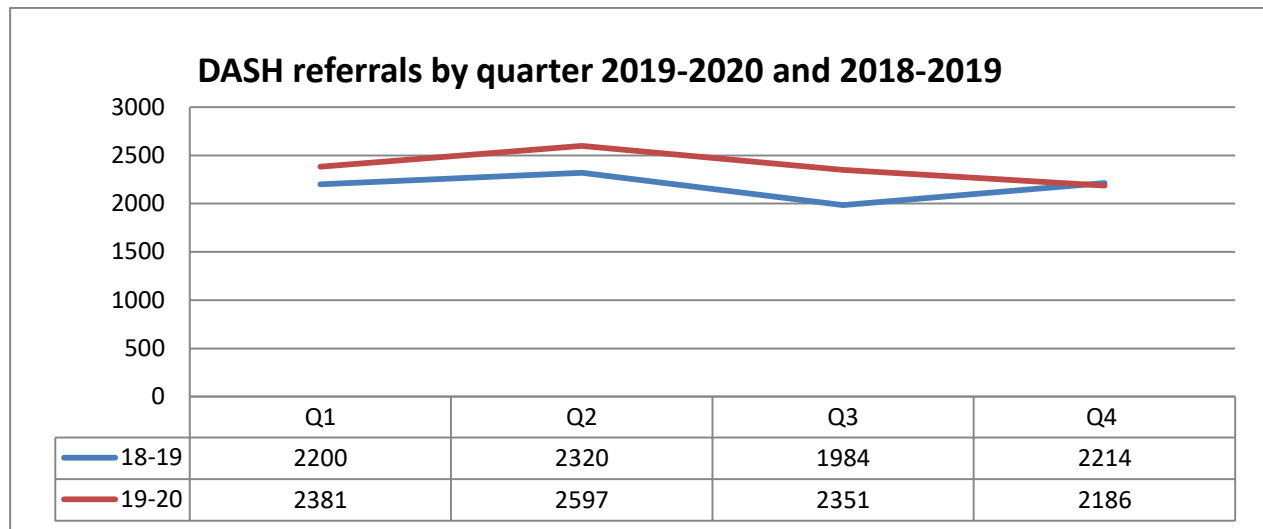
## DASH Referrals

Incidents of Domestic Abuse are subject to a risk assessment using a Domestic Abuse, Stalking and Harassment (DASH) checklist. An officer, with the victim, assesses the level of risk using this checklist and will take initial steps to manage identified risks. Sussex Police Safeguarding Investigations Unit (SIU) refer all cases of domestic abuse involving an adult with care and support needs to Adult Social Care & Health (ASCH). This checklist provides information on whether the risk to an individual is high, medium or standard.

The chart below shows the number of DASH referrals made by Sussex Police to East Sussex ASCH for each quarter in 2019 - 20 by risk level.



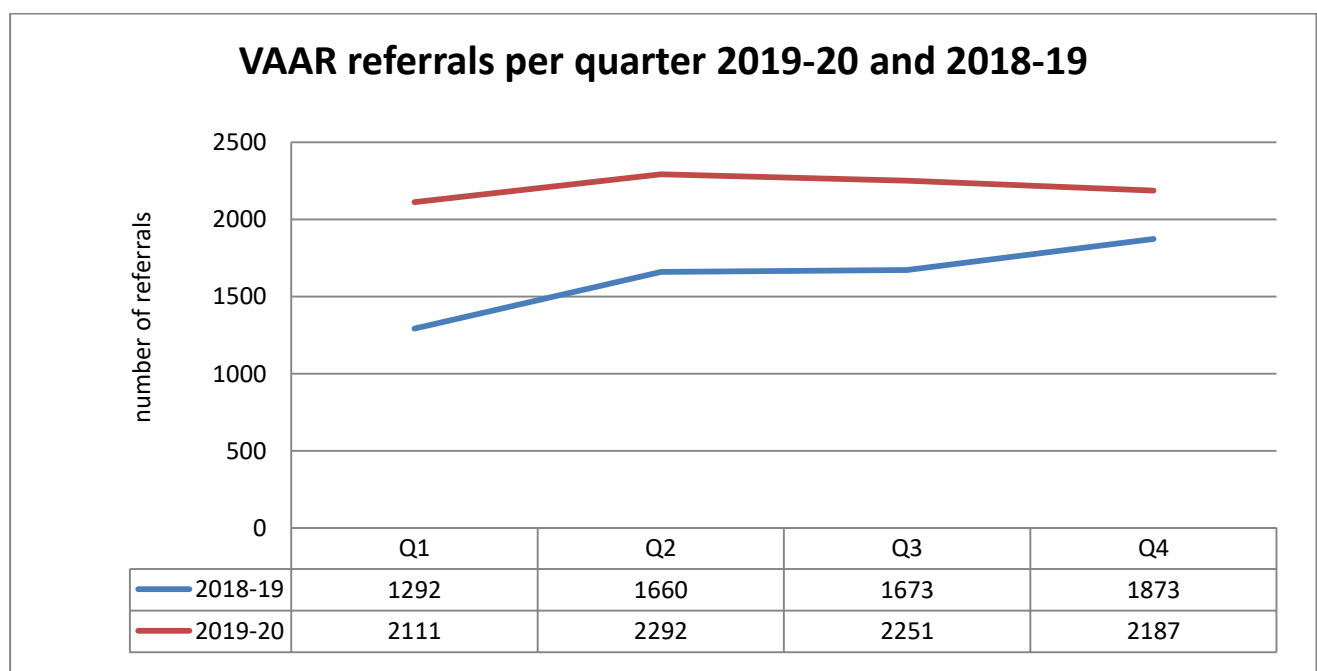
The number of standard level risk referrals increased in quarter two and then dropped back to the same level as in quarter one. By comparing the total number of DASH referrals during 2019 - 20 with the same data for 2018 -19, as shown in the chart below, we can see that in 2019 - 20 there has been an overall increase of 9%.



### Vulnerable Adult at Risk (VAAR) referrals

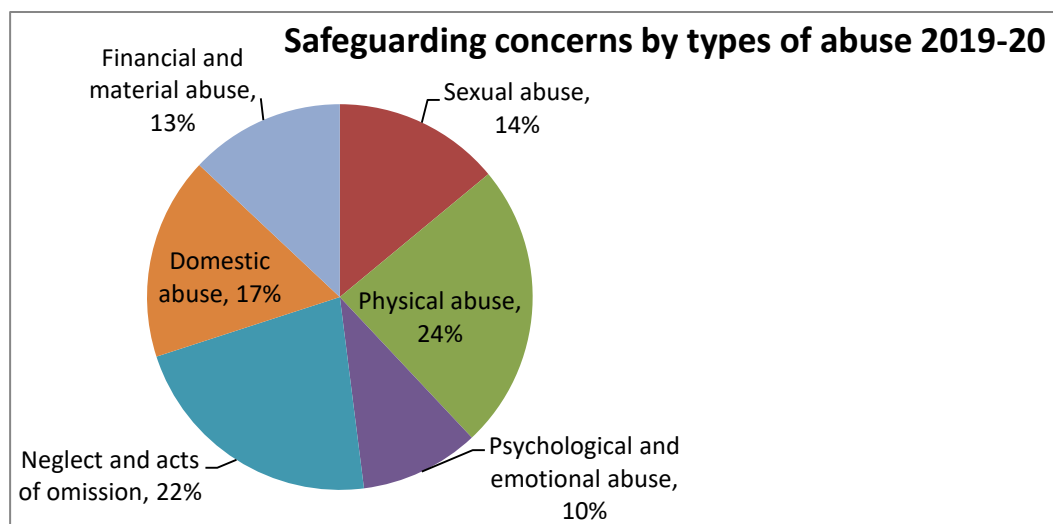
Sussex Police submit VAAR referrals to ASCH in relation to safeguarding adults concerns they identify.

The chart below shows the number of VAAR referrals made by Sussex Police by quarter for the year 2019 - 20, with comparison to the same data for the previous year. Overall there has been a 36% increase in the number of VAARs this year upon last year, with the biggest variation in quarter one of 2019-20 with a 63% increase upon figures for 2018-19.

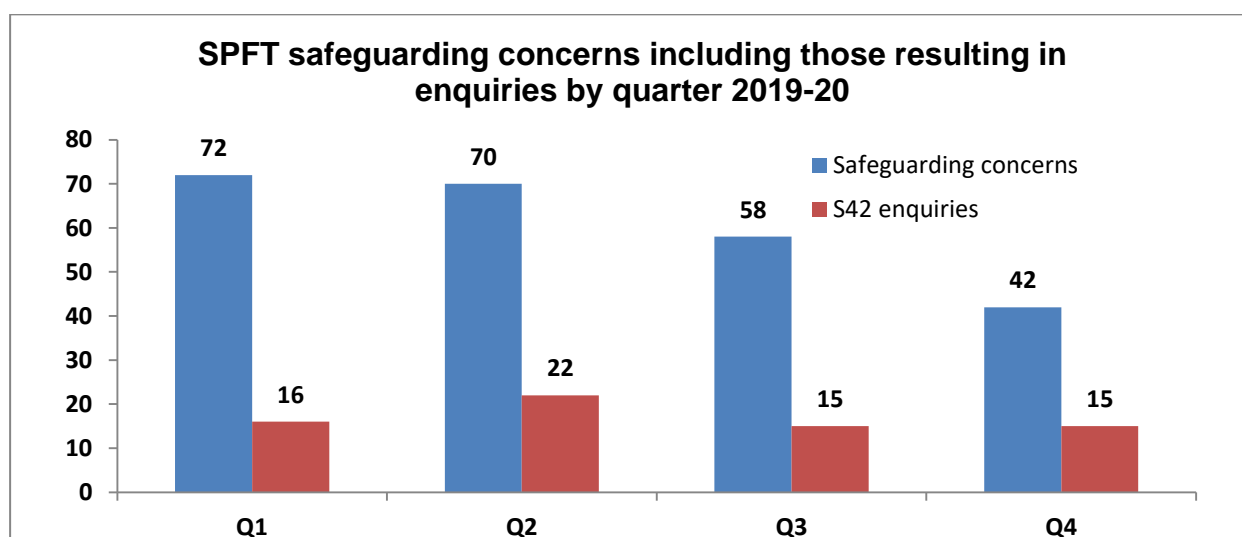


## Sussex Partnership NHS Foundation Trust (SPFT)

The table below shows the number of concerns, by abuse type, that have been raised by SPFT staff (that the SPFT safeguarding team has been made aware of) through either email or incident reporting or by receiving information from mental health teams in ASCH.

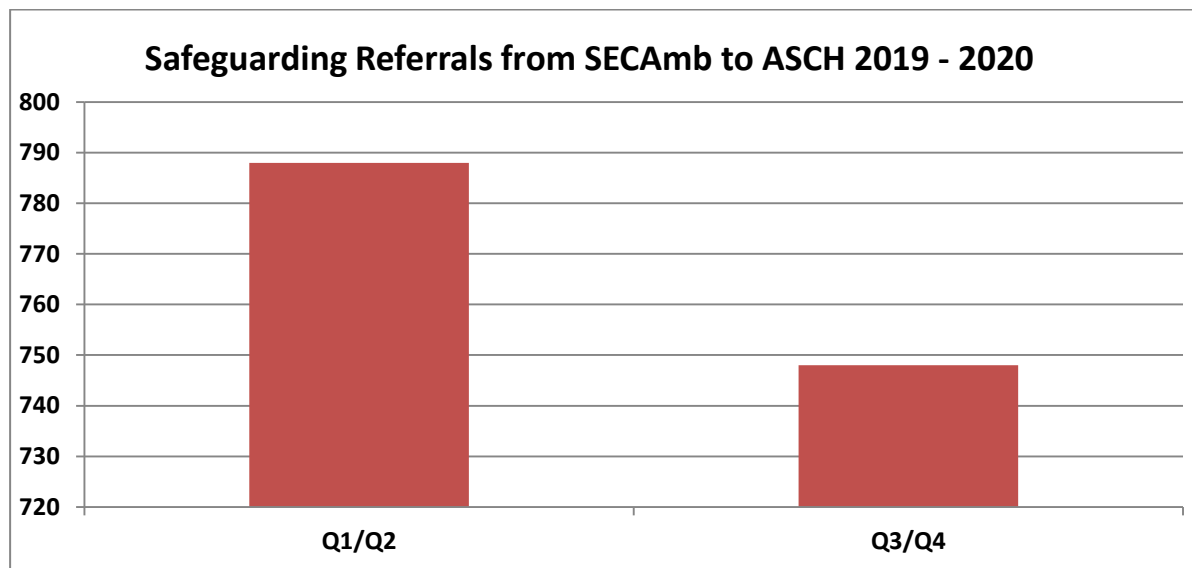


The following table shows the number of safeguarding concerns raised by SPFT over 2019 – 20, including those that progressed to a safeguarding enquiry.

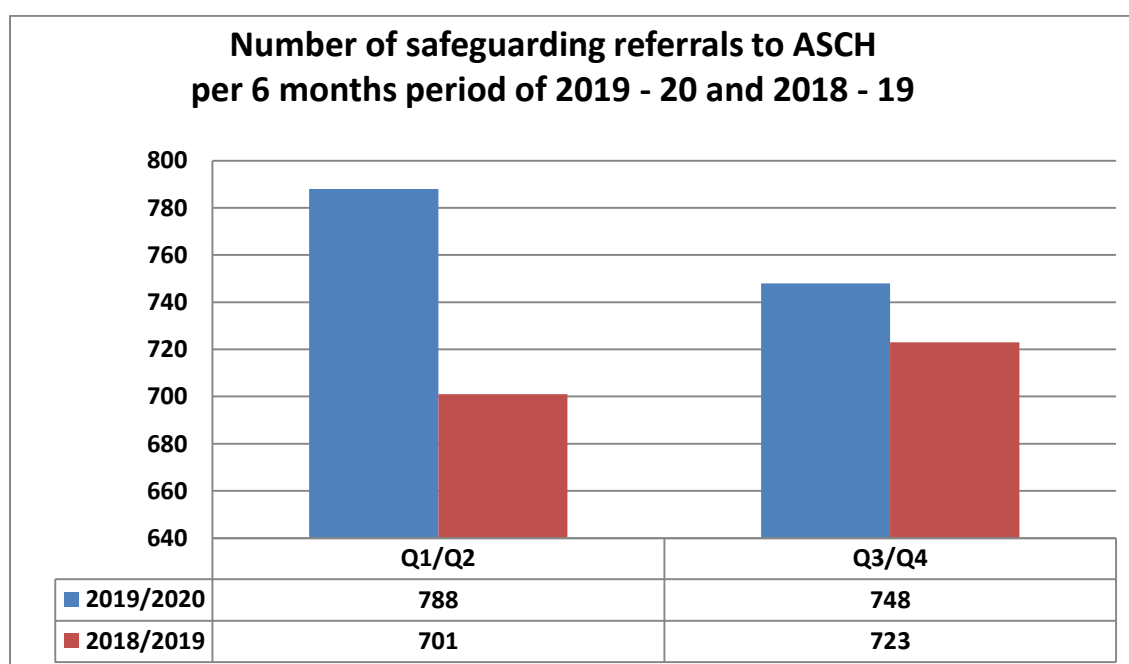


## South East Coast NHS Ambulance Service (SECamb)

The chart below shows the number of safeguarding concerns raised by SECamb to ASCH during April to September 2019 compared to the second half of the year from October 2019 to March 2020. There was a decrease of 5% in the number of referrals that SECamb made over quarters three and four.



In comparing the data from SECamb for 2018 - 19 and 2019 - 20, there was a 12% increase in the number of safeguarding concerns raised to ASCH in the first half of 2019 - 20 compared to the same period in 2018 - 19. There was also another slight increase in safeguarding concerns being raised by SECamb during the second half of this year compared to the same period in 2018-2019.



The increase in safeguarding referrals is influenced by a range of factors. SECamb have increased compliance rates for completion of safeguarding training, raised awareness across the organisation of the signs and symptoms of domestic abuse, leading to a 60% increase in referrals for domestic abuse across SECamb. SECamb have also improved how safeguarding risks are recorded and shared with key partner agencies. Other factors that may have influenced the rise in referrals are the fact that SECamb increasingly are coming into contact with more patients and their families every year and an increased awareness across staff of the importance of multi-disciplinary working.

## Reporting a safeguarding concern

No-one should have to live with abuse or neglect – it is always wrong, whatever the circumstances.

Anybody can raise a safeguarding concern for themselves or another person. Do not assume that someone else is doing something about the situation.

### **You can raise a concern in the following ways:**

Phone: 0345 60 80 191 (8am to 8pm 7 days a week, including bank holidays)

Email: [Health and Social Care Connect](#)

Online: Via the form on the [East Sussex County Council website](#)

Contact the police on 101 or in an emergency 999

Find out more in our [safeguarding leaflet](#) and [easy read version safeguarding leaflet](#).

## East Sussex Health and Wellbeing Board Work Programme

Date of Meeting	Report
8 December 2020	Joint Strategic Needs and Assets Assessment (JSNAA) Annual Report
	East Sussex Health and Social Care Programme– quarterly monitoring report
	Children’s Safeguarding Annual report
	Continuing Healthcare Report
	Workshop meeting - to look at and agree milestones and Key Performance Indicators (KPIs) for monitoring on integrated health and social care partnership
2 March 2021	East Sussex Health and Social Care Programme– quarterly monitoring report
	Director of Public Health Annual report
TBC	Pharmaceutical Needs Assessment ( <i>Department of Health and Social Care announced that the requirement to publish renewed Pharmaceutical Need Assessments will be suspended until April 2022</i> )

This page is intentionally left blank