# EAST SUSSEX HEALTH AND WELLBEING BOARD

<u>TUESDAY, 8 DECEMBER 2020</u>

<u>2.30 PM CC2, COUNTY HALL, LEWES</u>

**++Please note that this meeting is taking place remotely++**

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| 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 Paul Barnett, Hastings Borough Council |
| | Louise Ansari, East Sussex Clinical Commissioning Group |
| | Jessica Britton, East Sussex Clinical Commissioning Group |
| | Dr David Warden, East Sussex Clinical Commissioning Group |
| | Mark Stainton, Director of Adult Social Care and Health |
| | 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) |
| | Joanne Chadwick-Bell, East Sussex Healthcare NHS Trust |
| | Siobhan Melia, Sussex Community NHS Trust |
| | Simone Button, Sussex Partnership NHS Foundation Trust (SPFT) |
| | |
| INVITED OBSERVERS WITH SPEAKING RIGHTS | Councillor Rebecca Whippy, Eastbourne 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 Matthews, 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 17 September  *(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 - update report  *(Pages 11 - 20)*

6 East Sussex Local Safeguarding Children's Board Annual Report  *(Pages 21 - 50)*

7 East Sussex Outbreak Control Plan Update  *(Pages 51 - 136)*

11       Any other items previously notified under agenda item 4

PHILIP BAKER
Assistant Chief Executive
County Hall, St Anne's Crescent
LEWES BN7 1UE                                              30 November 2020

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**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***

EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at County Hall, Lewes on 17 September 2020.

++Please note that Members joined the meeting remotely ++

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MEMBERS PRESENT          Councillor Keith Glazier (Chair)
                         Councillor Carl Maynard, Councillor John Ungar, Councillor
                         Trevor Webb, Councillor Philip Lunn, Councillor Rebecca
                         Whippy, Jessica Britton, Stuart Gallimore, Darrell Gale, John
                         Routledge, Dr Adrian Bull, Julia Rudrum, Samantha Williams,
                         and Samantha Allen

INVITED OBSERVERS PRESENT   Councillor Paul Barnett, Councillor John Barnes MBE,
                         Councillor Johnny Denis, David Kemp and Becky Shaw

11      MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 14 JULY 2020

11.1    The minutes of the meeting held on 14th July 2020 were agreed as a correct record, subject to the removal of paragraph 8.3.

12      APOLOGIES FOR ABSENCE

12.1    Apologies were received from the following Members of the Board:

- Dr David Warden

- Sarah MacDonald

- Siobhan Melia

12.2    The following substitutions were made:

- Julia Rudrum substituted for Louise Ansari

- Samantha William substituted for Keith Hinkley

- Cllr Johnny Denis substituted for Cllr Zoe Nicholson

- David Kemp substituted for Mark Andrews

12.3    The Board thanked Dr Adrian Bull for his work in transforming East Sussex Healthcare NHS Trust (ESHT) since his arrival as Chief Executive and wished him well in his retirement.

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

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

14      URGENT ITEMS

14.1    There were no urgent items.


15    EAST SUSSEX HEALTH AND SOCIAL CARE PROGRAMME - PROGRAMME
UPDATE REPORT

15.1.    The Board considered a report on the progress on work to implement a revised East Sussex Integration programme in 2020/21 resulting from the changes brought about by the COVID-19 pandemic.

15.2.    The Board asked for clarity whether teenagers aged between 16 and 18 are treated by paediatric nursing teams in East Sussex or adult teams.

15.3.    Adrian Bull, Chief Executive of ESHT, said that in the western part of East Sussex where Sussex Community NHS Foundation Trust (SCFT) are commissioned to provide diabetic services to children they stop at aged 16, whereas in other parts of East Sussex the service stops at 18. He said that work is ongoing to resolve this gap. More broadly, the issues of transition of services for people moving from children to adults is a key one that many systems face difficulties in getting it right. ESHT has a Transition Group chaired by Vicky Carruth, Director of Nursing, that is looking at the issue, and the Trust has appointed a dedicated transition nurse role to ensure better transition of care, particularly for children moving from the paediatric neurology, cardiology and diabetes services into the adult services. He added that whilst there may be a contracting gap in terms of whether the service provided is a child or adult service, the affected children will not be left unattended without care during this time.

15.4.    The Board asked whether the potential ophthalmology project listed as part of the planned care programme would increase the capacity of the ophthalmology service and whether it would include a greater amount of community based ophthalmology services that save people having to attend a hospital.

15.5.    Adrian Bull explained the ophthalmology project is Sussex-wide and involves developing better collaboration between high street opticians and the hospital-based services in order to improve capacity and enable more community-based reviews of people with these long term conditions, which are common amongst patients using the service. This is part of a wider approach ESHT is taking to streamline the monitoring of people with long term conditions, which also includes upgrading ICT systems to enable better monitoring of patients.

15.6.    The Board RESOLVED 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; and

2) Note that detailed projects and metrics for the finalised programme will be worked up in the suggested areas to enable programme monitoring


16    PRESENTATION ON HEALTH AND SOCIAL CARE PROGRAMME KEY
DEVELOPMENTS IN 2019/20

16.1.    The Board considered a report and presentation providing an update on the key developments and progress in 2019/20 of the East Sussex Health and Social Care Plan (ESHSCP).

16.2.    The Board asked about the financial performance of the ESHSCP and whether the financial incentives within the system now support co-operation rather than work against it.

16.3.    Vicky Smith, Programme Director - East Sussex Health and Social Care Transformation, said broadly speaking the payment by results system has now been replaced by aligned incentive contracts. These contracts incentivise developing patient pathways throughout the health and care system, rather than encouraging acute hospitals to maximise the volume of health interventions they perform like a payment by results contract does. The financial framework for managing the collective resources of the organisations within the ESHSCP will build on existing framework agreements such as the Better Care Fund. This financial framework, however, will need to be reviewed in light of the impact of Covid-19 on the finances of the ESHSCP member organisations.

16.4.    The Board asked how patients react moving from the six weeks of free social care they are entitled to into paid for care.

16.5.    Adrian Bull said that as long as two funding models exist side by side, there will be some issues surfacing when someone transfers from free at the point of use NHS care to means tested social care. In his experience, however, the elderly patients tend to accept this arrangement and the issues are often around their children feuding over their inheritance rather than prioritising their parent's care.  The process of integration between health and social care teams that deal with the discharge of patients from hospital or assessment beds has made this process much easier to manage and better for patients. He explained as a result of Covid-19 that the NHS is currently paying for the up to six weeks of care that patients are entitled to free of charge,  and which is normally funded by local authority responsible for adult social care, to help ensure there are no delays  in the discharge process in order to free up bed space to deal with Covid-19.

16.6.    The Board asked about the involvement of primary care in the integration programme and the progress of improvement in primary care.

16.7.    Jessica Britton said that Covid-19 had been a challenging time for the whole health and social care service, including primary care. Infection control measures put in place to continue operating safely during the pandemic mean people now access primary care in a different way, although people will be able to have a face to face appointment if clinically appropriate to do so. Adrian Bull said he thought telephone booking and consultations had improved significantly over the Covid-19 outbreak.

16.8.    Jessica Britton said the performance of primary care varies across East Sussex due to the number of practices in the county. There is very good General Practice (GP) coverage in some areas and in other areas the CCG is working with practices to boost capacity. The whole of primary care is benefiting this year from additional national investment via the Primary Care Networks (PCNs) foo recruit additional healthcare professionals to work alongside GPs, such as paramedics, physiotherapists and pharmacists. Jessica Britton offered to consider how best to demonstrate this integration with primary care in future updates to the Board.

16.9.    Julia Rudrum, Lay Member of the CCG, added that she chaired the Primary Care Commissioning Committee where the strategy and delivery of primary care in the county is considered, including looking at the resilience of GP practices and identifying those that need further support. She said that primary care should be included int the ESHSCP outcomes framework to ensure that it shows performance across the whole health and care system. She emphasised that during Covid-19, primary care colleagues have been working hard to deliver their core contract as well as locally commissioned services such as supporting care homes.

16.10.    Adrian Bull said ESHT is working with the PCNs to help train their pharmacists using the considerable pharmacist resources that the Trust possesses. First contact physiotherapists

employed by the PCNs may also be able to benefit from the podiatrist, physiotherapists and occupational therapists employed by ESHT.

16.11.  The Board asked how the impact the ESHSCP has had could be demonstrated.

16.12.  Adrian Bull said that the improvements made at ESHT absolutely depended on the relationships and joint working with the County Council and primary care colleagues formed through the ESHSCP. He advised that over the past four years the length of stay of patients at the hospitals has been halved and there was no doubt that a significant cause of that was the integrated care programme. Without this reduction, the Trust would have required an additional 100 beds over the winter period. This meant the Trust was able to make a significant financial improvement by reducing the amount of beds needed, whilst still containing the demand that the Trust had.

16.13.  The Board asked about A&E attendance during the first wave of the pandemic.

16.14.  Adrian Bull said that in the first three months of the pandemic, attendance at A&E halved due to fear of Covid-19. These were not all unnecessary attendances that could have been dealt with elsewhere and the presentation of more serious conditions such as stroke also reduced. Over the past few weeks, activity has increased and is now above pre-Covid levels at around 200 people per day at each site, at least a couple of times per week. The Trust cannot have crowded A&E departments due to the risk of Covid-19 so is now in the vanguard of the new NHS 111 First system. This involves the new NHS 111 Clinical Assessment Service (CAS) taking a call from patients and booking them into the A&E, if they need to go there, rather than wait in the A&E for several hours. This effectively moves the waiting room into people's homes. He clarified this would not apply to those with acute trauma, stroke or any other serious emergency condition.

16.15.  The Board RESOLVED to note the report


17      SUSSEX HEALTH AND CARE PARTNERSHIP WINTER PLAN

17.1.   The Board considered a report providing an update on the progress to date in relation to winter planning, outline next steps and timelines.

17.2.   Adrian Bull clarified that the Trust had not yet signed off arrangements for its acute beds that will fully cover the level of demand there might be over winter, but further discussions were due to take place at the Local Accident and Emergency Delivery Board to ensure there is capacity to meet the expected levels of demand. He added that the expanded flu campaign and Covid-19 precautions will hopefully make sure flu and other winter diseases are less prevalent than normal. It is always difficult, however, to predict winter demand.

17.3.   The Board asked whether there were plans to bring mothballed bed capacity back online to support discharges during Covid-19, in addition to Firwood House.

17.4.   Adrian Bull said that ESHT did not have further spare capacity but during the Covid-19 period had brought back online 40 beds at the Bexhill Care Centre, for use as step-down intermediate bed capacity, which have remained open and will continue to do so over the winter period.

17.5.   The Board RESOLVED to note the Winter Plan 2020/21.


18      EAST SUSSEX OUTBREAK CONTROL PLAN UPDATE

18.1.	The Board considered a report seeking approval of the refreshed East Sussex Outbreak Control Plan (OCP).

18.2.	The Board asked for an update on the study into why the Covid-19 outbreak was much lower in Hastings than elsewhere in the country.

18.3.	Darrell Gale, Director of Public Health, said the University of Sussex study was progressing and the researcher, Steve Orchard, had been in contact recently with the Leader of Hastings Borough Council. He is expected to begin talking to others shortly about the data and qualitative information around why people believe that the rates in Hastings were so low, including the Chief Executive of ESHT. He said it was possible an interim findings could be provided in time for the December Board meeting, which will be included as part of the Outbreak Control Plan item.

18.4.	The Board asked whether live music events should be added to the list of high risk places.

18.5.	Darrell Gale said that the Public Health Team (PH) had been surprised as the speed at which people had begun setting up events and creating new types of events, such as drive through parties, teahouse lawns in Wealden area, and live music events on Hastings Pier. The PH works closely with the district and borough licensing and environmental health teams and expects that all of these events will have completed a risk assessment. He said, however, there is often a short turnaround to for the PH to respond to request for event licenses. There is also an existing Safety Advisory Group that manages events under normal circumstances, which is a multi-agency group with environmental health colleagues that approve larger events.

18.6.	Darrell Gale advised that the PH would be able to prevent events going ahead where they posed a risk or were not exempt from the rule of six measures. He used the example of the public health team in Southampton recently managing to stop the Southampton Boat Show going ahead due to a rise in cases there. The Boat Show objected to the Secretary of State, who sided with the local authority.

18.7.	He added that Bonfire night is a big night coming up and some bonfire societies have cancelled already. PH is working with the Lewes Bonfire Societies around which aspects can go ahead, for example, the honouring of the Martyrs.

18.8.	The Board asked whether there have been discussions with care home agencies about assisting them with outbreaks.

18.9.	Darrell Gale said that an inter-agency group meeting is held every week that includes ESHT, Public Health and Adult Social Care Department. This looks in detail at care homes, including communications with the care sector; any outbreaks emerging; and testing rates of staff and residents. Members of the group are also in regular contact with the sector.

18.10.	The Board asked about the performance of test and trace and access to national data

18.11.	Darrell Gale clarified that Test and Trace was a national NHS programme and not the responsibility of local authorities. He said the vast majority of problems are at a national scale and centre around lab capacity, which is preventing local testing going ahead. There had been instances recently where testing sites in East Sussex had gone almost a full day without seeing anyone because slots had not been released nationally onto the portal to due to the lack of lab capacity.

18.12.	Darrell Gale said he is concerned that the responsibility for lack of capacity will be shouldered by the PH and he said he turned down a radio interview earlier in the week because

he was not prepared to field questions on behalf of the Department of Health and Social Care or the Test and Trace programme, who were both unavailable.

18.13.   Darrell Gale said the Outbreak Plan relies on the PH having as complete data as possible and the current scenario means the Team is lacking data and is not in a position to positively predict Covid-19 positivity rates. This means the Team could miss an outbreak for a few days, or escalate concerns where they don't need to, which would erode the public's trust.

18.14.   The Board asked about the availability of testing sites in East Sussex.

18.15.   Darrell Gale said that even though the Amex was recently lost as a testing sites, there are enough swabs and enough testing sites on the ground to meet the demand of pillar 2 community testing. For example, there is:

- a regional testing site at Gatwick

- mobile testing sites that have visited Brighton, Eastbourne, and Uckfield.

- a satellite walk-in and drive-though testing site is opening soon in Bexhill.

- A satellite testing site has been identified at the Helenswood Academy site on the Ridge in Hastings

- A mobile test site location has been identified on Hastings seafront.

18.16.   He said the Public Health team lobbied Government to be allowed to establish the mixed testing site at Bexhill and Hastings, as it better fits the mixture in East Sussex of rural hinterland where people drive and urban coastline where people tend to walk.

18.17.   Darrell Gale clarified that further sites were being identified on top of these but they take an awful lot of work and relies on the East Sussex County Council Estates Team to identify potential sites alongside Deloitte, who confirms sites on behalf of the Test and Trace system.

18.18.   The Board asked if there was a priority system in place for testing.

18.19.   Darrell Gale confirmed that the priority system is set nationally and guidance was expected on how rationing will work for lab capacity as infection rates increase.

18.20.   Adrian Bull added that there are hospital laboratories across Sussex for testing patients in hospitals, which is pillar 1 testing. This capacity is being increased, for example, a new machine has been installed in Eastbourne District General Hospital (EDGH) that can process 500-1,000 tests per day, which will bring the Sussex-wide capacity up to 3,000 per day.

18.21.   Dr Bull said this system cannot be opened up to carry out pillar 2 community testing, as it would risk being swamped. The Trust, however, is making some of its capacity available to make up the national shortfall for certain priority groups until the lab capacity issue has been addressed. This includes:

- offering tests for the family members of NHS staff, who should be tested in the community but at the moment are waiting longer than they should for a test. This means NHS staff are having to self-isolate whilst a family member is isolating for displaying symptoms that may or may not be Covid-19.

- carrying out tests in care homes where there is a need for a specific investigation.

- Testing patients attending the hospital for elective surgery or investigation three days before they are admitted.

18.22.   The Board asked how much infection rates had increased over the past month in East Sussex.

18.23.   Darrell Gale said there has been a 167% increase nationally since August but in East Sussex there had been a very gradual increase since August. This was to be expected and was not too much of a concern due to the influx of tourists and Eat Out To Help Out schemes causing greater community transmission. He said over the past week and a half there had been short lived spikes locally relating to care homes with asymptomatic staff and residents, as well as a number of households of four and six infected. As figures were so low these small outbreaks created sudden spikes in infection rates. Contact tracing data has been used effectively to follow up these clusters.

18.24.   The Board RESOLVED to:

1) approve the revised East Sussex Outbreak Control Plan (Appendix 1); and

2) agree to receive a report at its December 2020 meeting on further developments of the Plan, an update on the position in East Sussex in relation to Covid-19, and the interim findings of the University of Sussex study into the Covid-19 outbreak in Hastings (if available).


19      SUPPORT TO CARE HOMES AND COVID-19 IMPACT ON BLACK ASIAN MINORITY ETHNIC GROUPS

19.1.   The Board considered a report providing information on the support provided to Care Homes during the Covid-19 crisis and 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.

19.2.   The Board asked about whether care home agency staff are moving between care home settings despite the Covid-19 risk.

19.3.   Samantha Williams, Assistant Director Strategy, Commissioning & Supply Management, explained that part of the conditions of receiving the recent infection control fund money was around restricting the movement of care staff between settings, which is often how agency staff tend to prefer to work. Care homes have been working hard to reduce this work pattern and have had success recently in recruiting additional permanent staff that has reduced the need for agency staff. A further £546 million has been announced today for infection control, which has been welcomed by the Care Home association.

19.4.   The Board asked about the financial condition of the care sector.

19.5.   Sam Williams explained that the Association of Directors of Adult Social Services (ADASS) is working with the London School of Economics to understand the outlook for the sector. East Sussex County Council is working locally with the Registered Care Association to look at the local picture in terms of rates and vacancy levels both before Covid-19 and what it looks like now. This will be across the whole market, not just those care homes that accept East Sussex County Council clients.

19.6.   Julia Rudrum said that the NHS has a robust Sussex-wide programme on safeguarding staff and ensuring risk assessments are undertaken. A Locally commissioned service in primary care is also in place to review and safeguard BAME communities.

19.7.   The Board RESOLVED to:

1) note the report; and

2) request that the Hastings Voluntary Action report on The Impact of COVID-19 on the BAME community living in Hastings & St Leonards-on-Sea is circulated for information.

20    SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2019-20

20.1    The Board considered a report containing the East Sussex Safeguarding Adults Board (SAB) Annual Report 2019/20.

20.2    The Board RESOLVED to note the report.

21    WORK PROGRAMME

21.1    The Board considered its work programme.

21.2    The Board RESOLVED to agree the work programme.

The meeting ended at 4.45 pm.

Councillor Keith Glazier (Chair)

| | |
|---|---|
| **Report to:** | **East Sussex Health and Wellbeing Board** |
| **Date of meeting:** | **8 December 2020** |
| **By:** | **Executive Managing Director, East Sussex Clinical Commissioning Group and Director of Adult Social Care, East Sussex County Council** |
| **Title:** | **East Sussex Health and Social Care Programme – update report** |
| **Purpose:** | **To provide an update on progress with implementing the revised integration programme after the first phase of COVID-19** |

RECOMMENDATIONS

**The Board is recommended to consider and note the current stage of the implementation of the programme after the first phase of the pandemic, and the progress made with bringing together a performance framework in the continuing context of COVID-19**

1. **Background**

1.1.    For the first six months of 2020/21, our overall focus for integration as a health and social care system has been the way we can further integrate our services to support people during the COVID-19 pandemic, including our out of hospital support and discharge hubs to ensure timely discharge and appropriate care.

1.2.    Earlier reports to the Health and Wellbeing Board have described the significant progress that has been made by our system to update and reset our in-year integration programme.  This is both to incorporate 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.

1.3.    In addition, it has also been previously noted that the management of the pandemic has presented additional ongoing responsibilities that require a collaborative response from our East Sussex health and social care system, including:

- Local Care Homes Resilience Plan and mutual aid support to the care market;

- Shielding plans and work with Clinically Extremely Vulnerable People;

- Local Outbreak Control Plan and mass vaccination programme;

- 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;

- Ensuring assessment and appropriate care to support those people moving on from the initial COVID-19 hospital discharge scheme, and;

- Providing further assurance to the Department for Health and Social Care (DHSC) on a range of winter planning actions set out in the DHSC COVID-19 Adult Social Care Winter Plan 2020/21

1.4.    In light of this our overall context is the need to manage capacity, resources and risks appropriately across our system during winter and for the remainder of 2020/21.  The updated

integration programme will help us to maintain effort on our medium term priority objectives, as we manage new responsibilities and changes in focus and our broader restoration and recovery planning.

1.5.    In September 2020, East Sussex Health and Social Care Executive Group finalised the revised programmes of work and a set of priority objectives and Key Performance Indicators (KPIs) across children and young people, community, planned care and urgent care, and the proposed monitoring arrangements.  Within this, priorities for personalisation, prevention, and reducing health inequalities have also been taken into consideration, and we are also working to formally put in place a programme for Mental Health and the shared key areas of focus have been agreed.

1.6.    Our organisations are also monitored on a separate basis across the NHS and Social Care, with our integration programme monitoring set up to focus on our collective work to further aid our understanding of the impact we are having as a whole system.  The current health and social care programme and projects for 2020/21 represent pragmatic and realistic steps to be taken this year to progress fuller integration of health and social care services, in order to support a continued focus on improving outcomes, quality and experience and also the overall sustainability of our services.

## 2.    Supporting information

2.1.    The report to the last meeting of the Health and Wellbeing Board provided a summary of the suggested areas of work being considered as a result of the work to update the integration programme, to help deliver the longer term outcomes we are collectively working towards set out in the East Sussex Health and Social Care Plan.

2.2.    The Health and Social Care Executive Group agreed the finalised set of projects in September, and work has now started to progress the priority projects. An updated summary description of the priority projects and areas of work shared previously is included in Appendix 1.

2.3.    To support monitoring, we are retesting our nine overarching priority objectives in the context of COVID-19, and these will be kept under ongoing review. We have also set lead Key Performance Indicators (KPIs) for the programme across urgent care, planned care and community for the remainder of the year.  In time these will help indicate whether we are impacting on the system as expected.  This, alongside our other organisational monitoring, will inform how we develop a set of priority objectives and lead KPIs for the integration programme that are appropriate as we move into 2021/22 and further phases of the pandemic.

### *Performance to date in 2020/21*

2.4.    As of October, we have resumed monitoring performance against our priority objectives and lead KPIs.  As a general principle the pandemic has had and is still having a significant influence on patterns of demand and use of health and social care services, and as would be expected this is evidenced in the monitoring.

2.5.    The initial collectively agreed in-year objectives are therefore being kept under review and continue to be tested for their appropriateness in our context of managing the impacts of COVID-19 and the restoration and recovery of services.  For example, our original targets for planned care operations to remain at the same levels for 2019/20, which were originally intended to show evidence of sustained prevention and early intervention in the community, may now need to be revisited in light of the suspension of non-urgent care during the first phase of the pandemic.

2.6.    In summary the highlights of current performance against the priority objectives in 2020/21 so far are as follows:

- Our collaborative system working has meant that community bedded care has achieved optimum treatment length of stays, and maintained this during and after the first phase of the pandemic.  We hope to have the information by the next quarter which evidences our improvements in 48 hour rehabilitation and re-ablement services.

- Close system working between Adult Social Care and the CCG Continuing Healthcare Team has also been taking place to enable approximately 1,000 patients discharged under the original COVID-19 Hospital Discharge Scheme to be appropriately assessed and reviewed and onto their long term pathways and funding streams, by our target completion date of 31st December. The capacity and resources required to deliver these transfers will be kept under review.

- The impact of COVID-19 can be seen in performance against priority objectives for Urgent Care where A&E attendances, although now increasing, are 35% below last year's attendances for Adults and 15% for Children (Year to Date) - the target is less than 6% growth for each based on 2019/20. Activity is now back at near normal levels.

- Similarly, the priority objective targets for Planned Care are being met so far this year, with the reason mainly due to the suspension of non-urgent procedures to provide capacity to treat COVID-19 patients in the first phase of the pandemic response, rather than being driven by previous service changes to prevent or reduce growth.

2.7.    We have also resumed monitoring against our lead KPIs, noting that in some areas it is too early to say whether the specific programme projects are impacting on performance at this stage:

- In the community programme our current system focus has necessarily shifted to the immediate collaborative working required to rapidly improve the flow of patients Medically Ready for Discharge (MRD) from hospital, as we move into the winter period.  This includes increased use of Home First Pathway 1 (discharge to a person's own home with a package of care), an increase in same day discharges, more effective utilisation of Discharge to Assess (D2A) and community bed provision.  This will complement the broader community programme of work set out in Appendix 1, which is designed to embed more sustainable system working in this area and improve longer term health and wellbeing for frail older people and those with multiple long-term conditions.  We expect to see impacts being evidenced over the next three months as the new processes start to embed.

- In the case of the Urgent Care NHS 111, and expansion of the High Intensity User service to include other frequent attenders at emergency departments, projects are in the process of going live.  The Urgent Care falls prevention project is in the process of scoping and mobilisation, however the KPI for injury falls conveyed by ambulance to A&E is reporting a -9% reduction on the 2019/20 baseline (against a target of -5%), and non-injury falls are 2% above the 2019/20 baseline (target -5%).

- In Planned Care the emphasis across all the projects is on supporting the restoration and recovery of NHS services.  We are also seeing the evidence of the continuing impacts of COVID-19 as it has affected patterns of access and use by the public, for example virtual first outpatient appointments is currently on target, with virtual follow up appointments below target (with a slight increase in November).

*Integration programme next steps*

2.8.    Our focus for the rest of the year will continue to be on the rapid mobilisation of new projects, including the further development of our mental health programme, and the continual review of existing work and progress.  This will support our planning for 2021/22 and any development of new priorities.

*Integrated Care Partnership (ICP) Development*

2.9.    Our next steps for further developing our ICP will take place in the context of the broader Sussex Integrated Care System (ICS), which has seen governance mature and embed further in 2020/21.  Work has been taking place to understand how plans can be best developed and delivered in different footprints within the ICS, and ensure appropriate alignment with the partnership work undertaken in East Sussex, West Sussex and Brighton and Hove.  This has taken into consideration the previous agreements about accountability and the role Councils have as sovereign organisations in the Sussex-wide partnership.  For our East Sussex system the next steps involve:

- Continuing to model the collaborative approach between commissioners and providers that we saw accelerated during the first phase of the pandemic, including between NHS commissioners and providers, and with voluntary and independent sector providers.

- Revisiting and refreshing our previous (pre-pandemic) plans for how we can further develop our ICP and integrated delivery of services in East Sussex, to make best use of our collective resources and improve our population's health and outcomes.  This would include work to agree where our integrated working can have the most significant impacts for our population, and what we will need to deliver during 2021/22 to further strengthen our ICP by 2022.

*Integrated commissioning for population health*

2.10.    Our East Sussex Health and Social Care Plan included a summary of our population's health and social care needs, and health inequalities in the county.  Work has been taking place to produce a summary update of our understanding of our population needs based on what the latest insight and data is telling us, and taking into account:

- Predicted changes over a 3-5 year period where possible

- The impacts of the COVID-19 pandemic where known, for example socio-economic and mental health impacts, social isolation and indirect impacts on health

- What we can understand about inequalities and health inequalities related to the COVID-19 pandemic

2.11.    As well as informing our individual organisation's core planning processes where helpful, the update is also intended to support further development of integrated commissioning and our ICP.  This would include reviewing and updating our integrated Outcomes Framework, and how we collectively work together in our communities to deliver prevention, early intervention, reduced health inequalities and improved outcomes for our population.

**3.    Conclusion and reasons for recommendations**

3.1    Having reset our integration programme, we have resumed our monitoring of the evidence of our better system working to ensure people get the right care in the right place, at the right time and improve outcomes.

3.2    The ongoing impact of COVID-19 on performance in 2020/21 across both our business as usual and system transformation work cannot be under emphasised, and this is currently reflected in our programme monitoring.  Having an overview of progress with our collective system objectives through the programme monitoring in this context is helpful, combined with continuing to monitor all of our performance across health and social care.  This will contribute to how we understand and finalise programme priorities and objectives for 2021/22, including our continued recovery from the Pandemic, and how we shape and further develop our ICP and plans for integrated commissioning.

**JESSICA BRITTON**
**Executive Managing Director, East Sussex Clinical Commissioning Group**

**MARK STAINTON**
**Director of Adult Social Care, East Sussex County Council**

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Background documents

None

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**Summary of revised East Sussex integration programme projects in 2020/21**

Our in-year integration programme has been revisited and updated to take into account the changes and new service models that have recently been put in place as part of delivering the pandemic emergency response and the learning from this work.

Alongside our organisations' core business and the continuous improvement of services across our system, these projects have emerged out of our recent system discussions as being appropriate shared priorities for our collective system working. They are seen to add increased value and help us make further progress on integration during the remainder of 2020/21 in the context of the COVID-19 pandemic.

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.

Our restored integration programme focusses on the shared 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 projects.

The projects support delivery of improved outcomes for our population as set out in the East Sussex Health and Social Care Plan, and have been 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 most recently published Guidance and the ongoing need to manage the pandemic response and possible outbreak control if this is necessary;
- Supporting organisation 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 ICS-wide programme delivery where appropriate, for example the acute care collaborative, community and primary care collaborative and mental health collaborative programme.

Acknowledging that programmes and projects are at different stages of being formalised a set of priority objectives and lead KPIs has also been developed, to support our planning for next year.

Overall, this will help ensure a continued focus on local system issues whilst the broader restoration and recovery process takes place.

**Projects and areas of work for the children and young people programme**
A programme has been developed to enable increased levels of age-appropriate integrated care across the 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 focus will be:

- **Pathways and commissioning approach for children in secure or specialist placements** - support from wrap around services; and ensuring Looked After Children's needs are prioritised across health, social care and education to improve outcomes.
- **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** - review of the commissioning of health providers so that every child and young person progresses through one pathway regardless of their underlying needs and age. This also includes 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** – improving access and 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** - evaluation of the pathways and timeliness of transition into adult health and social care services.

**Projects and areas of work 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, and taking account of the recently published Hospital Discharge Service Guidance, with the following areas as the revised priority projects:

- **Joint review and development of hospital discharge processes** - embedding the hospital discharge hubs that have been developed as part of the pandemic response, including for out of county acute pathways.
- In the context of the above work some specific projects to support Home First Pathways:
  - **Developing a multi-disciplinary, integrated rapid response community team** to support delivery of Home First Pathway 1 (hospital discharge to own home with a package of support), and;
  - **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.
- **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 for staff across more key services.

In addition to the above projects, further exploration and strengthening of the links with the following areas of system work:

- Developing and delivering a system approach to supporting care homes through building on the East Sussex Care Homes Resilience Plan, clinical support offer and mutual aid support and the primary care Directed Enhanced Service developments to deliver a cohesive model of support;

- The potential to develop a strategic partnership approach to workforce with Primary Care Networks, community health providers and Adult Social Care relating to allied health professional and new practitioner roles, and;

- Links with wider integrated working in our communities, including the work to develop a sustainable model for 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.

**Projects and areas of work 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 emergency services including opportunities to collaborate with Brighton and Hove.
- **Continued implementation of the integrated urgent care model** - including the NHS 111 First Programme and Talk Before You Walk.  This aims to deliver safe streaming and direction of non-emergency patients away from acute emergency departments into other services which provide same-day or urgent (within 24 hours) services.  New direct referral pathways will be implemented to existing services, for example Urgent Treatment Centres, Hot Clinics, Ambulatory Care, Improved Primary Care Access, Social Care, Community Pharmacy and Crisis Cafes.
- **Redesigning falls prevention services** - to ensure best practice and reduce unwarranted variation.

**Projects and areas of work for the planned care programme**

- The overriding priority is restoration and recovery of NHS services in line with national requirements.  Further to this specific focus is likely to be given to some of the following schemes in support of that agenda:
  - **Supporting the Sussex-wide redesign of community ophthalmology services** - covering Glaucoma, treatment of stable AMD, Cataracts and Community Children's Screening, with the aim of enabling improved access to new pathways for diagnosis and treatment of common stable conditions.
  - **Introducing first contact practitioners in Primary Care for MSK referrals** (e.g. back pain or sports injuries) – and implementing new pathways to avoid unnecessary waits for physiotherapy and pain management including guidance with self-managing minor MSK conditions.
  - **Outpatient transformation**  - in the context of COVID-19 ensuring increased use of the clinical Advice and Guidance service prior to referral by GPs, and increased use of remote and video consultations according to need alongside face-to-face consultations where this is needed, as well as more effective multi-disciplinary assessments and patient initiated follow up appointment management.
  - **Continued improvement of diabetes care in the community** – building on the introduction last year of integrated community diabetes clinics for complex type 2 diabetes led by our GPs and expanding pathways for example for pregnancy induced diabetes.
  - **Multi-disciplinary led triage for GP Gastroenterology referrals** - with early diagnostics and faster release back to primary care, preventing unnecessary hospital appointments and interventions.
  - **Cardiology** – review of interventional cardiology specialist service with the aim of reducing variation of treatment and improving overall outcomes.

**Projects and areas of work for mental health**

Work has been taking place to develop and shape a single plan and programme for East Sussex which will set out initial projects in the following areas:

- **Emotional wellbeing services** - developing integrated teams aligned with Primary Care Networks to ensure improved access to a wide range of primary care based mental health services, including Improved Access to Psychological Therapies (IAPT) and Health in Mind
- **Community Services enhancements** - to provide a consistent range of specialist services for adults with personality disorders, eating disorders and rehabilitation in line with the NHS Long Term Plan commitments

- **Housing and supported accommodation needs and pathways** – working with District and Borough Council partners as part of wider work on accommodation related support to ensure a focus on mental health accommodation needs

Draft v2.0 25<sup>th</sup> November 2020

| | |
|---|---|
| **Report to:** | **Health and Wellbeing Board** |
| **Date of meeting:** | **8th December 2020** |
| **By:** | **East Sussex Safeguarding Children Partnership Independent Chair** |
| **Title:** | **East Sussex Safeguarding Children Partnership Annual Report 2019/20** |
| **Purpose:** | **To advise Board Members of the multi-agency arrangements in place to safeguard children in East Sussex** |

*RECOMMENDATIONS*

**The Board is recommended to receive and consider the East Sussex Safeguarding Children Partnership Annual Report for 2019-2020.**

## 1.     Background

1.1      In July 2018 a revised and updated version of Working Together to Safeguard Children was published following the legislative changes made within the Children and Social Work Act 2017. Working Together 2018 sets out differing arrangements to strengthen cooperation between organisations and agencies to improve the wellbeing of children. This placed new duties on key agencies in a local area. Specifically, the police, clinical commissioning groups and the local authority who have a duty to make arrangements to work together, and with other partners locally, to safeguard and promote the welfare of all children in their area. The new arrangements to replace the East Sussex Local Safeguarding Children Board (LSCB) with the East Sussex Safeguarding Children Partnership (ESSCP) took effect from 1st October 2019. East Sussex Safeguarding Children Partnership Arrangements

1.2      In order to bring transparency for children, families and all practitioners about the activity undertaken by the Children's Safeguarding Partnership, Working Together 2018 sets out that the safeguarding partners must publish a report at least once in every 12-month period. The report must set out what they have done as a result of the arrangements, including child safeguarding practice reviews, and how effective these arrangements have been in practice.

1.3      The ESSCP Annual Report for 2019/20 spans the transition from LSCB to ESSCP and the first six months of the ESSCP partnership arrangements. The intention for the 2020/21 ESSCP Annual report is to focus on the new partnership priorities and impact of the partnership on children and young people.

## 2.     Supporting information

2.1      The ESSCP Annual Report 2019/20 outlines the work undertaken by the partnership, highlighting key learning and achievements, which includes;

- Development of new partnership framework and ESSCP website

- Successful transition of Child Death Overview Panel (CDOP) responsibility from LSCB to a new Pan Sussex CDOP led by Public Health and CCGs

- Development of a safeguarding 'pledge' to children and young people

- 4 audits and 2 multi-agency Rapid Reviews conducted, 1 Serious Case Review (Child T) and 3 learning briefings published

- Impact of learning from Child T Serious Case Review evident in positive outcome of Joint Targeted Area Inspection of services for children (February 2020)

- 963 multi-agency staff attended 54 training courses, with 94% of evaluations rated course as Excellent or Good

- Developed a local 'Contextual Safeguarding' response to children with multiple needs

- Supported County-wide roll out of Operation Encompass to ensure support for children experiencing domestic abuse

2.2    In February 2020 the East Sussex Joint Targeted Area Inspection (JTAI) took place on the theme of children's mental health. The [Inspection Letter](#) does not include an overall judgement, instead it sets out areas of strength across the partnership and areas for improvement. The letter noted that partnership arrangements in East Sussex are well established and effective and that *'The Safeguarding Children Partnership provides robust scrutiny of a wide range of safeguarding arrangements. The partnership's performance dashboard has a breadth of key indicators across a range of partners and includes indicators about children's well-being and mental health' 'The Safeguarding Children Partnership also supports the strategic focus on schools and the voluntary sector having the capacity and resilience to provide accessible emotional well-being support to children. This is supported through a comprehensive training offer for partners'.*

2.3    The ESSCP Annual Report 2019/20 will shortly be published on the ESSCP website and a copy of the published report will be shared with the Child Safeguarding Practice Review Panel and the What Works Centre for Children's Social Care as per chapter 3 of Working Together 2018.

## 3.    Conclusion and reasons for recommendations

3.1    An effective Safeguarding Children Partnership is in place in East Sussex.

3.2    The Health and Wellbeing Board is requested to receive and consider the ESSCP Annual Report 2019/20 and to note the new partnership priorities for 2020-2023:

- Education Safeguarding
- Child Exploitation
- Embedding a Learning Culture
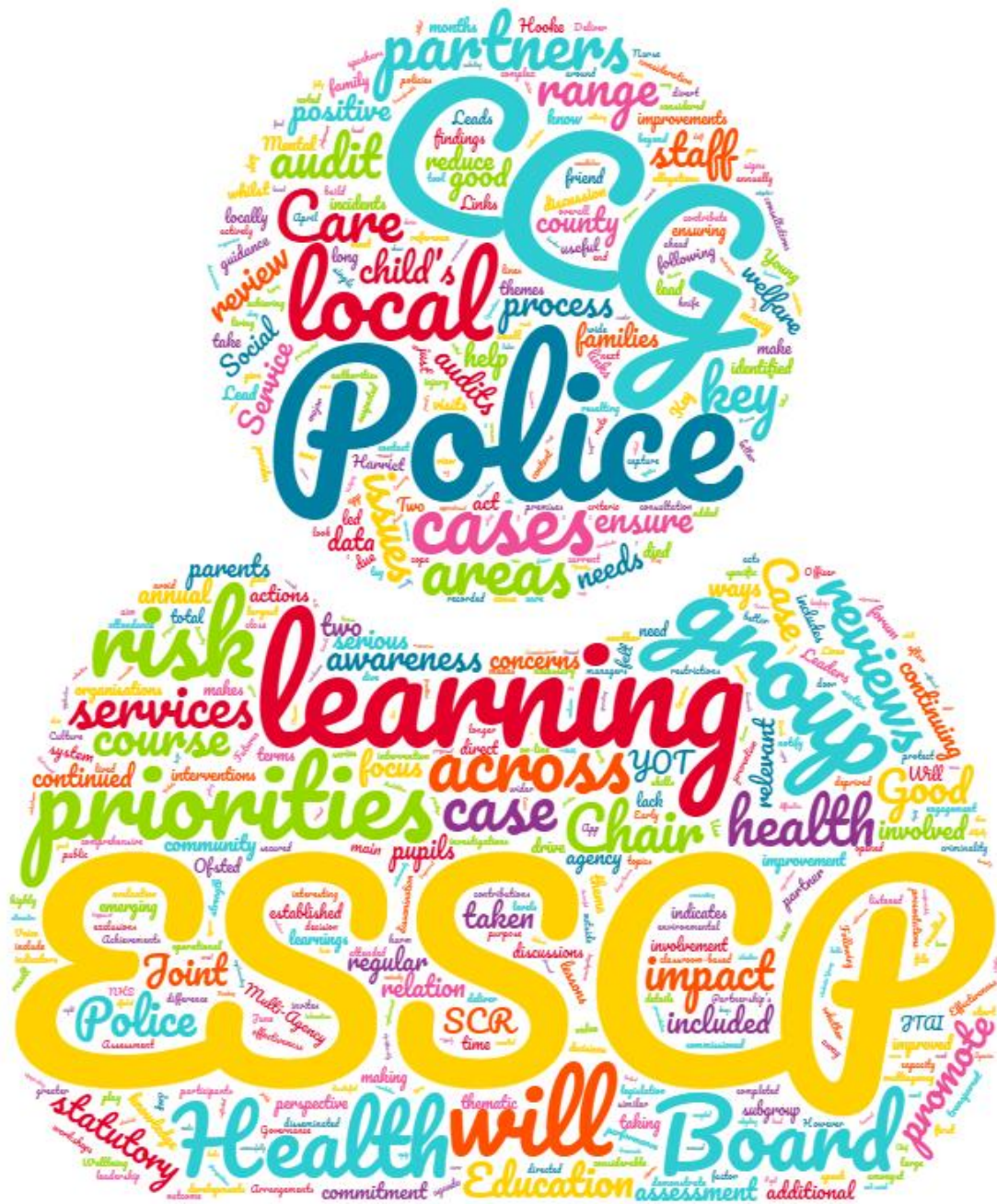- Safeguarding under 5s

**Reg Hooke**
**East Sussex Safeguarding Children Partnership (ESSCP) Independent Chair**

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BACKGROUND DOCUMENTS

None

# East Sussex Safeguarding Children Partnership

## Annual Report 2019/20

# Contents

# Foreword by Reg Hooke,
# East Sussex Safeguarding Partnership Independent Chair

It is my privilege to present to you the first annual report of the East Sussex Safeguarding Children Partnership (ESSCP) for the period 2019/20. The ESSCP replaced the previous statutory arrangements to safeguard children on 29th September 2019 and so this report overlaps with the transition to the new partnership.
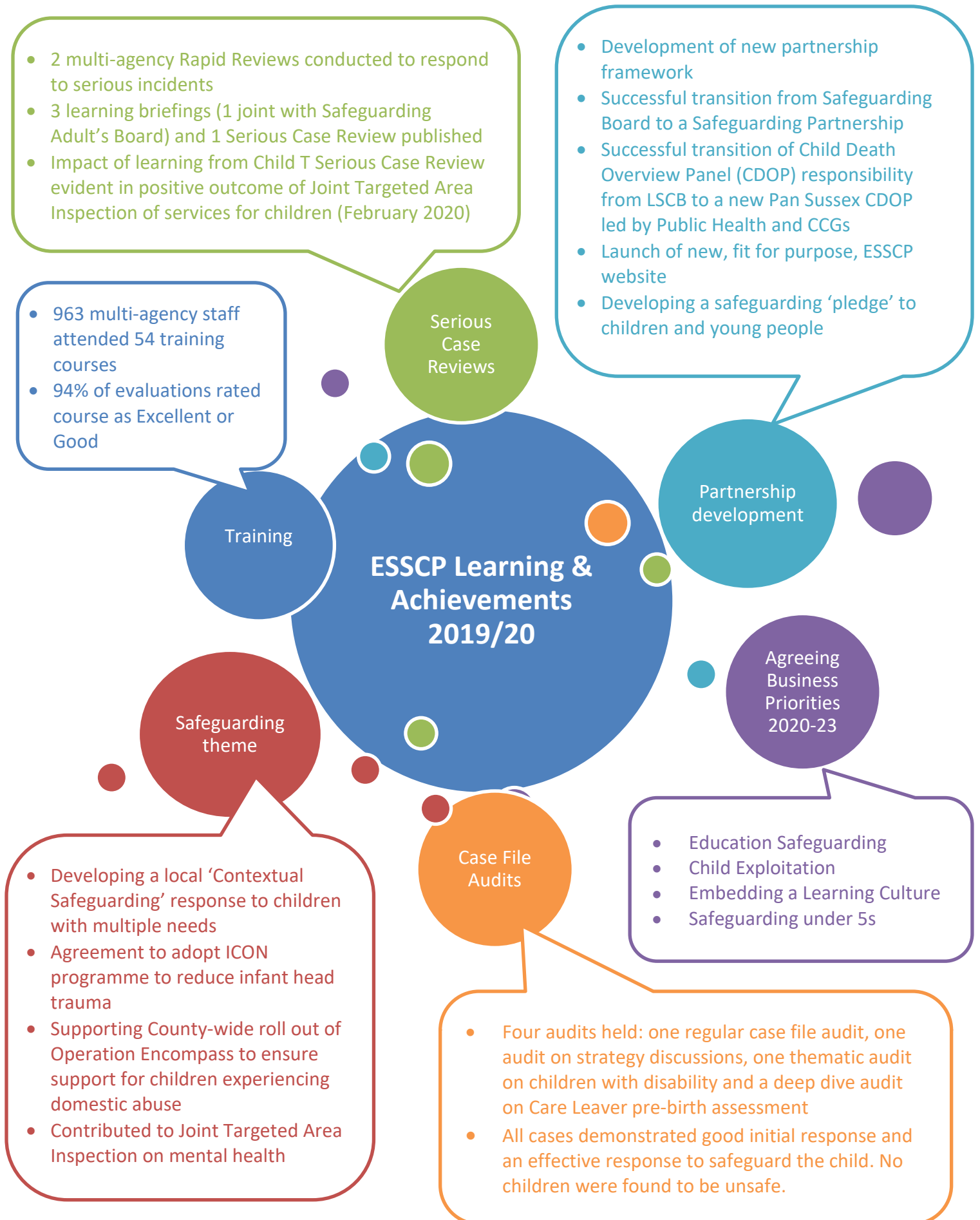
It is the statutory responsibility of the local authority, police and health agencies to jointly oversee multi-agency arrangements to safeguard children in the county. As Independent Chair I assist the statutory agencies by providing independent challenge and scrutiny of those arrangements as well as helping to foment better multi-agency strategic working to protect vulnerable children and young people and ensure positive outcomes for them. Following consultation with children, families and those engaged working with children, we set four partnership priorities for 2020 to 2023 where we believe maximum improvement can be made to safeguarding in East Sussex. These are: Child Exploitation, Education Safeguarding, Safeguarding Children Under 5 and Embedding a Learning Culture. Next year's report will focus heavily on the impact of this work.

We published one Serious Case Review this year, Child T, which produced significant learning for agencies both locally and nationally. This and other important documentation and reports can be found on our website www.esscp.org.uk

As new arrangements bedded in, the last few months of the year provided totally unanticipated challenges as Covid-19 hit the UK. At the time of writing I can report that the impact on children and on the safeguarding system is substantial, creating additional risk groups and major challenges to those working on the safeguarding front line.  Whilst the full impact on children and services will continue to emerge in the months ahead, what is clear is that local leadership and front line dedication has already shown that the county has a highly adaptive partnership with an admirable level of flexibility to meet the new challenges. Covid-19 is a long term and persistent issue for us and I want to acknowledge the great work done by so many in rising to the challenge of the global pandemic and continuing to do so.

The safeguarding arrangements for the diversity of children in East Sussex is a complex subject but the report has been structured and illustrated to help ease the reader through that complexity.  I hope you find the report interesting and informative.

# 1.    Key Learning & Achievements 2019/20

- 2 multi-agency Rapid Reviews conducted to respond to serious incidents
- 3 learning briefings (1 joint with Safeguarding Adult's Board) and 1 Serious Case Review published
- Impact of learning from Child T Serious Case Review evident in positive outcome of Joint Targeted Area Inspection of services for children (February 2020)

- Development of new partnership framework
- Successful transition from Safeguarding Board to a Safeguarding Partnership
- Successful transition of Child Death Overview Panel (CDOP) responsibility from LSCB to a new Pan Sussex CDOP led by Public Health and CCGs
- Launch of new, fit for purpose, ESSCP website
- Developing a safeguarding 'pledge' to children and young people

- 963 multi-agency staff attended 54 training courses
- 94% of evaluations rated course as Excellent or Good

**Serious Case Reviews**

**Training**

**Partnership development**

**ESSCP Learning & Achievements 2019/20**

**Safeguarding theme**

**Agreeing Business Priorities 2020-23**

**Case File Audits**

- Education Safeguarding
- Child Exploitation
- Embedding a Learning Culture
- Safeguarding under 5s

- Developing a local 'Contextual Safeguarding' response to children with multiple needs
- Agreement to adopt ICON programme to reduce infant head trauma
- Supporting County-wide roll out of Operation Encompass to ensure support for children experiencing domestic abuse
- Contributed to Joint Targeted Area Inspection on mental health

- Four audits held: one regular case file audit, one audit on strategy discussions, one thematic audit on children with disability and a deep dive audit on Care Leaver pre-birth assessment
- All cases demonstrated good initial response and an effective response to safeguard the child. No children were found to be unsafe.

# 2.   Governance Arrangements

## 2.1   Overview of the Partnership

In 2018/19 there were significant changes to the Children and Social Work Act 2017, which created new duties for three key agencies, police, health and the local authority, to lead arrangements locally to safeguard and promote the welfare of children in their area. Working Together to Safeguard Children 2018 outlined the replacement of Local Safeguarding Children's Boards with Local Safeguarding Partnerships, a number of changes to conducting serious case reviews, and significant changes to the child death review process.

The East Sussex Local Safeguarding Board formally moved to the East Sussex Safeguarding Children Partnership (ESSCP) on the 29 September 2019. For the first half of 2019/20 the ESSCP worked to prepare and implement the transitional arrangements, whilst ensuring that the major safeguarding functions continued. The three ESSCP safeguarding partners are:

| Sussex Clinical Commissioning Groups | Sussex Police | East Sussex County Council |
|---|---|---|
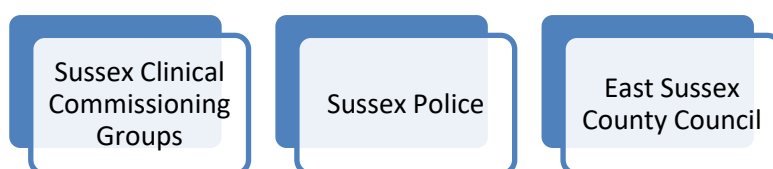
The ESSCP acts as a forum for safeguarding partners to:
- agree on ways to coordinate safeguarding services in (the geographical local authority borders of) East Sussex;
- act as a strategic leadership group in supporting and engaging other agencies across East Sussex; and
- implement local, regional and national learning, including from serious child safeguarding incidents.

The Local Safeguarding Children's Board in East Sussex was well established and effective, as reflected in the Ofsted Inspection of East Sussex Children's Services (Sept 2018). Consultation with members resulted in minimal changes to the way the Safeguarding Board was run beyond the statutory requirements to make changes. This is because it works well, and it makes a difference to the children and young people in East Sussex.

## 2.2   Partnership Structure and Subgroups

The Board is chaired by an Independent Chair, meets four times a year and is made up of the statutory safeguarding partners and relevant agencies. The Independent Chair also chairs the ESSCP Steering Group which meets four times a year. The Independent Chair fulfils the role of the Independent Scrutineer and acts as a constructive critical friend to promote reflection to drive continuous improvement.

The main Board is supported by a range of subgroups that lead on areas of ESSCP business and are crucial in ensuring that the Partnership's priorities are delivered. These groups ensure that the Partnership really makes a difference to local practice and to the outcomes for children and young people. Each subgroup has a clear remit and a transparent mechanism for reporting to the ESSCP, and each subgroup's terms of reference and membership are reviewed annually.



The three ESSCP safeguarding partners and the Independent chair form the Planning Group, which also meets quarterly. The Planning Group discusses and agrees the short term agenda for the work of the partnership and addresses any emerging issues.

The Pan-Sussex Strategic Leaders Group membership consists of lead safeguarding partners across East Sussex, West Sussex and Brighton & Hove. The groups purpose is to focus on setting the 'road map' for future partnership development and identify shared safeguarding priorities and opportunities across the three areas.

## 2.3    Links to Other Partnerships

The Partnership has formal links with other East Sussex and Pan-Sussex strategic partnerships, namely the Health and Wellbeing Board; Child Death Overview Panel (CDOP), Safeguarding Adults Board (SAB); Safer Communities Partnership; West Sussex and Brighton & Hove Safeguarding Children Partnerships; Children and Young People Trust (CYPT) and Local Head Teacher Forums.

The ESSCP Independent Chair also maintains regular liaison with other key strategic leaders, for example, the Police and Crime Commissioner, neighbouring Safeguarding Children and Adult Partnership Chairs and Government inspection bodies.

The ESSCP produces an 'annual report' on the effectiveness of local arrangements to safeguard and promote the welfare of children in East Sussex. The annual report will be presented to the East Sussex

County Council People Scrutiny Committee, East Sussex SAB, the Safer Communities Board and other ESSCP member organisations' senior management boards.


## 2.4   East Sussex Joint Targeted Area Inspection

In February 2020 the East Sussex Joint Targeted Area Inspection (JTAI) took place on the theme of children's mental health. The inspection was undertaken by Ofsted, the Care Quality Commission (Health), Her Majesty's Inspectorate of Constabulary (Police) and Fire & Rescue Services and HMI Probation (YOT). This joint inspection included an evaluation of the 'front door' and how agencies identify and respond to the inspection theme of children's mental health.

The Inspection Letter does not include an overall judgement, instead it sets out areas of strength across the partnership and areas for improvement. The letter noted that;

- *'Partnership arrangements in East Sussex are well established and effective. Children's emotional well-being and mental health are a high priority in strategic planning. Service development directed through the East Sussex local transformation plan is delivering improving services for children and young people with mental health needs.'*
- *'Leaders demonstrate a strong commitment to co-production with children and young people when implementing new or revised services. Leaders have continued to develop existing services to meet a greater range of children's emotional and well-being needs and have created new services to address emerging or lower levels of need. This work is supported by a highly effective Safeguarding Children Partnership and Health and Wellbeing Board.'*

The letter goes on to reference the work of the ESSCP:

- *'The Safeguarding Children Partnership provides robust scrutiny of a wide range of safeguarding arrangements. The partnership's performance dashboard has a breadth of key indicators across a range of partners and includes indicators about children's well-being and mental health, such as numbers of referrals to CAMHS. This routine scrutiny informs well-targeted quality assurance work. The Safeguarding Children Partnership also supports the strategic focus on schools and the voluntary sector having the capacity and resilience to provide accessible emotional well-being support to children. This is supported through a comprehensive training offer for partners, which is adapted to respond to demand and emerging themes, such as responding to children who self-harm.'*

During the JTAI, inspectors found that some areas of multi-agency working could be further strengthened, such as information sharing and that the use of qualitative feedback to demonstrate the impact of agencies could be improved. They also noted that most of these areas are already a focus within strategic and operational plans to improve outcomes for children. A multi-agency action plan has been developed to address these areas which is overseen by the ESSCP Steering Group.

## 2.5   ESSCP Priorities for 2020/23

Since the formation of the ESSCP in September 2019, discussions have taken place to determine our priority areas of focus for the next three years. The partnership felt strongly that priorities should relate to key areas of child safeguarding; those identified as of highest risk in the county, where multi-agency working is essential and where significant change and/or commitment is necessary to reduce risk.

Priority development took place at the start of the year, with both the Steering Group and Board, and were agreed by the three safeguarding partners in May 2020. The agreed ESSCP Priorities for 2020-2023 are:

1. **Education Safeguarding**

   Lead: Senior Manager, Safeguarding and Assessment, Standards and Learning Effectiveness Service (SLES), Children's Services

2. **Child Exploitation**

   Joint Leads: Detective Chief Inspector, Safeguarding Investigation Unit, Sussex Police / Head Of Specialist Services, Children's Services

3. **Embedding a Learning Culture**

   Lead: Manager, East Sussex Safeguarding Children Partnership

4. **Safeguarding under 5s**

   Joint Leads:  Designated Nurse Safeguarding Children, Sussex CCG / Consultant in Public Health, Public Health

It is considered that the voice of the child and contextual safeguarding should be cross cutting over all the ESSCP priorities.

## 2.6   Safeguarding Context 2019/20

12,122 family group contacts to Single Point of Advice (SPOA)

18,234 information gatherings by Multi-agency Safeguarding Hub (MASH)

4165 referrals to statutory social care

40 Privately Fostered children

**Children supported by statutory services**

542 children with a child protection plan

601 Looked After Children

27 unaccompanied asylum seeking children

12 young people at high risk of child exploitation

487 sexual offences against children

106,338 children aged 0-17 years

16,855 children living in poverty

9,488 black and minority ethnic pupils

11,270 pupils with special educational needs

**Children with health related vulnerabilities**

1,700 children living with domestic violence

1,079 young carers

943 children educated at home

16 children with disabilities with a Child Protection Plan

290 children attending A&E due to self-harm

3400 referrals to child mental health services

1192 missing episodes

35 births to under-18 year olds

121 young people entered the youth justice system

3 young people referred to the 'Channel' programme for concerns over radicalisation

**Children with family related vulnerabilities**

**Children whose actions place them at risk**

# 3.    Impact of Partnership Activity during 2019/20
## 3.1    Voice of the Child

The ESSCP strongly believes that children and young people should have a say when decisions are made which may affect them. We also believe that children and young people should have the means and opportunities to be able to raise issues which are important to them, and ensure they are listened to. By doing so, we believe that this will create a stronger child protection system that is more responsive to the needs of our most vulnerable children.

The ESSCP endeavours to ensure that children and young people are appropriately involved in the governance and decision making of the partnership. The ESSCP also challenges and holds partnership members to account on their engagement and involvement of children and young people within their own agencies, including through the section 11 audit process.

The ESSCP has continued to request that all reports presented at the Steering Group or main Board meetings contain a section on the 'voice of the child'. Agencies are required to consider how the voice of the child has impacted on the area of work. These contributions have provided a rich evidence base of how services are responding to children's voices in the day to day delivery of services and in longer term strategic work.

During 2019/20 the Partnership commissioned Priority 1-54 to work with young people from the Children in Care Council and Care Leavers to develop a Pledge, for how the ESSCP would work with and support children at risk. The wording and ideas were then presented to the East Sussex Youth Cabinet for further feedback and discussion on the potential legacy of the Pledge. The final pledge artworks were created at Ditchling Museum with Screen Printer Pea Crabtree in September 2019 alongside members of the

Through Care Participation Group, a Lay Member of the ESSCP and staff and young people from the Children in Care Council.

The pledge artworks provide a written manifesto directed at all staff engaged with at-risk young people, the statements read as a series of requests and recommendations on how they would like to be treated when at risk and supported. The aim will then be to use the artwork as a communications campaign and possible benchmarking process for staff and managers working with at risk young people. This could help inform, guide and shape how they directly work with this cohort.

The Partnership are considering how they can use the Pledge to challenge agencies on how they listen and engage children at risk and this will be a key action for 2020/21.
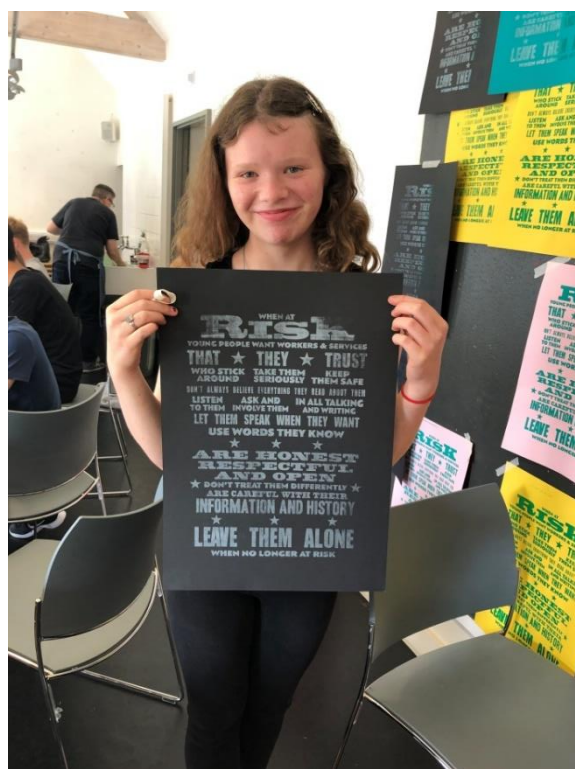
## 3.2    Lay Members

Lay Members play a critical role in the partnership. They act as ambassadors for the community and for the ESSCP by building stronger ties between the two, making the work of the ESSCP more transparent. The Lay Members also act as a further independent insight on behalf of the public into the work of agencies and of the Partnership. Lay Members support the work of the Partnership by:

- Encouraging people living in East Sussex to become involved in child safety issues
- Helping people living in East Sussex to understand the work of the ESSCP
- Ensuring that plans and procedures put in place by the ESSCP are available to the public
- Assisting the development of links between the ESSCP and community groups in East Sussex

In June 2018, the ESSCP recruited two new Lay Members – Graham Cook and Harriet Martin. Graham and Harriet are now well established as Partnership Members. As well as acting as a critical friend at Board meetings, providing additional challenge and scrutiny, during 2019/20 the Lay Members have:

- Led on the development of a Children's Pledge through a series of art led workshops with a wide range of young people
- Participated in multi-agency workshops examining how agencies can respond to the problem of Modern Slavery, and identify and tackle county lines activity
- Attended a conference led by young people from across East Sussex where they talked about and proposed actions for their priority issues
- Become a standing member of the ESSCP Case Review Group

**Graham:**

*This is my second year as a lay member, and I have continued to be impressed by the commitment and professionalism of all the staff I come in contact with. I had continued to attend Board meetings and other events until Covid-19 struck. This has had a considerable impact on how safeguarding work is carried out, but from my perspective all the agencies have risen to the challenge and found ways to continue to protect children and young people.*

**Harriet:**

*This has been my second year as lay member for the ESSCP. In January 2020 I became a member of the Case Review Group which has taken up most of my time as a Lay Member. This working group looks at cases where children have come to significant harm. The focus of reviews is always on the potential learning that could come out of them to reduce the risk of another child being harmed in similar circumstances. I have been fully included in the group and have endeavoured to make a contribution and not just act as an observer. As I reported last year I have been impressed by the commitment of and cooperation between agencies. I see part of my role as being a 'critical friend'. It is worth noting that my experience on the Case Review Group is that generally all of the agencies have sufficient trust in each other to work together openly. I do not believe this is the case in many other authorities. I feel that it is partly because the ESSCP works so well that I am able to contribute. From my perspective the work is also very interesting. I look forward to continuing next year.*

## 3.3    Quality Assurance

The Quality Assurance (QA) Subgroup is responsible for monitoring and evaluating the effectiveness of the work carried out by partners to safeguard and promote the welfare of children, and to give advice on the ways this can be improved. It does this through regular scrutiny of multi-agency performance data and inspection reports, and through an annual programme of thematic and regular case file audits. The group meets six times per year and is made up of representatives from NHS organisations, Sussex Police and East Sussex Children's Services.

During 2019/20 the QA sub-group held four audits: one regular case file audit, one audit on strategy discussions, one thematic audit on children with disability and a deep dive audit on the assessment of Care Leavers about to become parents. Of the 18 cases audited and graded; 9 were graded Good; 8 cases were graded Requires Improvement and one case was graded Inadequate.

The deep dive audit on Care Leavers about to become parents looked at two cases in depth over a whole day. The cases were not graded, however the approach enabled auditors to capture a good understanding of the systemic and environmental challenges in achieving good outcomes for Care Leavers and their children.

The percentage of cases audited in 2019-2020 that were graded 'Good' was 50% and no children were found to be unsafe. The small number of cases audited does not necessarily reflect the overall picture of safeguarding practice in East Sussex, especially as the audits require complex cases to be chosen to enable better learning.

The majority of the cases graded Requires Improvement had evidence of very good practice but were graded as such as a result of specific individual gaps/weakness in practice.

Examples of concerns that led to the auditors grading cases as Requires Improvement included: a long delay in an assessment process; a lack of professional curiosity in a case; a long delay for the direct work to start due to a lack of suitably qualified staff and more delay at the end of the intervention; and lack of evidence in the records of direct work to improve the child's lived experience.

**In the majority of cases auditors found:**

- ✓ Good, quick identification and initial response to risk in all cases
- ✓ Good management oversight
- ✓ Good initial response and an effective response to safeguard the child
- ✓ Professionals looked beyond the immediate situation to identify the wider safeguarding context and risks
- ✓ The strategy discussion was held within timescales
- ✓ Good decision making and direct work with the child and family
- ✓ The voice of the child was carefully considered and reflected in child focused work.
- ✓ Good collaboration between different teams working with a child in Children's Services
- ✓ Excellent multi-agency working and record keeping

Findings from audits completed in 2019/20 included:

- Consideration should be given to inviting the relevant health professionals, including the GP, to all key multi-agency meetings.
- A child's school needs to be provided with up to date information about a child's status, the child's family situation and multi-agency decision making and activity to allow them to effectively support and safeguard that child.
- All actions in a Plan should be allocated with a clear timescale to be completed and details of what needs to change as a result of the actions.
- Social workers should capture the child's lived experience and the emotional impact upon them of their experiences when recording the voice of the child.
- The detail of what direct work is being delivered and by which agency should be clearly recorded on the child's record.
- The key role of effective and skilled communication with the care leaver in achieving good outcomes and positive change. Professionals skilfully used motivational interviewing techniques, ensured the Care Leaver was, and felt, listened to throughout, that they understood concerns professionals held and the difficulties that they would be facing. They felt that they owned the decisions and agreed with the practitioners.

With auditing such a relatively small sample of cases in a particular theme, auditors have to decide if findings could be representative of all cases, and present wider systemic issues, or an issue just within that single case.

For example, the children with disabilities audit prompted considerable discussion at the Partnership's Steering Group about learning identified in relation to joint visits and ABE interviews. The audit reports are not just useful in themselves, but useful to prompt single, and multi-agency, discussions about what may have happened in certain cases, and what action agencies are taking to strengthen practice.


## 3.4   Case Review Subgroup

The ESSCP Case Review Subgroup (CRG) meets every month and is a well-established multi-agency group which reviews cases and, using the guidance set out in Working Together, makes recommendations to the Independent Chair and Board about whether a Local Children Safeguarding Practice Review is required. Cases considered by the group are referred in by group members or safeguarding professionals from partner agencies.

Working Together to Safeguard Children 2018 Chapter 4 states that:

> *"The purpose of reviews of serious child safeguarding cases, at both local and national level, is to identify improvements to be made to safeguard and promote the welfare of children. Learning is relevant locally, but it has a wider importance for all practitioners working with children and families and for the government and policy-makers...Reviews should seek to prevent or reduce the risk of recurrence of similar incidents".*

Local authorities notify the Child Safeguarding Practice Review Panel ("the Panel") within 5 working days of any serious incident where they know or suspect that a child has been abused or neglected and the child has died or been seriously harmed. Co-ordinated by the CRG, Safeguarding partners undertake a rapid review of the case within fifteen working days to determine if the criteria for a Local Children Safeguarding Practice Review (LCSPR) has been met. The local authority must also notify the Secretary of State and Ofsted where a looked after child has died, whether or not abuse or neglect is known or suspected.

Two rapid reviews were undertaken in 2019/20. No new LCSPRs were initiated in 2019/20. Two of the Serious Case Reviews (SCR) initiated in 2018/19 both featured infant injury. Both SCRs are currently subject to ongoing criminal investigations, and therefore cannot be published until the conclusion of those investigations. To avoid further delay in dissemination of the learning from these SCRs the ESSCP developed a learning briefing on infant injury. Whilst not containing specific details, it sets out the headline learning from both these reviews.

The third SCR initiated in 2018/19, Child T, was published on the 25th June 2019. Child T died in hospital aged 18 years and 6 months. His death was associated with his type 1 diabetes which he had developed as a child. This review highlights lessons learned about the way that agencies work together to safeguard children and vulnerable young adults in East Sussex.

- **East Sussex LSCB SCR – Child T – Overview Report**
- **East Sussex LSCB Child T SCR – Learning Briefing**
- **SAB/ESSCP Joint Child T Learning Briefing**

The learnings from the Child T SCR have been widely disseminated across multiagency partners, such as through the development of local procedures and the adaptation of training content. The impact of the learnings from the Child T SCR were evident in the positive outcome of the Joint Targeted Area Inspection of services for children that took place in February 2020.

Alongside the new referrals, rapid reviews, and continuing SCRs, the CRG are also continuously reviewing actions plans from previous reviews, ensuring that improvements are embedded in practice and there is a positive impact on children, young people and families.

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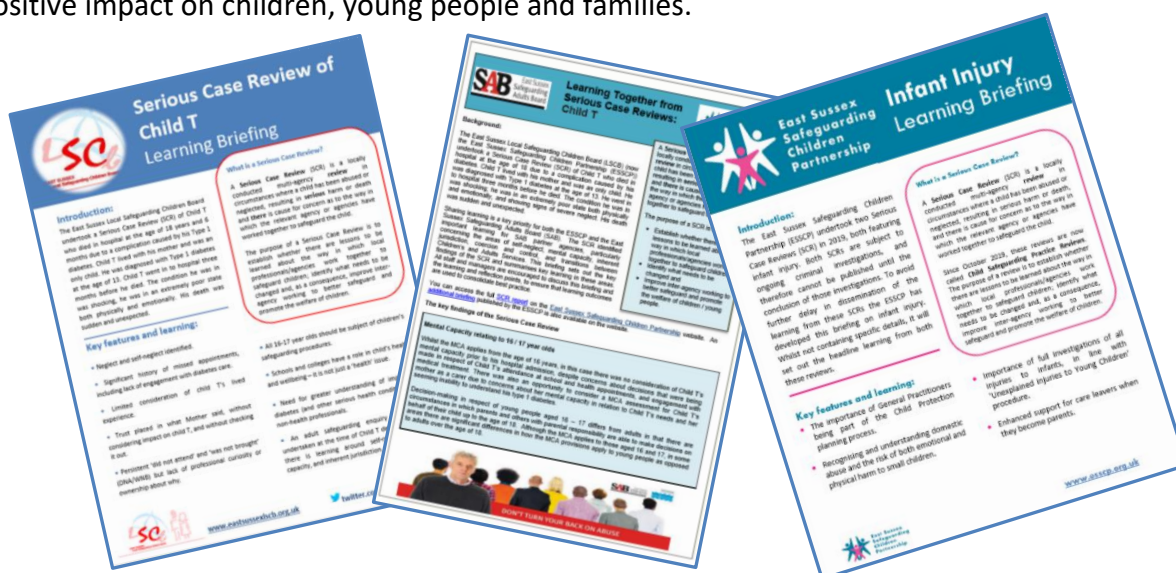
## 3.5    Learning & Development

The ESSCP Learning & Development (L&D) Subgroup meets quarterly to review the partnership training programme, analyse training data such as attendance and evaluation feedback, and to develop training themes. The Subgroup also includes consideration of ESSCP communications which links to training and learning, such as learning briefings about audit outcomes and serious case reviews. The Subgroup comprises of representatives from the ESSCP, Health, Children's Services, Police and Education. ESSCP multi-agency training can be accessed via the East Sussex Learning Portal.

The ESSCP training offer is supported by a 'pool' of experienced practitioners who give their time and expertise as part of their continuing professional development at no additional cost to the ESSCP. Only two external trainers are currently commissioned to provide courses as subject experts. To support the training pool, three development sessions were held during 2019/20. These provided the opportunity to share knowledge and information through a range of presentations delivered by practitioners and representatives from local organisations. This ensures training is evidence based, practitioners have the opportunity to support the development of the training offer and the training pool is thanked for its contributions throughout the year.

As in previous years, a large majority of participants continue to rate courses as either Excellent (49%) or Good (45%). During 2019/20 54 training courses ran with 1200 available places. 963 participants from a range of agencies attended which equates to 80% attendance across the 54 courses. Due to Covid-19 restrictions classroom-based training ceased from March 18th, 2020, resulting in the cancellation of 10 courses before the end of this reporting year. There are numerous on-line courses available through partnership with the Children's Services Workforce Development team; some as pre-requisites to the classroom-based courses as well as for the harder to reach audiences such as the Private, Voluntary and Independent (PVI) sector. There is now a large on-line training offer through the East Sussex Learning Portal and all the courses are currently free to access, but this may be subject to change in the future.

**Extracts from course evaluations during 2019/20:**

The **Neglect: Using Tools to Assess Parents' Ability to Make Positive Changes for Their Children** course in Quarter 1 had 10 returns out of 22 attendees with 8 people rating the course as **'Excellent'** and 2 as **'Good'**.
Two people said they would put their learning into practice by:

**'Use of toolkit to identify the extent to which neglect is a factor. Use of role play experience to apply to conversations/home visits where neglect is a possible/confirmed factor'**
**'Will disseminate key points to my team and suggest use of the neglect tool kit to inform referrals by other professionals when we close cases and they are dissatisfied with the outcome'**

One person commented in relation to learning improving outcomes for children:
**'Improved awareness of signs of neglect - being more confident to identify the signs and take these forward so they can be addressed, and thinking of ways to support the child in school with the personal, social and emotional development issues that are often caused by neglect'**

The **Mental Health: Perspectives on Children and Young People with Mental Health Issues -Professional Level Workshop** that ran in Quarter 2 had 10 returns out of 21 attendees with 6 people rating the course as **'Excellent** 'and 4 as **'Good'**

One person said they would put their learning into practice by:
**"Now I have more knowledge of the subject it means I know what to look out for. I will be able to use what I learnt to have more effective conversations with parents and partners"**

One person commented in relation to learning improving outcomes for children:
**"This course has made me more aware of children's mental health and I feel more confident to support children with their emotional well-being. This will improve outcomes for children in a variety of ways. They will hopefully feel more comfortable knowing that there is somebody they can turn to who isn't their carer or close family member. Supporting them with their mental health will help them in other areas of their development and help them to feel more confident to take on the world"**

The **Young People and Substance Misuse Professional Level** course that ran in Quarter 3 had 9 returns out of 18 attendees with 4 people rating the course as **"Excellent"** and 5 as **'Good'**

One person said they would put their learning into practice by:
**"The twenty minutes of information from the Clinical Nurse was the most useful. The information he provided would have made a more informative training session as too much focused on basic drug awareness. Will use the risk awareness from the main course with clients. Will use FRANK and good to know about Re-Boot. Was also good to have some clarification on the law regarding possession and supply"**

One person commented in relation to learning improving outcomes for children:
**"Being equipped with new skills and current information prepares you for new challenges and enables you to be familiar with current languages and trends amongst our young people today"**



The **Gangs, Youth Violence, Knives and Criminal Exploitation Awareness Training** course that ran in Quarter 4 had 21 attendees and 7 returns with 4 people rating the course as **'Excellent'** and 3 as **'Good'**

One person said they would put their learning into practice by:
**"Within my work it has opened my eyes to the very real risk to my vulnerable boys and girls who get excluded or do not attend school, it has enabled me to be able to speak confidently to them on this subject hoping to prevent their association with those who are actively looking for vulnerable students/Young People - Adults not in EET"**
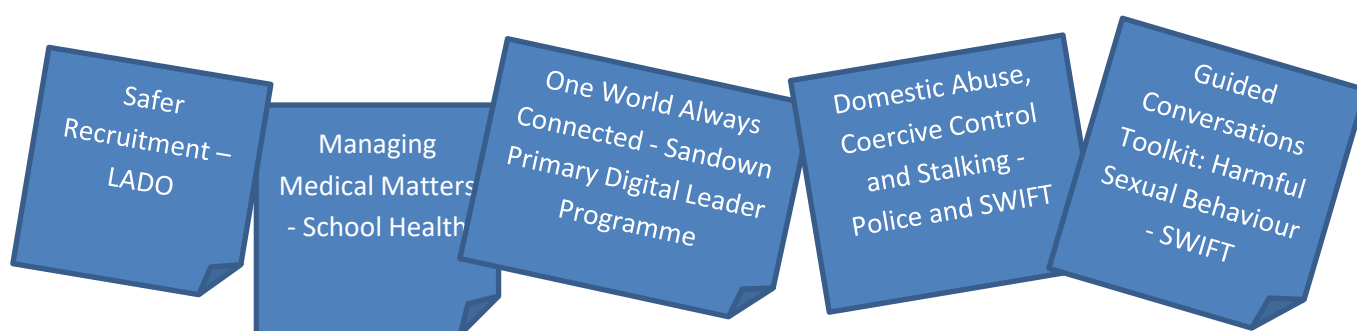
One person commented in relation to learning improving outcomes for children:
**"I will be able to respond more quickly and have the necessary tools to hand when I believe a young person is at risk. Early identification and referral may help safeguard and divert young people away from crime"**

Regrettably, the pan-Sussex Safeguarding Children Partnership Conference has been postponed to 2021/22 due to the impact of Covid-19 and social distancing restrictions. However, looking ahead to 2020/21 and beyond, the L&D subgroup have ambitious plans, including the refresh of the Learning & Improvement Framework, development of a Learning Strategy and review of the group's Terms of

Reference. The group will strengthen the consideration of pan-Sussex learning and communication opportunities, such as learning from Local Children Safeguarding Practice Reviews, procedural updates and national priorities. Pan-Sussex SCP working groups for communications and training are forming to support these themes. Alongside this, the Learning & Development Consultant will take forward with the development and delivery of virtual training sessions and resources to support distance learning and development.

**Annual Schools Conference – 17th January 2020**

The Standards and Learning Effectiveness Service (SLES) hosted its annual Safeguarding Conference for over one hundred delegates from schools across the county, along with representatives from Health, Police, Social Care and the ESSCP. Reg Hooke, Independent Chair of the ESSCP opened the conference. Health colleagues gave the keynote speech *'Working together to manage medical needs in schools'.* This was followed by a question and answer panel representing various elements of the Health Service for a multiagency conversation around some of the challenges of safeguarding children within the context of health and medical conditions.  A key topic was that of consent and how without it Health colleagues are often not able to share information with schools. This is an area of work which SLES are taking forward with local Health partners in 2020/21. Conference Workshops offered were:

Safer Recruitment – LADO

Managing Medical Matters - School Health

One World Always Connected - Sandown Primary Digital Leader Programme

Domestic Abuse, Coercive Control and Stalking - Police and SWIFT

Guided Conversations Toolkit: Harmful Sexual Behaviour - SWIFT

The afternoon presentation topic was **BBC Own It App**. The Head of Editorial Standards and Safeguarding at Children's BBC presented on the recently launched Own It App. This innovative app is downloaded onto a child's phone and will actively monitor the content of their social media interactions. This is not an app which allows parents to spy on their children or relay data to another device, instead it will prompt children to reconsider the use of harmful language in messages or provide signposting to support if a child indicates they are distressed. The conference received positive feedback from attendees and was a great opportunity for networking with other Designated Safeguarding Leads and safeguarding colleagues from other agencies.

## 3.6   Child Death Overview Panel

The Pan-Sussex Child Death Overview Panel (CDOP) is a function outside of the ESSCP that undertakes comprehensive reviews of child deaths (of children who usually reside within Sussex) in order to promote action that will reduce the risk of future child deaths occurring and support the inter-agency working to safeguard children and promote their welfare. During 2019 – 2020 the panel's activity sought to drive improvements that would prevent child deaths, safeguard children and young people and improve care

and support for bereaved families and any affected communities. Every child death is reviewed to draw out any learning and to apply those lessons for the future.

Work has taken place to ensure that the panel is operating in line with the updated statutory requirements and that recommendations from the new National Child Death Review guidance on investigating and responding to child deaths are put in place and are working at a local level. The appointment of a dedicated nurse team has provided additional capacity alongside the Designated Doctor's for Child Deaths, adding the required strength to the review process. The new arrangements commenced in October 2019.

The CDOP Chair highlighted the following headlines from the CDOP Annual Report:

➢ The total number of deaths recorded during this year (1st April 2019 to 31st March 2020) is the second lowest during the 11-year period that CDOP's have been in operation.
➢ Mortality rate for children aged under 18 in Brighton & Hove and East Sussex combined is significantly higher in the most deprived 40% of areas compared to the least deprived areas – this is in line with the national picture.
➢ At both a national and Sussex level the largest cause of death is a perinatal/neonatal event (37% for Sussex, 33% for England).
➢ Cancers are the largest cause of death in children aged 1-17 years, accounting for 24% of deaths in East Sussex for this age group.

CDOP advised the ESSCP that Sudden Unexpected Death in Infancy (SUDI) remains one of the leading causes of infant death in the community and in all of the cases reviewed by the panel, modifiable factors were identified regarding the infants sleeping environment. The ESSCP will continue to develop and embed its multi-agency response to safe sleep learning within the 2020-2023 priority area of Safeguarding Under 5's.

In addition CDOP highlighted the role of the ICON programme, which has recently been launched in East Sussex, to support parents and carers to understand and cope with infant crying with a view to reducing the risk of Abusive Head Trauma - www.iconcope.org

## 3.7   Pan Sussex Procedures

Child Protection and Safeguarding Procedures Manual

The Pan Sussex Procedures Group reviews, updates and develops safeguarding policies and procedures in response to local and national issues, changes in legislation, practice developments and learning from Local Safeguarding Children Reviews and audits. The procedures are a tool for professionals working with children and families across Sussex. The group meets four times a year and has a membership drawn from key agencies across the SCP's in East Sussex, West Sussex and Brighton & Hove.

Between December 2019 to March 2020, a drive to update the pan Sussex procedures was initiated, resulting in 26 policies being updated and published in this period by the group. To further build on this progress, a jointly funded Pan Sussex Policy Lead started in post from April 1 2020 to co-ordinate a consistent approach to the development and maintenance of the pan Sussex Child Protection and Safeguarding Procedures. It is envisaged that this will provide an effective and timely response to reflect changes required to procedures from legislation updates or local and national learnings.

## 3.8    Local Safeguarding Children Liaison Groups

The ESSCP facilitates two 'Local Safeguarding Children Liaison Groups' (LSCLG) which cover the East and the West of the county. The groups provide a dynamic forum for sharing information (e.g. about thematic service developments or referral pathways), strengthens multi-agency working, disseminates learning, escalates practice issues, and promotes ESSCP multi-agency training courses relevant to topics discussed and group membership.

The group is very popular and is attended by a range of frontline practitioners and managers across partner agencies. In 2019/20 a total of 8 meetings were held. Unfortunately, the last 2 meetings of 2019/20 were cancelled due to the early Covid-19 lockdown period.

The group's aims include:
- To promote positive working relationships, effective communication, and information sharing between agencies.
- To ensure the ESSCP priorities and related action plans are implemented and learning from audits and reviews is disseminated across partner agencies.
- To allow a safe forum for professional challenge and case discussion in order to learn, develop and improve practice.

The group invites guest speakers, or speakers from within the group membership, and covers a diverse range of topics. Some of the highlights of the 2019/20 meetings were presentations from:
- Police colleagues regarding Operations Encompass – the process by which a key adult in education will be informed by police directly regarding a child who was involved in a Domestic Violence incident the previous night.
- Safer Communities colleagues outlining the work undertaken around the Modern Slavery agenda in both Adults and Children's Services.
- Public Health colleagues reporting on the statistics of accidents and preventable child injuries and safeguarding, plus the interventions for prevention.
- Children's Services colleagues advising regarding the changes to Early Help Services following consultation and the development of the integrated Single Point of Advice (SPOA) front door with CAMHS (Child and Adolescent Mental Health Service).
- ESSCP colleagues with regular training updates and opportunities and dissemination of learning and updates from the case review subgroup.

The Chair of the LSCLGs regularly invites feedback from group members to ensure the groups remain purposeful and relevant. The feedback received indicated how valued the groups are, and included the following comments:

- *"The value of the Liaison Group for the Education Futures Trust is that, as an independent charity we are able to keep abreast of child safeguarding policy and practice as it is made and carried out by our local Social Care and Health colleagues. For us, not to be 'in the loop' as it were, would allow the danger of our keywork and alternative education practices to drift from standard best practice. We also value the opportunity to contribute from the point of view of the independent sector."* **Keywork Manager, Education Futures Trust**

- [What works well] *"Being able to hear from colleagues' updates and pressures on systems and also being able to share that from my perspective. Getting advice and support and hearing about new services and incentives. We can discuss case related issues and challenges and plan in a joint working way.* [Encourages] *Good lines of communication and knowing that, because of this, I can speak to colleagues outside of the meeting also."* **Manager, CAMHS, East Sussex FISS/LD and ADHD Services, Sussex Partnership NHS Foundation Trust**

## 3.9  Multi-Agency Child Exploitation Group

The overarching Multi-Agency Child Exploitation (MACE) priorities for the partnership in 19/20 were:
A) Continue to raise awareness within the community and deliver preventative education to equip children and young people with the skills they need to make safe and healthy choices and avoid situations which put them at risk of being exploited.
B) Deliver a holistic and effective response to children and young people referred to MACE, that reflects learning from previous case audit and service user feedback.
C) Strengthen support and safeguarding arrangements for those young people who are reported Missing or who are referred to MACE.
D) Deliver 'disruption measures' to divert children and young people away from being exploited and stop those engaging in exploiting children.

Key areas of work included:
- The Mace Operational Group delivered a multi-agency response to 82 children. During this period 61 children were discharged from the group with increased safety plans and 59 children were accepted as new referrals.
- The volume of referrals to MACE operational meetings had increased to a point that the process was struggling to cope with the demand. Plans to address this, whilst continuing to build greater awareness of exploitation amongst staff, were outlined to Inspectors in March 2020 as part of the JTAI and have since been successfully implemented.
- A Contextual Safeguarding assessment and response was delivered to the College Central pupil referral network through funding secured from the Violence Reduction Unit, to deliver targeted support to children at College Central.

- East Sussex professionals participated in a Sussex University research project – "What works in Criminal Exploitation". The findings enabled a successful application to the Research in Practise Tackling Child Exploitation programme in order to improve local agency responses to Disruption.
- A contextual safeguarding approach was delivered in Hailsham and resulted in the co-ordination of a multi-agency plan to reduce environmental and peer group risks pertaining to Child Sexual Exploitation. The young women who were at the centre of concerns are no longer subject to MACE plans and local agencies have delivered a broad range of interventions, ranging from improved street lighting and CCTV to joint visits to licensed premises in order to raise awareness of child exploitation.
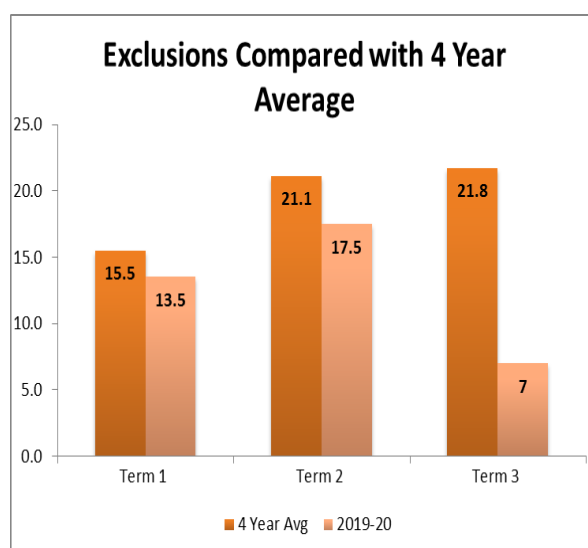
**Spotlight on Contextual Safeguarding Responses across a Pupil Referral Unit Network**

Following concerns raised by Police and Education colleagues through the MACE strategic group about levels of reported criminality within College Central (the local pupil referral network), a contextual safeguarding assessment was undertaken. The assessment found that a number of pupils in 2 of the 4 units were suspected to be victims of Criminal Exploitation and to be involved in County Lines. However, the initial agency concerns regarding the exchange of drugs on premises proved to be unfounded and although children were linked to County Lines, there was no actual group of pupils involved. Assessment findings concluded that this cohort of pupils was over represented in Police reports and in other agency referrals for esclating anti social behaviour and that there were significant risks of exploitation.

Funding was secured through the Sussex Violence Reduction Unit and has enabled the co-location of YOT practitioner sessions across College Central sites. This provides targeted early intervention to the most vulnerable pupils with the aim of raising awareness of risks such as knife crime and exploitation, whilst preventing escalating anti-social behaviour and criminality through an individualised pupil and family engagement offer.

**Outcomes in Year 1**
- Seven young people who attend College Central were discussed at MACE. Of those, none have had their risk rating increased. 29% of the College Central cohort was showing a reduction.
- No College Central pupils have been added to the MACE panel in the last 3 terms of the 2019/20 academic year
- All students have taken part in prevention interventions on knife crime
- Wider knowledge of criminal behaviour has allowed teaching staff to develop strategies for reducing risk of drugs/knives related incidents.
- All students have taken part in citizenship lessons on the criminal justice system
- 75% of students at KS4 took part in kick boxing sessions, a significant rise on participation in PE activities for this group



**Exclusions Compared with 4 Year Average**

| | Term 1 | Term 2 | Term 3 |
|---|---|---|---|
| 4 Year Avg | 15.5 | 21.1 | 21.8 |
| 2019-20 | 13.5 | 17.5 | 7 |

- Regular YOT work is taking place on site for those students with formal YOT involvement, this has removed the need to miss education during the school day
- Comparing the exclusions data for the three terms that the YOT workers have been at College Central with the average exclusion data for the previous four years shows that there have been fewer pupil exclusions in each term.

## 3.10  Local Authority Designated Officer (LADO)

The LADO responds to allegations made about people who work with children. The statutory guidance Working Together 2018 sets out the requirements for all agencies providing services for children to have procedures in place for reporting and managing allegations against staff and volunteers. The criteria for LADO involvement applies when an individual working or volunteering with children has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child;
- Behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children.

A further definition has been added to Keeping Children Safe in Education 2020, which many LADOs are adopting to provide clarity on transferable risk:

- Behaved or behave in a way that indicates they may not be suitable to work with children.

The work of the LADO and their team is set out in an Annual Report received by the ESSCP Board annually. The information below is taken from that report:

**Activity and Demands on the LADO Service 2019-20**

The number of contacts and referrals into the LADO service increased on the previous year, with 1,905 contacts, of which 940 were referrals. The contact total includes contacts classified as non-LADO, where advice was provided and signposted elsewhere. 965 were classed as consultations, which was a reduction on the number of consultations in 2018/19. The top 5 referrers into LADO were; Social Care (774), Education (430), Other (189), Residential (122), Health (100) with the most prevalent allegation types being Professional Conduct (305) and Physical Abuse (157). There is currently one full-time LADO and one Assistant LADO in East Sussex.

**What Went Well?**

- All referrals continued to receive an initial response within 24 hours, despite an increase in contacts and more complex referrals over the last year.
- Good communication with locality teams and partner agencies, ensuring that information on themes and trends for the year were clearly identified and responded to at an early stage.
- Ongoing review of processes and procedures has taken place building on the changes that have been made over the last year.
- 617 cases were concluded during the last year.

**What Difference Has It Made?**

- o A new referral and webpage went live in September 2019, making it easier for the LADO service to respond to referrals and obtain information required at an early stage.
- o Training has been updated to reflect concerns identified around safer recruitment, including delivery of a workshop at the Early Years and School Safeguarding Conferences during October 2019 and January 2020 to raise awareness.
- o Bespoke support and training have been offered to a number of settings, and an increase in support for organisations in their learning during investigations and at the end of a process with a view to improving policy and procedures and strengthening practice.

# 4. Appendices

## 4.A Board Membership

| NAME | TITLE, ORGANISATION |
|------|---------------------|
| **Reg Hooke (Chair)** | Independent East Sussex SCP Chair |
| **Sally Williams** | Manager, East Sussex SCP To Oct. 2019 |
| **Louise MacQuire-Plows** | Manager, Est Sussex SCP From Jan. 2020 |
| **Victoria Jones** | Manager, East Sussex SCP |
| **Graham Cook** | Lay Member, East Sussex SCP |
| **Harriet Martin** | Lay Member, East Sussex SCP |
| **Maxine Nankervis** | Admin Officer, East Sussex SCP |

| | |
|------|---------------------|
| **Allison Cannon** | Chief Nurse, NHS Hastings & Rother Clinical Commissioning Group (CCG) |
| **Gareth Knowles** | Safeguarding Lead, SECAmb |
| **Catherine Scott** | Deputy Director for Safeguarding and Transforming Care East Surrey & Sussex CCGs To Jan. 2020 |
| **Dee Harris** | Designated Nurse Safeguarding Children, East Sussex To Mar. 2020 |
| **Domenica Basini** | Acting Head of Clinical Quality -Safeguarding NHS England |
| **Jayne Bruce** | Deputy Chief Nurse, Sussex Partnership Foundation Trust (SPFT) |
| **Jeanette Waite** | Named Nurse for Safeguarding Children East Sussex To Jan. 2020 |
| **Jessica Britton** | Chief Operating Officer, Sussex and East Surrey STP Commissioners |
| **Martin McAngus** | Acute Service Manager Coastal / AMHP Sussex Partnership |
| **Naomi Ellis** | Head of Safeguarding and Looked After Children, Sussex CCGs |
| **Sue Curties** | Head of Safeguarding, (Adults and Children) ESHT |
| **Tracey Ward  (Dep. Chair)** | Designated Doctor Safeguarding Children, East Sussex |
| **Vikki Carruth** | Director of Nursing, ESHT |

| | |
|------|---------------------|
| **Andrea Holtham** | Service Manager, Sussex CAFCASS |
| **David Kemp** | Head of Community Safety, East Sussex Fire & Rescue Service |
| **David Satchell** | Snr Probation Officer, National Probation Service, Sussex |
| **Lee Whitmore** | KSS, Assistant Chief Probation Officer |
| **Till Sanderson** | Acting D/Sup Sussex Police To Mar. 2020 |
| **Jon Hull** | D/Sup Sussex Police |

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|------|---------------------|
| **Paul Juniper** | Bede's Senior School |
| **Kate Bishop** | Rotherfield Primary School |
| **Richard Green** | Deputy Head Teacher, Chailey Heritage School |
| **Richard Preece** | Executive Head teacher, Torfield & Saxon Mount Federation |

| | |
|------|---------------------|
| **Catherine Dooley** | Senior Manager, Standards and Learning Effectiveness (5-19), Children's Services |
| **Delyth Shaw** | Safeguarding Adults Board Development Manager |
| **Douglas Sinclair** | Head of Safeguarding and Quality Assurance, Children's Services |
| **George Kouridis** | Head of Service Adult Safeguarding |
| **Justine Armstrong** | Safer Communities Manager |
| **Liz Rugg** | Assistant Director (Early Help & Social Care), Children's Services |

| | |
|---|---|
| **Rachel Doran** | Legal and Coroner Services Manager |
| **Stuart Gallimore** | Director of Children's Services |
| **Sylvia Tidy** | Lead Member for Children and Families |
| **Vicky Finnemore** | Head of Specialist Services, Children's Services |
| **Victoria Spencer-Hughes** | Consultant, Public Health To Jul. 2019 |
| **Ben Brown** | Consultant, Public Health, ESCC |

| | |
|---|---|
| **Jeremy Leach** | Principal Policy Adviser, Wealden District Council |
| **Malcolm Johnston** | Executive Director for Resources, Rother District Council |
| **Oliver Jones** | Lewes DC + Eastbourne BC, Strategy and Partnerships Lead |
| **Seanne Sweaney** | Strategy and Corporate Projects Officer, Lewes DC and Eastbourne BC |
| **Verna Connolly** | Head of Personnel and Organisational Development, Hastings Borough Council |

| | |
|---|---|
| **Kate Lawrence** | Chief Executive Home-Start East Sussex |
| **Micky Richards** | Change Grow Live, Director Operations To Nov. 2019 |

# 4.B  ESSCP Budget

**ESSCP – Actual Income and Expenditure 2019/20**

| Actual Income 2019/2020 | | Actual Expenditure 2019/2020 | |
|---|---|---|---|
| Sussex Police | £23,750 | Independent Chair | £24,789 |
| National Probation Service | £717 | Business Manager(s) 1.4 FTE | £62,339 |
| Kent, Surrey and Sussex (KSS) CRC | £1,250 | Administrator | £21,080 |
| CAFCASS | £275 | Administration | £1,138 |
| CCGs | £46,698 | Child Death Overview Panel | £24,488 |
| Change Live Grow (CLG) | £375 | Trainer | £52,284 |
| East Sussex County Council (ESCC) | £146,000 | Training Programme and Conference | £6,840 |
| Training Income | £13,885 | Projects | £22,300 |
| B&H CC contribution for CDOP | £4,000 | Pan Sussex Procedures | £3,066 |
| LSCB brought forward from 18/19 | £64,043 | IT Software & Hardware | £6,297 |
| | | Serious Case Reviews | £17,861 |
| | | *Carry Forward (balancing fig)* | £58,511 |
| **Total** | **£300,993** | | **£300,993** |

**Projected Income and Expenditure 2020/21**

| Projected Income 2020/21 | | Projected Expenditure 2020/21 | |
|---|---|---|---|
| Sussex Police | £35,000 | Independent Chair | £24,500 |
| Sussex CCG | £53,400 | Business Manager(s) 1.4 FTE and Administrator | £110,000 |
| East Sussex County Council (ESCC) | £117,200 | Administration | £1,400 |
| Training Income | £7,500 | Trainer | £55,900 |
| LSCB brought forward from 19/20 | £58,510 | Training Programme and Conferences | £13,600 |
| | | Projects | £15,000 |
| | | Pan Sussex Procedures | £4,500 |
| | | IT Software & Hardware | £1,400 |
| | | Safeguarding Practice Reviews | £20,000 |
| | | *Carry Forward (balancing fig)* | £25,310 |
| **Total** | **£271,610** | | **£271,610** |

# 4.C    Links to other documents

## East Sussex Health and Wellbeing Strategy (2016-19)

This strategy is a framework for the commissioning of health and wellbeing services in the County. The Health and Wellbeing Board will consider relevant commissioning strategies to ensure that they have taken into account the priorities and approaches set out in the Health and Wellbeing Strategy. The main priority is to protect and improve health and wellbeing and reduce health inequalities in East Sussex, the strategy focuses on: Accountable care; Improving access to services; Bringing together health and social care; Improving emergency and urgent care; Improving health and wellbeing; Improving mental health care; Improving primary care; Better use of medicines; Better community services.

## Sussex Police and Crime Commissioner – Police and Crime Plan 2017-21

The Commissioner has identified the following four policing and crime objectives:

- Strengthen local policing
- Work with local communities and partners to keep Sussex safe
- Protect our vulnerable and help victims cope and recover from crime and abuse
- Improve access to justice for victims and witnesses

## East Sussex Safer Communities Partnerships' Business Plan (2017-2020)

The East Sussex Safer Communities Partnership undertakes a strategic assessment of community safety every three years with an annual refresh in order to select work streams and plan activity for the year ahead.

Colleagues from the ESSCP and ESCC Children's Services work closely with the Safer Communities Partnership to respond to the broader threat of exploitation. Sustaining existing work within the partnership and developing new and existing relationships with partners is of particular importance to ensure that we are supporting vulnerable individuals within the community and helping them feel safe and confident in their everyday lives.

## East Sussex Safeguarding Adults Board Annual Report 2019-20

The ESSCP works closely with the SAB on the overlapping themes of Modern Slavery, Domestic Abuse, transition and Cuckooing.

## DfE Keeping Children Safe in Education - September 2020

Updated statutory guidance from the Department for Education issued under Section 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014, and the Non-Maintained Special Schools (England) Regulations 2015. Schools and colleges in England must have regard to it when carrying out their duties to safeguard and promote the welfare of children.

## 4.D   Acronyms

| | |
|---|---|
| **ABE** | Achieving Best Evidence |
| **AMH** | Adult Mental Health |
| **B&H** | Brighton & Hove |
| **BC** | Borough Council |
| **CAFCASS** | Children and Family Court Advisory and Support Service |
| **CAMHS** | Child and Adolescent Mental Health Service |
| **CC** | County Council |
| **CCG** | Clinical Commissioning Groups |
| **CDOP** | Child Death Overview Panel |
| **CLG** | Change Live Grow |
| **CQC** | Care Quality Commission |
| **CRG** | Case Review Subgroup |
| **CYPT** | Children and Young People Trust |
| **DC** | District Council |
| **DfE** | Department for Education |
| **EET** | Education, Employment, or Training |
| **ESCC** | East Sussex County Council |
| **ESFRS** | East Sussex Fire & Rescue Service |
| **ESHT** | East Sussex Health Trust |
| **ESSCP** | East Sussex Safeguarding Children Partnership |
| **GP** | General Practitioner |
| **JTAI** | Joint Targeted Area Inspection |
| **KSS** | Kent, Surrey and Sussex (KSS) CRC |
| **L&D** | Learning & Development |
| **LADO** | Local Authority Designated Officer |
| **LCSPR** | Local Children Safeguarding Practice Review |
| **LSCB** | Local Safeguarding Children Board |
| **LSCLG** | Local Safeguarding Children Liaison Groups |
| **MACE** | Multi-Agency Child Exploitation Group |
| **MASH** | Multi-Agency Safeguarding Hub |
| **NHS** | National Health Service |
| **QA** | Quality Assurance |
| **SAB** | Safeguarding Adults Board |
| **SCP** | Safeguarding Children Partnership |
| **SCR** | Serious Case Reviews |
| **SECAmb** | South East Coast Ambulance |
| **SLES** | Standards and Learning Effectiveness Service |
| **SPFT** | Sussex Partnership Foundation Trust |
| **SPOA** | Single Point of Advice |
| **STP** | Sustainability and Transformation Plan |
| **SUDI** | Sudden Unexpected Death in Infancy |
| **SWIFT** | Specialist Family Services |
| **YOT** | Youth Offending Team |

| | |
|---|---|
| **Report to:** | **East Sussex Health and Wellbeing Board** |
| **Date of meeting:** | **8 December 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 further report at its March 2021 meeting on the development of the Plan.**

**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 / guidance is produced, as well as structured whole reviews every 3 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. 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, including from the recent exercise, 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;

- a further development the escalation framework based on the new local COVID-19 alert levels, published nationally.

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 recently 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. From November 2020 East Sussex County Council will be supporting contact tracing where an individual has tested positive but the NHS Test and Trace system has not been successful in making contact with them. This locally supported contact tracing aims to improve the proportion of people successfully followed up.

2.4     The local escalation framework has been superseded by the new local COVID alert levels published by the government in October 2020 and the different actions and interventions required at each level. However, these were subsequently replaced by new national restrictions from the 5th November. It is anticipated once national restrictions are eased that the tiers will resume again. For more information see the national guidance https://www.gov.uk/guidance/local-covid-alert-levels-what-you-need-to-know.

2.5     Budget plans for the £2.5m allocated to East Sussex to support the development of its response have been proposed, including an allocation to Districts and Borough Environmental Health Teams, and ESCC Trading Standards, Emergency Planning, Communications and Public Health functions.

2.7     A multi-agency exercise to test the OCP was held with our key stakeholders on 17 September. The learning from this exercise has been 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 March 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


Background Documents:

None

eastsussex.gov.uk

**East Sussex**
County Council

# East Sussex Outbreak Control Plan – COVID-19

October 2020

Version 2.6

# 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 and April 2021.

| Version | | Date |
|---|---|---|
| 2.6 | East Sussex Outbreak Control Plan – COVID-19 published as part of Health and Wellbeing Board papers (meeting scheduled for 8 December 2020). | 8 Dec 20 |
| 2.5 | Government published a set of new local COVID alert levels: Medium, High and Very High, also known as Tiers 1, 2 and 3 on 12/10/20. The three alert levels are accompanied with a graduated scale of measures related to social distancing, rules for businesses and care home visiting. Some detail related to the three levels has already been published and is available at https://www.gov.uk/guidance/local-covid-alert-levels-what-you-need-to-know. The new government alert levels and tiers meant that the local escalation framework was no longer relevant and so was shown with strike out font. | 27 Oct 20 |
| 2.4 | East Sussex Outbreak Control Plan – COVID-19 whole plan refresh, including new escalation framework approved by the Health and Wellbeing Board and published to website | 17 Sep 20 |
| 2.3 | East Sussex Outbreak Control Plan – COVID-19 and published as part of Health and Wellbeing Board papers | 9 Sep 20 |
| 2.0 | East Sussex Outbreak Control Plan – COVID-19 approved by the Health and Wellbeing Board. | 14 Jul 20 |
| 2.2 | Appendix B removed and Appendix C moved to Appendix B on website publication | 2 Jul 2020 |
| 2.1 | Minor corrections and amendments to the website publication | 1 Jul 20 |
| 2.0 | Final version prepared by Rob Tolfree, Tracey Houston and Emma King based on comments received by partners.<br><br>Approved by Becky Shaw, Chief Executive ESCC, and Darrell Gale, Director of Public Health ESCC and published as part of Health and Wellbeing Board papers | 30 Jun 20 |
| 1.3 | Second draft prepared by Rob Tolfree based on comments received.<br><br>Version 1.3 sent for comments to: Chief Executives of Districts and Boroughs and Environmental Health leads; Sussex Resilience Forum; Police; Emergency Planning; Communities, | 23 Jun 20 |

| Version | | Date |
|---|---|---|
| | Environment and Transport; Children's; Adult Social Care; ESHT; CCG; SCFT; SPFT; Health Watch; Public Health England; RSI; Communications; HMP Lewes; HSE | |
| 1.2 | First draft by Rob Tolfree.<br><br>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 Jun 20 |
| 1.1 | Structure and outline approved by Darrell Gale, Director of Public Health ESCC | 15 Jun 20 |

# Contents page

# List of figures

# 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 Sleepier 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 31st 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 12th January and later named COVID-19. The WHO subsequently declared an Emergency of International Concern on the 30th January, and on the 11th 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 31st January 2020, and there has 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 28th 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.

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## 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 [as detailed in section 2], 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)
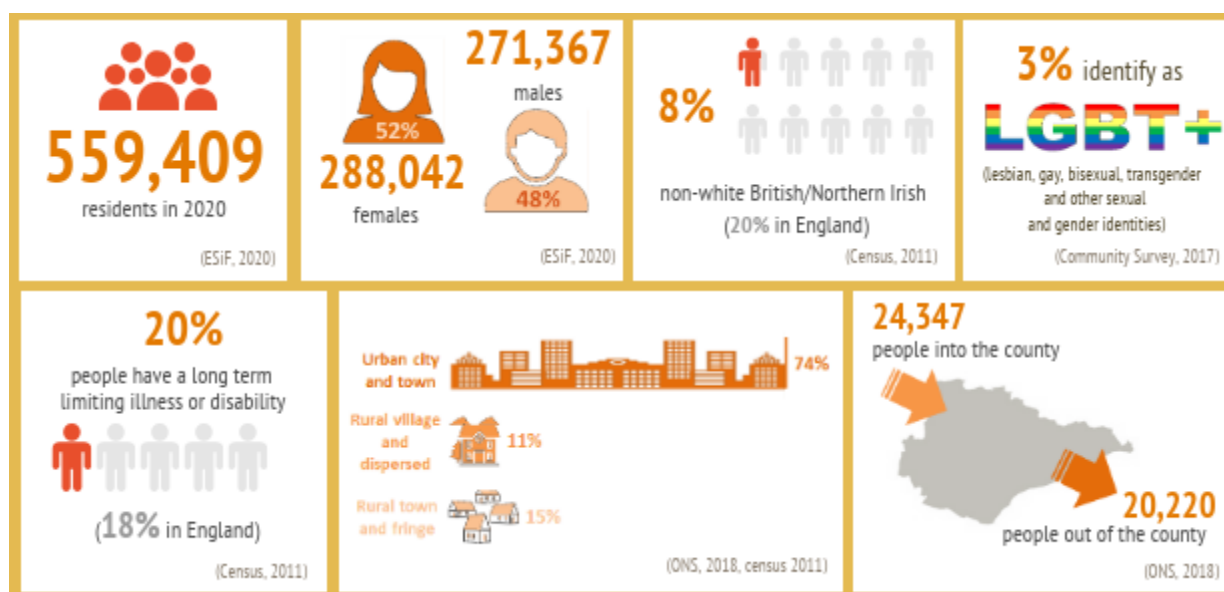- Sussex Resilience Forum, Sussex Emergency Response and Recovery Plan (2019)

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 is able to prevent and respond to outbreaks, and guidance produced at a national level.
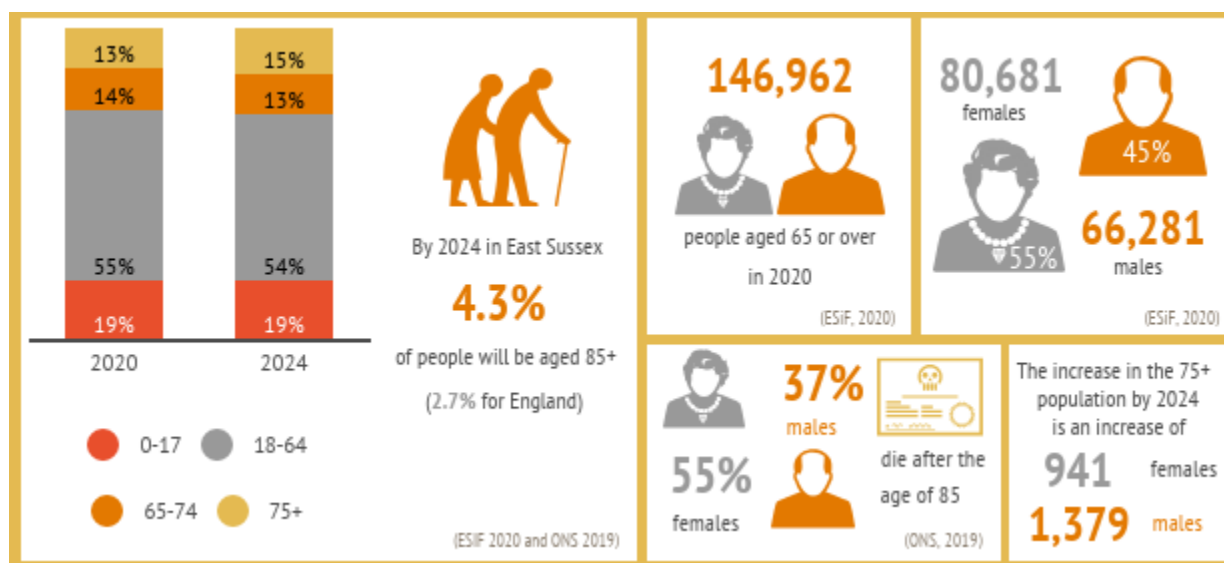
# East Sussex overview

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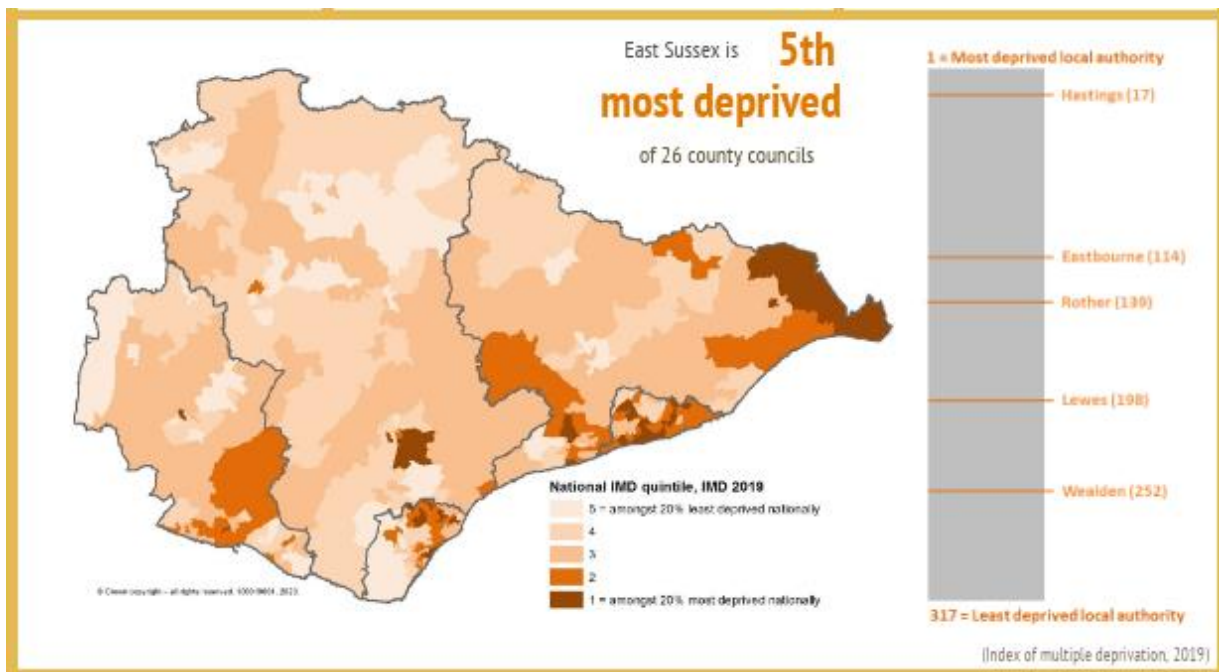
The East Sussex Community Survey identifies that nearly three quarters of people have a strong sense of secure identity and sense of belonging, and over three quarters are more than satisfied with their local area. People are also engaged and willing to support each other with half of those responding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

**559,409** residents in 2020 (ESiF, 2020)

**271,367** males
**288,042** females
52% / 48%
(ESiF, 2020)

**8%** non-white British/Northern Irish (20% in England) (Census, 2011)

**3%** identify as **LGBT+** (lesbian, gay, bisexual, transgender and other sexual and gender identities) (Community Survey, 2017)

**20%** people have a long term limiting illness or disability (18% in England) (Census, 2011)

Urban city and town 74%
Rural village and dispersed 11%
Rural town and fringe 15%
(ONS, 2018, census 2011)

**24,347** people into the county
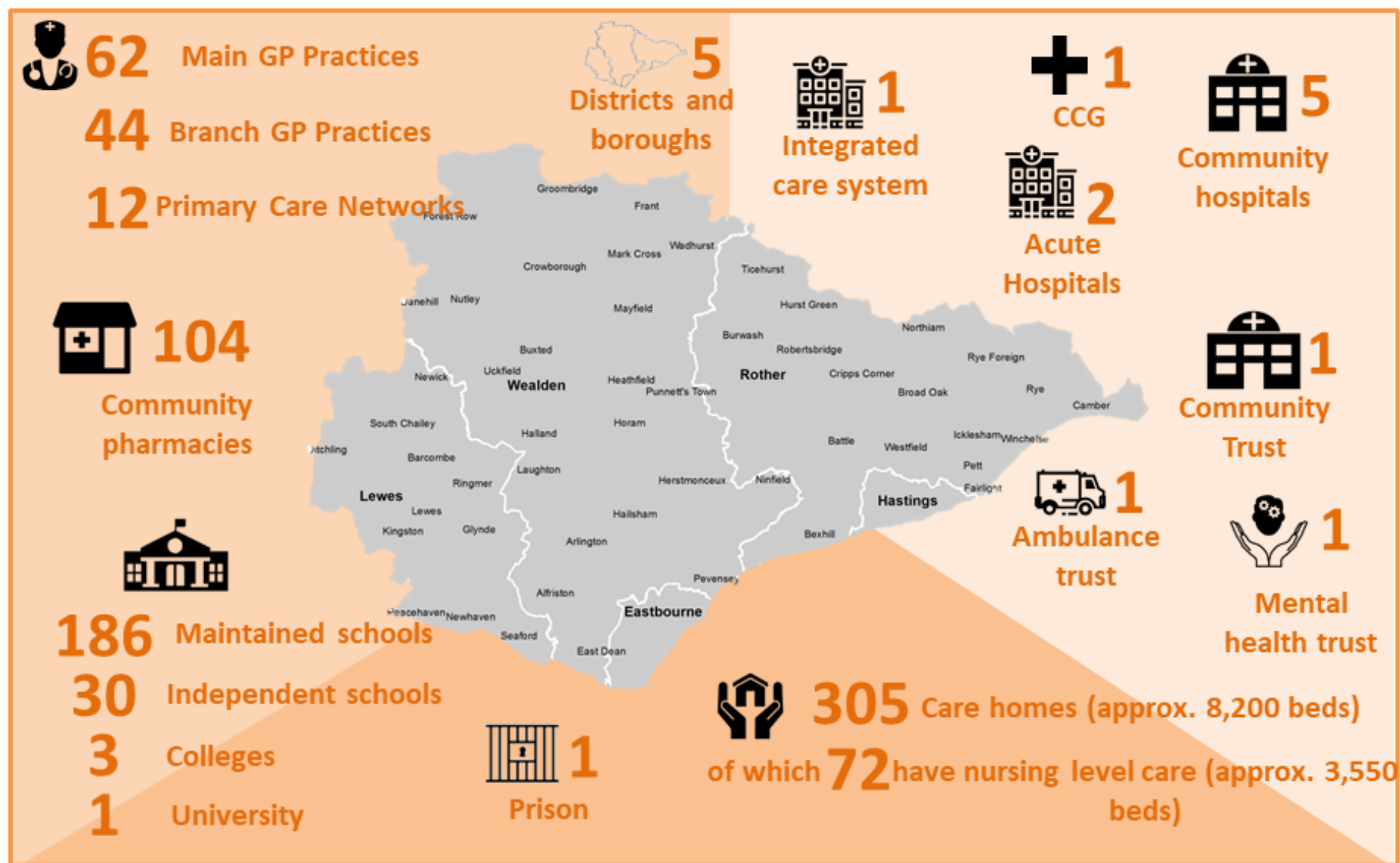**20,220** people out of the county
(ONS, 2018)

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.

2020: 13% / 14% / 55% / 19%
2024: 15% / 13% / 54% / 19%

● 0-17   ● 18-64   ● 65-74   ● 75+

By 2024 in East Sussex **4.3%** of people will be aged 85+ (2.7% for England) (ESiF 2020 and ONS 2019)

**146,962** people aged 65 or over in 2020 (ESiF, 2020)

**80,681** females 55%
**66,281** males 45%
(ESiF, 2020)

**37%** males
**55%** females
die after the age of 85 (ONS, 2019)

The increase in the 75+ population by 2024 is an increase of
**941** females
**1,379** males

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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 is **5th most deprived** of 26 county councils

1 = Most deprived local authority

Hastings (17)

Eastbourne (114)

Rother (130)

Lewes (198)

Wealden (252)

317 = Least deprived local authority

(Index of multiple deprivation, 2019)

National IMD quintile, IMD 2019
- 5 = amongst 20% least deprived nationally
- 4
- 3
- 2
- 1 = amongst 20% most deprived nationally

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# East Sussex health and care landscape



**62** Main GP Practices

**44** Branch GP Practices

**12** Primary Care Networks

**104** Community pharmacies

**186** Maintained schools

**30** Independent schools

**3** Colleges

**1** University

**5** Districts and boroughs

**1** Integrated care system

**1** Prison

**1** CCG

**2** Acute Hospitals

**1** Ambulance trust

**5** Community hospitals

**1** Community Trust

**1** Mental health trust

**305** Care homes (approx. 8,200 beds)
of which **72** have nursing level care (approx. 3,550 beds)

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# 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 11th November 2020, East Sussex was ranked 145th 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 all confirmed COVID-19 cases since the beginning of the pandemic, displayed by lower tier local authority with the lighter colour reflecting a lower rate.

*Figure 1: Total confirmed cases of COVID-19 per 100,000 population by upper tier Local Authority in England (*Source: Data from National Dashboard published 12th November, map produced by West Sussex)



Upper Tier Decile Key for cumulative rate per 100,000 (range of values given in brackets)

- 10% of authorities with highest rate (3,751.6-5,384 cases per 100,000)
- Decile 2 (3,138.9-3,670 cases per 100,000)
- Decile 3 (2,498.7-3,120 cases per 100,000)
- Decile 4 (2,033.1-2,385 cases per 100,000)
- Decile 5 (1,546.9-2,024 cases per 100,000)
- Decile 6 (1,356.1-1,538 cases per 100,000)
- Decile 7 (1,244.9-1,355 cases per 100,000)
- Decile 8 (1,092.5-1,242 cases per 100,000)
- Decile 9 (955.5-1,081 cases per 100,000)
- 10% of authorities with lowest rate (506.7-940 cases per 100,000)

*Figure 2: All confirmed cases of COVID-19 per 100,000 population by lower tier Local Authority in the South East (*Source: Data from National Dashboard published 12th November, map produced by West Sussex)
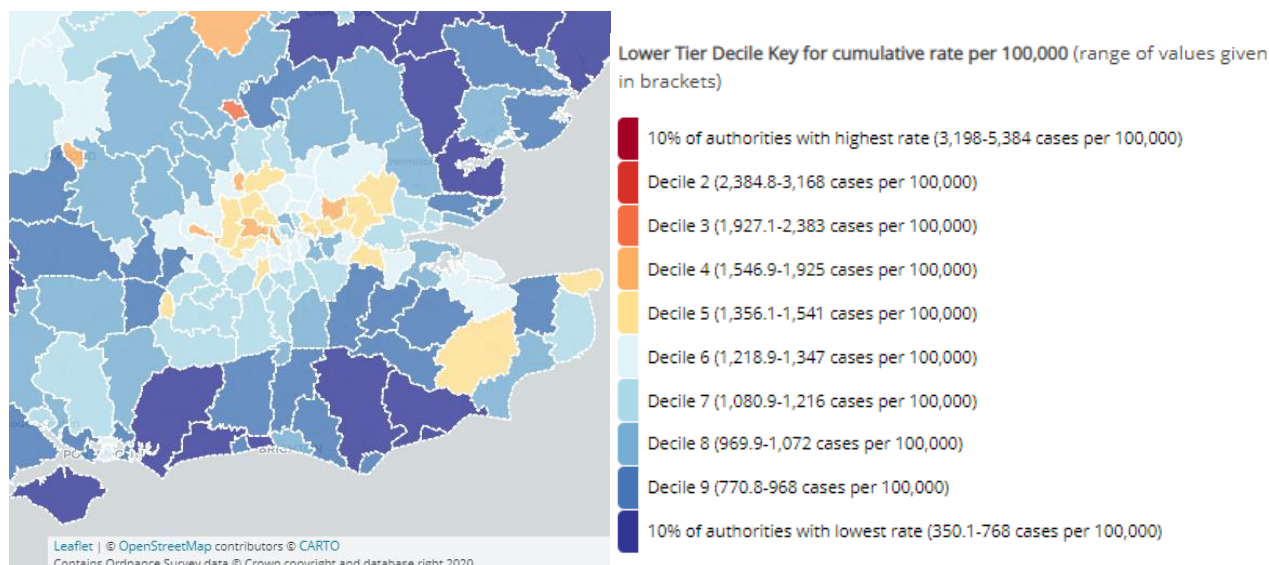


Testing data shows that there has been a consistently lower rate of COVID-19 in East Sussex, West Sussex, and Brighton, compared to the neighbouring authorities. Data from Districts and Boroughs within East Sussex also reveals variation. The following table shows the rate of COVID-19 for each of the 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 in East Sussex, data to 10th November 2020*

|  | COVID-19 rate per 100,000 | Local Authority rank (1 highest) |
| --- | --- | --- |
| East Sussex | 692 | 145/149 |
| Eastbourne | 907 | 264/315 |
| Hastings | 500 | 313/315 |
| Lewes | 771 | 283/315 |
| Rother | 514 | 310/315 |
| Wealden | 721 | 291/315 |

Hastings is worthy of particular attention as it is currently ranked 313 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

The following table describes the new local COVID alert levels published by the government in October 2020, and the different actions and interventions required at each level. However, these were subsequently replaced by new national restrictions from the 5th November. It is anticipated once national restrictions are eased that the tiers will resume again. For more information see the national guidance https://www.gov.uk/guidance/local-covid-alert-levels-what-you-need-to-know.

| Local COVID Alert Level | MEDIUM – Tier 1 (National restrictions apply) | HIGH – Tier 2 (Additional restrictions) | VERY HIGH – Tier 3 (Tighter restrictions apply |
|---|---|---|---|
| **Intelligence and triggers** | Daily review of COVID-19 data by Public Health team, presented weekly at multi-agency Operational Cell. <br><br> National restrictions apply to all areas of England | Daily review of COVID-19 data by Public Health team. Detailed surveillance in the specific area to inform health protection measures, including expertise from Field Epidemiology. <br><br> Data show increasing trend with high infection in an area and/or high/increasing positivity rate. Any thresholds determined by the government will be added. National watchlist published weekly | Daily review of COVID-19 data by Public Health team. Enhanced surveillance in the specific area to inform health protection measures, supported by national resources. <br><br> COVID-19 rates causing concern with very high rates (e.g. positivity, older / at risk, growth rate, hospital admissions). National watchlist published weekly. |
| **Notifications (partners) –** | East Sussex COVID-19 weekly surveillance report shared with partners (Thursdays) | <ul><li>Notification sent to partners, including cross border</li><li>ESCC Operational Cell and Health Protection Board</li><li>ESCC COVID-19 Tactical Group and Strategic Group</li><li>ESCC Health and Wellbeing Board</li><li>NHS Silver</li><li>Sussex ICS Monitoring Group</li><li>Formal briefing to members and MPs</li><li>SRF – Consideration for multi-agency response</li></ul> | As for *Tier 2*, with Frequent briefings to members and local MPs, and assurance to Government as required. <br><br> Daily briefings with the media. |

| Local COVID Alert Level | MEDIUM – Tier 1 (National restrictions apply) | HIGH – Tier 2 (Additional restrictions) | VERY HIGH – Tier 3 (Tighter restrictions apply |
|---|---|---|---|
| **Comms and Engagement (public)** | Communications based on the COMS plan, including: Prevention, symptom recognition, and testing messages; action to take if symptomatic; reactive statements for outbreaks | General high communications geo-targeted via multiple channels focusing on:<br><br>• new alert level and household and travel restrictions<br><br>• Prevention, symptom recognition, testing, and action to take if symptomatic<br><br>• raising awareness of local population/affected communities of increasing infection rates<br><br>• proactive statements as required for outbreaks | Extensive widespread engagement and communications with affected areas/communities and shared with relevant neighbours to explain the restrictions and the geographical area for the restrictions, including in relevant languages. |
| **Outbreak Control** | Ongoing implementation of the Local Outbreak Control Plan, with cases / outbreaks, managed as detailed in section 10, including through convening OCTs as required. SRF notified if any outbreaks require coordinated response. | Consideration to Incident Management Team (IMT) for affected area, with support from relevant agencies to investigate potential reasons for transmission and to identify/implement actions to reduce infection rates.<br><br>SRF notified if any outbreaks require coordinated response. | Government and local authorities agree additional measures above the baseline set in Local COVID Alert Level VERY HIGH.<br><br>Increased national support for: local test and trace; local enforcement funding; military assistance; job support scheme |
| **Testing** | DPH works with DHSC and LRF Testing Cell to support whole care home testing, arrangements for local testing centres and MTU deployment | Increasing testing capacity via MTU deployment to targeted specific areas/communities | Significant increased widespread testing including MTU deployment<br><br>Expanded testing of symptomatic and asymptomatic persons for affected area including MTU deployment |
| **Welfare Support** | Welfare support continues to known vulnerable residents<br>Welfare support is unlikely to be necessary for clinically extremely vulnerable group (Shielding) | Welfare support continues to known vulnerable residents<br>Welfare support is unlikely to be necessary for clinically extremely vulnerable group (Shielding) | Welfare support continues to known vulnerable residents. Welfare provision may be needed for individuals in clinically extremely vulnerable group (Shielding).<br><br>CMO *may* advise more restrictive formal shielding measures. Welfare provision may be needed a higher number of individuals. |
| **Care Homes** | Visiting supported as per guidance unless PHE give specific advice. | DPH notifies care homes that they must close to all external visitors other than in exceptional circumstances, such as end of life | DPH notifies care homes that they must close to all external visitors other than in exceptional circumstances, e.g. end of life |

| Local COVID Alert Level | MEDIUM – Tier 1 (National restrictions apply) | HIGH – Tier 2 (Additional restrictions) | VERY HIGH – Tier 3 (Tighter restrictions apply |
|---|---|---|---|
| **Education and Childcare** | Education and childcare fully open to all. Children's groups permitted | Education and childcare open. Children's groups permitted. Childcare bubbles for U 14s permitted in private homes/gardens<br><br>Decision on implementation of 'tiers of restrictions for education and childcare' (Contain Framework) agreed with national partners. https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers#annex-3-tiers-of-national-restriction | Education and childcare open. Children's groups permitted. Childcare bubbles for U14s permitted in private homes/gardens<br><br>Decision on implementation of 'tiers of restrictions for education and childcare' (Contain Framework) agreed by national partners. https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers#annex-3-tiers-of-national-restriction |
| **Prevent and Enforce** | Police adopt 'engage, encourage, educate, enforce' for individuals to follow COVID guidance.<br><br>Environmental Health, Licensing Teams and Trading Standards advise and monitor businesses/ events to ensure COVID safe practices.<br><br>Consider use of local powers to prevent and manage spread.<br><br>Consideration to COVID-19 marshals to be deployed by Districts/Boroughs | Police approach of engage, encourage, educate, enforce – for individuals to follow COVID guidance.<br><br>Environmental Health, Licensing Teams and Trading Standards advise and monitor businesses/ events to ensure COVID safe practices.<br><br>Consider use of local powers to prevent and manage spread.<br><br>Enhanced support/enforcement to ensure businesses implementing COVID secure measures | As for Tier 2, but in addition Government consults with Local Authorities to agree additional measures such as restrictions and/or closures within hospitality, indoor and outdoor entertainment and tourist attractions and venues, leisure centres and gyms, public buildings, close personal care/close contact services<br><br>Enhanced support/enforcement to ensure businesses implementing COVID secure measures and enforcement of national regulations |

## 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 and the escalation framework.

## 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, and East Sussex Healthcare Trust, and Communications.

As described in the Escalation Framework section (SECTION X), 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 review 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 section (SECTION 2), 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 section (SECTION 2), 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.

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 will be needed, for example in the event of a substantial outbreak, where multiple 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*

The image cannot currently be displayed.

## 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.

# East Sussex Outbreak Control Plan Governance

*Figure 6 - East Sussex Outbreak Control Plan Governance*
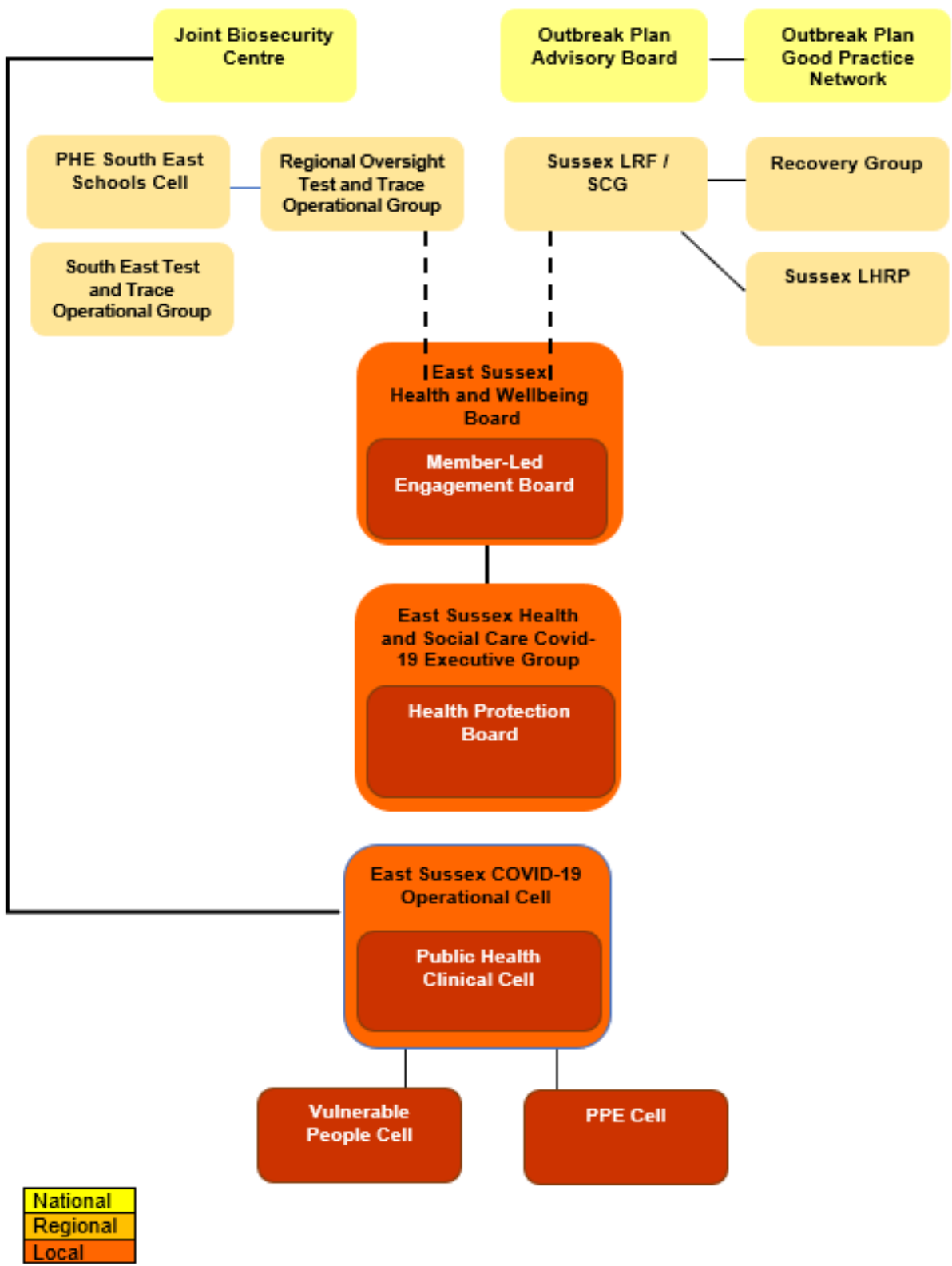
# Legal context

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, most recently on 5 November 2020, 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. The lockdown which is due to end on 2 December 2020 supersedes many of the measures contained in Figure 7 below.

**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 or group of persons with a request that they refrain from doing anything for the purpose of preventing, protect against, control or providing 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 as a means 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 (figure 7), describes the various measures currently available to different agencies, who the designated lead would be, and the enabling legislation.

*Figure 7 - Summary of measures to prevent or control COVID-19 and the enabling legislation*

| Type of measure | Prevent/ Control | Lead | Enabling legislation | Description of use |
|---|---|---|---|---|
| **Declaring a gathering of more than 6 illegal when event is to be held via a Temporary Event Notice** | Prevent-<br><br>*For use at any point in escalation framework (as decision depends on CV19 RA quality etc)* | Environmental Health | **The Licensing Act 2003** and The Health Protection (Coronavirus, Local COVID 19 Alert Level) (Medium) (England) Regulations 2020<br>[1] (SI 684)<br><br>In extremis: **The Health Protection (Coronavirus Restrictions) No 3 Regulations** | Organisers[2] for events of up to 499 people and of less than 5 days duration can hold events via a standard Temporary Event Notice (TEN)[3], which provides District and Borough council's ten working days' notice of the planned event.<br><br>The Police/Environmental Health may object within three working days on one of four grounds public safety, crime and disorder, protection of nuisance, protection of children. There are no public health groups on which to refuse permission. However, the No 2 regulations require a CV-19 risk assessment and demonstration that all reasonable measures have been taken to limit the risk of transmission of COVID-19 for events held in public open space. If the risk assessment is not deemed 'suitable and sufficient,' permission can be refused (with no hearing necessary) and the organiser and Police Prevent Inspector would be notified that the event is illegal.<br><br>In a case where the CV-19 risk assessment is not satisfactory and the above procedure cannot be used (e.g. if the event was planned on private land) or 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, we may feel the event should not go ahead on public health grounds, and would aim to engage with the organiser on this. If the organiser refused to delay or cancel, the Local Authority may make a direction under the number 3 regulations 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 Local Authority Officers can issue "prohibition Notices" to close individual premises.<br>In the case of late TENs, the Police or Environmental Health can object with no right for the organiser to appeal. |

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[1] Where there are employees working at the event, the Health and Safety Act 1974 can also be used.·

[2] Events of over 6 people organised by individuals are illegal, as per the No 2 regs and this is enforceable by the Police.

[3] In the case of late TENs, the Police or Environmental Health can object with no right for the organiser to appeal.

| Type of measure | Prevent/ Control | Lead | Enabling legislation | Description of use |
|---|---|---|---|---|
| **Declaring a gathering of more than 6 illegal when an event permission is to be requested via a Premises License** | Prevent- *For use at any point in escalation framework (as decision depends on CV19 RA quality etc)* | Environmental Health or Public Health representative at a SAG | **The Licensing Act 2003** and The Health Protection (Coronavirus, Local COVID 19 Alert Level) (Medium) (England) Regulations 2020 | Organisers for events of 500 people or over 5 days must hold a premises licence which may include a condition requiring approval of an event management plan by a Safety Advisory Group. Under this, there are unlikely to be specific public health grounds on which to refuse permission. However, the Health Protection (Coronavirus) regulations require a CV-19 risk assessment and demonstration that all reasonable measures have been taken to limit the risk of transmission of COVID-19 for events in a public outdoor space and permission can be refused if the risk assessment is unsatisfactory. This is completed by the District or Borough and there is no obligation upon them to share that risk assessment. The organiser and Police Prevent Inspector would be notified that the event is illegal. However, the event would be unlikely to be illegal if it was taking place on premises that were part of the business of the premises licence holder or a visitor attraction. |
| | | | In extremis: **The Health Protection (Coronavirus Restrictions) No 3 Regulations** | In a case where the CV-19 risk assessment is not satisfactory but permission cannot be refused due to the planned location of the event or 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, public health may believe the event should not go ahead on public health grounds, and would aim to engage with the organiser on this. If the organiser refused to delay or cancel, the Local Authority 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 Trading Standards officers can issue "prohibition Notices" to close individual premises. |

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| Type of measure | Prevent/ Control | Lead | Enabling legislation | Description of use |
|---|---|---|---|---|
| **Taking action against a business/premises permitted to be open but not complying with COVID-19 guidelines**[4] | Prevent-<br>*For use at any point in escalation framework.* | Environmental Health | **Health and Safety at Work Act 1974**, and with reference to **sector specific COVID guidelines** | 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 or serving an improvement notice to require a risk assessment. |
| | | | **The Health Protection (Coronavirus, Collection of Contact Details etc and Related Requirements) Regulations 2020** | The Health and Safety Executive have previously cautioned their inspectors against the serving of deferred provision notices and prohibition notices, on their judgement that there is a relatively low level of risk to an average employee in contracting CV-19. However, the decision to serve deferred prohibition/prohibition notices will be up to each Lower Tier Local Authority H&S Inspector in accordance with their own enforcement policy, professional judgement and with regards to each specific situation. |
| | | | **The Health Protection (Coronavirus, Restrictions) (Obligations of Hospitality Undertakings) (England) Regulations 2020** | In hospitality, new regs issued on 18/09, requires the hospitality sector to take all reasonable measures to ensure adherence to the rule of 6 and social distancing whilst on business premises. This legislation also gives enforcement powers to Local Authorities in cases of non-compliance.  In the hospitality sector when serving food or drink on premises, leisure and tourism services, close physical contact services and services provided in community centres, there is a requirement to collect contact information and display a Government QR code to enable customers to use the NHS Test and Trace App to record their visit.  It is a criminal offence to breach these Regulations and Local Authorities can issue a fixed penalty notice of £500 for the first offence if paid within 14 days.  It can be up to a maximum of £4000 for repeat offenders. |
| | | | In extremis: **The Health Protection (Coronavirus Restrictions) No 3 Regulations** | Where a business repeatedly refuses to comply, the No 3 regulations can also be used to issue a directive to close the business under Regulations 3. |

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[4] 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.

| Type of measure | Prevent/ Control | Lead | Enabling legislation | Description of use |
|---|---|---|---|---|
| **Shutting a business/premises following intelligence of an outbreak where action wasn't taken voluntarily** | Control-<br>*For use at any point in escalation framework.* | Environmental Health | **Health and Safety at Work Act 1974**, and with reference to **sector specific COVID guidelines**<br><br><br>In extremis: **The Health Protection (Coronavirus Restrictions) No 3 Regulations** | 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 and serving an improvement notice to require risk assessment. The decision to serve deferred prohibition/prohibition notices will be up to each Lower Tier Local Authority H&S Inspector in accordance with their own enforcement policy, professional judgement and with regards to each specific situation.<br><br>Where a business refuses to comply, the number 3 Regulations could be used to issue a directive to close the business. |
| **Closing an outdoor public space** | Prevent-<br>*Only to be considered in areas with 'raised local concern/national concern'.* | Director of Public Health (in partnership with relevant LTLA) | **The Health Protection (Coronavirus Restrictions) No 3 Regulations** | The Local Authority 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. |
| **Taking action against a business/premises NOT permitted to be open** | Prevent-<br>*For use at any point in escalation framework.* | Environmental Health / Trading standards (depending on sector) | **The Health Protection (Coronavirus Restrictions) No 2 Regulations** (SI 684) | 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. |
| **Directing an individual to undertake specified health measures** | Prevent/<br>Control-<br>*For use at any point in escalation framework.* | Any local authority authorised officer designated to carry out this role under delegated powers | **The Health Protection (Part 2A Orders) Regulations 2010** | 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 this is a time intensive process and so may not be appropriate due to the length of the infectious period of CV-19. |
| **Take action against an individual contravening a requirement within the Self-Isolation Regulations (without reasonable excuse)** | Control-<br>*For use at any point in escalation framework.* | Local Authority designated officer | The Health Protection (Coronavirus, Restrictions) (Self-Isolation) (England) Regulations 2020 | Under the Self Isolation Regulations, an authorised person is able to direct individuals who should be self-isolating to return to the place where they are self-isolating or remove that person to the place they are self-isolating, where this is considered necessary and proportionate. Fixed penalty notices can also be issued to individuals reasonably believed to have committed an offence under these regulations. |

# 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.

From November 2020 East Sussex County Council will be supporting contact tracing where an individual has tested positive but the NHS Test and Trace system has not been successful in making contact with them. This locally supported contact tracing aims to improve the proportion of people successfully followed up.

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/.

If a positive case is identified in a business, setting, or organisation, then the relevant guidance should be followed, as detailed in section 10.

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*Figure 8: NHS Test and Trace – Three Tiers*

**Tier 1b**

Regionalised network (likely 9) with a named LA lead and regional Director in PHE working with each local authority lead and LRFs

There is an integrated logistics provider

NHSBSA likely

Tier 1a: HPTs, FS, Border health working with LAs

Tier 2: dedicated professional contact tracing staff

Staff employed through NHSP

Tier 3: Call handlers

Contracted external provider

PHE Protocols, Standard Operating Procedure and script
PHE Central co-ordinating centre

Tier 1a contact tracing: development of guidance and protocols and clinical governance. HPTs Field Service, Border health and other working on contact tracing of flights and large-scale events. Contact Tracing Teams recruited and / seconded as additional staff into PHE to work with Tiers 2 and 3.

Tier 1b:
- Regionalised network: Overview of the programme regionally, receive and review performance reports from the PHE Contact Tracing cell and assess wider impact across areas. Liaison and communication between national programme and local areas (LRFs and LAs).
- Local authorities: shielding, food and support, enforcement, economic impact, schools, homelessness.
- HPTs and FS working with local authorities as usual to investigate and control outbreaks and other complex issues.

Tier 2 contact tracing: interview and identification of contacts. Escalation of complex issues to Tier 1.

Tier 3 contact tracing: communication and provision of advice to contacts according to SOPs and scrips. Escalation of difficult issues to Tier 2.

**ROLES**

*Figure 9: What is contact tracing (PHE)*
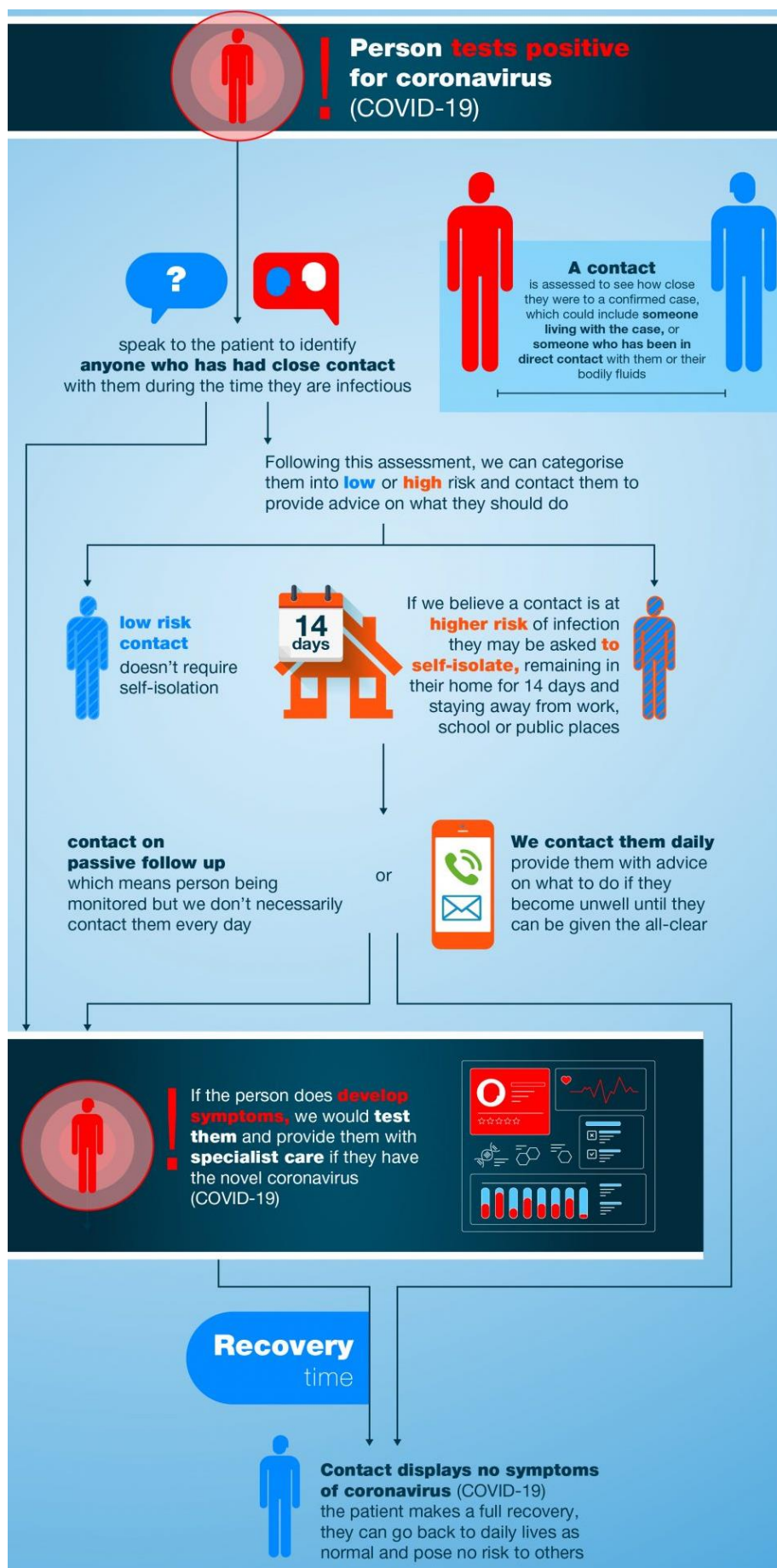
# Outbreak Control Teams

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. Meeting 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 include 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.
- Infection Control representative from the Clinical Commissioning Group

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.

Appendix A sets out the standard documents to be used including(a) Terms of Reference, (b) Agenda and (c) Minutes.

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 will be needed, for example in the event of a substantial outbreak or where multiple outbreaks are occurring at the same time. 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.

- Ensure all partners in East Sussex (and more widely when relevant) are kept informed of, and involved in, developments in engagement and communication. 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 East Sussex's place within the national tier system of alert. The communications plan specifies how   ESCC's communications team would immediately notify and work with partner organisations if a move to a higher tier is under consideration for East Sussex.

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 increased restrictions locally. 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.

The communications and engagement plan is shared with all local partners when each new version is published and is also available on Resilience Direct.

# 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.

| Objective 1:<br><br>Staff in local authorities will secure access to the range of data available, for this we will: | ▪ 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;<br><br>▪ 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)<br><br>▪ 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. |
|---|---|
| Objective 2:<br><br>Using the range of data, we will be highly vigilant ("proactive surveillance") in monitoring change: | ▪ There will be proactive surveillance by reviewing a broad range of indicators which may provide an early warning of outbreaks or possible community transmission<br><br>▪ We will have, and further develop, our understanding of high-risk places, locations and communities |

| Objective 3:<br><br>Staff tackling outbreaks will have access to robust and concise information and be supported in their use of data; this will include: | ▪ 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<br>▪ Help to identify similar settings of concern<br>▪ Modelling possible scenarios. |
|---|---|
| Objective 4:<br><br>We will seek to maximise the transparency of local decisions: | ▪ There will be consistent reporting to each local authority Outbreak Engagement Board and support where possible wider dissemination working with local Communication teams<br>▪ Provide data to the public in a clear and transparent way, and demonstrate how this information is used, to inform local decisions.<br>▪ Clearly note the sources of data and which datasets are, and are not, in the public domain. |

**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 providing to local authorities record level datasets including postcode in relation to testing, 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 Sussex Monitoring Group. 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 further developed**

It is anticipated that the following developments will continue:

- 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 are a regional testing sites (RTS) centre at Gatwick Airport and Plumpton Racecourse and at local testing sites at Bexhill, Eastbourne and Hastings.

Mobile Testing Units (MTUs) are being used across the county. 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  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.

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

**Types of Tests**

Polymerise Chain Reaction (PCR) tests

- throat and/or nose swab to directly detect the presence of an antigen

Serology Antibody Tests

- blood tests to tell who has been infected and may be immune

Lateral Flow Tests (using Lateral Flow Devices – LFDs)

- A swab of the nose or throat, to detect the presence of an antigen
- A paper-based test device, results displayed within 15 to 30 minutes.

**Testing pathways currently in place**

There are a number of 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.

- 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 is more than one symptomatic or confirmed individual, the home will be risk assessed and whole care home testing undertaken, those who are negative will be tested on day 4-7 then 90 days  after the symptomatic patient the home will be tested then return to the pillar 2 testing regime. Staff who have tested negative will continue throughout to have weekly testing.

- Other individuals that require symptomatic or asymptomatic testing (in very special circumstance) 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 November all NHS staff and social care staff have been offered antibody testing and clinics continue to allow access. Testing has been rolled out to community pharmacists and dentists.

**Current issues in testing**

The recent issue, seen nationally, with  lab processing capacity being exceeded has now been resolved and testing capacity is no longer being restricted to areas of high prevalence. However, if demand were to outstrip availability again testing would have to be prioritised.

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

- Consideration of access to testing for extra care and supported living settings. A one-off offer of testing of all staff and residents has been undertaken. However, there is no weekly testing at present for staff (including domiciliary carers) or residents.

- 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 community assisted testing team, although work is being done to rectify this situation.

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

- Lateral Flow Devices (LTD) which can be self-administered swab tests are being explored as further opportunities to increase access to testing. These are being mass tested in Liverpool.

# Vulnerable People

Vulnerable people support arrangements currently in place East Sussex are multi-agency and cross-sector in nature. East Sussex County Council is leading on the support to Clinically Extremely Vulnerable People (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:
- Circa 21,000 Clinically Extremely Vulnerable people (CEV's) who shielded during the March-August lockdown and who are currently advised to take additional precautions, and for whom additional support is available.

- Approximately 4,500 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 led by different agencies.

- 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 over 6,000 people have contacted Community Hubs for support.


**Current support available**

ESCC is providing centralised coordination of support to those in the clinically vulnerable groups. Those identified by a GP or clinician as being in the extremely clinically vulnerable group have been written to by Government and advised to avoid unnecessary contact and stay at home as much as possible. Support is available through registration with the National Shielding Service.  ESCC is working closely with local partners to deliver the support required. Unlike in the first lockdown food boxes are not being delivered by central Government.

Support[5] being offered to the CEV includes:
- Pro-active calls are being undertaken to CEV individuals (circa 21k). Prioritisation is based on those who were receiving a food box at the end of July, those most recently added as CEV, age and other additional vulnerabilities.

- Health and Social Care Connect is available for CEV individuals to contact. Additional capacity has been recruited to.

- A food delivery contract has been procured and where appropriate food box delivery is available to residents. This is only available as a last resort and where all other avenues have been exhausted.

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[5] Information on all support available can be found at
https://www.eastsussex.gov.uk/community/emergencyplanningandcommunitysafety/coronavirus/

Advice for CEV individuals requiring support is based upon:

- In the first instance seeking assistance from trusted family, friends and neighbours with basic support such as help you with shopping, getting medicines and other essentials.

- Seeking assistance from NHS Volunteer Responders - 0808 196 3646 or by visiting the website: NHS Volunteer Responders

- **Register on GOV.UK.** The national government won't be providing food boxes this time. However, registration using a new online service gets access to priority supermarket deliveries. Registration is through https://www.gov.uk/coronavirus-shielding-support

- **Pharmacy delivery.** If this isn't available through friends, family and neighbours or NHS Volunteers CEV's can inform their local pharmacy who will arrange delivery. The pharmacy will arrange this free of charge. The NHS Find a Pharmacy Service lists all pharmacies nearby.

- **Contact Health and Social Care Connect.** If residents need help to register on GOV.UK for a supermarket slot, or if no other sources of help are available. Health and Social Care Connect by emailing hscc@eastsussex.gov.uk or call 0345 60 80 191 (open 8am to 8pm 7 days a week including bank holidays).

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.

**Community Hubs**

For residents who need support but aren't CEV the Community Hubs in each District and Borough are available. Community Hubs are here to help people affected by the pandemic who have no one else to turn to. Community Hubs[6] are a partnership between the voluntary sector, health service, County Council and District and Borough Councils in East Sussex. Hubs can help residents with things like:

- supporting with options to help you get food and essentials

- organising volunteers to help with shopping for food or essentials, or collecting prescriptions

- putting residents in touch with a local organisations or groups who can help with the impact of coronavirus

- referring to local befriending services to combat isolation.

**Additional Support**

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

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[6] More information is available at
https://www.eastsussex.gov.uk/community/emergencyplanningandcommunitysafety/coronavirus/coronavirus-community-support/

- 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

**COVID Winter Grant**
The Government has provided a Winter Grant to support children and families with costs such as food and fuel. ESCC is working with partners to agree a scheme to distribute this funding.

# 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;   National testing sites are at (Gatwick, AMEX),  Local testing sites are atBexhill 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 1st 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 and actions agreed and outcomes are confirmed. The clinical lead in identified GP practices for each care home are invited to attend the IMT meeting.

**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

**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 Home

**Objective**

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.

**Context:**

In East Sussex there are:

- 3 East Sussex County Council Children's Community Homes
- 2 ESCC Learning Disabilities Children's Homes
- 1 ESCC Secure Children's Home
- 25+ Private Children's Homes and Residential Schools within the County

The rest of the market is independent/private, and semi-independent providers for children aged 16+.

**What's already in place:**

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:

- Provision of Personal Protective Equipment (PPE) supplies based on a prioritisation framework that prioritises health and social care overnight settings
- Testing -
  - 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.
  - Symptomatic children are identified for testing when PHE receive initial notification of an outbreak
- Staffing continuity has been provided for Children's Homes

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

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.

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.

**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). This will usually be chaired by PHE but if there is limited capacity this may be chaired by the Local Authority Public Health team.

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

**Objective:**

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.

**Context:**

In East Sussex there are:
- 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
- 186 schools - 149 primary schools, 3 all-through schools, 23 secondary schools, 10 special schools and one alternative provision
- One further education college, one sixth form college and one land-based college
- 67,502 number of learners on roll across primary, secondary and special.

**What's already in place:**

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:
- 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
- information and guidance provided on the Czone website
- clear mechanisms for schools, colleges and settings to communicate with the Council with any queries
- risk assessment templates for schools and settings
- contingency plan guidance for schools and settings
- advice and information on dealing with suspected or confirmed cases.

A model document has been made available to schools to support them in achieving the objectives of contingency planning as outlined in Section 5 of the DfE's 'Guidance for full opening: schools'. This includes the following elements,

**Section A – Ensuring school is prepared for a potential outbreak**
**Section B – Responding once a local outbreak has been confirmed by PHE**

Schools also have access to a comprehensive 'Schools Resources Pack' developed by PHE South East to help them respond to cases occurring in pupils and staff. This is updated when there are changes to new national guidance.

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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 are able to prioritise the right children to attend.

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

A further series of four webinars jointly organised and delivered by Children's Services, Public Health England and Public Health, ran at the start of the academic year for early years, primary, secondary and special school education settings. These focused on what schools must do in the event of a suspected or confirmed case/outbreak and general IPC measures.

The local authority continues to support schools following the full opening in September. A range of information and advice is available on the East Sussex County Council's "We Are Ready" web pages.

Public health and Children's Services have jointly developed systems for monitoring cases occurring in education settings and regularly review the need for multi-agency 'outbreak control teams' for larger and more complex scenarios.

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

There may be a need to review local authority support to schools as the pandemic progresses.

**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). This will usually be chaired by PHE but if there is limited capacity this may be chaired by the Local Authority Public Health team. 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 responsibility for children, and a representative from the specific setting(s), and a representative from HR.

Testing is available for individuals through GOV.uk or through community testing routes if required.

2) National Oversight

In this scenario, the Council will follow national restrictions in place at the time or adopt the Tired approach set out in the Contain Framework.

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**Resource capabilities and capacity implications:**
Staffing and workforce planning dependent on further government guidance.

**Links to additional information:**
Guidance on opening schools to more pupils

# Prisons and other prescribed places of detention

| **Objective:** |
| --- |
| 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. |

| **Context:** |
| --- |
| There is one closed adult (18+) prison located in East Sussex:<br>• **HMP Lewes** – male prison, current op cap 560, category B (including remand) prison located in Lewes in East Sussex<br><br>There is also one secure children's home<br>• **Lansdowne House** – 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.<br><br>***Note that Lansdowne SCH will be covered in the earlier children's care home section.*** |

| **What's already in place:** |
| --- |
| 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.<br><br>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.<br><br>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. |

| **What else will need to be put in place:** |
| --- |
| 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.<br><br>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 |

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.

**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). This will usually be chaired by PHE but if there is limited capacity this may be chaired by the Local Authority Public Health team.

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.

**Resource capabilities and capacity implications:**

Staffing – prison officers and healthcare staff.  Staff levels currently fine.

**Links to additional information:**

**Covid-19 specific:** COVID-19: prisons and other prescribed places of detention guidance

**Prison Outbreak Plan:**
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

## Workplaces

**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[i] 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 a number of critical infrastructure sites across the county, where staffing levels need to be maintained, including:
- Waste water 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. A number of 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 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.


It is a legal requirement for employers to not knowingly allow an employee who has been told to self-isolate to come into work or work anywhere other than their own home for the duration of their self-isolation period. Failure to do so could result in a fine starting from £1,000. Employers (and the self-employed) must continue to ensure the health, safety and welfare of their employees. They also have similar obligations in respect of other people, for example agency workers, contractors, volunteers, customers, suppliers and other visitors.

Venues in hospitality, the tourism and leisure industry, close contact services, community centres and village halls must:

- ask at least one member of every party of customers or visitors (up to 6 people) to provide their name and contact details
- keep a record of all staff working on their premises and shift times on a given day and their contact details
- keep these records of customers, visitors and staff for 21 days and provide data to NHS Test and Trace if requested
- display an official NHS QR code poster so that customers and visitors can 'check in' using this option as an alternative to providing their contact details

adhere to General Data Protection Regulations (GDPR)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. The heath protection team will:

- undertake a risk assessment
- provide public health advice
- where necessary, establish a multi-agency incident management team to manage the 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). This will usually be chaired by PHE but if there is limited capacity this may be chaired by the Local Authority Public Health team.

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

**Objective:**

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.

**Context:**

There are approximately 250 places of worship in East Sussex

**What's already in place:**

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.

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

We need to develop:
- A communications plan to work with the faith sector when national guidance on preventing outbreaks in faith settings has been published
- A SOP on supporting the faith sector when an outbreak in a faith setting has been identified and control measures need to be implemented

**Local outbreak scenarios and triggers:**

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). This will usually be chaired by PHE but if there is limited capacity this may be chaired by the Local Authority Public Health team. 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)

**Resource capabilities and capacity implications:**

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

**Links to additional information:**

[COVID-19: guidance for the safe use of places of worship during the pandemic](COVID-19: guidance for the safe use of places of worship during the pandemic)

# Tourist attractions, Events and Travel accommodation

**Objective:**

The objective is to closely monitor any cases of COVID-19 linked to tourism, local events and tourist attractions, ensuring that all are COVID-secure and that any outbreaks are managed quickly and efficiently.

**Context:**

East Sussex is a significant tourist destination and there are a substantial number of particularly small to medium sized tourist attractions.

In additional there are a range of small and larger scale events, for example, pop up mini markets, festivals and marathons (figure 7 on page 26 sets out the legislation that applies to each type of event).

There are also a range of different accommodation businesses, including traditional hotels and bed and breakfast establishments, and camping and caravan sites.

**What's already in place:**

There is currently no specific guidance for tourist attractions, but the principles of the existing work-place guidance all apply to these settings.

There is specific Visitor Economy Guidance which states that event spaces, including in conference centres and exhibition halls, can be used for reasons permitted by law, including for business events of up to 30 where reasonably necessary, for education and training purposes where reasonably necessary, or to provide socially beneficial public services such as Nightingale hospitals or food banks. Conference centres and exhibition halls should remain closed for conferences, exhibitions, trade shows, private dining or banqueting events. There is also detailed guidance for accommodation providers and heritage locations.

The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020 ("the Regulations") make provision for a local authority (County Councils and London Borough Councils) to give Directions relating to premises, events and public outdoor places in its area. The regulations expire on 17 January 2021. The Regulations include powers for the County Council to make a Direction to:

- restrict access to, or close, individual premises (which could include a pub, restaurant, shop, factory etc.)

- prohibit a specified event or events of a specified description from taking place (events could include garden shows, festivals, marathons, hospitality attractions, fairgrounds etc.)

- restrict access to, or close, a specific public outdoor place in its' area or public outdoor places in its' area of a specified description (which could include parks, public toilets, stadiums etc.)

Figure 7 on page 26 sets out the specific legislation that applies to each of the above points. The Sussex wide Local Authority Resilience Partnership and East Sussex sub-

group works to share learning and guidance applicable to businesses, events and tourist attractions.

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

Continue to develop learning and understanding of methods of transmission and likely compliance with COVID secure measures. This will help inform any potential restrictions that are imposed to ensure they are robust but not excessive to requirements.

**Local outbreak scenarios and triggers:**

If multiple cases of COVID-19 (suspected or confirmed) occur, 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). This will usually be chaired by PHE but if there is limited capacity this may be chaired by the Local Authority Public Health team.

Environmental Health have established relationships with event organisers, 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.

**Resource capabilities and capacity implications:**
Staffing
- to ensure continued communications through existing groups
- to visit/contact non-compliant tourist / accommodation settings as part of prevention work
- to visit/contact tourist / accommodation settings and event organisers where an outbreak has been identified 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
https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/the-visitor-economy

# 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;

- 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.
- Improve communication directly to patients via text messaging cascade

**Part B – Reactive care to vulnerable individuals**
- Offer a supportive monitoring protocol for patients in vulnerable groups who develop COVID-19.

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.

**Testing data**
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.

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

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.

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.

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**Resource capabilities and capacity implications:**
Staffing
- Develop communications and work with the local BAME population and communities through ESCC COVID disparities plan and the BAME LCS Steering group.
Work with CCG and GP Practices to establish text message targeted alert system.

**Links to additional information:**
PHE report https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes

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

**Objective:**

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.

**Context:**

East Sussex County Council work in partnership with District & 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 & Borough Councils.

**What's already in place:**

The East Sussex County Council Traveller Liaison Team work in partnership with local District & 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.

During Covid-19 a risk assessment process for new admissions to our sites has been developed by the Traveller Liaison Team.

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

Disposable gloves, alcohol gel sanitiser and wipes have been supplied and kept in the Transit Site office should they be required.

**Local outbreak scenarios and triggers:**

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.

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). This will usually be chaired by PHE but if there is limited capacity this may be chaired by the Local Authority Public Health 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.

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.

Additional issues to be considered include costs arising from risk assessment process and from purchasing additional PPE

**Resource capabilities and capacity implications:**

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

**Objective:**

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.

**Context:**

Due to the COVID-19 Pandemic, MHCLG asked local authorities to provide self-isolating accommodation for the homeless population. In East Sussex since the 18th March 188single homeless people have been housed in emergency accommodation, with most sites hosting several people. Of these, 110 had been rough sleepers.

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.

Winter night shelters are not able to operate in the way that they usually would do and so an alternative provision has been put in place.

**What's already in place:**

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.

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.

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 9th June.

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.

The winter night shelter alternative provision has been put in place. This consists of a unit of accommodation in Eastbourne and one in Hastings. This is available to provide placements for those people who are still sleeping rough (i.e. they did not take up the offer of accommodation under 'everybody in'/ or their accommodation placement was not successful. Night security is provided as well as MDT support during the day and evening. Those placed are able to access the accommodation through the day as well as over-night. It is intended that these services will completely replace 'winter night shelter provision' enabling entrenched rough sleepers to be safely accommodated over the cold winter months, in a Covid-secure way, with MDT input provided to them. Currently the accommodation and support will be in place until April 2021.

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

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 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 also 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). This will usually be chaired by PHE but if there is limited capacity this may be chaired by the Local Authority Public Health team. 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

## 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

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INCLUDING:
- ❖ **GENERAL PRACTICES AND WALK–IN CENTRES**
- ❖ COMMUNITY PHARMACY
- ❖ DENTISTS
- ❖ OPTOMETRY

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**Objective:**
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.

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**Context:**

In East Sussex there are:
- 63 General Practices
- 104 Community Pharmacies
- 150 Dentists
- 54 Opticians

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**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.

**General Practices and Walk-in Centres** - 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 ensuring face to face appointments for patients who need them, whilst continuing to utilise other methods of supporting the population such as online consultations.  This is part of a CCG programme to restore services and activity to usual levels where clinically appropriate.

All practices have access to national PPE portal from which they can access the necessary equipment. 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 self-isolate if appropriate.

At the beginning of the pandemic practices were provided with additional IMT equipment to undertake remote working and given the functionality to 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. [is this just prescribing?  Not sure to what we're referring here]*

</td></tr>
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Practices have been supported in applying through the COVID-19 fund for cleaning, equipment, and alterations to their buildings to support and mitigate against any potential outbreaks.

Each practice has been encouraged to undertake a risk assessment for their at risk and BAME staff. Additional Locally Commissioned Services enable practices to offer additional support to Care Homes, shielded, and BAME patients during the first wave of the pandemic.

**Community Pharmacy -** 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.

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

**General Practice and Walk in Centres** - To develop clear local pathways for local outbreak management

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.

**General Practices and Walk-in Centres**
- Antibody testing for staff and patients **[see above – national PPE portal is in place]**
- Further work being undertaken on supporting BAME communities

**Community Pharmacy**
- Access to medicines & pharmacy services - all pharmacies to remain open during any local restrictions to provide access to medicines
- 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
- Funding to support a locally commissioned service for delivery of medicines (in the event of the national pandemic pharmacy delivery service having ended)
- Consider prioritisation of pharmacy staff within key services e.g. school places, access to other essential services

**Local outbreak scenarios and triggers:**

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).

**Resource capabilities and capacity implications:**

**General Practices and Walk-in Centres –** General Practices and Walk-in Centres Practice are in receipt of resource funding from the CCG who are liaising with NHSE for reimbursement

**Community Pharmacy**
- To co-ordinate with commissioner (NHSE&I) through national contractual arrangements to understand local impact and scope and ability to stand up previous flexibilities
- 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

**Links to additional information:**

# 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:**

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.

**Local outbreak scenarios and triggers:**

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).

**Resource capabilities and capacity implications:**

None identified

**Links to additional information:**

**Sussex Partnership Foundation Trust -** website for COVID-19 advice for patients, family and staff. Detailed advice for staff including procedures is on intranet -
Coronavirus - what you need to know

o

# Transport locations

| |
|---|
| **Objective:**<br><br>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:**<br><br>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.<br><br>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.<br><br>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.<br><br>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:**<br><br>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.<br><br>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.<br><br>As of 5 November further restrictions were put in place whereby people in England were advised to stay at home and avoid travel in the UK or overseas unless for work, education or other legally permitted reasons. If travel is necessary, the advice is that people should look to reduce the number of journeys if possible. |

To help control the virus where travel is still necessary, 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.

Environmental Health have arrangements in place with Newhaven for managing infectious diseases, including COVID-19.

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.

Rail passengers are now required to wear a face covering whilst within rail stations, including on platforms, in food and retail units within larger stations except when sitting down to consume food/drink (as of 24 September) and on trains. Likewise bus passengers are now required to wear face coverings on buses and contained transport hubs.

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

Provision of support for symptomatic visitors needing access to food and medical supplies during 14 days self-isolation period.

**Local outbreak scenarios and triggers:**

For UK residents, self-isolating in normal place of residence is unlikely to result in outbreaks. For visitors, self-isolation in commercial accommodation such as hotels etc has the potential to result in outbreaks in commercial premises.

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). This will usually be chaired by PHE but if there is limited capacity this may be chaired by the Local Authority Public Health team. 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.

**Resource capabilities and capacity implications:**
Provision of support for visitors needing access to food and medical supplies.

**Links to additional information:**
Guidance: entering the UK and using transport or working in the transport industry, passengers on public transport in the UK, Covid-19 travel corridors,
Guidance for transport operators:
https://www.gov.uk/government/publications/coronavirus-covid-19-safer-transport-guidance-for-operators
Guidance for transport to school 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

# Appendices

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# Outbreak Control Team standard documents

**South East OCT/IMT Terms of Reference**

The terms of reference should be agreed upon at the first meeting and recorded accordingly.

**Suggested terms of reference:**

1. Verify an outbreak/incident is occurring

2. To review the data/evidence for contact tracing and COVID secure measures (setting/community)

3. To regularly conduct a full risk assessment whilst the outbreak is ongoing, including determining PHE outbreak/incident level (i.e. local, regional, national)

4. To develop a strategy to deal with the outbreak/incident and allocate responsibilities to members of the OCT/IMT based on the risk assessment

5. To agree appropriate further investigations for contact tracing, and COVID secure measures (setting/community)

6. To agree and initiate further testing (e.g. MTU deployment)

7. To ensure that appropriate control measures are implemented to prevent further primary and secondary cases

8. To review and understand the impacts across the city's different populations and use this to inform response

9. To communicate as required with other health professionals, partner organisations, setting and staff (if applicable), media, public, and local politicians; providing an accurate, timely and informative source of information in appropriate accessible formats / languages

10. Consideration of the need to refer aspects of incident control for legal or expert opinion.

11. Agreeing standardisation of email subject headings

12. To make recommendations regarding the development of systems and procedures to prevent a future occurrence of similar incidents and where feasible enact these

13. To determine when the outbreak/incident can be considered over, based on ongoing risk assessment

14. To produce a report or reports at least one of which will be the final report containing lessons learnt and recommendations.

**South East OCT/IMT COVID-19 AGENDA**

Outbreak/Incident location:
HP Zone No:
Date & Time:
Conference details: Usually virtual by skype/teams

| Item: | Item: |
|---|---|
| 1 | Introductions and apologies |
| 2 | First meeting – agree chair and TOR<br>Minutes of previous meeting |
| 3 | Review of information currently available<br>• Contact tracing (case and close contact numbers)<br>• COVID secure measures (setting/community) |
| 4 | Current risk assessment |
| 5 | Further investigations/controls needed<br>• Contact tracing<br>• COVID secure measures (setting/community)<br>• Testing including MTU deployment |
| 6 | Communications<br>• Agree lead communications teams for:<br>  - Public / media and wider communications<br>  - COVID secure measures at setting (if applicable)<br>  - Contact Tracing at setting (if applicable)<br>  - Health partners<br>  - LRF partners and local politicians<br>• Identify communications needed for:<br>  - public / media / high risk settings (if applicable)<br>  - setting / staff / affected persons etc<br>  - health partners e.g. GPs, hospitals etc<br>  - LRF partners and local politicians<br>• Identify translation needs |
| 7 | Capacity Issues – including out of hours challenges |
| 8 | Review and record key decisions<br>(including closure of outbreak/incident when appropriate) |
| 9 | Review, record and set timeframes for key actions |
| 10 | AOB |
| 11 | Date and time of next meeting |

**OCT/IMT Membership – Attendees and apologies**

| Organisation | Role | Name (Initials) and job title | Present / Apologies |
|---|---|---|---|
| PHE SE HPT | Consultant in Communicable Disease Control / Consultant in Health Protection* | | |
| | Health Protection Practitioner | | |
| | Regional Communications Lead | | |
| | Field Epidemiology Service | | |
| County / Unitary Local Authority | Director of Public Health / Public Health Consultant* | | |
| | Public Health Lead | | |
| | Infection Control Lead (as appropriate) | | |
| | Communications Lead | | |
| | Emergency Planning Lead (as appropriate) | | |
| | Directorate / Service Lead (as appropriate) | | |
| District / Borough Local Authority | Environmental Health Practitioner / Lead | | |
| | Communications Lead | | |
| | Emergency Planning Lead (as appropriate) | | |
| | Directorate / Service Lead (as appropriate) | | |
| Clinical Commissioning Group | Director / senior manager | | |
| | Communications Lead | | |
| Other | As appropriate to setting | | |

**\*Chair to be agreed in advance of meeting, together with administration support**

## South East OCT/IMT COVID-19 MINUTES

Outbreak/Incident location:
HPZone No:
Date & Time:
Chair:
Minute Taker:

| Item No: | Item: | Actions/Owner/Timescale |
|---|---|---|
| 1 | **Introductions and apologies**<br><br>See Attendance / Apologies list | |
| 2 | **First meeting** – agree chair and TOR<br><br>**Minutes of previous minutes** | |
| 3 | **Review of information currently available**<br><br>Contact tracing<br><br>COVID secure measures (setting/community) | |
| 4 | **Current risk assessment** | |
| 5 | **Further investigations/controls needed**<br><br>Contact tracing<br><br>Setting COVID secure measures (setting/community)<br><br>Testing including MTU deployment | |
| 6 | **Communications**<br><br>Agreed lead communications teams:<br><br>Public / media and wider communications –<br><br>COVID secure measures at setting –<br><br>Contact Tracing at setting –<br><br>Health partners-<br><br>LRF partners and local politicians –<br><br>Details of agreed communications:<br>public / media/ high risk settings – | |

| | | |
|---|---|---|
| | setting / staff / affected persons etc – <br><br> health partners e.g. GPs, hospitals etc – <br><br> LRF partners and local politicians – <br><br> <u>Agreed translation needs:</u> | |
| 7 | **Capacity Issues** | |
| 8 | **Key decisions (see decision log)** <br> <u>Agreed email subject heading</u> <br><br> <u>Closure of outbreak/incident (when appropriate)</u> | |
| 9 | **Key actions (see action log)** | |
| 10 | **AOB** | |
| 11 | **Date and time of next meeting** | |

## Decision Log

| Log No: | Key Decisions made |
|---|---|
| 1 | Agreed email subject heading: |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |

## Action Log

| Action No: | Action | Owner | Date completed |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |

## Data integration tasks

| Action (Sussex Wide) | Date | Lead Officer | Internal /External partners involved |
|---|---|---|---|
| • 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.<br><br>• Readjusting plans to reflect what the JBC will provide to local areas. | | | Sussex wide Data and Modelling Group (membership above) |
| • 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. | | | Data and Modelling Group, University of Sussex (modelling) |
| • 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.<br><br>*Note: 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.* | | | Sussex wide Data and Modelling Group (membership above)<br><br><br><br>Local data group for vulnerable groups cell |
| • Provide updates as requested to senior managers and local Members, and report to the PH Functional Cell and respond to external requests for information. | | GE | East Sussex CC |
| • Work closely with the local HPT, lead PH Consultant to establish systems to identify and examine outbreaks. | | GE | East Sussex CC |

| Action (Sussex Wide) | Date | Lead Officer | Internal /External partners involved |
|---|---|---|---|
| • Liaise with District and Borough councils to ensure accessing and sharing of data relating to local outbreaks, settings and events.<br><br>• Establish named contacts for data in each of the local authorities, specifically in relation to:<br>  o Communities at higher risk of infection and the impact of COVID<br>  o Specific settings and events at a local level<br><br>*Note: it is anticipated that named contacts should, at least, include Environmental Health staff, and community development / engagement.* | | 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 |

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

**Date of meeting:**    **8 December 2020**

**By:**                **Director of Public Health**

**Title:**           **East Sussex Joint Strategic Needs Assessment and Assets Annual Report 2019/20**

**Purposes:**      **To present to the Health and Wellbeing Board the 2019/20 Joint Strategic Needs and Assets Assessment Annual Report which outlines the updates and developments that have taken place during the year.**

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**RECOMMENDATIONS**

**The Board is recommended to note the 2019/20 Joint Strategic Needs and Assets Assessment Annual Report and approve future developments planned for 2020/21**

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## 1.     Background

1.1.    The Joint Strategic Needs and Assets Assessment (JSNAA) programme was established in 2007 and reports on the health and wellbeing needs of the people of East Sussex. It brings together detailed information on local health and wellbeing needs to inform decisions about how we design, commission and deliver services to improve and protect health and reduce health inequalities.

1.2.    In January 2012, a dedicated JSNAA website was launched. All JSNAA work and resources are placed on the [East Sussex JSNAA website](#) so that it provides a central resource of local and national information.

## 2.     Supporting information

2.1.    The 2019/20 JSNAA Annual Report provides a summary of the updates and developments to the JSNAA during 2019/20 and presents recommendations which will be addressed as part of the 2020/21 work plan.

2.2.    Key finding of the JSNAA include:

- Key resources that remain popular on the site are the National Profiles, Local briefings, Area Summaries, Scorecards and Director of Public Health reports.

- Subscribers to the JSNAA email subscription service increased by a further 179%

- A new and improved website has been designed with the help of key stakeholders within the local health and care system

- Coronavirus put a halt to much of the original 2020/21 work plan whilst the public health intelligence team supported the crisis response.

## 3.     Conclusion and Reason for Recommendation

3.1.    The Health and Wellbeing Board is recommended to note the following future developments of the JSNAA

1. Continue to grow the number of subscribers to the monthly email alerts.

2. Relaunch of the website

3. Continue to develop resources to support the health and care system through the recovery from Coronavirus

**DARRELL GALE**
**Director of Public Health**

Contact officer:  Graham Evans, Head of Public Health Intelligence
Tel No. 07500 124081; Graham.Evans@eastsussex.gov.uk

eastsussex.gov.uk

**East Sussex**
County Council
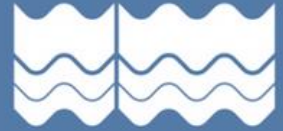
# Joint Strategic Needs & Assets Assessment (JSNAA)

# 2019/20 Annual Report

# November 2020

# 1. INTRODUCTION

**The Joint Strategic Needs & Assets Assessment (JSNAA)** is not a single document or piece of analysis, it is a resource containing a wide range of local and national information to inform plans and decisions to improve local people's health and wellbeing and reduce health inequalities in East Sussex. The JSNAA is an on-going, iterative process, led by Public Health within the County Council.

## The JSNAA is used to:

Provide a **comprehensive picture of the health and wellbeing needs** of East Sussex (now and in the future).

**Inform decisions** about how we design, commission and deliver services.

**Improve and protect health and wellbeing outcomes** across the county while **reducing health inequalities**.

Provide partner organisations with **information on the changing health and wellbeing needs** of East Sussex, at a local level, to support better service delivery.

Provide an **evidence base for Healthy Lives, Healthy People**, the East Sussex Health and Wellbeing Strategy 2016-2019, identifying important health and wellbeing issues for East Sussex.

During 2019/20 the JSNAA supported work on a range of priority areas and informed the council and partners on the wider health and wellbeing of the people of East Sussex.

All JSNAA work undertaken and resources developed are available on the East Sussex Joint Strategic Needs & Assets Assessment website **www.eastsussexjsna.org.uk** which went live on 31 January 2012 and since then has been:

visited **37,795** times by **20,526** unique users [1].

This report provides a summary of the updates and developments to the JSNAA during 2019/20 and a look to future developments.

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[1] *Google analytics data between 31st January 2012 and 31st March 2020*

# 1. JSNAA priorities in 2019/20

The Director of Public Health Annual Report for 2018/19 identified **10 key points** about our health today and what it means for the future

These continued to remain the key priorities for the JSNAA through 2019/20

Children need the best start in life

It's time to talk mental health

No single project or initiative can beat obesity

Our population is ageing

Secure income and housing are unevenly distributed

The pattern of illness is becoming more complex

There are differences in how long we live

We can build on our strong communities

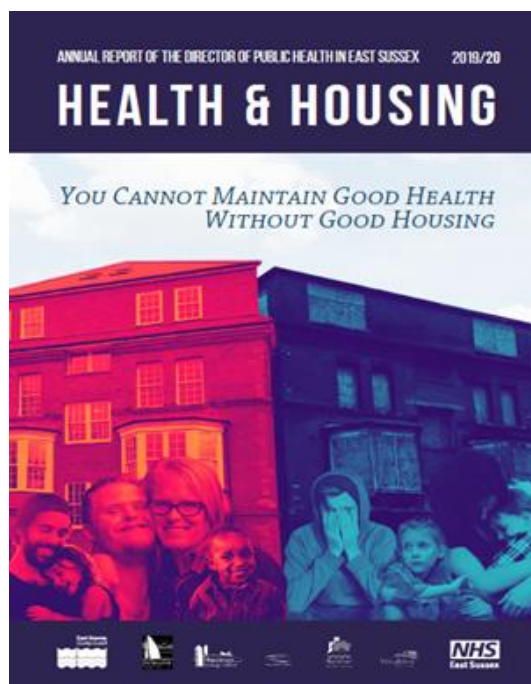We need a shared understanding of demand for services

We need to be dementia friendly

# 3. JSNAA HIGHLIGHTS in 2019/20

There have been many updates to the JSNAA throughout the year to support further exploration of the key JSNAA priorities.  This ranged from dozens of national profiles added to the site along with local briefings and results of local surveys.

Here are some of the highlights



**ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH IN EAST SUSSEX**    **2019/20**

**HEALTH & HOUSING**

*You Cannot Maintain Good Health Without Good Housing*

**Director of Public Health Annual Report**
This year's annual report focused on Health and Housing in East Sussex. Housing, one of the JSNAA priorities, is an important determinant of health, alongside employment and social connections with family, friends and others. **Access to healthcare is responsible only for a relatively small part of what makes us healthy**. In order to improve the health and wellbeing of East Sussex residents and to reduce inequalities, the broader determinants of health need to be addressed.

The report identified and discuss the main influences that housing has on population health. The report consists of a range of evidence, robust data, case studies, and further qualitative data and analysis from discussion with a range of staff, key stakeholders and organisations.

**THE MORE SPECIFIC RECOMMENDATIONS OF THIS REPORT ARE SET AT THREE SCALES:**

**The Whole East Sussex level**: using the local spatial plans as a focus for collaboration

**Household level**: ensuring a safe and healthy home for all

**Individual level**: personalising the support people require to improve population health overall

**TO MAKE ALL HOUSING AND NEIGHBOURHOODS HEALTHY:**

East Sussex County Council and the District and Borough Councils will work more collaboratively on each of the Local Plans through the existing groups - Local Plan Managers and East Sussex Housing Officers Group (ESHOG), sharing data and intelligence to fully understand housing needs and population distribution and hardwiring the principles of "Putting health into place" to ensure health is central to place making, and the design and delivery of homes and neighbourhoods.

**TO MAKE ALL HOMES HEALTHY:**

East Sussex County Council, the District and Borough Councils and the NHS will support and promote initiatives that improve the health and safety of homes, including adaptations that improve environmental sustainability, and promote independent living.

**TO MAKE PEOPLE HEALTHIER IN THEIR HOMES:**

East Sussex County Council, the District and Borough Councils, the NHS and the voluntary and community sector in East Sussex will collaborate to integrate the planning and delivery of care and support in housing, ensuring that specific homelessness and rough sleeping support is continued.
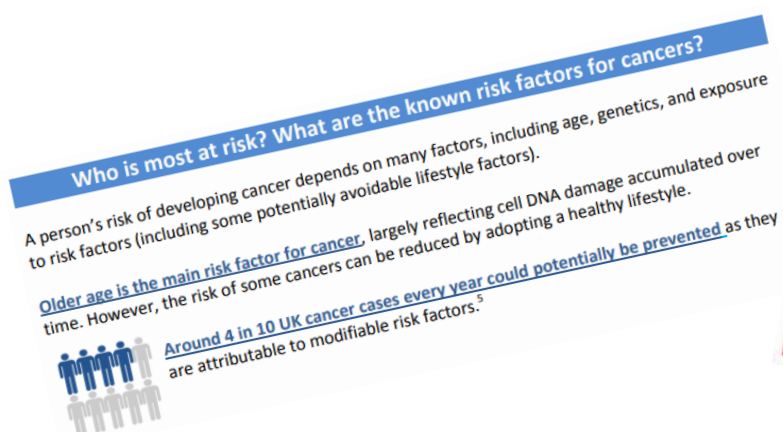
In July 2019 we published the **East Sussex Sexual Health Needs Assessment**. This detailed report is informing the future service design across the county. It includes in-depth information on: national and local policy; national sexual health need and risk factors; local service commissioning, provision and use; potential future need; and views and experiences from local service providers.

As well as the full detailed report, an 'at a glance' infographic executive summary of the needs assessment is also available which includes a summary of the strategic and service specific recommendations
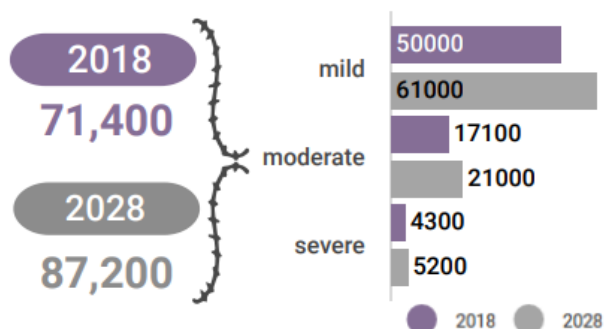
Several local briefings were produced to add to the collection on the site. These included **Cancer**, **Cardiovascular disease (CVD), Frailty** and **Multi-morbidity** which added to the local evidence base for the JSNAA priorities around complex illnesses and understanding more about the differences in how long we live.



Who is most at risk? What are the known risk factors for cancers?

A person's risk of developing cancer depends on many factors, including age, genetics, and exposure to risk factors (including some potentially avoidable lifestyle factors).

Older age is the main risk factor for cancer, largely reflecting cell DNA damage accumulated over time. However, the risk of some cancers can be reduced by adopting a healthy lifestyle.

Around 4 in 10 UK cancer cases every year could potentially be prevented as they are attributable to modifiable risk factors.[5]



People living in the *most deprived areas* of England are almost **4 times** as likely **to die prematurely from CVD** than those in the least deprived areas



**Frailty in East Sussex?**

Estimated people over 65 living with frailty:

| | 2018 | 2028 |
|---|---|---|
| mild | 50000 | 61000 |
| moderate | 17100 | 21000 |
| severe | 4300 | 5200 |

2018: 71,400
2028: 87,200



**Multi-morbidity in East Sussex?**

Estimated prevalence of people with 2+ LTCs

2018: 70,000 (males) 90,300 (females)

| Age | males | females |
|---|---|---|
| 85+ | 80% | 82% |
| 65-84 | 64% | 66% |
| 45-64 | 28% | 34% |
| 25-44 | 9% | 14% |
| 0-24 | 1.6% | 2% |

■ females
■ males

BY 2028: 80,000 (males) 101,000 (females)
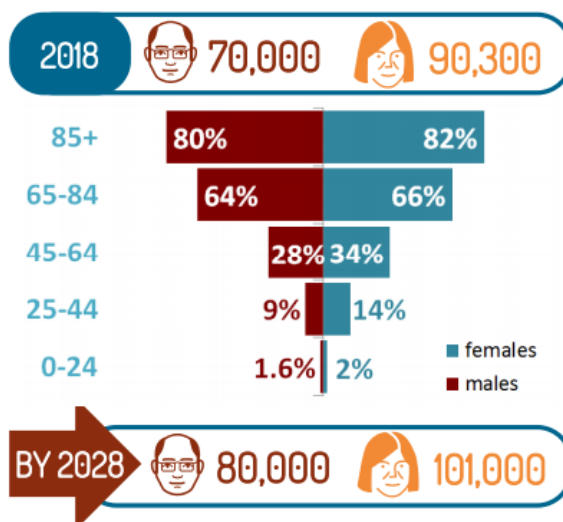
# 3. ACCESSING THE JSNAA

Some people access the JSNAA through the Public Health Team but the vast majority of people access it through the JSNAA website.

**East Sussex**
Joint Strategic Needs & Assets Assessment
eastsussexjsna.org.uk

The JSNAA website is accessed by a large range of people. An analysis of activity on the website during 2019/20 was undertaken, using a Google Analytics tool, which provides data on numbers of users accessing the site, the number of visits by those users and a wide range of other useful analyses.

This section provides a summary of the key activity:

## Table 2: Summary of activity

**2,614** users

**3,596** visits

**81%** access from a desktop/laptop computer. Increase from 72% in 18/19

**National Profile** pages were the most popular

**2,786** subscribers to email alerts

Over **5 mins** average time on site for returning visitors

**3,517** downloads from the site

**12,660** pages accessed

average of **300** visits per month

## Monthly email alerts

A monthly email alert has been in place since May 2013 which alerts subscribers to new resources added to the website. There were 2,786 **subscribers** by the end of March 2020. This was an **increase of 179%** compared to March 2019.

## Most popular content

As expected, the **JSNAA website home page was the most popular page visited** on the website (table 3). This was followed by National Profiles and then the Scorecards and Area Summaries. **Scorecards** present over 200 data indicators across a wide range of topics at GP practice, Locality and Clinical Commissioning Group (CCG) levels as well as at electoral ward and district/borough levels. **Area Summaries** are narrative reports that summarise key data in each geographical area.

### Table 3: Top 10 pages, 2019/20

1. HOME PAGE
2. NATIONAL PROFILES
3. SCORECARDS / AREA SUMMARIES
4. MENU OF LOCAL DATA
5. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORTS
6. LOCAL BRIEFINGS
7. SEARCH
8. EVIDENCE REPORTS
9. COMPREHENSIVE NEEDS ASSESSMENTS
10. LOCAL NEEDS AND ASSET PROFILES

Table 4 shows all accessed documents in 2019/20 grouped into broad categories. This shows the **popularity of the Local briefings**, on topics such as population changes, older people, deprivation, healthy eating and many more. The next most popular documents were Area Summaries and the Director of Public Health annual reports.

### Table 4: Top 10 documents accessed, 2019/20

1. LOCAL BRIEFINGS
2. AREA SUMMARIES
3. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORTS
4. NATIONAL PROFILES
5. LOCAL NEEDS AND ASSETS PROFILES
6. SCORECARDS
7. COMPREHENSIVE NEEDS ASSESSMENTS
8. PRACTICE PROFILES
9. EVIDENCE REPORTS
10. SCORECARD DATASET

# 4. FUTURE DEVELOPMENTS

The JSNAA has been a well-utilised resource for the integration and transformation plans across East Sussex that are part of the **East Sussex Health and Social Care Plan** which is the response to the NHS Long Term Plan for health and care services across East Sussex. As partners across East Sussex further develop this programme, it is vital that the JSNAA adapts to meet the needs of these future areas of work.



During 2019/20 we ran a series of sessions with users of the website to further understand how the site is used and how it could be improved. The sessions were facilitated by the digital and design services team at ESCC and involved 25 key users identified by health and social care colleagues from across the system.  The **discovery sessions** explored how people used the website, the sites strengths & weaknesses, functionality, key resources of relevance to their work and site goals and vision for a new improved site.

The outputs from the discovery sessions, along with more detailed analysis of the Google analytics described in section 3 of this report, were combined and formed the basis of the specification for work undertaken by web developers to **create a new and improved JSNAA website**



*New JSNAA website logo*

Work was also undertaken to develop a better tool to present the detailed scorecard data that is currently in pdf format. This was developed using the Tableau tool and tested with users to improve the usability of the tool.  This will be ready to launch on the new website.

The overall website design, structure and functionality was delivered by the web team in March 2020 and passed over to the Public Health Intelligence team to begin the transfer of content from the current website to this new one.

Unfortunately, this coincided with the **impact of Coronavirus** and a decision was made to pause this work whilst the public health intelligence team prioritised the urgent response to the unfolding pandemic.  The work to transfer content has now restarted and it is planned to **soft launch the new website in December 2020.**

# 5. KEY FINDINGS

1. Key resources that remain popular on the site are the National Profiles, Local briefings, Area Summaries, Scorecards and Director of Public Health reports.

2. Subscribers to the JSNAA email subscription service increased by a further 179%

3. A new and improved website has been designed with the help of key stakeholders within the local health and care system

## Update on previous recommendations

The annual report last year made four specific recommendations. Progress made against those recommendations is outlined below.

**Continue to grow the number of subscribers to the monthly email alerts.**

**Progress Update**: The number of subscribers increased by 179%

**Develop new and existing resources around proposed areas of work.**

**Progress Update**: New self service data tools have been developed for the new website using the interactive data software called Tableau

**Redesign JSNAA website around new resources**

**Progress Update**: Website has been redesigned, but completion delayed due to Coronavirus

**Relaunch website**

**Progress Update**: Relaunch of website delayed due to Coronavirus, soft launch planned for December

## KEY RECOMMENDATIONS for 2020/21

☐ **Continue to grow the number of subscribers to the monthly email alerts**

☐ **Relaunch website**

☐ **Continue to develop resources to support the health and care system through the recovery from Coronavirus**

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

**Date of meeting:**      **8 December 2020**

**By:**               **Head of System Resilience - Sussex CCGs**

**Title:**            **Sussex Health and Care Partnership Winter Planning update**

**Purpose:**         **To provide an update on progress to date in relation to winter planning.**

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*RECOMMENDATIONS*

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

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**1      Background**

1.1      Winter planning is a statutory annual requirement to ensure that the local system has sufficient plans in place to manage the increased activity during the winter period.

1.2      The winter plan for the East Sussex system was jointly developed by local system health and social care partners via the Local A&E Delivery Board and was submitted to NHS England and Improvement (NHSE/I) in October.

1.3      As part of winter planning this year, detailed demand and capacity modelling was undertaken to ensure appropriate response to predicted surge this winter which includes predicted additional Covid-19 activity.

1.4      The winter planning process identified key schemes to mitigate risks associated with increased surge; building upon previous learning from winter 2019/20 and Covid-19 wave one management.

1.5      An overview of the winter plan and development process was presented to the Health and Wellbeing Board in September 2020; this update report sets out the feedback from NHSE/I and provides assurance that the system has plans in place for the winter period.

**2.      Supporting information**

2.1      Following review of the winter plans at an Integrated Care System (ICS) level - through the Sussex Health and Care Partnership (SHCP) - and by NHS England and NHS Improvement, the East Sussex plan was further developed in line with feedback received.

2.2      The key area of development for the second submission was development of the acute Discharge Hub and actions to reduce the time patients spend waiting to be discharged from hospital.

2.3      Key positive feedback of note for the SHCP plan following the first submission was the development of an integrated escalation framework and winter operating model.

2.4      Final feedback from NHSE/I was overwhelmingly positive, with no further areas of clarification identified.

2.5      Work is now underway to monitor delivery of the winter plan and mitigate any further risk as required to manage pressure over the winter months.

**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.


**ISABELLA DAVIS-FERNANDEZ**
**Head of System Resilience, Sussex CCGs**

Contact Officer: Lindsey Stevenson
Email: lindsey.stevenson@nhs.net

BACKGROUND DOCUMENTS

None

# Winter Plan Update
# East Sussex Health and Wellbeing Board

November 2020

# Executive Summary

- Winter planning is a statutory annual requirement to ensure that the local system has sufficient plans in place to manage the increased activity during the winter period
- The winter plan for the East Sussex system was jointly developed by local system health and social care partners via the Local A&E Delivery Board and was submitted to NHS England and Improvement (NHSE/I) in October
- As part of winter planning this year, detailed demand and capacity modelling was undertaken to ensure appropriate response to predicted surge this winter which includes predicted additional Covid-19 activity
- The winter planning process identified key schemes to mitigate risks associated with increased surge; building upon previous learning from winter 2019/20 and Covid-19 wave one management
- An overview of the winter plan and development process was presented to the Health and Wellbeing Board in September 2020; this update report sets out the feedback from NHSE/I and provides assurance that the system has plans in place for the winter period
- Following review of the winter plans at a Sussex Integrated Care System (ICS) level and by NHSE/I, the East Sussex plan was further developed in line with feedback received
- The key area of development for the second submission was development of the acute Discharge Hub and actions to reduce the time patients spend waiting to be discharged from hospital
- Work is now underway to monitor delivery of the winter plan and mitigate any further risk as required to manage pressure over the winter months

# NHSE/I Feedback on Plans – First Submission

- Overall, feedback from the first winter plan submission was positive with a Green RAG rating achieved

- The areas identified as requiring further clarification included Integrated Urgent Care (IUC), plans to protect elective care and primary care resilience:

| | RAG Rating |
|---|---|
| Overall Plan RAG | |
| IUC | |
| Mental Health | |
| Ambulance / IUC | |
| Discharge and Social Care | |
| Elective Care | |
| Primary Care | |
| COVID | |
| EU Exit | |

**Key positive feedback of note for the SHCP plan was the development of an integrated escalation framework and winter operating model**

- Positive feedback was received on the following areas:

- Comprehensive capacity and demand modelling on discharge of patients from the acute setting

- Excellent plans to embed a practice of continuous improvement and a data driven approach to the development of Discharge Hubs

- Excellent care home support with clear strategic oversight – noted as the best example in the South East region

- Positive feedback on escalation approach across all areas of the plan including mutual aid, critical care and resilience

- Mental Health improvement projects and escalation protocol were noted as positive

- The plan overall was identified as exemplar

# NHSE/I Feedback on Plans – First Submission (2)

**Areas of clarification from submission one:**

The following areas for clarification were reviewed and responses provided as part of the second submission on 2nd November 2020:

- Modelling in relation to NHS111 and Integrated Urgent Care winter activity and review of risks
- Psychological support to workforce
- Plans to continue to reduce the numbers of patients medically ready for discharge in acute and community health beds
  - Outline of MRD improvement week learning and actions provided
  - Sussex wide guiding principles for the management of outbreaks during a time of increased operational pressure
  - Assurance of alignment with phase three planning submissions ensuring the continuation of elective care
- Elements of primary care plans further developed including communications, secondary care interface, 'catch up' initiative and workforce
- Assurance regarding approach to EU Exit (D20) following release of the latest reasonable worse case scenarios

# NHSE/I Feedback on Plans – Final Submission

- Feedback received on the resubmission of the winter plan was overwhelmingly positive, with no further areas of clarification identified:

| | RAG Rating |
|---|---|
| Overall Plan RAG | |
| UEC | |
| Mental Health | |
| Ambulance / IUC | |
| Discharge and Social Care | |
| Primary Care | |
| COVID | |
| EU Exit | |

- The amber rating is in relation to the funding risk for the roll-out of NHS111-CAS, however this risk does not solely relate to Sussex and has been identified on a Kent, Surrey and Sussex basis, as well as similar experiences outside the South East
- Mitigations are in place to support increased activity and is being managed via the Sussex-wide Integrated Urgent Care Programme Board

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**East Sussex Health and Wellbeing Board Work Programme**

| Date of Meeting | Report |
|---|---|
| **2 March 2021** | East Sussex Health and Social Care Programme - update report |
| | Outbreak Control Plan |
| | COVID-19 Sussex wide Voluntary Community Sector review |
| | Director of Public Health Annual report |
| | Continuing Healthcare Report |
| | |
| **13 July 2021** | East Sussex Health and Social Care Programme - update report |
| | Healthwatch Annual Report |
| | |
| **30 September 2021** | East Sussex Health and Social Care Programme - update report |
| | Safeguarding Adults Board (SAB) Annual Report 2019-20 |
| | |
| **14 December 2021** | East Sussex Health and Social Care Programme - update report |
| | Joint Strategic Needs and Assets Assessment (JSNAA) Annual Report |
| | Children's Safeguarding Annual report |
| | |
| **TBC** | Pharmaceutical Needs Assessment (*Department of Health and Social Care announced that the requirement to publish renewed Pharmaceutical Need Assessments will be suspended until April 2022*) |
| | Workshop meeting - to look at and agree milestones and Key Performance Indicators (KPIs) for monitoring on integrated health and social care partnership |

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