EAST SUSSEX HEALTH AND WELLBEING BOARD

TUESDAY, 2 MARCH 2021

2.30 PM CC2, COUNTY HALL, LEWES

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

MEMBERSHIP -	Councillor Keith Glazier, East Sussex County Council (Chair) Councillor Carl Maynard, East Sussex County Council Councillor John Ungar, East Sussex County Council Councillor Trevor Webb, East Sussex County Council Councillor Philip Lunn, Wealden District Council Councillor Rebecca Whippy, Eastbourne Borough Council Louise Ansari, East Sussex Clinical Commissioning Group Jessica Britton, East Sussex Clinical Commissioning Group Dr David Warden, East Sussex Clinical Commissioning Group Mark Stainton, Director of Adult Social Care Stuart Gallimore, Director of Children's Services, 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 Samantha Allen, Sussex Partnership NHS Foundation Trust
INVITED OBSERVERS WITH SPEAKING RIGHTS	Councillor Paul Barnett, Hastings Borough Council Councillor Zoe Nicholson, Lewes District Council Councillor John Barnes MBE, Rother District Council Becky Shaw, Chief Executive, ESCC Michelle Nice, Voluntary and Community Sector Representative Mark 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 8 December 2021 *(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 - 50)*

6 East Sussex Outbreak Control Plan *(Pages 51 - 142)*

7 Strategic Outline Case for the Building for our Future Programme *(Pages 143 - 154)*

8 Better Care Fund Plans 2020/21 *(Pages 155 - 160)*

9 Work programme *(Pages 161 - 162)*

10 Any other items previously notified under agenda item 4

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

22 February 2021

Contact Harvey Winder, Democratic Services Officer, 01273 481796,

Email: harvey.winder@eastsussex.gov.uk

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

EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at County Hall, Lewes on 8 December 2020.

++Please note that Members attended the meeting remotety++

MEMBERS PRESENT	Councillor Keith Glazier (Chair) Councillor Carl Maynard, Councillor John Ungar, Councillor Trevor Webb, Councillor Philip Lunn, Councillor Paul Barnett, Louise Ansari, Jessica Britton, Dr David Warden (Deputy Chair), Mark Stainton, Stuart Gallimore, Darrell Gale, John Routledge, Joanne Chadwick-Bell, Siobhan Melia and Simone Button
INVITED OBSERVERS PRESENT	Councillor Rebecca Whippy, Councillor Zoe Nicholson, Becky Shaw and Mark Matthews

22 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 17 SEPTEMBER

22.1. The minutes of the meeting held on 17th September were agreed as a correct record.

23 APOLOGIES FOR ABSENCE

23.1. Apologies for absence were received from Sarah MacDonald and Cllr John Barnes.

23.2. The Chair welcomed new members and invited observers to the Board

- Mark Stainton replacing Keith Hinkley as the Director of Adult Social Care member
- Joe Chadwick-Bell replacing Adrian Bull as the East Sussex Healthcare NHS Trust (ESHT) member.
- Mark Matthews replacing Mark Andrews as the East Sussex Fire and Rescue Service representative.

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

24.1. There were no declarations of interest.

25 URGENT ITEMS

25.1. There were no urgent items

26 EAST SUSSEX HEALTH AND SOCIAL CARE PROGRAMME - UPDATE REPORT

26.1. The Board considered a report providing an update on progress with implementing the revised integration programme after the first phase of COVID-19.

26.2. The Board asked whether health inequalities impact assessments should be mandatory for all future integration projects, rather than just optional, and whether the East Sussex Health and Social Care Plan (ESHSCP) can include specific reference to how it plans to improve the health and wellbeing of Black and Minority Ethnic Communities (BAME) communities and health and care workers in East Sussex.

26.3. Jessica Britton, Executive Managing Director, East Sussex Clinical Commissioning Group (CCG) said understanding and tackling health inequalities is integral to the ESHSCP and the population's health needs are kept under continual review. in addition, a specific piece of work on population health needs has recently been undertaken that enables the ESHSCP to understand health inequalities in East Sussex based on specific areas of need, e.g. geographical location. She added that targeted and specific investment has also been made into Hastings through the CCG's Healthy Hastings and Rother programme in support of identified needs of the local population. The HWB will continue to have a role in improving the health of the whole East Sussex population, including identifying areas of inequalities that can be focussed on.

26.4. Dr David Warden, Chair of the East Sussex CCG, said the local response to the NHS Long Term Plan submitted by the ESHCP clearly states a strong desire to focus on prevention. The challenges are that it requires additional resources to create the preventative care services that will address these health inequalities, and that it can take several years or more to see the benefit of preventative services once they are in place.

26.5. Mark Stainton, Director of Adult Social Care, added that addressing health inequalities, particularly amongst the BAME community is a key priority of all ESHCP partners, including East Sussex County Council, and will therefore be a key part of any integration plan that is developed. One of the strengths of the Target Operating Model for community health and social care services in East Sussex is that it effectively divides the county into eight localities and that means that each can focus on and target the differing health needs of the particular local population. He said this is one of the ways the practical ways in which the ESHCP will work to address health inequalities.

26.6. Jessica Britton also reminded the Board that the Sussex Health and Care Partnership – the Integrated Care System (ICS) – has a specific programme of work for BAME population and staff, and the East Sussex Health and Social Care System Partnership Board recently reviewed this work and agreed that the findings will help inform and strengthen ESHCP integration plans.

26.7. The Board asked whether a primary care review of GP provision in Hastings will be undertaken.

26.8. Jessica Britton said the East Sussex CCG – through it Primary Care Commissioning Committee – already regularly reviews primary care provision in East Sussex. Officers have therefore been in contact with the people who have been requesting a primary care review in Hastings to help define what it is that they think should be reviewed. She added that there was significant investment being made in primary care services both nationally and in East Sussex, including Hastings.

26.9. The Board asked whether it was the case that services at the Conquest Hospital are being reduced.

26.10. Joe Chadwick-Bell, Chief Executive of East Sussex Healthcare NHS Trust (ESHT), said that with the exception of cardiology and ophthalmology – where engagement is taking place about various potential options, but where no decision has yet been made – ESHT has no intention of moving any services out of the Conquest Hospital site.

26.11. The Board asked when the report by the University of Sussex into the first wave of COVID-19 in Hastings and Rother will be published

26.12. Darrell Gale, Director of Public Health said that the report was with editors now, including himself. He apologised it had not yet been released.

26.13. The Board RESOLVED to:

1) 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; and

2) agree to delegate to the Director of Adult Social Care in consultation with the Chair inclusion of an endorsement by the East Sussex Health and Wellbeing Board in East Sussex County Council's response to the NHS England consultation on Integrated Care Systems; and

3) request that a draft of the consultation response is circulated for comment ahead of submission to NHS England.

27 EAST SUSSEX LOCAL SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT

27.1. The Board considered a report on the multi-agency arrangements in place to safeguard children in East Sussex.

27.2. The Board asked whether the number of sexual offences against children was high compared to other counties.

27.3. Reg Hooke, East Sussex Safeguarding Children Partnership Independent Chair, said that when the Police figures on the number of crimes reported have been scrutinised, they are similar to the national average. Stuart Gallimore, Director of Children's Services, said East Sussex County Council works with colleagues in the NHS, Probation services and the Police to identify early young people who are at risk and act proactively to try and help them. This can be made more difficult where the young person does not perceive what is happening as abuse and sides with the abuser. He added that a paper recently went to the Youth Justice Board seeking ways that additional money can be obtained to focus more on this area of work.

27.4. The Board asked what was being done to improve the transition period between children's and adult services, for example, for Type 1 Diabetes.

27.5. Reg Hooke said that the Partnership undertook a discussion about whether there should be a focus on transition and discussed it with the Adults Safeguarding Board. Whilst it is not a specific priority, there is an ongoing piece of work between the Partnership and the Board about transition services. Nationally, Research in Practice has published national research on the challenges of transition services and what can best be done to reduce them.

27.6. The Board RESOLVED to note the East Sussex Safeguarding Children Partnership Annual Report for 2019-2020.

28 EAST SUSSEX OUTBREAK CONTROL PLAN UPDATE

28.1. The Board considered a report seeking approval of the refreshed East Sussex Outbreak Control Plan.

28.2. The Board asked what the future would be for the testing sites and the mobile testing units during 2021.

28.3. Darrell Gale confirmed that testing will be needed alongside vaccination sites for some considerable time to come yet. The testing capacity in East Sussex includes a core of mobile test sites, which will this week be in Heathfield and Hastings, that are deployed in locations that ensure there is a wide geographic spread of testing available and that testing is available in those areas where numbers are increasing.

28.4. Darrell Gale explained that the current test sites are offering the polymerase chain reaction (PCR) tests that take 24 hours or more to get a result but are more accurate than lateral flow tests. Lateral flow testing give an indicative result within about half an hour and can be used for mass testing, such as has been used in Liverpool; used in care homes to allow relatives to visit care home residents; and used where there has been an outbreak, such as in

Medway. Discussions are ongoing whether there is the need in East Sussex to scale up lateral flow testing given the logistics needed, but currently there does not appear to be the need to do so.

28.5. The Board asked for an update on the two Sussex Health and Care Partnership BAME COVID-19 disparity programme workstreams set up to reduce illness and mortality amongst BAME health and care workers and the BAME general population.

28.6. Darrell Gale said that the two workstreams will be reporting early in the new year, as they still require further work. This is because the workstreams are relying on very dated data from the 2011 census survey to understand the communities, so more work had to be done initially to update this information. One of the workstreams includes a needs assessment of the whole of Sussex of the BAME communities.

28.7. The Board asked how the previous report into the impact of COVID-19 on the BAME community by Hastings Voluntary Actions was commissioned, as the report did not include the experiences of the BAME health and care workers and the report's Board did not have any women on it.

28.8. Darrell Gale said he did not know the detail of the HVA report or its remit, however, he said he would liaise outside the meeting to understand more about the concerns of the BAME community in Hastings had with the report and how best they can be engaged with across the county. He agreed it was unusual to have a panel comprising solely of men.

28.9. The Board asked for more information on how the vaccine will be rolled out.

28.10. Darrell Gale said that the priority groups and logistics for the roll out of the vaccine are changing daily. The Pfizer vaccine is distributed in large batches of 975 and has to be stored at a low temperature, so it is going to be sent to hospital trusts first, where it will be administered to elderly, vulnerable patients who are in hospital and being discharged back to the community. Spare dosages will be given to staff. As more are received they will be given to care home residents and staff and other vulnerable groups by age and other conditions

28.11. Dr David Warden added that the majority of Primary Care Networks (PCNs) in East Sussex have today signed enhanced service contracts to deliver the vaccine to patients in the community. He said that all patients will be assigned a vaccine site, although it may be some time yet before they begin delivering the vaccine from these sites. This is due to the amount of vaccines available and the need to cold store the Pfizer vaccine, but the system will be ready for the Oxford/AstraZeneca vaccine once it is available.

28.12. The Board asked what the Director of Public Health thought the Government will announce on 16th December with regard to COVID-19 restrictions over Christmas.

28.13. Darrell Gale said the five days of Christmas were of concern, as the additional freedoms will lead to far more social mixing resulting in an increase in infections in the New Year. This could lead to a new lockdown in 2021. His advice over Christmas was that it was best not to travel or meet in groups unless it was necessary, such as if a relative was frail or for religious observance. He said he was not sure what would be announced on the 16th, but said that efforts would continue locally to reduce the rates of infection as much as possible whilst also allowing people to continue the interactions allowed in Tier 2.

28.14. The Board asked what the testing contact rates the Public Health Team was achieving.

28.15. Darrell Gale said the Local Tracing Partnership operates across Sussex and has been showing great success in East and West Sussex, however, he had not yet received data for the first few weeks of contact tracing to confirm this. He clarified the Local Tracing Partnership is only contacting those cases that national NHS Test and Trace service had not been able to find. These are often quite complex cases but the local knowledge and accessibility of the Local Tracing Partnership – i.e., contact numbers can be left on answer phones for people to call back, unlike with Test and Trace – makes it better placed to trace these individuals.

28.16. The Board asked whether the Public Health Team was receiving an acceptable level of data from NHS Test and Trace and whether it impacted on the work the Team was trying to do.

28.17. Darrell Gale said the data from NHS Test and Trace has improved significantly and the local Test and Trace convenor is very responsive to the needs of local Public Health Teams to get information back quickly. He said data was now being received rapidly enough that the Public Health Team is getting information before it is published nationally.

28.18. The Board asked whether there was anything that could be done in the rest of East Sussex to stop the transmission from Hastings and Rother.

28.19. Darrell Gale said infections rates had doubled in Hastings over the past week. These are infections picked up during lockdown, which meant people were mixing more than they should have done during the lockdown. The increases have occurred in a place that has up to now had a very low rate of infection and very little immunity, meaning that the virus will be able to spread very quickly. Infections in Hastings and Rother have been recorded in schools and care homes but more than 50% are not related to a particular setting and have occurred randomly. College age and working age adults have been more affected than the elderly.

28.20. The Director of Public Health said that the response to the outbreak would include:

- greater efforts to increase testing;
- calling outbreak meetings with schools where an outbreak has occurred;
- sending out communications warning people not to meet with others outside their household unless they have to, and to avoid shopping in crowded places;
- considering whether certain Christmas events should go ahead if they involve congregating in large numbers; and
- supporting ESHT to manage the expected surge in demand on hospital services.

28.21. The Board asked if there is more that can be done to encourage people to get tested, particularly in Hastings and Rother.

28.22. Darrell Gale said outbreaks have tended to be random and occurring outside of places of work or congregation, therefore, people making the effort to go and get tested is very important to help contain the virus. He said there is a lot of testing capacity at the walk-in site at the Ridge in Hastings; the drive and walk-in site at Wainwright road in Bexhill; and the mobile testing unit that is currently in Hastings. NHS Test and Trace also has the lab capacity to process the tests. He therefore advised anyone with even the mild symptoms to get tested, and isolate if necessary, to help stop the onward spread of the virus.

28.23. The Board RESOLVED to:

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

2) receive a further report at its 2nd March 2021 meeting on the development of the Plan.

29 JOINT STRATEGIC NEEDS ASSESSMENT AND ASSETS (JSNAA) ANNUAL REPORT 2019/20

29.1. The Board considered a report on the 2019/20 Joint Strategic Needs and Assets Assessment (JSNAA) Annual Report which outlines the updates and developments that have taken place during the year.

29.2. The Board asked about whether the JSNAA included the health impact of climate change.

29.3. Graham Evans, Public Health Consultant, explained that a briefing was added to the JSNAA website about a year ago which identifies some of the key issues, data and evidence on

climate change available at the time. This report is due to be updated in due course as a lot more data and evidence is now available.

29.4. The Board RESOLVED to note the 2019/20 Joint Strategic Needs and Assets Assessment Annual Report and approve future developments planned for 2020/21.

30 SUSSEX HEALTH AND CARE PARTNERSHIP WINTER PLANNING

30.1. The Board considered a report providing an update on progress to date in relation to winter planning.

30.2. The Board asked how resilient the private sector nursing and care homes are given the challenges they have faced around COVID-19.

30.3. Mark Stainton said the majority of residential, nursing and home care is provided by the independent sector. As part of the winter plan and wider COVID-19 pandemic response, the NHS and East Sussex County Council has provided the independent sector with a significant amount of support, including a linked healthcare professional at each care home.

30.4. The Board asked whether the care system is over reliant on private sector.

30.5. Mark Stainton said that there is a balanced economy of care in East Sussex containing a blend of private and voluntary home and care home providers, and significant public community services provided jointly by the NHS and East Sussex County Council, such as the Joint Community Rehabilitation and Crisis Response services.

30.6. The Board asked about the physical and staffing capacity of ESHT to deliver elective work in the hospitals as well as keeping COVID-19 patients separate.

30.7. Isabella Davis-Fernandez, Head of System Resilience, Sussex CCGs, said a wide range of modelling of different scenarios and assumptions around non-COVID-19 and COVID-19 pressures was undertaken in order to model the number of beds and staff needed for the acute hospitals in Sussex. The Winter Plan is the plan put in place to mitigate any gap between demand and the normal available supply of beds and staff. There is fairly good confidence that the plan will get the system through the winter. Due to the increasing pressures caused by COVID-19, a piece of work is being undertaken to check that assumptions about bed numbers are still accurate. Staffing is an ongoing issue and plans include hospital sites supporting each other through mutual aid. Jessica Britton said all elective admission recovery plans are still underway and are going well according to plans and there are a number of scenario models, so the system is as well prepared as it can be.

30.8. The Board RESOLVED to note the status of the Sussex Health and Care Partnership Winter Plan 2020-21.

31 WORK PROGRAMME

30.1. The Board considered its work programme.

30.2. The Board RESOLVED to:

1) agree the work programme; and

2) agree to consider a report on the Better Care Fund at its meeting on 2nd March 2021.

The meeting ended at 4.20 pm.

Councillor Keith Glazier (Chair)

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Report to:	**East Sussex Health and Wellbeing Board**
Date of meeting:	**2nd March 2021**
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 and planning for 2021/22**

RECOMMENDATIONS

The Board is recommended to:

1. **Note the current stage of the implementation of the programme after the second wave of the pandemic, and;**

2. **Note and consider the planning for 2021/22 and the next phase of health and social care integration, in the continuing context of COVID-19 and the proposals for the Government's forthcoming Health and Care Bill**

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1. Background

1.1 During 2020/21 our focus for integration has increasingly been on the way we can further integrate our services to support people during the COVID-19 pandemic, including out of hospital support and discharge hubs to ensure timely discharge and appropriate care for our patients. Our integrated senior management arrangements and the community health and social care services target operating model (TOM) established in 2019/20 have been critical enablers of the pandemic response.

1.2 Over the winter period our system has managed the emergency response to the second wave of the pandemic, and the extreme operational pressures that have been created as a result. Work has also continued to take place as a health and social care system at both East Sussex and Sussex level on the full range of additional responsibilities that have come with this that require system grip and coordination.

1.3 Earlier reports to the Health and Wellbeing Board (HWB) 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.

1.4 At the last meeting members of the HWB also heard that NHS England and Improvement (NHSE&I) published *'Integrating Care: next steps to building strong and effective integrated care systems'* on 26th November. This set out commitments to supporting greater collaboration between health and social care partners in 2021/22, and options for putting Integrated Care Systems (ICSs) on a legislative footing by April 2022.

1.5 '*Integrating Care'* also underlined the importance of place-based partnerships within wider ICSs, and in line with this a local response to the proposals was put forward in consultation with the East Sussex Health and Wellbeing Board. The White Paper *'Integration and Innovation: working together to improve health and social care for all'* has now been published, ahead of a Health and Care Bill later this year.

1.6 In this context this report provides an update on progress with our integration programme during 2020/21, and how we are taking planning forward for 2021/22 for the next phase of health and social care integration in East Sussex alongside the continued management of the pandemic and our broader restoration and recovery planning.

2. Supporting information

2020/21 Integration programme progress

2.1 As previous reports have highlighted, the pandemic continues to have a significant influence on patterns of demand and use of health and social care services, and as would be expected this is evidenced in our performance information across the board. We have continued to monitor the programme across urgent care, planned care and community to inform and contribute to our understanding of impacts on the system. A summary of progress across the different areas of the programme is included in **Appendix 1**.

2.2 This information is being considered alongside our other organisational monitoring as part of an overall review to inform how we develop a set of appropriate priority objectives and lead KPIs for the integration programme, across children and young people, mental health, community, urgent care and planned care, that are relevant for our system as we move into 2021/22 and our recovery planning.

Health and Care White Paper

2.3 Following the publication of *'Integrating Care: next steps to building strong and effective integrated care systems'* by NHSE&I on 26th November, the White Paper *Integration and Innovation: working together to improve health and social care for all'* was published on 11th February. This will form the basis for a Health and Care Bill that will go through Parliament later this year, and should be seen alongside broader reforms to Social Care, Public Health and Mental Health.

2.4 The White Paper aims to remove some of the barriers to integration within the NHS and between the NHS and Local Government and wider partners, through setting out a range of specific changes to accelerate improvements that need primary legislation. For example, as well as setting out the legislative footing for ICSs, it includes changes to competition rules, new powers of intervention for the Secretary of State, a new duty for CQC to assess local authorities' delivery of their Adult Social Care services, a new legal framework for discharge to assess to replace the legal requirement for all assessments to take place prior to discharge, and requirements to share data.

2.5 In summary in relation to the way we work together to support integration the White Paper includes the following specific legislative proposals to establish ICSs in law:

- The creation of a statutory ICS in each ICS area, which will be made up of an ICS NHS Body and a separate ICS Health and Care Partnership, bringing together the NHS, Local Government and other partners.
- The ICS NHS body will be responsible for healthcare services and the day to day operation of the ICS, while the ICS Health and Care Partnership will bring together systems to support integration and develop a plan to address the systems' health, public health, and social care needs.

- CCGs will become part of ICSs' and the ICS NHS Body in each area will take on the commissioning functions of the CCGs and some of those of NHS England within its boundaries.
- These organisations will merge some of the functions currently being fulfilled by non-statutory STPs/ICSs with the functions of a CCG, and bring the allocative functions of CCGs into the ICS NHS Body.
- Each ICS NHS Body will have responsibility for developing a plan to meet the health needs of the population within their defined geography, developing a capital plan for NHS providers in the area, and securing the provision of health services to meet patients' needs.
- The ICS Health and Care Partnership will have responsibility for developing a plan that addresses the wider health, public health, and social care needs of the system. The ICS NHS Body and local authorities will need to have regard to that plan when making decisions.
- An expectation that ICSs will have to work closely with local Health and Wellbeing Boards (HWB) and the ICS NHS Body will be required to have regard to the Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies that are being produced at HWB level (and vice-versa).
- ICSs will be encouraged to think about how they can align their allocation functions with place, for example through joint committees, and these arrangements will be locally determined.
- NHS Trusts and Foundation Trusts (FTs) will remain separate statutory bodies with their functions and duties broadly as they are in the current legislation.
- There is also provision to create a mechanism for the creation of joint committees, both between ICSs and NHS providers, and between NHS providers so that decisions can be made jointly. The intention is that Primary Care Networks, GP practices, community health providers, local authorities and the voluntary sector could be represented within both.
- A duty to collaborate will be placed on NHS organisations (both ICSs and providers) and local authorities. There will be specific Guidance as to what delivery of this duty means in practice in recognition of the fact that collaboration may look very different across different kinds of services.
- A shared duty for all NHS organisations that plan services across a system (ICSs) and nationally (NHSE), and NHS providers of care (NHS Trusts and FTs) to have regard to the 'triple aim' of better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources.
- The need for a population focussed approach to be based on what matters to local people, acknowledging the role of Healthwatch and other organisations in combining commentary on services with supporting co-production of plans at both place and ICS level.

Working together in our communities to support population health and wellbeing

2.6 The East Sussex Health and Social Care System Partnership Board (SPB) brings together our District and Borough Council and VCSE Alliance representation alongside NHS and social care system partners. Alongside regular updates on the health and social care integration programme, at meetings in October, December and February 2021 the SPB has considered reports on:

- Progress and next steps for supporting a sustainable Community Hubs model,
- The draft Population Needs Summary Update, including what we understand about the health and socio-economic impacts of COVID-19
- An update report from the Sussex ICS BAME Disparity programme
- A report on the role of the VCSE Alliance and its priorities

- The draft brief and milestone plan to support our planning for 2021/22

2.7 This has underlined our growing consensus about the importance of working together to coordinate the development of wider integrated working necessary to respond to the health, social, economic and diverse needs in our communities, including the ongoing impacts of COVID-19, as part of our overall work to improve population level outcomes, reduce health inequalities and improve the quality, experience and cost of care.

2.8 As an outcome we have agreed to develop proposals to work together to develop and agree a roadmap to take forward a model to support integrated working in our communities across services and support that impact on the broader determinants of health to improve outcomes and reduce health inequalities. It was agreed that a key next step will be to ensure this thinking is built into the development of the next phase of health and social care integration.

Planning Integrated Care Partnership (ICP) development in 2021/22

2.9 Taking into account the current high levels of pressure across the system and focus on the pandemic emergency, early review has taken place to consider how we might further develop our place-based East Sussex Integrated Care Partnership in 2021/22, with a view to supporting the following:

- Our system resilience in the face of the ongoing demands of managing and responding to COVID-19, and expectations about recovery and restoration of services as we move into 2021/22;
- Responding to the expectations and commitments set out by NHSE&I in 'Integrating Care' and the White Paper in the context of our wider Sussex Health and Care Partnership (SHCP) ICS as it matures and embeds, and;
- Developing and agreeing our joint partnership plans for the next phase of health and social care integration, based on our shared priorities for our East Sussex population.

2.10 The brief attached in **Appendix 2** sets out the existing commitments and progress made in 2020/21 taking account of the impacts of the pandemic emergency, to explore the next steps for our ICP in relation to:

- Developing a place-based framework for integrated health and social care commissioning in the context of the SHCP ICS covering children and young people, and working age and older adults;
- Further strengthening the target operating model (TOM) for integrated community health and social care services and the integrated teams and service models that support this, and;
- Developing a model to support how we work together in our communities across our health and social care system, District and Borough Councils and Voluntary, Community and Social Enterprise (VCSE) Sector partners and other providers of services that impact on the broader determinants of health and wellbeing.

2.11 The brief summarises:

- Our context in East Sussex that shapes our existing vision and commitment to integrated health and social care
- A summary of what has been previously agreed by the HWB and delivered so far, including:
    - Our community health and social care target operating model (TOM) (**Appendix 3**)
    - Our embedded ICP system partnership governance (**Appendix 4**)
    - Our shared Outcomes Framework based on what matters to local people (**Appendix 5**)
    - Our current in-year integration programme (**Appendix 6**)

- A summary update of our population needs (**Appendix 7**)
- Expectations for place-based ICPs in the context of NHSE&I's plans for strengthening Integrated Care Systems and the White Paper, and;
- How we can build on what has been delivered to date and agree proposals for the next phase of health and social care integration, and the next steps that will move our system forward.

2.12 A high level milestone plan is contained at **Appendix 8** which sets out the further work required to iteratively develop the detailed understanding of the work we need to do as a system during 2021/22 and the agreements we need to reach. This includes proposals for our ICP, and the models for integrated commissioning and provision, and wider working in our communities to support population health and wellbeing - building on the consensus reached about the SPB's role in helping to coordinate leadership action in our communities on wider health, social and economic wellbeing.

2.13 Overall this will enable us to respond to the ongoing changes brought about by COVID-19 and continue to use the learning from delivering the pandemic response, as well as preparing for the forthcoming Health and Care Bill. As we further develop our ICP plans we will work to ensure focus is given to:

- Effective communications and setting out clearly to all stakeholders how services will develop and what improvements will be delivered
- Arrangements for considering the impacts for our diverse communities in East Sussex including health inequalities and equalities reviews and assessments
- Maintaining effective engagement with a broader range of stakeholders in the planning and delivery of services, including patients, clients, carers, Borough and District Councils, independent sector providers and the VCSE
- An effective relationship with NHS England and NHS Improvement and the SHCP ICS.

3. Conclusion and reasons for recommendations

3.1 Through our system partnership working in East Sussex we have strong foundations in place to take forward increased integration of commissioning and delivery of services to improve outcomes for our population. Responding to the pandemic during 2020/21 has fundamentally changed the way we work together as a health and social care system and has accelerated our integrated working. In addition, forthcoming legislation being proposed will significantly influence the way we work together to commission and deliver integrated care.

3.2 Appendix 8 sets out the milestones and further work required to develop the detailed understanding and agreement of the shape of our ICP and further implementation during 2021/22. By April 2022 we will be in a position to build on progress, and jointly commission our ICP to deliver the next phase of integration required to improve outcomes for our population. Within this we will continue to use the learning from delivering the pandemic response to accelerate our integration.

3.3 We will also continue to take account of the impacts of COVID-19 through taking forward a model for wider integrated working in our communities and our agreed shared priorities for in-year service transformation across Children and Young People, Mental Health, Community, Urgent Care and Planned Care. This will enable us to respond to the ongoing changes and challenges brought about by COVID-19 for our diverse communities, and expectations around restoration and recovery of services as we move into 2021/22.

JESSICA BRITTON
Executive Managing Director, East Sussex Clinical Commissioning Group

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

Contact Officer: Vicky Smith
Tel. No. 01273 482036

Email: Vicky.smith@eastsussex.gov.uk

Background documents

None

East Sussex integration programme Quarter 3 progress summary

Good progress has been made in key areas of the integration transformation priorities alongside the ongoing need to manage the pressures on our services due to COVID-19.

- Our High Intensity User service for people who attend hospital based emergency services five or more times in one year continues to show a reduction in attendances from 146 a month in December 2019 reducing to 70 in November 2020. Initiatives set up due to the pandemic such as 24/7 telephone access to mental health crisis and psychological support, care home resilience initiatives and community hubs have also supported people to avoid conditions or situations becoming critical. The benefits have been noted in other areas in Sussex with Brighton recently implementing a similar service. Where people cross care boundaries, the teams are working together to ensure the appropriate care is received at the appropriate location.
- East Sussex became an early adopter of the national NHS 111 First programme which commenced at East Sussex Healthcare NHS Trust in October 2020. This programme aims to provide appropriate alternative same-day or urgent (within 24 hours) services for people who would otherwise have attended acute emergency departments. Referrals or direct bookings can be made from NHS111 & NHS111 Clinical Assessment Service (CAS) to services that are able to provide care and support to the patients in response to their urgent care need e.g. Urgent Treatment Centres, "Hot" Clinics, Ambulatory Care, Improved Primary Care Access, Social Care services, Community Pharmacy, Crisis Cafes. Early performance measures show a decline in the number of people self-referring to hospital emergency services since the commencement of the scheme however, the current pandemic may also be impacting behaviours.
- The NHS Long Term Plan set out the redesign of MSK Services encouraging the setup of MSK First Contact Practitioners in GP surgeries to provide people with early intervention for minor MSK conditions and targeted support to help them self-manage the condition and prevent exacerbation. The majority of our primary care surgeries now have access to this service with full cover expected by March 2021. As well as helping our people to relieve symptoms earlier, this service also releases GP and MSK Community Service capacity.
- As part of a continuing drive for excellence, we are always looking for ways to improve local services. We have been talking to people living in East Sussex about their experience of cardiology and ophthalmology services, in particular:
    - Ophthalmology services (both Adult and Children's) provided at the Conquest Hospital, Hastings; Bexhill Hospital; and Eastbourne District General Hospital.
    - Some of our Cardiology services, specifically relating to acute cardiology services which includes emergency management of heart attacks and the immediate and long term management of other cardiac conditions, including heart failure and heart arrhythmias.

  This is so that we can co-design a set of proposals that suggest changes to the services, and address some of the challenges the services face to ultimately improve our ophthalmology and cardiology services. It is important that local people, patients and members of staff have a say in the development of those proposals and how the service could be delivered in the future.
- Hospital outpatient transformation has seen significant improvements in the ease of access for people to be treated with the increase in availability of online consultations accelerated by the pandemic response, and patient initiated follow up appointments, alongside face-to-face consultations when this is needed. All our GPs are able to seek timely advice from hospital consultants using the Advice and Guidance System, preventing unnecessary referrals. The introduction of an online App for patients, called 'Patient Knows Best' (now known as My Health and Care Record) aimed at people with long term diabetic and gastro conditions, allows electronic correspondence and online communication and monitoring to help people proactively manage conditions to prevent them getting worse.

- Discharge of older people and those with complex care needs from our hospitals often results in a new way of living for example in a residential care or nursing home, or at home with packages of care, on a temporary or long term basis. Last year, a new integrated community health and social care Target Operating Model (TOM) was agreed to ensure the seamless transition of care, free up hospital beds for new patients and improve the likelihood of achieving the optimum health, wellbeing and independence for older people with complex care needs. The pandemic has led to necessary redeployment of resources, the implementation of 'Home First' and 'Discharge to Assess' (D2A) pathways as business as usual, as well as the integrated commissioning of bedded care and home care capacity to support this, and ensuring people are in the right setting, ideally at home, as soon as possible. The positive learning from these initiatives and the original TOM are currently being reviewed to ensure we harness best practice going forward.
- To support children and young people transitioning from children's disability services to adult health and social care services, continuing care and social care assessments and reviews are now aligned so they can be completed together and a joint support package agreed. Greater inclusion and engagement with children and parents as well as integration of heath and care resources needed to promote the principles of the Care Act have underpinned this. A review of care agencies that are able to work with older children through to adult care has also been completed following the identification of a lack of suitable carers for older children, and an action plan is being developed to address this.
- By the end of quarter 3, 44 schools (approximately 24,000 pupils) in East Sussex now provide access to mental health and emotional wellbeing services supported by our three Mental Health Support Teams (MHSTs).
- The East Sussex Mental Health Oversight Board undertook a detailed programme scoping exercise during October 2020, and as a result three areas of focus have been agreed; emotional wellbeing services 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; enhancing community services to provide a consistent range of specialist services for adults with personality disorders, eating disorders and rehabilitation, and; supported accommodation and housing. Working groups are being convened with stakeholders and subject matter experts to further develop the programme and the projects to be progressed to support the delivery of outcomes.

- Place based analysis and research with all local stakeholders has been undertaken to identify the key challenges and opportunities for mental health and housing in the county. The research has initially engaged with housing and mental health commissioners, District and Borough Council Housing Teams, SPFT operational teams, and the Adult Social Care Supported Accommodation Team.

East Sussex Integrated Care Partnership: Planning for 2021/22
Draft Brief

1 Background

1.1 The East Sussex health and social care system has a longstanding history and commitment to integrated working, as this provides the opportunity to deliver the best possible outcomes for local residents and achieves the best use of collective public funding in East Sussex.

1.2 During 2020/21 our focus has increasingly been on the way we can further integrate our services to support people during the COVID-19 pandemic, including out of hospital support and discharge hubs to ensure timely discharge and appropriate care. Our integrated senior management arrangements and the community health and social care services target operating model (TOM) established in 2019/20 have been critical enablers of the pandemic response. At the current time our system is continuing to manage the extreme operational pressures being experienced due to winter and the current wave of the COVID-19 pandemic.

1.3 Work has also taken place as a health and social care system at both East Sussex and Sussex level on the full range of additional responsibilities that have come with this that require system grip and coordination, including:

- A system-wide approach to demand and capacity modelling to support avoidance of unnecessary admissions and timely discharges from hospital
- Care home and market resilience plans
- Testing, outbreak control and the mass vaccinations programme
- Shielding and support to Clinically Extremely Vulnerable people (CEV)
- Health and social care winter planning
- Supporting restoration and recovery of healthcare services for our population
- Ensuring assessment and appropriate care to support those people moving on from the initial COVID-19 hospital discharge scheme.

1.4 On 26th November NHS England and Improvement (NHSE&I) published '*Integrating Care: Next steps to building strong and effective integrated care systems"*. This set out commitments to support greater collaboration between health and social care partners in 2021/22, and options for putting ICSs on a legislative footing by April 2022. This included a preferred option of setting up ICSs as corporate NHS bodies with a mandatory membership to plan and commission health services. This would represent the most significant shift for our system working since the 2012 Health and Social Care Act.

1.5 In addition to having a lead role in our East Sussex system, our organisations are individually a part of the Sussex Health and Care Partnership (SHCP), alongside the upper tier and unitary Authorities, Clinical Commissioning Groups and NHS Provider Trusts in West Sussex and Brighton and Hove. The SHCP was formally awarded Integrated Care System (ICS) status in April 2020.

1.6 *'Integrating Care'* also underlined the importance of place-based partnerships within wider ICSs, and in line with this a local response to the proposals was put forward in consultation with the East Sussex Health and Wellbeing Board. The White Paper *'Integration and Innovation: working together to improve health and social care for all'* has now been published, ahead of a Health and Care Bill later this year, and further detailed policy guidance is awaited.

1.7 This brief (which includes Appendices 3-8 of the agenda) sets out the next steps for East Sussex Clinical Commissioning Group, East Sussex County Council, East Sussex Healthcare NHS Trust, Sussex Community NHS Foundation Trust and Sussex Partnership NHS Foundation Trust at the East Sussex place level, as part of the wider SHCP ICS and with our

local wider system partners, to meet local priorities for our population and the commitments set out by NHSE&I in *'Integrating Care'.*

2 Our context

2.1 Our longstanding commitment to health and social care integration in East Sussex, the work we have agreed to date through our Health and Wellbeing Board and our approach to health and social care integration is in summary driven by the following challenges:

- East Sussex is a county with a growing and ageing population. By 2024 we predict that 23.3% of our population will be aged 65-84 (compared to 16.8% for England), and a further 4.3% will be over 85 (2.7% England).

- The number of children in need of help and protection is rising locally and nationally, linked to the increase in families experiencing financial difficulties, and there is a growth in the numbers of children with statements of special educational needs and disability (SEND) or Education Health and Care Plans, some of whom will have complex medical and care needs.

- Although on average our population health is similar to England, more older people and the complexity of their needs with increasing longevity, frailty and people with multiple conditions, means that health and care needs in East Sussex are likely to be higher than other similarly sized areas in England. This is currently and will continue to be a significant driver of rising demand for health and care services, in the context of meeting the full range of health and social care needs of our whole population across all age groups and their physical and mental health.

- There are also significant gaps in life expectancy within the county and deprivation. This requires joining up NHS and social care with other services provided by the County Council, District and Borough Councils, the voluntary and community sector and others that impact on people's daily lives, their health and socio-economic wellbeing.

- The county is rural and urban in nature with the inevitable challenges that this brings for ensuring appropriate access to services at the same time as meeting expectations about quality.

2.2 In light of this we have committed to transforming to a new model of integrated care that will:

- Support people's independence through integrating care and offering a range of preventative services, early intervention and joined up care and treatment; proactive support to people who are vulnerable or at risk as close as possible to where they live, and; access to good quality local and specialist hospital-based services when they need it. This can be sustainably achieved through greater levels of integration in our community health and social care services, working closely with Primary Care Networks, mental health services and local urgent and acute care services.

- Promote wider integrated working in our communities between the health and social care system and the full range of services that impact on the broader determinants of health and reduce health inequalities, including housing, employment, welfare, transport, environment and leisure and voluntary and community sector services and support.

2.3 We are taking this forward through our place based partnership with our local NHS, County, District and Borough Councils, Voluntary and Community Sector and others. This is managed through specific whole system partnership governance at place level, with our Health and Wellbeing Board having strategic system oversight, our place based Health and Social Care

Executive Group focussing on delivering strategic priorities and improvements to system performance, and an in-year programme to support delivery of our collectively shared priorities for service transformation.

2.4 Full details can be found in our agreed East Sussex Health and Social Care Plan, covering our East Sussex priorities and NHS Long Term Plan commitments, and the contribution to the Sussex Strategic Delivery Plan. In line with this there is strong alignment with the governance, collaboratives and programmes being taken forward at the Sussex ICS partnership level.

3 Health and social care integration progress in East Sussex

3.1 Through building on progress delivered to date as a system we are committed to delivering improved population health and outcomes through the following:

- Integrated strategic planning and commissioning to make the best use of our collective resources for our population;
- Increased levels of provider integration across health and social care services to support improved delivery of early intervention and prevention and better experience of care, and;
- Broader partnership working and whole system working with District and Borough Council and voluntary, community and social enterprise (VCSE) sector partners, to impact on the wider determinants of health and wellbeing.

3.2 Our joint working is delivered through our integration programme aimed at driving the changes needed to help manage growing demand, on both NHS and social care services, by joining up care to support people to live as independently as possible and achieve the best possible health outcomes. Examples of what this has delivered so far include:

- A range of integrated services for example Health and Social Care Connect, the Joint Community Reablement Service.
- A comprehensive range of preventative services, and continuing strong performance against Better Care Fund targets.
- Ongoing development of community health and social care services through integrated senior management arrangements to lead operational day-to-day working and an agreed overarching target operating model (TOM) across the county, attached in Appendix 3.
- Co-location of nursing and social work teams in Eastbourne to support greater levels of care coordination for people with multiple and complex care needs.
- Successful implementation of Home First and discharge to assess (D2A) pathways, and collaborative system working that has meant that community bedded care achieved optimum treatment length of stays, and maintained this during and after the first phase of the pandemic to support flow out of hospital.
- Close system working between Adult Social Care and the CCG Continuing Healthcare Team has also been taking place to enable approximately 1000 patients discharged under the original COVID-19 Hospital Discharge Scheme to be appropriately assessed and reviewed onto appropriate care and support, by the national target completion date of 31st March 2021 (locally in East Sussex we anticipate this being sooner).

3.3 This is supported by:

- Embedded integrated system leadership and planning arrangements to deliver against our population health priorities, NHS Long Term Plan requirements and ESCC priority objectives, and enable alignment of organisational plans across our whole system to support health and wellbeing, with accountability to the East Sussex Health and Wellbeing Board for our system working and delivery of our agreed East Sussex Health and Social Care Plan and programme. Our current system partnership governance is set out in Appendix 4.
- An agreed shared outcomes framework for our system that covers population health and wellbeing, the quality and experience of care, and transformed services for sustainability, included in Appendix 5.
- Integrated commissioning arrangements across children and young people, mental health and community services. This includes pooled and aligned budgets and a shared approach

to system finances, shared arrangements for commissioning voluntary and community sector services, and significant joint work to understand additional care capacity requirements taking forward our agreed approach to bedded care both in and out of hospital through lead commissioner arrangements.

4. Integration programme

4.1 After an initial pause during March – May 2020, our in-year integration programme was updated and revised to take account of the learning and new models and ways of working brought about by delivering the first wave of the pandemic response. A high level summary of the current programme covering Children and Young People, Mental Health, Community, Urgent Care and Planned Care is included in Appendix 6. The programme will continue to be reviewed and updated to ensure our agreed shared priorities remain relevant for 2021/22, and complements the ongoing pandemic response to manage the risks and challenges around capacity, restoration and recovery. Links are also made to specific workforce and digital projects that will enable the programme to be delivered.

4.2 Programme monitoring resumed in October with metrics being captured across the system through an agreed and embedded performance management process, with regular reports to the East Sussex Health and Social Care Executive Group and the Health and Wellbeing Board, as well as feeding into the SHCP ICS performance framework. Alongside our other organisational monitoring this is informing our understanding of the impacts of COVID-19 on patterns of demand and service delivery and our planning for 2021/22.

5. Population Needs Summary Update

5.1 An updated summary of population needs was also produced in November 2020 to provide a summary of the key facts and figures about our population needs based on what the latest data and insight is telling us, and taking into account:

- The predicted changes over a 3 – 5-year period where this is understood
- The impacts of the COVID-19 pandemic where known - for example social, economic, health and mental health and wellbeing impacts, social isolation, and indirect impacts on health
- What we understand about inequalities and health inequalities related to the COVID-19 pandemic

5.2 The summary update is included in Appendix 7. The modelled data is intended to provide estimates of where additional unmet need might be expected in our population, which could help support and inform a range of work potentially including:

- Our understanding of future demand and our individual organisations' planning processes for 2021/22 and in the medium term
- How we work together as a health and care system to further develop our Integrated Care Partnership, including:
  - Using it alongside our demand and capacity modelling data to inform what changes we'll need to make to service models and interventions in order to meet future projected demand for health and social care services
  - Financial modelling and how we'll use our collective pooled and aligned system resources in 2021/22 and beyond
  - How we collectively work together with our communities to deliver prevention, early intervention, reduced health inequalities and improved outcomes for our population

6. Place based Integrated Care Partnership (ICP)

6.1 In November NHS England and Improvement (NHSE&I) published '*Integrating Care: Next steps to building strong and effective integrated care systems'* . This acknowledged that for most people their day-to-day care and support needs will be expressed and met locally in the place where they live. It therefore included expectations for how providers of primary, community health and mental health services, social care and support, community diagnostics and urgent and emergency care should work together to join up services at place (i.e. East Sussex) level to deliver an offer for their populations so that everyone is able to:

- Access clear advice on staying well
- Access a range of preventative services
- Access simple, joined up care and treatment when this is needed
- Access digital services (with non-digital alternatives) that put the citizen at the heart of their own care
- Access proactive support to keep people as well as possible, where they are vulnerable or at high risk

6.2 There is commitment to support this with meaningful and delegated budgets over time. The NHS is also expected to play its part at place level in local planning arrangements covering:

- Approaches to employment, training, procurement and volunteering activities and use of estates, allowing the NHS to play a full a part in social and economic development and environmental sustainability, and;
- Strengthened links with other public and voluntary services that have an impact on people's day to day health for example through improving local skills and employment or ensuring housing and accommodation.

6.3 In addition to delivering our shared in-year priorities through our integration programme, work is taking place to explore how our place-based ICP arrangements can be strengthened to ensure access to the local offer for our population by April 2022. The following paragraphs set this out in more detail.

7. Integrated commissioning model

7.1 Working together to respond to the pandemic response has accelerated and influenced our integrated commissioning leading to:

- Greater levels of collaborative working across commissioners and providers to design and agree service developments, pathways, and models of care, and a shared responsibility for delivery
- Undertaking modelling together to understand bed capacity both in and out of hospital to support timely hospital discharge and flow
- An integrated support offer for providers across all sectors from our health and social care commissioning teams including support for care homes and ongoing improvements to quality and clinical care, and development of services and new models of care across different care settings.

7.2 In 2021/22 in the context of our developing Sussex Integrated Care System we will work together as health and social care commissioners to build on this, and develop a framework setting out how we will jointly deliver our commissioning functions for our East Sussex population, covering the following areas:

- Our understanding of our population's health and care needs, and understanding demographic modelling and demand for care and services that impact on the wider determinants of health, including using data analysis and information to underpin how integrated commissioning and our approach to population health is developed
- Planning and prioritising how to address those needs, improve residents' health and tackle health inequalities, feeding into the Sussex-wide programme on Health Inequalities and agreeing the shared outcomes that our place-based ICP will deliver
- Shaping models of integrated care, services and investment decisions and bringing together our collective resources and allocating them so that they can have the most impact for our population
- Informing modelling of demand and capacity requirements now and in the future – including understanding the relationship between capacity requirements in different parts of the system, for example bedded capacity across acute, community health and nursing/residential care, to support delivery of our target operating model for community health and social care services

7.3 We will also develop plans for the work we need to do as an ICP in 2021/22 to further strengthen the way we work together to deliver greater levels of prevention and early intervention, and improved health and wellbeing outcomes for our population. Through discussions at our East Sussex Health and Social Care System Partnership Board in October and December 2020, we have agreed this needs to have a strong focus on forging closer links between all of our organisations that work within our communities, to ensure resilience in the coming months and improve outcomes and reduce health inequalities in the longer term.

7.4 Proposals about how we can collaborate further to take this forward for the benefit of our population will be co-designed and developed to ensure strong links between our health and social care system, our Primary Care Networks, District and Borough Councils and VCSE partners to support prevention and wellbeing in communities in East Sussex. This will be aimed at taking action together on the causes of ill-health and health inequalities through service models that can better enable:

- A more targeted approach to populations to support prevention and wellbeing and reduce health inequalities, and;
- Streamlined and 'wrap around' proactive care and support to high risk vulnerable people who have long term conditions and complex care needs.

7.5 Initially, this will entail understanding the further work involved with defining our aims and objectives for designing wider integrated working, building on our progress to date in the following areas:

- The next steps for the Community Hubs that have been delivered as part of the pandemic response, and wider services delivered by District and Borough Councils and the VCSE sector
- Primary care developments and Primary Care Network delivery, for example multi-disciplinary team working and care coordination, social prescribing and the Additional Roles Reimbursement Scheme, and support to care homes
- Alignment with health and social care integration developments across community health and social care, mental health and children and young people's services.

8. Provider collaboration and integration across health and social care

8.1 Building on the steps we have already taken to remove the barriers to our health and social care staff working effectively together, we have reviewed our overarching community health and social care services TOM to take account of the learning during the first wave of the pandemic, and agreed the projects that will further embed the TOM in 2021/22 as part of our integration programme. Projects cover embedding hospital discharge hubs, the development of integrated community rapid response teams, further roll out of Home First hospital discharge pathways and the shared IT developments to support the delivery of joined up health and social care.

8.2 To support this, in 2021/22 we will also jointly explore how we can best organise ourselves with our NHS provider partners to deliver the next phase of health and social care integration for our residents, including:

- How we can pool our resources further and combine our planning and delivery functions to deploy our collective resources and have the most impact for our population
- The further potential for generic roles and shared or joint leadership and management arrangements, building on the arrangements that we have already put in place to support integrated care delivery
- Working with our emerging Primary Care Networks and providers of mental health and wellbeing services, to collaborate on providing a care and support offer that can be wrapped around high risk and vulnerable people who have long term conditions and complex care needs

8.3 There will be a key focus on team building and development across our services and organisations to build ownership of how our plans fit with the broader offer to our communities in East Sussex, and developing the proposals to deliver the offer.

9. Digital developments

9.1 There is a strong emphasis given to the role of technology in '*Integrating Care*' and the White Paper proposals. In addition to the bespoke digital developments that will support specific projects in our integration programme, the pan-Sussex digital programme is aimed at ensuring our health and care system has the integrated digital, data and technology capability to put our patients, clients and the public at the heart of their own care. In summary the key areas of digital transformation include:

- Connecting health and care records across primary care, hospital and community healthcare and social care systems to provide clinical and care professionals with the right information at the right time, so that people don't have to repeat their stories
- A digital personal health and care record to enable people to organise their health information securely online via the NHS App, with the facility for clinical and care professionals to add information for example, letters, appointments and care plans
- A Sussex Integrated Dataset (SID) that links anonymised service user and activity data across different health and care providers, to help plan and improve integrated services for our population and understand who is at the greatest risk of poor health outcomes. East Sussex agreed to be an early adopter in 2019/20, to take forward approaches to understanding population health management and risk stratification to help deliver anticipatory, proactive care.

9.2 Our ICP development plans will ensure strong links to these programmes through their implementation and roll out at place level.

10. Next steps and milestone planning for 2021/22

10.1 Work will take place in early 2021 to agree the scope, roadmap and milestones for implementing the next phase of integration across both commissioning and service delivery by April 2022. To support this a draft high level milestone plan is included in Appendix 8, which will also dovetail where helpful with organisational plans and programmes for recovery in 2021/22.

10.2 As has previously been the case resources are in place within our system to support programme and project management and the development of regular reporting of Key Performance Indicators (KPIs) and financial information. As we further develop our plans all the statutory partners will work to ensure focus is given to:

- Effective communications and setting out clearly to all stakeholders how services will develop and what improvements will be delivered
- A clear approach to considering the impacts for diverse communities in East Sussex including health inequalities and equalities reviews and assessments
- Financial and other risks related to integration, including delivering services on behalf of other statutory partners, are being managed
- Potential for co-location of staff, joint estates management, integration of workforces and IT and digital relationships
- An effective relationship with NHS England and NHS Improvement and the SHCP ICS
- Maintaining effective engagement with a broader range of stakeholders in the planning and delivery of services, including patients, clients, carers, Borough and District Councils, independent sector providers and the VCSE.

11. Conclusion

11.1 Through our system partnership working in East Sussex we have strong foundations in place to take forward increased integration of commissioning and delivery of services to improve

outcomes for our population. Responding to the pandemic during 2020/21 has fundamentally changed the way we work together as a health and social care system and has accelerated our integrated working. In addition, forthcoming legislation being proposed will significantly influence the way we work together to commission and deliver integrated care.

11.2 Appendix 8 sets out the milestones and further work required to develop the detailed understanding and agreement of the shape of our ICP and further implementation during 2021/22. By April 2022 we will be in a position to build on progress, and jointly commission our ICP to deliver the next phase of integration required to improve outcomes for our population. Within this we will continue to use the learning from delivering the pandemic response to accelerate our integration

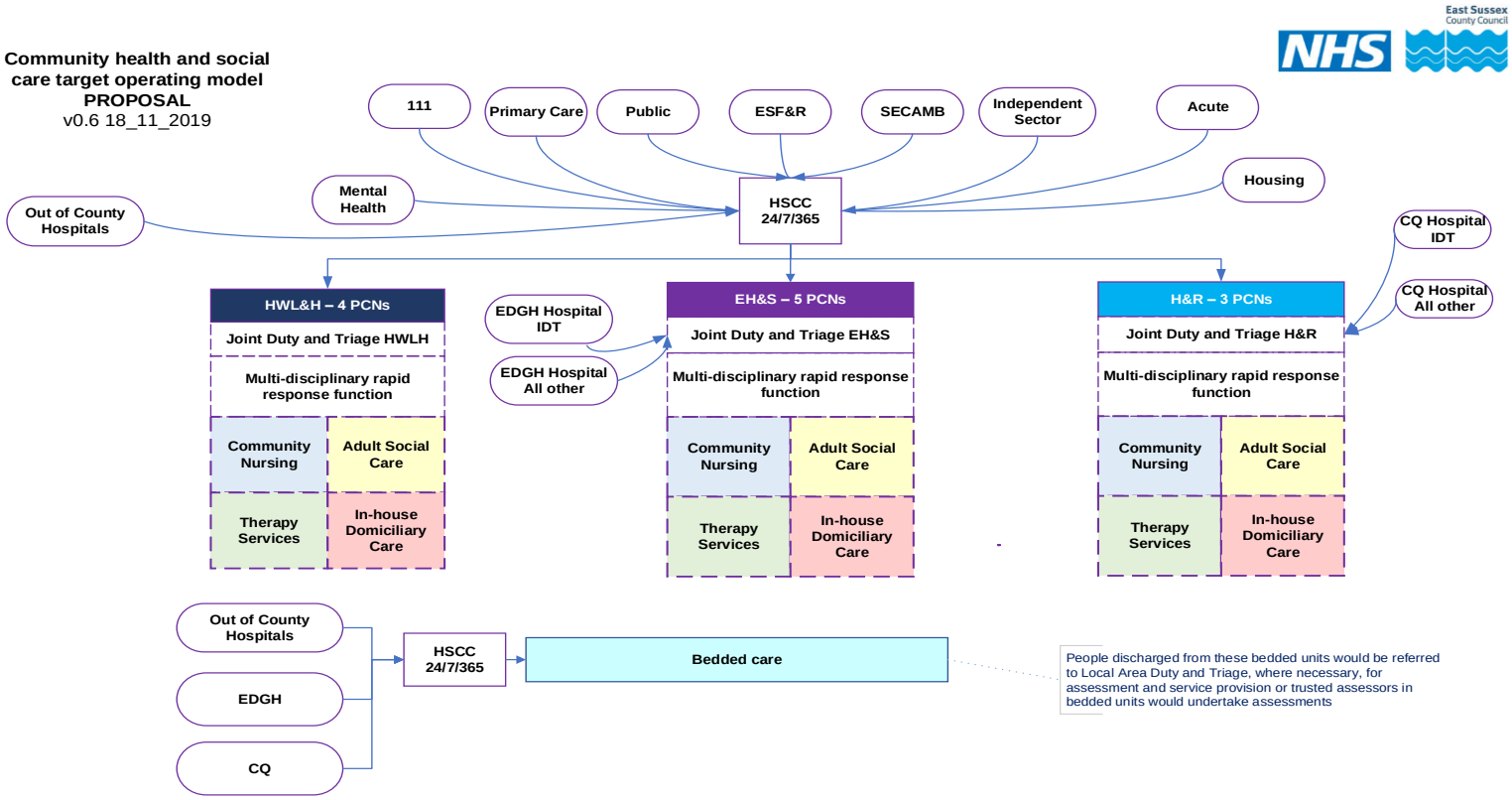
11.3 We will also continue to take account of the impacts of COVID-19 through taking forward a model for wider integrated working in our communities and our agreed shared priorities for in-year service transformation across Children and Young People, Mental Health, Community, Urgent Care and Planned Care. This will enable us to respond to the ongoing changes and challenges brought about by COVID-19 for our diverse communities, and expectations around restoration and recovery of services as we move into 2021/22.

Appendices

Appendix 3	Community health and social care services Target Operating Model (TOM)
Appendix 4	East Sussex System Partnership Governance
Appendix 5	Shared Outcomes Framework
Appendix 6	Integration Programme Summary
Appendix 7	Population Needs Summary Update
Appendix 8	Draft high level milestone plan

Draft community health and social care target operating model

The ambition of the Community Transformation Programme is to maximise the efficiency of community services by reducing duplication and repetition, and increasing the capacity of Community Services to reduce unnecessary admissions to hospital, keeping people at home for as long as possible



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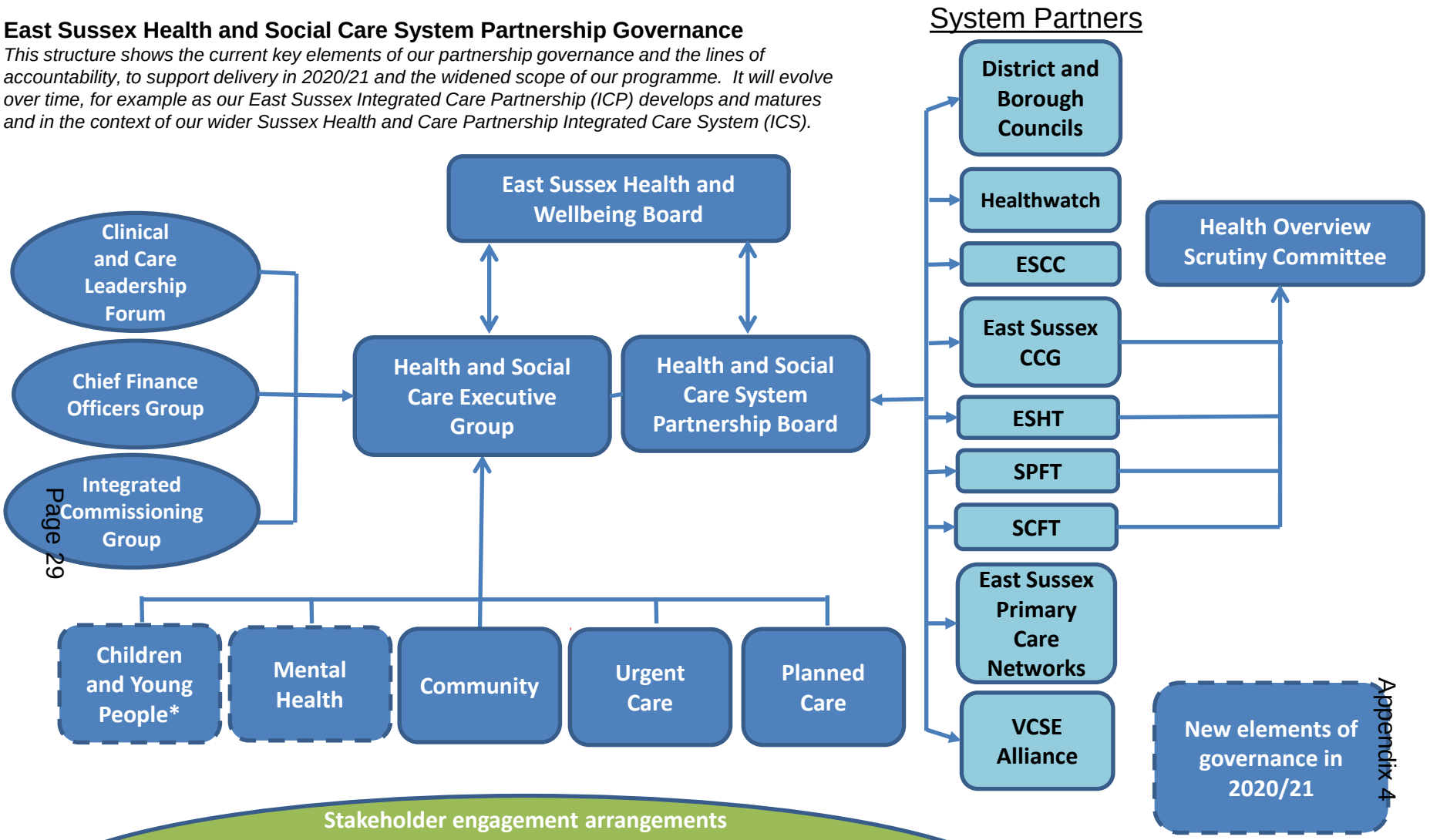
East Sussex Health and Social Care System Partnership Governance

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



*Replaces the existing Children and Families Strategic Planning Group

August 2020

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Draft refreshed East Sussex Health and Social Care Outcomes Framework
Working draft to support Integrated Care Partnership development in 2020/21

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

Population health and wellbeing

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

Ambition	Outcome
Improve and protect mental and physical health and wellbeing for local people	• Children have a good start in life • People are able to live well • People age well • People have a good end of life
Reduce health inequalities for local people	• The gap in health outcomes is improved

Transforming services for sustainability

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

Ambition	Outcome
Prioritise prevention, early intervention, self-care and self-management	• People get support from their communities to prevent, reduce or delay their need for health, care and support • People get help early to prevent situations from getting worse • People get help to manage their condition(s)
Deliver an integrated model of care	• People are supported to be as independent as possible
Demonstrate financial and system sustainability	• People have access to timely and responsive care, including access to emergency hospital services when they need them • Financial balance is achieved across the health and care system • Digital services and innovation are used to help make best use of resources

The experience of local people

The experience people have of their health and care services.

Ambition	Outcome
Good communication and access to information for local people	• Jargon free health and social care information can be found in a range of formats and locations • Health and care services talk to each other so that people receive seamless services and people and staff have access to shared and integrated information
Put people in control of their health and care	• People feel respected and able to make informed choices about services • People have choice and control over services and how they are delivered

Quality care and support

Making sure we have safe and effective care and support.

Ambition	Outcome
Provide safe, effective and high-quality care and support	• People receive high quality care and support • People are kept safe and free from avoidable harm
Deliver personalised care through integrated and skilled service provision	• People are supported by skilled staff, delivering holistic and personalised care

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

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

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

1 Background

For the first six months of 2020/21 our overall focus for integration as a health and social care system in East Sussex 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. In line with this our long term system transformation work was paused in March and our system governance adapted to help us deliver the emergency response.

In May we initiated work to revise and update our existing in-year integration programme and projects, with the following aims:

- Incorporating the learning from new ways of working that were rapidly developed as part of our system response to the pandemic;
- Sustaining new models of delivery where there have been agreed benefits, and;
- Complementing and supporting the ongoing management of the pandemic and the additional ongoing responsibilities that require a collaborative response from our health and social care system.

This summary sets out the result of that exercise.

2 Principles

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 system to help us make further progress on integration during the remainder of 2020/21.

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, how clients, patients and carers will be involved, and the consideration of potential impacts on health inequalities and equalities.

In the wider context of the Sussex Integrated Care System (ICS), our updated 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, Mental Health, Community, Urgent Care, and Planned Care. Within this there is strong alignment with ICS-wide programmes and collaboratives. There is also an emphasis on personalisation, prevention and reducing health inequalities across these shared priorities and their implementation.

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 tested to ensure they contribute wherever possible to:

- Offering greater levels and experience of integrated 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, and this will support our planning for next year. We also have further evolved our high level system partnership governance in 2020/21 to enable delivery of the five programmes of work, and this is included in Appendix 1.

Overall, this will help ensure a continued focus on local system issues whilst the ongoing management of the pandemic and the broader restoration and recovery process takes place. The following sections set out the projects and areas of work in the five programmes:

- Children and Young People
- Mental Health
- Community
- Urgent Care
- Planned Care

3 Children and Young People

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.

4 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 and other providers, as part of wider work on accommodation related support to ensure a focus on mental health accommodation needs.

5 Community

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.

6 Urgent Care

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.

7 Planned Care

The overriding priority for planned care 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.

DRAFT Population Needs in East Sussex: Summary Update November 2020

1. Introduction

In March 2020 we finalised our East Sussex Health and Social Care Plan which included a summary of our population's health and social care needs, and health inequalities in the county. This paper provides an updated summary of the key facts and figures about our population needs based on what the latest data and insight is telling us, and taking into account:

- The 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 and wellbeing impacts, social isolation, and indirect impacts on health
- What we understand about inequalities and health inequalities related to the COVID-19 pandemic

The information in this update is intended as a starting point to help support and inform:

- Our individual organisations' planning processes for 2021/22
- How we work together as a health and care system to further develop our Integrated Care Partnership, including:
    - Modelling demand and capacity and what changes we'll need to make to service models and interventions in order to meet future projected demand for health and social care services
    - How we'll use our collective pooled and aligned system resources in 2021/22 and beyond
    - How we collectively work together with our communities to deliver prevention, early intervention, reduced health inequalities and improved outcomes for our population

More COVID specific content for East Sussex is published on the ESCC website. Links to East Sussex JSNAA reports are included throughout to signpost to more detailed information.

Caveat: much data in this document comes from individual data sources or is modelled for our population from national estimates. As the Sussex Integrated Dataset (SID) becomes fully operational, it will be possible to provide a more sophisticated picture of our population by overlaying multiple conditions and risk factors into a segmented analysis. However, SID and services can only describe identified need so there will still be a role for modelled data to estimate whether there is additional unmet need in our population.

2. Drivers of health and care needs

Health and care needs are related to age and socio-economic deprivation: use of health and care services is highest at the beginning and end of life, while those living with greater socio-economic deprivation are more likely to have a shorter life with more years lived in poor health than their more affluent peers. COVID-19 has exacerbated existing underlying inequalities in health for people from BAME backgrounds, as well as for people with learning disabilities -nationally it has been reported that both of this groups have had significantly poorer outcomes from COVID.

3. Our population is growing and ageing

The East Sussex population is predicted to grow by around 19,000 people between 2020 and 2024 (Table 1). 20,136 births to East Sussex residents are expected in that period – over 4,000 per year, leading to demand for midwifery, health visiting and child health services including immunisations. The first 1000 days of life (conception to age 2) are crucially important in establishing good mental and physical health for life.

Over half the increase in population is in people aged 65 and older. In 2019 East Sussex had the second highest proportion of over 85-year olds in the England meaning that while on average population health is similar to England, more older people mean health needs in East Sussex are

likely to be higher than another similarly sized area within England. State of the county predicts 25,944 deaths between 2020 and 2024. Many of these people will require end of life care.

Table 1 – Predicted change in East Sussex population 2020-2024 by age group, and comparison with England

Age group (years)	2020	2024	Change		% of population by age group 2024	
					East Sussex	England
0-17	107,350	109,720	+2,370		19.0%	21.2%
18-64	305,090	309,500	+4,410		53.5%	59.4%
65-84	124,570	134,500	+9,930		23.3%	16.8%
85+	22,390	24,710	+2,320		4.3%	2.7%
All	**559,410**	**578,430**	**19,020**		**100%**	**100%**

Source: https://www.eastsussex.gov.uk/media/16261/state-of-the-county-2020-focus-on-east-sussex.pdf

Ethnicity

91.7% of the East Sussex population described themselves as White British or Northern Irish in the 2011 census. Of the 8% describing themselves as being from a BAME group, other white is the largest single category at 4.4%. In 2011 only 6% of the BAME population were over 65 years old compared to 23% of the White British population.

Table 2 East Sussex and England populations by 2011 census reported ethnic groups – broad

Census category	East Sussex % of population	England % of population
British and Northern Irish	**91.7**	**80.5**
Other White, including Irish and Gypsy or Irish Traveller	**4.4**	**5.4**
Mixed	**1.5**	**2.2**
Asian	**1.8**	**7.5**
Black	**0.5**	**3.4**
Any other ethnic group including Arab	**0.3**	**1.0**

People with learning disabilities

The term “learning disability” covers a wide range from mild to severe and profound. Support needed from social care is based on eligible need as opposed to clinical diagnosis, meaning services vary according to individual need, not just in relation to the severity of their learning disability but on a range of related factors, for example levels of family support. Health needs will also very significantly.

Link to JSNAA here

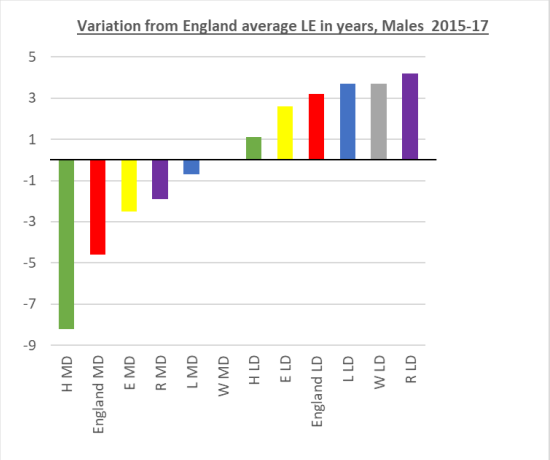
Table 3 Number of people predicted to have a learning disability by age group. Source PANSI, POPPI

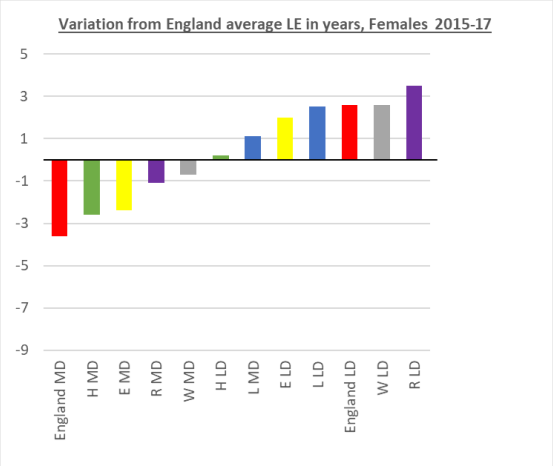
Age group	2020	2025	% change	Change in numbers
18-24	958	918	-4.2%	-40
25-34	1,360	1,345	-1.1%	-15
35-44	1,461	1,534	+5.2%	+77
45-54	1,803	1,660	-7.9%	-143
55-64	1,829	1,984	+8.4%	+155
65-74	1,660	1,623	-2%	-37
75-84	981	1,238	26%	257
85+	431	475	10%	44
Total adults	**12,503**	**12,802**	**2.3%**	**66**

4. Life expectancy across the county

Life expectancy for both men and women in East Sussex is 0.7 years longer than the England average of 79.6 for men and 83.1 for women, but this masks significant variation within the county (Figures 1 and 2), Shorter life expectancy is strongly related to socio-economic inequalities, and also to access to health and care services

Figures 1 & 2 Variation from England average life expectancy by gender, district and borough – comparison of most deprived (MD) and least deprived (LD) quintile with England average (2015-17)





- There is greater variation in male life expectancy than female within East Sussex (12 years vs 6 years gap between Hastings' most deprived quintile and Rother's least deprived quintile)

Main causes of inequalities in life expectancy in both men and women

Targeting the causes of death which contribute most to the life expectancy gap should have the biggest impact on reducing inequalities. The biggest causes of inequality in life expectancy in East Sussex are circulatory disease, cancer, respiratory disease and digestive disease. 732 fewer men and 532 fewer women would have died between 2015 and 2017 if the mortality rate in the most deprived areas in East Sussex was the same as the least deprived areas. (Table 4).

Table 4 Main causes of the life expectancy gap between the most deprived quintile and least deprived quintile of East Sussex, by broad cause of death, 2015-17 by gender

Cause of death	Men			Women		
	Total deaths	Excess deaths	Contribution to gap (years)	Total deaths	Excess deaths	Contribution to gap (years)
Circulatory	517	244	2.14	612	237	1.53
Cancer	502	141	1.32	433	48	0.59
Respiratory	289	163	1.24	282	130	1.05
Digestive	107	59	0.59	96	45	0.48
Mental & behavioural	99	11	0.16	217	35	5.8
External	113	59	0.95	57	9	1.5
Other	157	55	0.49	169	28	0.55
Total	1784	732		1866	532	

Source: PHE Segment Tool. District and borough level analysis available from tool here

Impact of COVID on life expectancy

- It is too soon to report on the impact of COVID-19 on life expectancy in East Sussex, although East Sussex has had one of the lowest infection rates in the country at the time of writing (November 2020).
- Public health intelligence are currently analysing ONS Mortality data (Jan -July 2020) and will report shortly.

5. Keeping people healthy and reducing risk of disease

Starting well: children's health and care needs

What happens during pregnancy and the first few years of life influences physical, cognitive and emotional development in childhood and may influence health and wellbeing outcomes in later life. Enabling children to achieve their full potential and be physically and emotionally healthy provides the cornerstone for a healthy, productive childhood and adulthood.

- Maternal smoking at time of delivery is higher than England average
- Although children and young people in East Sussex report increasingly healthier behaviours, we see some clear differences in outcomes, such as hospital admissions for alcohol, significantly higher in Hastings.
- Challenges in emotional health and wellbeing remain and the level of need for child and adolescent mental health services are high (see mental health section).
- Educational achievement is variable across the county and absences and exclusion from school is above the England average.
- According to State of the County (SoTC), in 18/19 there were
    - 56/ 10,000 Looked after children
    - 3510 Children with Special Educational Needs and Disabilities (SEND needs assessment here)
    - 3900 children and Education and Health care Plans

For a more comprehensive picture of children and young people's health and the relationship between socio-economic deprivation and poor outcomes see: State of Child Health in East Sussex

Impact of COVID on children and young people

- Increased feelings of stress and anxiety, particularly among girls and about exams, home learning and missed education
- More time spent online increases risk of online abuse which is seen to be rising
- Increase in severe mental health issues for some due to withdrawal of support, school closures, inability to see friends and wider family, reduced physical activity and loneliness
- Estimated 1 in 5 apprentices left work or made redundant

Health-related behaviours/ factors increasing risks of non-communicable diseases

Smoking, alcohol consumption, lack of exercise, poor diet and obesity are among the leading risk factors for conditions leading to reduced life expectancy. They are associated with a range of conditions, including cardiovascular disease, musculoskeletal conditions, respiratory disease, diabetes and many cancers.

In East Sussex 2 in 10 reception age children; 3 in 10 children in year six; and 6 in 10 adults are overweight or obese i.e. almost 300,000 adults in East Sussex are estimated to be overweight or obese.

Tables 5 and 6 show the estimated number of people in East Sussex with behaviours likely to impact on their health and increase the risk of the main causes of mortality. The changes between 2020 and 2024 are based on population growth but have not assumed any changes in prevalence. There are initiatives in place aimed at reducing the prevalence of smoking, risky drinking and obesity.

Table 5 Estimated numbers of people substance misuse problems (source PANSI)

Condition	2020	2025	% increase to 2025	N increase
Higher risk of alcohol-related health problems	14,069	14,262	1.4%	193
Dependent on drugs	9,807	9,840		33

Table 6 – Estimated numbers of people with risk factors for poor health and increase between 2020 and 2024 (source: SoTC)

Risk factors	Estimated prevalence	Number affected		Increase in numbers
		2020	2024	
Smoking	14%	63,288	65,619	2,331
Overweight and obese	63%	284,797	295,287	10,489
Higher risk drinking - women	10%	22,603	23,435	832
Higher risk drinking men	33%	74,589	77,337	2,747
Diagnosed hypertension	23%	103,973	107,803	3,829
Undiagnosed hypertension	13%	58,767	60,932	2,164

Impact of COVID on health-related behaviours

Confinement causing physical inactivity, increased food intake, sleep disorders, increased alcohol intake, potentially less nutritious food for children with no access to school meals.

Preventing disease, and identifying disease early through immunisations, screening and health checks

Immunisations

- Childhood immunisations prevent a number of infectious diseases which previously caused significant illness and mortality
- HPV (human papilloma virus) vaccinations reduce cervical and oral cancers
- Flu immunisations are required annually for vulnerable people
- Mass vaccination against COVID will be significant health need during 2021/22.

Screening and early identification of disease programmes can identify pre- and early stage disease when treatment is more effective. Table 7 shows the main screening and health check programmes. Other health checks are aimed at people with higher risk of poor health outcomes in order to help ensure best management of existing conditions and reduce others developing.

NHS health checks and other screening programmes were suspended during COVID which means that fewer people will have benefitted and that there will be unmet need in the population

Table 7 Cancer screening and health check programmes in East Sussex.

Programme	Eligibility	Screening interval
Cancer screening	Cervical (women aged 25-54)	3.5 or 5.5 years
	Breast (women age 50-70)	36 months
	Colorectal (all aged 60-74)	30 months
NHS Health Checks	All aged 40-74 without existing conditions	5 years
Other health checks	People with SMI	Annual
	People with LD (aged 14+)	Annual
	BAME LCS	During COVID

6. Healthy life expectancy (HLE) and disability free life expectancy (DFLE)[1]

Need for services will be affected by the number of people in poor health or with disabilities. Most people in East Sussex can expect to reach their mid-sixties in good health, however on average men in Hastings will only reach 59.3 years and women 61.2 years in good health. (Table 8)

On average people spend at least the last 15 years of life in poor health or with disability, with those from the most deprived areas living more time with poorer health or disability. Trend data (not shown) suggests HLE and DFLE did not increase in East Sussex or England between 2009-13 (latest reported figures).

Table 8 HLE and DFLE in years for men and women (2009-13) by District and borough

Indicator (upper age band 85+)		England	Eastbourne	Hastings	Lewes	Rother	Wealden
Healthy life expectancy	Male	63.5	63.3	59.3	65.7	64.7	67.8
	Female	64.8	65.4	61.2	67.9	66.8	69.3
Disability free life expectancy	Male	64.1	64	59.9	65.9	64.6	67.8
	Female	65	65.6	61.8	67.2	66.1	68.7

Key: comparison to England. Red = significantly lower; amber = same; black = significantly higher

Impact of COVID on HLE

Emerging findings about COVID suggests that between 5 and 10% of COVID patients will suffer "long" COVID – a prolonged period of symptoms which can last months and interfere with activities of daily living. NICE is developing a clinical definition of long COVID, and there is limited information on the prevalence, duration, underlying causes, and effective management strategies for these longer-term signs and symptoms. Estimating likely numbers of people affected is complicated by incomplete access to testing for the first wave of the pandemic.

Indirect impacts of COVID on health

Select Committee report a reduction of approximately 40% in pre-COVID capacity in acute hospitals here. This will have had knock-on effects on population health:

- There will be an effect of resource restriction on treatment for urgent non-COVID conditions e.g. stroke and heart attack as well as delayed diagnosis of cancers
- Impact of interrupted care on management of chronic conditions e.g. diabetes, glaucoma, age-related macular degeneration (nationally reported 33% reduction in primary care appointments)
- Impact on reduction in preventative activities e.g. NHS Health checks suspended nationally
- Lack of access to dentists, opticians
- Mental illness from social isolation, trauma, burnout
- Economic impact – unemployment and furlough

Physical health needs increase with age

A long-term condition (LTC) is any medical condition which cannot currently be cured but can be managed with medication and / or other therapies. Common LTCs include diabetes, chronic obstructive pulmonary disease (COPD), heart failure, osteoporosis, dementia. See JSNAA briefing for more details on older people's needs.

- The number of people living with LTCs in East Sussex is estimated to increase by 20,700 from 160,300 in 2018 to 181,000 by 2028

Frailty is a reduction in function of multiple bodily systems leading to increased vulnerability, it is associated with age, and commonly co-exists with multi-morbidity. Frailty results in falls and in a

[1] DFLE – the average number of years that an individual can expect to live free from a limiting persistent illness or disability in their lifetime. HLE – the average number of years a person might expect to live in "good" health in their lifetime

doubled likelihood of hospital admissions compared to non-frail peers. Table 9 shows the number of people in East Sussex predicted to have mild, moderate or severe frailty, and in total numbers are estimated to increase by 15,800 between 2018 and 2028.

Table 9 Estimated number of people over 65 in East Sussex with Frailty in 2018 and 2028

Frailty category	2018	2028	% increase	Increase in numbers 2018-28
Mild	50,000	61,000	22%	11,000
Moderate	17,100	21,000	22%	3,900
Severe	4,300	5,200	21%	900
All	**71,400**	**87,200**	**22%**	**15,800**

Source: JSNAA frailty briefing

Almost 40,000 people over 65 have some limitations on their day to day activities due to illness, and almost 30,000 have their activities limited at lot. These numbers are predicted to increase by 8,736 by 2025.

*Table 10 Estimated change in the number of people over 65 in East Sussex whose day to day activities are limited by **illness***

Over 65's whose day-to-day activities are limited	2020	2025	% increase	Increase in numbers 2020-25
A little	37,198	42,006	13%	4,808
A lot	28,312	32,240	14%	3,928
Total	**67,530**	**76,271**	**13%**	**8,736**

Source: POPPI

Falls - Each year 1 in 3 over 65s are estimated to have a fall and half of over 80s.

Impact of COVID on access to health and social care services

A survey carried out by Healthwatch in East Sussex to establish the impact of COVID-19 on our population found:

- 7% experienced disruption to social care services, of who 49% felt a significant impact
- 37% chose not to make an appointment despite having a need to access health social or emotional care: 42% because they felt their condition was not serious enough, 28% because they didn't want to burden the NHS.
- 80% who accessed care remotely were satisfied. Those with emotional and mental health support needs, long standing conditions or serious mental health needs were not happy with remote access options.

The pattern of illness is becoming more complex

Multi-morbidity is often thought of as a condition that affects only older people. However, the risk of exposure to unhealthy lifestyle factors in early life is relatively high in more deprived areas and multi-morbidity is known to develop at least 10-15 years earlier:.

- Of the estimated 160,000 people with more than two health conditions 43% are under the age of 65 in East Sussex.
- The number of people with multimorbidity is expected to increase to 181,000 by 2028.
- By the age of 85 years there is little difference between affluent and deprived areas in the proportion of that age group with multimorbidity

Link to JSNAA multimorbidity summary.

Increasing multimorbidity poses major challenges to our health and care systems and highlights the need to invest in and strengthen timely prevention activities, at all stages of the pathway.

Proactive, targeted case finding for both multi-morbidity and frailty and use of risk stratifying tools in can help early identification**.**

7. Mental Health

Mental illnesses constitute the largest single burden of disease nationally at almost a quarter of the total. Mental illness has a considerable economic cost to our health and care system, and to individuals, families and communities.

1 in 4 of us will experience mental ill-health at some point in our lives. Mental ill-health often begins earlier than other causes of disability and there is continuity between mental illness in childhood and adulthood: over half of people with a lifetime mental illness at the age of 26 will have met the diagnostic criteria by the age of 14. More information: CYP; Adults; Dementia

Children and young people's mental health in East Sussex is significantly worse than England. 9600 children and young people (5-17 years) in East Sussex estimated to have a mental health disorder (source PHE fingertips – 2015-17). Admissions to acute child and adolescent mental health services are twice as high in East Sussex as they are nationally.

For adults in East Sussex, the GP recorded prevalence of severe mental illness; depression and dementia are all higher than England. Table 10 shows the estimated number of people affected by mental disorder and predicted increases between 2020 and 2025. Suicide rates in East Sussex are also significantly higher than England.

Dementia is the leading cause of death for women in the county and has risen to the second leading cause for men. 1 in 3 cases of dementia could be prevented through lifestyle and social changes.

Table 11 East Sussex: Predicted number of people aged 18-64 with mental health issues[2] Source: PANSI

Condition	2020	2025	% increase to 2025	Increase in numbers
Common mental disorder	58,764	59,464	1.2%	700
Borderline personality disorder	7,460	7,549	1.2%	89
Antisocial personality disorder	10,290	10,434	1.4%	144
Psychotic disorder	2,168	2,195	1.2%	27
Two or more psychiatric disorders	22,315	22,593	1.2%	278
Dementia (people aged over 65	11,154	12,681	14%	1527
Dementia before 65 = 1 in 1,400				

Impact of COVID on mental health

Increased anxiety/ depression/stress/sleep disorders from isolation, reduced social activities, human connection and physical interaction, home confinement, closed parks and gyms **Ref** young people (18-29) experienced worse mental health and wellbeing during lockdown than middle (30-59) and older age (60+) groups (self-reported scores for depression, anxiety, stress and trauma).

[2] Table 10 can't be summed to give a total number of people as some people will be in more than one category

National modelling from the NHS strategy unit suggests a 33% increase in demand for specialist mental health services over next three years (1.8 million new presentations) with demand greatest in the next 18 months. This is estimated from 53% increased demand for primary mental health services, 32% for crisis services, 63% for secondary care services, 35% for secondary specialist services and 13% for secondary community services. Meeting this increased demand is projected to cost an additional £3-4bn over 3 years.

8. Wider determinants / deprivation:

In order to improve health and wellbeing, we need to remember that good health is about much more than just good health care services. There are several other factors at play such as getting a good education, a good job, and a safe place to live.

Having enough money for daily living is one of the biggest determinants of health outcomes. In an East Sussex community survey 8 in 10 felt they were financially alright. However, across East Sussex 16% of children live-in low-income families and 13% of older people live in poverty. These figures hide stark differences in the county with 1 in 4 children and 1 in 5 older people living in these conditions in Hastings, compared to 1 in 10 in Wealden

Impact of COVID on wider determinants in East Sussex

- Employment
  - >26,000 more people claiming universal credit (UC) or job seekers allowance (JSA) than in March 2020
  - 15.6% working age people currently receive either UC or JSA
  - There has been a 123% increase in claimants since March 2020
  - 31% working age people on government employment support schemes as at 31st July when local data ceased being available, with the SEISS covering 8.8% compared to 6.4% in England
- Food security
  - 1,847 people were receiving a government food box in the final week before shielding paused.
  - As at 31st July when shielding paused, 5,940 households had received government food boxes.
  - 212 ESCC food boxes were needed in the week ending 31st July when shielding was paused
- Other support
  - >6,400 people have contacted community hubs, with most common support needs continuing to be information/advice and help with food and essential supplies.
  - Other community organisations have received over 1,000 contacts from individuals and communities for support
- Housing support
  - During the COVID-19 pandemic there has been government funding to house rough sleepers. In East Sussex, a comprehensive range of support services have been commissioned to help address the mental and physical health, and social needs of this cohort.

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DRAFT Health and social care integration in East Sussex – high level milestone plan 2021/22

Aim and purpose

Building on our integration to date, our wider context of the Sussex Health and Care Partnership Integrated Care System (ICS), and the publication of *Integrating Care: Next steps to building strong and effective integrated care systems' (NHS England and Improvement, November 2020),* this plan sets out the high level milestones and development work programme for 2021/22 for our place based Integrated Care Partnership (ICP).

'Integrating Care' acknowledges that for most people their day-to-day care and support needs will be expressed and met locally in the place where they live, and therefore the role of place as an important building block for health and social care integration and an offer to the local population to ensure that in each place everyone is able to:

- Access clear advice on staying well
- Access a range of preventative services
- Access simple, joined up care and treatment when this is needed
- Access digital services (with non-digital alternatives) that put the citizen at the heart of their own care
- Access proactive support to keep people as well as possible, where they are vulnerable or at high risk

In addition, joint work in places will also support:

- Approaches to employment, training, procurement and volunteering activities and use of estates, to allow the NHS to play a full a part in social and economic development and environmental sustainability, and;
- Strong links with other public and voluntary services that have an impact on people's day to day health, for example through improving local skills and employment or ensuring high quality housing and accommodation.

Alongside delivering our agreed in-year programme of shared priorities and projects for transforming services, our plans for our place-based ICP will further strengthen our ability to work together to join up our services and collective resources to deliver the place level offer for our population, across primary, community health and mental health services, social care and support, community diagnostics and urgent and emergency care. This plan sets out the milestones and work involved to enable our East Sussex ICP to implement the next phase of integration, focusing specifically on:

- An integrated commissioning model
- An integrated provider model

	High level milestone/target		When by (backstop deadline)
1	Finalise the health and social care integration programme priority objectives and projects for 2021/22 covering; Children and Young People, Mental Health, Community, Urgent Care and Planned Care.		March 2021
	Integrated commissioning model	**Integrated provider model**	
2	Develop and agree a roadmap for integrated commissioning: • Hold Place/ICS workshops to shape the development of a framework to support integrated commissioning at place and at wider Sussex ICS level covering the following functions: ○ Understanding population health needs ○ Strategic planning and prioritisation to address needs ○ Shaping models of integrated care, services and investment decisions ○ Demand and capacity modelling for our system • Agree place-based objectives for our in-year integrated operational commissioning plan, aligned to the East Sussex health and social care transformation programme priority objectives for 2021/22, covering: ○ **Children and Young People** - for example local supporting the implementation of Foundations for our Future, pathways for Autism, ADHD and other neurodevelopmental disorders, and an integrated approach to transitions ○ **Mental Health** - for example primary care based emotional wellbeing services, enhanced community services and supported accommodation ○ **Community** – for example oversight of the commissioning approach to support the countywide community health and social care services TOM (including for the HWLH area), collaboratively commissioning D2A beds and block hours to support Home First pathways and admission avoidance ahead of winter 2021/22, and End of Life Care ○ **Planned Care** – for example supporting implementation of transformation and end-to-end care pathways aimed at reducing health inequalities and personalised care and support	Develop and agree a roadmap for the integrated provider model for community health and social care: • Hold facilitated ICP development workshop to support identification and agreement of the following: ○ **Potential service areas in scope** - for example, possible areas include: Frailty Services, Community Nursing, Frailty Practitioners, Proactive Care Practitioners, Bowel and Bladder Services, Community Hospitals, Non-weight-bearing beds, Home First Beds, Interim Beds, Joint Community Rehabilitation (JCR) / Falls services, Crisis Response, Integrated Night Service ○ **Core areas for pooling operational resources and combining planning and delivery functions** - for example potentially looking at care coordination; Community Nursing and JCR, and Assessment and Care Management (ACM) Integrated Locality Teams (ILTs) ○ **Further development of generic roles and shared or joint leadership posts and management arrangements** - for example, reviewing the Integrated Support Worker role to explore potential to broaden to include JCR rehabilitation support, and reviewing the role, function and JD of ILT Managers. In addition, consideration of next steps for the single senior leadership of some or all of the above areas in scope and pooling arrangements, including reviewing the effectiveness and impact of the Director of Integrated Community Services role to date, and how to build on it. • Within this give consideration to the following: ○ The differential pacing and integration development needs within the county to deliver a consistent model and outcomes	May 2021

	○ **Urgent Care** - for example expanding the High Intensity User Service , falls prevention and access to alternative services and support for NHS 111 Talk Before You Walk • Develop and agree a roadmap for taking forward wider integrated working in communities across the broader determinants of health to support wellbeing and reduce health inequalities • Refresh our shared Outcomes Framework to feed into the Sussex Vision 2025 Outcomes	○ Relationship with local acute hospital services and ICS-wide Acute Care Collaborative for urgent care and planned care ○ Relationship with Primary Care Network developments and wider integrated working in communities to support care coordination and population health ○ Engagement/OD process with staff in scope ○ Review further planned development of the target operating model for community health and social care services, in light of COVID-19 winter phase	
3	• Seek individual organisational agreement and system approval: ○ Framework for integrated commissioning and arrangements ○ Proposal for taking forward integrated working in communities	• Seek individual organisational agreement and system approval: ○ Proposed scope of integrated service model/models	July /August 2021
4	• Seek Health and Wellbeing Board endorsement of proposals • Begin mobilisation of integrated working in communities • Development of the supporting financial framework for 2022/23 • Develop countywide commissioning plans for services in scope	• Seek Health and Wellbeing Board endorsement of proposals and shadow operating model for services in scope • Begin wider engagement on ICP proposal with staff, patients, clients and the public • Begin mobilisation phase for shadow operating model for services in scope	September 2021
5	• Further review and progress update to Health and Wellbeing Board • Start developing milestones for 2022/23	• Further review and progress update to Health and Wellbeing Board • Start developing milestones for 2022/23	December 2021
6	• Begin implementation phase	• Begin shadow ICP operating model for services in scope	January 2021
7	• Individual partner organisations' approval of integrated ICS and place-based commissioning framework and outcomes and delivery plan for 2022/23 (subject to Cabinet, Governing Body and Trust Board timetables) • The Health and Wellbeing Board is asked to endorse: ○ Refreshed integrated Outcomes Framework and integrated operational commissioning arrangements to take forward population health and social care outcomes agreed at place level	• Initial review and adjustments • Individual partner organisations' approval of the delivery plan for 2022/23 (subject to Cabinet, Governing Body and Trust Board timetables) • The Health and Wellbeing Board is asked to endorse: ○ Phased implementation of the East Sussex ICP delivery model and next steps	March 2022
8	• Phased implementation of the integrated ICS and place-based operational commissioning model goes live	• Phased implementation of the East Sussex ICP operating model goes live ○ In scope integrated service models fully implemented	April 2022

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Report to:	**East Sussex Health and Wellbeing Board**
Date of meeting:	**2 March 2021**
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 13 July 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 (ESCC) 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 2020, 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;
- 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;
- developments in testing
- a refresh of the latest epidemiology

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 has been 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. From February 2021 this is being further supported by the Districts and Boroughs through door knocking where people are not able to be traced.

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. Although, from December 2020, we are again under national lockdown restrictions, it is at this stage not known if the tiers will resume again, and we await further guidance. For more information see the national guidance.

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

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 July 2021.

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

March 2021

Version 2.7

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:

Version		Date
2.7	Quarterly refresh for the Health and Wellbeing Board. All sections updated	11 Feb 20
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 20
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. 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. Version 1.3 sent for comments to: Chief Executives of Districts and Boroughs and Environmental Health leads; Sussex	23 Jun 20

Version		Date
2.7	Quarterly refresh for the Health and Wellbeing Board. All sections updated	11 Feb 20
	Resilience Forum; Police; Emergency Planning; Communities, Environment and Transport; Children's; Adult Social Care; ESHT; CCG; SCFT; SPFT; Health Watch; Public Health England; RSI; Communications; HMP Lewes; HSE.	
1.2	First draft by Rob Tolfree. Relevant sections of Version 1.2 sent for comments to Environmental Health for each District and Borough, Sussex Resilience Forum, Police, Emergency Planning, Children's, Adult Social Care, Communities Environment and Transport, Health Watch, CCG, ESHT, SCFT; SPFT, Public Health England, Rough Sleeper Initiative, Communications, HMP Lewes, Legal.	17 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
LTLA	Lower Tier Local Authority
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 been substantial transmission across the UK. This has resulted in various degrees of social distancing measures advised nationally in order to interrupt transmission and limit spread.

On the 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.

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)

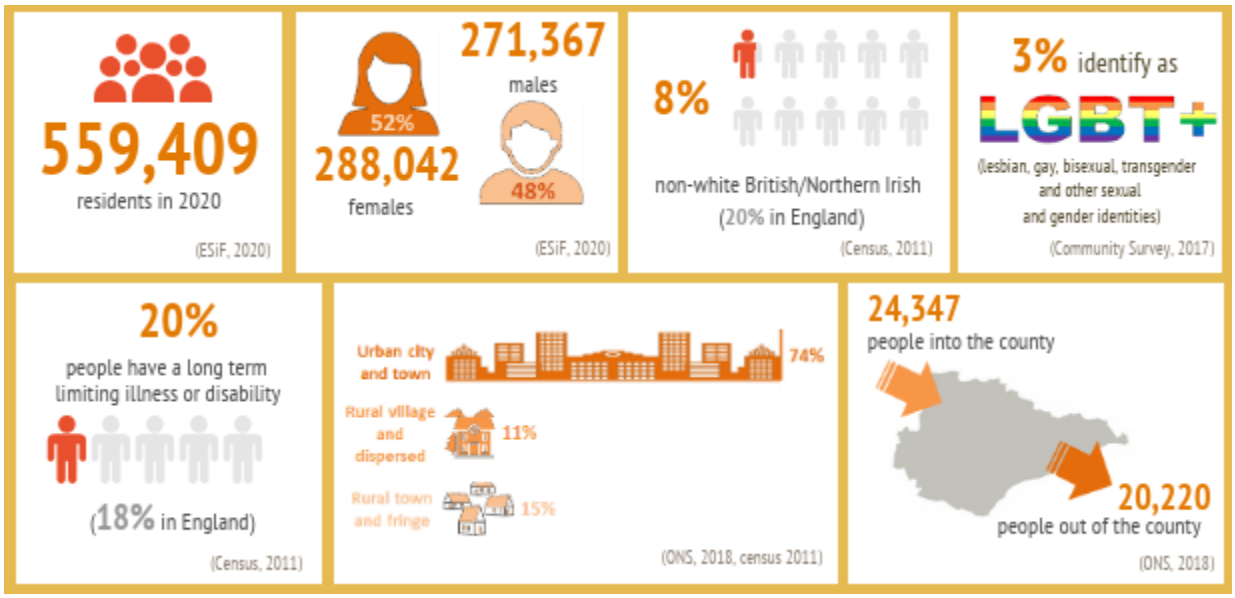
There are also numerous organisational plans that individual agencies will use, covering scenarios such as emergency planning, infectious diseases and outbreak management. Although these are not listed here they are important context.

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.

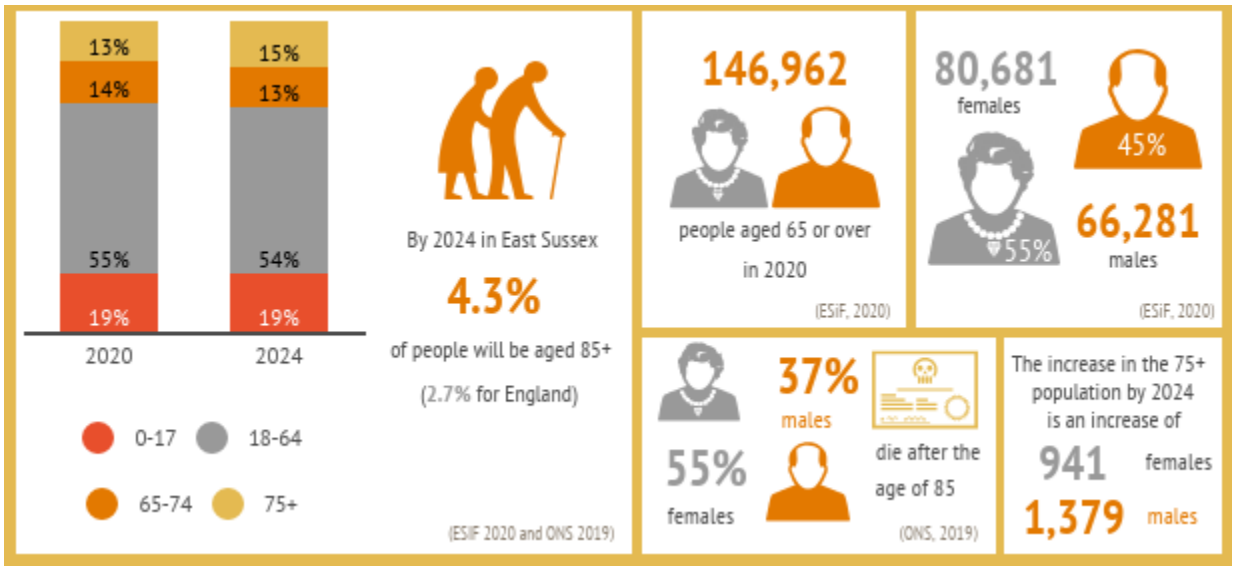
East Sussex overview

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.

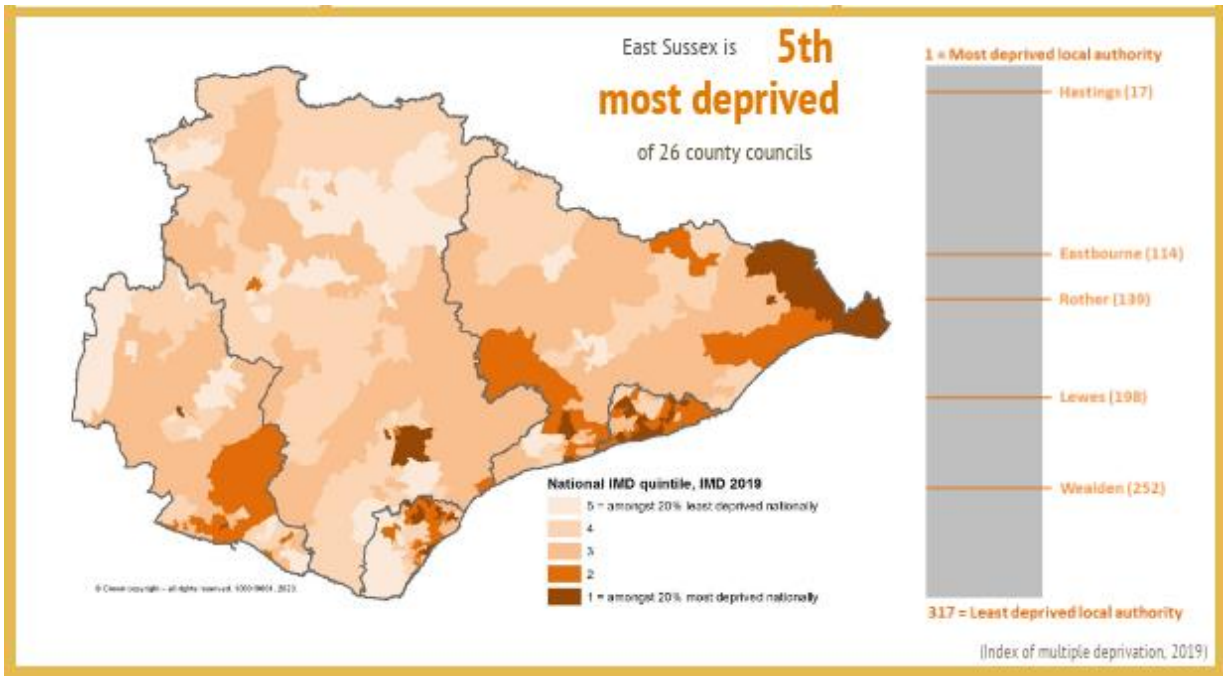
The East Sussex Community Survey identifies that nearly three quarters of people have a strong sense of secure identity and sense of belonging, and over three quarters are more than satisfied with their local area. People are also engaged and willing to support each other with half of those responding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



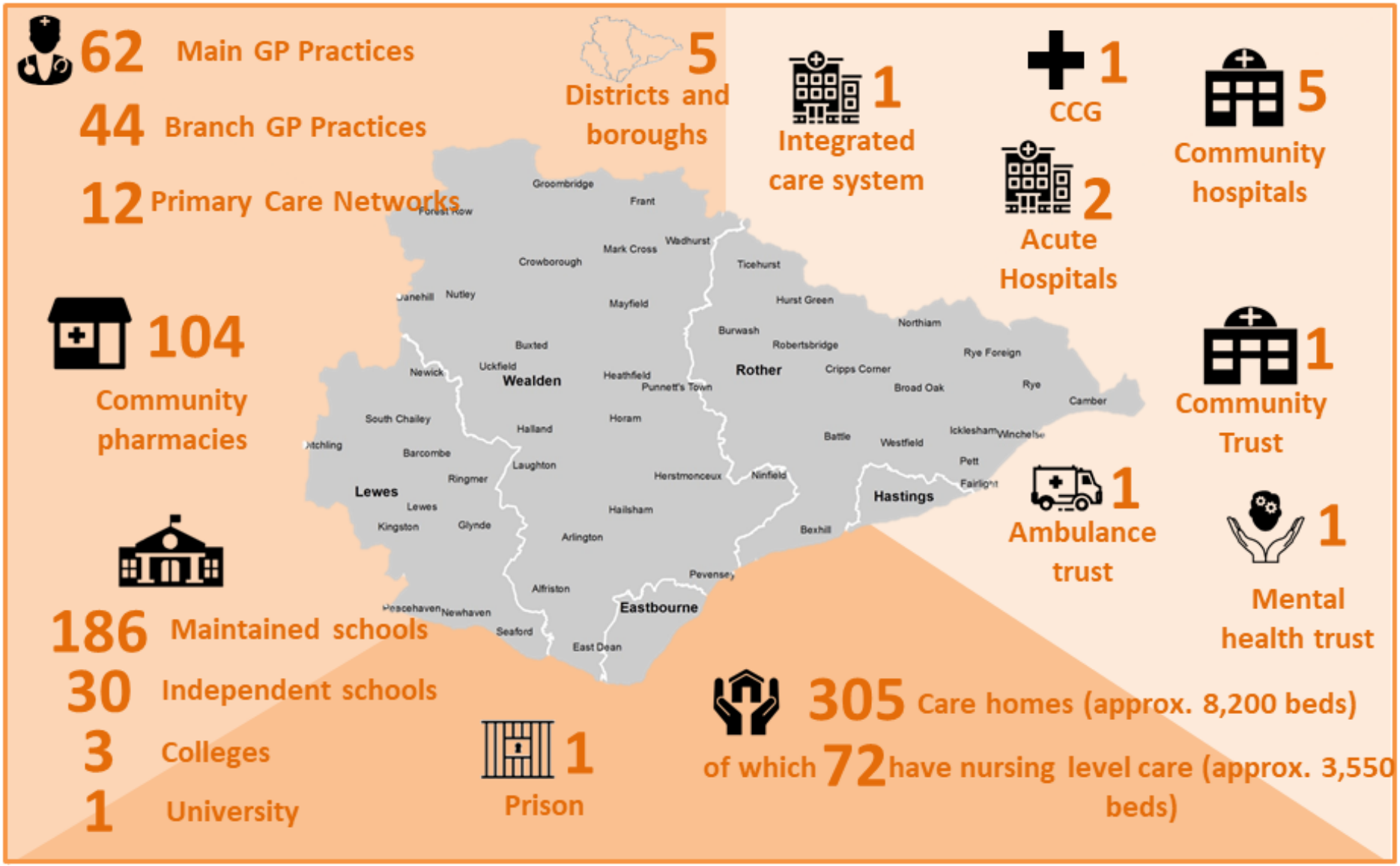
The over 65s now present a quarter of the county's population and are projected to make up nearly a third of all people by 2035. The fastest rate of growth will be seen in the 85 and over group. Those aged 85 and over are the largest users of health and social services.



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



East Sussex health and care landscape



COVID-19 Epidemiology

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

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

As of 10th February 2021, East Sussex was ranked 108th 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 10th February, map produced by West Sussex)

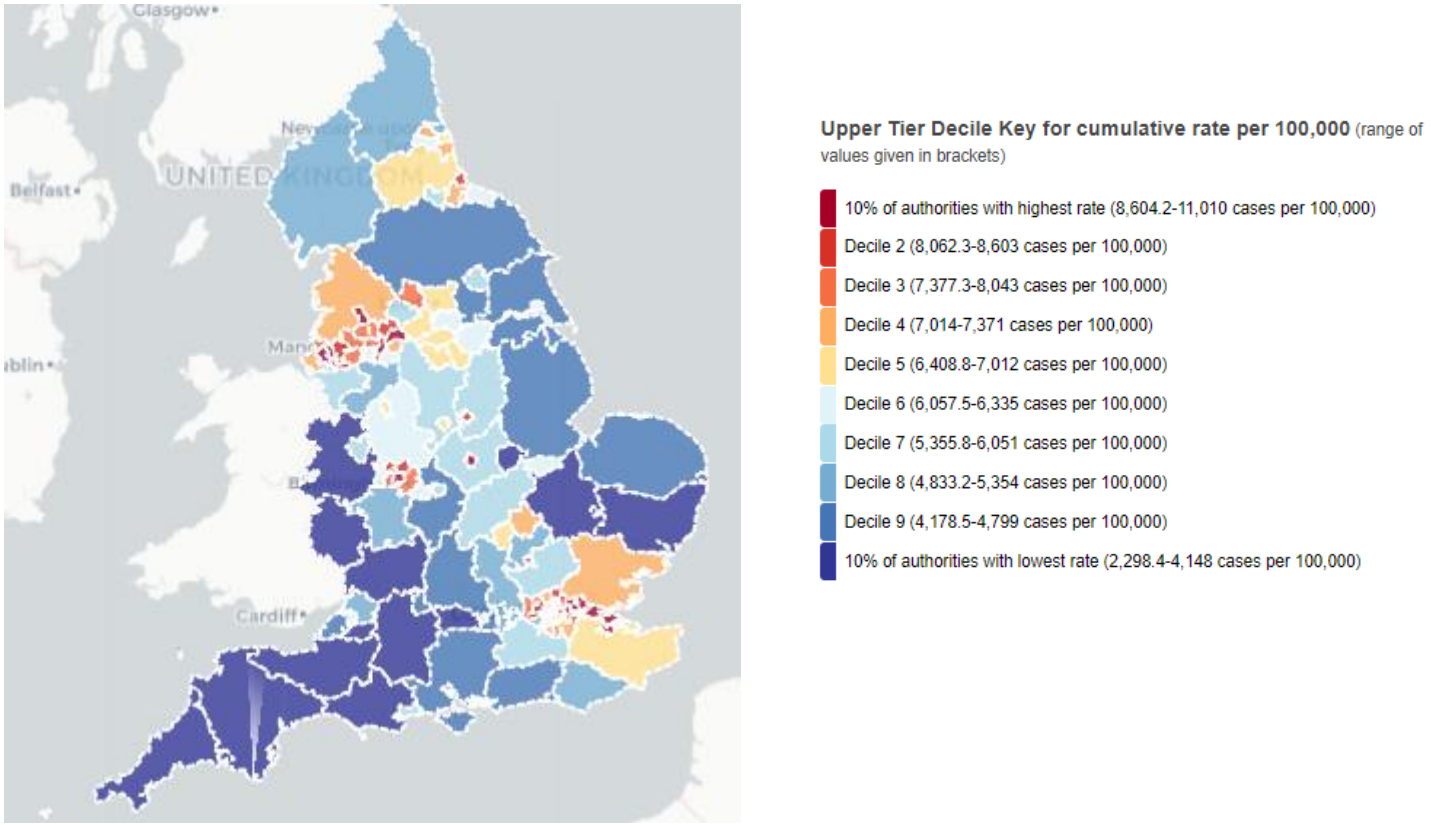
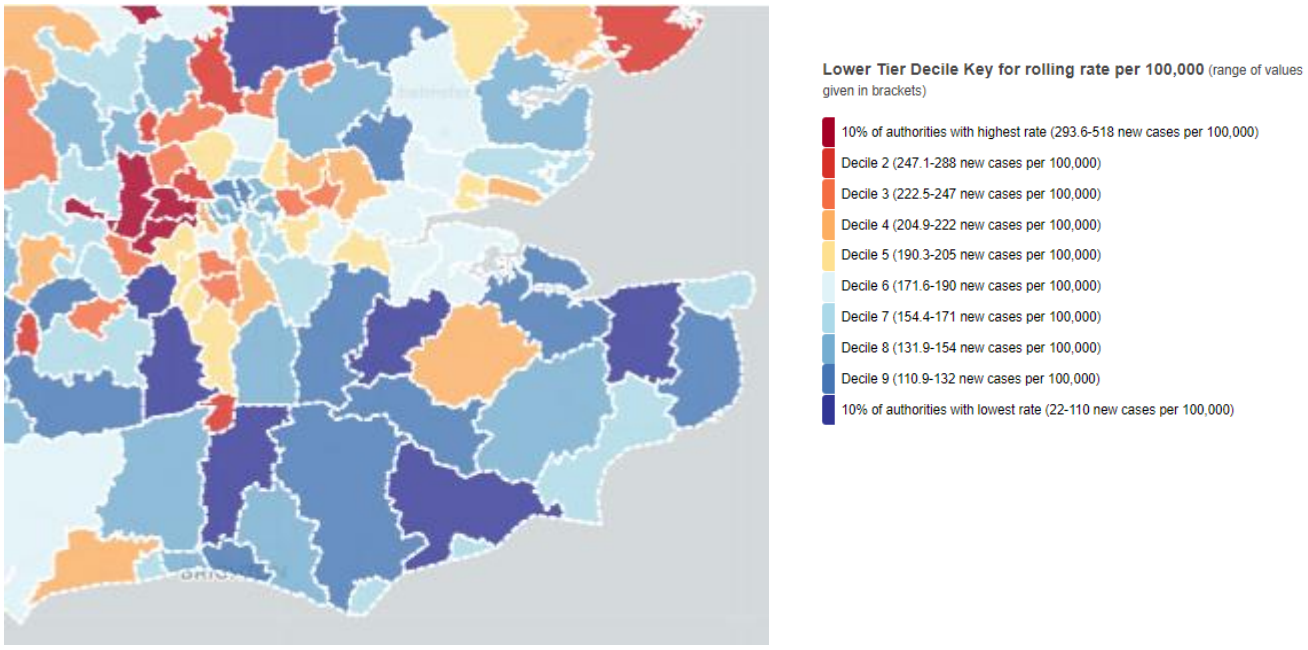


*Figure 2: All confirmed cases of COVID-19 per 100,000 population by lower tier Local Authority in the South East (*Source: Data from National Dashboard published 10th February 2021, map produced by West Sussex)



Until November 2020 East Sussex had a consistently lower rate of COVID-19 in East Sussex. However, the second wave of infection from November 2020 to January 2021 had a much greater impact on East Sussex than previously. Whereas previously we were in the lowest 10%, the increase in cases recently means that East Sussex is now only in the bottom third of the country (currently rank 108 / 149 Local Authorities, where 1 has the highest rate of infection and 149 the lowest). Data from Districts and Boroughs within East Sussex also reveals variation.

This second wave of infection was associated with the spread of a new variant which has been shown to be much more transmissible. This led to East Sussex being put into the top tier of restrictions, followed by national restrictions again being imposed.

The following table shows the rate of COVID-19 for each of the 5 Districts and Boroughs with Hastings having the highest rate and Lewes the lowest in the county.

Figure 3: COVID-19 cumulative crude case rate 100,000 population by lower tier local authority in East Sussex, data to 10th November 2020

	COVID-19 rate per 100,000	Local Authority rank (1 highest)
East Sussex	5,227	108/149
Eastbourne	6,068	177/315
Hastings	6,391	108/315
Lewes	4,601	235/315
Rother	4,928	204/315
Wealden	4,692	217/315

A regular surveillance report is produced and published each week online at COVID-19 weekly surveillance update – East Sussex County Council. This details the latest trends of COVID-19 across East Sussex.

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 which currently apply at the time of this publication (11/02/21). It is unknown whether these tiers will resume and we await further guidance. 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. 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. 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. 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)	• Notification sent to partners, including cross border • ESCC Operational Cell and Health Protection Board • ESCC COVID-19 Tactical Group and Strategic Group • ESCC Health and Wellbeing Board • NHS Silver • Sussex ICS Monitoring Group • Formal briefing to members and MPs • SRF – Consideration for multi-agency response	As for *Tier 2*, with Frequent briefings to members and local MPs, and assurance to Government as required. 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: • new alert level and household and travel restrictions • Prevention, symptom recognition, testing, and action to take if symptomatic • raising awareness of local population/affected communities of increasing infection rates • 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. 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. 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 Expanded testing of symptomatic and asymptomatic persons for affected area including MTU deployment
Welfare Support	Welfare support continues to known vulnerable residents Welfare support is unlikely to be necessary for clinically extremely vulnerable group (Shielding)	Welfare support continues to known vulnerable residents 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). 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 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 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. Environmental Health, Licensing Teams and Trading Standards advise and monitor businesses/ events to ensure COVID safe practices. Consider use of local powers to prevent and manage spread. Consideration to COVID-19 marshals to be deployed by Districts/Boroughs	Police approach of engage, encourage, educate, enforce – for individuals to follow COVID guidance. Environmental Health, Licensing Teams and Trading Standards advise and monitor businesses/ events to ensure COVID safe practices. Consider use of local powers to prevent and manage spread. 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 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 the current transmission of COVID-19 across East Sussex, and any supplementary investigation or control measures needed in addition to those already being discharged by other parts of the system.

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

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.

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.

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.

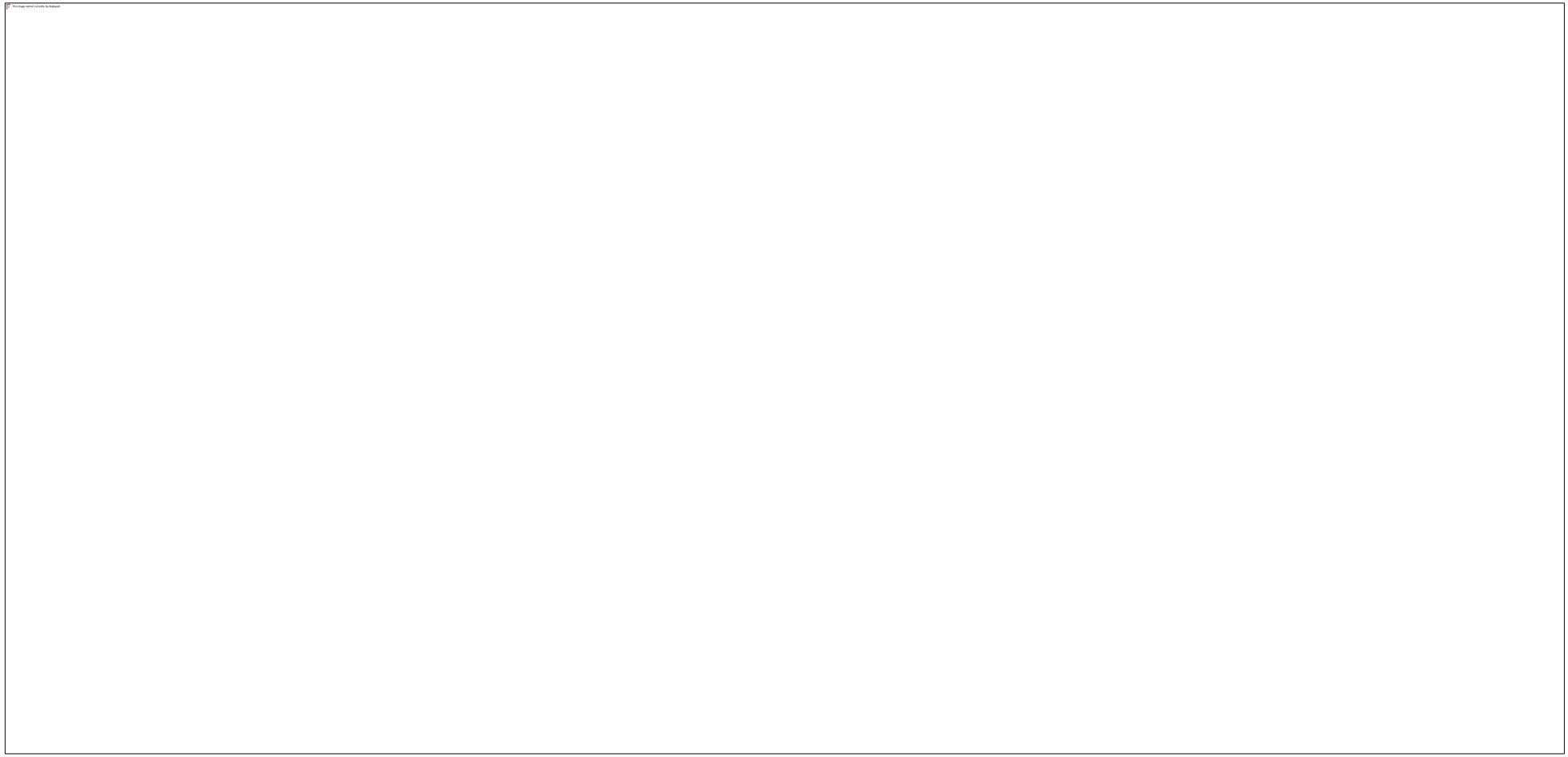
The Sussex Resilience Forum (SRF) has an important role across Sussex in coordinating agencies, supporting joint communications, and identifying lessons learned. There are a range of scenarios where the SRF will be needed, for example in the event of a substantial outbreak, where multiple outbreaks are 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 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 Test and Trace and testing. The SRF structure will be expected to manage the deployment of broader resources and local testing capacity to rapidly test people in the event of a local outbreak.

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



Other joint working across Sussex and beyond

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

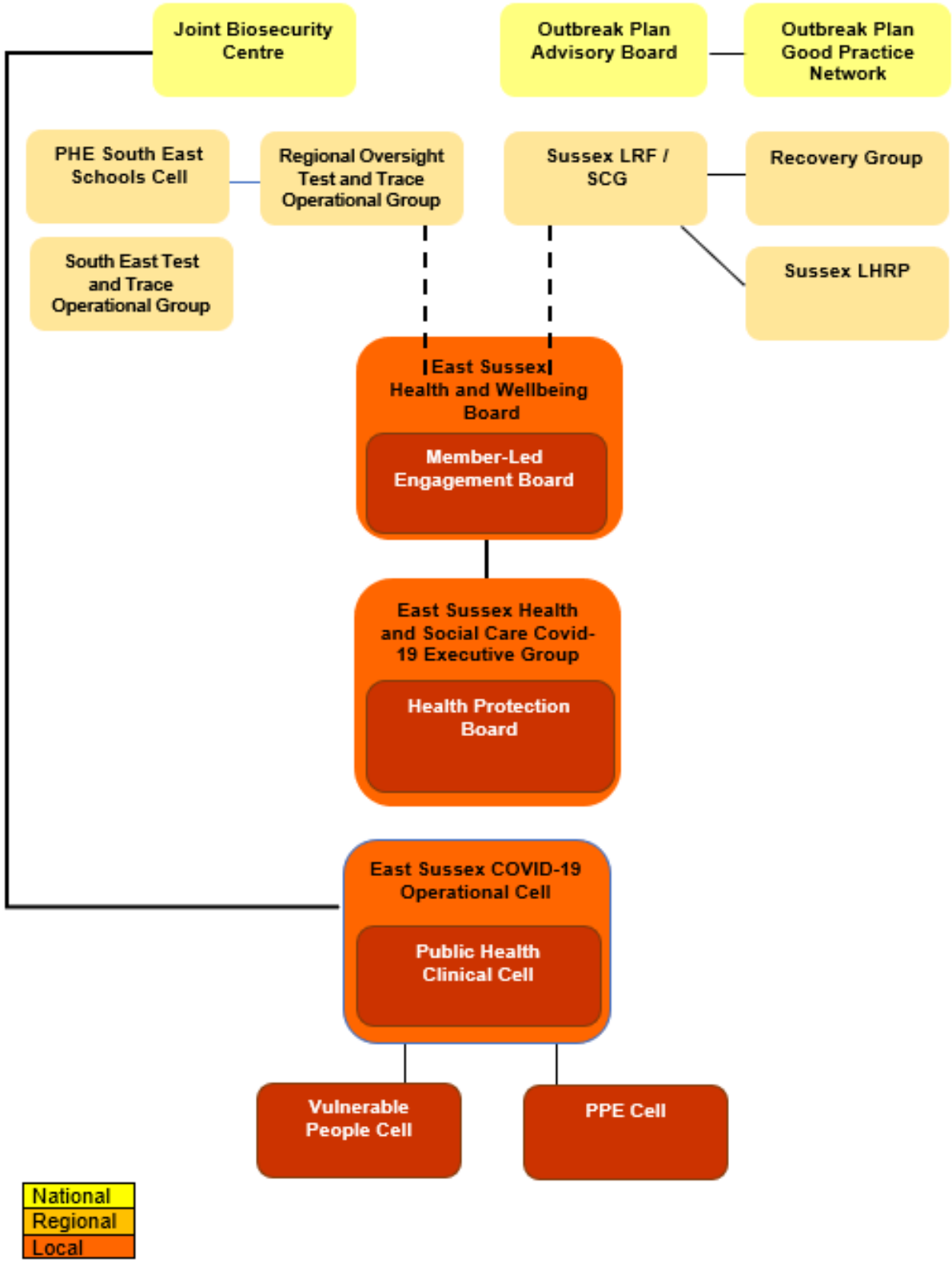
In addition to close working as part of the Sussex Resilience Forum, our plan reflects robust partnerships across the Sussex Health and Care Partnership (the Integrated Care Partnership which brings together NHS commissioners and providers, public health, social care and other providers), Local Authority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

There is a Pan-Sussex Enforcement Liaison Cell, consisting of representatives from Police, Environmental Health and Trading Standards to ensure consistency and co-ordination of Covid related compliance.

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 January 2021, 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 disapplying these regulations and/or updating guidance. The powers of the Police to enforce lockdown also flow from these national Regulations. The most recent lockdown which came into force on 6 January 2021 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.

UPDATE: (1) Most recently, the Health Protection (Coronavirus, Restrictions) (Local Authority Enforcement Powers and Amendment) (England) Regulations 2020 enable local authorities to issue notices to people who are in contravention of the restrictions from time to time in force. In particular, these Regulations give local authorities the powers to do the following when a premises is failing to fulfil a provision set out in the relevant coronavirus regulations:

(a) issue a Coronavirus Improvement Notice ("CIN") which gives premises a minimum of 48 hours to take measures to ensure compliance with the requirements contained in primary and secondary legislation;

(b) issue a Coronavirus Restriction Notice ("CRN") where a person has already been issued with a CIN and an officer is of the opinion that they have failed to comply with it and the non-compliance involves a risk of exposure to COVID. The CRN must require either the closure of the premises (or part) and/or that the person must end or remedy the contravention specified in the CIN. Any requirement must be necessary and proportionate for the purpose of minimising the risk of exposure to COVID. The CRN has effect for 7 days after issue.

(c) issue a Coronavirus Immediate Restriction Notice ("CIRN") which can close premises that pose a public health risk for an initial 48 hours where rapid action is needed to close a premises or restrict an activity to stop the spread of the virus, without first issuing a CIN.

Premises can be fined £2000 if a CIN is not complied with and £4000 if a CIRN or CRN is breached. There is a right of appeal against the imposition if a Notice to the Magistrates' Court within 28 days. Significantly, failure to comply with a CIN, CIRN or CRN is a criminal offence punishable by an unlimited fine. There is also a Power of Arrest associated with this offence.

It seems likely that these powers are more likely to be used than the No. 3 powers because they give local authorities the power to issue CINs without having to prove the

risk of COVID exposure. They also give the local authority power to close premises entirely for a short period, issue a penalty notice and prosecute for non-compliance. They came into force on the 2 December 2020 and have effect for six months.

2. New Guidance has also been issued on The Health Protection (Coronavirus Restrictions) No 3 Regulations which give Local Authorities powers to issue directions when responding to a serious and imminent threat to public health and the restrictions proposed are necessary for the purpose of preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection by coronavirus in the local authority's area and a proportionate means of achieving that purpose. The mandatory requirement for a local authority to have regard to advice given to it by its Director of Public Health (or interim or acting direction of Public Health) now explicitly enables a registered public health consultant approved by the Director of Public Health to provide that advice. In addition, appeals to the Magistrates' Court or representations to the Secretary of State regarding a direction must now be made within 28 days of the date the Direction was issued.

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- *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 [1] (SI 684) In extremis: **The Health Protection (Coronavirus Restrictions) No 3 Regulations** **<u>Health Protection (Coronavirus, Restrictions) (Local Authority Enforcement Powers and Amendment)(England) Regulations 2020</u>**	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. 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. 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. In the case of late TENs, the Police or Environmental Health can object with no right for the organiser to appeal. Alternatively, if the Local Authority believes that a person is contravening a relevant COVID statutory provision and it is necessary and proportionate to issue a notice to ensure that contravention is ended or remedied, it may serve a Coronavirus Improvement Notice (CIN) to give the premises 48 hours to ensure compliance. Crucially, there is no need for breach to involve a risk of exposure to COVID. The CIN must state the Name or premises or contravention, the date, the officer's opinion, the provision being contravened, the particulars of reasons for the officer's opinion and the period of compliance (not less than 48 hours) . The CIN must also state the date it ceases to have effect, the consequences of failure to comply and the right of appeal to the Magistrates' Court within 28 days. It must be reviewed by a local authority officer as soon as practicable after the end of the period notice has effect. The contravenor can request the LA to review the notice if he believes if he has met its' requirements. The LA must review it within 48 hours and withdraw if satisfied of compliance. Where a person has already been issued with a CIN and the officer is of the opinion that he has failed to comply with it and the non-compliance involves a risk of exposure to COVID, a Coronavirus Restriction Notice may be issued (CRN). A CRN must require the closure of the premises and/or the person to end or remedy the contravention specified in the CIN. Any requirement must be necessary and proportionate for the purpose of minimising the risk of exposure to COVID. It has effect for seven days after issue and takes effect immediately or at the end of the period specified in notice. In more serious cases, the Local Authority can issue a Coronavirus Immediate Restriction Notice (CIRN) where they believe it is likely that the contravention will continue or be repeated and where there is a risk of exposure to COVID. The CIRN must require the Closure of the Premises (or at least part of it) and that the person must end or remedy the contravention and not repeat or continue it. Any requirement must be necessary and proportionate for purpose of minimising the risk of exposure to COVID. The CIRN takes effect immediately or at the end of the period specified in the Notice. It has effect for 48 hours after issue. It must be reviewed before it ceases to have effect. The contravenor can apply for a local authority review to be carried out as soon as practicable. On review, the LA must decide if the requirements are necessary. They can withdraw the notice, amend or issue a new one, or issue a new CRN. Failure to comply with a CIN or CIRN or CRN is a criminal offence punishable by an unlimited fine. There is a power of arrest for breaching a Notice. The local authority has the power to prosecute and a company officer can be liable. The local authority can issue a Fixed Penalty Notice instead (FPN). Only one FPN may be issued for failure to comply with a single notice. It can be £2000 for failing to comply with a CIN or £4000 in relation to a CIRN or CRN. If an FPN is issued, there can be no prosecution for 28 days or if its' paid.

[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 In extremis: **The Health Protection (Coronavirus Restrictions) No 3 Regulations** **<u>Health Protection (Coronavirus, Restrictions) (Local Authority Enforcement Powers and Amendment)(England) Regulations 2020</u>**	Organisers[4] for events of up to 499 people and of less than 5 days duration can hold events via a standard Temporary Event Notice (TEN)[5], which provides District and Borough council's ten working days' notice of the planned event. 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. 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. In the case of late TENs, the Police or Environmental Health can object with no right for the organiser to appeal. Alternatively, if the Local Authority believes that a person is contravening a relevant COVID statutory provision and it is necessary and proportionate to issue a notice to ensure that contravention is ended or remedied, it may serve a Coronavirus Improvement Notice (CIN) to give the premises 48 hours to ensure compliance. Crucially, there is no need for breach to involve a risk of exposure to COVID. The CIN must state the Name or premises or contravention, the date, the officer's opinion, the provision being contravened, the particulars of reasons for the officer's opinion and the period of compliance (not less than 48 hours) . The CIN must also state the date it ceases to have effect, the consequences of failure to comply and the right of appeal to the Magistrates' Court within 28 days. It must be reviewed by a local authority officer as soon as practicable after the end of the period notice has effect. The contravenor can request the LA to review the notice if he believes if he has met its' requirements. The LA must review it within 48 hours and withdraw if satisfied of compliance. Where a person has already been issued with a CIN and the officer is of the opinion that he has failed to comply with it and the non-compliance involves a risk of expose to COVID, a Coronavirus Restriction Notice may be issued (CRN). A CRN must require the closure of the premises and/or the person to end or remedy the contravention specified in the CIN. Any requirement must be necessary and proportionate for the purpose of minimising the risk of exposure to COVID. It has effect for seven days after issue and takes effect immediately or at the end of the period specified in notice. In more serious cases, the Local Authority can issue a Coronavirus Immediate Restriction Notice (CIRN) where they believe it is likely that the contravention will continue or be repeated and where there is a risk of exposure to COVID. The CIRN must require the Closure of the Premises (or at least part of it) and that the person must end or remedy the contravention and not repeat or continue it. Any requirement must be necessary and proportionate for purpose of minimising the risk of exposure to COVID. The CIRN takes effect immediately or at the end of the period specified in the Notice. It has effect for 48 hours after issue. It must be reviewed before it ceases to have effect. The contravenor can apply for a local authority review to be carried out as soon as practicable. On review, the LA must decide if the requirements are necessary. They can withdraw the notice, amend or issue a new one, or issue a new CRN. Failure to comply with a CIN or CIRN or CRN is a criminal offence punishable by an unlimited fine. There is a power of arrest for breaching a Notice. The local authority has the power to prosecute and a company officer can be liable. The local authority can issue a Fixed Penalty Notice instead (FPN). Only one FPN may be issued for failure to comply with a single notice. It can be £2000 for failing to comply with a CIN or £4000 in relation to a CIRN or CRN. If an FPN is issued, there can be no prosecution for 28 days or if its' paid.

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

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

Taking action against a business/premises permitted to be open but not complying with COVID-19 guidelines[6]	Prevent- *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** **The Health Protection (Coronavirus, Collection of Contact Details etc and Related Requirements) Regulations 2020** **The Health Protection (Coronavirus, Restrictions) (Obligations of Hospitality Undertakings) (England) Regulations 2020** In extremis: **The Health Protection (Coronavirus Restrictions) No 3 Regulations** **<u>Health Protection (Coronavirus, Restrictions) (Local Authority Enforcement Powers and Amendment)(England) Regulations 2020</u>**	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 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. Alternatively, if the Local Authority believes that a person is contravening relevant COVID statutory provision and it is necessary and proportionate to issue a notice to ensure that contravention is ended or remedied, it may serve a Coronavirus Improvement Notice to give the premises 48 hours to ensure compliance. Crucially, there is no need for breach to involve a risk of exposure to COVID. The Notice must state the Name or premises or contravention, the date, the officer's opinion, the provision being contravened, the particulars of reasons for the officer's opinion and the period of compliance (not less than 48 hours) . The Notice must also state the date it ceases to have effect, the consequences of failure to comply and the right of appeal to the Magistrates' Court within 28 days. It must be reviewed by a local authority officer as soon as practicable after the end of the period notice has effect. In more serious cases, the Local Authority can issue a Coronavirus Immediate Restriction Notice where they believe it is likely that the contravention will continue or be repeated and where there is a risk of exposure to COVID. The CIRN must require the Closure Of the Premises (or at least part of it) and that the person must end or remedy the contravention and not repeat or continue it. Any requirement must be necessary and proportionate for purpose of minimising the risk of exposure to COVID. The notice takes effect immediately or at the end of the period specified in the Notice. It has effect for 48 hours after issue. It must be reviewed before it ceases to have effect. The contravenor can apply for a local authority review to be carried out as soon as practicable. On review, the LA must decide if the requirements are necessary. They can withdraw the notice, amend or issue a new one, or issue a new CRN. Failure to comply with a CIN or CIRN is a criminal offence punishable by an unlimited fine. There is a power of arrest for breaching a Notice. The local authority has the power to prosecute and a company office can be liable. The local authority can issue a Fixed Penalty Notice instead (FPN). Only one FPN may be issued for failure to comply with a single notice. It can be £2000 for failing to comply with a CIN or £4000 in relation to a CIRN or CRN. If an FPN is issued, there can be no prosecution for 28 days or if its' paid.

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- *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** In extremis: **The Health Protection (Coronavirus Restrictions) No 3 Regulations #** **Health Protection (Coronavirus, Restrictions) (Local Authority Enforcement Powers and Amendment)(England) Regulations 2020**	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. Where a business refuses to comply, the number 3 Regulations could be used to issue a directive to close the business. Where a business refuses to comply with any COVID Regs, a CIN can be served requiring them to comply with the law or alternatively a CRN and CIRN leading to the closure of the Premises until the law is complied with. Failure to comply with a Notice is a criminal offence and can be dealt with by a Fixed Penalty Notice or prosecution.
Closing an outdoor public space	Prevent- *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.

[6] 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
Taking action against a business/premises NOT permitted to be open	Prevent- *For use at any point in escalation framework.*	Environmental Health / Trading standards (depending on sector)	The Health Protection (Coronavirus, Restrictions) (All Tiers) (England) Regulations 2020 (legislation.gov.uk) The Health Protection (Coronavirus, Restrictions) (No. 3) and (All Tiers) (England) (Amendment) Regulations 2021 (legislation.gov.uk)	For businesses required to be closed under current restrictions. Enforcement via Prohibition Notice, Fixed Penalty Notices or Prosecution
Directing an individual to undertake specified health measures	Prevent/ Control- *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- *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 28th 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 on outbreaks 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 has been supporting the national NHS Test and Trace service. Where an individual has tested positive but the NHS Test and Trace system has not been successful in making contact with them, the Local Authority continues to follow them up locally. From February 2021 this Local Tracing Partnership has been extended to the Districts and Boroughs with Environmental Health teams contacting individuals who have been unable to be 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.

Figure 8: NHS Test and Trace – Three Tiers

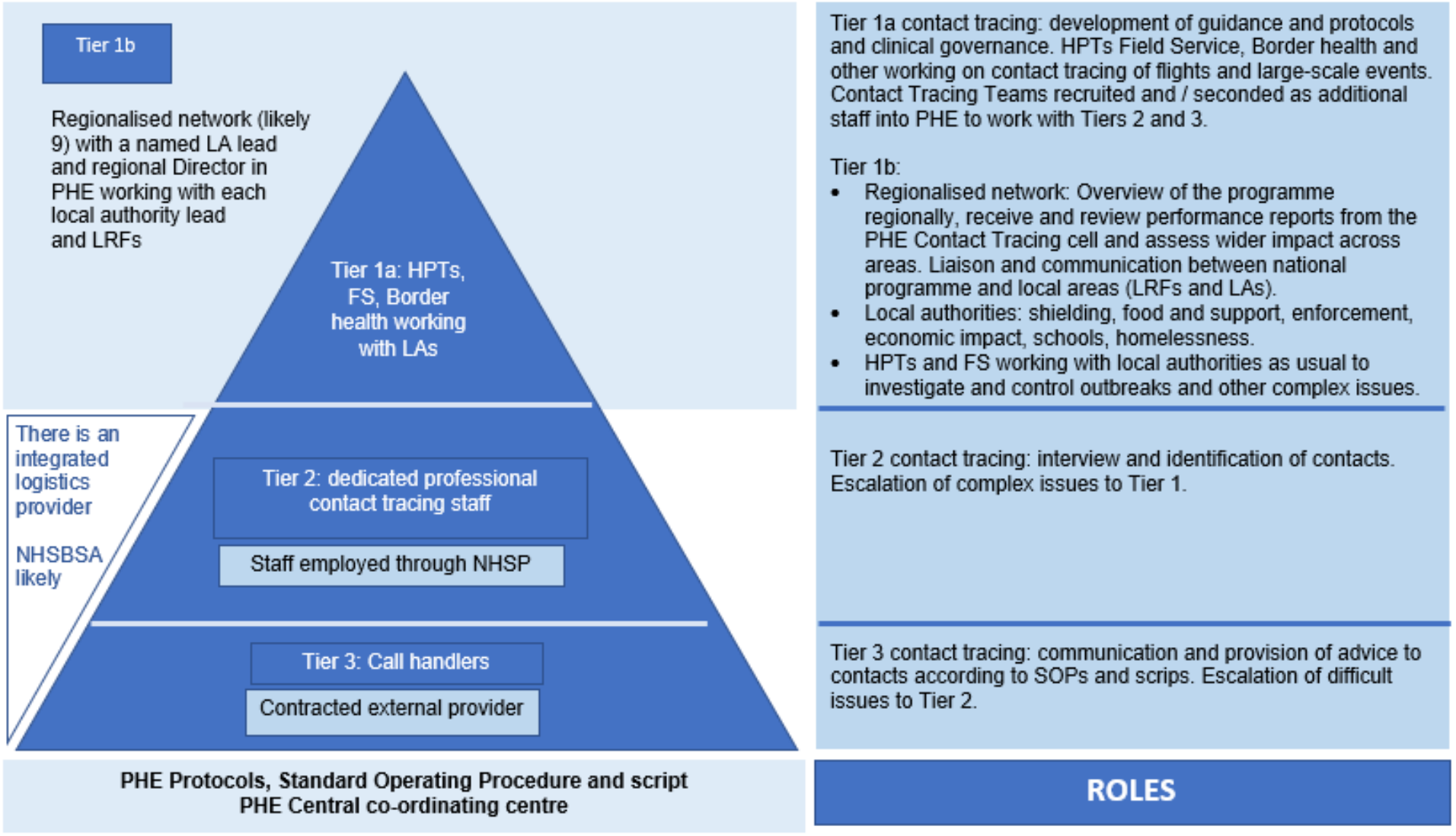
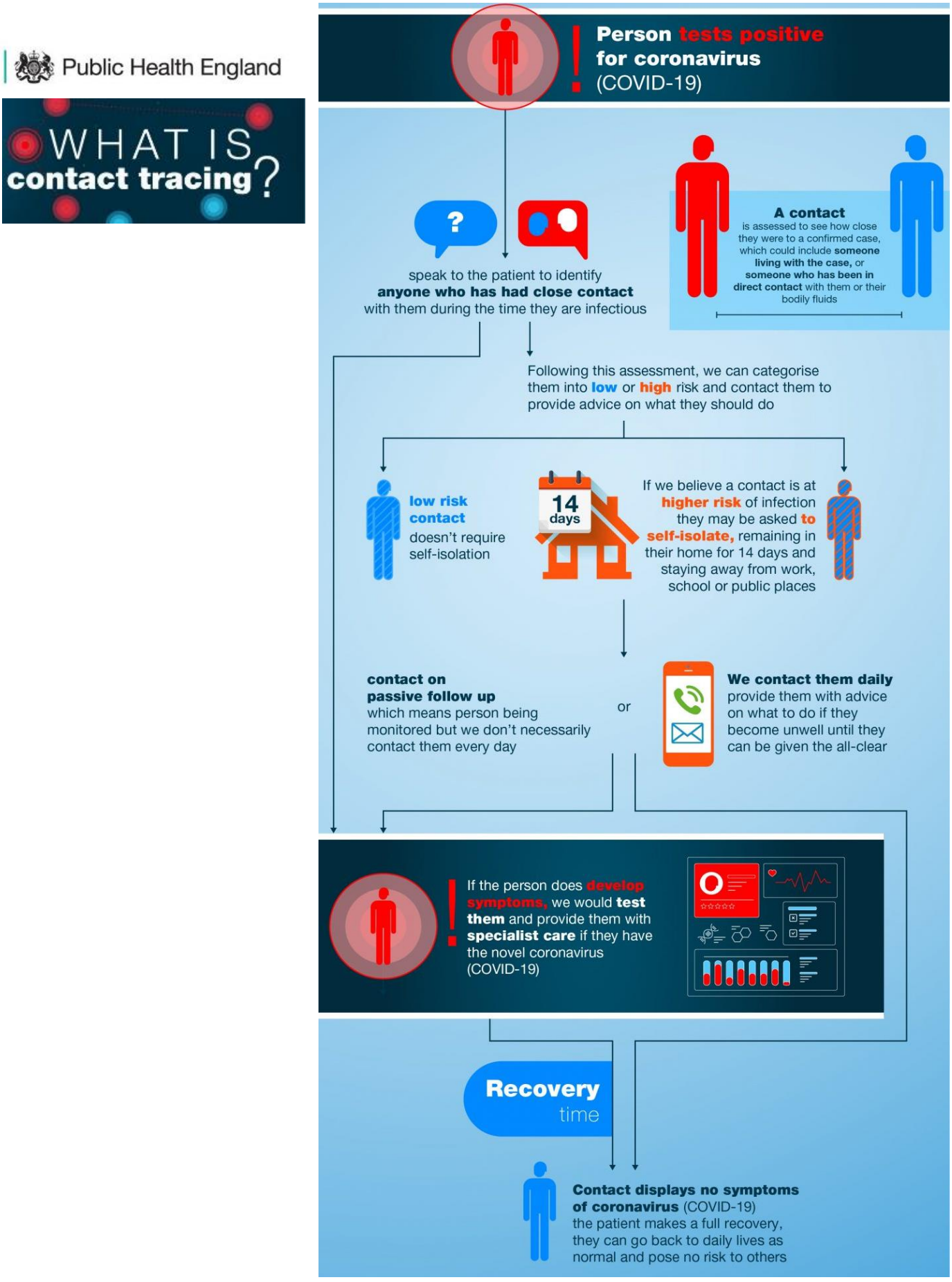


Figure 9: What is contact tracing (PHE)



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. Meetings are normally held virtually, and minutes of the meeting and all associated public health actions are recorded on HPZone (Public Health England's infectious diseases database).

OCTs are a well-established process that existed prior to COVID-19. Members of this time-limited group will 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 Officer 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 work with partner organisations if a move to a higher tier is announced 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, Public Health England and the 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: 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 Joint Biosecurity Centre, and raise concerns where information is not forthcoming; ▪ 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) ▪ 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: 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 ▪ We will have, and further develop, our understanding of high-risk places, locations and communities

Objective 3: 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 ▪ Help to identify similar settings of concern ▪ Modelling possible scenarios.
Objective 4: 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 ▪ Provide data to the public in a clear and transparent way, and demonstrate how this information is used, to inform local decisions. ▪ 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, Hastings and Crowborough.

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

- Symptomatic residents can apply via the NHS website, or by telephoning 119, to either be tested at a local or regional 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 and was extended in December 2020 to include twice weekly testing of all care home staff and residents every 28 days. Care homes request their test kits via the Care Home Portal.
- Acute hospital patients can be tested in the hospital setting. Regular asymptomatic staff testing is now being undertaken twice weekly using lateral flow testing devices in staff members homes.
- CQC Registered Extra care and Supported Living settings and registered home care workers now have access to regular PCR testing – tests are provided once registration using a Unique Organisation Number (UON) is made via the central portal
- Education settings are also able to introduce asymptomatic testing for their staff and students following guidance issued in December 2020
- 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, schools, prisons and hostels. This will be arranged through the central booking team.
- Other individuals that require symptomatic or asymptomatic testing (if applicable) 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 or supported accommodation.
- 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 issue with lab processing capacity seen in Autumn 2020 appears to have 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. Currently testing capacity in East Sussex is high and reports indicate that turnaround times for results is within 24-48 hours for most tests.

In addition to the above there do remain some gaps in testing or changes in provision that are required. These include:

- Unregistered settings that do not meet the criteria for the central testing, live-in carers, and personal assistants
- Mass asymptomatic community testing focusing on people who are permitted to leave home for work (including essential voluntary work) and who are unable to access asymptomatic testing through other routes, particularly those who are critical to supporting communities, responding to the pandemic and/or at higher risk of infection and transmission.

With the emergence of new variants of COVID-19 there is the potential for local areas to be involved in rapid surge testing. A few pilot areas have recently been involved and learning is being shared nationally to understand how this may continue in the future. The Local Resilience Forum have developed plans for how this surge testing would be organised should this be required.

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 are advised to shield during national lockdown and Tier 4 local restrictions, during which proactive and responsive support is provided. When other local restrictions apply, CEV's are advised to take additional precautions, and ongoing responsive 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 6,700 people have contacted Community Hubs for support.

Current support available

ESCC is providing centralised coordination of support to those in the clinically vulnerable groups who are currently shielding. Those identified by a GP or clinician as being in the extremely clinically vulnerable group have been written to by Government. They are advised not to attend work, school, college or university, and limit the time spent outside the home. Going out only for medical appointments, exercise or if it is essential.

The National Shielding Support Service (NSSS) offers online: registration for priority supermarket deliveries, self-referral for support from an NHS Volunteer Responder, and requests for contact from local councils.

ESCC is working closely with local partners to deliver the support required through a coordinated response to requests for help. Support[7] being offered to CEV people in East Sussex includes:

- Pro-active calls are being undertaken to all CEV individuals (circa 21k). Prioritisation is based on those who have previously received support to access food or basic support needs, those most recently added as CEV, age and other additional vulnerabilities.

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

- Health and Social Care Connect is available for advice, signposting and support to access NSSS and other services. It also responds to requests for contact via the NSSS. Additional capacity has been recruited to enable this
- A food delivery contract has been procured and when appropriate food box delivery is available to residents. This is only available as a last resort and where all other avenues have been exhausted.

Advice for CEV individuals requiring support is based on:

- In the first instance seeking assistance from trusted family, friends and neighbours with basic support such as help with shopping, getting medicines and other essentials.
- Seeking assistance from NHS Volunteer Responders - 0808 196 3646 or by visiting the website: NHS Volunteer Responders.
- **Registering for priority supermarket slots or NHS Volunteer Responders via the NSSS on GOV.UK.** https://www.gov.uk/coronavirus-shielding-support.
- If medicine collection can't be arranged through friends, family and neighbours, or NHS Volunteers, CEV people can inform their local pharmacy which will arrange delivery free of charge. The NHS Find a Pharmacy Service lists all pharmacies nearby.
- **Accessing** community support[1]**.**
- **If there is nobody is available to help, contacting Health and Social Care Connect on 0345 60 80 191 or emailing** hscc@eastsussex.gov.uk (open 8am to 8pm 7 days a week including bank holidays).

Across East Sussex, local authorities and health partners commission 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[8] 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:

- Options to access 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.

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

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.
- 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 scheme was announced by the government in November 2020. Funding is being provided to Councils to support those most in need with the cost of food, energy and water bills and other associated costs.

In East Sussex the funding is being used for schools, colleges and early years settings to provide food vouchers for children and young people eligible for free school meals.

Funding has also been given to a range of local community organisations and charities to provide immediate support to households in need that they are working with.

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 distancing 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

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 -

- **Weekly staff and monthly resident testing PCR regime**
- **Twice weekly LFD (Lateral Flow Device) testing**
    - Undertake an additional two LFD tests per week, ideally at the beginning of the shift:
        - •One LFD test on the same day as the established weekly PCR testing programme
        - •One LFD test midweek – on days 4-5 between PCR tests
    - If any staff test positive, they will need to undertake a confirmatory PCR and then self-isolate at home immediately until they receive their result.
    - Staff will need to undertake an LFD test if they've worked elsewhere since their last shift or are returning from leave.

For staff if a positive case is detected

- If there are any positive cases, PCR or LFD, found staff should also:
    - •Undertake daily LFD testing of all staff for 7 days
    - •If any staff test positive, they will need to undertake a confirmatory PCR and then self-isolate at home immediately until they receive their result
- This additional 7 day testing should be **in addition** to any outbreak testing that may be necessary from local Health Protection Teams.
- Continue to follow any outbreak management processes as per normal.

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

Public Health England risk assess and give advice to all care homes experiencing an outbreak. If any issues are identified previously this was being flagged up to the CCG for follow up. However, this is now being flagged to ESCC initially, with follow up by an Infection Control Advisor, and if there are quality issues that are outstanding then this is referred to the CCG. A weekly IMT is held with stake holders where homes of concern are discussed and actions agreed and outcomes are confirmed.

What else will need to be put in place:

In December 2020 The CCG announced they were needing to reduce the support given to care homes that are experiencing an outbreak. In response to this East Sussex County Council rapidly employed an Infection Control Advisor to support Care Homes. This employee

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. If there are any outstanding concerns this is flagged to the Local Authority for follow up, and any continued concerns are escalated to the CCG's Quality 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 Homes

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:

An effective testing regime for staff, to allow cases to be identified early and to minimise disruption to the care provided.

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

Schools

INCLUDING:

PRIMARY AND SECONDARY, EARLY YEARS SETTINGS, UNIVERSITIES/COLLEGES & SPECIAL SCHOOLS

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.

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. A further webinar will be delivered for secondary schools in January 2021, focussing on managing outbreaks and learning from schools.

Public health and Children's Services have jointly developed systems for monitoring cases occurring in education settings. These settings now reliably update the local authority on all cases in staff and pupils as they occur. Children's Services make contact with schools to support them with decisions regarding isolation of bubbles/year groups and partial or full closure. For larger outbreaks, Public Health may lead a multi-agency outbreak control meeting if it is felt to be helpful in assessment of risk and planning the response.

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, as the options and thresholds set by DfE and PHE for advice are likely to change in the new year.

Local outbreak scenarios and triggers:

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

<u>1) Confirmed or Suspected Cases in a School</u>

The existing protocols remain the same, and begin with the school making contact with DfE or the 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 a multi-agency Outbreak Control Team (OCT). This may be chaired by PHE or a Consultant in Public Health from the local authority.

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.

An OCT related to an educational setting would include a representative from: the children's department; public health; the specific setting(s), Environmental Health; and Communications.

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.

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

Links to additional information:

Education and Childcare COVID Guidance

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:

- **HMP Lewes** – male prison, current op cap 560, category B (including remand) prison located in Lewes in East Sussex

There is also one secure children's home

- **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.

Note that Lansdowne SCH will be covered in the earlier children's care home section.

What's already in place:

Prisons are currently in regime level 4 until further national guidance is issued, with prison visits currently suspended, except for exceptional compassionate reasons, Health services, where risk assessment allows, are still in operation Prison staffing is experiencing some difficulties, with staff COVID positive rates coupled with isolation requirements via Test & Trace. Prisons follow strict COVID secure measures, which are regularly monitored through Health Protection and Health & Justice teams.

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 high incidence of COVID-19 in prisons across the SE. HMP Lewes is currently in outbreak mode with increasing cases.

Symptomatic testing is in place for symptomatic individuals, alongside this all prisons are delivery weekly staff testing and reception testing of all new entrants to the establishment, this final testing process supports a reduction in the reverse cohort period from 14 days to a minimum of 10 days.

What else will need to be put in place:

Where an outbreak becomes significant, mass testing could be accessed via Department of Health and Social care.

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 sufficient to deliver a safe service.

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

Including:

- ❖ council owned premises – offices/depots, libraries, leisure centres, day centres etc.
- ❖ private commercial premises - retail, offices, leisure and hospitality services (clubs, gyms, hairdressers/barbers, beauticians, pubs, restaurants, hotels, campsites etc), indoor event venues (conference centres, theatres, cinemas etc), outdoor event venues (racecourses, sport venues etc), manufacturing and processing sites, construction sites, forestry, farming and fishing premises.
- ❖ critical infrastructure sites
- ❖

Objective:

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

Context:

East Sussex has approximately 22,895 businesses. A higher proportion of businesses in East Sussex are micro (0-9 employees) than nationally[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.

Districts and Boroughs are working with HSE on the spot checks programme.

What else will need to be put in place:

Consider further ongoing proactive communication with higher risk workplaces/industries

Any learning identified by partners including Environmental Health, Trading Standards PHE, the police is shared on a weekly basis at the multi-agency Operational Cell. A plan is then developed for how this learning will be acted upon.

Local outbreak scenarios and triggers:

Where there appear to be multiples cases linked to a workplace these are flagged up to Environmental Health teams who investigate.

If there is a substantial outbreak 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. Current PHE guidelines as of 11/2/2021 are that PHE will follow up outbreaks with 10 or more cases, where 10% of a workforce are affected, if anyone has been hospitalised, if the setting is national infrastructure, there is media interest or if there are concerns about the management of an outbreak.

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:

Environmental Health will ensure that faith settings follow the relevant national guidance on whether they should open, and their associated measures required to be Covid safe. This will include advice 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:

Any learning identified by partners including Environmental Health, Trading Standards PHE, the police is shared on a weekly basis at the multi-agency Operational Cell. A plan is then developed for how this learning will be acted upon.

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 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

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 is updated to reflect the latest government guidance.

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.

Any learning identified by partners including Environmental Health, Trading Standards PHE, the police is shared on a weekly basis at the multi-agency Operational Cell. A plan is then developed for how this learning will be acted upon.

Outputs from the LARP will need to be incorporated, as identified in the Operational Cell.

A Sussex-wide events protocol is being developed by Emergency Planning.

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.

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.

Any learning identified by partners including Environmental Health, Trading Standards PHE, CCG, the police is shared on a weekly basis at the multi-agency Operational Cell. A plan is then developed for how this learning will be acted upon.

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:
All staff from the Gypsy and Traveller Team have access to face coverings, Disposable gloves, alcohol gel sanitiser and wipes. There is also a supply kept in the Transit Site office should they be required.

Any learning identified by partners including Environmental Health, Trading Standards PHE, the police is shared on a weekly basis at the multi-agency Operational Cell. A plan is then developed for how this learning will be acted upon.

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 there have been 600 placements made by East Sussex for homeless people who have been housed in emergency accommodation, with most sites hosting several people. Of these, 131 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. These are additional accommodation sites housing between 6-8 people who are able to access their rooms on a 24/7 basis. There is Multi-Disciplinary Team input during the day, volunteer support during the evening and there is also night time security 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 new 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:

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.

We are currently working to ensure access to test kits for the Rough Sleeper Initiative nurses to use with clients. The district and borough councils working with ESCC and the CCG successfully received a further budget via a 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 is being 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. East Sussex have also been successful in securing 30 new Housing First accomodation units across the county. This is where wrap around support is provided to tenants, who are able to stay long term in their housing (or until they no longer need the support and are ready for 'move on').

Local outbreak scenarios and triggers:

In the event of an outbreak, 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. 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

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. The COVID pandemic response is managed following incident management procedures as per Emergency Preparedness, Resilience and Response.

- ESHT continues to use its Trust policies, procedures and guidelines for all infection control outbreaks.
- ESHT tests patients for COVID on admission and at regular intervals during their stay. Most COVID testing is undertaken in a new resource in the pathology department at EDGH. Rapid testing is also available to aid patient pathways.
- Patient management is approved via the Incident management Team following consultation with Clinical Advisory Group. Clinical decisions regarding COVID pathways are undertaken in consultation with the Infection Prevention and Control Team (IPCT).
- Contact tracing of ESHT patients is undertaken by the IPCT
- Contact tracing and support of staff with COVID is undertaken by the Occupational Health team.
- ESHT aims to comply with all national guidance for the management of COVID-19 and undertakes self-assessment of compliance via the NHSEI recommended Board Assurance Framework.
- 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 undertake twice weekly COVID screening at home using "lateralflow" and if positive have a confirmatory PCR test. –
- ESHT currently has a good PPE supply chain and has purchased additional powered respiratory hoods for staff required to spend long periods of time in FFP3 protection.
-
- Staff absence, COVID infection and exposure is reported daily via the IMTMass vaccination service has been established since 22nd December following receipt of the Pfizer vaccine. ESHT is vaccinating health and social care staff working in the NHS and private care facilities at venues on the Conquest and EDGH sites.

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.
Ability to escalate vaccination service is under review.

Further collaboration with private care providers is required to ensure that COVID recovered patients can be discharged when medically ready as per PHE stepdown and discharge guidance.

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. Outbreaks are reported on a daily basis via the Southeast Provider outbreak reporting tool and the PHE electronic outbreak portal.

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

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

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.

Context:

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

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 and video 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]*

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, IPC Team and Primary care inbox 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 ○

Transport locations

Objective:

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

Context:

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

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

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

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

What's already in place:

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

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

To help control the virus 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:
Any learning related to transport will be raised and acted upon from the multi-agency Operational Cell.

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

Appendix A: Outbreak Control Team standard documents

Appendix A

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 Minutes of previous meeting
3	Review of information currently available • Contact tracing (case and close contact numbers) • COVID secure measures (setting/community)
4	Current risk assessment
5	Further investigations/controls needed • Contact tracing • COVID secure measures (setting/community) • Testing including MTU deployment
6	Communications • Agree lead communications teams for: - Public / media and wider communications - COVID secure measures at setting (if applicable) - Contact Tracing at setting (if applicable) - Health partners - LRF partners and local politicians • Identify communications needed for: - public / media / high risk settings (if applicable) - setting / staff / affected persons etc - health partners e.g. GPs, hospitals etc - LRF partners and local politicians • Identify translation needs
7	Capacity Issues – including out of hours challenges
8	Review and record key decisions (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** See Attendance / Apologies list	
2	**First meeting** – agree chair and TOR **Minutes of previous minutes**	
3	**Review of information currently available** Contact tracing COVID secure measures (setting/community)	
4	**Current risk assessment**	
5	**Further investigations/controls needed** Contact tracing Setting COVID secure measures (setting/community) Testing including MTU deployment	
6	**Communications** Agreed lead communications teams: Public / media and wider communications – COVID secure measures at setting – Contact Tracing at setting – Health partners- LRF partners and local politicians – Details of agreed communications: public / media/ high risk settings –	

	setting / staff / affected persons etc – health partners e.g. GPs, hospitals etc – LRF partners and local politicians – Agreed translation needs:	
7	**Capacity Issues**	
8	**Key decisions (see decision log)** Agreed email subject heading Closure of outbreak/incident (when appropriate)	
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. • 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. ***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) 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.
 	
• Establish named contacts for data in each of the local authorities, specifically in relation to:
  ○ Communities at higher risk of infection and the impact of COVID
  ○ Specific settings and events at a local level
 	
***Note**: it is anticipated that named contacts should, at least, include Environmental Health staff, and community development / engagement.*
		GE/RT	East Sussex CC

Appendix C

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

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Report to:	**East Sussex Health and Wellbeing Board**
Date of meeting:	**2 March 2021**
By:	**Chief Executive Officer, East Sussex Healthcare NHS Trust**
Title:	**Building for our Future (BFF) Programme Strategic Outline Case**
Purpose:	**To request endorsement of the BFF Strategic Outline Case (SOC)**

RECOMMENDATIONS

The East Sussex Health and Wellbeing Board is recommended to provide their endorsement of the Building for our Future Strategic Outline Case prior to submission to NHS England/Improvement (NHSE/I) and the Department of Health and Social Care (DHSC).

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1 Background

1.1 East Sussex Healthcare NHS Trust (ESHT) are part of the Government's Health Infrastructure Plan (HIP) known as the Building for our Future (BFF) Programme.

1.2 The key deliverables for the BFF programme are to:

- Reduce the critical infrastructure risk across Conquest, Eastbourne and Bexhill hospitals by investing in buildings and engineering infrastructure. The current backlog maintenance liability is estimated to be in excess of £300 million, putting ESHT in the bottom 10 of Trust's in England.

  This will also enable the Trust to:

  - Create space that is fit-for-purpose to enable delivery of high quality clinical care
  - Extend and improve facilities for Emergency Care, ensuring that the departments are the right size and shape for the model of care
  - Provide additional bed capacity, endoscopy and diagnostic services and improvements to outpatient areas and theatres to ensure alignment with system demand
  - Improve access to Ophthalmology facilities
  - Improve access to Interventional Cardiac facilities

1.3 ESHT are in the final stages of developing the first stage business case (Strategic Outline Case – SOC) to secure the funding and plan to submit the completed case to NHS England/Improvement (NHSE/I) and the Department of Health and Social Care (DHSC) on the 26th March 2021.

1.4 The East Sussex Health and Social Care Executive considered and noted the summary SOC at their meeting on the 29th January 2021, and recommended that the SOC be presented to the Health and Wellbeing Board for endorsement.

1.5 This paper provides an overview of the SOC, including the summary detail within the strategic, economic, commercial, financial and management cases.

2 Supporting information

2.1 The SOC details the ambition to significantly improve the estate infrastructure of the East Sussex hospitals (Conquest, EDGH and Bexhill) by addressing the critical infrastructure risks which are impacting on delivery of clinical care; strategic fit with the East Sussex system and

organisational priorities; a compelling case for change that details the drivers for change and demonstrates that the buildings infrastructure is a key enabler to the transformation and improvement of clinical pathways and digital systems.

2.2 The attached paper provides an overview of the content of the SOC, including the summary detail within the strategic, economic, commercial, financial and management cases.

2.3 A key requirement for submission of the SOC is to provide written confirmation to demonstrate support from all major commissioners and other relevant bodies with a material interest in the scheme, to support the proposal.

2.4 To date support for the ambitions of the SOC has been received from commissioners and the Sussex Health and Care Partnership Executive (SHCP).

3. Conclusion and reasons for recommendations

3.1 Securing funding to significantly improve the estates infrastructure of the East Sussex hospitals is essential to address the critical infrastructure risks that are impacting on the delivery of clinical care and this will also enable the transformation and improvement of clinical pathways and digital systems across the system.

JOE CHADWICK-BELL
Chief Executive Officer, East Sussex Hospitals NHS Trust

Contact Officer: Tracey Rose, Programme Director Building for our Future
Tel. No. 07967592005

Email: Tracey.Rose@nhs.net

BACKGROUND DOCUMENTS

None

Strategic Outline Case Summary

Health and Wellbeing Board 2nd March 2021

Building for Our Future

Appendix 1

www.esht.nhs.uk/bff

@ESHT_BFF

#BFFHaveYourSay

NHS
East Sussex Healthcare
NHS Trust

Summary

- ESHT is part of the Health Infrastructure Plan (HIP2)
- Summary programme timescales:

- The aim is to provide an estate that is fit for purpose, value for money and flexible to adapt to the transformation of clinical models of care and provide increased capacity to meet the demand and needs of the local population. This will include becoming a digital 'smart' hospital.
- Drivers for change for the system in summary include:
  - ESHT's backlog maintenance liability across the 3 hospitals is in excess of £300 million. Critical infrastructure risk is the 3rd highest in peer group and 7th highest nationally (ESHT £473/m² peer group £49/m². This is impacting delivery of clinical services therefore there is a need to ensure operational and pandemic resilience.
  - Demographic growth – 45% increase in 65+ age group over the next 20 years this potential results in rising co-morbidty and frailty leading to an exponential increase in healthcare demands
  - 50k new homes planned over the next 20 years, this requires an additional acute and community health service capacity
- The draft SOC is available for review. The proposed preferred way forward options address the above and include proposals for improved and additional clinical capacity e.g. integrated emergency floors, bed capacity including increased single rooms/bathrooms ratio, endoscopy facilities, day case and outpatient facilities to manage the assumed increases in demand in NEL, elective and diagnostic activity

1. Strategic Case

To make the case for change and demonstrate strategic fit

Strategic Vision

- ESHT 2020 ends in 2020/21 replaced by ‘Our healthier East Sussex’
- Alignment with ICS and ICP plans

Critical infrastructure risk

- 3rd highest in peer group and 7th highest nationally (ESHT £473/m² peer group £49/m²)

Alignment with Trust Strategies

- Estates, workforce, sustainable development management plan, clinical strategy, patient experience, digital plan

National and Regional Strategies

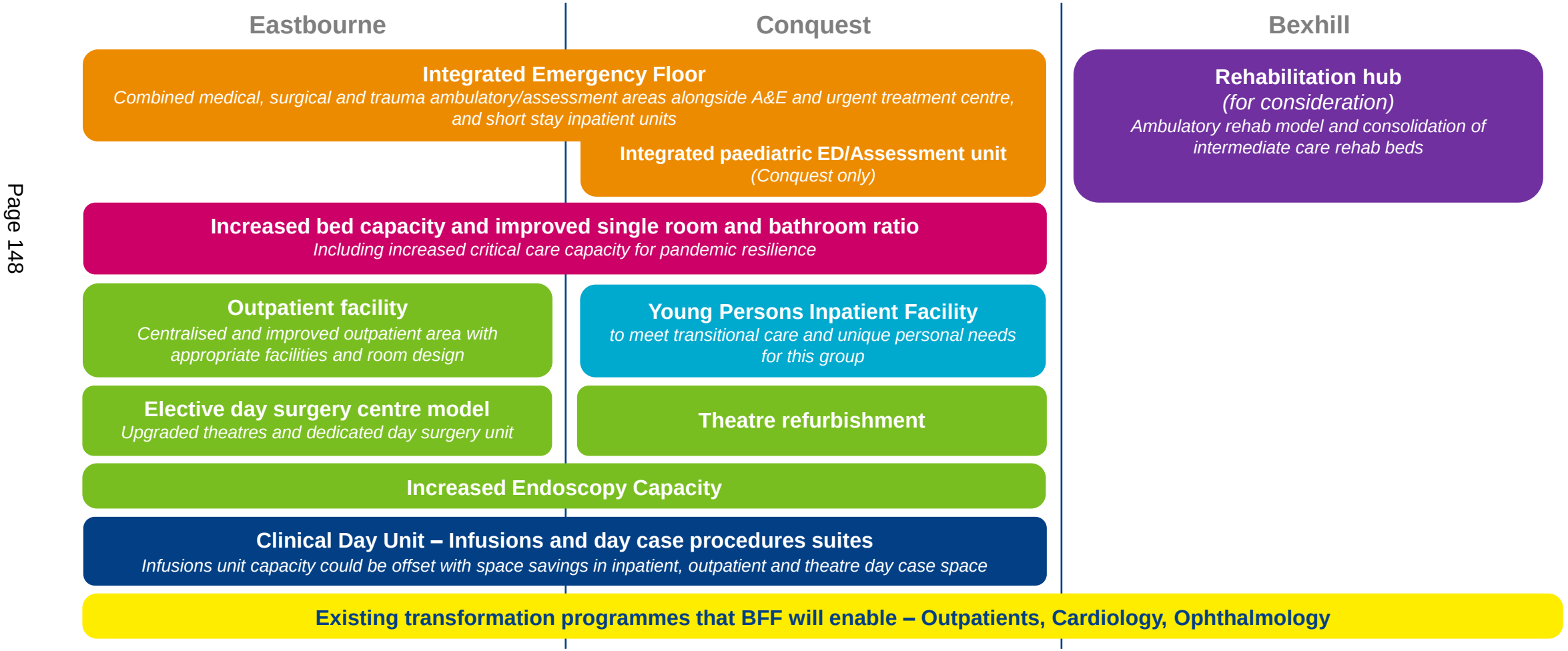
- ICS, ICP, NHS Long Term Plan, Carter report, Net zero carbon

Spending Objectives

Engagement

1. Strategic Case

Clinical transformation priorities by site aligned to demand projections



2. Economic Case

To identify the proposal that delivers best public value to society, including wider social and environmental effects
The Quantitative Appraisal results show a positive Net present social value (NPSV) and benefit cost ratio (BCR)

Preferred Way Forward options

Increasing service and clinical improvement

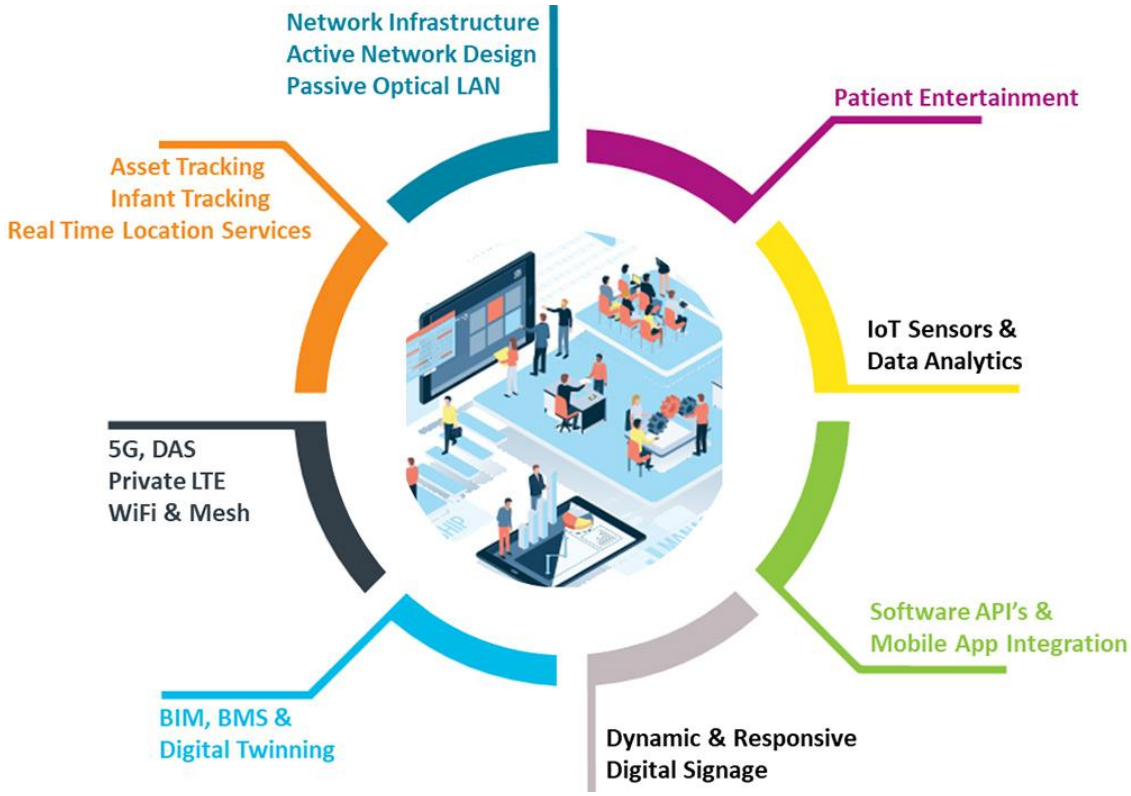
	Eastbourne	Conquest	Bexhill
Option 3	**New Hospital** Facilitating increased capacity to theatres, outpatients, imaging, endoscopy and improved clinical adjacencies	**Significant Refurb with Partial New Build** • Increased bed capacity – new build • Increased Emergency Department capacity – new build • Increased endoscopy capacity – refurb • Cardiology consolidation (subject to consultation) – new build • Pathology (depending on configuration) • Changes to Residences	**Refurbishment and New Build** • Consolidated ophthalmology unit (subject to consultation) – new build • Rehabilitation beds – new build • Enhanced Integrated Community Hub – new build
Option 2	**Significant Refurb with Partial New Build** • Increased bed capacity – refurb • Integrated Emergency Floor with increased capacity – refurb • Theatres – new build • Outpatients – new build • Cardiology consolidation (subject to consultation) – refurb • Ophthalmology (subject to consultation) • Pathology (depending on configuration) • Changes to HSDU, Laundry and Residences		
Option 1	**Partial Upgrade** • Urgent maintenance programme • Emergency Department – upgrade • Theatres – upgrade • Imaging department – upgrade • Outpatient department – upgrade • Cardiology and ophthalmology – upgrade	**Partial Upgrade** • Urgent maintenance programme • Emergency department – upgrade • Theatres – upgrade • Imaging department – upgrade • Cardiology – upgrade	**Partial Upgrade** • Urgent maintenance programme • Ophthalmology – upgrade
Option 0	**Do Minimum** – Remove high and critical infrastructure risks in the medium term. Includes continued annual capital backlog maintenance		
Option 00	**Business As Usual** – no HIP funding, no changes on site. Continued annual capital backlog maintenance		

3. Commercial Case

To demonstrate that the preferred option will result in a viable procurement and a well-structured deal between the public sector and it's service providers:

- **Procurement Plan**
  - within the context of the new hospitals programme
- **Modern methods of construction**
  - New extension - 60%
  - Refurbishment of existing buildings – 10%
  - Car park – 80%
  - New hospital buildings – 70%
- **Digital Programme**
  - Aiming for a HIMSS (Digital maturity) level 7 from level 0 within 5 years
- **Disposals**
- **Net Zero Carbon ambitions**

Digital Technology use in hospitals



4. Financial Case

This chapter demonstrates the affordability and funding of the preferred option including understanding of the capital, revenue and whole life costs of the scheme

5. Management Case

To demonstrate that robust arrangements are in place for the delivery, monitoring and evaluation of the scheme, including feedback into the strategic planning cycle

- **Programme Management**:
  - Prince 2 principles
  - PMO structure
  - Specialist advisers
- **Risk Management**
  - Risk monitoring plan and risk register
- **Stakeholder management approach**
  - Co-production and co-design with those most affected
  - Engaging, consulting and informing those for whom it will have some impact
  - Education and coercing (if necessary) those least affected.
- **Benefits realisation**
  - Aligned to Trust's benefits management
- **Project Milestones**

Stage	Start	Complete	NHS Approval
Strategic Outline Business Case (SOC)		Spring 2021	Summer 2021
Outline Business Case (OBC)	Early 2021	Spring 2022	Summer 2022
Full Business Case (FBC)	Spring 2022	Early 2023	Summer 2023
Construction - Enabling works	2021 onwards		
Construction - on site	Mid 2023		
Completion of HIP scheme (staged by site)		2028	

Recommendation

- The East Sussex Health and Wellbeing Board is recommended to provide their endorsement of the Building for our Future Strategic Outline Case prior to submission to NHS England/Improvement (NHSE/I) and the Department of Health and Social Care (DHSC).

Thank you

Report to:	**East Sussex Health and Wellbeing Board**
Date of meeting:	**2 March 2021**
By:	**Director of Adult Social Care**
Title:	**Better Care Fund Plans 2020/21**
Purpose:	**To provide a summary of the Better Care Fund (BCF) requirements for 2020/21 and to seek approval of the East Sussex BCF plans.**

RECOMMENDATIONS

The Board is recommended to:

1) Note the requirements for 2020/21 Better Care Fund

2) Approve the East Sussex Better Care Fund Plans for 2020/21 at Appendix 1; and

3) Note the confirmation of funding requirements for 2021/22 with planning guidance to be issued in the coming months.

---

1 Background

1.1 Since 2014, the Better Care Fund (BCF) has provided a mechanism for joint health, housing and social care planning and commissioning, focusing on personalised, integrated approaches to health and care that support people to remain independent at home or to return to independence after an episode in hospital. It brings together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations, and funding paid directly to Local Government, including the Disabled Facilities Grant (DFG) and the improved Better Care Fund (iBCF).

1.2 The continuation of national conditions and requirements of the BCF in recent years has provided opportunities for health and care partners to build on their plans to embed joint working and integrated care further. This includes working collaboratively to bring together funding streams and maximise the impact on outcomes for communities whilst sustaining vital community provision.

2 Better Care Fund requirements 2020/21

2.1 CCG minimum contributions to the BCF were published with the original NHS Operational Planning and Contracting Guidance in February 2020. Grant determinations for the improved Better Care Fund (iBCF) and Disabled Facilities grant (DFG) were issued to local authorities. In East Sussex the CCG contribution increased by 5.3% to £42,185,000; the Social Care and CCG Out of Hospital ringfence has increased in line with the local CCG minimum uplift.

2.2 National BCF policy and planning documents were held back during the first wave of COVID-19 and advice in April 2020 was to prioritise business continuity and rollover spend where possible. The BCF Planning Guidance for 2020/21 was issued on 3rd December with the national conditions remaining in line with those for the previous year.

2.3 Given the ongoing pressures on systems Departments and NHS England & NHS Improvement have agreed that BCF plans will not have to be submitted for formal approval in 2020-21. Health

and Wellbeing Boards are required to agree the use of the funding in their area and ensure they meet the four national conditions:

- Plans covering all mandatory funding contributions to be agreed by HWB areas and minimum contributions for CCG minimum and iBCF pooled in a section 75 agreement (an agreement made under section 75 of the NHS Act 2006)
- The contribution to social care from the CCG via the BCF be agreed and meet or exceed the minimum expectation.
- Spend on CCG commissioned out of hospital (OOH) services to meet or exceed the minimum ringfence
- CCGs and local authorities to confirm compliance with the above conditions to their Health and Wellbeing Boards.

3 East Sussex Better Care Plans 20/21

3.1 The schemes funded via the BCF in 2019/20 were extended for 2020/21 in line with national advice. There is an uplift to some scheme expenditures to reflect pay awards.

3.2 The East Sussex Plans **(Appendix 1)** ensure the funding is used as required in the national conditions.

3.3 As with previous years the East Sussex BCF Plans for 2020/21 align with and support the delivery of wider transformation of the health and care system and the key priorities within the East Sussex Health and Social Care Plan 2020.

3.4 The previous Section 75 agreement which facilitates the pooling of the BCF in East Sussex has been updated for 2020/21. The key changes to the document are the merger of the CCGs and the revised contributions to the fund as outlined above.

4 Monitoring and reporting

4.1 HWB areas have not been expected to submit local trajectories for the BCF national metrics for 2020 to 2021 but should continue to work as a system to make progress against them. National reporting of Delayed Transfers of Care was suspended from19 March 2020 and local areas are reporting on a new set of metrics under the Hospital Discharge Service policy.

4.2 An end of year reconciliation report will be required from each HWB area to confirm the national conditions have been met.

5 Better Care Fund Plans for 2021/22

5.1 The Spending Review in November confirmed the iBCF and DFG funding for 2021/22.

5.2 CCG contributions to the BCF will increase by 5.3% in line with the NHS Long Term Plan settlement.

5.3 The planning guidance for next year is due to be published in the coming months outlining any changes to the requirements, the conditions, and the metrics to be collected.

6 Conclusion and reasons for recommendations

6.1 This paper summarises the Better Care Fund requirements for this year and sets out the East Sussex plans confirming their alignment with delivery of the wider transformation of the health and care system locally.

6.2 The Health and Wellbeing Board is asked to

1) Note the requirements for 2020/21 Better Care Fund

2) Approve the East Sussex Better Care Fund Plans for 2020/21 at appendix 1

3) Note the confirmation of funding requirements for 2021/22 with planning guidance to be issued in the coming months.

Mark Stainton
Director of Adult Social Care

Contact Officer: Sally Reed
Tel. No. 01273 481912
Email: sally.reed@eastsussex.gov.uk

Appendix 1: East Sussex Better Care Fund Schedule 2020/21

BACKGROUND DOCUMENTS

None

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Resources	Description	Lead Org	20/21Plan CCG	ESCC	Total
			£'000	£'000	£'000
East Sussex CCG	Minimum Contribtion	CCG	42,185		42,185
ESCC - Carers	ESCC	ESCC		694	694
ESCC - DFG	Disabled Facilties Grant	ESCC		7,160	7,160
ESCC - DFG	Disabled Facilties Grant - additional grant 12/20	ESCC		964	964
ESCC - IBCF	Improved Better Care Fund (includes Winter Pressures Grant)	ESCC		21,136	21,136
ESCC - IBCF	Improved Better Care Fund c/f	ESCC		1,452	1,452
ESCC- Winter Pressures	Winter Pressures Grant (now included in iBCF)	ESCC	-	-	-
Total Resources			**42,185**	**31,406**	**73,591**

Expenditure	Description	Lead Org	20/21Plan CCG	ESCC	Total
Protecting Adult Social Care	Protecting ASC services which benefit health	ESCC	5,904		5,904
	Protecting ASC, with a focus on discharge support	ESCC	4,585		4,585
	Protecting ASC - iBCF Funding including Winter Pressures Grant	ESCC		22,588	22,588
	Protecting ASC - Winter Pressures Grant	ESCC	-	-	-
Reablement	Community Bed Based Intermediate Care (MG)	ESCC	1,776	-	1,776
	Community Bed Based Intermediate Care (MG) Independent Sector	ESCC	154	-	154
	Joint Community Rehabilitation Services	ESCC	810	-	810
Carers	Carers Services - CCG funded	ESCC	3,523	-	3,523
	Carers Services - ESCC funded	ESCC	-	694	694
Disabled Facilities Grant	Disabled Facilities Grant	DCs/BCs	-	7,160	7,160
	Additional DFG Grant 12/20	???		964	964
Care Act	Care Act Implementation	ESCC	1,486	-	1,486
HWLH Community Schemes	Frailty	CCG	456	-	456
	Diabetes	CCG	1,127	-	1,127
	MIU - Lewes upgrade to UTC	CCG	450	-	450
	Intermediate Care Services	CCG	821	-	821
	IAPT	CCG	300	-	300
	Enhanced Care in Care Homes	CCG	1,100	-	1,100
	Dementia Services Guide (Golden Ticket)	CCG	800	-	800
EHS/HR Community Schemes	Enhanced HIT - scheme continuing	ESCC	188	-	188
	SCT Medicines Optimisation in Care Homes (ESBT)	CCG	487	-	487
	ESHT Community Programme	CCG	6,400	-	6,400
	HSCC Overnight Service	ESCC	150	-	150
	Consultant pharmacist in diabetes	CCG	70	-	70
	Dieticians	CCG	87	-	87
	Medicines Optimisation in LD Care Homes (ESBT)	CCG	90	-	90
	Home First Pathway 4	ESCC	1,000	-	1,000
Staffing	Staff - Programme and Project Support	ESCC	1,076	-	1,076
Other Programmes	Health and Social Care Connect	ESCC	946	-	946
	High Intensity User Service	ESCC	138	-	138
	Independent Domestic Voilence Advice	ESCC	25	-	25
	ICES Pooled Budget Contribution	ESCC	2,200	-	2,200
	VCS (including HH&R)	ESCC	4,358	-	4,358
Total Expenditure			**40,507**	**31,406**	**71,913**
Contingency			1,678	-	1,678

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East Sussex Health and Wellbeing Board Work Programme

Date of Meeting	Report
13 July 2021	East Sussex Health and Social Care Programme - update report
	Director of Public Health Annual report
	Healthy Weight Partnership
	Kendall Court
	Healthwatch Annual Report
30 September 2021	East Sussex Health and Social Care Programme - update report
	Safeguarding Adults Board (SAB) Annual Report 2019-20
	COVID-19 Sussex wide Voluntary Community Sector review
	Continuing Healthcare Report
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
1 March 2022	East Sussex Health and Social Care Programme - update 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

East Sussex Health and Wellbeing Board Work Programme

	Health and Social Care Bill