# EAST SUSSEX HEALTH AND WELLBEING BOARD

TUESDAY, 13 JULY 2021

2.30 PM COUNCIL CHAMBER, COUNTY HALL, LEWES

**++Please note that this meeting is taking place in person++**

| | |
|---|---|
| MEMBERSHIP - | Councillor Keith Glazier, East Sussex County Council (Chair)<br>Councillor Carl Maynard, East Sussex County Council<br>Councillor John Ungar, East Sussex County Council<br>Councillor Trevor Webb, East Sussex County Council<br>Councillor Philip Lunn, Wealden District Council<br>Councillor Paul Barnett, Hastings Borough Council<br>Louise Ansari, East Sussex Clinical Commissioning Group<br>Jessica Britton, East Sussex Clinical Commissioning Group<br>Dr David Warden, East Sussex Clinical Commissioning Group<br>Mark Stainton, Director of Adult Social Care<br>Stuart Gallimore, Director of Children's Services<br>Darrell Gale, Director of Public Health<br>John Routledge, Healthwatch East Sussex<br>Sarah MacDonald, NHS England South (South East)<br>Joanne Chadwick-Bell, East Sussex Healthcare NHS Trust<br>Siobhan Melia, Sussex Community NHS Trust<br>Samantha Allen, Sussex Partnership NHS Foundation Trust |
| INVITED OBSERVERS WITH SPEAKING RIGHTS | Councillor Rebecca Whippy, Eastbourne Borough Council<br>Councillor Zoe Nicholson, Lewes District Council<br>Councillor John Barnes MBE, Rother District Council<br>Becky Shaw, Chief Executive, ESCC<br>Mark Matthews, East Sussex Fire and Rescue Service<br>Katy Bourne, Sussex Police and Crime Commissioner<br>Geraldine Des Moulins, Voluntary and Community Sector representative |

A G E N D A

1 Minutes of meeting of Health and Wellbeing Board held on 2 March 2021 *(Pages 3 - 8)*

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 *(Pages 9 - 48)*

6 Healthwatch Annual Report 2020-21 *(Pages 49 - 70)*

7 Health and Wellbeing inequalities of residents at Kendal Court, Newhaven and

homeless people accommodated by Brighton and Hove City Council in temporary accommodation in East Sussex *(Pages 71 - 100)*

8 Improving Population Health - East Sussex Alcohol Strategy and Healthy Weight Partnership *(Pages 101 - 140)*

9 East Sussex Outbreak Control Plan *(Pages 141 - 248)*

10 Work programme *(Pages 249 - 250)*

11 Any other items previously notified under agenda item 4

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

5 July 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 2 March 2021.

++Please note that Members and Invited Observers joined the meeting remotely++

---

| | |
|---|---|
| MEMBERS PRESENT | Councillor Keith Glazier (Chair)<br>Councillor Carl Maynard, Councillor John Ungar, Councillor Trevor Webb, Councillor Rebecca Whippy, Louise Ansari, Dr David Warden (Deputy Chair), Mark Stainton, Stuart Gallimore, Darrell Gale, John Routledge, Ashley Scarff, Joanne Chadwick-Bell, Siobhan Melia and Samantha Allen |
| INVITED OBSERVERS PRESENT | Councillor Paul Barnett, Councillor Johnny Denis, Councillor John Barnes MBE, Becky Shaw, Geraldine Des Moulins and Mark Matthews |

32 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 8 DECEMBER 2021

32.1. The minutes of the meeting held on 8th December 2020 were agreed as a correct record.

33 APOLOGIES FOR ABSENCE

33.1. Apologies for absence were received from:

- Cllr Phillip Lunn
- Sarah MacDonald

33.2. The following substitutions were made:

- Ashley Scarff substituted for Jessica Britton
- Cllr Johnny Denis substituted for Cllr Zoe Nicholson.

33.3. The Board welcomed Geraldine Des Moulins as a new invited observer representing the community and voluntary sector.

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

34.1. There were no disclosures of interest.

35 URGENT ITEMS

35.1. There were no urgent items.

36 EAST SUSSEX HEALTH AND SOCIAL CARE PROGRAMME - UPDATE REPORT

36.1. The Board considered a report providing an update on the progress with implementing the revised integration programme and planning for 2021/22.

36.2. The Board asked whether the East Sussex Health and Social Care Plan (ESHSCP) outcomes framework would be reviewed and expanded in future.

36.3. Mark Stainton, Director of Adult Social Care, explained that a robust assurance framework is included as part of the ESHSCP and there are plans in the coming year to demonstrate that the ESHDCP is delivering these outcomes. A more detailed list of Key Performance Indicators (KPIs) will be developed to sit beneath that framework to provide additional assurance that the Plan is delivering improvements to health and wellbeing in East Sussex.

36.4. The Board asked what more can be done to reduce loneliness amongst the elderly, for example, through utilising active elderly volunteers.

36.5. Mark Stainton said the Public Health Team is currently examining the issue of loneliness with the support and input from a People Scrutiny Reference Group.

36.6. The Board asked about whether a workstream should be added to the ESHSCP on dementia and frailty.

36.7. Mark Stainton said that dementia and frailty are significant and important issues but would not benefit from a separate workstream as, due to the aging population, both are considered already as part of all ESHSCP workstreams and are a key element of the agreed target operating model between community health and social care services.

36.8. The Board asked whether it is possible to gain a clear understanding of the capacity and capability of the care home sector.

36.9. Mark Stainton agreed that understanding the status of the whole care market, including the self-funding care market, is important. The Care Act 2014 places a duty on local authorities to support and manage the care home market in overall terms, but the new White Paper sets out explicit requirements to build on and continue to maintain the capacity tracker system, which local authorities were required to develop during COVID-19. The tracker is designed to generate an understanding of the capacity and risk of the whole care home market within a local authority's boundaries and not just those care homes that have a contractual relationship with the council.

36.10. The Board asked how data will be shared between East Sussex County Council and the NHS as part of the ESHSCP, such as enabling a social worker who is assessing a client to have access to their patient health records.

36.11. Mark Stainton said that Single View was rolled out amongst community health and social care teams several month ago and this allows both community health and social care workers to check each other's records on an individual. Dr David Warden, East Sussex Clinical Commissioning Group (CCG) Chair, confirmed Summary Care records are already available to Health and Social Care staff and are uploaded from primary care records of patients.

36.12. The Board RESOLVED to:

1) Note the current stage of the implementation of the programme after the second wave of the pandemic; and

2) Note 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

37 EAST SUSSEX OUTBREAK CONTROL PLAN

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

37.2. The Board heard a verbal update from Darrell Gale, Director of Public Health, on the number of cases in East Sussex, and from Joe Chadwick-Bell, the Chief Executive of East Sussex Healthcare NHS Trust (ESHT), on the current impact of COVID-19 on the acute hospitals in East Sussex.

37.3. The Board asked if testing and tracing is still important despite the vaccine now becoming available.

37.4. Darrell Gale confirmed that testing and tracing people with COVID-19 was still absolutely vital. Particularly as the next phase of the pandemic will likely see a plateau in overall case rates that hides wild fluctuations across the county, as small outbreaks occur against the backdrop of few or no cases, particularly as schools return and become a potential source of outbreaks. In this scenario, testing people and tracing outbreaks early will help prevent outbreaks spreading.

37.5. The Director of Public Health reminded the Board that the country was still in lockdown and people were required to stay home or remain local if getting essential supplies. Despite this, the good weather, vaccine programme and road map out of lockdown was likely to change people's behaviour, particularly the working age, non-vaccinated people aged 20-45 who will inevitably end up transmitting the virus.

37.6. The Board asked whether the vaccine has impacted on hospital admissions.

37.7. Darrell Gale said it is difficult to see the effect of the vaccine on transmission, but it is clearly impacting on hospitalisations and deaths.

37.8. The Board asked why the workforce programme for Black, Asian and Minority Ethnic (BAME) communities was targeting BAME women who are pregnant.

37.9. Darrell Gale said pregnant BAME women were an example of intersectionality of multiple deprivation, i.e., they are a group who are at a higher risk from harm from COVID-19 for a number of reasons.

37.10. The Board asked about whether the British Army is still involved in rolling out the vaccines.

37.11. Siobhan Melia, Chief Executive of Sussex Community NHS Foundation Trust (SCFT) – the lead provider of the mass vaccination centres in Sussex – said the main issue in the beginning had been the vaccine supply, but this was due to the lack of supply coming off the production line not the ability to get it to the vaccine centres. The Army had provided early assistance in short bursts where there had been delays in getting sufficient staff, however, this was no longer an issue as SCFT and GP practices (for local vaccine centres) had sufficient numbers in place. SCFT has now organised 1,200 professionals and volunteers as of this week into the vaccine programme in the various vaccine centres in Sussex such as at Etchingham, Devonshire Quarter in Eastbourne, the Brighton Centre, Crawley and Chichester.

37.12. The Board RESOLVED to:

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

2) agree to receive a further report at its 13 July 2021 meeting on the development of the Plan; and

3) formally thank all professionals and all volunteers for their enormous efforts in rolling out the vaccine in East Sussex.

38 STRATEGIC OUTLINE CASE FOR THE BUILDING FOR OUR FUTURE PROGRAMME

38.1. The Board considered a report seeking endorsement of the Building for Our Future (BFF) Programme Strategic Outline Case.

38.2. The Board asked whether the hospital will be developed in a way to make it future proof.

38.3. Joe Chadwick-Bell said that the Building for our Future project involves East Sussex Healthcare NHS Trust (ESHT) understanding where it wants to be as an acute and community care provider in 10 years' time and developing a hospital that will enable that transformation. There is, however, a lot of transformation work to do before the hospital is built that cannot wait for the buildings to be finished, such as the cardiology and ophthalmology reconfigurations. The Trust will also continue to develop a separate five-year capital programme and will begin some transformational capital work through that process where possible rather than wait for the BFF funding.

38.4. Tracey Rose, Programme Director, added that the Trust has modelled demographic and non-demographic demand for healthcare up to 2035, after which point it becomes more difficult to model accurately. The Trust is also working with the New Hospital Programme's (NHP) national team to help ensure the hospitals have flexible design, which is part of the requirement. The Trust will also work with the other 40 hospital trusts receiving funding to see how they plan on developing their hospital sites. Any new hospital will need to be able to last 60 years.

38.5. The Board asked about the decision making process for signing off on the new hospital.

38.6. Tracey Rose said that ultimately the Treasury decides whether the Trust should get the funding, but prior to then ESHT will have to get assurance from NHP, NHS England and the Department for Health and Social Care. The Trust is aiming to submit its full business case to the Treasury by March 2023 and a decision is expected six months after that, however, it will depend on there being no further delays to the process.

38.7. The Board asked whether the development of the new hospitals will include developing centres of excellence for particular services, such as for frailty or older people.

38.8. Joe Chadwick-Bell said that the hospitals are already configured the way they are to make sure that resources and clinical expertise available to ESHT are focussed in specific areas where practicable. The exceptions to this are cardiology and ophthalmology, which have proposals for their future being developed in the coming months. The fact that the county has such an elderly population means that the care the hospitals provide is already built around older people and the frail, so it is not necessary to create a specialist hospital for older people.

38.9. The Board asked for confirmation that the building plans will include an Emergency Department (ED) that triages patients at the front door.

38.10. Joe Chadwick-Bell confirmed that the BFF includes an integrated Emergency Departments (ED) that will be able to provide people on arrival with the care they need in a

single place according to their need. There is also already Urgent Treatment Centres (UTCs) at the current EDs that will be replicated at the new hospitals.

38.11. The Board asked how much Bexhill Hospital will be developed, given the site's central location between Eastbourne and Hastings.

38.12. Joe Chadwick-Bell said Bexhill will be a rehabilitation centre containing both inpatient beds and community rehab services in recognition that not all rehab requires admission.

38.13. The Board asked whether en suite wards affect the loneliness of patients and asked how this may be managed.

38.14. Joe Chadwick-Bell said single rooms have risks but many advantages. ESHT is learning from other trusts with high numbers of single rooms, such as Pembury Hospital in Tunbridge Wells, to understand how staff need to be deployed differently than they are in dormitories, due to the different way of caring for patients. ESHT does have some single wards but they tend to be for infectious patients or patients needing end of life care and requiring more privacy. NHS England has indicated that the new hospitals will need to have a ratio of single to dorm wards of about 70:30 and the new hospitals will need to reflect this.

38.15. Tracey Rose added that the outline business case, which is the next step in the BFF programme, will seek the views of patients and the public on matters such as single wards and the issue of loneliness and will take these comments on board.

38.16. The Board RESOLVED to strongly endorse the Building for our Future Strategic Outline Case.

## 39 BETTER CARE FUND PLANS 2020/21

39.1. The Board considered a report providing a summary of the Better Care Fund (BCF) requirements for 2020/21 and seeking approval of the East Sussex BCF plans.

39.2. The Board asked whether it is possible to measure the impact of the adaptations made to people's homes through the Disabilities Funding Grant (DFG) on hospital admissions or home care provision.

39.3. Mark Stainton said he did not have that level of detail and the DFG is passported straight through to districts and boroughs to spend. The whole purpose, however, of the DFG is to manage, maintain and improve people's independence, so it certainly reduces the need for home care, even if it would not be possible to put a monetary figure on how much. Whilst it is difficult to track and measure, East Sussex County Council has its occupational therapists review a proposed adaptation to determine it is necessary and proper and will benefit a person's health and care needs.

39.4. The Board RESOLVED 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.

## 40 WORK PROGRAMME

40.1. The Board considered its work programme.

40.2. The Board asked for confirmation what the Kendall Court item related to and whether it could include information on other people placed in East Sussex from other counties.

40.3. Mark Stainton explained that Kendall Court is a housing unit in Newhaven comprising 50 bedsits and commissioned by Brighton & Hove City Council (BHCC) for placement of people who would otherwise be homeless in that city. He said the report will include a broader focus on the 300 or so people who are placed across the county in similar circumstances. The Chair assured the Board that the Adult Social Care Department is working with BHCC on the issue.

40.4. The Board asked whether it should spend more time looking at issues facing children and young people, including the implications of COVID-19 on their mental health and loneliness.

40.5. Stuart Gallimore, Director of Children's Services, reassured the Board that one of the five workstreams of the ESCHCP is for Children's and Young People and its progress is reported to the Board as part of the quarterly updates. The workstream includes work around Pathways for young people transitioning from the children's disability service to adult health and social care services. In addition, the BFF funding includes the development of ophthalmology services which will also benefit children and young people. He added that it is perhaps inevitable given the demographic of the county and the impact of COVID-19 that older people take up the majority of the agenda.

40.6. Sam Allen, Chief Executive of Sussex Partnership NHS Foundation Trust (SPFT) added that the Trust will assist children and young people with their mental health and wellbeing, especially now they are returning to school. The Chief Executive said that whilst it is important to want to respond to the anticipated impact that COVID-19 and the lockdown will have generated, it is also important not to over-medicalise the issue and children will be supported through existing networks to recover.

40.7. The Board asked for a future report on quantifiable indicators of the success of the ESHCP, and for health and social care indicators for all residents of East Sussex, not just those who are in the ESHCP footprint.

40.8. Mark Stainton said that these indicators and the health and care outcomes for people living in the whole of East Sussex should be incorporated into future ESHCP programme updates.

40.9. The Board RESOLVED to agree its work programme.

The meeting ended at 4.15 pm.

Councillor Keith Glazier (Chair)

| | |
|---|---|
| **Report to:** | **East Sussex Health and Wellbeing Board** |
| **Date of meeting:** | **13th July 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 planning for 2021/22 and the preparation for the implementation of NHS White Paper 'Integration and Innovation - working together to improve health and social care for all'.** |

**RECOMMENDATION**

**The Board is recommended to:**

1. **Note the key agreements reached to date to support our continued collaboration and implementation of the White Paper**

2. **Note the progress with our planning activity focussing on our partnership work and shared plans aimed at improving population health and delivering more integrated care.**

## 1. Background

1.1 Previous reports to the East Sussex Health and Wellbeing Board (HWB) have updated members on progress with integrated working between the local NHS, East Sussex County Council and wider partners in the District and Borough Councils and Voluntary, Community and Social Enterprise (VCSE) sector. This is delivered through our shared programme aimed at improving health and delivering new models of preventative and integrated care to help manage growing demand on NHS and care services, based on our population needs across children and adults of all ages.

1.2 Since the last HWB meeting in March, local NHS, social care and public health system business has continued to be focussed on supporting the management of the ongoing pandemic response and the risks and challenges around capacity, and restoration and recovery of services. This has included delivering the vaccinations programme, outbreak surveillance and supporting the discharge of patients from hospital and into onward care settings through the integrated commissioning and delivery of Home First pathways and Discharge to Assess that best meet the needs of our population and enable our hospitals to restore elective care capacity.

1.3 The report to the March HWB meeting noted the publication on 11th February of the Government's NHS White Paper *'Integration and Innovation: working together to improve health and social care for all'.* This comes ahead of a Health and Care Bill which will put Integrated Care Systems (ICSs) on a statutory footing in England by April 2022. This will represent the most significant reorganisation of the NHS since the Health and Social Care Act 2012.

1.4 The report to the last meeting also informed the HWB about our work to review and refresh our integration programme for 2021/22, to set out the next phase of our plans so that we can build on our journey and progress made to date and take into account:

- The potential implications for how we will work together as a system to address the NHS White Paper across the NHS and local Government, both in East Sussex and at a pan-Sussex level, to deliver our existing shared priorities and commitments for integration
- The learning and changes as a result of working together to deliver the emergency response to the COVID-19 pandemic
- The need to restore and recover NHS services, as well as continuing to manage the ongoing pandemic related work to protect the health of our communities

1.5 This report provides a summary of the key agreements reached to date to support our continued collaboration and implementation of the White Paper, and an update on progress with our planning activity focussing on our partnership work and shared plans aimed at improving population health and delivering more integrated care.

## 2. Supporting information

### *NHS White Paper and integration*

2.1 The report to the last HWB meeting described the aims and intentions of the White Paper to remove some of the barriers to integration within the NHS and also between the NHS and Local Government and wider partners, through setting out a range of specific changes to accelerate improvements that need primary legislation. This builds on policy and commitments previously set out by NHS England (NHSE) in the Five Year Forward View and the NHS Long Term Plan, and in *'Integrating Care: next steps to building strong and effective integrated care systems'* (NHS England and Improvement, November 2020).

2.2 A summary is contained in Appendix 1 as a reminder, and the Health and Social Care Bill is expected to be introduced early in the new Parliamentary session. This will enable ICSs to be put on a legislative footing in England by April 2022, through setting them up as corporate NHS bodies with a mandatory membership to commission healthcare services and thereby taking on the existing functions of Clinical Commissioning Groups. There is an expectation that NHS commissioners and NHS providers will work together more collaboratively, supported by payment reforms and a move away from competition rules.

2.3 This is not a comprehensive package of reforms and these proposals should be seen alongside wider reforms to Public Health, Mental Health and Social Care. There is still no clear timetable set by national Government for social care reform. The key areas of the NHS White Paper that explicitly relate to social care are:

- A new 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 new duty for the CQC to assess local authorities' delivery of their Adult Social Care services
- New requirements for the care market to share data on capacity
- A new legal framework for discharge to assess (D2A) to replace the existing legal requirement for all assessments to take place prior to discharge from hospital

2.4 The White Paper also sets out an expectation that the NHS will work with Local Government beyond the scope of integrated care to improve population health and address health

inequalities more broadly, for example across housing and other services that impact on the broader determinants of health. This will also be supported by local NHS organisations taking a more active role in supporting social and economic wellbeing, for example as Anchor Institutions, as well as joined up approaches with local authorities and their Public Health functions.

2.5 The White Paper envisages that Primary Care Networks (PCNs) will enable GPs to support delivery of improved population health, and to work in partnership with community health and social care services to ensure proactive wrap around care is provided to those who need it.

***Sussex Integrated Care System***

2.6 East Sussex Clinical Commissioning Group (CCG), East Sussex County Council (ESCC), East Sussex Healthcare NHS Trust (ESHT), Sussex Community NHS Foundation Trust (SCFT), Sussex Partnership NHS Foundation Trust (SPFT) are currently members of the Sussex Health and Care Partnership (SHCP), alongside and the upper tier and unitary Authorities, CGs and NHS Provider Trusts in West Sussex and Brighton and Hove. To date this has been a voluntary partnership arrangement.

2.7 The SHCP was formally awarded Integrated Care System (ICS) status in April 2020. The White Paper will establish ICSs covering the whole of England as being legally responsible for commissioning healthcare services for their populations by April 2022. There are no proposed changes to existing statutory responsibilities for Councils' social care and public health services, or the role of Health and Wellbeing Boards and Health Overview and Scrutiny Committees.

2.8 The White Paper acknowledges the strong role of place within ICSs. In Sussex the ICS is made up of three places aligned to upper tier Local Authority and Health and Wellbeing Board populations i.e. East Sussex, West Sussex and Brighton and Hove. In East Sussex this has been built around our existing place-based health and social care partnership arrangements.

2.9 Through aligning our place-based plans and supporting delivery through our health and social care partnership at place level, overall we are working towards our populations living for longer in good health and reducing the gap in healthy life expectancy between people living in the most and least disadvantaged communities.

2.10 In summary the White Paper includes the following specific legislative proposals to establish ICSs in law:

- Each statutory ICS will be made up of an ICS NHS Body and a separate wider ICS Health and Care Partnership, bringing together the NHS, Local Government and other partners. Partnerships at place level will support integration and develop plans across the health, public health, and social care system
- The ICS NHS body will be responsible for healthcare services and the day to day operation of the ICS. The ICS NHS Body will take the form of a single board for Sussex with officer level membership alongside appointed non-executive members.
- In the Sussex ICS this will be operationalised through the three place-based partnerships in East Sussex, West Sussex and Brighton and Hove
- A broader ICS Health and Care Partnership forum will bring together systems to consider wider Sussex matters. In Sussex it is suggested that this will include the Chairs of Health and Wellbeing Boards and Health Overview and Scrutiny Committees, the Chairs of NHS organisations, and Healthwatch and Voluntary and Community and Social Enterprise sector representation.
- Existing arrangements around the role of Health and Wellbeing Boards and Health Overview and Scrutiny Committees remain unchanged, and the partnership forum will not replace any of the independent and statutory roles that Councils have.

2.11 An independent Chair and Chief Executive will be formally appointed to the SHCP ICS ahead of the start of a shadow operating model planned for Autumn 2021. In order to meet the

new the requirements so far for East Sussex agreement has been reached that the following roles will sit on the ICS:

- The Director of Adult Social Care is nominated to represent the County Council on the shadow Sussex ICS NHS Board to represent the County Council's full range of interests
- The Chair of the Health and Wellbeing Board and the Chair of the Health Overview and Scrutiny Committee are nominated to represent the County Council at the meetings of the shadow Sussex ICS Health and Care Partnership Forum

2.12 These arrangements will support whole system collaboration and delivery, whilst enabling clear oversight and reporting to Councils as sovereign organisations who remain statutorily accountable and responsible for setting their priorities and budgets through existing organisational processes.

***Place and place-based partnerships***

2.13 The White Paper and the NHSE&I's *'Integrating Care'* have both underlined the important role of thriving place-based partnerships within ICSs. The key functions of place-based partnerships have been set out by the Kings Fund[1] as follows:

- Understanding and working with communities
- Joining up and coordinating services around people's needs
- Addressing social and economic factors that influence health and wellbeing
- Supporting the quality and sustainability of local services

2.14 In East Sussex we have well-established place-based Health and Social Care Partnership arrangements between East Sussex CCG, ESCC, ESHT, SCFT, SPFT and representation from PCNs, District and Borough Councils and Voluntary, Community, Social Enterprise (VCSE) partners, with oversight and accountability to the East Sussex Health and Wellbeing Board for our system working.

2.15 In the context of the White Paper and plans for our ICS to begin a shadow operating model in the Autumn, leadership discussions have taken place at both ICS and place level to agree the approach to further developing our East Sussex Health and Social Care Partnership. This includes identifying the next steps needed in-year to strengthen the way we work together as a system, building on our progress made to date. As a result, proposals have been developed covering:

- Our shared principles that will support our place level collaboration and the way our teams work together on the ground, and the key actions in 2021/22 that will develop this further
- A clear focus on addressing health inequalities as part of our transformation programme across children and young people, mental health, community, urgent care and planned care informed by our summary update of population needs produced in November 2020.

2.16 The draft proposal included in Appendix 2 brings together the outcomes of recent ICS level discussions about the role of place, with the principles and supporting actions we have agreed will help strengthen our place-based partnership in preparation for April 2022.

2.17 It is intended that we make further progress by the end of quarter 2 on the actions outlined in section 4.4 of Appendix 2. This will inform the further work needed to ensure readiness for April 2022 and our roadmap for 2022/23, across the following key elements of our integrated working:

- Strategic planning and making the best use of our collective resources for our population

[1] Developing place-based partnerships, the foundation of effective integrated care systems (The Kings Fund, April 2021)

- Our collaboration on the ground to deliver prevention and early intervention and increased experience of joined up and response personalised care
- Our shared priorities for in-year service transformation covering children and young people, mental health, community, urgent care and planned care, ensuring a clear focus on reducing health inequalities and delivering joined up, personalised care
- Supporting broader partnership working with District and Borough Councils and voluntary and community and social enterprise (VCSE) services that impact on social and economic wellbeing and the wider determinants of health.

2.18 We will also work with the ICS more broadly to ensure that any future communication and engagement plans for the Sussex ICS includes the specific work relating to the population of East Sussex and our diverse communities.

***Transformation programme shared priorities in 2021/22***

2.19 As part of planning for 2021/22 our East Sussex Health and Social Care Executive Group agreed to review our shared priorities across our transformation programme covering children and young people, mental health, community, urgent care and planned care, to support and inform programme planning, objective and KPI setting.

2.20 Meetings of the five Oversight Boards have been taking place to further progress and finalise shared programme priorities, including ensuring a clear focus on opportunities to reduce health inequalities and increase levels of personalised and integrated care as well as prevention and early intervention. A key next step will be to set programme metrics and KPIs to enable progress and impact to be monitored.

2.21 The shared local priorities have also been fed into the draft delivery plan that forms part of the Sussex ICS response to the 2021/22 NHS Planning Guidance. This will enable planning for Sussex-wide core ICS delivery and recovery of services to be aligned with local place-based priorities for transformation and partnership work on social care, housing, population health and wellbeing and reducing health inequalities where appropriate and helpful.

***Strengthening the way we work together in our communities***

2.22 Work has also been progressed by our East Sussex Health and Social Care System Partnership Board to agree a 'working draft' Strategic Development Framework to help us strengthen the way we coordinate our wider partnership work aimed at improving health and addressing health inequalities in East Sussex, across the full range of health and care services that contribute. The draft framework included in Appendix 3 complements existing work undertaken by our organisations and sets out our shared strategic actions on:

- The main physiological causes of premature death in our population and the overall prevalence of disease
- Promoting change to healthy behaviours
- The wider determinants of health and supporting broader social and economic wellbeing in our communities
- Cross-cutting actions to further improve our capability to support our delivery at place level

2.23 Our System Partnership Board will oversee delivery of the framework in the following months and will report back to the HWB on progress. Work is already in train across a number of areas, including setting out a baseline and our approach to reporting on progress with reducing gaps in life expectancy and healthy life expectancy in East Sussex.

## 3. Conclusion and reasons for recommendations

3.1 Through our history of partnership working in East Sussex we have strong foundations in place to take forward increased integration of commissioning and delivery of services for the

population of East Sussex. Responding to the pandemic during 2020/21 has also changed the way we work together as a health and social care system and has accelerated our integrated working.

3.2 Legislation set out in the forthcoming Health and Care Bill will significantly change the way we work together as a health and social care system to commission and deliver integrated care and improve the health of our population. Our shared development plans for our East Sussex Health and Social Care Partnership, and our refreshed transformation programme, will ensure we continue to work together to deliver our long term aim of improved health and integrated care for our population.

3.3 This will also support the Sussex-wide work to prepare for ICSs being put on legal footing by April 2022, and the intention to put in place a shadow ICS operating model in the Autumn, as well as delivery of ICS plans and priorities to make an effective contribution to the restoration and recovery of health services in 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

Appendices

Appendix 1 NHS White Paper Summary
Appendix 2 East Sussex Health and Social Care Partnership Development proposals
Appendix 3 Draft Strategic Development Framework: Strengthening the way we work together in our communities

**Integration and innovation – NHS White Paper Health and Social Care Bill**

The NHS White Paper *Integration and Innovation: working together to improve health and social care for all'* was published on 11th February 2021. It builds on the policies set out in the NHS Long Term Plan and *'Integrating Care: next steps to building strong and effective integrated care systems'* published by NHS England and Improvement on 26th November 2020. The White Paper forms the basis for a Health and Care Bill that will go through Parliament later this year with the intention of becoming law by April 2022. The Government has explained that it is not intended as a comprehensive package of reforms and should be seen alongside broader reforms to Social Care (as yet still awaited), Public Health and Mental Health.

The NHS 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. It proposes putting Integrated Care Systems (ICSs) on a legislative footing to take on the healthcare commissioning functions of Clinical Commissioning Groups in England from April 2022. An ICS NHS Body will be created with a unitary board, and this will be directly accountable for NHS spend and performance, and securing the provision of health services to meet patients' needs.

The proposals in the White Paper recognise the need for two forms of integration: integration within the NHS to remove cumbersome barriers to collaboration and to make working together across the NHS an organising principle and moving away from competition; and integration between the NHS and others, principally local authorities, to deliver improved outcomes to health and wellbeing for local people. In line with the latter a wider ICS Health and Care Partnership will have responsibility for developing a plan that addresses the broader health, public health, and social care needs of the system.

Legislation and arrangements relating to ICSs are intended to complement and build on existing place-based structures for integration between the NHS and social care, such as Health and Wellbeing Boards, Health Overview and Scrutiny Committees, the Better Care Fund and existing powers to create pooled budgets. It recognises the need for a population focussed approach 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.

The White Paper also proposes changes to NHS-related 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, as outlined below:

- 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.
- Proposals also allow for ministerial intervention in service reconfigurations at any point of the reconfiguration process, as well as removing the current local authority referral process to avoid creating any conflicts of interest, statutory guidance on how the process will work is to follow.
- A new duty for the CQC to assess local authorities' delivery of their adult social care duties, with the aim of reducing variation in the quality of care.
- Formally embedding in legislation the 'Discharge to Assess' approach to discharging people from hospital. This builds on the good practice approach to discharge

developed in East Sussex through 'Home First', and the principle of assessing people's onward care needs in their own home or in residential and nursing care environments focussed on supporting independence. This approach was further embedded during the COVID-19 pandemic, to support the requirements set out in the Hospital Discharge Service: Policy & Operating Model, published in 2020 in response to the pandemic.

- The Department of Health and Social Care (DHSC) has recognised the value of social care data during the pandemic, and in particular the challenges faced in accessing comprehensive and accurate data from independent sector providers. The White Paper proposals set out plans for data to be collected through provider systems and existing data sets. Further clarify will be required to understand how this will work in practice and to what extent this will be able to 'reduce reporting burdens'.

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 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.

This page is intentionally left blank

**East Sussex Health and Care Partnership**
**DRAFT Development in 2021/22**

## 1. Introduction

1.1 Our East Sussex Health and Care Partnership is an informal place-based partnership arrangement, bringing together East Sussex Clinical Commissioning Group (CCG), East Sussex County Council (ESCC), East Sussex Healthcare NHS Trust (ESHT), Sussex Community NHS Foundation Trust (SCFT) and Sussex Partnership NHS Foundation Trust (SPFT).

1.2 Our system partnership governance includes the East Sussex Health and Social Care Executive Group and supporting Oversight Boards, and our Primary Care Networks have a collective voice at all of these meetings. Our Health and Social Care System Partnership Board brings together our health and social care system with representatives of our District and Borough Council and Voluntary, Community and Social Enterprise (VCSE) partners, with accountability to our East Sussex Health and Wellbeing Board.

1.3 In addition to having a lead role in our East Sussex system, our organisations are each 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.

1.4 Our strategic place based planning in East Sussex is taking place in the context of our Sussex Integrated Care System (ICS) developments and our preparation for the implementation of the NHS Integration White Paper[1], including the proposals for putting Integrated Care Systems on a legal footing by April 2022.

1.5 Building on our journey and achievements to date, this paper sets out proposals for further strengthening our East Sussex place-based partnership in this transitional year covering:

- The aim and purpose of our partnership and the principles that underpin the way we collaborate
- The next steps during 2021/22 to further develop our partnership in preparation for April 2022

## 2. The role of place

2.1 Our Sussex ICS is a way of bringing together all organisations in our health and care system to join forces, so we are better able to improve the health of our populations and offer well-coordinated efficient services to those who need them. A self-regulating body, the ICS will do this through taking responsibility for collaborating and holding ourselves to account to ensure effective commissioning and delivery of health and social care for the population, within available resources.

2.2 In Sussex it has been agreed that the ICS will be operationalised through the three existing place based partnerships in East Sussex, West Sussex and Brighton and Hove. This is where

[1] *Integration and Innovation: working together to improve health and social care for all'* (February 2021)

public health, community health, mental health, social care, primary care and hospital based services work together to identify priorities and set the strategy for the commissioning and delivery of integrated health, social care and wellbeing outcomes for their populations.

2.3 There are also three pan-Sussex collaborative networks covering acute care, primary and community care and mental health. These ICS-wide networks will focus on improving services where there are benefits to be achieved through working together at scale, and they are supported by specific programmes of transformation.

2.4 The White Paper and the NHSE&I's *'Integrating Care'* have both underlined the important role of thriving place-based partnerships within ICSs. The key functions of place-based partnerships have been set out by the Kings Fund[2] as follows:

- Understanding and working with communities
- Joining up and coordinating services around people's needs
- Addressing social and economic factors that influence health and wellbeing
- Supporting the quality and sustainability of local services

2.5 To carry out the role of place set out in the White Paper effectively, it has recently been agreed through Sussex ICS leadership discussions that the focus of place based partnership plans will be on the coordination and delivery of the following:

- Operational issues and pressures
- Population health management using public health principles
- Health inequalities
- Transformation of clinical pathways and health and care service models
- Primary care
- Priorities for social care and housing, and other services related to delivering outcomes for our community

2.6 Improving population health will be central to the role of the place based partnerships, with Directors of Public Health having a lead role in coordinating and leading partnership plans across the range of services and activity that support this. This will inevitably be subject to capacity due to the ongoing need to manage the pandemic this year. Each place-based partnership will report to both the Health and Wellbeing Board and the ICS NHS Board.

2.7 In East Sussex, our plans will set out how our place-based partnership arrangements can be strengthened by April 2022, in line with the expectations set out in the White Paper and our shared priorities. In summary this will cover our next steps in relation to:

- Integrated strategic planning to make the best use of our collective resources for our population
- Increased levels of collaboration on the ground to deliver prevention and early intervention and increased experience of joined up and responsive personalised care
- Supporting broader partnership working with District and Borough Council and voluntary, community and social enterprise (VCSE) sector partners, on housing and other services that impact on the wider determinants of health and wellbeing.

[2] *Developing place-based partnerships, the foundation of effective integrated care systems (The Kings Fund, April 2021)*

- Our shared priorities for transforming services through our integration programme covering children and young people, mental health, community, urgent care and planned care, ensuring a clear focus on health inequalities

## 3. Our shared aims and principles

3.1 The key aim we share across all of our organisations in East Sussex is to improve the health and wellbeing of local people and reduce health inequalities in our population, through delivering more integrated and personalised care, and an enhanced focus on prevention, early intervention and re-ablement after episodes of ill-health.

3.2 Our Health and Care Partnership supports greater levels of collaboration between our organisations to support better planning and deployment of our collective resources. It provides the framework for all commissioners and providers of health, care and support in East Sussex to come together to plan, organise and deliver services at the right scope and scale required to deliver our shared outcomes of improved population health and wellbeing, improved quality and experience of care, and more sustainability overall.

3.3 The following principles underpin the way we will support our teams to collaborate to deliver our shared aim:

- Engagement with communities, including VCSE partners and local people to help improve and maintain people's health, mental health and wellbeing
- A clear focus on reducing health inequalities in everything that we do
- More responsive and personalised experience of care - including personalised care and support planning, shared decision-making and support with self-management - that anticipates and proactively minimises care needs and works with people's strengths to put them in control
- Wrap around care that enables people to stay in their own homes and communities, including care at the end of life
- The ongoing recovery of our health and social care services as we continue to move through the COVID-19 pandemic
- Effective and timely secondary care when this is required through streamlined and consistent pathways into and out of hospital care when this is needed, and early discharge with rehabilitation and reablement where this is needed
- Using evidence to support decision making, including appropriate data sharing arrangements to support robust business intelligence and cases for change, as well as ensuring all of our shared plans our based on good practice and a clear understanding our population's health and care needs.

## 4. Our approach in East Sussex

4.1 Our recent history of integrated working provides a strong foundation for developing our health and care partnership. Our East Sussex Health and Social Care Partnership undertook an early review[3] to consider how we can build on our journey to date, and what has been delivered so far, to further develop our partnership in 2021/22 and the next phase of our system working.

4.2 Our work on our shared priorities for health and social care is taken forward through our service transformation programme which drives our work together as a system through setting out our agreed service developments that we want to deliver in the next 12 – 18 months. Informed by

[3] More information about the initial stocktake and review can be found here

local population health and care needs, and shaped by and aligned with the NHS Long Term Plan commitments and planning guidance, the programme sets out the key changes we need to make to meet the health and social care needs of our population in the future, and how we anticipate doing this across:

- Children and young people
- Mental health
- Community
- Urgent care
- Planned care

4.3 We have recently reviewed and refreshed each programme to ensure we have taken account of the recent learning as a result of delivering the Pandemic response, as well our work to restore and recover services this year. This has included ensuring that opportunities to address health inequalities in our population are built in across the programmes wherever possible, in addition to existing cross-cutting themes of prevention, early intervention and personalised care and support. The is informed by the summary update of population needs undertaken in November 2020, and is part of a range of work designed to impact and measure reductions in health inequalities in our population.

4.4 In addition, through local discussions we have identified the following practical next steps to further develop our place partnership in preparation for April 2022:

| Area | Actions |
|---|---|
| Shared priorities for service transformation | • Finalise our refreshed shared transformation priorities in line with the NHS Planning Guidance for 2021/22, and a clear focus on actions to reduce health inequalities based on our summary update of population health needs.<br>• Based on this set programme metrics and KPIs to enable progress and impacts to be monitored, and resume delivery |
| Health and wellbeing and reducing health inequalities | • Agree the strategic development framework to support the way we coordinate our wider integrated working in our communities in East Sussex to support population health and wellbeing and reduce health inequalities, across the full range of local government and Voluntary Community and Social Enterprise (VCSE) sector services and support that impact on the broader determinants of health |
| System financial plan | • Set out the underpinning place-based financial framework for our system and link this with our transformation programme to support increased grip on delivery<br>• Begin monthly reporting of system finances at place level |
| Increasing our capability and capacity to support | • Coordinate a system-wide self-assessment exercise using recognised good practice to assess our strengths, weaknesses, opportunities and challenges for the way we undertake our planning and delivery together as a place-based system, in the context of our wider ICS, and identify and |

| | |
|---|---|
| successful delivery of our aims and objectives | agree the next phase of actions to strengthen our partnership. It is proposed that we use the recent Kings Fund publication to do this, as well as expectations in the ICS design guidance and implementation as it relates to place partnerships.<br><br>• Review our initial analysis of our functions at place level across transformation, delivery, assurance and planning in light of the latest guidance, good practice and expectations about the role of place in supporting ICS implementation |

4.5 This initial high level work programme is designed to help us establish the consensus we need across our system at place level to agree the next phase of our work as a system at place level. We expect to have made significant progress on these initial actions by the end of quarter 2, to inform phasing of plans and next steps in the second half of 2021/22.

## 4 Outcomes

4.1 The overall outcome of our planning process is to reconfirm our shared future long term vision for health and care collaboration in East Sussex, together with consensus about realistic and appropriate development plans, and ownership of what the milestones and next steps look like for 2022/23.

4.2 This will enable senior leaders to take forward the further dialogue necessary to develop the shared understanding and collective consensus needed, to support future agreements and decisions in the following ways:

- Across our system with our staff and key stakeholders
- Within organisations with Elected Members, Trust Board and Governing Body Members to ensure understanding, ownership and buy-in to our plans
- With members of the Health and Wellbeing Board in its role of system oversight
- At shadow ICS NHS Board and Partnership level to ensure alignment with ICS plans and collaborative programmes.

Draft: v2 16/06/2021
Author: Vicky Smith

This page is intentionally left blank

*Work in progress*

# Strengthening the way we work together in our communities

## DRAFT Strategic Development Framework 2021/22

## East Sussex Health and Social Care System Partnership Board
## 11th June 2021

# Contents

## Background





## Strategic Development Framework – aims and objectives



## Appendices

# Shared East Sussex Outcomes




**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<br>• People are able to live well<br>• People age well<br>• People have a good end of life |
| Reduce health inequalities for local people | • The gap in health outcomes is improved |

East Sussex County Council

NHS

# Sussex Vision 2025

| Our Outcomes | Measured by |
|---|---|
| People will live more years in good health | Healthy and disability-free life expectancy at birth and at age 65 |
| The gap in healthy life expectancy between people living in the most and least disadvantaged communities of Sussex will be reduced | Inequality in healthy life expectancy at birth |
| People's experience of using services will be better. Our staff will be working in a way that really makes the most of their dedication, skills and professionalism | Access to health and care, quality of care, and experience of health and care |
| The cost of care will have been made affordable and sustainable | Cost per capita of health and care |

# East Sussex Key Population Data & Indicators

| Key Population Data | Key Metrics |
|---|---|
| • The population is predicted to grow by around 19,000 people between 2020 and 2024 to around 580,000 with over 50% of the increase in people aged 65 and older<br>• Ageing population: 2nd highest proportion of over 85-year olds in England . Over 65's unevenly distributed around the county. 20% of Hastings population over 65 compared to 31.2% in Rother<br>• Of the 8% describing themselves as being from a BAME group, other white is the largest single category at 4.4%.<br>• Life expectancy (LE) for both men and women is 0.7 years longer than England average but this masks significant variation within the county<br>• LE for people living in the most deprived quintile in each district and borough is below England average: 7 years lower in Hastings males, 2.5 years for both sexes in Eastbourne, and 1-2 years in Rother.<br>• Most people 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<br>• 732 fewer men and 532 fewer women would have died between 2015 and 2017 if the mortality rate in the most deprived areas was the same as least deprived areas | • Overall the biggest causes of inequality in life expectancy are circulatory disease, cancer, respiratory disease and digestive disease, much of which is preventable or modifiable.<br>• Causes vary by district and borough: external causes (injury, poisoning and suicide) is the biggest contributor to inequality in male LE in Hastings.<br>• 13% of the population estimated to have undiagnosed hypertension<br>• Almost 300,000 adults are estimated to be overweight or obese (63% overall – ranging from 59% in Lewes to 66% in Eastbourne)<br>• The no of people living with LTCs is estimated to increase by 20,700 from 160,300 in 2018 to 181,000 by 2028<br>• 6% of children live-in low-income families and 13% of older people live in poverty<br>• Children and young people's mental health is significantly worse than England.<br>• Educational achievement is variable across the county and absences and exclusion from school is above the England average.<br>• The suicide rate is higher than England.<br>• Dementia is the leading cause of death for women in the county and 1 in 3 cases of dementia could be prevented through lifestyle and social changes |

East Sussex Health and Social Care System Partnership Board

# East Sussex: achievements in 2020/21

- ✓ **An existing health inequalities programme established in 2014 to target the eight most deprived wards in the county**. The Healthy Hastings and Rother programme delivers a broad range of commissioned projects co-designed with partners aimed at reducing health inequalities by improving the health and wellbeing of people in most disadvantaged communities.

- ✓ Statutory and voluntary sector partners have worked together to **ensure that people affected by the pandemic who need extra support to cope, including people registered as clinically extremely vulnerable** to coronavirus get the help they need such as help shopping for food and essentials.

- ✓ Supported the development of the **Rough Sleepers Initiative (RSI) and multi-disciplinary team** to improve access to health care and delivered the national 'Care and Protect' model to make sure we can care for people with symptoms and provide the greatest level of protection for those at the highest risk, including mobile dental outreach.

- ✓ Free, confidential support and advice available through our **East Sussex Welfare Benefits Helpline** for people who are facing financial difficulty, struggling to pay bills or concerned about growing debt, whether this is due to the Covid-19 pandemic or otherwise.

- ✓ Strong progress with the roll out of **Mental Health Support Teams** to enable access to mental health and emotional wellbeing for school pupils, so far covering 45 schools and 24,000 pupils

- ✓ Joint working between the acute hospitals and voluntary and community sector organisations to enable support from local volunteers **to extend the Hastings HEART to current hospital discharge pathways into the community** and take pressure off health and care systems.

- ✓ **Completed the first phase of a hospital discharge wellbeing checks pilot commissioned from Healthwatch East Sussex.** 1,441 follow-up wellbeing checks were completed in a four-month period identifying people who needed additional support need and providing signposting to appropriate health, care and community organisations.

**Key highlights:**

- ❖ Development of COVID-19 community hubs in each district and borough to ensure that no one is left without support.
- ❖ Secured £3,208,194 in annual benefit payments for people from April to December 2020 with 75% of people living in the most deprived wards in the county and 79% of people surveyed reporting improved mental wellbeing.

- ✓ Worked collaboratively with the Police and Crime Commissioner, East Sussex Healthcare Trust and CGL to **fund a hospital-based Independent Adviser for Domestic violence and Abuse since September 2020.**
- ✓ Adapted the **parenting support programme delivery model in response to the pandemic and extended its reach to support parents across East Sussex.**
- ✓ **Developed a scheme for GP practices to deliver health checks to BAME patients, those with a serious mental illness or learning disability, and current smokers.**
- ✓ Supported a **range of programmes led by system partners which aim to address the wider determinants of health**. For example CHART (Connecting Hastings and Rother Together) which aims to stimulate local economic growth and improve employability skills and job opportunities, and the Hastings Opportunity Area which is focused on improving social mobility amongst young people and protecting their emotional wellbeing and mental health.

# Priorities in 2021/22 – slide 1/2

- East Sussex Health and Care Partnership is developing its roadmap for integration which incorporates a refreshed focus on how we approach health and wellbeing and health inequalities in our work, and working together to further develop and deliver our agreed shared outcomes.
- We have committed to strengthening the way we work in East Sussex to promote more integrated working across the health and social care system and the full range of services that impact on the broader determinants of health, including housing, employment, welfare, transport, environment and leisure and voluntary, community and social enterprise sector (VCSE) services and support, through:
  - *Coordinated and integrated models of personalised care and support, 'wrapped around' high risk vulnerable people who have long term conditions and complex care needs*
  - *Developing a more targeted approach to populations to enable more anticipatory, preventative models of care to impact on health inequalities in the medium term*
  - *Supporting broader social and economic development in our diverse communities in the long term*
- We will develop and deliver this agenda in collaboration with local people and our key partners, to support prevention and promote health wellbeing in communities in East Sussex.

# Priorities in 2021/22 - slide 2/2

**Areas of focus in 2021/22 will include:**

- Developing a sustainable model for community hubs (developing partnership approaches to community wellbeing)
- Social isolation, and developing a systems approach to tackling loneliness and social isolation
- Supporting ICS-wide programmes and working with primary care to ensure prevention, early identification and management of risk factors to reduce inequalities (and tackle the inverse care law)
- Developing a longer term vision of adopting a whole systems approach to changing life opportunities and expectations for our population.

**Other current developments that support this agenda:**

- Learning from the Making it Happen programme and our asset based approach to working with communities
- Learning from the Healthy Hastings and Rother programme to target areas of deprivation and health inequalities in other parts of the county
- Extending the reach of the vaccination programme and continuing to promote vaccine take up within BAME communities
- Further developing the East Sussex social prescribing model
- Multi-agency partnership working to improve health outcomes and reduce health inequalities for example Project Adder, which over the next three years in Hastings aims to achieve a reduction in drug related deaths, a reduction in drug related offending and a reduction in drug use

# The role of systems in the three main causes of health inequalities

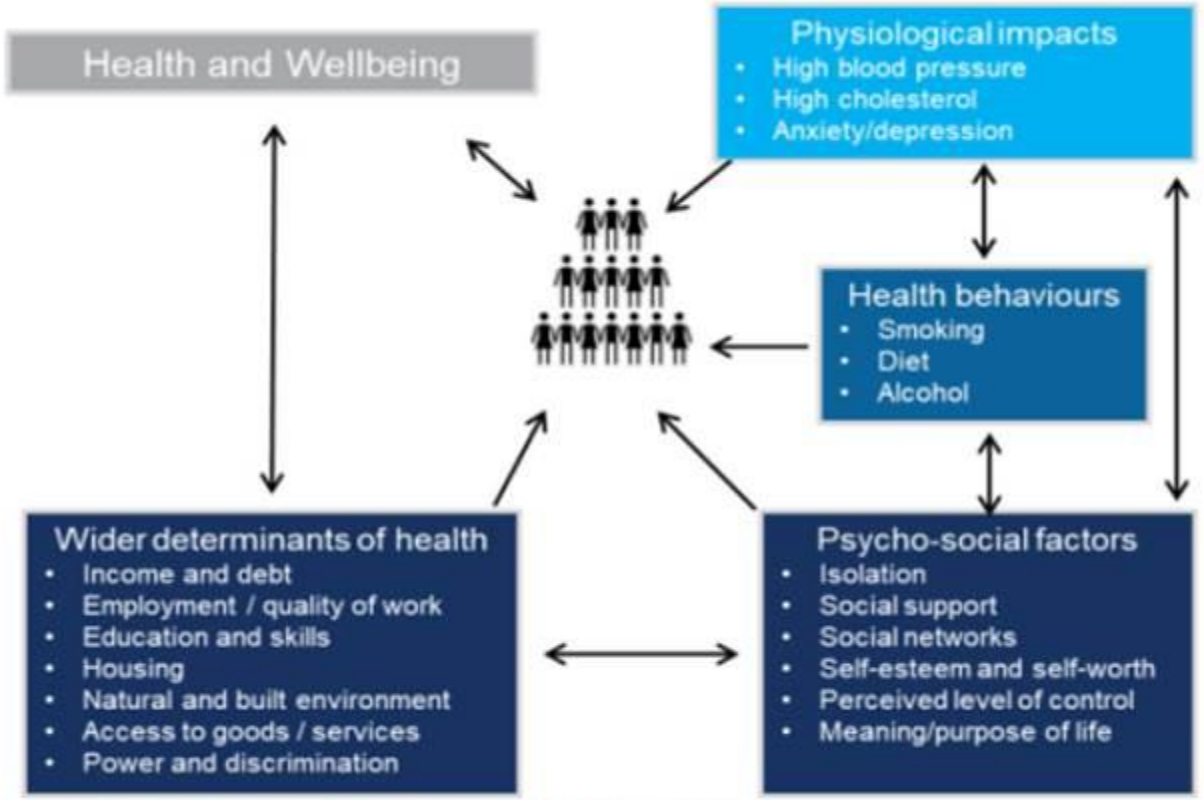


Figure 4. System map of the causes of health inequalities.

The causes of health inequalities can be grouped into three main causes (the Labonte model):

- Physiological
- Health behaviours
- Psycho-social factors and wider determinants of health

This gives you three main areas of partnership action and ways of thinking about interventions required at each level from a systems perspective.

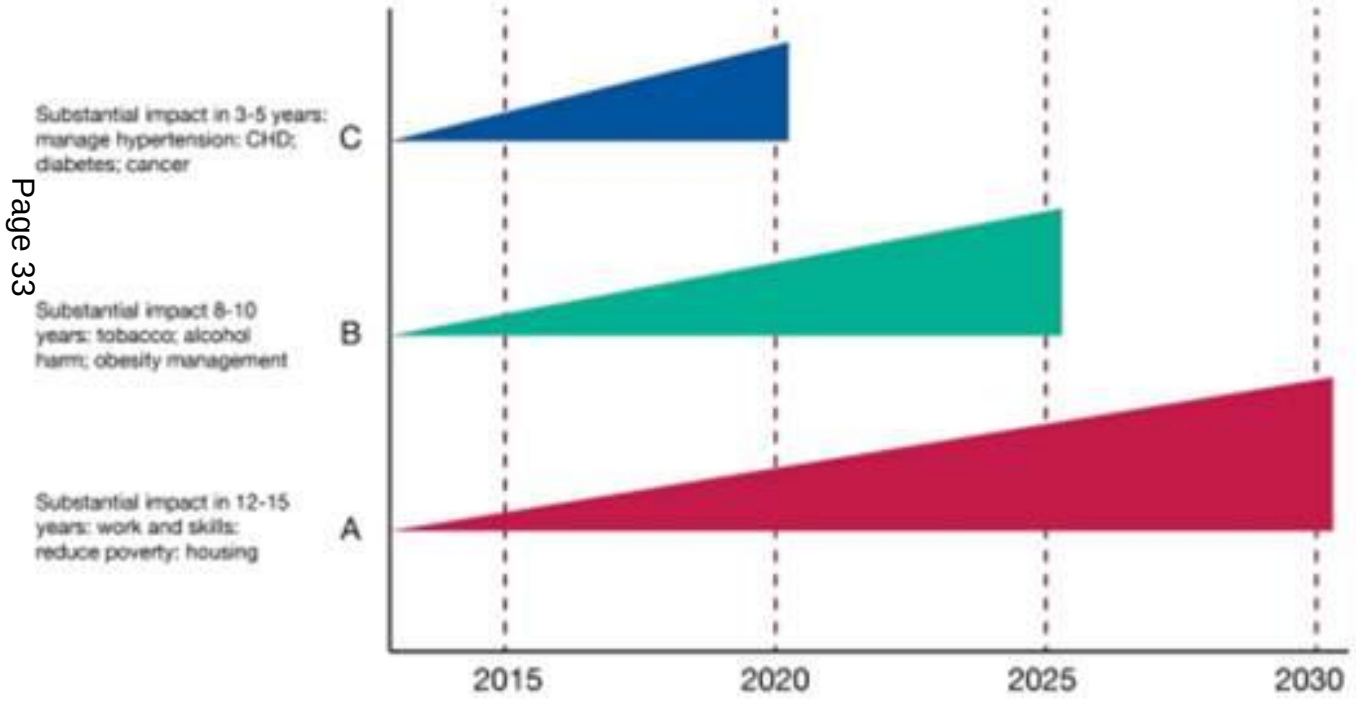
The model moves from the very individual (physiological impacts) through to actions that impact on whole groups and segments within populations.

Different stakeholders have influence at different levels, and we need to increase our collective capability to have an impact at all three levels.

Individuals may experience challenges with all three causes of health inequality. For example some people might need support with the darker boxes to tackle physiological risk factors through personalised and coordinated care approaches that link them to wider sources of support in communities, and housing and employment opportunities.

# Improving outcomes

**Figure 3: Time needed to deliver outcomes from different intervention types**




The time it takes to see a measurable impact is different across each of the three types of partnership interventions.

Medical interventions to reduce physiological causes of ill health can have an impact on increasing life expectancy in a small number of years.

Interventions related to psychosocial factors and the wider determinants of health will make a difference to people's wellbeing in the short term as well as produce long term improvements in overall population health.

# Strategic Development Framework

East Sussex County Council

| | |
|---|---|
| **Ambitions** | • **Improve and protect mental and physical health and wellbeing for local people**<br>• **Reduce health inequalities for local people** |
| **Aims** | • **Strengthen the way we work together in our communities in East Sussex to improve health and wellbeing and reduce health inequalities** |

| | Objectives | Role and purpose of East Sussex Health and Care Partnership |
|---|---|---|
| 1 | Address the physiological causes of ill health to prevent premature death and the overall prevalence of disease | • In-depth **understanding of our local communities** – needs, assets and a focus on health inequalities, including oversight of key indicators to ensure actions reduce health inequalities, including access to services<br>• New approaches to **working in partnership**, including working with VCSE organisations in reaching out to disadvantaged groups<br>• **Coordinating high quality service delivery across multiple agencies**; community and acute providers, PCNs, social care providers, housing, employment and welfare services<br>• **Transformation** – agreeing the strategic vision in partnership with communities, including **new models of support** which promote wellbeing, deliver high quality care and support prevention<br>• **Mobilising** the local community and **building leadership capacity**<br>• **Understanding and making use of local assets** to improve population health<br>• **Enabling local organisations to use their resources** to support health and socio-economic development (e.g. anchor institutions) |
| 2 | Support individuals and populations to adopt healthy behaviours | |
| 3 | Address psychosocial factors and the wider determinants of health in our communities | |
| 4 | Further developing our capability as a system | |

# Objective 1: Address the physiological causes of ill health to prevent premature death and the overall prevalence of disease

| Action | 2021/22 | | | |
|---|---|---|---|---|
| | Q1 | Q2 | Q3 | Q4 |
| Implement shared ICS and East Sussex place actions on the main causes of reduced Life Expectancy and reduced Healthy Life Expectancy:<br><br>• Circulatory disease<br>• Cancer<br>• Respiratory disease<br>• Digestive disease | Restart East Sussex Cancer Action Group and agree priorities<br><br>Ensure a focus on the physical health of<br>• People with Mental Health problems<br>• People with Learning Disabilities | Establish East Sussex NHS health checks steering group | Implementation and monitoring | Implementation and monitoring |
| Ensure our programme of shared service transformation priorities builds in appropriate opportunities to reduce health inequalities as part of pathway and service redesign | Review and refresh our shared transformation priorities across the five programmes | Review opportunities to impact on health inequalities<br>Agree measures and KPIs<br>Begin implementation | Implementation and monitoring | Implementation<br><br>Review and refresh priorities for 20222/23 |

# Objective 2: Support individuals and populations to adopt healthy behaviours

| Action | 2021/22 | | | |
|---|---|---|---|---|
| | Q1 | Q2 | Q3 | Q4 |
| Alcohol harm reduction plan | Take refreshed plan to the HWB for endorsement | Implementation | Implementation | Implementation |
| Healthy Weight Plan | Take refreshed plan to the HWB for endorsement | Implementation<br><br>Agree indicators to monitor impact on inequalities | Implementation | Implementation |
| Tobacco | | Begin development of multi-agency East Sussex tobacco strategy | Use CLeaR improvement tool to review local system with stakeholders, identify gaps and make recommendations | Complete multi-agency strategy development and begin implementation |

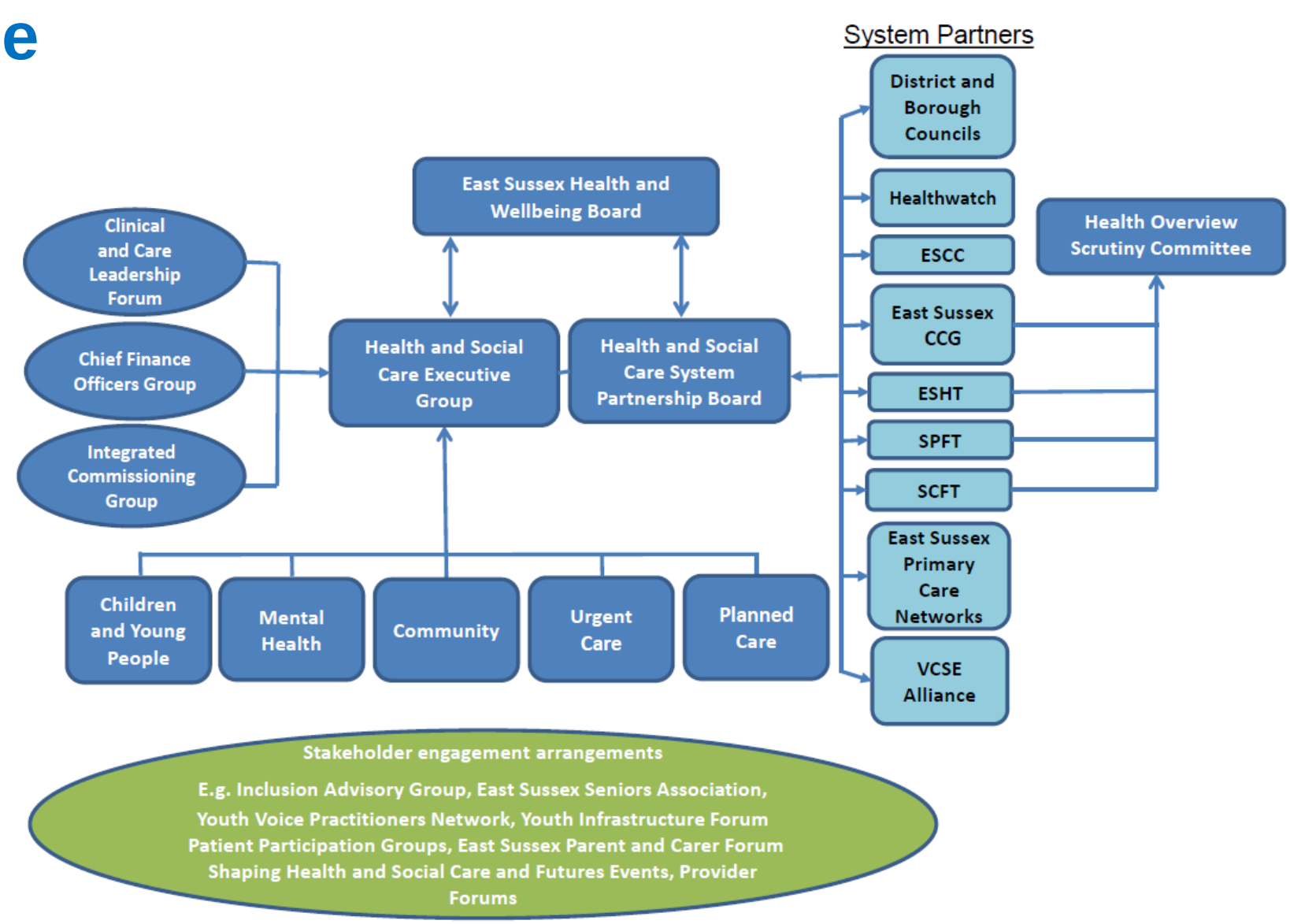
# Objective 3: Address psychosocial factors and the wider determinants of health in our communities

| Action | 2021/22 | | | |
|---|---|---|---|---|
| | Q1 | Q2 | Q3 | Q4 |
| Develop partnership approaches to community wellbeing (sustainable community hubs) | Appoint delivery partner and commence project | Draft stage 1 outputs | Draft reports | Presentation of reports and agreement of plans for 2022/23. Begin detailed business case development |
| Develop a systems approach to tackling loneliness and social isolation | Appoint delivery partner and commence project | | Draft reports | Presentation of reports and agreement of further plans for 2022/23 |
| Explore the wider role of our organisations in supporting social and economic wellbeing | Develop understanding of concept and possibilities of Anchor institutions | Agree and set out next steps for exploring and developing a shared approach | Initial steps implementation phase (to be determined) | Further develop and agree plans for 2022/23 |

# Objective 4: Further develop our capability as a system

| Action | 2021/22 | | | |
|---|---|---|---|---|
| | Q1 | Q2 | Q3 | Q4 |
| Set measures, indicators and long term trajectories for reducing the life expectancy (LE) gap and healthy life expectancy gap (HLE) | Agree baseline measures and caveats | Scope business case development for real time measures of HLE | Set trajectories and further work to be determined based on business case | |
| Set out our understanding of population health at a more granular level within East Sussex | Agree approach and defined geographical area | Develop profiles | Ensure programmes and plans are informed by understanding | |
| Implement new Population Health Management (PHM) Capability at scale to stratify population risk | Conclude ICS-wide accelerator pilot programme final phase | Receive and review reports from the accelerator pilot programme | Agree next phase developments to increase scale and spread of PHM capability at place (to be determined) | Begin implementation phase (to be determined) and agree plans for 2022/23 |
| Further align relevant wider commissioning plans where appropriate | | | To be determined based on service and procurement timetable | To be determined based on service and procurement timetable |

# Governance




East Sussex Health and Social Care System Partnership Board

# East Sussex Health and Social Care System Partnership Board

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

- Our East Sussex Health and Social Care Plan, which sets out **what** we need to do to drive the developments required to meet the health and care needs of our population. This is done through agreeing our local priorities for collaboration and our contribution to wider Sussex Health and Care Partnership strategies and plans to help achieve NHS Long Term Plan ambitions
- Our proposals for **how** our organisations can best organise ourselves to deliver our plans as place-based partnership in 2021/22 and beyond
- Further developing our approach to population health and social care commissioning in East Sussex to deliver improved health **outcomes** and reduce health inequalities

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

# Appendices

- Partnership Approaches to Community Wellbeing
- Systems approach to loneliness and isolation
- Sussex Population Health Management (PHM) Pilot Programme
- What can be done differently using PHM
- NHS White Paper: Anchor Institutions
- Other linked areas of work

# Partnership approaches to community wellbeing in East Sussex

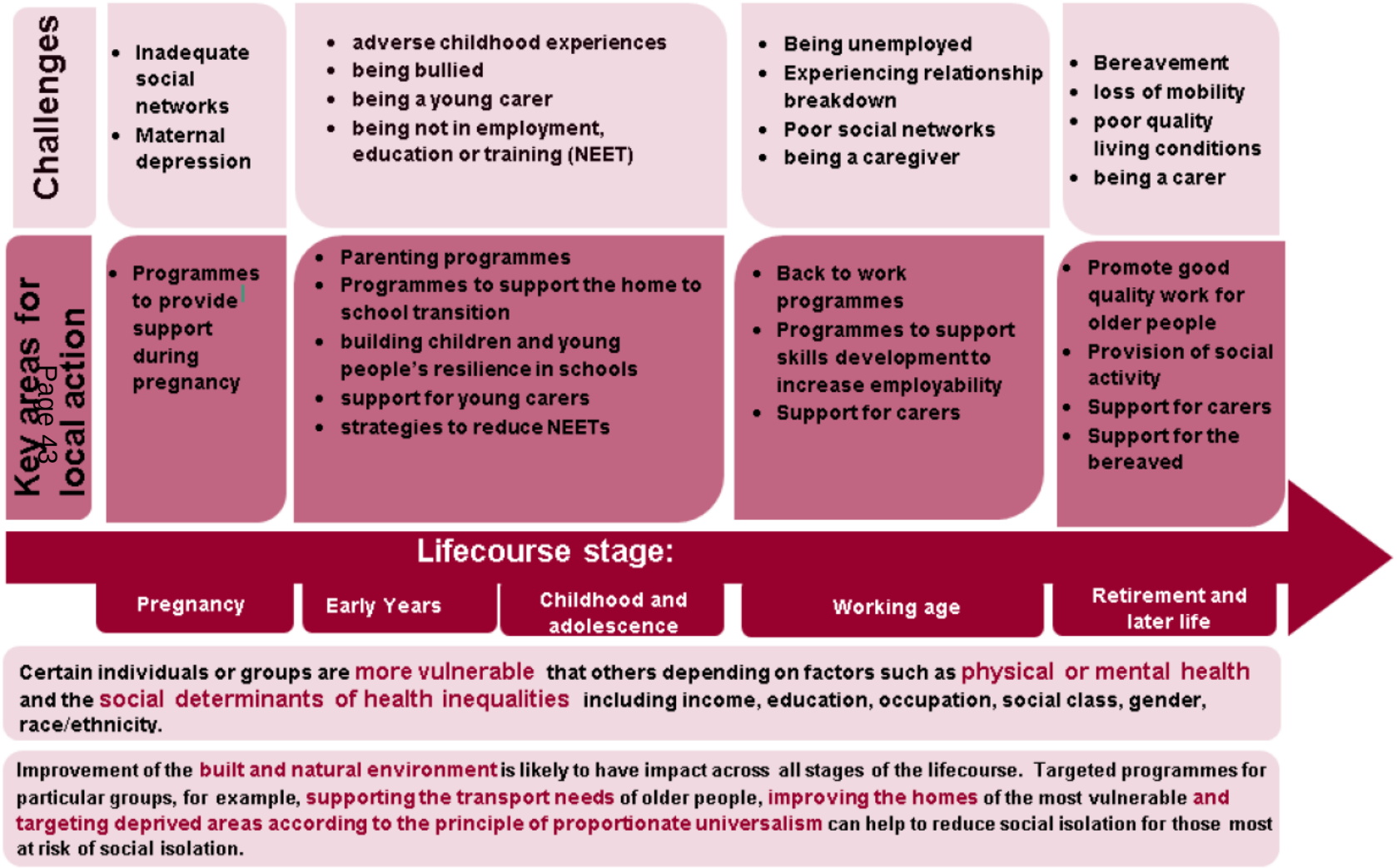
Creating a preventative community based service through building on the ethos of the five Community Hubs that were mobilised as part of the pandemic response, by Councils at Borough, District and County level, CCG, VCSE partners and other community-based organisations, to meet essential food, medicine and social isolation needs.



**Project aims**

- **Phase 1**: Engage key stakeholders involved in meeting the needs of vulnerable people in East Sussex during the pandemic to collectively develop and agree a vision and scope for community hubs, acting as a key part of the integration of health and social care, and specifically developing a preventative offer grounded in the VCSE
- **Phase 2**: Once the vision is agreed by the key partners, developing a robust business case to take forward the first permanent model for community hubs

# Systems approach to loneliness and isolation




Source: PHE and UCK Institute of health Inequality

**Project aims:**

Gain a better understanding of the nature and impact of loneliness on people living in East Sussex, and to identify future opportunities and approaches to mitigate its worst effects, through shaping existing provision and local resources.

This graphic shows examples of opportunities for interventions to address the impact of loneliness and social isolation across key stages of the life course.

# Sussex Population Health Management Pilot Programme

**PHM is the enabler for systems and local teams to look for the best solutions to people's needs**. This is achieved through:

- the use of digital technology to reimagine care pathways
- joining up care across boundaries and improving outcomes
- cross-system data and intelligence to improve decision-making at every level.

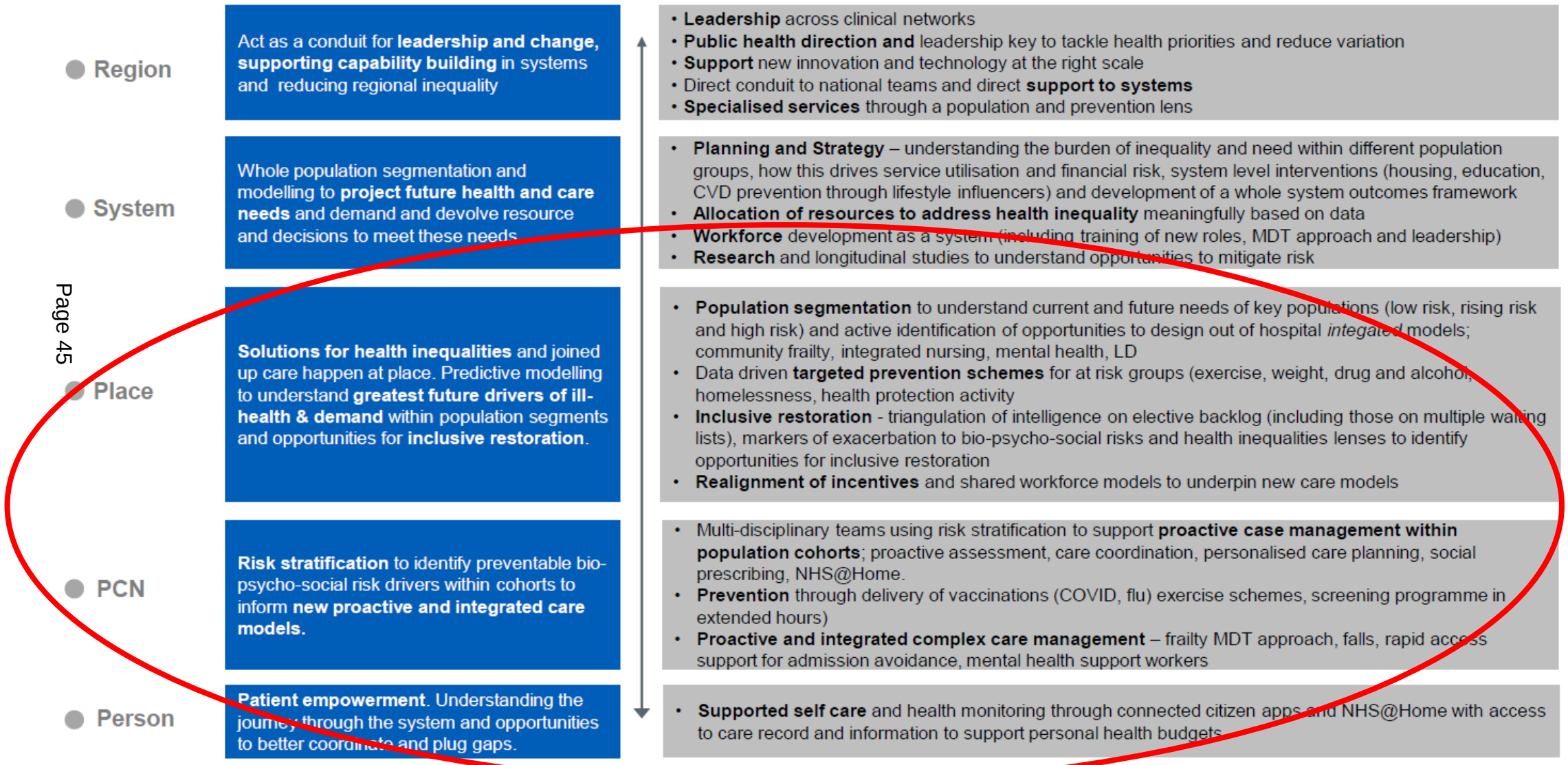
**PHM Provides the toolkit**:

- Data (needs/spend/processes/outcomes/evaluation)
- Guided by our population's needs (JSNA etc) to inform designing and targeting of interventions at each level of our system.
- Modelling – what if?
- Reducing risk - whole population (/segmented) & system-wide approaches not just services for the most ill
- Strategy (& culture…..)

**The overall aim is to embed Population Health Management (PHM) across the Sussex Integrated Care System (ICS) = delivering increased capability at all tiers of the ICS**

Source: Sussex Population Health Management Development Programme Restart Workshop 24 March 2021

# What can be done differently using PHM






Source: Sussex Population Health Management Development Programme Restart Workshop 24 March 2021

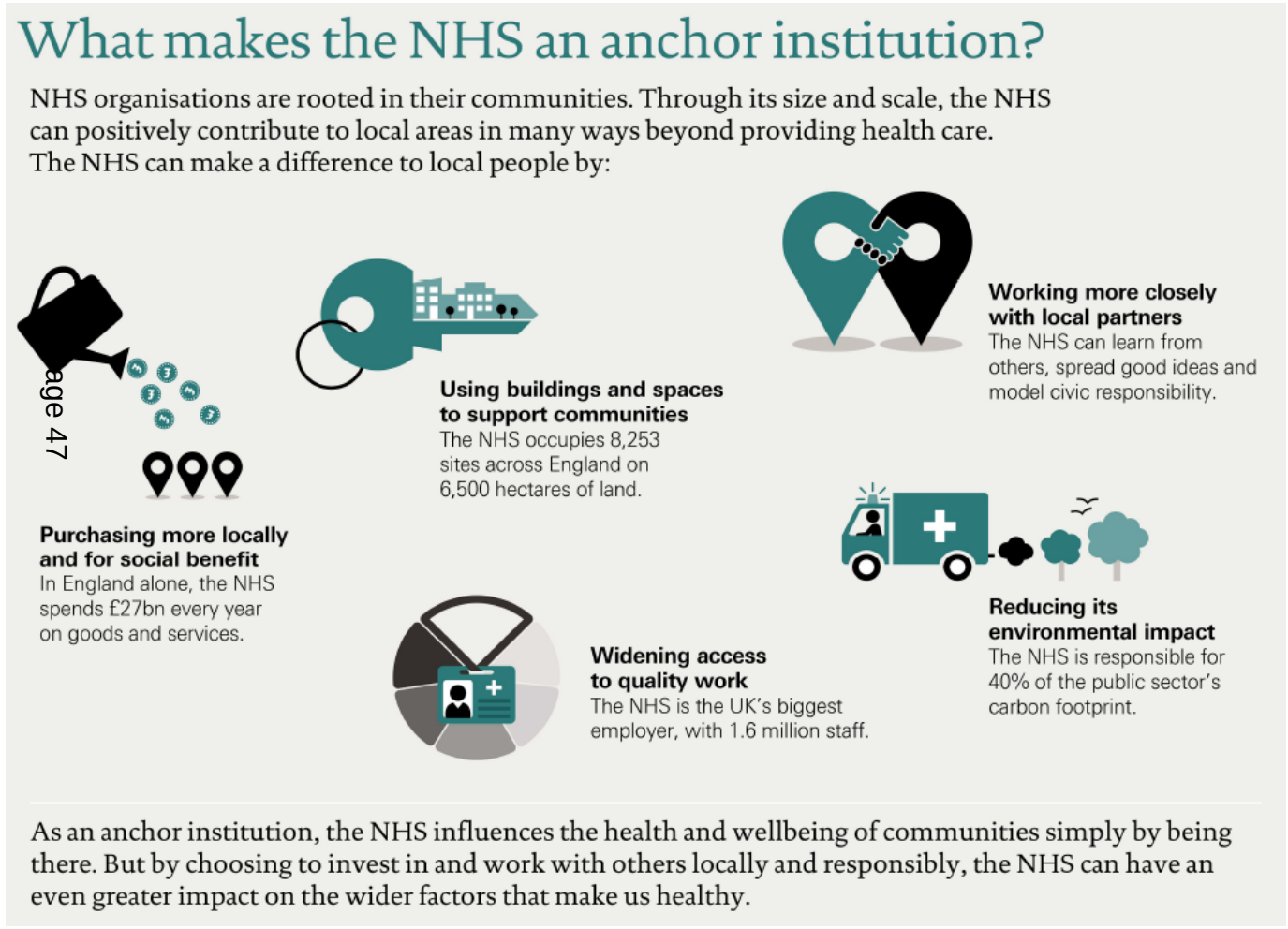
# Timescales

| East Sussex: Developing partnership approaches to community wellbeing (sustainable community hubs) | |
|---|---|
| Commences | May 2021 |
| Draft Stage 1 outputs | July 2021 |
| Draft reporting | October 2021 |
| Final reporting | December 2021 |
| Presentations | December 2021/January 2022 |

| East Sussex: Systems approach to loneliness and isolation | |
|---|---|
| Commences | May 2021 |
| Interim progress report | October 2021 |
| Final reporting | December 2021/January 2022 |

| Sussex ICS: Population Health Management Development Programme | |
|---|---|
| Initial accelerator pilot programme | Concludes August 2021 |
| Scale and spread of PHM capabilities | From August 2021, subject to further planning |
| | |
| | |

# White Paper: Anchor institutions




Developing NHS organisations as Anchor Institutions to support broader social and economic development

Source: The Health Foundation

[Building healthier communities: the role of the NHS as an anchor institution | The Health Foundation]

# Other linked areas of work…

- Local work to reset and recover NHS services and the eight urgent actions on health inequalities
- PCN developments e.g. Additional Roles Reimbursement Scheme – Mental Health Practitioners, Health Coaches and Social prescribing and targeted work on PHM
- Primary care and mental health developments - Emotional Wellbeing Services and PCN resource mapping
- Existing/new work being taken forward by the East Sussex Healthy Weight, Alcohol and Smoking Partnerships
- Existing integration programme objectives across the five areas aimed at supporting independence, early intervention and prevention and reducing health inequalities, for example end to end pathways in planned care
- Integrated and jointly commissioned services aimed at improving population health, supporting independence, early intervention and prevention and reducing health inequalities
- Learning from existing and recent work e.g. Health Hastings and Rother Programme, our Pandemic response
- Sussex ICS Population Health and Prevention Programme
- Sussex Integrated Dataset (SID) and SID-East Sussex developments
- East Sussex Outcomes Framework Population Health and Wellbeing Domain – and work to set baselines, indicators and trajectories and aligning this with Sussex Vision 2025, along with a coherent set of actions to ensure impact
- Sussex Vision 2025 and reducing gaps in health inequalities
- *Other……*



**…..coordination, alignment, visibility at place level**

| | |
|---|---|
| **Report to:** | **East Sussex Health and Wellbeing Board** |
| **Date:** | **13 July 2021** |
| **By:** | **Healthwatch East Sussex** |
| **Title:** | **Healthwatch Annual Report 2020-21** |
| **Purpose:** | **To provide an overview of Healthwatch East Sussex's Annual Report 2020-21 – On equal terms: Then and now** |

**RECOMMENDATION**

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

## 1. Introduction

1.1 Each local Healthwatch in England is required to publish an annual report covering certain issues. The Healthwatch East Sussex Annual Report 2020-21 is titled *On equal terms: Then and now* and is attached as **appendix 1.**

## 2. Supporting information

2.1 The Annual report sets out, amongst other things, highlights of their work over the course of the year; their work on engagement; ways in which they made a difference; information about their volunteers; financial details; and details of Healthwatch's priorities for 2021/22.

## 3. Conclusion and reasons for recommendations

3.1. The East Sussex Health and Wellbeing Board is recommended to consider and note the report.

.

**JOHN ROUTLEDGE**
**Executive Director, Healthwatch East Sussex**

Contact Officers: John Routledge
Tel: 01323.403590
Email: john.routledge@escv.org.uk

BACKGROUND DOCUMENTS

None

This page is intentionally left blank

healthwatch East Sussex


# On equal terms

## Then and now

Healthwatch East Sussex: Annual Report 2020-21

# Contents

# Message from our Chair

**During the pandemic we captured more experiences and supported more people than ever before and used our insight to inform the short and long-term evolution of health and care services.**

Without doubt the Covid 19 pandemic changed the way in which Healthwatch East Sussex worked in 2020/21, and many of our adapted practices will continue in future years as they have enabled us to engage with far more people and learn about their experiences.

Like other organisations linked to health and care, we had to remain wholly flexible in order to meet the rapidly changing needs of both providers and residents, offering a key linkage between the two.

Our previous work with Care Homes and Carers gave us the ability and indeed confidence to virtually monitor what was happening in the care sector and enabled us to provide instant feedback to providers, service users and health and care commissioners. This was further enhanced by our "Staying Connected" webinar, the success of which led to our being asked to provide an additional three webinars focused on supporting the families and friends of those in care homes.

**"I would like to acknowledge the contribution that Healthwatch East Sussex has made during 2020/21. They have provided valued input into our outbreak control plan and collaborated with partners to address important issues such as housing and homelessness, and support for families and friends of care home residents during this period. Their survey findings have enriched our understanding of our citizens experiences of the pandemic which supports local decision making. We look forward to continued partnership working with them."**

**Darrell Gale, Director of Public Health, East Sussex County Council**

The pandemic led to the speedier discharge of patients from hospital. Working with the Clinical Commissioning Group and Hospital Trust we undertook 1,441 well-being checks which helped identify the urgent needs and support required by over 200 patients.

The Board appreciates that our success in what can only be described as an extraordinary year would not have been possible without our dedicated staff, all of whom willingly took on additional challenges, and of course the work of our volunteers who together contributed 2,200 hours (and I know that's just the hours they recorded).

Once again it is a big thank you to them all and to East Sussex County Council and all our health and social care providers for their continuing support, and we look forward to working alongside them in responding to the needs of patients and the public in 2021-22.

Keith Stevens

Chair of East Sussex Community Voice, delivering Healthwatch in East Sussex

# About us

## Here to make health and care better

We are the independent champion for people who use health and social care services in East Sussex. We're here to find out what matters to people and help make sure your views shape the support you receive, by sharing these views with those who have the power to make change happen.

## Helping you to find the information you need

We help people find the information they need about services in their area. This has been vital during the pandemic with the ever-changing environment and restrictions limiting people's access to health and social care services.

## Our goals

**1 Supporting you to have your say**

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.

**2 Providing a high quality service**

We want everyone who shares an experience or seeks advice from us to get a high quality service and to understand the difference their views make.

**3 Ensuring your views help improve health & care**

We want more service providers to use your views to shape the health and care support you need today and in the future.

**"Healthwatch research into the local impact of COVID has been invaluable in helping the East Sussex Communications and Engagement Steering Group shape messages for key issues such as vaccination roll-out and access to medical services. John, as Healthwatch Director, was also instrumental in developing the Community Hub model and support offered to the shielding residents."**

**Tom Hook**
**Assistant Director, Adult Social Care & Health, East Sussex County Council**
**Chair of the East Sussex Communications and Engagement Steering Group**

# Highlights from our year

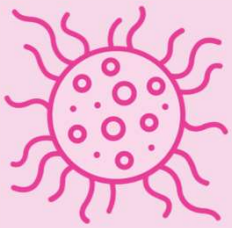
**Find out about our resources and how we have engaged and supported people in 2020-21.**

## Reaching out

We heard from
**7,638 people**
this year about their experiences of health and social care.

We provided advice and information to
**621 people directly** and **36,421 people virtually** this year.

## Responding to the pandemic



We engaged with and supported
**43,375**
people during the COVID-19 pandemic this year.

We also reached **164,391** people through Facebook
and generated **97,911** impressions via Twitter

## Making a difference to care

We published
**5 reports as Healthwatch East Sussex**
about the improvements people would like to see to health and social care services. From this, we made 20 recommendations.

**6 reports as Healthwatch in Sussex**
about the improvements people would like to see to health and social care services. From this, we made 37 recommendations.

## Health and care that works for you

**31 volunteers**
helped us to carry out our work. In total, they recorded 2,200 hours which equates to 275 days.

**We employed 9 staff**
5 of whom are full time, which is the same as in the previous year.

We received
**£376,000 in funding**
from our local authority in 2020-21, the same as in the previous year.

# Theme one: Then and now Dentistry

## Then: Access to NHS dental services

**Thanks to people sharing their experiences of dentistry we were able to draw attention to the need to ensure that patients had access to simple, clear information about their treatment.**

As part of our High Weald Listening Tour in 2019, we undertook a pilot project to engage with dental practices and their patients. Using our statutory powers to "Enter and View" providers of care regulated by the Care Quality Commission (CQC), we visited 7 high street NHS dentists in the High Weald area and all three Emergency Dental Service clinics covering East Sussex.

Our report 'Knowing the Drill' highlighted that whilst most patients had positive experiences in the care they received from both mainstream and emergency dentists, there was scope to improve the quality and accessibility of the information provided on websites and out-of-hours phone messages.

We found that information on dentists' websites was regularly out-of-date, often failing to provide clear details of NHS charges for treatment, especially in relation to any exemptions. Similarly, both websites and out-of-hours messages often did not provide accurate information on the location and contact details for emergency dental services. The NHS 'find a dentist' website was also found to be inaccurate and challenging to navigate.

These findings were shared with the Local Dental Committee and Healthwatch England with the goal of encouraging dental practices to have shared minimum standards in the information provided to patients.

# Now: Ongoing dentistry issues

**Thanks to patients sharing their experience of dentistry during the pandemic, we have pro-actively sought to engage with commissioners and providers, both locally and nationally, to ensure that issues are addressed, and people's needs are met.**

Access to NHS dental treatment is the third most common reason why people have contacted us for advice and support in the last year. Our COVID-19 survey also found that a quarter of people found it difficult to get clear information or advice about accessing dental services.

The main issues raised with us included:

- Difficulties and delays in booking routine and emergency NHS dental appointments
- Priority being given to private patients
- Inaccurate information on websites and out-of-hours messages

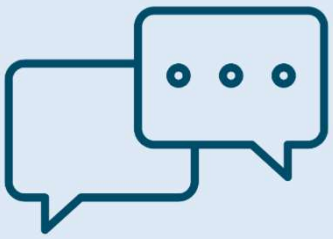
People told us that when they were unable to access a dentist, they experienced anxiety, pain, and worsening problems which required further treatment. Some people told us that lack of access to dental care pushed them to "DIY" dental solutions which put their own health and wellbeing at risk and led to pressure being placed on other services such as NHS 111, GPs and Hospital Emergency Departments.

**"I emailed every dentist on the 'find a dentist' link some 20 times or more and yet I never get a reply and those that do are only willing to treat me privately"**

**"I have had to register for private treatment that I can't afford in desperation."**

Our 2020 review of East Sussex dental websites and out-of-hours phone messages showed that many practices were failing to provide up to date information about which services were available, or how and where to access NHS dental care in an emergency. In response, we shared guidance and information on dentistry publicly and with Community Hubs to ensure that those in most need were able to access support.

In collaboration with the other Healthwatch in Sussex we have combined our feedback and shared key concerns with the Local Dental Committee, NHS Commissioners, NHS England and the public. We have also escalated these issues to Healthwatch England. Both we and our network continue to call for clear information and treatment pathways, including clarity over what NHS patients have a right to expect, and detailed consideration of future NHS dentistry commissioning.



## Share your views with us

If you have a query about a health and social care service, or need help with where you can access further support, get in touch. Don't struggle alone. Healthwatch is here for you.

**www.healthwatcheastsussex.co.uk**

**0333 101 4007**

**enquiries@healthwatcheastsussex.co.uk**

# Theme two: Then and now Care Homes and Carers

## Then: Care Homes and Carers

Healthwatch East Sussex has consistently monitored the experiences of care home residents as part of our annual work programme. Prior to 2020, four rounds of 'Enter and View' visits had been undertaken to assess the quality and nature of care homes in the county.

These assessments provided useful feedback for their operators, their residents (including their family and friends), as well as health and care commissioners, and reports were positively received.

Since the start of the COVID-19 pandemic, we have continued to monitor these experiences 'virtually' through dedicated online forums and surveys, especially the impact of the lockdown and the restrictions on visiting care home residents, both on the residents themselves, but also the effects on their family and friends, as well as staff.

We have heard that:

- Access to residents varied from care home to care home, as did communications between care homes and family members
- Separation due to visiting restrictions had a significant impact on carers' and residents' wellbeing
- Official visiting guidance for care homes, carers and the public lacked clarity, consistency and timeliness

# Now: Care Homes and Carers

In response, Healthwatch organised a 'Staying Connected with loved ones in Care Homes during the pandemic' webinar in November 2020, which brought together over 100 attendees, including carers' representative bodies, care homes, commissioners and front-line staff from health and care services.

Feedback about the event from all parties was extremely positive. It was recognised as providing a unique forum in which conversations between different parties could take place, experiences be shared, and connections could be established.

The effectiveness of webinars as a means of expanding engagement led to Healthwatch being approached by Sussex Partnership NHS Foundation Trust (SPFT) to extend the reach of their 'Care Home Communities' project by co-ordinating three further webinars delivered between January and March 2021 focusing on:

1. The vaccination programme and visiting
2. The impact on families of long-term restricted visiting & separation from loved ones
3. What could and should health and care partners be doing to support relatives and family carers?

The events attracted nearly 200 participants and provided an open forum where health and care partners could provide up to date information and respond to any questions or concerns from carers. They also provided a safe space for carers to access emotional and wellbeing support, both from each other and specialist carers' support organisations.

**"As a family carer myself (and as Vice-President of Carers UK and a Patron of Carers Support West Sussex), I have warmly welcomed this series of webinars, co-produced by Healthwatch East, West Sussex and Brighton and Hove and offering a 'safe place' in which to explore the challenges in both protecting residents in care homes and enabling them to enjoy a good life."**

Dame Philippa Russell, DE

The webinars delivered multiple beneficial outcomes:

Carers identified the value of a forum in which to share personal experiences, provide mutual support and obtain information and guidance from support organisations and health and care professionals.

Care homes shared innovation on providing 'virtual' communications between their residents and others.

The Public Health team in East Sussex pledged to support family carers, to continue to support care homes, and ensure every effort is made to maximise vaccine uptake by carers as well as in care home communities.

## Share your views with us

If you have a query about a health and social care service, or need help with where you can access further support, get in touch. Don't struggle alone. Healthwatch is here for you.

**www.healthwatcheastsussex.co.uk**

**0333 101 4007**

**enquiries@healthwatcheastsussex.co.uk**


# Theme three: Then and now Hospital Discharge

## Then: Hospital Discharge

**Being discharged from hospital doesn't represent the end of the patient journey. It is one step in the process, with patients continuing to recover, either in their home or another community setting.**

Healthwatch East Sussex recognised that the COVID-19 pandemic may not only affect people's experience of being discharged, but also the type of support they could expect to receive once they left hospital.

In response to the pressures of the pandemic, the "discharge to assess" model was put in place. This focused on speeding up discharge in order to minimise opportunities for infection, but also on enabling hospitals to maximise the care available to people with illness related to COVID-19.

There were also changes to the wider follow-up support available from GPs, the voluntary sector and family and friends due to the lockdown, social distancing, shielding and changing demands. This impacted on people's awareness of what was available and how to access it, but also what information hospitals could give patients when they were discharged.

In response, we developed a programme of hospital wellbeing checks to offer reassurance, assess needs and provide information and signposting to patients discharged on the zero pathway in East Sussex. People on this pathway should have no additional support requirements.

# Now: Hospital Discharge

Working in partnership with our Clinical Commissioning Group (CCG) and Hospital Trust, our staff and volunteers undertook 1,441 wellbeing checks by telephone with East Sussex residents after their discharge: assessing their needs, gathering feedback and providing information on the support available.

Our work identified high levels of satisfaction with their discharge overall. However, one-in-six discharged patients had additional needs or required support, and some struggled to identify how, where and when to access it. We supported them by sharing contact information and making referrals on their behalf to GPs, Adult Social Care, Community Hubs, community organisations and local initiatives.

**"I've had every support. The nurse came yesterday took my blood pressure and left numbers for me to call."**

**"Discharged yesterday and hospital has already been in touch today. Feel very well supported."**

We discovered some inconsistencies in the information people received when discharged, unmet patient expectations (often stemming from mixed messages), and issues in obtaining timely access to support. This left some without the medication, equipment or the help they needed to recover at home.

A cross-cutting theme was communication, especially how and when discharge information was shared.

The pilot recognised that most patients identified a positive discharge experience and had limited support needs, but we identified several recommendations for the CCG, Hospital Trust and ourselves.

**"Hospital staff were caring but I was asleep when the Heart Failure Nurse came to see me just before discharge and I did not really remember what she said."**

**"Felt she was rushed through the hospital procedures to discharge and things were not well explained."**

We are collaborating with the Multi-Disciplinary Discharge Improvement Group (MDDIG) at the Hospital Trust to enhance the content, format and means through which information is shared with patients, placing an emphasis on consistency, use of clear language and multiple formats to ensure patients have an appropriate understanding and record of the discharge process.

In partnership with our Healthwatch in Sussex colleagues we have planned qualitative engagement into hospital discharge in 2021-2 and are exploring options with commissioners and providers for ongoing work to monitor and enhance the discharge process, especially the pathways for post-discharge support.

**To find out more > > >**

**www.healthwatcheastsussex.co.uk**

**0333 101 4007**

**enquiries@healthwatcheastsussex.co.uk**

# Responding to COVID-19

**Healthwatch plays an important role in helping people to get the information they need, especially through the pandemic. The insight we collect is shared with both Healthwatch England and local partners to ensure services are operating as well as possible during the pandemic.**

## This year we helped 43,375 people by:

- Expanding the breadth and reach of our information and signposting, by re-introducing a monthly newsletter, increasing the frequency of our bulletins, setting up COVID-19 Information and Vaccination Hubs on our website and introducing a 'Live Chat' function to provide real time answers to enquiries.
- Undertaking surveys into the experience and impacts of the lockdown and vaccination process, and sharing the insight gathered with service commissioners and providers to help guide their response.
- Collaborating with our Healthwatch in Sussex colleagues to inform the 'Restoration and Recovery' of health and care services after the pandemic through targeted engagement on digital services, care home provision and hospital discharge, and the sharing of feedback on primary and planned care.
- Sharing patient experiences and feedback with the Sussex Health and Care Partnership Board, Sussex Vaccination Programme Board and East Sussex Vaccination Equality Oversight Group.
- Championing the need for clear and consistent messaging for patients and the public from all service providers, and the importance of providing and sharing information in a non-digital form.

# Top four areas that people have contacted us about:

52.5% on GP services

13.9% on Dentistry

13.0% on Hospital care

20.6% on Vaccines

## Expanding our reach

We have focused on providing more people with clear, consistent and concise advice and information to help them make decisions and access support.

During 2020-21, more than 35,000 people accessed our website, compared to 16,500 the previous year.

Our Information and Signposting service received and responded to 381 enquiries, more than twice the number in 2019-20.

288 pieces of feedback were left on health and care services, a significant increase.

We have 400 more subscribers on our mailing list.

Our Facebook 'reach' and Twitter 'impressions' more than doubled.

### Contact us to get the information you need

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.

**www.healthwatcheastsussex.co.uk**

**0333 101 4007**

**enquiries@healthwatcheastsussex.co.uk**

# Volunteers

**At Healthwatch East Sussex we are supported by 31 volunteers to help us find out what people think is working, and what improvements they would welcome from their health and care services.**

## This year our volunteers:

- Helped people have their say from home, carrying out interviews over the telephone to find out people's views about digital and virtual appointments in health and care services.
- Reviewed the content of Dental websites and out-of-hours messages to assess the accuracy and suitability of the information provided.
- Undertook more than 1,400 Hospital Discharge Wellbeing Checks offering reassurance, support and information to patients discharged during the pandemic.
- Volunteered at Vaccination sites and staffed the Sussex Vaccination Enquiry Line to help people have a positive vaccination experience and make informed vaccination decisions.
- Undertook research and gathered evidence on COVID-19 cases, Long Covid and impacts on Care Homes.
- Supported delivery of webinars exploring the experiences of Care Home residents and their families.
- Contributed to the East Sussex Healthcare NHS Trust Cardiology Transformation and Patient Experience Steering Groups.

## COVID-19 response - Cecile

"I joined HWES as a volunteer at the end of last year and the first job I was offered was that of vaccination steward. Quite a few people needed reassuring that the vaccine was safe. Others hated needles. If I had a pound for every time I heard people say "Follow the yellow brick road" I would be a wealthy woman.

I have really enjoyed doing this work and I like to imagine that I have been a tiny cog helping to turn the wheel of the vaccination program."

## Hospital Discharge - Janet

"I started volunteering in September 2020 and was asked to support with the Hospital Wellbeing Discharge wellbeing checks by phone. I found it most satisfying to not only capture people's experiences but also felt competent enough to give clear directions for additional support they may have required. This not only supported people but has built my confidence and also allowed me to use what I feel is part of my skill set showing a caring ,empathetic approach with everyone I spoke to and continue to speak to."

## Support during service change - Alan

"This year I have had three main roles with Healthwatch. Two focused on ensuring patient experiences and views were considered when planning the rollout of the NHS 111 Clinical Assessment Service and in the ongoing review of Cardiac and Ophthalmology care at East Sussex Healthcare Trust. I have also assisted with the Sussex CCG Vaccination helpline, helping to resolve a great variety of queries and problems to ensure people receive their vaccinations quickly with a minimum of fuss."

## Volunteer with us

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch with our Volunteer and Community Liaison Manager.

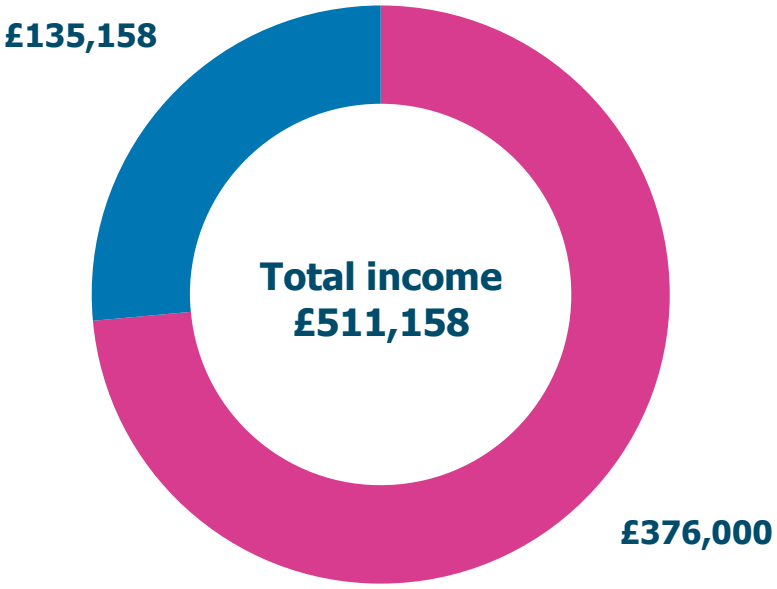
**healthwatcheastsussex.co.uk/get-involved/**
**0333 101 4007**
**enquiries@healthwatcheastsussex.co.uk**

# Finances

**To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.**

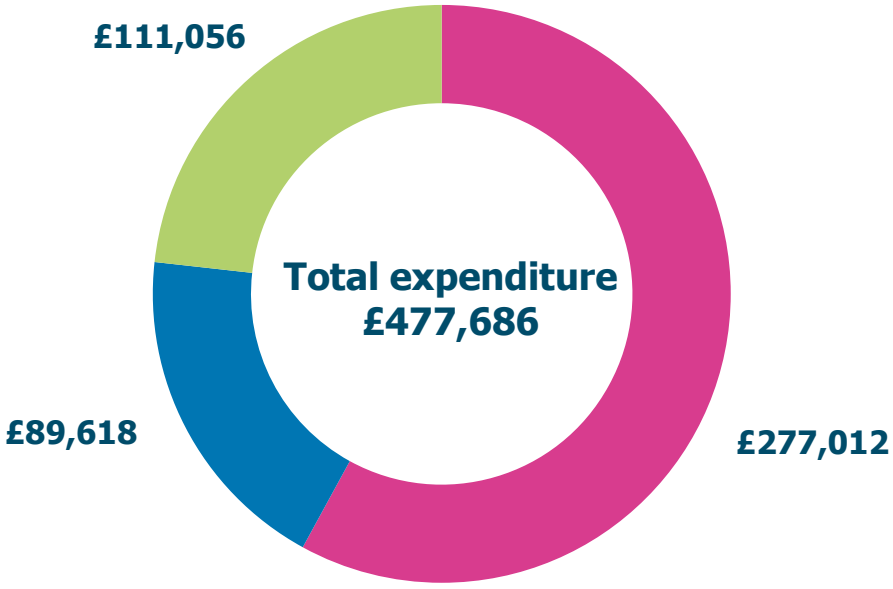
## Income

- Funding received from local authority for Healthwatch
- Additional funding (including Independent Health Complaints Advocacy Service [IHCAS])




## Expenditure

- Staff costs
- Operational costs
- Commissioned services



# Next steps & thank you

## Top five priorities for 2021-22

1. **Acute Care** – return to 'normal' planned services and the hospital discharge process
2. **Access to Primary Care** – GPs, dentists, opticians, pharmacists and links to emergency services
3. **Adult Social Care** – carers, care homes and residents
4. **Prevention and Social determinants of health** – social, economic and environmental factors
5. **Children and Young People** – wellbeing, especially mental health

## Next steps

As we emerge from the national pandemic restrictions, Healthwatch East Sussex will monitor the impacts brought about by COVID-19, assess the return to 'normal' services and contribute to the ongoing evolution of the health and care sector, especially the development of the Integrated Care System (ICS) in Sussex.

Planned care needs have increased in the pandemic. As restrictions ease we will support people to access treatment and gather more insight into patient experiences such as hospital discharge.

Access to GP and dentist appointments dominated our feedback last year. We will continue to monitor public experiences and support the public to access these services, including capturing preferences around remote consultations and alternative forms of delivery.

Adult Social Care services have been hit hard by the pandemic. We will help the public access the care they need and engage them in the re-design of services as government plans evolve.

Prevention and social determinants of health massively impact upon public health, and we will continue to support people facing health inequalities, such as those stemming from disability, ethnicity or income.

Children, young people and their carers need our support to access mental health and wellbeing help.

We will continue to work in collaboration with other Healthwatch in Sussex to gain insight into health and care issues at a Sussex-wide level, such as Long Covid.

We are developing activities to support children and young people access help with mental health and examining how health inequalities for homeless people can be reduced. We are also initiating a 'Young Healthwatch' to further explore the needs and views of young people.

We will work to reduce health inequalities and support seldom heard groups such as homeless people and those living in temporary accommodation. We will also continue to highlight the 'digital divide' and encourage health and care services to consider the needs of those without access to technology.

**"Healthwatch East Sussex provides vital insight from local people about their experiences of health and care; this feedback helps us continue to improve services for our communities. Their work regarding access to services in Eastbourne town centre and working with us on the design of a new service to support homeless people and rough sleepers, has been invaluable."**

**Jessica Britton, Executive Managing Director, East Sussex Clinical Commissioning Group**


# Statutory statements

## About us

Healthwatch East Sussex is delivered by East Sussex Community Voice CIC, Greencoat House, 32 St Leonards Road, Eastbourne, East Sussex, BN21 3UT.

Healthwatch East Sussex uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

## The way we work

**Involvement of volunteers and lay people in our governance and decision-making.**

Our East Sussex Community Voice board consists of five members who provide direction, oversight and scrutiny to our activities. Our board ensures that decisions on priority areas of work reflect the concerns and interests of our diverse local community. Through 2020/21 the board met six times and made decisions on matters such as:

- Setting and monitoring our work plan priorities during the pandemic
- Ensuring that staff and volunteer wellbeing and safety were supported at all times.

We ensure wider public involvement in setting our work priorities. The enquiries and feedback we receive through our Information & Advice Service, Feedback Centre and surveys mean that that we are reliably informed of what issues matter the most to our public.

We also seek involvement through our multi-agency Advisory Group, collaboration with many voluntary sector partners and our involvement in a diverse range of partnerships and Boards.

## Methods and systems used across the year's work to obtain people's views and experience.

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2020/21 we have been available by phone and email, a webform on our website, our feedback centre/rate and review system, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through social media and local radio.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. One example is working with our Clinical Commissioning Group to develop a tender specification for the provision of primary care services to homeless people and rough sleepers in Eastbourne.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on our website, promote widely with our partners and our mailing list, and share it across East Sussex County Council as our commissioner, the East Sussex Health and Wellbeing Board and Healthwatch England as our national body. Hard copies are available on request.

## 2020-21 priorities

| *Project / activity area* | *Changes made to services/commissioning* |
|---|---|
| **Children and Young People** expressed a range of views on using remote appointments to access health and care services in Healthwatch surveys. | Commissioners and providers have been encouraged not to assume that all CYP prefer remote or digital appointments or tools. |
| **COVID-19 Vaccinations** dominated our activity in the last quarter of the year. We gathered experiences via surveys and grassroots feedback. | Our evidence fed insight on the nature and distribution of vaccine hesitancy to those planning and delivering the vaccination programme. |
| **Primary Care** practice mergers were identified by Healthwatch East Sussex as a key catalyst for changes in patient experience. | The CCG is considering pre-merger guidance for practices to ensure infrastructure is fit-for-purpose and communication impacts are built-in to the process. |
| **Patient Transport Service** users identified issues and preferences during Sussex-wide engagement with Healthwatch. | Healthwatch in Sussex has encouraged commissioners to build-in more patient-focused KPIs into future contracting, provide trackable transport and share clearer guidance on eligibility. |

## Responses to recommendations and requests

All the providers we contacted have responded to requests for information or recommendations.

This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

Two issues were escalated by our Healthwatch to the Healthwatch England Committee and these related to concerns around GP provision in one area and countywide access to NHS dentistry. Both are ongoing and the themes have subsequently becoming the focus of national reviews and further research activity.

## Health and Wellbeing Board

Healthwatch East Sussex is represented on the East Sussex Health and Wellbeing Board by our Executive Director. During 2020/21 our representative has effectively carried out this role by calling for the public and patients to be at the heart of the key health and social care issues that have come before the Board:

- Highlighting the need for prevention, patient experience and engagement to be a core component of the East Sussex Integrated Health and Care Plan.
- Contributing to the East Sussex COVID-19 Outbreak Control Plan, ensuring public messaging, engagement and delivery initiatives are appropriate and accessible for all residents

Healthwatch East Sussex
Greencoat House
32 St Leonards Road
Eastbourne
East Sussex
BN21 3UT

www.healthwatcheastsussex.co.uk

t: 0333 101 4007

e: enquiries@healthwatcheastsussex.co.uk

@HealthwatchES

Facebook.com/HealthwatchESussex

@healthwatcheastsussex

linkedin.com/company/healthwatch-east-sussex

| | |
|---|---|
| **Report to:** | **East Sussex Health and Wellbeing Board** |
| **Date of meeting:** | **13th July 2021** |
| **By:** | **Director of Adult Social Care and Director of Public Health** |
| **Title:** | **Health and Wellbeing inequalities of residents at Kendal Court, Newhaven and homeless people accommodated by Brighton and Hove City Council in temporary accommodation in East Sussex** |
| **Purpose:** | **To inform the Health and Wellbeing Board of significant welfare concerns about the placing of unsupported homeless people in Kendal Court and the wider Lewes and Eastbourne areas by Brighton and Hove City Council** |

***RECOMMENDATIONS***

**The Board is recommended to:**

**1) To note the concerns highlighted in this report and the work undertaken to try and address them;**

**2) To agree that the Chair of the Health and Wellbeing Board write to the Chair of the Brighton and Hove Health and Wellbeing Board to request that Brighton and Hove City Council (BHCC) urgently resolve the inequalities experienced by the vulnerable adults that it has placed at Kendal Court and elsewhere in Lewes and Eastbourne by fulfilling its statutory health and welfare responsibilities;**

**3) To receive a further update report on the situation at its next meeting on 30th September 2021.**

## 1 Background

1.1 Kendal Court is leased by Brighton and Hove City Council (BHCC) for use as short term emergency accommodation for people who otherwise would be homeless. The building is in Newhaven. There are 54 bedsit flats in the building set out over three floors in five adjoining blocks; one block is women only. Up to 50 residents at any one time are placed by BHCC at Kendal Court where those residents have family or personal connections to the City of Brighton & Hove.

1.2 An independent report by East Sussex Community Voice (ESCV) was commissioned by BHCC in 2018 (**Appendix 1**), following the deaths of four residents between July and August 2018. The report found that many of the residents at Kendal Court had multiple and complex needs and were isolated from their support networks and any existing statutory services that were supporting them. Concerns were raised in the report for the health, wellbeing, and safety of these residents.

1.3 The East Sussex Coroner has recorded a total of eight deaths of individuals living at Kendal Court since 2016, with four occurring in July and August 2018. The findings of the Healthwatch study together with the findings of the Coroner indicate that individuals with multiple and complex needs that are accommodated at Kendal Court without adequate support arrangements are likely to suffer deteriorating health and wellbeing and, in some cases, death.

1.4 The supporting information below sets out East Sussex County Council's (ESCC) concerns and its unsuccessful attempts to resolve the health and wellbeing inequalities highlighted above, with BHCC.

## 2 Supporting information:

### *Background*

2.1 BHCC commissioned ESCV to undertake an independent review of the support needs of residents placed at Kendal Court in Newhaven during October and December 2018 following the deaths of four residents. ESCV is an independent community interest company specialising in community engagement and insight. It was created in 2013 to be the primary vehicle for delivering the Healthwatch contract in East Sussex and is a member of this Board.

2.2 The review looked at how residents access services both within and outside of their placing local authority (BHCC) and the extent to which living at Kendal Court had an impact on their access to services.

2.3 ESCV together with BHCC and in consultation with the landlord, developed a survey to interview residents. The interviews took place over two weeks in October 2018 and again over two weeks in December 2018. A programme of face to face and telephone appointments were offered to residents over 18 days.

2.4 The ESCV study found that most residents in Kendal Court were vulnerable and in need of support by virtue of their placement in emergency housing. Most of the residents interviewed presented as vulnerable due to their visible and sometimes complex health and social care needs, frailty and/or a chaotic lifestyle. These residents appeared to be long term users of health and social care services as well as in receipt of support from charity and community services. Many of the residents reported that their life was made worse and more difficult by being placed at Kendal Court. Many were isolated from friends, family, and support networks due to the distance of Kendal Court from Brighton and Hove. Access to existing support services within the City was difficult and expensive for residents involving long journeys back to Brighton.

2.5 Residents reported deteriorating mental health and isolation from their support networks and services by being placed in Newhaven. Safeguarding concerns were also highlighted in the report with residents reporting incidents of aggression, violence and financial abuse and concerns with the overall safety of living at Kendal Court.

2.6 The findings of the report show that people with multiple and complex needs were being accommodated in Kendal Court by BHCC without consideration of their health and care needs. This approach appears to have made it difficult for individuals to access support and disrupted any existing support they may have been receiving. The health and wellbeing of those individuals were negatively affected by being accommodated in Kendal Court, far from their support networks and without adequate support arrangements.

2.7 The Coroner's Office, East Sussex, recorded the deaths of eight residents at Kendal Court between 4th February 2016 and 31st August 2020, seven of those who died were men and one was a woman. Four of the deaths occurred between July and August 2018 and six of the deaths occurred within Kendal Court itself. The age range of those who died was between 31 and 70 years of age, with the majority, five, being below the of age fifty.

2.8 Four of the deaths resulted in a Coroner's Inquest, however, in three of these the medical cause of death was unascertainable. In two of the Inquests the circumstances of the deaths recorded long term substance misuse and possible drugs overdose. One Inquest recorded suicide and a long standing personality disorder with the individual trying to access inpatient mental health care in the months leading up to her death. The fourth Inquest could not find the cause of death, but circumstances of the death suggest natural causes. The cause of death for the four remaining individuals were due to health conditions, three of which were linked to alcohol use.

2.9 The Coroner's Office has concluded its investigations into the deaths. The findings of the Coroner indicate that the majority of those who died had multiple and complex needs, and in some cases were deceased for a long period of time within Kendal Court without anyone noticing.

2.10 The findings of the ESCV study together with the findings of the Coroner indicate that individuals with multiple and complex needs that are accommodated far from their support networks at Kendal Court, without adequate support being put in place, are likely to suffer

deteriorating health and wellbeing and, in some cases, death.

### *Action by East Sussex partners*

2.11 In the months preceding the ESCV study, concerns about the health and wellbeing of residents at Kendal Court were brought to the attention of ESCC in September 2018, by Southdown Housing Association. The concerns related to a lack of support for residents by BHCC following the publication of an Argus newspaper article about the death of five residents at Kendal Court in a two month period in 2018. The County Council's Head of Adult Safeguarding consulted with BHCC and a series of meetings were arranged to address the concerns.

2.12 The meetings began in January 2019 with initial attendance from BHCC, ESCC, East Sussex Clinical Commissioning Group and latterly by Healthwatch East Sussex, ESCV, and the Sussex Community Development Association. These meetings have continued and take place every two to three months.

2.13 At these meetings ESCC has sought assurance from BHCC that it had adequate arrangements in place to assess and support the health and social care needs of the individuals it was accommodating at Kendal Court. Assurance was also sought that individuals with multiple and complex needs would not be placed at Kendal Court and instead accommodated near to their existing support networks and services.

2.14 BHCC stated in those meetings that it would take responsibility on a case by case basis for assessing the needs of residents at Kendal Court, in accordance with its understanding of its duties in relation to the Care Act and Ordinary Residence. Where BHCC has refused to accept individual case responsibility, ESCC has assessed and supported individuals, without prejudice, and has also responded to all safeguarding concerns in accordance with its statutory Care Act duty.

2.15 BHCC has asserted that it appropriately considers individuals' social care needs prior to accommodating them at Kendal Court. Case records held by ESCC indicate that individuals with pre-existing long term and often complex social care and health needs are being accommodated at Kendal Court.

2.16 Since September 2020, Eastbourne Borough Council has been in regular dialogue with BHCC to better understand the picture, share the concerns and encourage this practice to stop. Key partners including the Police, Probation, Rough Sleepers Initiative (RSI) and colleagues from Health, Housing and the private sector have expressed their concerns. Not just about the volume of placements and the impact of this on their services, but also the vulnerability of clients being placed, the lack of support or access to support provided by BHCC, and the risks faced to and from their clients.

2.17 Despite concerns raised since September 2020, placements in Eastbourne Borough Council and Lewes District Council have remained high and the situation is unsustainable for local services and unsafe for homeless people.

### *Formal correspondence with BHCC*

2.18 In light of these ongoing issues, the ESCC Executive Director of Adult Social Care and Health wrote to his BHCC counterpart on 12th November 2020 highlighting key issues that needed addressing, as follows:

- The current arrangements for assessing and supporting people accommodated by BHCC's housing department in temporary accommodation are inadequate as shown by the number of deaths at Kendal Court

- BHCC is not meeting its statutory obligations given the number of referrals received by ESCC Adult Social Care for individuals who have been placed at Kendal Court by BHCC without an appropriate needs assessment having been undertaken, and without provision arranged to meet needs, or the suitability of the accommodation having been considered

2.19 The letter requested answers to the following matters and questions:

- Confirmation from BHCC that it will properly consider the particular needs of individuals (including undertaking a section 9 Care Act needs assessment) and the suitability of Kendal Court for each individual prior to accommodating individuals there in accordance with its statutory obligations

- That BHCC accepts that individuals placed out of area in Kendal Court will continue to be ordinarily resident in Brighton and Hove and that BHCC will meet their health and social care needs throughout their placements

- How will BHCC assess and address the multiple and complex needs of people placed in accommodation outside of the City boundaries in a safe manner ensuring the Council's legal duties are discharged

- How will BHCC propose to address the needs of those vulnerable residents already placed at Kendal Court

2.20 A response was received three months later from BHCC on the 5th February 2021 but it did not address the substantive points nor reflect the reality of the current situation with regard to Kendal Court and those placed by BHCC in the Eastbourne and Lewes areas.

2.21 Given the BHCC initial response and the 'Next Steps - Rough Sleeping and Accommodation During Covid 19 Pandemic and Recovery' report, the ESCC Executive Director of Adult Social Care included requests for responses to the following additional points, in his letter to BHCC of 8th April 2021:

- That BHCC shares with ESCC its strategic plan on how it will reduce the number of households it places in East Sussex, thereby ensuring local provision for its residents
- That BHCC shares with ESCC its strategic plan on how it will support its residents to return to their home environment
- How BHCC proposes to prioritise the reduction in the number of households already placed in East Sussex in the context of other homeless households within Brighton and Hove needing accommodation
- That BHCC confirms it will retain a duty to accommodate households already placed in East Sussex, and what it will do with those not verified as homeless
- How BHCC proposes to oversee the health and social care needs of those it has placed in the Eastbourne and Lewes areas

2.22 To date there has been no response to the letter and the matter remains unresolved for numbers of homeless people placed in East Sussex. Whilst it is understood that there are housing pressures within Brighton and Hove this does not negate statutory responsibilities to the residents to whom BHCC has a duty.

***Ongoing Issues***

2.23 As stated, a significant number of people placed by BHCC in Kendal Court have complex and wide ranging individual needs. As a consequence, ESCC has received fifty social care referrals for residents between December 2017 and June 2021, with many of those requiring significant responses and liaison with other agencies to manage risks. In addition there have been six safeguarding adult enquiries. Support has also been provided by the East Sussex Multi Agency Risk Assessment Conference (MARAC) which addresses concerns about domestic abuse or violence. More broadly an ongoing challenge in providing a safe and supportive environment in Kendal Court is the wide range of needs of the people being placed by BHCC. This ranges from those with complex mental health needs, to those that have experienced domestic abuse and individuals that are being released from prison, two of which are registered sex offenders.

2.24 BHCC has been clear about the significant difficulties in finding accommodation within its area and their intention to continue to place people out of area who would otherwise be homeless. In the context of these deaths and multiple complex referrals, ESCC does not share the BHCC view that current arrangements for assessing and supporting people prior to placing them in temporary accommodation are adequate. The individuals placed at Kendal Court have not moved by choice or for settled purposes. In these circumstances if an individual may have needs for care and support, BHCC is under an obligation to undertake an assessment of need pursuant to Section 9 of the Care Act. The threshold for a Section 9 assessment is intentionally low, when compared to that for Care Act eligibility for the receipt of services.

2.25 Since the 'Everyone In' initiative in March 2020, BHCC placed 320 homeless households into central Eastbourne or areas of the Lewes District without adequate support, this includes those placed at Kendal Court. These placements have taken place during the Covid-19 pandemic where the impact of outbreak management measures, including lockdown, has also impacted on the mental health and wellbeing of those placed by BHCC outside of their home area. This had a negative impact on households placed out of area, away from established support networks and places an unsustainable, unplanned demand on already stretched local services, including specific measures required as a result of the Covid-19 pandemic.

2.26 The current number of placements by BHCC across Eastbourne Borough Council and Lewes District Council now stands at 237 households, as of 14th June 2021, and to date, there has been no strategic plan shared with ESCC to demonstrate how this number will be reduced. No other authority is placing in the Eastbourne and Lewes areas at such a rate as BHCC.

2.27 The 'Next Steps - Rough Sleeping and Accommodation During Covid 19 Pandemic and Recovery' report discussed at the BHCC Housing Committee on 17 March 2021 does not specify what BHCC will do to reduce the number of existing and new households placed in East Sussex. Further to this, it appears the housing duty may shortly end for some if they are not verified as homeless. Should this occur, it is not clear what impact this would have on households already placed in East Sussex.

2.28 When placements from BHCC end, the individual is under no obligation to return to Brighton and Hove, and many will simply remain in Lewes district or Eastbourne rough sleeping or in other unstable arrangements. This places added burdens on local services who then assume responsibility for the individuals, often with little background information. Some can be reconnected with support from local teams, others will continue to receive support from local services including foodbanks, community support, health and social care services and enforcement from Police and Probation.

2.29 A breakdown of former Brighton and Hove rough sleepers has been collated by the East Sussex RSI and shared with the Ministry of Housing, Communities, and Local Government. The individuals placed require support to help them stabilise their lives and access suitable accommodation. All had significant multiple and complex needs, been open to Brighton and Hove services, and most were ended placements rather than evictions.

## 3. Conclusion and reasons for recommendations

3.1 ESCC and local partners have significant and ongoing concerns that, despite being aware that Kendal Court is not commissioned to provide care and support for individuals with social care and health needs, BHCC continues to place individuals there with pre-existing long term complex needs without any care provision arranged . This view is reinforced by the ESCV report (2018), the number of deaths at Kendal Court, and the number of residents referred to East Sussex services for assessment, care, and support. This issue has created significant health and wellbeing inequalities for homeless people placed in East Sussex and continues to do so as the situation remains unchanged with BHCC's failure to respond to the concerns.

3.2 ESCC has also highlighted public health concerns about the concentration of vulnerable people in Kendal Court and the multiple unexpected deaths in such a short space of time. More broadly placements in Eastbourne Borough Council and Lewes District Council have remained very high and the situation is unsustainable for local services and unsafe for homeless people

3.3 The BHCC approach of accommodating some of its most vulnerable residents at Kendal Court and in other parts of East Sussex leads to poor health and wellbeing outcomes for individuals. Despite significant effort by East Sussex partners these have still not been addressed, so it is appropriate that the Health and Wellbeing Board involves the Brighton and Hove Health and Wellbeing Board to try and instigate action.

**Mark Stainton**
**Director of Adult Social Care**

**Darrell Gale**
**Director of Public Health**

Contact Officer: George Kouridis, Head of Adult Safeguarding

Tel. No. 07712 543907
Email: george.kouridis@eastsussex.gov.uk

**BACKGROUND DOCUMENTS**

None

**APPENDICES**

Appendix 1 Independent review of the support needs of residents living at Kendal Court, Newhaven by Healthwatch East Sussex

East Sussex Community Voice

*delivering*

healthwatch East Sussex

# Independent review of the support needs of residents living at Kendal Court, Newhaven

**2018**

Author: East Sussex Community Voice

Date: 14th December, 2018

## Contents



**East Sussex Community Voice** (ESCV) is an independent community interest company (CIC) specialising in community engagement and insight. It was created in 2013 to be the primary vehicle for delivering the Healthwatch contract in East Sussex. As a CIC, it has built in flexibility to include a wider remit beyond how people experience health and care services and how local communities support people's overall health and social well-being (Wider Determinants of Health).

## Introduction

**Brighton and Hove City Council (BHCC)** commissioned ESCV to undertake an independent review of the support needs of residents placed at Kendal Court in Newhaven during October and December 2018. BHCC approached ESCV to carry out this study following a number of deaths at Kendal Court in the preceding months.

This review looks at how residents access services in and outside of their placing local authority and the extent to which living at Kendal Court [KC] has had an impact on their access to services.

## Review Focus

The focus of this independent review is to gather as much information as possible about:

1. what support services residents need to access while living at Kendal Court
2. what services residents think they need
3. whether they can access them
4. what barriers residents experience in accessing services
5. the residents experience of living at Kendal Court [KC]
6. what works well for them living at Kendal Court and
7. what could be made better

The insight gleaned is intended

- to identify gaps in support provision
- to inform Brighton & Hove City Council work with partners
- to consider the support needs identified in in the resident survey
- to utilise local services in Newhaven and in Brighton & Hove

## Background

**Kendal Court** is leased by BHCC for use as emergency or temporary accommodation for people who otherwise would be homeless.

The building is leased from a Landlord, Colgate and Gray. There are 54 bedsit flats in the building set out over three floors in five adjoining blocks; one block is women only. Up to 50 residents are placed by BHCC where those residents have family or personal connections to the city.

In March 2018, prior to the BHCC commission, ESCV became aware of vulnerable residents at Kendal Court through discussions at the Havens Community of Practice group meetings. GP surgeries in Newhaven reported a spike of people from Brighton & Hove presenting with mental health and complex needs who were living at KC. Sussex Community Development Foundation (SCDA) and the Locality Link worker reported that some Kendal Court residents were accessing local support services.

## How we gathered the information

ESCV together with BHCC and in consultation with the landlord developed a survey to interview residents to ascertain the information outlined.

Eight skilled and experienced interviewers were deployed which included a mix of ESCV staff and trained volunteers. Interviews were conducted in pairs during visits where interviewers knocked on doors of the individual flats to invite residents to take part. An option to undertake telephone interviews was also offered and taken up by some residents. Interview rooms at three local community venues were booked as an option to meet the interviewers off-site.

The interviews took place over two weeks in October and again over two weeks in December 2018. A programme of face to face and telephone appointments were offered to residents over 18 days. BHCC Housing Support officers distributed information to all residents a few days before the start dates, offering interview appointments with ESCV and making them aware of the interview options available.

## Who did we speak to?

At the start of phase one of the review, 4th October 2018, the status of the 50 flats leased by BHCC was:

- 1 vacant
- 2 reserved
- 47 occupied

However, the occupancy rate changed significantly over the survey timescale as residents moved in and out of the flats.

At the start of phase two of the review, 3rd December 2018, the status of the 50 flats was:

- 14 vacant
- 3 reserved
- 33 occupied

Over the whole survey period, the median occupancy rate was 40 flats. The occupancy rate at the end of the survey period, 12th December 2018, was also 40 flats.

Every attempt was made to access all the residents residing at Kendal Court on the sessions the interviewers visited. When residents were out or not answering, multiple attempts were made to call again. Cards were posted through doors encouraging residents to contact the interviewers visiting KC the following day or by telephone.

*Over the two phases of this project in October and December 2018*:

- A total of 29 residents were interviewed face to face or by telephone, 72.5% of the median occupancy rate of 40 flats
- Two residents were spoken to but unable to complete the questionnaire
- 5 residents refused

Despite multiple visits, some residents proved impossible to reach. Our findings show some residents coping well at KC while others are vulnerable individuals, some with multiple complex needs and struggling to engage with services.

The survey focused on access to statutory services which relies on the individuals' knowledge of these services. Many residents reported having experienced difficulties with relationships and trust with formal agencies, other residents, friends and family. As a consequence, some residents told us they, and non-responders they had spoken to, were reluctant to engage in the survey.

For many of the interviews, it was not possible to go systematically through the survey form and not every resident answered every question. Some did not want to answer specific questions or struggled to understand some questions, often due in part, to their poor mental health and/or under the influence of alcohol or substances at time of the interview.

Most of the residents interviewed presented as vulnerable due to their visible and sometimes complex health needs, frailty and/or chaotic lifestyle. It was therefore more appropriate to have a **conversation** with the residents covering as many of the survey questions as possible. Not all residents wanted the interviewers in their flat; in this case, surveys were held in the corridor.

However, many respondents were eager to talk to an independent person and shared uninvited details spontaneously. In a small number of cases this involved safeguarding disclosures, and this is discussed further in the Observations section of the report.

## What people told us

This report covers the key questions from the survey (Appendix 1) under the following headings:

- Your Support Services
- Where and how you get to your support services
- Access and Information while living at Kendal Court
- Kendal Court: thinking of your stay here

Where the survey asked an **opinion** of the resident, their comments and relevant information given are extrapolated in the appropriate sections.

As part of the survey, all residents were invited to complete an Equality Opportunity Monitoring section at the end of the interview.

## Survey: Residents and support services

*This section of the survey aimed to capture:*

- what health, care or housing support services residents are accessing
- identify any services they feel are not available to them
- how satisfied they are with their main service

**29 surveys were completed**. Not all respondents answered all the questions.
*Direct quotes from residents are in italics.*

| Q1: Residents who had used health, care or housing support within the last 6 months | |
|---|---|
| Used | 17 |
| Not used | 4 |
| **Total responses** | **21** |

| Q2: Residents registered with a GP | |
|---|---|
| Registered | 23 |
| Not registered | 3 |
| **Where registered** | 7 in Newhaven, 8 in Brighton, 1 out of county, 1 in Eastbourne |
| **Total responses** | **26** |

Whilst some residents have registered with a GP in Newhaven, others wanted to maintain existing links with their Brighton GP for continuity of care and support, as they envisaged or hoped to be rehoused in Brighton.

| Q3: Residents registered with a Dentist | |
|---|---|
| Registered | 5 |
| Not registered | 21 |
| **Total responses** | **26** |

| Q4: Services residents have used or are using | | |
|---|---|---|
| **Services** | **Currently using** (ranked by response) | **Have used services** |
| Housing support | 11 | 7 |
| GP | 11 | 5 |
| Mental health services | 8 | 4 |
| Voluntary charity care | 8 | 2 |
| Hospital | 3 | 7 |
| Other community support e.g. district nursing | 3 | 2 |
| Drug & Alcohol services | 2 | 3 |
| Adult social care | 1 | 1 |
| Children's services | -- | 1 |
| Dentist | -- | 5 |
| Other | 3 | 2 |

| Q5: The main services people listed that they use | |
|---|---|
| Mental Health: | **9** responses |
| GP: | **5** responses |
| Other services:<br>Meals on wheels, Money advice, diabetic clinic, Adult Social Care, Housing Support, Keyworker & Homefinder | **10** responses |

| Q6: Services residents want to use but can't now they are at KC | |
|---|---|
| Yes | 8 |
| No | 10 |
| **Total responses** | **18** |
| | 'Yes' examples given were dentist, mental health services, Adult Social Care and charities in Brighton. |

| Q7: How satisfied individuals are with their main service | | |
|---|---|---|
| | | Reasons given |
| Very satisfied | 10 | *'after months of neglect the social worker has been outstanding and I can't thank them enough'*<br>*'Welfare Rights team- very satisfied with'* |
| Satisfied | 3 | *'Housing support service; some individuals are very good!'* |
| Neither satisfied or unsatisfied | 1 | *'ASC = okay'* |
| Unsatisfied | 2 | *'There is no care and support, no follow up from housing support. I've no idea how housing support works'* |
| Very unsatisfied | 2 | *Not happy – been referred out of mental health services'*<br>*'Nothing from the housing support team'* |
| **Total responses** | **18** | |

High levels of satisfaction with main service were recorded, particularly GPs. Satisfaction with mental health and housing support services were more variable. Five residents identified more than one main service and others were unclear about services they are receiving or entitled to now they are at KC.

Some residents were confused as to the name and location of their service or indicated they were no longer accessing services since they had moved out of the Brighton area and believed that they were therefore no longer eligible for the service.

## Survey: Where residents go to access their main support service

*This section looks at*

- where residents go to access their main service
- how they normally travel
- if access to travel affects their ability to access service(s) they need

| Q8: Where residents go to receive their main support service | |
|---|---|
| Newhaven | 4 |
| Lewes | 1 |
| Brighton and Hove | 9 |
| Other | 5 |
| **Total responses** | **19** |

| Q9: Mode of travel to support services | |
|---|---|
| Walk | 3 |
| Bus | 8 |
| Car | 1 |
| Train | 5 |
| Other | 3 |
| **Total responses** | **20** |

Two residents have a bus pass.
One resident does not travel and their social worker visits them at KC.

| Q10: If access to transport affected the resident's ability to get to services they needed | |
|---|---|
| Not at all | 3 |
| A little bit | 1 |
| Not really | 5 |
| Quite a lot | 4 |
| It is a problem | 3 |
| **Total responses** | **16** |

A recurring theme was the cost of travelling to Brighton to access support services: this included friends and family networks.

*'It's expensive to travel to Brighton, so I try to have appointments on the days that I work'*

*'I currently fall through the gap in terms of service boundaries'*

To meet the criteria for free transport passes, residents require medical evidence of entitlement. Residents have to prioritise their income to allow for travel costs to and from Brighton.

| Q11: Any other reasons why you cannot get to a service you need? | |
|---|---|
| Yes | 6 |
| No | 4 |
| **Total responses** | **10** |

Four residents felt they were not able to access local mental health services.
Three residents could not access laundry services.
Two residents felt anxiety when they travelled on buses to Brighton.
Two residents were unable to register with a local dentist due to a closed list.
One resident with mental health issues did not want to access a local service where
Two residents could not access Brighton only services (RISE and Lighthouse)
One resident struggled to make a GP appointment

## Survey: Access and Information

*This section looks at residents' experiences at Kendal Court*:

- whether residents can access the right care and support when they need it
- whether they have a choice about where they receive their service
- how safe they feel
- any barriers they encounter to receiving services

| Q12: Experience of living at Kendal Court | | | | | |
|---|---|---|---|---|---|
| **Statements** | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** | **Total** |
| I can access the right care and support when needed | 1 | 5 | 7 | 5 | **18** |
| It is easy to access information about my main service | 3 | 8 | 3 | 3 | **17** |
| I understand the information I am given | 1 | 11 | 1 | 2 | **15** |
| I have a choice about where I receive my service | 0 | 4 | 5 | 3 | **12** |
| I feel safe | 2 | 9 | 9 | 4 | **24** |
| I feel lonely | 5 | 6 | 7 | 3 | **21** |

Some residents accessing multiple services both agreed and disagreed with some of the statements above. In these cases, we recorded their overall experience.

| Q13: Where residents disagreed with the statements above, they were asked to outline why that was | |
|---|---|
| I can access the right care and support when needed | A resident with complex mental health issues and previous substance misuse receives ongoing support from Brighton Crisis Mental Health team but is lonely and isolated. Most of their friendship networks are in Brighton.<br><br>*'It does not make sense for me to be stuck out here'* |
| It is easy to access information about my main service | Some residents feel they have been left at Kendal Court and are not clear whether their MH and other support in Brighton would be transferred to Newhaven.<br><br>Four residents commented on the lack of housing support.<br><br>'*I have a housing officer, but difficult to see him'*<br><br>*'Housing Officer disinterested'*<br><br>One resident was aware of the housing officer as they had left our survey form under the door but reported that they had no contact. |

| | |
|---|---|
| | A resident trying to take control over their life felt the BHCC website housing section is difficult to navigate and they struggled |
| I understand the information I am given | *'No information given – I never feel safe'.*<br>This question was not well understood but several residents commented upon the lack of information provided on arrival at Kendal Court |
| I have a choice about where I receive my service | A resident with complex health issues was given 2 days' notice of their move to Kendal Court and was offered no other choice. Another resident spoke about the very short notice to take up the offer of temporary accommodation - or lose it.<br><br>One resident going through gender reassignment with all their specialist treatment and support systems provided in Brighton. They said it did not make sense for them to be placed in Newhaven. |
| I feel safe | 11 of the 24 respondents said they did feel safe at Kendal Court but most of the comments were from the 13 who felt unsafe.<br><br>*'I really don't feel safe. Most of the people who live here are single and some have behaviours which I am not comfortable to let my child be around. I don't like it!'*<br><br>*'Don't feel safe anywhere – paranoia (MH) I want to be alone'.*<br><br>'*I suppose so - in comparison to being on the streets'*<br><br>*'I don't feel safe because the access code to enter the external door never changes and can then be used by people once they have left or passed on to others.'*<br><br>*'Border line safe – level of aggression here, I'm not well a lot of the time, I can't get help out of hours.'*<br><br>*I'm scared to talk to people here...lots of verbal abuse. I am at risk, but also pose a risk to others because of my poor mental health if I am pushed. I go to Brighton where I feel safe when I can, stay over in B&B to feel clean'.*<br><br>A number of residents suggested spy holes and security chains should be on individual front doors to make people feel safer. |
| I feel lonely | *'I have been on the waiting list for counselling for a long time due to abuse, bereavement and domestic violence issues and I am concerned that moving here will now mean I have to start again. I still struggle with my MH having been sectioned several times and have no family support for this. I feel that no one is listening'*<br><br>*'I feel quite isolated as there are no communal meeting areas in the building and it's located in an area of very few public amenities. Most of the people I know live in Brighton.'*<br><br>Three residents reported not wanting to see or socialise with the |

| | |
|---|---|
| | other residents in KC. Two residents said they would like a communal area at KC to socialise in. Three residents said they preferred to keep to themselves. |

Interviewers had concerns about the impact on residents who were vulnerable with multiple and complex needs who had become isolated with limited access to support services and social networks. This is outlined in the Observations section.

| Q14: Have residents encountered barriers to receiving services since being at Kendal Court? | |
|---|---|
| No | **7** |
| Yes | **9** |
| **Total responses** | **16** |

| | |
|---|---|
| If Yes, the following reasons were given | *'I've been told that my social care package will only kick in once rehoused back in Brighton'.*<br><br>A resident said their anxiety meant they had not explored the area and it prevented them from making an appointment<br><br>A resident reported they were referred out of the BHCC mental health team since coming to KC |

Three residents claimed that if they severed links to their existing services, they would lose their preferred place of residency.

Two residents thought that as KC is out of the placing authority boundary, services are unwilling to provide the on-going support they need. This can result in residents feeling a sense of abandonment and during five interviews residents described 'being dumped' at Kendal Court.

| Q15: What has worked well for residents at Kendal Court? |
|---|
| Factors that residents reported have worked well are in **bold** type.<br>Comments given by residents are in *italics* |
| |
| *'The **building** is a big improvement on my previous temporary accommodation which was very damp and uncared for – broken locks etc'.* |
| *'I was assigned a **ground floor** room due to my health issues and the view of a **garden** has kept me sane'.* |
| *'It's ok so far, recently moved in'* |
| A young resident who had never experienced living anywhere but on the streets said KC was positive because of the one-to-one support from a **charitable** agency support worker who had supported their move into KC by finding furniture and providing ongoing support.<br>*'Really good to have St Mungo's worker helping me'* |
| One appreciated **his independence** and **own facilities** having been in a hostel in Eastbourne where you signed in and out and shared a kitchen and bathroom. |
| A new resident was happy to be here, having been on **the street** for some time. |

| |
|---|
| *'Pleased to get somewhere!'* |
| *'Settling in and sorting a **GP** out; will stay in Newhaven for all services. Need appointment with MH team'* |
| A resident who wanted to move as far away from Brighton and Sussex as possible, organised themselves with KC **internet** access and researched available accommodation in their preferred area. |
| The seven residents registered with a **Newhaven GP** all said they valued them highly and no resident reported bad GP care regardless of location. |
| ***'Accommodation is** not the problem, people are eg. drug addicts, needles lying around, 2 drug overdose deaths'*<br>***'Accommodation** ok – people are the problem'* |
| Three residents spoke about accessing the '**Food Bank'** service in **Newhaven.** Through conversations with other residents, respondents learnt of the Food Bank and we have learnt it is used frequently. **Informal support** received is valuable to wellbeing at KC. |
| A respondent liked the idea of not having support, and **no one checking on them.** |
| ''**Nothing''** had worked well was recorded for four residents |

| Q16: What could be made better at Kendal Court? |
|---|
| This question prompted the most responses from residents. Factors that residents reported that could be better are in **bold** type, resident comments are in *italics.* |
| |
| **[1] Travel pass for Kendal Court residents**<br>Seven residents travelling to Brighton complained of the high travel costs to access the services they required as they were largely outside of Newhaven. These residents also sought the support and company of family and friends outside of KC as key to their wellbeing.<br><br>Two residents said that a travel pass would alleviate much anxiety and financial hardship in accessing their support and care services in Brighton. |
| **[2] Information for new residents**<br>A minority of residents reported arriving at KC with little or no social, healthcare or housing support in place. Most residents were unfamiliar with the area when moving in, having their networks, support and connections in the Brighton area. There was no formal signposting to local services and support, they had to find out from other residents or the caretaker.<br><br>Eight residents have developed links with local community groups and agencies in Newhaven that offer support which mitigates the risks of isolation and deprivation Some of these residents would have liked better access to services/resources that are available in Newhaven and two residents mentioned positive support they received from a charity and the food bank. |
| **[3] Improvements to the fabric of the building.**<br>• ***'Heating system** is inadequate, and the **windows** don't close properly';* One resident reporting they frequently had bugs and creepy crawlies dropping on their face whilst they were sleeping at night. |

- '*There have also been **leaks** in the winter and **mould'**.*
- *'There is no adequate insulation, noise passes through walls and my clothes get damp'*
- ***'Banisters** fitted to all stairwells.'*
- *'No-one ever cleans the communal stairways, there is always dust and cobwebs'*
- *'Having a **TV Ariel** in the room would make a huge difference to my daily living. Helping me keep connected with the outside world*.'
- *'Offering **recycling** facilities, providing **storage** space*.'
- Two residents spoke about **Fire Alarms** repeatedly being set off, often at night. A resident raised concerns about fire procedures as living on the top floor they would find it hard to escape. Several residents were observed smoking in their flats, some vulnerable with mobility issues or high alcohol and drug users.
- '*A **central area for residents to meet**, a laundry and outside usable space'* would improve the Kendal Court resident's welfare and integration.
- Three residents spoke about 'management' issues with the property which added to their already low mood and poor mental health.

**[4] Improvement to the security system.**
The majority of residents do not feel safe (see Q.12) and other residents said the block can be very noisy with regular altercations.

None of the front doors have spy holes or security chains fitted. The numbered key pads to gain access from outdoors can be accessed by other people aware of the combination.

*'I don't feel safe here with a child. People are often drunk and arguing. I don't feel I can trust people here. There is no proper **emergency contact** available'.*

*'I don't feel safe at night or weekends when there is no caretaker here'*

**[5] Improving the relationship with local residents and services**
Vulnerable people out of their preferred place of residency have an impact on the local networks.

Four residents and the caretaker reported violent incidents and arguments involving residents, including an altercation at the pub nearby where the Landlord refuses to have KC residents.

In the immediate vicinity, the neighbouring nursery commented to interviewers that they have found 'used needles' in the play area for children and that two residents are suspected of acting inappropriately towards young children (reported to the Police).

*'The immediate area is also quite run down, and I do worry that we are vulnerable here. But part of my homeless application moving on is that I accept this placement.'*

*'When you tell shopkeepers, local people and taxi drivers you live at Kendal Court they look down on you'*

**[6] Basic items provided in the flat on tenancy**
Most residents spoke of receiving little or no support to move in. Some had very few personal possessions, including minimum essentials for preparing and eating food, no bedding and pillows.

A mother with a toddler had not been told there were no laundry facilities in the building or in Newhaven.

We met a new resident who came with three bags of possessions but no food, bedding, bed, pots and pans, having just come from a drug rehab unit.

Interviewers observed some comfortable and warm flats, but others were sparse, neglected and malodorous. One resident's flat was chaotic, and they are currently sleeping on the floor as the bed was too uncomfortable.

'*When I was moved here with my toddler there was no bed for him, I had to sort one through my family in Brighton'*

**[7] Having access to laundry facilities**.
Most respondents referred to the lack of laundering facilities. This ranged from the practical barriers to the impact it had on them trying to re-organise their lives.

*'Currently I have no choice but to take a bus to and from Seaford to use public facilities there. This makes me feel that the council have no regard for me, that I am almost a non-person not entitled to the dignity of being able to wash my clothes at home. It makes me angry and frustrated adding to my depleting sense of self-worth.'*

*'Providing communal facilities such as laundry.'*

**[8] An improved system for residents accessing electricity**
Eight people mentioned the system of paying for electricity. This must be done through the caretaker who they pay to top up their meter through a key system. He is only available Monday to Friday, 9am- 5pm.

Three residents reported arriving at Kendal Court with no money to purchase electricity, one at the weekend when it was not possible to purchase electricity.

*'The way you have to pay for electricity is inhumane and degrading. There is no facility to top up if you run out when the caretaker is not here; most people here don't prioritise checking they have enough electric! They don't check the electric meter reading to see when they are about to run out.'*

Residents are not clear if there is any system in place for accessing emergency tokens out of the caretakers normal working hours, but one resident reported he had never been able to access them.

The existing system is costly for residents, increasing their risk of fuel poverty. Three residents asked interviewers to look into how much they were charged for electricity.

**[9] Kendal Court is not a place for children**
During the survey period, there were two potentially vulnerable children in residence

with single mothers as the lone carer. Their homeless status warrants a Safeguarding alert.

To escape an abusive relationship, a young mother with a toddler was placed in KC with no other choice offered. She feels unsafe and is anxious about other residents' activity and noise at night. She has witnessed several distressing events KC with the current mix of residents. There are no facilities for children and she has concerns with winter approaching. She works 2 days in Brighton and is unaware of local children's services in Newhaven or of local health visitors, though is registered with a local GP. She is eager to be housed in Brighton where she has family support mechanisms.

*'I'm scared to talk to people here...lots of verbal abuse.'*

'*This is not a suitable environment for children to be placed'*

Two residents with children were vulnerable themselves due to their visible and complex health needs.

*'I really don't feel safe. Most of the people who live here are single and some have behaviours which I am not comfortable to let my child be around. I don't like it!'*

**[10] A key worker or advocate located at Kendal Court**

The survey conversations repeatedly indicated the need of some residents to secure better access to their existing services, or have additional support, in a timely and efficient manner.

Three residents expressed concerns about local drug and alcohol services, including how they could access services from KC. Two residents currently go to Brighton and one to Eastbourne for their support.

Moving out of their area, residents were sometimes unclear who, when or where their support would come from. Three residents indicated they had a key worker who coordinated their support. An additional four residents asked interviewers for help in getting further support.

*'somebody to help me such as a social worker'*

**[11] Emergency Contact**

Residents said they want access to someone in an emergency when the caretaker is not on site. If something goes wrong out of hours, they have no one to contact in an emergency.

'*If you call the BHCC number out of hours, they tell you that they have no access to keys to the building and the caretaker does not answer calls outside of 9 –5 on weekdays.'*

Even when the caretaker is available, he is not trained as a support worker to deal with residents with complex health and social support needs. The caretaker takes high levels of responsibility and in doing so is taking personal risks.

**[13] Improve the reputation of KC as a 'dumping ground'.**
There is a sense from some residents that individuals are dumped at KC and forgotten. The four deaths at KC over the year was mentioned by most residents interviewed.

One resident indicated that during a subsequent council inspection, a further body was allegedly discovered. This reinforced the reputation that you are forgotten at KC. He felt the removal of the deceased and clearing of the resident's flats by the authority was conducted insensitively and was degrading and disrespectful to the deceased and existing residents.

*'Improve **welfare checks** on the residents in flats from the housing department. I was left quite traumatised in the summer being blamed for the presence of flies and a very unpleasant smell in the block. And it was only when a visitor lifted my vinyl flooring to find maggots from the decomposing body of a fellow resident in the room next door. Where was the care for that person?' Who checked on him over the months? People are unsafe because they are isolated.'*

Another distressed vulnerable resident said he had little 'official' support. His mother lives in Brighton and does his washing. He spoke openly about 'doing something stupid' because of loss and isolation he is experiencing and his history of mental illness.

A very frail elderly gentlemen has been in KC over two years with no support services with evidence of severe self-neglect and vulnerable to potential financial abuse. He said he received no regular support and had not seen a GP for over four years. He wanted a social worker to help sort things out, including daily living. He stated he was lonely.

**[14] Ensuring the suitability of the resident to Kendal Court.**
There is evidence in residents' feedback that their care and support needs are considered prior to being offered a placement at Kendal Court. The suitability of the accommodation featured more positively in these cases..

We heard examples of where some residents have positive experiences living at Kendal Court. These were more able residents who are planning their next steps, developing relationships, securing access to the internet and are proactive about finding longer-term accommodation.

It was difficult to conclude that all individuals are consistently offered or have access to the right support services. Residents reported being placed without any or an inadequate assessment of need or support from a dedicated worker. Two residents had difficulties accessing their first-floor accommodation due to their mobility disabilities.

A resident with a physical disability and limited mobility had been at KC for well over 2 years. He said BHCC had sent information about other possible places, but none were suitable because of his disability. He felt he was wasting his time going to look at these places. He felt isolated and sometimes suicidal.

One resident reported that being placed at KC from Brighton now meant that they had difficulty providing support for their father who lived in a residential home in Portslade.

*'Accommodation is not the problem, people are! e.g. drug addicts, needles lying around, 2 drug overdose deaths'*

The survey identified unsupported marginalised individuals with multiple complex needs being co-located. At least three residents had drug and alcohol issues, with at least one being on methadone.

A resident described the situation as a *'ticking time bomb'*, arising from '*difficult geographical location and a toxic mix of residents*'.

| Q17: How long residents had been at Kendal court | |
|---|---|
| less than 2 weeks | 4 |
| 2-4 weeks | 5 |
| 4-7 weeks | -- |
| 2-5 months | 4 |
| 6-12 months | 6 |
| 13-18 months | 2 |
| +2 years | 2 |

## Equality Monitoring Overview

Respondents were invited to provide some equality monitoring information at the end of their conversation. This information was voluntary and where responses were given these are shown in the tables below.

| Are you? | |
|---|---|
| Male | 12 |
| Female | 3 |
| **Total responses** | **15** |

| Age Range | |
|---|---|
| 25-34 | 4 |
| 35-44 | 4 |
| 45-54 | 1 |
| 55-64 | 2 |
| 65-74 | 0 |
| 75 and over | 1 |
| **Total Responses** | **12** |

| Ethnicity | |
|---|---|
| White British / White Irish | 10 |
| Indian | 1 |
| Black African / Caribbean | 1 |
| **Total Responses** | **12** |

| Are your day to day activities limited because of a health problem or disability as set out in the Equality Act 2010? | |
|---|---|
| Yes, a lot | 8 |
| Yes, a little | 3 |
| No | 1 |
| **Total responses** | **12** |

Where responses were positive that a person did find their activities limited the following reasons were given.

| | |
|---|---|
| Mental Health Condition | 8 |
| Physical Impairment | 2 |
| Sensory Impairment | 1 |
| Other (*) | 1 |
| (*) related to HIV & Dyslexia | |

## Observations

**Duty of Care**
The interviewers were selected because of their considerable experience with vulnerable people, including homeless individuals, in social and healthcare settings. Nevertheless, their observations of the wellbeing, mental health and everyday functioning of a significant number of residents was difficult and challenging.

During the survey conversations, unsolicited, some residents readily spoke of unmet needs and potential risk. As part of their Duty of Care, interviewers shared these disclosures with the ESCV survey manager and director.

Potential and actual safeguarding issues, for both children and adults, were apparent on most occasions KC was visited. These included self-harm, potential financial abuse and neglect. These residents needed to be more fully assessed for risk whilst at KC. Two appeared to have no link with key workers, agencies or family, increasing their vulnerability and risk.

Most unease involved residents who disclosed substance and alcohol misuse, multiple needs and mental illness. We interviewed two residents who are particularly isolated, vulnerable and who cannot self-refer. As a consequence, a small number of concerns were escalated to BHCC housing officer regarding specific residents or general issues. Assurances were sought that the relevant support services provided by BHCC were alerted to the situation.

Interestingly, interviewers noted that residents surveyed in December, the later cohort, appeared to have a more positive attitude to living in KC, were more eager to engage with interviewers [some requested to complete a telephone survey] and appeared to be more in control of their lives. This may be due to their recent arrival, the on-site familiarity and trust of the survey and interviewers, or changes to the way that residents are allocated to KC.

**Caretaker**
The caretaker was invaluable to interviewers. He offered the survey team helpful direction and valuable information about accessing residents for interviews.

Though untrained, his experience and close daily links means he acts as the go-between for BHCC housing and the residents. Though not his role, as a concerned citizen, he frequently alerts support services, including the police and ambulance, for the safety of the residents.

For many residents, especially new ones, he is the only contact that they had to helping them access their electricity, furniture and directions to secure food and other support. A frequent comment was the fact that a recognised and regular face on the site made residents feel safer and less isolated.

**Living at Kendal Court**
Overall, of the residents that responded, it appeared that there were an equal number of residents that were reasonably happy or unhappy to be living at KC. A number reported having positive experiences, especially where they had 'been on the street' previously. More experienced users of emergency housing and homelessness said they appreciated the individual privacy of their flats and not having to share facilities.

Interviewers observed at first hand that many flats were comfortable, reasonably furnished and were light, dry and warm. These were also the flats that were clean and well kept. Residents that reported they liked their flats were more likely to have made them homely. Where residents had been there for some time, all had a TV.

Satisfaction with KC did not necessarily correlate with whether residents were happy with their location out of Brighton. A young mother who desperately wanted to be in Brighton had made a comfortable home for her and her child in KC. She was 'sitting it out'' to get rehoused in Brighton.

Although all of the residents in KC are vulnerable and in need of support by virtue of their placement in emergency housing by BHCC, many respondents indicated their life was made worse and more difficult by being placed at KC. These residents appeared to be long term users of a more complex mix of health and social care services plus charity and community support. Many are isolated from friends and family by being placed in Newhaven, sometimes leading to social isolation, deteriorating mental health and escalating their need for services.

## Conclusions

**Selection of Kendal Court residents**
We heard residents who had positive experiences of living at Kendal Court. Many were glad to have moved to Newhaven and be out of Brighton. They saw Kendal Court as a 'new start' to organising their lives. Residents that reported a positive view were mainly individuals who organised themselves, could prioritise and self-managed their day to day routines.

A greater ratio of residents that would be better suited to living here may possibly reduce the problems and reputation of KC. Residents with a multiplicity of complex health and social care needs, particularly mental health, already have challenges that mean any placement would be difficult for them. Improved selection may well benefit residents, BHCC and the Newhaven community.

Isolation from support services and poor daily living facilities were more often mentioned as a failing, not the flats themselves.

**Laundry facilities**
Difficult access to laundry facilities is a major barrier to residents organising and regulating their lives. Having no facilities at KC or even in Newhaven mitigates the safe care aspired to and encouraged in most of this resident group. Virtually all residents felt being clean and dignified improves confidence and self-worth.

**Out-of-Hours Contact**
The lack of an out-of-hours emergency contact was a common concern for residents, the caretaker himself and interviewers.

Having a caretaker is a key component to the experience of those who were positive about living at KC. The present incumbent has no training or support for the role and position he often finds himself in.

**Additional support whilst at Kendal Court**
With the current mixed calibre of residents, additional support was reported consistently as being needed. A majority of residents wanted more holistic guidance and clear signposting to relevant services and additional support to attend meetings and appointments.

Information should be given to all new residents, and a copy on display in each flat and main stairway. This would include contact details for local services such as GPs, dentists, mental health, food bank, laundry facilities etc.

It may be safer and achieve better outcomes to have advocacy services available to support KC residents and for more vulnerable residents to be assigned a case worker. Vulnerable residents who have a key worker or support from friends and family networks appeared to have better experiences of living in Kendal Court; they are more resilient in coping with the travelling to and from Brighton to maintain access their preferred services and services only available there.

With difficult and expensive journeys to their fractured support services, living at KC often means there are more barriers to residents trying to manage their lives.

**Safeguarding**
Potential and actual Safeguarding issues were apparent on most occasions KC was visited by the experienced interviewers.

Inadequate assessment of needs and inappropriate placement of some residents mean they become vulnerable and at risk by their very allocation to KC.

To meet the multi-agency safeguarding expectations, it appears vulnerable residents should have a more robust appraisal of their care and support needs **prior** to considering a placement at KC.

**Safety**
Getting residents to participate in the survey was extremely difficult but not surprising in this client group. We believe some residents chose not to answer their door. Residents and interviewers consider spy holes and security chains on the doors would reduce a reluctance to answer callers and help residents feel safer in their flats at all times.

***Acknowledgements***
ESCV would like to acknowledge the support of all those concerned in producing this report. Most of all we would like to thank the residents of Kendal Court for sharing their personal experiences with us. We would like to thank ESCV volunteers and staff for their help with all aspects of this project.

The caretaker and owner of Kendal Court enabled us free access at all times and were indispensable to the smooth running of our interview schedule. Officers at BHCC helped facilitate our interview schedule with residents and Sussex Community Development Association helped us access some residents through their services in Newhaven.

***Contact***
East Sussex Community Voice – *delivering Healthwatch East Sussex*
Greencoat House
32 St Leonards Road
Eastbourne
East Sussex
BN21 3UT

01323 403590
www.escv.org.uk
www.healthwatcheastsussex.co.uk

# End

| | |
|---|---|
| **Report to:** | **East Sussex Health and Wellbeing Board** |
| **Date of meeting:** | **13th July 2021** |
| **By:** | **Director of Public Health** |
| **Title:** | **Improving Population Health - East Sussex Alcohol Strategy and Healthy Weight Partnership** |
| **Purpose:** | **To seek the board's endorsement of the East Sussex Healthy Weight Plan for 2021-2026, and the East Sussex Alcohol Strategy 2021-2026** |

---

***RECOMMENDATIONS***

**The Health and Wellbeing Board is recommended to:**

**1) Endorse the East Sussex Whole-system Healthy Weight Plan for 2021-2026 (Appendix 1);**

**2) Endorse the East Sussex Alcohol Strategy 2021-2026 (Appendix 2); and**

**3) Note the approach taken in the development of the whole-system healthy weight plan and the East Sussex Alcohol Strategy, and their priority areas for action.**

---

## 1. Background

1.1. The East Sussex Healthy Weight Partnership was established in 2014, with the aim of increasing healthy weight and physical activity across the population of East Sussex. The partnership is led by Public Health and includes representation from East Sussex County Council; Surrey County Council; Clinical Commissioning Groups (CCG); Health services; East Sussex Fire and Rescue Services (ESFRS); Voluntary, Community and Social Enterprise orgs; District and Borough Councils; and private providers.

1.2. Data from the Public Health England Obesity Profile shows that, in 2019, just under two thirds of adults (62.5%) and around one quarter of children (23.4% in reception year and 28.2% in year 6) in East Sussex were classified as overweight or obese. At the same time, just under half of children and young people (47.8%), and just under one third of adults (32.2%) were not completing the recommended level of physical activity.

1.3. Annual spend on the treatment of obesity and diabetes is greater than the amount spent on the police, the fire service and the judicial system combined, and it is estimated that the NHS spent £6.1 billion on overweight and obesity-related ill-health in 2014 to 2015.

1.4. The East Sussex Alcohol Harm Reduction Strategy is a partnership strategy and the wide range of organisations involved in developing the strategy including the East Sussex CCG; East Sussex Healthcare NHS Trust (ESHT); Sussex Police; Trading Standards; ESFRS; District and Borough Councils; and housing organisations are essential to its implementation.

1.5. Alcohol can be a positive part of our community. People can enjoy each other's company over a drink and the industry supports many jobs across the county. However, it also causes harm to the individual and those around them. The recent report from the commission on alcohol harm[1] says; *'the harm from alcohol - physical, mental, social and economic - is everywhere, hidden in plain sight and often endured privately.'* The latest data shows over of quarter of the 16+

[1] The report of the Commission on Alcohol Harm: It's everywhere' – alcohol's public face and private harm, 2020

population (around 120,000 people) in East Sussex are drinking at risky levels. In addition, over 5,000 local people are dependent on alcohol. The economic harm results in lost productivity costing the UK economy £7 billion each year. The Chartered Institute of Personnel and Development identified that 40% of employers mention alcohol as a significant cause of low productivity. A recent survey in East Sussex identified that residents have been consuming more alcohol and drinking more often during lockdown.

1.6. Unhealthy weight and alcohol harm are complex issues and are driven by multiple causal factors. As a result, they cannot be addressed through traditional linear approaches with pre-determined inputs, outputs, and outcomes which are focused on treatment. Instead, a whole system approach is needed. A whole system approach responds to complexity through an ongoing, dynamic, and flexible way of working, focused on tackling the causes of the causes, whilst ensuring that treatment and support are available to those in need. It involves stakeholders from across the system agreeing actions and deciding as a network how to work together in an integrated way to generate sustainable system change.

## 2. Supporting information

### *Development of the East Sussex whole-system healthy weight plan (2021-2026)*

2.1. The new whole-system healthy weight plan has been developed using the model created by Public Health England (PHE) and Leeds Becket University[2]

2.2. The development process began in February 2019, with an event attended by over 70 stakeholders. The event was an opportunity for stakeholders to come together to celebrate the work of the partnership and to create a system map. The system map describes the reality of the challenge we face in moving from an obesogenic system to a system which favours a healthy weight. It identifies 122 local causal factors associated with healthy weight across eight thematic areas:

- Physical activity
- Individual and social factors
- Workforce
- Education and training
- Food
- Information and marketing
- Environment
- Travel

2.3. Over the following year, the map was reviewed, updated, and used to identify gaps and opportunities to change the system and improve outcomes.

2.4. This information was used to agree three priority areas for action, alongside overarching actions, which the partnership would focus on during the lifespan of the plan. These are described below together with the main objectives for each area:

[2] PHE (2019). Whole systems approach to obesity: A guide to support local approaches to promoting a healthy weight. Available at Whole systems approach to obesity: A guide to support local approaches (publishing.service.gov.uk)

***Priority areas for action***

| Priority area for action | Main objectives |
|---|---|
| Physical activity | To work with the sport and physical activity workforce to ensure that physical activity is for all and to create a wide range of opportunities that people can engage with, allowing the population of East Sussex to find an option which best suits their personal preference and needs.<br>To work with organisations beyond the partnership to promote the benefits of providing an offer which supports inactive individuals to become more active.<br>To make walking and cycling the easier choice for short journeys or part of longer journeys wherever possible.<br>To work with health and social care organisations across the system to embed physical activity into policies and processes. |
| Food | To work with partners to improve diet and nutrition for new-born and young children.<br>To create an environment where healthy food is the preferred choice, whether eating in or out of the home.<br>To tackle food poverty and build food security across the county.<br>To ensure people living with a Long-Term Condition have the knowledge, skills, confidence, and opportunity to improve their diet and nutrition. |
| Environment | To work with educational sector partners to embed healthy weight activity within education settings.<br>To ensure that healthy weight and physical activity is prioritised within local planning and development processes.<br>To improve access, promotion, and safety of public outdoor spaces, and encourage a sense of shared ownership by those who use them.<br>To work with employees and employers to improve the role of the workplace in increasing physical activity and improving diet and nutrition. |

2.6. In order to achieve these objectives, actions described within the detailed action plan (**Appendix 1**), will be taken across the four different levels at which a system functions – events; system structures; system goals and system beliefs. Actions need to be taken at all four levels to achieve sustainable system change. The following table describes these different levels:

| Events | System structures | System goals | System beliefs |
|---|---|---|---|
| These are the things that we can see around us in our day to day lives, the things that arise from how the system functions. Actions in this area are focused on individuals. They usually require additional investment and will have limited impact on system change on their own. | This relates to how the system is organised: The structures, the processes, and the relationships between the parts. Actions in this area focus on enabling event-level actions to happen at scale. | These are the targets that the system, or a part of the system, is working to achieve. Actions in this area focus on ensuring targets across the system are aligned rather than in conflict with each other | These are the deeply held beliefs, norms, attitudes and values of the individuals and organisations which cause the system to function and keep functioning as it does. Actions in this area do not tend to require investment but will have the most significant impact on system change. |

2.7. The new whole system healthy weight plan was due to be published in April 2020. However, because of the coronavirus pandemic, the decision was made to delay publication until 2021. This delay was used as an opportunity to review the map and strengthen elements in light of the impact of COVID-19 (e.g. food security), further expand the membership, and review and amend actions with partners, including our new partners, which brought fresh perspectives and fresh areas of action (e.g. supporting people living with long term conditions).

2.8. The plan has been approved by all healthy weight partnership members and is available on the East Sussex County Council website at East Sussex whole-system healthy weight plan 2021-2026 | East Sussex County Council (as well as Appendix 1). It has been endorsed by the CCG and will be included within the Sussex Health and Care Partnership's Health and Care plan.

***Development of the East Sussex Alcohol Strategy (2021-2026)***

2.9. The new alcohol strategy (see **Appendix 2**) is informed by the CLeaR (Challenge services, Leadership, and Results) improvement tool. CLeaR is an evidence-based approach to system improvement, which can help to prevent and reduce alcohol-related harm at a local level.

2.10. There were two phases to the strategy development process.

2.11. Phase 1 began at the end of 2019 and start of 2020, when a small working group was convened to undertake a self-assessment using the CLeaR tool. Local stakeholders were engaged to review the local alcohol harm reduction system against objective quality criteria informed by National Institute of Health and Care Excellence (NICE) guidance.

2.12. In addition, over 20 local stakeholders participated in a peer assessment day where the invited peers from two local authorities and PHE interviewed local stakeholders across relevant sectors to build a comprehensive picture of the local system. A final report was submitted to the East Sussex Alcohol lead.

2.13. In summer of 2020 a local survey was undertaken with residents and experts by experience of local services to ensure views of East Sussex residents informed the strategy development process.

2.14. Gaps and issues identified in the CleaR report were cross referenced with local need and local strategies from several areas in England were reviewed for best practice.

2.15. In the second phase: strategy drafting began informed by the CLeaR report and on-going engagement with 25 local stakeholders. Drafts of the strategy have been tabled at the East Sussex Alcohol Partnership and the Safer Communities Board.

2.16. The strategy outlines the causes and complexity of alcohol harm and an approach to address it. A summary is as follows:

- Alcohol harm is determined by consumption levels at individual and population level.
- The levels of alcohol people consume is determined by access.
- Alcohol harms caused by consumption are to the individual and those around them.
- Paradoxically, consumption is higher in less deprived areas, but harm is highest in most deprived areas leading to inequality within the county[3].

[3] The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies An evidence review, PHE, 2016 (reviewed 2018).

2.17. To address this the alcohol strategy has five ambitions for 2026:

| | |
|---|---|
| **Ambition one:** | Reduce number of people drinking above Chief Medical Officers recommendation 14 units per week (risky drinking population) |
| **Ambition two:** | Improve access to treatment services for people who could be benefiting (reduce those who are dependent on alcohol with unmet need of 84% to 75% by 2026) |
| **Ambition three:** | Reduce the 5,224 people who are dependant drinkers by a quarter to 4,000 by 2026 |
| **Ambition four:** | Increase holistic support for parents and children, addressing parental dependence and therefore reducing the number of children living with an alcohol dependant adult by 25% from 1,960 to 1,470 by 2026 |
| **Ambition five:** | Reduce alcohol related harm in Hastings:<br>• Hospital admissions (narrow measure) to be similar to national average by 2026[4]<br>• Alcohol specific mortality in Hastings to be similar to the East Sussex average[5] |

2.18. To achieve the ambitions there are four guiding priority areas for action:

1. Encouraging a healthy relationship with alcohol
2. Protecting children, young people, and their families
3. Making effective treatment and recovery accessible to all who need it
4. Creating safe environments in East Sussex

## 3. Conclusion and reasons for recommendations

3.1. The new East Sussex Whole-system Healthy Weight Plan (2021-2026) and the East Sussex Alcohol Harm Reduction Strategy (2021-2026) are an opportunity for us to work with partners across health and care, using a whole-system approach in order to address all the many local causal factors associated with unhealthy weight and alcohol harm, and to work as a unified system in improving outcomes for our residents.

3.2. The two pieces of systems working have been co-produced with partners, using a robust approach. And, although publication was delayed because of the coronavirus pandemic, this delay has resulted in East Sussex having a much stronger whole-system healthy weight plan and alcohol strategy in place.

3.3. The Health and Wellbeing Board are therefore asked to:

- Endorse the East Sussex whole-system healthy weight plan and the East Sussex alcohol strategy.
- Note the approach taken in their development.

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

Contact Officers: Peter Aston and Colin Brown

Tel. No. 078 2408 5359 / 01273 35353
Email: peter.aston@eastsussex.gov.uk colin.brown@eastsussex.gov.uk

[4] Provisional 2019-20 data is 911 per 100,000 (directly age standardised rate) in Hastings (664 per 100,000 in England 2018-19) (source: HES, NHS Digital, accessed Sept.2020)

[5] 12.2 per 100,000 (directly age standardised rate) in Hastings and 8.4 per 100,000 East Sussex, 2017-19 (source LAPE, PHE)

BACKGROUND DOCUMENTS

None

APPENDICES

Appendix 1: East Sussex Healthy Weight Plan for 2021-2026

Appendix 2: East Sussex Alcohol Strategy 2021-2026

# East Sussex Whole-system Healthy Weight Plan: Detailed action plan

## Physical activity

| Action area | Event level actions | System structures level actions | System goals level action | System beliefs level action |
|---|---|---|---|---|
| Developing and supporting the sport and physical activity workforce. | Deliver training and networking to help support the development of the sport and physical activity workforce to enable them to provide an enhanced, tailored and supportive offer to inactive individuals. | Sustain the active partnerships networks in Hastings and Rother and develop similar partnerships in other areas of East Sussex where they currently do not exist and where there is an identified need. | Increase the proportion of the professional workforce across East Sussex who have participated in professional development that will enhance their delivery of physical activity opportunities or the importance of physical activity. | The sport and physical activity workforce recognised the importance of professional development to support the ethos that 'physical activity is for all' allowing them to deliver a wide range of participation opportunities, allowing the population of East Sussex to find an option which best suits their personal preference and needs. |
| Supporting inactive people to become more active. | Providers offer affordable physical activity opportunities to encourage and support participation from those least likely to be active (e.g. disabled, LTC's, older people, ethnically diverse people, women & girls) using local/national data and insight to target resources. | Utilise the development of leisure centres and other key community facilities across East Sussex to ensure that new and existing facilities are welcoming and appropriate for inactive individuals | Where appropriate, include measures to support inactive people to become more active within service level agreements /contracts. | Providers understand and embrace the benefits of delivering an offer which supports inactive individuals to become for active. |

| Action area | Event level actions | System structures level actions | System goals level action | System beliefs level action |
|---|---|---|---|---|
| Increasing the number of people who walk or cycle for travel. | Deliver behaviour change programmes which support individuals across East Sussex to increase their knowledge, ability, and confidence to travel in an active and sustainable way using local/national data and insight to target resources. | Deliver the East Sussex Local Cycling and Walking Infrastructure Plan to improve and increase cycling and walking infrastructure networks, subject to available funding. | Develop and implement a Walking and Cycling Strategy for East Sussex which will support a range of national and local strategy documents related to transport, environment, economy & planning and social & health. | Walking and Cycling are the first choice for short journeys or as part of longer journeys for East Sussex residents. |
| Improving access to physical activity. | Provide easily accessible information to health care professionals on the range of local physical activity opportunities available to their clients. | Work with health and social care organisations across the system to embed physical activity into policies and processes. | Integrate physical activity into all relevant health and social care referral pathways. | The importance of physical activity is recognised across the health and social care system, at all levels (e.g. ICS, H&SC, NHS Trusts, CCG, PCN's) , as a key part of a holistic approach to prevention and improving people's physical, mental and social health and wellbeing. |

## Food

| Action area | Event level actions | System structures level actions | System goals level action | System beliefs level action |
|---|---|---|---|---|
| Improving diet and nutrition in new-born and young children. | Provide accessible information to parents and carers of new-born and young children on the importance of early years nutrition /infant feeding. | Support front line early years practitioners (across a range of settings) to consistently provide advice and resources on early years nutrition/infant feeding (to include training, development of policies, etc) as part of their role. | ESHT Maternity Services achieve Level 3 Baby Friendly Initiative (BFI) accreditation by December 2023.<br><br>Health Visiting and Children Centres (Early Help Service 0-19) maintain Level 3 BFI accreditation.<br><br>As part of the Healthy Active Little Ones (HALO) programme: 60% of early years settings achieve the HALO Award or HALO Excellence Award (or improvement in line with specified award criteria) by July 2024. | Parents see human milk as the norm for babies.<br><br>Nutrition is fundamental for good health and development during the early years of life. |
| Creating a healthy eating environment. | Promote the benefits of cooking and/or eating healthier food and harm caused by unhealthy food. | Work with local food outlets and food banks to improve access to healthier food. | Develop and roll out a healthy food charter which recognises achievements made by food outlets to improve access to healthier food. | Healthy food is the preferred choice, whether eating in or out of the home. |

| Action area | Event level actions | System structures level actions | System goals level action | System beliefs level action |
|---|---|---|---|---|
| Tackling food poverty and building food security. | Provide a wide range of opportunities for individuals and families living in food poverty to learn about nutrition, growing your own, food shopping, healthier cooking on a budget and reducing food waste. | Establish local food partnerships across East Sussex, which focus on all elements of food security, including food poverty, food waste and local / community food production and distribution. | Develop and implement food security action plans within each district and borough of East Sussex, which reflect local need and context, and are co-produced with members of the local community. | People recognise that everyone should always have physical, social and economic access to sufficient, safe and nutritious food which meets their dietary needs and food preferences for an active and healthy life. |
| Healthy eating with a Long-Term Condition (LTC). | Provide a range of educational opportunities for people newly diagnosed with an LTC. Promote the education using a variety of mediums and imaginative approaches to reach underrepresented groups, such as developing links to faith and community groups. | Offer digital structured education to people with an LTC within one month of diagnosis and invite them to register for Patients Know Best, the Sussex patient portal which provides supplementary information to compliment the education related to local services and support. | 20-40% of people diagnosed with an LTC, attend structured education, with PCNs with the highest level of deprivation and communities of ethnically diverse people to achieve a target of >=20%. | People feel knowledgeable about their condition and want to make informed choices about their diet and take control of their own health. |

## Environment

| Action area | Event level actions | System structures level actions | System goals level action | System beliefs level action |
|---|---|---|---|---|
| Embedding healthy weight activity within education settings. | Create and share resources through education settings which provide information on local physical activity opportunities and support parents/carers to be active with their children at home.<br><br>Deliver cookery programmes within education settings (as stand-alone or as part of broader weight management programmes).<br><br>Promote healthy weight messages as part of the curriculum. | Support education settings to adopt a 'whole school' approach to healthy weight, to include the development of relevant policies, incorporating healthy eating and physical activity across the curriculum, provision of professional development opportunities, facilitating pupil voice, and effective partnerships with external agencies. | Education settings engage in established programmes /accreditation schemes which recognise their commitment to adopting and embedding a 'whole school' approach to healthy weight.<br><br>As part of the East Sussex Healthy Schools Programme, 75% of schools achieve self-validated Healthy Schools status by July 2024.<br><br>As part of the Healthy Active Little Ones (HALO) programme: 60% of early years settings achieve the HALO Award or HALO Excellence Award (or improvement in line with specified award criteria) by July 2024. | Supporting children and young people to develop a healthy and active lifestyle is fundamental to their future life chances (e.g. child development, attainment, future health and wellbeing outcomes, employment, etc). |

| Action area | Event level actions | System structures level actions | System goals level action | System beliefs level action |
|---|---|---|---|---|
| Creating a healthier weight environment. | Support partners to implement improvements to local areas which promote a 'healthier weight' environment. | Work with the local planning authorities to embed a 'health in all policies' approach into their planning processes e.g. health impact assessments, design guides, supplementary planning documents, etc. which support a 'healthier weight' environment. | Develop and implement a 'creating healthy places' strategic framework for the county which supports a health into place approach. | All organisations with responsibility for planning in East Sussex recognise and prioritise getting 'health into place' in their local areas. |
| Utilising outdoor space for exercising and health reasons. | Encourage usage of East Sussex's natural green and blue environment's, both urban and rural, through the delivery of targeted activities and appropriate and effective promotion. | Organisations with responsibility for managing outdoor spaces include health-related activities within plans, policies and strategies which help to support a healthy weight. | Organisations with responsibility for outdoor spaces sign up to a Quality Charter that includes access, promotion, and safety. | People see public spaces as their space and a place where they can achieve positive health outcomes. |
| Healthier weight in the workplace. | Promote and provide opportunities to employees (and volunteers) to support maintenance or achievement of a healthy weight. | Employers develop and implement policies that support employees to support maintenance or achievement of a healthy weight as part of their working day. | Employers sign up to the East Sussex Workplace Accreditation Scheme. | Employees and employers believe that the workplace environment has a role in supporting health and wellbeing. |

# Reducing harm: our ambitions for a healthier relationship with alcohol in East Sussex.

# East Sussex alcohol harm reduction strategy 2021-2026

# Foreword

East Sussex, like the rest of the country, has a complex relationship with alcohol. It contributes significantly to our social and economic landscape. The county has a vibrant industry producing celebrated wines, ales and spirits. Locally, the alcohol industry employs several thousand people in pubs, bars and breweries. And many of those venues are also an integral part of the local tourism industry.

Depictions of alcohol in this country are often celebratory, like showing TV characters sharing a single malt in a crime drama after solving the case, the latest beer advert showing family and friends enjoying a meal or, watching the game with a cold one. The message is often associated with frivolity, a deserved reward at the end of the day.

And yet, the 2016 Chief Medical Officer guidance states that no amount of alcohol consumption is without risk. Alcohol can cause and exacerbate all sorts of harm to the consumer and those around them. The recent report from the commission on alcohol harm[i] says; *'the harm from alcohol - physical, mental, social and economic - is everywhere, hidden in plain sight and often endured privately.'* The latest data shows over of quarter of the 16+ population (around 120,000 people) in East Sussex are drinking above the number of units where risk is considered, by experts, to be as low as possible.

Data on alcohol related harm shows that East Sussex is similar to England. However, there is variation within the county. Of the five district and boroughs in East Sussex Hastings has the highest levels of deprivation and is significantly worse for mortality from chronic liver disease and alcohol related hospital admissions. Figure 5 shows a historically high rate of alcohol related hospital admissions in Hastings compared with England and the rest of the county and the gap is growing. This reflects a national and international trend showing the burden of alcohol related harm falling on the poorest communities.

The pandemic has only amplified the problem. There is evidence that domestic violence, which we know is exacerbated by alcohol consumption, has increased during the pandemic. Local and national survey data shows an increase in consumption during lockdown but the full impact of the pandemic on consumption and alcohol related harm will be known over time.

**Overview of complex interplay in alcohol consumption.**

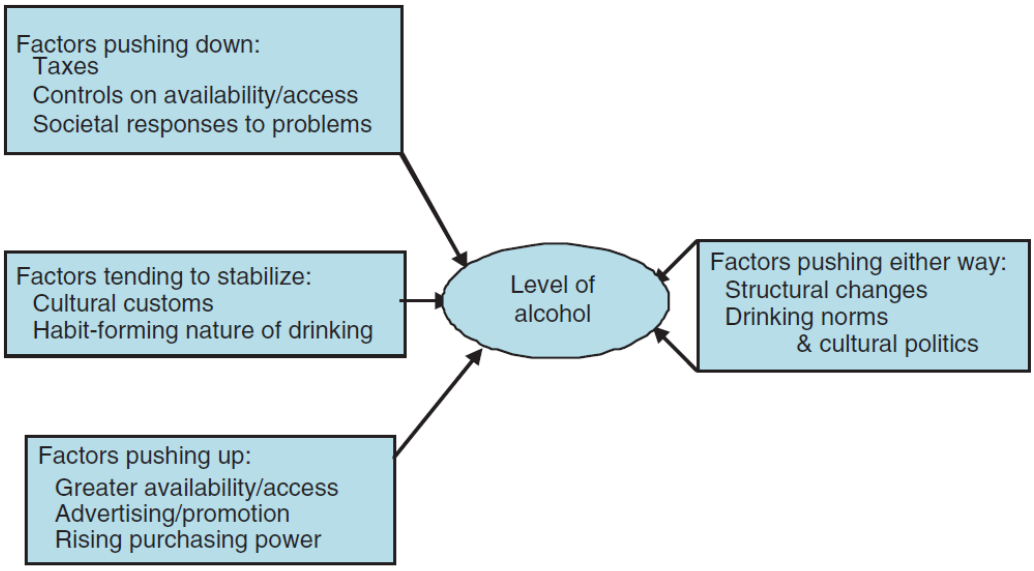



Fig 1 Source: Room et al. (2009) Explaining factors increasing or reducing alcohol consumption.

Often people feel that they are making their own choice to have a drink but figure 1 shows that many of the factors driving alcohol consumption, both up and down, are outside of an individual's control. Although choice is a factor

and it is important that people make an informed choice, it is only by understanding and addressing these systemic factors that our relationship with alcohol will be improved.

No one single intervention, service, or project can reduce overall consumption and the related harm that disproportionality affects the poorest individuals and communities in the county. There is no quick fix. It is only with a systems approach through consistent, coordinated action, the resolve and the collective resources, insight and perspective of many partner organisations, over time, that we can move towards a sustainable and equitably healthy relationship with alcohol in East Sussex.

The recent 2020 Marmot review, Build Back Fairer[ii], highlighted that existing health inequalities were exacerbated by the pandemic and underlined the link between a healthy population and a healthy economy. To be effective, the journey to local or national recovery must include policies that put an end to alcohol harm.

I would like to thank all partners who have co-produced this strategy and will be playing a vital part implementing it to reduce alcohol harm in East Sussex by 2026.

<picture of Darrell with name and title>

# Executive Summary

## Alcohol harm is complex, a systems approach is necessary.

Alcohol harm exists in East Sussex, with latest data showing that over a quarter of the population drinking above risky levels. Local survey data corroborates national survey data indicating that people are drinking more since the start of the pandemic.

Alcohol harm is complex and driven by multiple causal factors. As a result, it cannot be addressed through traditional linear approaches with pre-determined inputs, outputs, and outcomes which are focused on treatment.

The East Sussex Alcohol Harm Reduction Strategy acknowledges the complex nature of alcohol harm and outlines a multi-agency systems approach to address the underlying causes of alcohol harm

Alcohol harm is determined by levels of consumption at both an individual and population level. In turn, levels of consumption are influenced by access which comprises three variable drivers: how easy it is to purchase or consume alcohol (availability), how cheap alcohol is (affordability) and the social norms surrounding its consumption (acceptability) (3). These drivers are largely determined by economic and social structures, politico-legal structures and corporate/market structures which can range from local licensing application processes to the marketing budget and strategies within the alcohol industry.

## Five ambitions for a healthier relationship with alcohol

The first of these five ambitions set out how East Sussex will reduce harm by reducing consumption among the largest population group drinking above low risk levels. Reducing the risky drinking population should help achieve the second and third ambition as less drinkers become dependent on alcohol. However, ambition two is clear that those who are dependent should get the high-quality support they need followed by a seamless transition into appropriate recovery services. The most recent data shows that almost 2,000 children are living with an alcohol dependent adult. This strategy states an ambition to get families the support they need to reduce this number by a quarter by 2026. Finally, alcohol harm has been historically high in Hastings compared to England and the rest of the county; ambition five is a statement of intent to reduce this chasm of inequality.

**Ambition one:** reduce number of people drinking above Chief Medical Officers recommendation 14 units per week (risky drinking population)[1]

**Ambition two:** Improve access to treatment services for people who could be benefiting (reduce those who are dependant on alcohol with unmet need of 84%[2] to 75% by 2026).

**Ambition three:** reduce the 5,224 people who are dependant drinkers by a quarter to 4,000 by 2026

**Ambition four:** Increase holistic support for parents and children, reducing number of children living with an alcohol dependant adult by 25% from 1,960 to 1,470 by 2026

**Ambition five:** reduce alcohol related harm in Hastings:

- Hospital admissions (narrow measure) to be similar to national average by 2026[3]

[1] Metric for measuring risky drinking prevalence is currently based on 2011-14 data showing 26.7%. Other metrics to be identified.

[2] Latest figures show 801 out of a possible 5005 in treatment

- Alcohol specific mortality in Hastings to be similar to the East Sussex average[4]

## To achieve the ambitions there are four guiding priority areas for action:

For each strategic priority this strategy outlines what we already know, what is already happening and the what we are going to do next to achieve the five ambitions by 2026.

1. Encouraging a healthy relationship with alcohol

2. Protecting children, young people, and their families

3. Making effective treatment and recovery accessible to all who need it

4. Creating safe environments in East Sussex

Specific actions and milestones to achieve the five ambitions will be developed and agreed in collaboration with appropriate stakeholders under each of the four guiding strategic priorities.



[3] Provisional 2019-20 data is 911 per 100,000 (directly age standardised rate) in Hastings (664 per 100,000 in England 2018-19) (source: HES, NHS Digital, accessed Sept.2020)

[4] 12.2 per 100,000 (directly age standardised rate) in Hastings and 8.4 per 100,000 East Sussex, 2017-19 (source LAPE, PHE)

# Introduction

This multi-agency alcohol harm reduction strategy sets out our agreed vision on how East Sussex will play its part reducing alcohol harm over the next five years.

It outlines five ambitions to be achieved by 2026 guided by four strategic priority areas. The breadth of the strategic priority areas shows that this strategy is about tackling the multiple underlying causes of alcohol harm. There is an emphasis on prevention and early intervention while ensuring that effective treatment and support is available to people who need it.

## Developing a systems approach to reducing alcohol harm

This alcohol harm reduction strategy is informed by the CLeaR (Challenge services, Leadership, and Results) improvement tool. CLeaR is an evidence-based approach to system improvement, which can help to prevent and reduce alcohol-related harm at a local level.

There were two phases to the strategy development process.

Phase 1: began at the end of 2019 and start of 2020, when a small working group was convened to undertake a self-assessment using the CLeaR tool. Local stakeholders were engaged to review the local alcohol harm reduction system against objective quality criteria informed by NICE guidance.

In addition, over 20 local stakeholders participated in a peer assessment day where the invited peers from two local authorities and PHE interviewed local stakeholders across relevant sectors to build a comprehensive picture of the local system. A final report was submitted to the East Sussex Alcohol lead.

In summer of 2020 a local survey was undertaken with residents and experts by experience of local services to ensure views of East Sussex residents informed the strategy development process.

Gaps and issues identified in the CleaR report were cross referenced with local need and local strategies from several areas in England were reviewed for best practice.

Phase 2: strategy drafting began informed by the CLeaR report and on-going engagement with 25 local stakeholders.

This strategy outlines the causes and complexity of alcohol harm and an approach to address it with five ambitions and four strategic priority areas of work that will help achieve the ambitions.

## Listening to residents in East Sussex

To reduce harm from alcohol this strategy needs to be informed by and grounded in the reality of everyday life for local residents. The relationship people have with alcohol doesn't happen in a bubble and that's why residents, including people who have used local services, have been asked to share their views on alcohol.

Some of the views have been captured below which are informing this strategy and its implementation. On-going dialogue and engagement with local communities will be integral to the implementation of this strategy over the next five years.

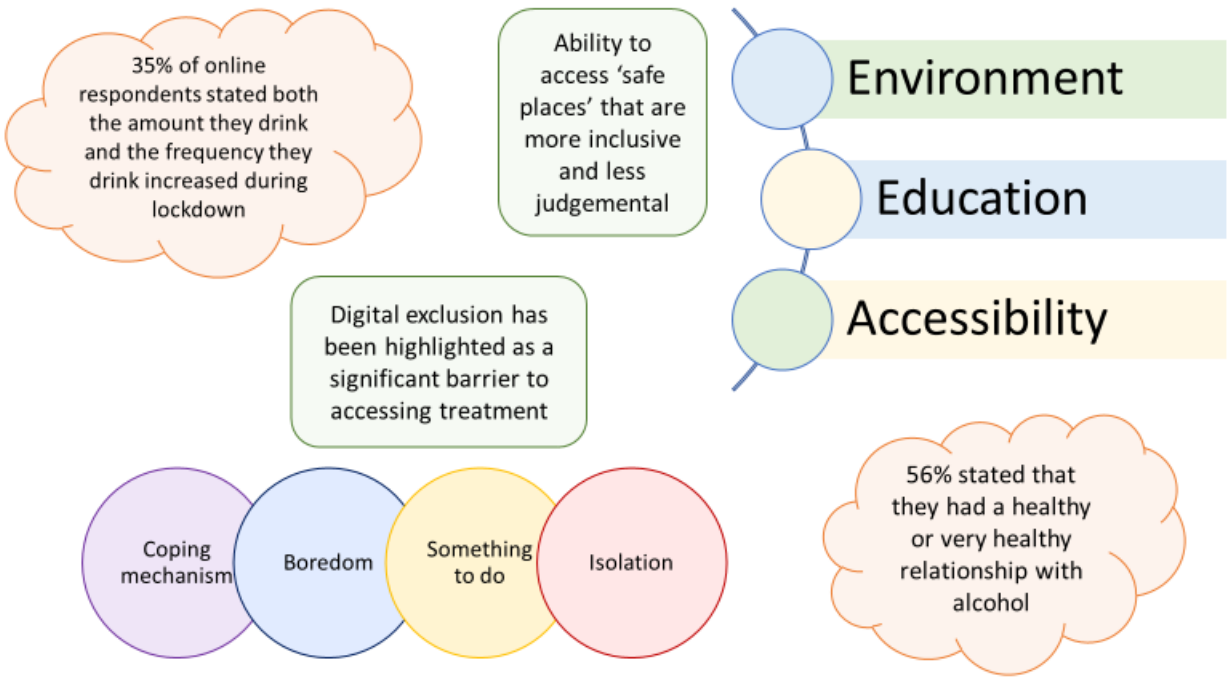



Figure 2 Overview of alcohol consultation feedback from East Sussex residents August 2020

# Reducing harm, our ambitions for a healthier relationship with alcohol in East Sussex.

Figure 3


Alcohol harm is determined by levels of consumption at an individual and population level – how much is consumed and how often?

Levels of consumption are influenced by access to alcohol which encompasses three variable factors or drivers:

1. How easy to purchase or consume (availability)?
2. How cheap (affordability)?
3. Social norms surrounding consumption (acceptability)?

And the abovementioned drivers are determined by economic and social structures (e.g. local demand and supply; alcohol outlet density selling high strength, cheap alcohol tends to be higher in areas with higher deprivation[iii]), politico legal structures and corporate/market structures[iv].

Access determines consumption and how much and often we consume alcohol leads to related, health, social and economic harms. Table 1 outlines some examples of those harms:

Table 1

| **Alcohol related harm** | |
|---|---|
| Health | Its consumption is identified as the component cause of over 200 health conditions (ICD -10) |
| Social | Social consequences (can affect friends, family, child, partner, colleague):<br>• Loss of income or employment<br>• Family or relationship problems and breakdown<br>• Criminal justice system |
| Economic | • Injuries leading to a cost to the health system<br>• Direct and indirect economic costs i.e. alcohol harm cost the UK £47 billion in 2016 (for comparison, in 19-20, the UK spent £42 billion on defence) |

## If consumption leads to harm, how much alcohol do people consume in East Sussex?

In East Sussex it is estimated that over a quarter of people drinking alcohol (16+) are risky drinkers (drink more than 14 units[5] per week or above amount considered low risk by the Chief Medical Officer). Furthermore 1.22% of East Sussex adult population are dependent on alcohol (5,224 adults).

Both nationally and locally alcohol harm is highest in the most deprived areas. The chart on figure 5 shows how alcohol related hospital admissions in Hastings have historically been higher than England and the rest of the county and the gap is increasing.

Figure 3 Five Ambitions to Reduce Alcohol Harm in East Sussex


The first of these five ambitions sets out how East Sussex will reduce harm by reducing consumption among the largest population group drinking above low risk levels. Reducing the risky drinking population should help achieve the second and third ambition as less drinkers become dependent on alcohol. However, ambition two is clear that those who are dependent should get the high-quality support they need followed by a seamless transition into appropriate recovery services. The most recent data shows that almost 2,000 children are living with an alcohol dependent adult. This strategy states an ambition to get families the support they need to reduce this number by a quarter by 2026. Finally, alcohol harm has been historically high in Hastings compared to England and the rest of the county; ambition five is a statement of intent to reduce this chasm of inequality.

**Ambition one:** reduce number of people drinking above Chief Medical Officers recommendation 14 units per week (risky drinking population)[6]

**Ambition two:** Improve access to treatment services for people who could be benefiting (reduce those who are dependent on alcohol with unmet need of 84%[7] to 75% by 2026).

**Ambition three:** reduce the 5,224 people who are dependant drinkers by a quarter to 4,000 by 2026

**Ambition four:** Increase holistic support for parents and children, reducing number of children living with an alcohol dependant adult by 25% from 1,960 to 1,470 by 2026

**Ambition five:** reduce alcohol related harm in Hastings:

- Hospital admissions (narrow measure) to be similar to national average by 2026[8]
- Alcohol specific mortality in Hastings to be similar to the East Sussex average[9]

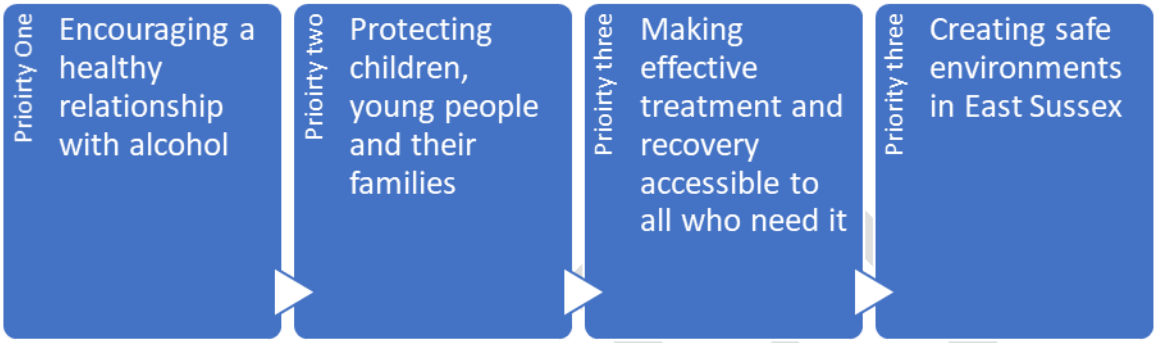
5 Figure 6 provides a helpful illustration to understand what 14 units might look like during the week.
6 Metric for measuring risky drinking prevalence is currently based on 2011-14 data showing 26.7%. Other metrics to be identified.
7 Latest figures show 801 out of a possible 5005 in treatment
8 Provisional 2019-20 data is 911 per 100,000 (directly age standardised rate) in Hastings (664 per 100,000 in England 2018-19) (source: HES, NHS Digital, accessed Sept.2020)
9 12.2 per 100,000 (directly age standardised rate) in Hastings and 8.4 per 100,000 East Sussex, 2017-19 (source LAPE, PHE)

## Four strategic priorities to help achieve the ambitions

Specific actions and milestones to achieve the five ambitions will be developed and agreed in collaboration with appropriate stakeholders under each of the guiding strategic priorities below.

For each strategic priority this strategy outlines what we already know, what is already happening and the what we are going to do next to achieve the five ambitions by 2026.

Figure 4 Four strategic priorities to help achieve the five ambitions by 2026




### COVID 19

COVID will be a pervading theme, as understanding evolves and its impact is better understood over time, **the relationship with COVID 19 should be considered for each ambition**.

# Alcohol in East Sussex

36% Year 10 pupils reported drinking alcohol in past week and over 1 in 10 reported being drunk in past week

20% adults never drink

35% adults drink every week

293 alcohol-related deaths 2018

1 in 5 drinkers drink at high risk

1 in 3 for males

1 in 10 for females

3,169 alcohol-related ambulance call-outs 2017/18

3,828 alcohol-related hospital admissions 2019/20

142 alcohol-related road traffic accidents 2014-16

5,005 estimated adults in need of specialist treatment 2016/17

## Alcohol-related hospital admissions are highest in Hastings and increasing

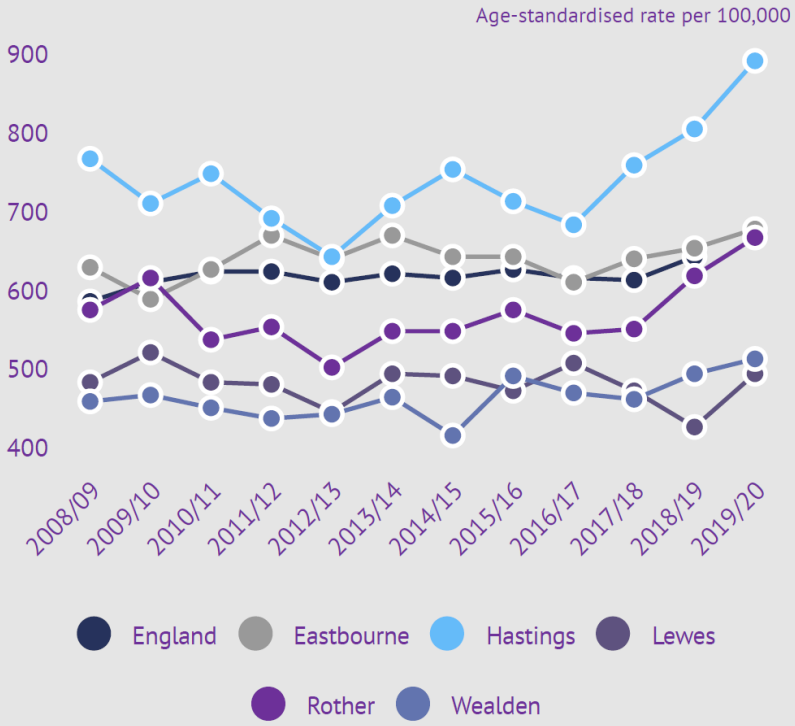



Figure 5: alcohol and its impact in East Sussex at-a-glance

# Alcohol harm can affect anybody

## A drinker's story

As I child I was quite shy and withdrawn and I would often keep myself to myself.

As kids, my friends would ask me to buy alcohol for them in the local off licence as they couldn't get served. My commission was a few slugs on the goods I had bought for them and it felt like I had just found the missing piece of the puzzle which was my life!

I wanted to be more sociable and confident and I found that alcohol really helped me in social situations and there seemed to be only one drawback: I wanted more. I quickly found friends who were like-minded and wanted the same: to drink and to party.

Over about 10 years I changed my lifestyle to suit my need to have a drink and I felt safe being around bars, clubs and especially, friends who liked to drink. I had some wake-up calls with friends telling me how I had behaved while in blackout and in between binges I would catch glimpses of myself, a stranger in the mirror. I set out as a bright, considerate, thoughtful and generous teenager and although drinking helped me initially, my behaviour became selfish and I had mood swings and I became irritable. Worst of all, I became depressed and anxious and found that life was unbearable when I tried to stop drinking so I would try to cut down and eek it out, using it like medicine. It didn't work and I just ended up drinking more than planned, putting off making any changes until tomorrow and tomorrow never came.

With no way out my days got shorter and my nights much longer until I found myself alone and desperate. Entering into some kind of psychosis I persuaded myself it was necessary to kill myself and then at least the pain and the voices would stop. I was lucky to speak to someone about my drinking and one of the leaflets I was given was entitled, "Don't let the drink sneak up on you"  I realised that this is exactly what had happened and I got help to look at all the so-called "good times" I had and what they had cost me: the things I value most today, my health and wellbeing. Through conversations with people who understood how drinking problems take hold, I got the help I needed and today I have the life back that I wanted all along.

## Know your alcohol units

Do you know how many units of alcohol you consume each week? The chart below provides a helpful guide to help you reflect on how many units you're consuming. If you are drinking more than 14 units per week (e.g. 6 standard glasses of wine or just over six cans of 5.2% ABV lager), you are in the risky drinking category according to the latest government guidelines.

Figure 6


Source: Know Your Alcohol Units | Drink Less | One You (www.nhs.uk)[v]

If you do want to know how to reduce your weekly units try the One You Know Your Alcohol Units website or click on the links and you'll find lots of tips on how to get your units moving in the right direction.

From swapping to lower-strength beers to dodging drink rounds, there are lots of things you can do to cut down on alcohol units. **Read the One You top tips and drink swap ideas.**

# 1: Encouraging a healthy relationship with alcohol

## What do we know?

The latest available data on drinking behaviour shows that 26.7% or an estimated 123,000 adults (16+) drink above low risk in the county. This is slightly higher than England (25.7%). Only 9.8% of the adult population report abstaining from alcohol which is less than the national rate (15.5%) and regional (12.3%) average rate of abstinence.

The World Health Organisation and Public Health England identified that intervention design to change the behaviour of risky drinkers should be informed by understanding of the following:

- Are drinking habits/patterns short term due to night out or;
- Long term due to continued exposure or developing dependence
- Short term binge drinking tends to lead to accidents
- Long term regular risky drinking could lead to various other harms including:
  - hospital admission or chronic illness
  - Exacerbating mental illness
  - Harm to family/friends/other relationships
  - Dependence.

## What is already happening?

Encouraging a healthy relationship with alcohol is something that is covered in other strategic priorities with children, young people and families and work with risky and dependant drinkers in treatment and recovery. However, specific actions with the general population who are in that risky drinking category (drinking over 14 units per week) is currently weak in East Sussex. This section outlines some proposed actions that will address that.

Currently ESCC commission an integrated behaviour change service called One You East Sussex (OYES). OYES have coaches who provide advice in line with the Chief medical Officers guidelines. Residents can also access guidance about drinking at Drink Less | One You East Sussex.
Priority 2 includes actions to support high quality personal, health and social education (PHSE) provision in schools.

There are a range of recovery services working with the treatment service and other agencies to support people to sustain their recovery.

## Where do we want to get to?

Frontline staff are trained to deliver Identification and brief advice (IBA): for many people, who are drinking more than 14 units per week, being picked up by a trained frontline professional is enough to help make positive changes to drinking habits. A frontline practitioner who is trained to identify individuals whose drinking might impact their health, now or in the future, and to deliver simple structured advice aimed at reducing this risk will suffice ([10]NICE, 2010). IBA is also an important part of engaging with people early who might need treatment – see priority 3.

ESCC continue to commission One You East Sussex to provide advice as part of the integrated behaviour change service.

Ensuring accessibility of consistent local evidence-based guidance linked with wider county work to tackle digital inclusion.

Targeted behaviour change interventions using social marketing methodology are tailored to specific groups, in geographical areas to reduce drinking levels using the four levers of change:

- Support - developing or re-designing products or services to support the desired behaviour change.
- Design - considering the physical environment (design) and if it can be changed in any way to support a change in behaviour.
- Inform - meeting the information and educational needs of the target audience in relation to the desired behaviour change.
- Control - using policy, pricing and/or regulation mechanisms to either incentivise the desired behaviour, or disincentivise the negative behaviour.

Evidence suggests that the measures listed above are not enough on their own to create a healthy relationship between East Sussex residents and alcohol. This strategy outlines a range of interventions, services and policy measures for different target audiences intervening at different levels of consumption and related harms. There will be cross over between priorities and this will be identified in each section.



[10] NICE public health guideline PH24: Alcohol-use disorders: prevention, recommends that health and social care, criminal justice and community and voluntary sector professionals should routinely carry out alcohol risk identification and deliver brief advice as an integral part of practice.

# 2: Protecting children, young people and families

## What do we know?

### Drinking patterns

Nationally, drinking prevalence among young people has been declining (NHS DIGITAL). However, this is only part of the picture:

- Regular drinking prevalence by age increased from less than 0.5% of 11-year olds to 10% of 15-year olds.
- Locally, over a third (36%) of Year 10 pupils reported drinking alcohol in the past week and over 1 in 10 (12%) reported being drunk in the past week (HRBS, 2017).
- 4% of year 6 pupils in East Sussex responded that they drank alcohol (more than just a sip) in the 7 days before the survey that a parent/carer had gave them, while 0% responded they were given alcohol by another adult they know (HRBS, 2017).
- When asked 'if you ever drink alcohol, do your parents/carers know about it?', 37% of Year 10 pupils reported that their parents/carers 'always knew', and 21% said they 'usually knew' (HRBS, 2017).

### Access and supply

Year 10 pupils who drink alcohol were asked where they usually buy or get it from. 26% of boys and 33% of girls responded that they were given it by parents/carers (HRBS, 2017). Other local research in 2017 also identified that parents were supplying alcohol to children. This research concluded that decisions to give alcohol to their children were informed by myths rather than evidence (NSMC, 2017).

There is evidence that alcohol advertising affects children and young people and that exposure to alcohol advertising is associated with the onset of drinking. The industry spends £800 billion per annum on advertising. While the price of alcohol has increased by 28% over the last 10 years, it remains 74% more affordable than it was in 1987 Alcohol change uk stats.[vi]

Other studies show that 71% of alcohol is now bought in the off trade (Off Licences/takeaway – not pubs, bars or nightclubs).

### Alcohol as one of several risky behaviours

In a survey of year 10 pupils who said they drank alcohol in the last week there was a correlation with trying other risky behaviours including smoking, drugs and sex (HRBS, 2017).

### Alcohol harm and parenting

The UK has the fourth highest prenatal alcohol consumption in the world. Drinking alcohol at any stage during pregnancy can cause harm to the baby. The UK Chief Medical Officers Alcohol unit guideline advice to pregnant women is that the safest approach is not to drink alcohol at all during pregnancy.

Parental alcohol and drug misuse: there are 1060 alcohol dependant parents in East Sussex and 78% are not engaged in specialist treatment. Most parents who drink alcohol or take drugs do not cause harm to or neglect their children, however it is important to recognise that children living with parents with problem alcohol or drug use can be at greater risk.

In East Sussex alcohol was recorded as a risk factor in 738 of the 2,601 (28%) Children in Need assessments undertaken in 2018/19 compared to 18.3% nationally.

## What is already happening?

There are a range of services and interventions that make it more difficult for children and young people to drink and provide the support required through effective services.

The Community Alcohol Partnership (CAP) has shown progress changing parental attitudes to supplying alcohol to children, the value of provision of diversionary activities, enforcing underage sales legislation and engagement with local business on reducing access for underage drinkers.

There are a range of support to assist schools in the development and delivery of high quality Personal Social and Health Education (PSHE), in line with Statutory guidance on Relationships Education, Relationships and Sex Education and Health Education (RSHE) and NICE guidance. This includes:

- PSHE Hub arrangements, which bring together PSHE leads in order to share and consider best practice and work collaboratively to enable improvement in PSHE education leadership, teaching and learning (to include alcohol education)

- A specific RSHE support service to help schools prepare for the introduction of the new statutory requirements from September 2020 (to include teaching on alcohol). Previous CPD has included training from the Alcohol Education Trust

- PSHE/RSHE support provided by a range of partners and local organisations, to include the School Health Service, the Safer East Sussex Team and those highlighted within the East Sussex Stay Safe Directory (2020) for schools

- Support for schools to develop/deliver and embed whole school health improvement approaches that promote and build resilience in children and young people. This includes support available through the newly launched East Sussex Healthy Schools programme delivered by the East Sussex School Health Service, as well as support available to schools through the Mental Health Support Teams and a Schools Mental Health & Emotional Wellbeing Adviser.

- All school exclusions where alcohol features in a pupil's behaviour are notified to the Under 19's Substance Misuse Service for screening. In a 6-month period from 1st September 2020 to April 2021 there were 40 Fixed Term exclusions that were alcohol related. There were no permanent exclusions that were alcohol related during this time.

Children's services in East Sussex ensure effective interventions for young people where alcohol has been identified as an issue. Young people who are referred to services are screened for alcohol misuse and referred to a specialist who offers the appropriate support. Specialist assessment and treatment intervention is provided for young people up to the age of 19 years and to care leavers up to 21 years via the multi-agency and multi-disciplinary Under 19's Substance Misuse Team.

Specialist practitioners and clinicians are co located in vulnerable young people's teams across the County including youth offending and social care teams where they can offer an integrated response to drug and alcohol misuse by vulnerable young people. Service leads are also represented on various multi agency risk panels such as those for children at risk of criminal exploitation where substance misuse workers are often identified as the "Lead professional" or "Trusted Adult" for these particularly vulnerable adolescents. The service model assures that those "hard to reach" young people including those with additional complex needs receive alcohol intervention as part of a holistic assessment and care plan alongside the delivery of social care, criminal justice and mental health

intervention. This approach is evidenced to maximise engagement with services and improve treatment outcomes for those young people most likely to develop adult substance dependency.

There is a dedicated service for families in East Sussex called SWIFT (safeguarding with intensive family treatment). This service employs a specialist substance misuse team that can provide a dual response to safeguarding concerns and parental alcohol or drug treatment needs.

SWIFT also provides training and consultation to social workers and early help practitioners who are working with families where there is problematic alcohol use. This ensures early identification, where possible, by a professional already working with the family.

In addition, the SWIFT team are also commissioned by the Family Courts to provide expert assessment where there is concern regarding the impact of drug or alcohol misuse on parenting capacity. They also provide a dedicated intervention and treatment response to the East Sussex Family Drug and Alcohol Court.

East Sussex is one of the national innovation sites for the Family Drug and Alcohol Court (FDAC). Hastings Court delivers the FDAC offer with a designated Family Court Judge and specialist drug and alcohol assessment and treatment provision for cases in care proceedings. The Court has seen an encouraging rise in successful re-unifications in 20/21 and is planning to extend availability in 21/22 with an additional Court day and judicial time.

## Where do we want to get to?

### Schools and communities

This strategy will build on existing programmes that target multiple risk factors. The evidence suggests that programmes, delivered in schools which target multiple risk behaviours and build emotional resilience, self-esteem and life skills e.g. assertiveness are more likely to be effective at preventing substance misuse than interventions that target substance misuse in isolation.

Ensure that children and young people have the knowledge, skills and confidence needed to keep themselves healthy and safe and make informed decisions about their health, wellbeing and health behaviour. This helps them to have a healthy relationship with alcohol as they prepare for and enter adulthood. This will happen by continuing to support schools to:

- Implement new statutory requirements on health education, which include teaching on drugs, alcohol and tobacco.
- To develop/deliver and embed whole school health improvement approaches that promote and build resilience in children and young people.
- Delivery of county wide theatre-based interventions, combined with School PSHE support, which focusses on risks of County Lines and Sexually Harmful Behaviour; both of which are linked with exploitation and abuse that utilises alcohol misuse by vulnerable young people.

Transform risk factors exacerbating alcohol harm into protective factors that act as a buffer against alcohol harm using asset-based community centred methodology for children, young people and their carers as well as other adults in their community:

- e.g. people who feel lonely and isolated are supported to develop the confidence, skill and character to initiate, build and sustain healthy relationships/friendships. People develop the resourcefulness and assertiveness required to resolve housing issues with local associations or government agencies.
  (note: this action is also relevant under priority 1 – encouraging a healthy relationship with alcohol)

### Reducing supply

Supply of alcohol to young people is reduced through:

i. 'Think Again' social marketing programme challenging common myths about child alcohol consumption with facts on the harm alcohol causes to a child's development,

ii. Targeted identification and tackling of proxy purchasing implementing recommendations of Community safety partnership.

Build on strengths of East Sussex Under 19s Substance Misuse Service (SMS), continuing to improve access and identifying areas where targeted intervention can support the wider alcohol strategy including the contextual assessment work to tackle proxy purchasing and underage drinking.

National underage sales legislation is consistently enforced locally.

Reduced drinking during pregnancy through systems approach with maternity services, treatment and recovery services, public health intelligence and health visitor service.

### Parental alcohol use

Use the Problem Parental Drug and Alcohol Use Toolkit, for local authorities, to reduce parental alcohol and drug use:

- Partnerships between children's services and alcohol and drug services, combined with effective identification and brief interventions have been shown to minimise the longer term impact of parental alcohol and drug use on a child's future health and wellbeing and can contribute to improved outcomes for the following Public Health Outcome Framework (PHOF) indicators:
    - School readiness and attainment
    - children where there is a cause for concern
    - 16-18-year olds not in education employment or training
    - first time entrants into the youth justice system
    - under 18 conceptions
    - hospital admissions in children and young people

Increase the capacity of Early Help Services to move beyond simply screening and identifying cases to deliver early and brief interventions to parents with problematic alcohol use.

Strengthen sharing of performance metrics by children's services to enable alcohol partnership to support achievement of KPIs in children's services.

## 3: Making effective treatment and recovery accessible for all who need it

**(For young people and families please see priority 2)**

### What do we know?

It is estimated that 1 in 4 people in East Sussex drink above recommended levels which is similar to England. Locally this is an estimated 123,000 adults (1 6+) drink above low risk in the county. The risky drinking population can be divided into regular and binge drinkers. Binge drinkers may drink large amounts of alcohol over a short period of time and are likely to be at risk of injury. People who regularly drink more than 14 units of alcohol per week are more likely to become dependent and require expensive treatment from services.

In East Sussex the latest data shows around 1.3% of drinkers require specialist treatment which is similar nationally. Of the estimated dependent drinkers (5,005) there are 801 are in treatment (unmet need of 84%)

The numbers of young adults under 25 years entering treatment remain low at 129 in 20/21. With 22 reporting alcohol and 40 reporting alcohol and non-opiate use.

The model of engagement and retention within adult services does not fully consider the maturation and developmental profile of young adults as a transitionary group. Other local authority areas have shown some success in increasing treatment numbers and improving outcomes for this age group by extending the young person's service model to the young adult sector. In East Sussex in 2021/22 additional funding has been secured to extend the young person's multi-disciplinary service up to age 21 years and to 25 years for care leavers and vulnerable young adults.

Nationally a project that linked data from the National Drug Treatment Monitoring System (NDTMS) held by Public Health England (PHE) with data on offenders held by the Ministry of Justice (MoJ) found changes in offending in the two-year period following the start of treatment. Alcohol only clients showed the largest reductions in both re-offenders and re-offending (59% and 49%, respectively).

## What is already happening?

Identification and brief advice (IBA) is provided by CGL STAR if users are referred.

ESCC commissions a treatment and recovery service based in Eastbourne and Hastings.

- Service users should expect an accessible non-judgemental service
- People can self-refer for assessment, advice and support.

There is a recovery community providing support to maintain reduced drinking in the community.

East Sussex has Alcoholics Anonymous 12 step fellowships.

The integrated behaviour change service, One You East Sussex, provide Making Every Contact Count training which signposts practitioners to IBA e-learning resources.

One You East Sussex provide advice on changing drinking habits.

## Where do we want to get to?

### Community brief intervention

Frontline practitioners across multiple disciplines and organisations from Sussex Police, adult social care, CAMHS to primary care including pharmacy, East Sussex Fire and Rescue Service and local voluntary sector organisations have been trained and are actively providing brief advice in their everyday role.

Effective, user friendly, evidence informed and welcoming, integrated behaviour change (One you East Sussex) programmes are accessible.

### High quality accessible treatment services

Informed by insight from experts by experience, treatment and recovery services (CGL STAR) are accessible to anyone who is drinking over 14 units or more per week in East Sussex including people who don't have access to the internet in their home.

The current service model of integrated and co located staff that is deployed within the young person's service will be extended to engage vulnerable young adults not currently well represented in treatment numbers.

### A seamless pathway

Alcohol Care Teams are embedded in Conquest hospital in Hastings and Eastbourne District General. ACTs provide high quality and appropriate care and liaise with STAR and others including OYES and recovery support providers, to ensure continued alcohol treatment and recovery, where necessary, following discharge from hospital.

Services are actively promoted by the provider through:

i. using social marketing methodology to understand and segment target audience, increase motivation to access support through local treatment service.

ii. local partners and commissioners enabling a stigma free experience from initial contact or referral through to sustainable recovery.

There is an equitable screening system and seamless referral pathways across all appropriate frontline services in the county to identify dependant drinkers and ensure they are contacted by East Sussex STAR and offered an appropriate service once consent is received.

All service users experience a planned discharge and follow-up support appropriate to their circumstances to aid their on-going recovery.

- Should unplanned discharge take place, ensure mechanism is in place which makes reengagement attempt, provides brief advice and signposts back to appropriate support. Continuity of care should be considered for most conceivable scenarios and multi-agency plans/pathways agreed e.g. if client enters criminal justice system.

- Review communication protocols between treatment and recovery services and probation to ensure ongoing two-way dialogue and coordinated support for client.

### Reducing inequalities

Review gaps in proactive outreach engaging people with low motivation to self-refer or who are unaware of the service and how it can benefit them. Building on learning of existing local projects e.g. in drugs harm reduction.

Once service make contact people are motivated to receive support and receive a timely assessment.

People with multiple needs e.g. mental illness, shelter/homelessness and alcohol dependence are proactively identified and given multi-agency support, supporting the whole person.

A targeted approach in offering support in the most deprived wards with the biggest health inequalities.

Make services accessible to all who could most benefit especially in boroughs like Eastbourne and Hastings and more deprived wards in other district and boroughs e.g. Hailsham.

# 4: Creating a safer environment in East Sussex

## What do we know?

There are some obvious areas of day to day life where alcohol consumption can affect public safety e.g. drinking while driving and alcohol related anti-social behaviour or violence. Research shows that crime and perceived safety in a local community is linked with poor physical and mental health and health inequalities[vii]. If people feel safe they are more likely to participate in outdoor physical activity in their neighbourhood. Alcohol is identified as a contributing factor affecting safety and perception of safety for individuals and communities[viii].
Furthermore, perceptions of safety are important for the night-time economy and Covid has also affected perceptions of safety compared with before the pandemic. Also, for people who are dependent on alcohol but in recovery it is important they have a safe environment to support that recovery.

- A recent survey in 2018/19, identified that 39% of people in England and Wales said they witnessed any type of anti-social behaviour in their local area. 11% of this anti-social behaviour was alcohol related. 12% of people said that there is a very or fairly big problem in their area with people being drunk or rowdy in public places
- In 2017/18, in 39% of violent incidents the victim believed the offender to be under the influence of alcohol.
- In 2016/17 in England and Wales, in 35.8% of sexual assault cases the offender was under the influence of alcohol.
- In 2017/18 in England and Wales, victims of partner abuse reported that the offender was under the influence of alcohol in 17% of incidents.
- Locally a recent survey in East Sussex (Summer 2020) identified that only 5% of survey respondents felt unsafe going to pubs and bars before lockdown increasing to 59% after pubs/bars reopened at start of summer.
- The same survey identified that people in recovery cited the importance of being able to access 'safe places' with no alcohol advertising, that are more inclusive / less judgemental / allow for a connection with nature or others. Being with trusted family and friend was also seen as a safe space.
- Road users who are impaired by alcohol have a significantly higher risk of being involved in a crash.

## What is already happening?

Cumulative Impact Zones are integral to the licensing application process in Hastings. Applicants need to show that their application will not add to existing problems identified by multiple agencies including the police within specific geographical boundaries.

There is an anti-social behaviour public space protection order (not drinking in public outside licensed premise boundary) in Hastings, Wealden and Rother.

The Bar Watch scheme is in Hastings. This is a network of local business working together to create a safer environment using a radio system. If a customer is banned from one premises, they are banned from all.

In some district and boroughs there are Sensible on strength schemes limiting the sale of high strength alcohol.

Town centre locations have dedicated police activity, especially on Friday and Saturday nights.

## Where do we want to get to?

Evidence, national best practice and local stakeholder engagement points to making best use of existing policy tools to reduce alcohol related crime and disorder including:

### Licensing process and regulatory powers

Ensuring wider alcohol partnership input and on-going collaborative working on alcohol statement of licensing polices across the five East Sussex District and Boroughs.

Reduce proliferation in alcohol selling outlets and licensing hours, especially in areas with higher deprivation (develop East Sussex approaches informed by Brighton and Hove City Council public health licensing framework[11]).

This will include building on the current process to include local health harm data and increase participation of residents in the licensing process. Residents should play on-going and active role in the process, there will be better advertising of resident's opportunity to submit representations against licence applications and seek a review of a licence (details should be available on LA websites).

Optimising Cumulative impact zones to reduce access to alcohol where alcohol harm is already high.

Ensure monitoring and enforcement (by all responsible authorities).

### Design and management of alcohol sales premises and public outdoors space

There are range of interventions that make it easier for people to enjoy a drink and socialise in and around licensed premises. It is important that existing measures that work are built on and any gaps are identified and addressed, some examples include:

- Review and improve premise design and operations
- Glassware management within premises
- Manager and staff training (includes picking up domestic abuse and public abuse – looking out for signs at a bar if someone is getting aggressive and de-escalating, not serving drinks)
- Accreditation and awards e.g. Best Bar None
- Environment within the premise (covering capacity, layout, seating, games, food and general atmosphere).

[11] The Brighton Public Health Licensing Framework cross references alcohol related health harm and crime data by ward and ranks each ward to identify where harm is highest. This aids decision making when applications for an alcohol license is being processed by responsible authorities. If access to alcohol is increased in wards with a high harm ranking evidence suggests this would exacerbate that harm.

Some other considerations in the public realm design include:

- Siting and proactive use of CCTV to identify and prevent escalation
- Appropriate lighting including street lighting
- Glassware management outside premises
- General layout
- Street policing, security staff, transport policing,
- Anti-social behaviour/drink banning orders and alcohol arrest referral schemes – with clear referral pathways into treatment services
- Transport (covering buses, taxis, and parking).

### Other key areas for action

Developing and implementing public education campaigns at agreed times throughout year informed by evidence, national guidance and local insight and community engagement.

Review and improving information flow between agencies including police, local bars, drug and alcohol services, mental health services.

Developing and sustaining the tried and tested Safe Space programme in Hastings and extend to Eastbourne.

Ensure links with violence reduction unit strategy.

Ensure collaborative working mechanism between alcohol partnership and leads for the Pan Sussex Strategic Framework for Domestic and Sexual Violence and Abuse 2020 – 2024.

- Reducing sexual violence associated with alcohol and night-time economy.

- Reducing alcohol related harassment.

Ensure a person-centred approach to supporting people with complex multiple needs by building the services and support around the individual rather than focusing on treatment for a specific issue i.e. mental illness and alcohol dependence.

Making alcohol less affordable to reduce alcohol harm inequality – lobbying local MPs for Minimum Unit Pricing to follow Scotland's lead and introduce MUP in England.

Alcohol free pregnancy – systems working with maternity, local treatment and recovery and health visiting services to make it easier to have conversations about drinking habits and ensure pregnant mothers, who drink, get support they need to change drinking habits and protect their baby.

Enacting and enforcing strong drink-driving laws and low blood alcohol concentration limits via sobriety checkpoints and random breath testing[ix].

## Implementing this strategy through collaboration and cooperation.

We will deliver the ambitions outlined within this through an action plan agreed by local stakeholders and ensuring links with other key strategies and plans which focus on housing, education, regeneration and promoting the health and wellbeing of local people. The agreed actions will be delivered over the lifetime of this strategy ensuring there is regular review and monitoring of the actions against milestones.

This strategy will not be a static document, there will also be further engagement and consultation with residents, partner organisations and other stakeholders as we develop more detailed action plans taking account of the evolving local and national backdrop including the impact of the COVID 19 pandemic.

Formalised interagency agreements identifying available baseline data will enable better collaboration to achieve improvement on local priorities including the five ambitions in this strategy.

# Appendix 1: references

[i] The report of the Commission on Alcohol Harm: It's everywhere' – alcohol's public face and private harm, 2020
[ii] Build Back fairer - the COVID-19 Marmot review (health.org.uk), The Health Foundation, 2020
[iii] Alcohol and inequities: Guidance for addressing inequities in alcohol related harm, WHO, 2014
[iv] The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies An evidence review, PHE, 2016 (reviewed 2018).
[v] NHS, One You, Know Your Alcohol Units | Drink Less | One You (www.nhs.uk) (accessed April, 2021)
[vi] Alcohol Change UK website (accessed November 2020)
[vi] WHO | THE SAFER INITIATIVE (access 1/2/2021)
[vii] Theo Lorenc[1], Mark Petticrew, Margaret Whitehead, David Neary, Stephen Clayton, Kath Wright, Hilary Thomson, Steven Cummins, Amanda Sowden, Adrian Renton, Fear of crime and the environment: systematic review of UK qualitative evidence BMC Public Health, 2013 May 24;13:496
[viii] Lovasi GS, Goh CE, Pearson AL, et al. The independent associations of recorded crime and perceived safety with physical health in a nationally representative cross-sectional survey of men and women in New Zealand
BMJ Open 2014 BMJ Open

This page is intentionally left blank

| | |
|---|---|
| **Report to:** | **East Sussex Health and Wellbeing Board** |
| **Date of meeting:** | **13 July 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 an update at its 30 September 2021 meeting.**

## 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 2021, as required by the Government, to prevent cases of the virus where possible in East Sussex and to respond to any local outbreaks. The OCP continues to be an iterative document, with continuing updates as more learning / guidance is produced, as well as structured whole reviews every 3 months.

1.3 At its meeting of 2 March 2021, the Board agreed to receive an update on development of the OCP.

## 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;
- changes to structure of the public health protection system, in such the creation of the UK Health Security Agency (UKHSA) in April 2021;
- 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 and tracing;
- a refresh of the latest epidemiology;
- sector led improvement (peer review); and

- vaccine uptake promotion.

2.2 Surveillance and interpretation of data is key to determining the action required to contain any increases in transmission. A weekly surveillance report provides 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 was superseded by local COVID alert levels published by Government in October 2020 together with the different actions and interventions required at each level. The Government's Roadmap published, February 2021, saw the gradual easing of restrictions in four steps governed by four key tests. The final step has been delayed from 21 June to at least 19 July. It is not yet known if an escalation framework will continue to be used in the future. For more information see the national guidance: what you can and cannot do.

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.

2.6. The OCP was reviewed by Public Health England (PHE) and the Department of Health and Social Care (DHSC) and either met or fully met all 12 essential criteria. The review resulted in the Sector Led Improvement or peer review with neighbouring authorities (Surrey County Council and Buckinghamshire Council).

2.7 The OCP outlines plans to boost vaccine uptake with an East Sussex wide oversight group, a series of place-based cells focusing on areas of low uptake and working groups for at risk groups. Actions have included focused communications, mobile/roaming vaccination services, analysis of poor uptake.

2.8 A multi-agency exercise was carried out on 16 June to test the OCP with our key stakeholders. One area of learning was to ensure a review of the Escalation Framework so that it is a user friendly tool that easily links to key sections of the OCP.

## 3. Conclusion and reasons for recommendations

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

3.2 Members of the Health and Wellbeing Board will be updated as further guidance is received from Government and the East Sussex Outbreak Control Plan is developed. It is also proposed that a report providing an update on the Plan is made to the next meeting of the Health and Wellbeing Board in 30 September 2021.

DARRELL GALE

Director of Public Health

Contact Officer: Ade Fowler, Consultant in Public Health

Tel. No. 07738 288408

Email: ade.fowler@eastsussex.gov.uk

Background Documents:

None

This page is intentionally left blank

eastsussex.gov.uk

East Sussex County Council

# East Sussex Outbreak Control Plan – COVID-19

## June 2021

## Version 2.9

# 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 |
|---|---|---|
| 3.0 | This version will include updates from our emergency planning outbreak exercise, to test the plan and will be published following the July Health and Wellbeing Board meeting. | |
| 2.9 | This version includes updates in response to the review by Public Health England and Department of Health and Social Care. It also includes a peer review with neighbouring authorities and updates from all lead authors. This version was added to the agenda for The Health and Well-being Board on the 13 July 21. | 29 June 21 |
| 2.8 | Updates made to reflect quality assurance review marking criteria. Additional section on vaccination. Published to the ESCC website 1st June 21. | 12 March 21 |
| 2.7 | Quarterly refresh for the Health and Wellbeing Board. All sections updated and all partners consulted for comments. | 11 Feb 21 |
| 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 |

| Version | | Date |
|---|---|---|
| 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.<br><br>Version 1.3 sent for comments to: Chief Executives of Districts and Boroughs and Environmental Health leads; Sussex Resilience Forum; Police; Emergency Planning; Communities, Environment and Transport; Children's; Adult Social Care; ESHT; CCG; SCFT; SPFT; Health Watch; Public Health England; RSI; Communications; HMP Lewes; HSE. | 23 Jun 20 |
| 1.2 | First draft by Rob Tolfree.<br><br>Relevant sections of Version 1.2 sent for comments to Environmental Health for each District and Borough, Sussex Resilience Forum, Police, Emergency Planning, Children's, Adult Social Care, Communities Environment and Transport, Health Watch, CCG, ESHT, SCFT; SPFT, Public Health England, Rough Sleeper Initiative, Communications, HMP Lewes, Legal. | 17 Jun 20 |
| 1.1 | Structure and outline approved by Darrell Gale, Director of Public Health ESCC. | 15 Jun 20 |

# Contents

# List of figures

# Glossary

| | |
|---|---|
| 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 |
| iCERT | Integrated Common Exposure Report Tool |
| ICS | Integrated Care System |
| ICN | Integrated Care Network |
| IMT | Incident Management Team |
| IPC | Infection, Prevention, Control |
| ITS | Integrated Tracing System |
| LA | Local Authority |
| LCS | Locally Commissioned Service |
| LHRP | Local Health Resilience Partnership |
| LTLA | Lower Tier Local Authority |
| OCT | Outbreak Control Team |
| OIRR | Outbreak Investigation and Rapid Response |
| 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 |

# 1. Introduction

## 1.1. 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.

## 1.2. Features of COVID-19

Key features of COVID-19, summarised from the green book COVID-19 Greenbook chapter 14a (publishing.service.gov.uk)

| | |
|---|---|
| Transmission | SARS-CoV-2 is primarily transmitted by person to person spread through respiratory aerosols, direct human contact and fomites.<br><br>High transmissibility indicates that stringent control measures, such as active surveillance, physical distancing, early quarantine and contact tracing, are needed in order to control viral spread. |
| Incubation period | After the initial exposure, patients typically develop symptoms within 5-6 days (incubation period) although about 20% of patients remain asymptomatic throughout infection.<br><br>Transmission is maximal in the first week of illness. Symptomatic and pre-symptomatic transmission (1-2 days before symptom onset), is thought to play a greater role in the spread of SARS-CoV-2 than asymptomatic transmission. |
| Symptoms | In adults, the clinical picture varies widely. A significant proportion of individuals are likely to have mild symptoms and may be asymptomatic at the time of diagnosis.<br><br>Symptoms are commonly reported as a new onset of cough and fever but may include headache, loss of smell, nasal obstruction, lethargy, myalgia (aching muscles), rhinorrhoea (runny nose), taste dysfunction, sore throat, diarrhoea, vomiting and confusion; fever may not be reported in all symptomatic individuals.<br><br>Patients may also be asymptomatic. Progression of disease, multiple organ failure and death will occur in some individuals.<br><br>NICE (December, 2020 Overview \| COVID-19 rapid guideline: managing the long-term effects of COVID-19 \| Guidance \| NICE), uses the following clinical definitions for the initial illness and long COVID at different times:<br>• Acute COVID-19: signs and symptoms of COVID-19 for up to 4 weeks.<br>• Ongoing symptomatic COVID-19: signs and symptoms of COVID-19 from 4 to 12 weeks.<br>• Post-COVID-19 syndrome: signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis. |
| Risk factors and high-risk groups | Severe infection is associated with increasing age, being male, and having long-term conditions such as diabetes, cancer and severe asthma. |

| | |
|---|---|
| | Other reported risk factors identified by Public Health England (Disparities in the risk and outcomes of COVID-19 (publishing.service.gov.uk) are:<br><br>People from Black ethnic groups were most likely to be diagnosed, and death rates are highest amongst people of Black and Asian ethnic groups.<br><br>The diagnosis rate is highest in the most deprived areas, and mortality rates in the most deprived areas were more than double the least deprived areas.<br><br>People working in certain occupations have also been found to have higher mortality rates from Covid-19, including lower skilled workers in construction and processing plants, social care and health workers, security guards, those driving the public, chefs and sales/retail assistants.<br><br>There has been over twice the rate of mortality from Covid-19 for residents living in care homes, and among people who have learning disabilities. There is also increased risk associated with rough sleeping and being born outside the UK and Ireland.<br><br>Lifestyle factors also increase the risk of more severe disease, such as smoking and being an unhealthy weight. |
| Case fatality rate | The overall infection mortality ratio is 0.9%. This increases to 3.1% for those aged 65-74, and 11.6% to those over 75. |

## 1.3. 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.

## 1.4. 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.

## 1.5. 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.

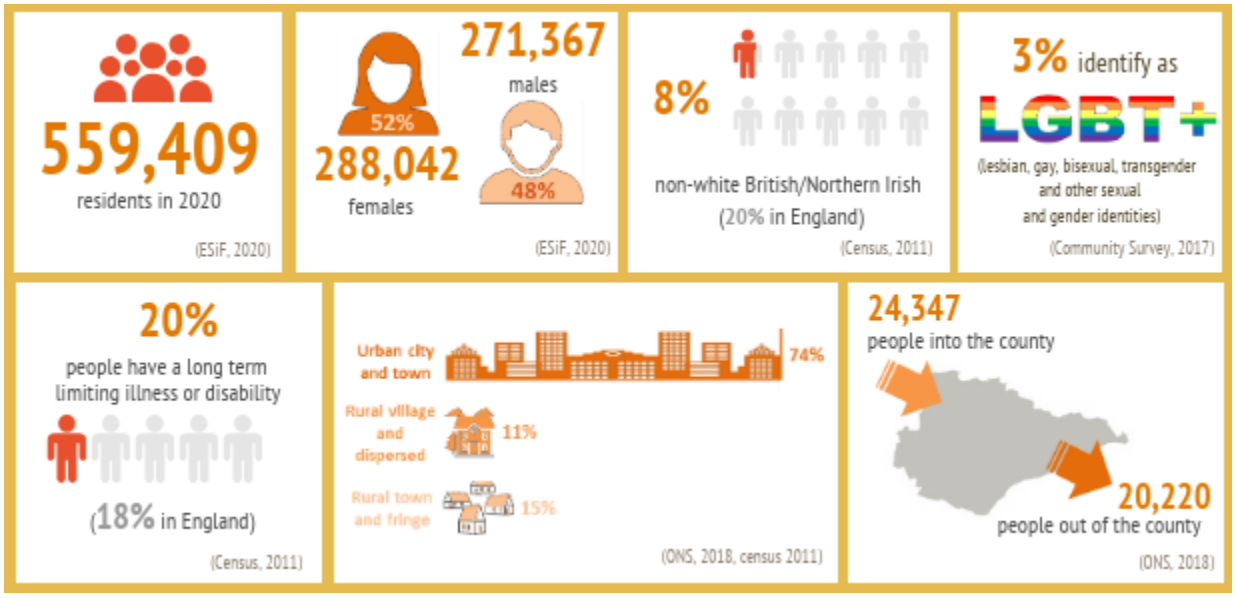
Any local outbreak plan is reliant on central government support as there are many interdependencies between a local system that is able to prevent and respond to outbreaks, and guidance produced at a national level.

## 1.6. East Sussex overview

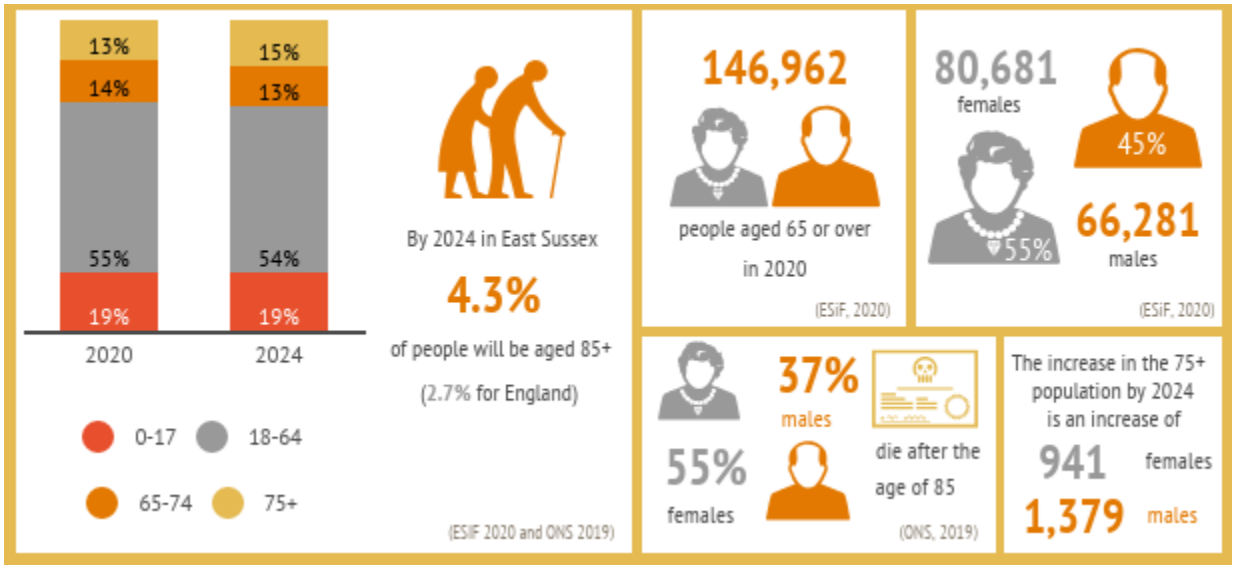
This section provides an overview of high-risk populations and where these populations are within the county. As well as an introduction to some of the high-risk settings. Further details and data underpinning this is available from East Sussex Joint Strategic Needs Assessment (JSNA) website  eastsussexjsna.org.uk

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.

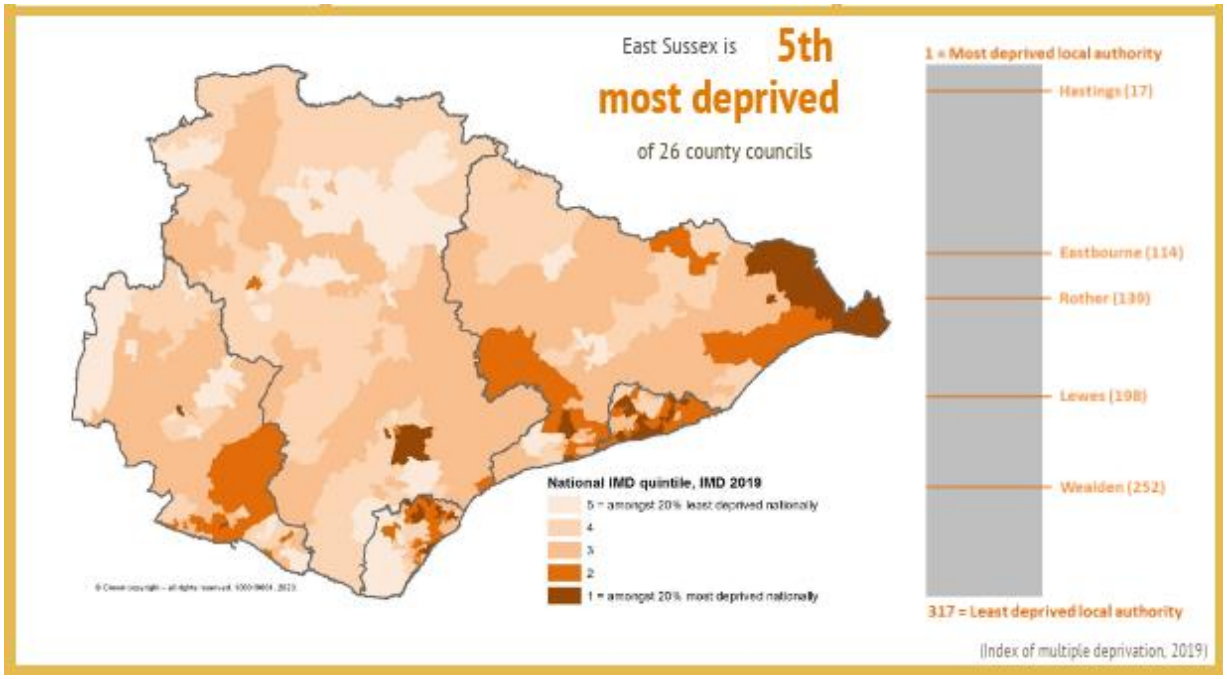
The East Sussex Community Survey identifies that nearly three quarters of people have a strong sense of secure identity and sense of belonging, and over three quarters are more than satisfied with their local area. People are also engaged and willing to support each other with half of those responding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



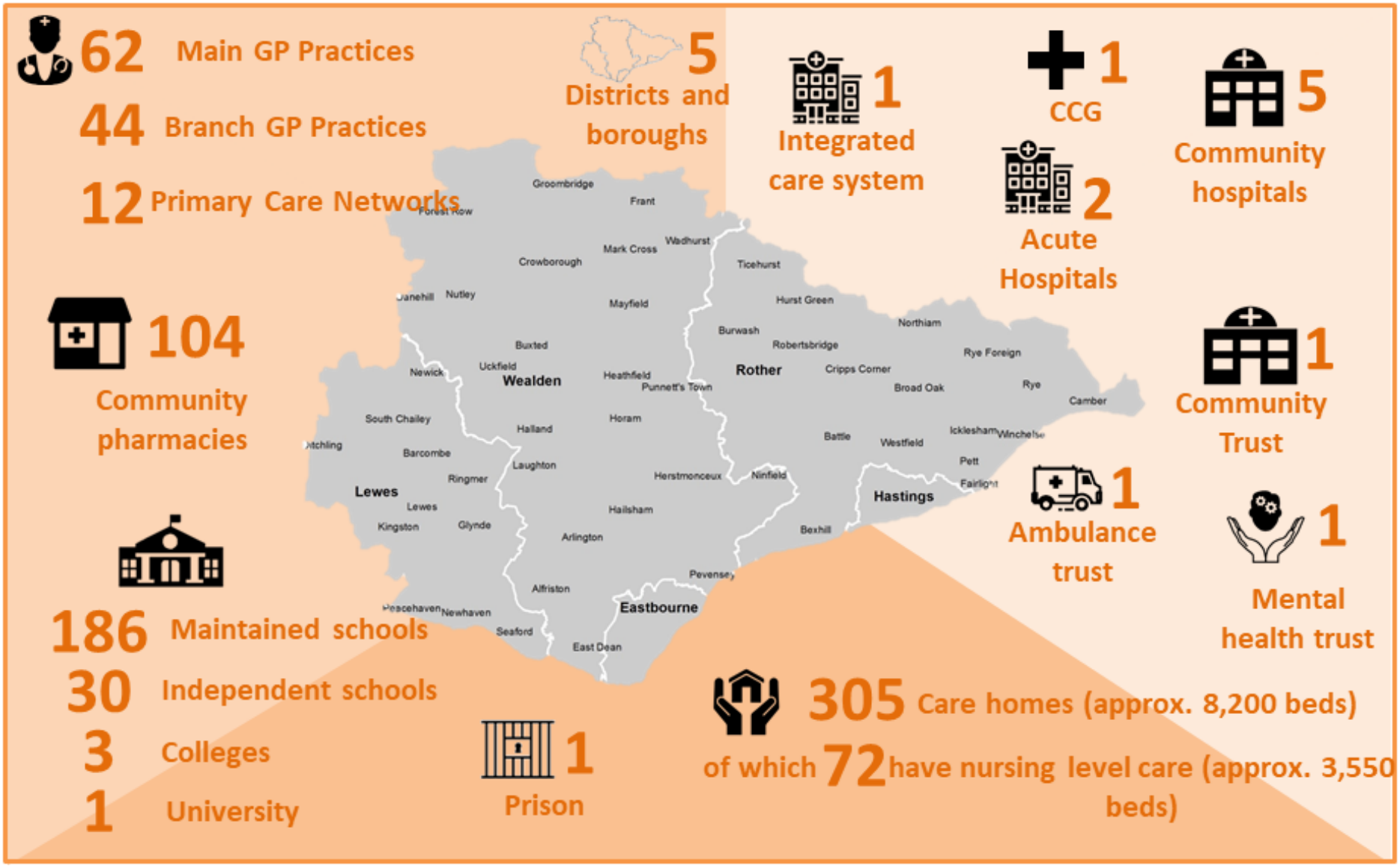

The over 65s now present a quarter of the county's population and are projected to make up nearly a third of all people by 2035. The fastest rate of growth will be seen in the 85 and over group. Those aged 85 and over are the largest users of health and social services.



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.



## 1.7. East Sussex health and care landscape



## 1.8. 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.

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

The report provides a snapshot of the epidemiological picture of the county. For the 7-day period to 5th June 2021, East Sussex was ranked 144th 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 upper tier local authority with the blue colours 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 June 2021, map produced by West Sussex)

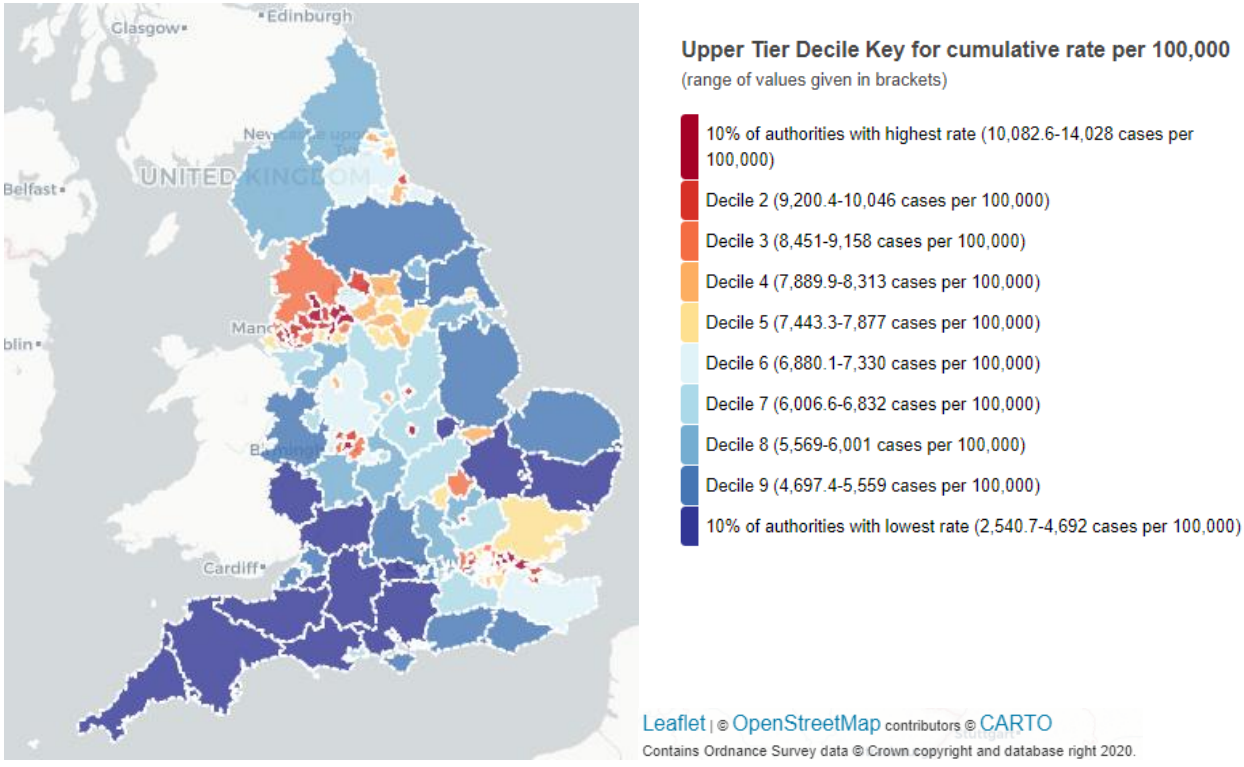
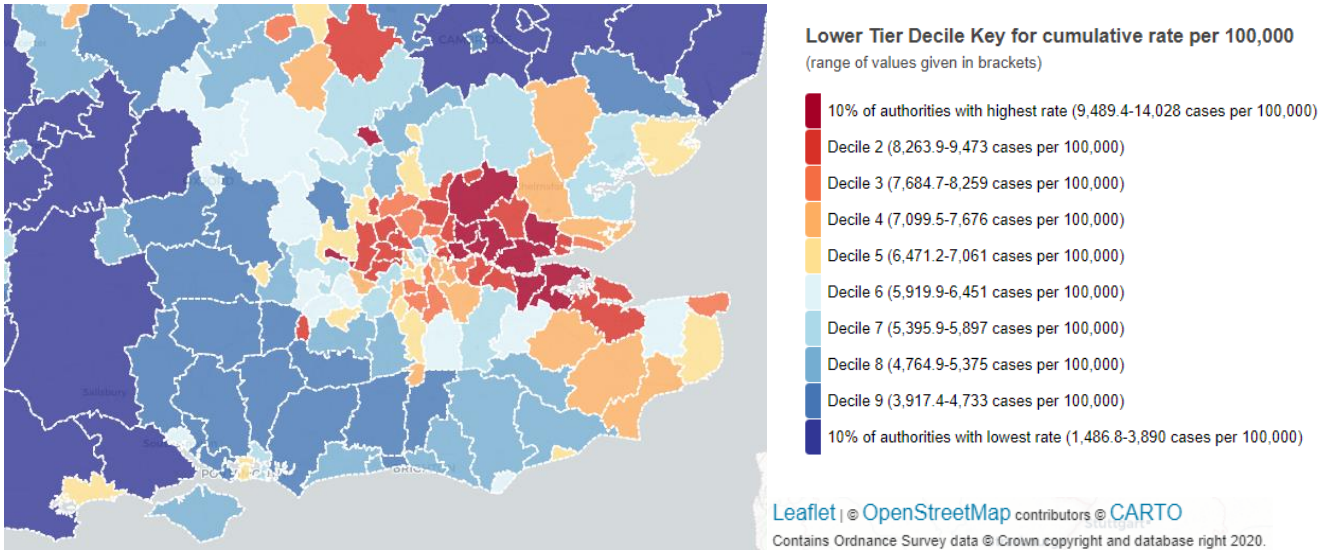


*Figure 2: All confirmed cases of COVID-19 per 100,000 population by lower tier Local Authority in the South East (*Source: Data from National Dashboard published 10th June 2021, map produced by West Sussex)




Until November 2020 East Sussex had a consistently lower rate of COVID-19 than England. However, the second wave of infection from November 2020 to February 2021 had a much greater impact on East Sussex than previously.

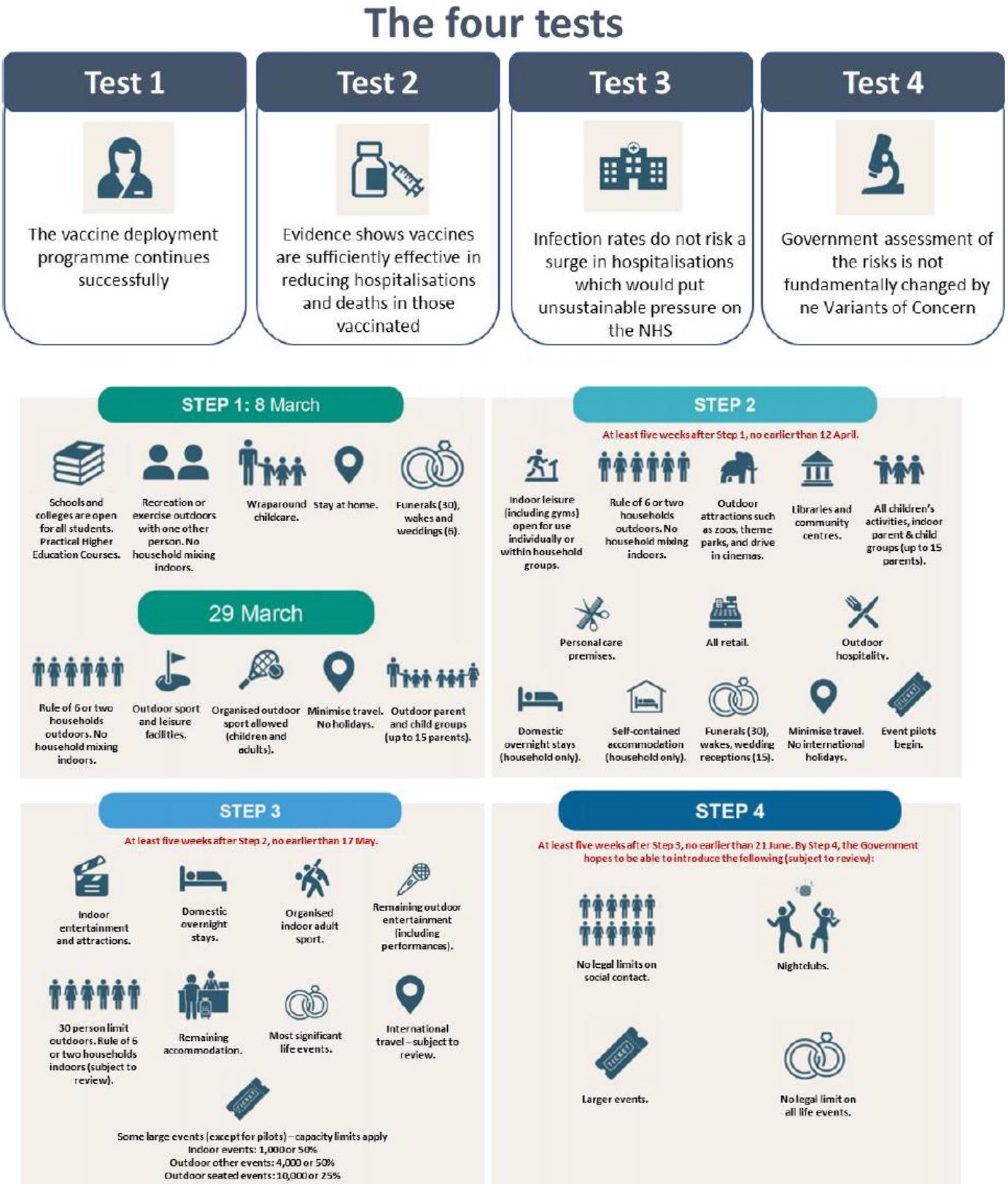
This second wave of infection was associated with the spread of a new variant, first detected in Kent, which has been shown to be much more transmissible. This led to East Sussex being put into the top tier of restrictions, followed by national restrictions again being imposed.

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 9th June 2021.*

| | COVID-19 rate per 100,000 | Local Authority rank (1 highest) |
|---|---|---|
| East Sussex | 5,526 | 121/149 |
| Eastbourne | 6,421 | 159/315 |
| Hastings | 6,749 | 145/315 |
| Lewes | 4,817 | 249/315 |
| Rother | 5,124 | 231/315 |
| Wealden | 4,941 | 242/315 |

The Governments COVID-19 RESPONSE − SPRING 2021 included a new four-step plan to ease England's lockdown which aimed to see all legal limits on social contact lifted by 21 June, if strict conditions were met. The easing of lockdown requires four tests on vaccines, infection rates and new coronavirus variants to be met at each stage. The announcement coincided with the first data on the UK's coronavirus vaccine rollout from data produced by Public Health England (PHE).



## 2. Escalation Framework and Governance

The following table describes the 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 as part of a national lockdown and will be updated in light of new guidance. For more information see the national guidance National lockdown: Stay at Home - GOV.UK (www.gov.uk)

| Local COVID Alert Level | MEDIUM – Tier 1 (National restrictions apply) | HIGH – Tier 2 (Additional restrictions) | VERY HIGH – Tier 3 (Tighter restrictions apply) |
|---|---|---|---|
| **Intelligence and triggers** | Daily review of COVID-19 data by Public Health team, presented weekly at multi-agency Operational Cell.<br>National restrictions apply to all areas of England | Daily review of COVID-19 data by Public Health team. Detailed surveillance in the specific area to inform health protection measures, including expertise from Field Epidemiology.<br>Data show increasing trend with high infection in an area and/or high/increasing positivity rate. Any thresholds determined by the government will be added. National watchlist published weekly | Daily review of COVID-19 data by Public Health team. Enhanced surveillance in the specific area to inform health protection measures, supported by national resources.<br>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<br>• ESCC Operational Cell and Health Protection Board<br>• ESCC COVID-19 Tactical Group and Strategic Group<br>• ESCC Health and Wellbeing Board<br>• NHS Silver<br>• Sussex ICS Monitoring Group<br>• Formal briefing to members and MPs<br>• SRF – Consideration for multi-agency response | As for *Tier 2*, with Frequent briefings to members and local MPs, and assurance to Government as required.<br><br>Daily briefings with the media. |
| **Comms and Engagement (public)** | Communications based on the COMS plan, including: Prevention, symptom recognition, and testing messages; action to take if symptomatic; reactive statements for outbreaks | General high communications geo-targeted via multiple channels focusing on:<br>• new alert level and household and travel restrictions<br>• Prevention, symptom recognition, testing, and action to take if symptomatic<br>• raising awareness of local population/affected communities of increasing infection rates<br>• proactive statements as required for outbreaks | Extensive widespread engagement and communications with affected areas/communities and shared with relevant neighbours to explain the restrictions and the geographical area for the restrictions, including in relevant languages. |

| Local COVID Alert Level | MEDIUM – Tier 1 (National restrictions apply) | HIGH – Tier 2 (Additional restrictions) | VERY HIGH – Tier 3 (Tighter restrictions apply) |
|---|---|---|---|
| **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.<br>Increased national support for: local test and trace; local enforcement funding; military assistance; job support scheme |
| **Testing** | DPH works with DHSC and LRF Testing Cell to support whole care home testing, arrangements for local testing centres and MTU deployment | Increasing testing capacity via MTU deployment to targeted specific areas/communities | Significant increased widespread testing including MTU deployment<br>Expanded testing of symptomatic and asymptomatic persons for affected area including MTU deployment |
| **Welfare Support** | Welfare support continues to known vulnerable residents<br>Welfare support is unlikely to be necessary for clinically extremely vulnerable group (Shielding) | Welfare support continues to known vulnerable residents<br>Welfare support is unlikely to be necessary for clinically extremely vulnerable group (Shielding) | Welfare support continues to known vulnerable residents. Welfare provision may be needed for individuals in clinically extremely vulnerable group (Shielding).<br>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 |
| **Education and Childcare** | Education and childcare fully open to all. Children's groups permitted | Education and childcare open. Children's groups permitted. Childcare bubbles for U 14s permitted in private homes/gardens<br>Decision on implementation of 'tiers of restrictions for education and childcare' (Contain Framework) agreed with national partners.<br>https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers#annex-3-tiers-of-national-restriction | Education and childcare open. Children's groups permitted. Childcare bubbles for U14s permitted in private homes/gardens<br>Decision on implementation of 'tiers of restrictions for education and childcare' (Contain Framework) agreed by national partners.<br>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 |

| Local COVID Alert Level | MEDIUM – Tier 1 (National restrictions apply) | HIGH – Tier 2 (Additional restrictions) | VERY HIGH – Tier 3 (Tighter restrictions apply) |
|---|---|---|---|
| **Prevent and Enforce** | Police adopt 'engage, encourage, educate, enforce' for individuals to follow COVID guidance.<br>Environmental Health, Licensing Teams and Trading Standards advise and monitor businesses/ events to ensure COVID safe practices.<br>Consider use of local powers to prevent and manage spread.<br>Consideration to COVID-19 marshals to be deployed by Districts/Boroughs | Police approach of engage, encourage, educate, enforce – for individuals to follow COVID guidance.<br>Environmental Health, Licensing Teams and Trading Standards advise and monitor businesses/ events to ensure COVID safe practices.<br>Consider use of local powers to prevent and manage spread.<br>Enhanced support/enforcement to ensure businesses implementing COVID secure measures | As for Tier 2, but in addition Government consults with Local Authorities to agree additional measures such as restrictions and/or closures within hospitality, indoor and outdoor entertainment and tourist attractions and venues, leisure centres and gyms, public buildings, close personal care/close contact services<br>Enhanced support/enforcement to ensure businesses implementing COVID secure measures and enforcement of national regulations |

## 2.2. Forward planning

Given the roll out of the national vaccination programme and the expansion of asymptomatic testing at pace, it appears that the current aim over the mid-term is for COVID-19 to become a 'managed' disease in which the virus will continue to circulate in pockets with small numbers of cases and outbreaks prompting an immediate response. This will be accompanied by an increased return to Business as Usual across the system. However, there is still the possibility of further significant increases or 'spikes' in East Sussex. These could be the result of a number drivers including decreasing levels of vaccine coverage, reduced effectiveness of contact tracing, new Variants of Concern (VOCs), reduced levels of adherence to Non-Pharmaceutical Interventions and decreased testing capacity.

Assuming that this is the case there is the requirement for:

- Maintenance of programmes and activities to control and manage COVID-19 even when the incidence rate has greatly reduced
- An assessment of the impact of reduced capacity once national COVID-19 response resource ceases and how system partners can work together to mitigate this
- Continued systemic oversight of both epidemiological data and service activity by those governance bodies with a remit for COVID-19 response and by East Sussex Public Health Team and Surrey and Sussex Health Protection Team
- Business planning for all key organisations covering process and capacity that will support a rapid move back from Business as Usual to COVID-19 response if necessary.

## 2.3. 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 District and Borough including Environmental Health and Community Hub leads, Trading Standards, Public Health England, Environmental Health, Local Authority Public Health, Police, Emergency Planning, the CCG, East Sussex Healthcare Trust, and Communications.

Representation from East Sussex Health Care Trust and the CCG ensures the Operational Cell can link into the relevant clinical governance process and structure of these organisations.

**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 reviews 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.

Representation from East Sussex Health Care Trust and the CCG ensures the Health Protection Board can link into the relevant clinical governance process and structure of these organisations.

**The Engagement Board**

The Engagement Board was a new function introduced at the start of the pandemic to ensure appropriate political and democratic accountability for outbreak investigation and response. In East Sussex, the Engagement Board has drawn upon the established Health and Wellbeing Board (as suggested by the existing guidance) as a new core function. This Outbreak Control Plan is approved by the Engagement Board although there are interim updates in between these meetings.

**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.

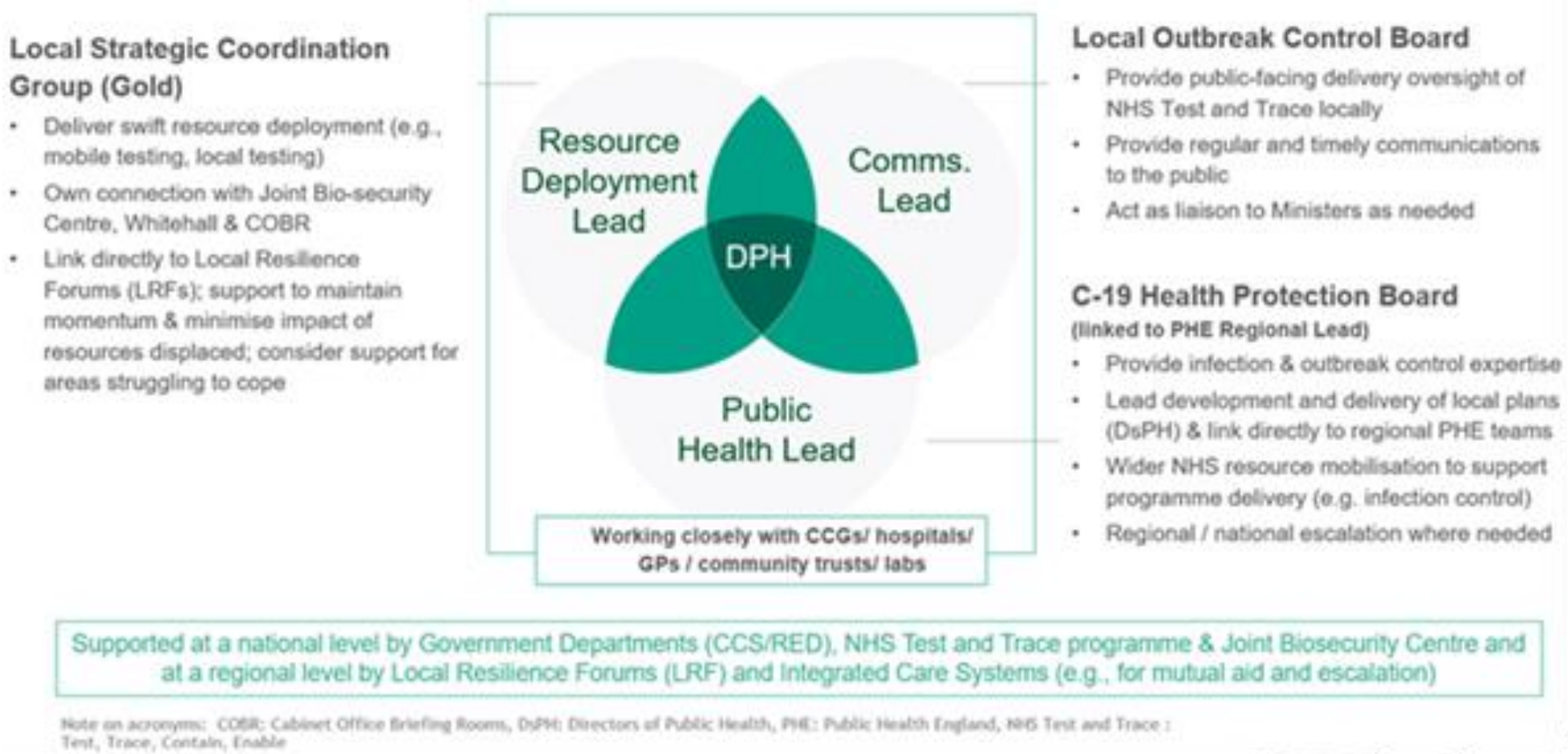
The Sussex Resilience Forum (SRF) will support local health protection arrangements working with the Health Protection Board and Local Outbreak Engagement Board directly through the Strategic Co-ordinating Group (SCG) or if in place the Strategic Recovery Group (RCG), Tactical Co-ordinating Group (TCG),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



## 2.4. 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-19 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.

**National public health reforms - Transforming the public health system, Health Security Agency and Office of Health Promotion**

The pandemic prompted a Government review of the health institutions in place. The functions of the Public Health England (PHE) for health security/protection and health improvement will be split.

The health protection capabilities of PHE and NHS Test and Trace will combine into a new UK Health Security Agency (UKHSA) and its primary task will be to ensure the UK is well prepared for pandemics.

A new Office for Health Promotion will be created in the Department of Health and Social Care (DHSC), under the professional leadership of the Chief Medical Officer. The Office for Health Promotion will help the whole health family focus on delivering greater action on prevention; and – working with a new cross-government ministerial board on prevention – it will drive and support the whole of government to go further in improving health.

Transitions of services are due to take place over the summer and by Autumn 2021 it is intended that the transfer of staff to new destinations will be complete, the UKHSA will be fully operational and the DHSC Office for Health Promotion will be established.

**Health Protection Team - Surrey and Sussex Health Protection Team (South East)**

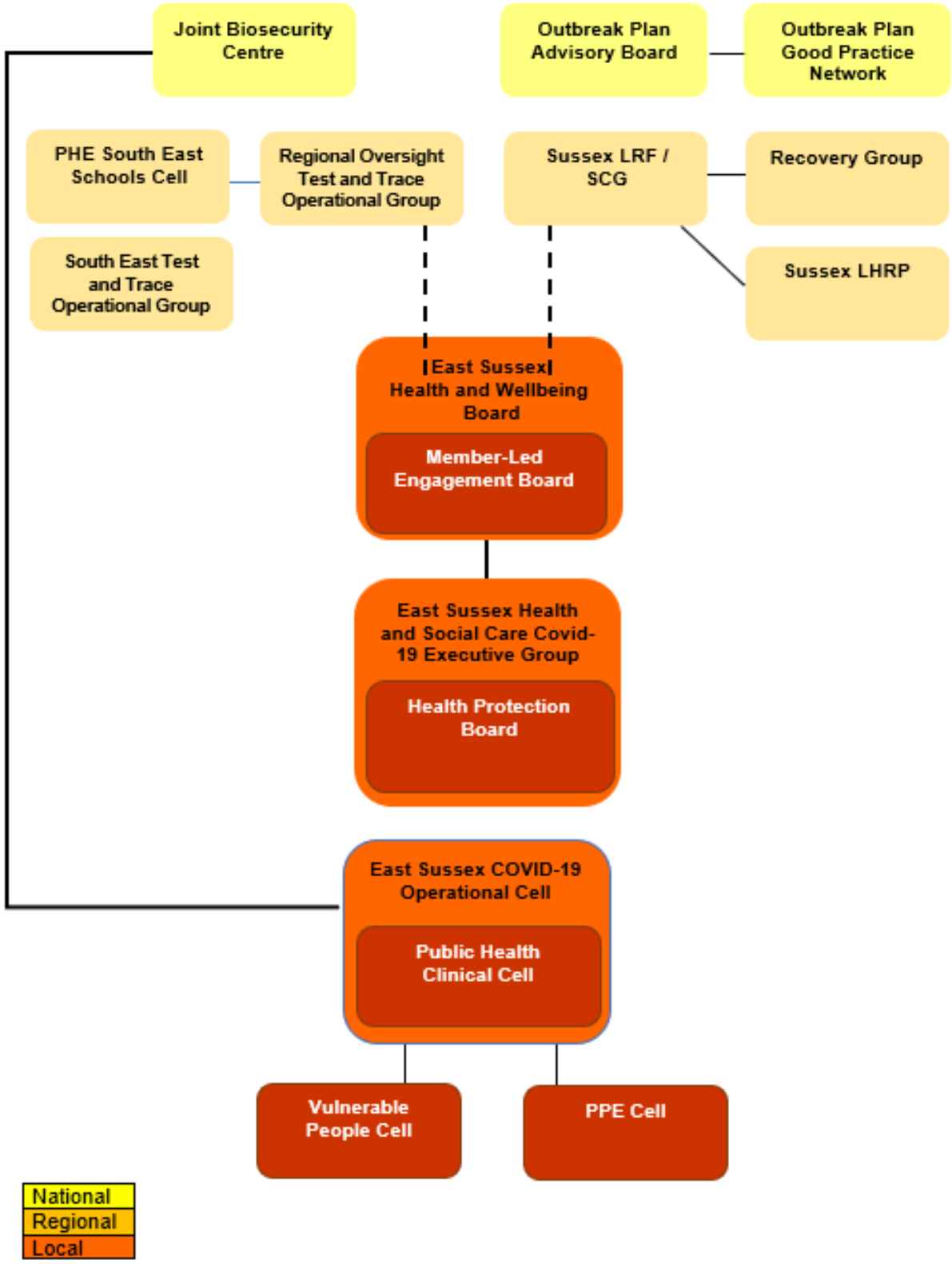
The Health Protection Team (HPT) prevent and reduce the effect of diseases and chemical and radiation hazards. During the current COVID-19 Pandemic they have supported local outbreak control teams with their specialist skills in communicable disease

control, in identification and management of outbreaks. They assist and make sure appropriate risk assessment measures are taken. The HPT conducts detailed follow up of everyone identified as having a variant of concern resulting in the possible contacts and potential sources of infection being identified. The HPT advises whether community wide testing (otherwise known as Surge Testing) is required after transmission may have occurred locally from an unidentified source. The HPT are vital in the management of outbreaks and form a crucial part of our alert systems, making any outbreaks easier to manage.

## 2.5. East Sussex Outbreak Control Plan Governance

The follow diagram outlines the governance arrangements for this plan. Health organisations are represented throughout which ensures the relevant clinical governance processes and structure of these organisations are aligned.

*Figure 6 - East Sussex Outbreak Control Plan Governance*



# 3. 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.

## 3.1. 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.

## 3.2. 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.

## 3.3. 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

## 3.4. 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)

## 3.5. 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 03/06/21) notices issued by the Secretary of State for Health and Social Care under the Health Service (Control of Patient Information) Regulations 2002, which are now to remain in force until at least 30th September 2021, requiring confidential patient information to be shared between organisations providing health services, general practices, local authorities, combined authorities, arm's-length bodies of the Department of Health and Social Care, NHS England and Improvement, all GP practices in England whose IT systems are supplied by TPP or EMIS, and NHS Digital for the purposes of research, protecting public health, providing healthcare services to the public and monitoring and managing the COVID-19 outbreak and incidents of exposure:
    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.

## 3.6. 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.

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 within the relevant coronavirus regulations;

(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-19 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 virtue of the Health Protection (Coronavirus, Restrictions) (Steps and other provisions) (England) (Amendment) Regulations 2021 they

have effect until 20 June 2021. This is based on the current timescales for easing restrictions. If restrictions remain in force beyond 21 June 2021 it is likely that these powers will also be extended.

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)<br><br>In extremis: **The Health Protection (Coronavirus Restrictions) No 3 Regulations**<br><br>**<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.<br><br>The Police/Environmental Health may object within three working days on one of four grounds public safety, crime and disorder, protection of nuisance, protection of children. There are no public health groups on which to refuse permission. However, the No 2 regulations require a CV-19 risk assessment and demonstration that all reasonable measures have been taken to limit the risk of transmission of COVID-19 for events held in public open space. If the risk assessment is not deemed 'suitable and sufficient,' permission can be refused (with no hearing necessary) and the organiser and Police Prevent Inspector would be notified that the event is illegal.<br><br>In a case where the CV-19 risk assessment is not satisfactory and the above procedure cannot be used (e.g. if the event was planned on private land) or in a case where the CV-19 risk assessment is satisfactory, but there are serious concerns regarding the incidence rate in that area or in the incidence rate in the area of the people attending the event, we may feel the event should not go ahead on public health grounds, and would aim to engage with the organiser on this. If the organiser refused to delay or cancel, the Local Authority may make a direction under the number 3 regulations to prohibit the event, where the three conditions can be met in relation to responding to a "serious and imminent" threat to public health, necessity and proportionality. Once a Direction has been made delegated Local Authority Officers can issue "prohibition Notices" to close individual premises.<br>In the case of late TENs, the Police or Environmental Health can object with no right for the organiser to appeal.<br>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.<br>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.<br>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.<br>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. |

[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.

| | | | | |
|---|---|---|---|---|
| | | | **Health Protection (Coronavirus, Restrictions) (Steps and other provisions) (England) (Amendment) Regulations 2021** | 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 has not issued any of these notices to date (26/5/21).<br>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. |
| **Declaring a gathering of more than 6 illegal when an event permission is to be requested via a Premises License** | Prevent-<br>*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<br><br>In extremis: **The Health Protection (Coronavirus Restrictions) No 3 Regulations**<br><br>**Health Protection (Coronavirus, Restrictions)** | 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.<br><br>The Police/Environmental Health may object within three working days on one of four grounds public safety, crime and disorder, protection of nuisance, protection of children. There are no public health groups on which to refuse permission. However, the No 2 regulations require a CV-19 risk assessment and demonstration that all reasonable measures have been taken to limit the risk of transmission of COVID-19 for events held in public open space. If the risk assessment is not deemed 'suitable and sufficient,' permission can be refused (with no hearing necessary) and the organiser and Police Prevent Inspector would be notified that the event is illegal.<br><br>In a case where the COVID-19 risk assessment is not satisfactory and the above procedure cannot be used (e.g. if the event was planned on private land) or in a case where the CV-19 risk assessment is satisfactory, but there are serious concerns regarding the incidence rate in that area or in the incidence rate in the area of the people attending the event, we may feel the event should not go ahead on public health grounds, and would aim to engage with the organiser on this. If the organiser refused to delay or cancel, the Local Authority may make a direction under the number 3 regulations to prohibit the event, where the three conditions can be met in relation to responding to a "serious and imminent" threat to public health, necessity and proportionality. Once a Direction has been made delegated Local Authority Officers can issue "prohibition Notices" to close individual premises.<br>In the case of late TENs, the Police or Environmental Health can object with no right for the organiser to appeal.<br>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.<br>The contravenor can request the LA to review the notice if he believes he has met its' requirements. The LA must review it within 48 hours and withdraw if satisfied of compliance.<br>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.<br>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 |

[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.

| | | | | |
|---|---|---|---|---|
| | | | **(Local Authority Enforcement Powers and Amendment)(England) Regulations 2020**<br>**Health Protection (Coronavirus, Restrictions) (Steps and other provisions) (England) (Amendment) Regulations 2021** | 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.<br><br>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.<br>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. These powers have been granted until 20 June 2021. |
| **Taking action against a business/premises permitted to be open but not complying with COVID-19 guidelines**[6] | Prevent-<br>*For use at any point in escalation framework*. | Environmental Health | **Health and Safety at Work Act 1974**, and with reference to **sector specific COVID guidelines**<br><br>**The Health Protection (Coronavirus, Collection of Contact Details etc. and Related Requirements) Regulations 2020**<br><br>**The Health Protection (Coronavirus, Restrictions) (Obligations of Hospitality Undertakings) (England) Regulations 2020** | Organisers for events of 500 people or over 5 days must hold a premises licence which may include a condition requiring approval of an event management plan by a Safety Advisory Group. Under this, there are unlikely to be specific public health grounds on which to refuse permission. However, the Health Protection (Coronavirus) regulations require a CV-19 risk assessment and demonstration that all reasonable measures have been taken to limit the risk of transmission of COVID-19 for events in a public outdoor space and permission can be refused if the risk assessment is unsatisfactory. This is completed by the District or Borough and there is no obligation upon them to share that risk assessment. The organiser and Police Prevent Inspector would be notified that the event is illegal. However, the event would be unlikely to be illegal if it was taking place on premises that were part of the business of the premises licence holder or a visitor attraction.<br><br>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 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 Trading Standards officers can issue "prohibition Notices" to close individual premises.<br><br>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.<br>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 |

[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.

| | | | | |
|---|---|---|---|---|
| | | | In extremis: **The Health Protection (Coronavirus Restrictions) No 3 Regulations**<br><br>**<u>Health Protection (Coronavirus, Restrictions) (Local Authority Enforcement Powers and Amendment)(England) Regulations 2020</u>** | 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.<br>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.<br>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. |
| **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**<br><br>In extremis: **The Health Protection (Coronavirus Restrictions) No 3 Regulations**<br><br>**<u>Health Protection (Coronavirus, Restrictions) (Local Authority Enforcement Powers and Amendment)(England) Regulations 2020</u>**<br>**<u>Health Protection</u>** | Action taken depends on the severity of the concern and strength of the evidence (following the hierarchy of control). This may include engagement with the business via a visit/call/letter and serving an improvement notice to require risk assessment. The decision to serve deferred prohibition/prohibition notices will be up to each Lower Tier Local Authority H&S Inspector in accordance with their own enforcement policy, professional judgement and with regards to each specific situation.<br><br>Where a business refuses to comply, the number 3 Regulations could be used to issue a directive to close the business.<br><br>Where a business refuses to comply with any COVID Regulations, 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.<br><br>Failure to comply with a Notice is a criminal offence and can be dealt with by a Fixed Penalty Notice or prosecution. |

| | | | | |
|---|---|---|---|---|
| | | | **(Coronavirus, Restrictions) (Steps and other provisions) (England) (Amendment) Regulations 2021** | |
| **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. |
| **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)<br><br>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** | Control- *For use at any point in* | Local Authority | The Health Protection (Coronavirus, | 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. |

| | | | | |
|---|---|---|---|---|
| **contravening a requirement within the Self-Isolation Regulations (without reasonable excuse)** | *escalation framework*. | designated officer | Restrictions) (Self-Isolation) (England) Regulations 2020 | |

# 4. Outbreak investigation

## 4.1. 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

## 4.2. 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.

## 4.3. Local tracing partnerships

As part of the NHS Test and Trace business plan local tracing partnerships have been established to support tracking activities. Every upper tier local authority has established local tracing partnerships which allow the use of community-based tracers. The aim is for these community-based teams is to:

- draw on local intelligence,
- focus particularly on vulnerable or harder-to-engage groups, and
- work alongside the national team.

## 4.4. East and West Sussex – Local Tracing Partnership

The East and West Sussex Local Tracing Partnership provides additional capacity to the National NHS Test and Trace service by contacting people who have tested positive for COVID-19 that the national team have been unable to reach within 24 hours. It acts to ensure that these individuals are given advice and support as soon as possible and details of their contacts are collected in order to control the COVID-19 rate of reproduction (R), reduce the spread of infection, and save lives.

Local contact tracing involves:

- Contacting individuals across East Sussex who have received a positive COVID-19 test result, but were unable to be contacted by the national NHS Test and Trace team within 24 hours
- Providing advice regarding positive test result and requirement to self-isolate
- Collecting details of the individuals' contacts during their infectious period and entering on the national test and trace system for the national team to get in contact with
- Offering additional support as required, including the wide range of help and advice available from the Community Hub service.

The service operates between 8am-8pm seven days a week, including public and bank holidays. Contact is made via text message, phone call, email, or letter:

- Text messages will come from COVID TRACE (you cannot reply to these text messages).
- Outbound calls will come from 01323 432466 and inbound calls can be made to this number.
- Children under 18 may be contacted by phone when necessary and may be asked for their parent or guardian's permission to continue the call.
- Emails will be sent from West Sussex County Council Local COVID Tracing Partnership (you cannot reply to these messages).
- in exceptional circumstances a member of our partner services may be sent to a residence in person to make contact.

## 4.5. Work in development

**Enhanced Contact Tracing**

Local authorities are currently being given the option to take on increased responsibility for local contact tracing in the areas below. No decision has been made by East Sussex County Council at this point in time.

- **Outbreak Investigation and Rapid Response (OIRR)** using Postcode Coincidence and Common Exposure Reports. This is a systematic process using information collected from cases during contact tracing interviews to identify clusters of cases and activities/settings where transmission may have occurred. This intelligence is combined with local sources of information known to local authority and health protection teams to assess whether further investigation may be needed to determine whether public health actions are required in these settings to prevent further transmission. The 'backwards contact tracing period' refers to information gathered from cases about their activities and events outside the home from 7 days to 3 days prior to symptom onset/test date.
- **'Local 0'** refers to an option for LTPs to receive cases from the national T&T team immediately (within 1 hour) once the positive test result is entered onto CTAS, instead of after 24 hours of the national T&T team trying to contact the individual. This will result in LTPs dealing with significantly more cases.
- **Isolation Support:** Currently the national T&T team complete three phone calls and send three emails to positive cases during their self-isolation period to check compliance and wellbeing. LTPs taking on these calls would enhance the customer experience offer due to one contact tracing team making all contact.
- **Tracing Contacts of positive cases:** Currently the LTP model involves only contacting the positive COVID-19 case with their contacts being fed back into the national team for phone follow up. This option would involve tracing (contacting) all contacts identified by a positive COVID-19 case. Phone calls from a local (LTP) number could potentially increase tracing success rates, and local support can be offered where needed. This would lead to a to a significant increase in LTP call volumes.
- **iCERT (Integrated Common Exposure Report Tool):** will combine the existing contact tracing (common exposure) reports and postcode coincidence reports and enable greater interrogation and analysis. The team will work with the local Health Protection Team (Surrey and Sussex) using local Environmental Health Teams and other public health team information as part of our OIRR approach.
- **Integrated Tracing System (ITS):** process enables the LTP pull-down details of infected people to contact instead of waiting for them to be pushed to us. This will result in a more proactive identification and management and prevention of infection risks.

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 11.

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

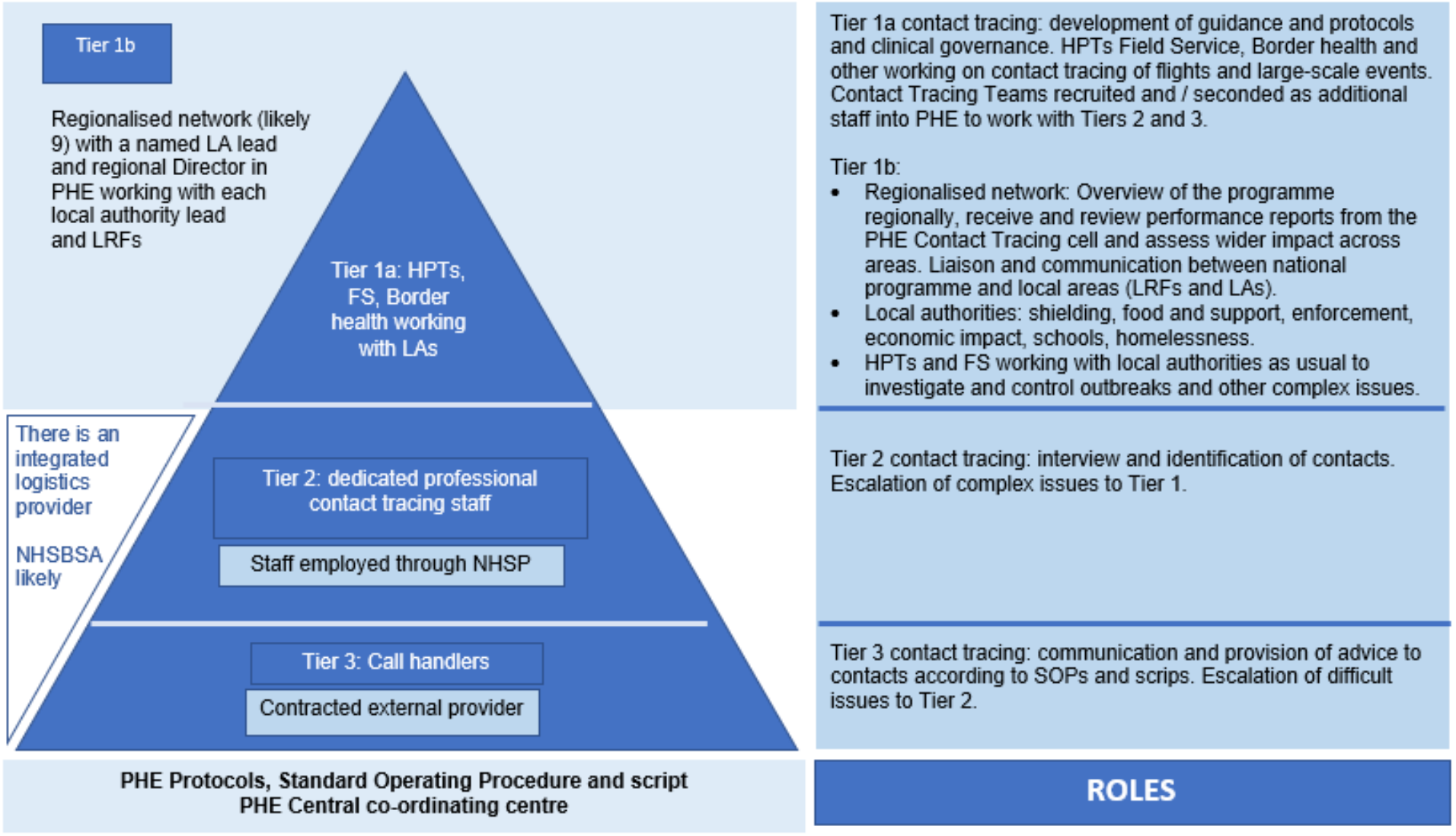
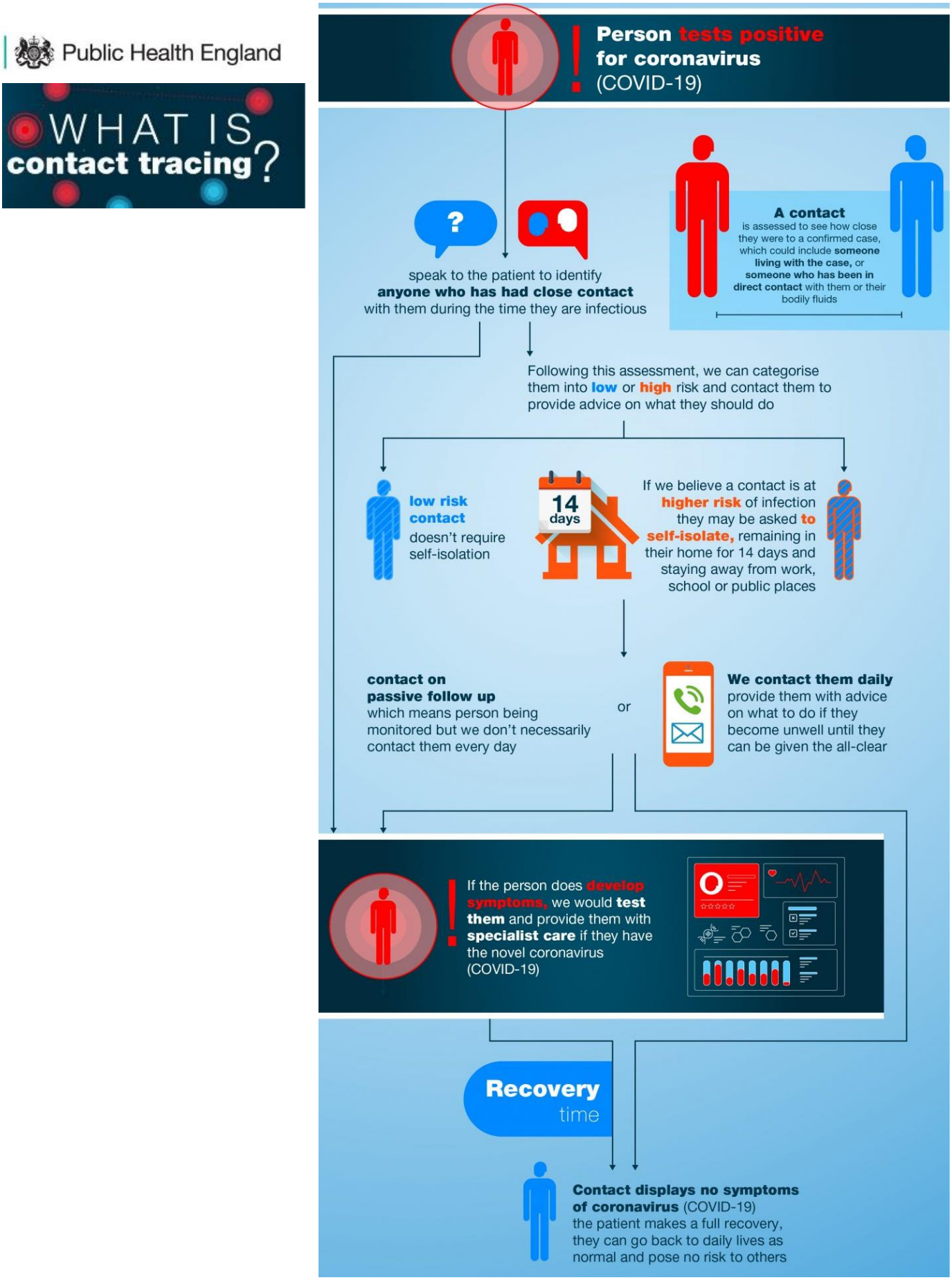


*Figure 9: What is contact tracing (PHE)*



## 4.5. 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, the SRF business management team, other neighbouring local authorities and emergency planning etc

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.

## 4.6. 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.

# 5.Communications and Engagement

## 5.1. 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.

## 5.2. 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 national, regional and local changes in the shape of the pandemic and the response to it. The communications plan specifies how ESCC's communications team works with partner organisations could do so quickly if enhanced testing or other new measures were needed in 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 significant change. 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 can 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 can reach at-risk or potentially marginalised groups, including ethnic minorities communities, 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 fast and timely updates on the vaccination programme and Test and Trace service and to signpost people to the correct Government sources to gain information.
The communications and engagement plan has been shared with all local partners when each new version is published and is also available on Resilience Direct.

The full communications plan is available as appendix D.

# 6.Data Integration

## 6.1. 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:<br><br>Staff in local authorities will secure access to the range of data available, for this we will: | ▪ Have a clear understanding of the data flows, such as Test and Trace data and information from the Joint Biosecurity Centre, and raise concerns where information is not forthcoming;<br>▪ Work with local and regional partners to gain access/develop further data feeds which will inform outbreak control measures (such as Public Health England, Environmental Health)<br>▪ Ensure the Sussex Integrated Dataset (SID), an anonymised linked record level dataset, is developed to support this workstream; in relation to COVID-19 this will help to understand infection rates in specific areas and groups and in the longer term understand the recovery and on-going support needs of people affected. |
| Objective 2:<br><br>Using the range of data, we will be highly vigilant ("proactive surveillance") in monitoring change: | ▪ There will be proactive surveillance by reviewing a broad range of indicators which may provide an early warning of outbreaks or possible community transmission<br>▪ We will have, and further develop, our understanding of high-risk places, locations and communities |

| | |
|---|---|
| Objective 3:<br><br>Staff tackling outbreaks will have access to robust and concise information and be supported in their use of data; this will include: | ▪ Information relating to the local response to outbreaks (e.g. care homes or schools), including providing an understanding and quantifying the numbers involved and the areas/settings impacted<br>▪ Help to identify similar settings of concern<br>▪ Modelling possible scenarios.<br>▪ A daily 'Common exposure report' is received from PHE. This identifies locations where multiple cases have been where they potentially exposed. This report is reviewed and cascaded to Environmental Health Teams who triangulate this information with their local intelligence and follow up as required.<br>▪ A new bespoke database has been developed locally in order collate all information on recent cases. This database combines lab case data with NHS Test and Trace case data and enables a detailed daily review of cases and situations in order to identify settings on concern, clusters and outbreaks. Following daily review there are a range of associated actions to make relevant partners aware and ensure situations are followed up as required, This includes notifying Public Health England, local Environmental Health teams, NHS England, local healthcare providers, as well as reciprocal arrangements with neighbouring local authority public health teams for settings out of area involving our residents. |
| Objective 4:<br><br>We will seek to maximise the transparency of local decisions: | ▪ There will be consistent reporting to each local authority Outbreak Engagement Board and support where possible wider dissemination working with local Communication teams<br>▪ Provide data to the public in a clear and transparent way, and demonstrate how this information is used, to inform local decisions.<br>▪ Clearly note the sources of data and which datasets are, and are not, in the public domain. |

## 6.2. 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 Council's 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.

## 6.4. 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.

## 6.5. 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.

# 7.Testing

## 7.1. Testing provision

There are regional testing site (RTS) centres at Bexhill and Plumpton Racecourse and local testing sites at Bexhill, Eastbourne, Hastings and Hailsham.

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.

## 7.2. Types of Tests

Polymerise Chain Reaction (PCR) tests

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

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.

## 7.3. Testing pathways currently in place

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

Full details are published on our website Getting a COVID-19 test in East Sussex – East Sussex County Council

**PCR Tests**

- Anyone with symptoms should book for a PCR test.
- In addition, regular PCR testing is offered to those without symptoms, in key settings

**Asymptomatic testing**

There are now multiple pathways available for different settings to have and access testing these include:

- Care home residents or staff and visitors
- Domiciliary carers
- Hospice workers and visitors
- Day care centre staff
- Personal assistants
- Schools and Universities
- Workplace Settings
- Prisons
- NHS workers
- Supported care or extra care living services11. Before going into hospital: Patients may need to get tested if they are due to have surgery or a procedure. The hospital will arrange this with patients.

**Rapid lateral flow test**

Rapid lateral flow tests are available to those that have no symptoms and are not covered by a previous testing pathway. People are encouraged to test themselves twice a week to detect those who unknowingly maybe spreading the virus. Lateral flow tests can be collected from local testing sites, pharmacies or ordered from home. People who need assistance or supervision with doing a lateral flow test have can book into one of the local pharmacies offering this service in East Sussex.

## 7.4. Current issues in testing

At present we are awaiting the next department of health policies on the roadmap, events, and surge testing. The issues we have will depend on the governments next policies. The potential need for surge testing may be a challenge potentially, for us to surmount in the future.  Plans have been developed and tested should that be the case (see below).

## 7.5. COVID-19 variants of concern (VoC)

There are many thousands of different versions, or variants, of Covid-19 circulating. It's not unexpected that new variants have developed. All viruses mutate as they make copies of themselves to spread. Most of these differences are inconsequential.

Some new strains [variants] of Covid-19 may be more contagious and can cause more severe disease. They can evade our immunity following a previous infection or after immunisation to varying degrees. These are known as Variants Of Concern [VOC]. The World Health Organization (WHO) has announced a new naming system for these variants of Covid-19. From now on the WHO will use Greek letters to refer to variants first detected in countries like the UK, South Africa and India.

The UK variant is now labelled as Alpha. The Indian variant of increasing dominance in the UK is now known as Delta. The South African variant is Beta, the Japanese variation of the Brazilian variant as Gamma, and the Brazilian variant as Zeta. These new names should simplify discussions in future and helps remove some stigma from the country names.

When a new COVID-19 Variant of Concern infection is found in a person living in the UK detailed checking of their contacts occurs [by the NHS Test and Trace service]. The finding of a new variant of concern may also initiate a process of active community [surge] testing to see if there has been any spread within a particular community.

Current vaccines were designed around earlier versions of COVID-19, but there is steadily growing evidence they should prevent severe illness from the variants, although perhaps not quite as well compared to the original strain of COVID-19.

There is active ongoing research to produce booster vaccines which will offer additional protection against these variants and to evaluate their real-world effectiveness.

The government is currently developing an enhanced toolkit of measures to address VoC, including surge PCR testing, OIRR, communications, and targeted enforcement.

## 7.6. Surge testing

Surge testing involves increased testing of people without symptoms of COVID-19 (including door-to-door testing in some areas) and OIRR in specific locations where a VoC has been identified. The response to VoC through surge testing will be coordinated across the whole Sussex region through the Sussex Resilience Forum (SRF) working in collaboration with local authority partners to ensure that risk and resources are managed, and that response is delivered at pace. The SRF is working with Public Health England (PHE) and the Department of Health and Social Care (DHSC) to develop a plan for a localised 'surge testing' programme to detect and assess the spread of variants of COVID-19, where necessary. This will have a specific East Sussex component. The programme of testing required will be activated by PHE and this activation will be through the East Sussex Director of Public Health where surge testing is required. PCR testing and test kits will be used. The local authority intelligence team will support this process by helping to understand the appropriate geography and communities to target.

A local COVID-19 Variants of Concern Surge Testing Plan for East Sussex dated the 23rd February 2021 has been developed which will remain a live document as learning from wider areas. The plan describes how resources will be mobilised.

## 7.7. Enduring transmission

Where there is a general downward trend, there is still a potential risk of enduring transmission of COVID-19 in certain sectors or geographic areas. Measures to address these in East Sussex include reporting the following to the Operational Cell each week:

- Ongoing data surveillance by East Sussex Public Health considering the pressure on NHS, new variants and the prevalence and trajectory of rates locally.
- Being aware of our local area characteristics such as the mobility, deprivation, ethnicity, reported contacts, household composition
- Testing, including asymptomatic testing
- Tracing, via the Local Tracing Partnership with West Sussex County Council
- Community Hubs and engagement such as door knocking by our local Environmental Health Officers

- Supporting people who are self-isolating, the Vaccination programme, including promoting vaccine uptake
- Communicating key prevention messages i.e. hand washing, face coverings, self-isolation, and social distancing

Targeted work on inequalities, including ethnic minorities and those in high risk occupations such as taxi drivers and health and social care workers takes place. Where enduring transmission occurs in a community or setting all elements of this plan would continue to apply with a tailored approach and the relevant action card within this document.

## 7.8. Self-isolation

Self-isolation is a key action for reducing COVID-19 transmission; ten-day self-isolation is a legal requirement for both positive cases and contacts of positive cases. In practical terms, self-isolation means:

- staying at home
- not going to work, school or public areas
- not using public transport like buses, trains, the tube, or taxis
- avoiding visitors to your home

Effective self-isolation involves staying as far away as possible from other household members, minimising the use of shared areas such as kitchens and living rooms and eating in personal spaces. A face covering or a surgical mask should be worn when spending time in shared areas inside the home.

Employers have an important role to play in supporting self-isolation. There should be clear workplace messaging that employees who become symptomatic or who have been close contacts of positive cases should self-isolate immediately. Employers should provide information and advice to those employees required to self-isolate. East Sussex Environmental Health and Public Health Leads continue to work with employers around supporting self-isolation, both at the level of individual outbreak control and sector led development.

Individuals asked to self-isolate by NHS Test and Trace are eligible for financial support while self-isolating if they are on low income or claiming benefits, unable to work from home, or will lose income from self-isolating. East Sussex County Council and our local partners are also able to provide support to people who self-isolate.

# 8. Vulnerable People

## 8.1. Overview

Vulnerable people support arrangements developed in East Sussex are multi-agency and cross-sector in nature. East Sussex County Council has led on the support to Clinically Extremely Vulnerable People (the Shielded Group), with the District and Borough Councils in partnership with local the 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 38,000 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 7,000 people have contacted Community Hubs for support.

## 8.2. Current support available

Government has frozen its offer to the Clinically Extremely Vulnerable Group as shielding came to an end at the end of March 2021. As such the proactive element of the ESCC support to CEV's has paused. However, much of the practical support and advice required by residents is still live. Community Hubs within the five Districts and Boroughs have been absorbed as business as usual, and Health and Social Care Connect can still advise residents how to get support.

Residents seeking support should still in the first instance seek assistance from trusted family, friends and neighbours with basic support such as help with shopping, getting medicines and other essentials.

If this isn't available the Community Hubs can be contacted – details are available here: Community hubs | East Sussex County Council. Alternatively, 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.

Project arrangements supporting the Community Hubs and CEV work have been maintained to ensure a continuity of offer through the spring and summer. Contingency arrangements are in place should shielding need to be reintroduced.

## 8.3. Shielding Support

Whilst shielding was live ESCC provided centralised coordination of support to those in the clinically vulnerable groups. Those identified by a GP or clinician as being in the extremely clinically vulnerable group were written to by Government. They were 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) offered online: registration for priority supermarket deliveries, self-referral for support from an NHS Volunteer Responder, and requests for contact from local councils.

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

- Pro-active calls were undertaken to CEV individuals. Prioritisation was 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.
- Health and Social Care Connect was (and 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 was been recruited to enable this, and it has been retained.
- A food delivery contract was procured and when appropriate food box delivery was available to residents. This was only available as a last resort and where all other avenues have been exhausted.

Advice for CEV individuals requiring support was 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[9]**.**

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

- **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).

## 8.4. Community Hubs

For residents who needed support but weren't CEV the Community Hubs in each District and Borough were developed. Community Hubs were designed to help people affected by the pandemic who have no one else to turn to. Community Hubs[8] were a partnership between the voluntary sector, health service, County Council and District and Borough Councils in East Sussex. Hubs helped residents with activities 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.

## 8.5. Additional Support

**Food Security Grant**

Recognising that food security has been a key issue during the lockdown investment was agreed to:

- Support to 15 food banks 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/Local Support Grant**

The scheme was announced by the government in November 2020. Funding was 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.

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

**Sussex Crisis Fund**

Sussex Community Foundation (SCF) at the beginning of the 1st Lockdown (March 2020) set up a Sussex wide fund for VCSE organisations designed to assist groups and organisations affected by Covid restrictions.

ESCC made an initial £100,000 contribution to the Sussex Crisis Fund, with the first and second phase of the fund allocating just under £400,000 to East Sussex organisations. Subsequently ESCC worked with WSCC to agree a further contribution to the third phase of the Sussex Crisis Fund, with each local authority contributing a further £330,000 each, to the third phase launched mid-April 2021.

**Additional Measures Grant Fund**

Circa £550k has been awarded to 11 VCSE organisations to put in place additional measures for providing financial and benefits advice to people on the SPL, and for people that have been affected by Government Guidance in relation to the COVID pandemic.

# 9. 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, supporting vaccine uptake 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.

# 10. Vaccination

## 10.1. National overview

The NHS begun a mass vaccination program from early December 2020 using the Pfizer-BioNTech vaccine, and the AstraZeneca Oxford vaccine, the first ones to be approved for use against Coronavirus in the UK. Fifty initial tranche 1 sites were identified, making this the start of the biggest vaccination programme in history. Sussex was selected as one of these first tranches, with the first hospital hub to deliver the vaccine being the Royal Sussex County Hospital (RSCH). Vaccinations began from this hub on the 9th December 2020.

## 10.2. Governance of the COVID-19 Mass Vaccination Project in Sussex

The COVID-19 Mass Vaccination Project Board reports to the Quality and Safety Group for monitoring and assurance purposes and is accountable to the Sussex Health and Care Partnership (SHCP) Executive Board. The Project Board and members of the Project Team are working in collaboration with all Sussex Health and Care Partnership (SHCP) partners and wider stakeholders through the Sussex Resilience Forum. The Clinical Leadership Group provides senior clinical oversight, risk management and advice as required.

## 10.3. Background – COVID-19 vaccines

Any coronavirus vaccine that is approved for supply within the UK national vaccination program must go through all the clinical trials and safety checks all other licensed medicines go through. The MHRA (Medicines and Healthcare products Regulatory Agency) follows international standards of safety. The 2 approved vaccines by Pfizer-BioNTech and Oxford - AstraZeneca (AZ) have met strict standards of safety, quality and effectiveness set out by the independent MHRA. The vaccines work by triggering the body's natural production of antibodies and stimulates immune cells to protect against COVID-19-19 disease. For both Pfizer-BioNTech and AstraZeneca vaccines, a 2-dose vaccine schedule is advised.

**Pfizer-BioNTech vaccine**

The first COVID-19 vaccine approved for use in the UK was developed by Pfizer-BioNTech, early December 2020. COVID-19 mRNA Vaccine BNT162b2 is a vaccine used for active immunisation to prevent COVID-19 disease caused by SARS-CoV-2 virus. COVID-19 mRNA Vaccine BNT162b2 will be given to people aged 16 and over in a phased approach, commencing with the most vulnerable and frontline health and social care staff.

There are complexities in the delivery of the vaccine due to vaccine needing to be kept at -70C before being thawed and it can only be moved 4 times within the cold chain before being used. It is also supplied in large amounts with each pack containing 975 doses.

**Oxford – AstraZeneca (AZ) vaccine**

The Oxford – AstraZeneca (AZ) vaccine was approved for use on the 30th of December 2020. Unlike the Pfizer vaccine this can be stored in a standard fridge making it easier to deliver at GP practices and care homes.

Evidence shows that the vaccines can provide immunity within 2-3 weeks after the first dose. Therefore, to maximise the speed of roll out, as many people as possible will be given the first dose with the second being given after around three months.

**Other vaccines:**

Other vaccines have been developed and proved to be safe effective vaccines such as the Modena vaccine, which has recently been through the MHRA to gain approval for use. Many more are still working through the trial process with results expected later in 2021. They will only be available on the NHS once they have been thoroughly tested to make sure they are safe and effective.

## 10.4. Possible side effects:

Like all vaccines, COVID-19 vaccines can cause side effects, although not everybody gets them. Most side effects are mild or moderate and go away within a few days of appearing. If side-effects such as pain and/or fever are troublesome, they can be treated by medicines for pain and fever such as paracetamol. Side effects can include pain at injection site, tiredness, headaches, fever and muscle and joint pain.
It has been shown that people who have severe allergies can have a bad reaction to the vaccines, therefore it is recommended until more is known about this, that people with severe allergies do not receive the vaccines.

## 10.5. Vaccine programme

The aim of the COVID-19 vaccination programme is to protect those who are at most risk from serious illness or death from COVID-19. The vaccination programme needs high uptake - at least 70% to be effective. The impact of vaccines on COVID-19 transmission is being examined, but it is known that vaccines stop people from suffering serious illness, therefore the vaccine is a game changer in terms of hospital admissions and mortality from COVID-19.

We also do not yet know how long the protection from the vaccinations will last, it could be like flu needing to be done regularly.

## 10.6. Vaccine prioritisation

The Joint Committee on Vaccination and Immunisation (JCVI) advises that the first priorities for the COVID-19 vaccination programme should be the prevention of mortality and the maintenance of the health and social care systems. As the risk of mortality from COVID-19 increases with age, prioritisation is primarily based on age. The order of priority for each group in the population corresponds with data on the number of individuals who would need to be vaccinated to prevent one death, estimated from UK data obtained from March to June 2020.

This priority list is as follows:

1. residents in a care home for older adults and their carers
2. all those 80 years of age and over and frontline health and social care workers
3. all those 75 years of age and over
4. all those 70 years of age and over and clinically extremely vulnerable individual
5. all those 65 years of age and over
6. all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
7. all those 60 years of age and over
8. all those 55 years of age and over
9. all those 50 years of age and over

It is estimated that taken together, these groups represent around 99% of preventable mortality from COVID-19. People aged 80 and over as well as care home workers will be first to receive the jab, along with NHS workers who are at higher risk.

## 10.8. Sussex COVID-19 vaccination programme

Sussex Integrated Care System received its first delivery of the Pfizer/BioNTech vaccine on 8 December, via the Royal Sussex County Hospital (RSCH) (a designated Tranche 1 Hospital Hub). The vaccination programme has expanded as more vaccines become available. This will include:

- hospital hubs
- GP-led vaccination services
- larger vaccination centers
- vaccine service in care homes and people's own homes if they cannot attend a vaccination site.

Further details can be found at the Sussex Health and Care Partnership COVID-19 Vaccination programme website.

The NHS in Sussex commenced with their vaccination programme from the 9th of December 2020, at the Royal Sussex County Hospital (RSCH) in Brighton, the first site ready to administer the vaccine. Other hospital sites and GP practices have come on board in a phased approach, with other vaccination centres being made available across the area to ensure equitable access for local people. The Brighton Centre has been delivering vaccinations since January 25th, 2021.

Core frontline health and social care staff and patients aged 80 and above who were already attending hospital as an outpatient, and those who are being discharged home after a hospital stay, were the first to receive the vaccine. Work with care home employers was undertaken to identify staff who could attend an appointment at a local hospital hub. And as slots for health and care staff became available, eligible people were contacted by their employer.

Sussex Community NHS Foundation Trust have been leading the work to recruit and train more staff - both clinical and non-clinical - so that the NHS in Sussex can deliver this unprecedented immunisation programme without impacting on other vital services. People are contacted by either the local NHS or their GP when it is their turn for the vaccine. It is essential that people take up the offer to ensure protection for our communities against COVID-19.

## 10.9. Outcomes of the Sussex Vaccination Programme

To date the local vaccine programme has met the targets for the first priority cohorts 1-4 who were to be vaccinated by February the 15th. Priority groups 5 & 6 have been the recent focus to ensure those 65-69 and those clinically vulnerable have been offered vaccines. All have received vaccine appointments for their second vaccine, three months after the receipt of the first dose. From week commencing the 1st of March 2021 the those aged 60-65 were invited to receive a vaccine. It the national ambition to vaccinate all adults over the age of 18 by the end of July 2021.

## 10.10. Measures to improve vaccine uptake locally

To ensure the removal of barriers to people who have not taken up the offer of a vaccine, work is being taken forward led by an Inequalities Cell that sits under the Vaccine Programme Board. Identified actions include - focused communications, mobile/roaming vaccination services and localised partnership working to identify insight into reasons why some have not taken up the offer of a vaccine and to have a coordinated approach to target these people in line with respective needs. An action plan has been developed (please see Appendix E).

**Key areas of focus for boosting East Sussex vaccine uptake**

- Older people – those with reduced access to vaccine centres, housebound, missed their appointments, uncontactable, are in care homes (e.g. people who would like to be vaccinated but haven't been able to) – individual and geographical reasons need investigating and addressing.
- Younger people (65-69 and younger) – those who have refused or not taken up their vaccine for a multitude of reasons – individual reasons need investigating; there may be a need for more information, education and awareness, discussion with trusted people, communications and champions.
- Ethnicity groups with reduced uptake – targeted community engagement with different ethnicity groups using BAME networks, webinars, faith leaders, vaccine champions, translated and tailored messaging, pop ups at faith centres and community centres.
- Females – younger females, childbearing age, worries about fertility/pregnancy/breastfeeding – individual reasons need investigating - webinars, Q&A sessions, high profile NHS, O&G, female respected and trusted leaders to provide up to date, easy to understand medical information, personal experiences from other young females.
- Males – healthy, white, older and younger males – individual reasons need investigating – targeted communications including direct messaging 'not just for you, to protect your children, grandchildren'. as well as behavioural and psychological work.
- Areas of deprivation – Hastings, Rother and specific areas of Wealden.
- Clinically extremely vulnerable – including learning disabilities, physical disabilities, mental health, younger people who are less engaging – individual reasons need investigating, needs help of service providers, community networks and carers, GPs and PCNs.
- Healthcare workers – individual reasons need investigating, care homes, ASC work, engage with ESHT, PCNs, CCGs. Webinars, Q&As, clear direct messaging.

- Other groups – e.g. homeless, travelling community, refugees.

**Vaccine Champions**

Vaccine Champions are a scheme created by the CCG which uses members of the local community to provide guidance and dispel myths with vaccines. Therefore, allowing residents to make an informed choice on whether or not to have a vaccine. The plan is to double the number based in East Sussex and targeting the groups and areas with lower uptake.

Volunteering from their own home at a time that is most convenient for them, Vaccination Champions are part of an exciting new way of helping the NHS in Sussex communicate about the COVID-19 vaccine and dispel myths on the vaccine – in their volunteer role they might:

- post update-to-date information on the vaccine on social media;
- share information from the NHS on What's App;
- produce videos of local community leaders for circulation,
- share information in local magazines or newsletters; and
- erect information on community noticeboards.

# 11.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:

## 11.1. 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 via Get coronavirus tests for a care home - GOV.UK (www.gov.uk)**

- **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. PHE notify the local authority of all outbreaks and exposures in care

homes. Similarly, the local authority tracks all cases linked to a care home via the care home tracker and line listings provided to local authority public health teams to ensure that all possible data sources are used and linked. This ensures all situations are identified, and also any escalation of situation is picked up at the earliest opportunity.

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.
Bespoke work by local authority staff and NHS clinical leads is already deployed to improve vaccine uptake in care homes and within our adult social care staff. This includes educational sessions and presentations in established forums, as well as a programme to contact all care homes with low uptake and offer support.

**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.

**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

## 11.2. 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 – Coronavirus (COVID-19) test kits for children's homes - GOV.UK (www.gov.uk)
  - 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
- Information on how to access the vaccine as per national prioritisation guidelines is shared through general and specific communications.

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

## 11.3. 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 higher education campus, 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.
Schools and colleges testing: order coronavirus (COVID-19) rapid lateral flow home test kits - GOV.UK (www.gov.uk)

All students began the return to face-to-face education on 8th March with the following testing measures in place:

- all primary school children will return on Monday 8 March. Primary school staff will continue to take 2 rapid COVID-19 tests each week at home
- all secondary school and college students will take three COVID-19 tests as they return to the classroom from the 8 March at existing school testing facilities. Schools and colleges will have discretion on how to test students over that week to enable their return to the classroom. After the initial programme of three tests in school or college, students will be provided with 2 rapid tests to use each week at home
- secondary school and college staff will also be provided with 2 tests to use each week at home
- university students on practical courses who need to access specialist facilities and equipment can return to in-person teaching and learning from Monday 8 March. Twice weekly testing will continue to be available for all on campus

Information on how school staff can access the vaccine as per national prioritisation guidelines is shared through general and specific communications.

**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.
1) Confirmed or Suspected Cases in a School
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

## 11.4. 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.
Information on how prison staff and residents of the prison can access the vaccine as per national prioritisation guidelines is shared through general and specific communications.

**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:**
Preventing and controlling outbreaks of COVID-19 in prisons and places of detention - GOV.UK (www.gov.uk)

**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

## 11.5. 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:

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

**What's already in place:**

The key principles for workplaces are ensuring they take a preventative approach to keep their environment COVID-secure and to support them to undertake risk assessments. 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.

All businesses in England were able to sign up to the government's free COVID-19 workplace testing programme until April 2021. Registered businesses can continue to order free rapid lateral flow tests until 30 June 2021.

Register to order free rapid lateral flow coronavirus tests for your employees - GOV.UK (www.gov.uk)

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.

Information on how the public can access the vaccine as per national prioritisation guidelines is shared through general and specific communications to business and local residents.

**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

## 11.6. 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 10 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

## 11.7. Tourist attractions, Events, Travel and 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. 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:**

Specific guidance for tourist attractions include:

- Visit Britain: https://www.visitbritain.org/covid-19-new-coronavirus-latest-information-and-advice-businesses-1
- Heritage Locations: https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/heritage-locations
- The visitor economy - Working safely during coronavirus (COVID-19) - Guidance - GOV.UK (www.gov.uk)

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 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.)

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.

Communications have been put in place on shopping electronic billboards and Highway variable signs have been in place at key locations (e.g. beach fronts and shopping venues) to continue remind people of the importance of social distancing etc. Local data is used to determine where and when communications are located.

**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. Issues arising from the Local Authority Resilience Partnership (LARP) are raised at the Operational Cell each week together with lessons learned and case studies presented by partners.

Weddings and funerals numbers are now governed by venue capacity rather than a specific maximum set by Government. Organisers are required to produce a risk assessment but it is not clear who is required to monitor this risk assessment or who would issue a fine following any breach of that risk assessment.

**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
- 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

## 11.8. Ethnic Minorities Communities

**Objective:**

The objective is to ensure approaches to reduce and eliminate new cases of COVID-19 across the county reach all ethnic minorities 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 ethnic minorities, compared to 3% elsewhere in East Sussex.

A third of the NHS community and secondary care workforce are from ethnic minority communities, with almost 50% of the medical and dental staff from ethnic minorities groups. Most recent staff survey 4.7% of ESCC staff recorded themselves as ethnic minority background (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 ethnic minorities groups, local partners are participating in two workstreams:

- reducing COVID-19 illness and mortality amongst ethnic minorities 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 COVID-19 disparity programme is addressing the disproportionate impact of COVID-19 on people from ethnic minorities backgrounds. The programme has two work streams:

**Workforce programme** – focused on ethnic minority 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 ethnic minority women.

**Population programme** - Covid at risk groups Locally Commissioned Service (LCS) – a two part voluntary LCS delivered through GP surgeries which has had 98% uptake from GP practices across Sussex, and ethnic minorities 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** ethnic minorities **specific activities**

- Identify ethnic minorities 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 ethnic minorities communities, working with ethnic minorities communities and voluntary sector and improving diversity of PPGs in recognition of the diverse range of people covered by the term ethnic minorities.
- 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 all ethnic minorities backgrounds 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 ethnic minorities backgrounds which is higher than the 4% of the population recorded as from ethnic minorities backgrounds.

Information on how to access the vaccine as per national prioritisation guidelines is shared through general and specific communications.

**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 ethnic minorities populations 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 ethnic minorities populations and communities through ESCC COVID disparities plan and the Covid at risk groups 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

## 11.9. 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 Teamwork 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.

Information on how to access the vaccine as per national prioritisation guidelines is shared through general and specific communications.

**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 bi-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 is able to operate at full capacity with social distancing measures in place to keep residents safe. This is possible due to each resident having access to their own shower and toilet. 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. In Brighton and Hove residents use a shared facility, so this limits the capacity of the site. This could in turn put an additional strain on our transit site for families that are unable to access Brighton.

## 11.10. 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 23rd March 2020 there have been around 800 placements made by East Sussex for homeless people who have been housed in emergency accommodation, with most sites hosting several people. Of these, around130 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 were not able to operate in the way that they usually would do and so an alternative provision was 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.

A pan Sussex plan to increase vaccine uptake by this population is underway in line with the announcement on the 11th March which enabled access alongside those with LTCs.

**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 accommodation 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

## 11.11. 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 constantly 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/

## 11.12. 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 ethnic minorities staff. Additional Locally Commissioned Services enable practices to offer additional support to Care Homes, shielded, and ethnic minorities 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.

Information on how primary care staff can access the vaccine as per national prioritisation guidelines is shared through general and specific communications.

**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 ethnic minorities 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:**

## 11.13. 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:**<br><br>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:**<br>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:**<br>None identified |
| **Links to additional information:**<br>**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 |

## 11.14. 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.

Information on how to access the vaccine as per national prioritisation guidelines is shared through general and specific communications.

**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

# 12. Appendices

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

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

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

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

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

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

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

| | | |
|---|---|---|
| | setting / staff / affected persons etc –<br><br>health partners e.g. GPs, hospitals etc –<br><br>LRF partners and local politicians –<br><br>Agreed translation needs: | |
| 7 | **Capacity Issues** | |
| 8 | **Key decisions (see decision log)**<br>Agreed email subject heading<br><br>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.<br><br>• Readjusting plans to reflect what the JBC will provide to local areas. | | | Sussex wide Data and Modelling Group (membership above) |
| • Complete work on early warning indicators for subsequent waves of the pandemic, and modelling of these waves based upon the assumptions published by SAGE and working. | | | Data and Modelling Group, University of Sussex (modelling) |
| • Map and secure regular automated dataflows from a variety of organisations to provide the intelligence to support our system. This includes but is not limited to data from the national testing programme, the community testing programme (SECAMB/Mobile Testing Units (MTU), and the national contact tracing programme PHE, HPT, NHS.<br><br>***Note:*** *It is currently unclear whether the national JBC will provide a single source of data. This includes data to provide evidence of inequalities and high-risk groups.* | | | Sussex wide Data and Modelling Group (membership above)<br><br>Local data group for vulnerable groups cell |
| • Provide updates as requested to senior managers and local Members, and report to the PH Functional Cell and respond to external requests for information. | | GE | East Sussex CC |
| • Work closely with the local HPT, lead PH Consultant to establish systems to identify and examine outbreaks. | | GE | East Sussex CC |

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

**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 |

**Appendix D: Communication Plan**

DRAFT Communications an

**Appendix E: East Sussex Vaccination Plan**

East Sussex Public Health COVID Vaccina

## East Sussex Health and Wellbeing Board Work Programme

| Date of Meeting | Report |
|---|---|
| **30 September 2021** | Director of Public Health Annual report |
| | East Sussex Health and Social Care Programme - update report |
| | Safeguarding Adults Board (SAB) Annual Report 2019-20 |
| | 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 |
| | |
| **July 2022** | East Sussex Health and Social Care Programme - update report |
| | Healthwatch Annual Report |
| | Director of Public Health Annual report |
| | |
| **TBC** | Pharmaceutical Needs Assessment (*Department of Health and Social Care announced that the requirement to publish renewed Pharmaceutical Need Assessments will be suspended until October 2022*) |
| | Workshop meeting - to look at and agree milestones and Key Performance Indicators (KPIs) for monitoring on integrated health and social care partnership |
| | Better Care Fund (BCF) |

This page is intentionally left blank