EAST SUSSEX HEALTH AND WELLBEING BOARD

TUESDAY, 14 DECEMBER 2021

2.30 PM COUNCIL CHAMBER, COUNTY HALL, LEWES

MEMBERSHIP -	Councillor Keith Glazier, East Sussex County Council (Chair) Councillor Carl Maynard, East Sussex County Council Councillor John Ungar, East Sussex County Council Councillor Trevor Webb, East Sussex County Council Councillor Philip Lunn, Wealden District Council Councillor Paul Barnett, Hastings Borough Council Louise Ansari, East Sussex Clinical Commissioning Group Jessica Britton, East Sussex Clinical Commissioning Group Dr David Warden, East Sussex Clinical Commissioning Group Mark Stainton, Director of Adult Social Care Alison Jeffrey, Director of Children's Services Darrell Gale, Director of Public Health John Routledge, Healthwatch East Sussex Sarah MacDonald, NHS England South (South East) Joanne Chadwick-Bell, East Sussex Healthcare NHS Trust Siobhan Melia, Sussex Community NHS Trust Samantha Allen, Sussex Partnership NHS Foundation Trust
INVITED OBSERVERS WITH SPEAKING RIGHTS	Councillor Rebecca Whippy, Eastbourne Borough Council Councillor Adrian Ross, Lewes District Council Councillor John Barnes MBE, Rother District Council Becky Shaw, Chief Executive, ESCC Mark Matthews, East Sussex Fire and Rescue Service Katy Bourne, Sussex Police and Crime Commissioner 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 30 September 2021 *(Pages 3 - 6)*

2. Apologies for absence

3. Disclosure by all members present of personal interests in matters on the agenda

4. Urgent items

   Notification of items which the Chair considers to be urgent and proposes to take at the end of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgently

5. East Sussex Health and Social Care Programme - update report *(Pages 7 - 12)*

6. East Sussex Joint Strategic Needs and Assets Assessment Update *(Pages 13 - 14)*

7. East Sussex Safeguarding Children Partnership (ESSCP) Annual Report *(Pages 15 -*

66)

8. Better Care Fund Plans 2021/2022 *(Pages 67 - 106)*

9. East Sussex Outbreak Control Plan *(Pages 107 - 238)*

10. 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 239 - 242)*

11. Family Hubs: Local Transformation Fund bid *(To Follow)*

12. Work programme *(Pages 243 - 244)*

13. Any other items previously notified under agenda item 4

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6 December 2021

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EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at County Hall, Lewes on 30 September 2021.

MEMBERS PRESENT	Councillor Keith Glazier (Chair) Councillor Carl Maynard, Councillor John Ungar, Councillor Trevor Webb, Carol Pearson, Jessica Britton, Dr David Warden (Deputy Chair), Mark Stainton, Alison Jeffery, Darrell Gale, John Routledge and Joanne Chadwick-Bell
INVITED OBSERVERS JOINING VIA TEAMS	Councillor Paul Barnett, Councillor Adrian Ross, Councillor John Barnes MBE, Becky Shaw and Geraldine Des Moulins

11. MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 13TH JULY 2021

11.1. The minutes of the meeting held on 13th July 2021 were agreed as a correct record.

12. APOLOGIES FOR ABSENCE

12.1. Apologies for absence were received from:

- Sam Allen
- Siobhan Melia
- Sarah MacDonald
- Cllr Philip Lunn
- Mark Matthews

12.2. The following substitutions were made:

- Carol Pearson substituted for Louise Ansari

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

13.1 There were no disclosures of interest.

14. URGENT ITEMS

14.1 There were no urgent items.

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

15.1. The Board considered a report providing an update on progress with preparation for the implementation of the NHS Health and Care Bill and the Health and Social Care Partnership Plan for 2021/22.

15.2. The Board asked whether it would be possible for future reports to contain Key Performance Indicators (KPIs) on health inequalities and tangible examples of how services are developing.

15.3. Mark Stainton, Director of Adult Social Care, said that the ESHSCP has had five workstreams running within it for several years and each has its own work programme. Details of some of these could be included in future reports to help provide specific examples of what ESHSCP is doing. Jessica Britton, Managing Director of East Sussex Clinical Commissioning Group (CCG), added that he ESHSCP is addressing health inequalities by targeting its priorities against the local Joint Strategic Needs and Assets Assessment (JSNAA), to ensure local needs are addressed.

15.4. The Board asked for confirmation that the Sussex Health and Care Partnership (SHCP), once it becomes the statutory NHS Commissioning organisation, will commit to rolling out place-based commissioning in partnership with other organisations.

15.5. Jessica Britton said she welcomed the national direction of travel of developing services at a 'place' level, within the broader benefits of an Integrated Care System, as amongst other benefits, it will be a helpful way of addressing health inequalities locally.

15.6. The Board asked what the specific problems were facing East Sussex in addressing health inequalities.

15.7. Jessica Britton said that from the CCG's work in localities with Primary Care Networks (PCNs), voluntary organisations, and district and borough councils, it is clear there are different health needs in different areas, for example, the urban areas compared to the rural ones and different ways of working with organisations, for example, working with many more, smaller voluntary organisations in the rural areas. This means different services need to be developed that can respond to these different demographic areas whilst still being able to deliver good outcomes for all residents.

15.8. The Board asked how the higher incidence of still births and other poorer maternity outcomes amongst Black, Asian and Minority Ethnic (BAME) communities would be addressed through the ESHSCP.

15.9. Jessica Britton said that maternity is one of the wider system priorities across the whole SHCP and that work in this area includes developing a better understanding of the needs of the population, including the BAME population. More detail of this specific system priority could be included in a future report.

15.10. The Board RESOLVED to:

1) Note the progress to date to support our continued collaboration and implementation of the NHS Health and Care Bill in East Sussex and in the context of our Sussex Integrated Care System (ICS);

2) Note the progress with our planning activity in 2021/22;

3) Endorse our shared Health and Social Care Partnership Plan aimed at improving population health and delivering more integrated care (Appendix 1); and

16. EAST SUSSEX OUTBREAK CONTROL PLAN

16.1. The Board considered a report providing an update of the results of emergency planning exercise and the plan to refresh the East Sussex Outbreak Control Plan.

16.2. The Board asked for reassurance that the system was ready this winter for another surge in COVID-19 infections.

16.3. Darrell Gale, Director of Public Health, said the COVID-19 infection rates are significantly higher now than this time last year, however, the demand COVID-19 is making on health services is nowhere near as high due to the success of the vaccination programme in

providing protection to individuals. Nevertheless, the Public Health Team is constantly alert to any small changes in infection rates that look worrying, for example, last December the Team noticed the spike in infections in Kent 10 days before a similar increase was seen in East Sussex and 2 days before it was confirmed this was a new Variant of Concern. The Team also meets weekly with all partner organisations to raise any issues, or hear any they may have. The Director of Public Health added that a COVID-19 surge would happen in the context of wider winter pressures that could also need to be managed, such as seasonal flu, greater demand on hospital services, interruptions to service from poor weather, and fuel shortages.

16.4. The Board RESOLVED to:

1) note the report; and
2) agree to receive an updated East Sussex Outbreak Control Plan at its 14 December 2021 meeting.

17. ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH, 2020 - A YEAR OF COVID

17.1. The Board considered the Annual report of the Director of Public Health, which is titled '2020 – A year of COVID'.

17.2. The Board asked about the link between deprivation and COVID-19, in particular the link between COVID-19 and BAME communities.

17.3. Darrell Gale explained that the report shines a light on how COVID-19 has exacerbated some of the health inequalities in East Sussex and shown that those facing poorer socio-economic outcomes bear the brunt of the disease. Further work will be needed to measure and understand the structural inequalities that mean BAME communities are affected more than the general population, even those who are more affluent. The reasons for this may include such drivers as expectations that BAME employees work certain shift patterns or roles in the health and care sector that result in their increased exposure to the virus compared to their peers.

17.4. The Board extended its thanks for the work in relation to COVID-19 but also recognised there was much still to do.

17.5. Darrell Gale welcomed the gratitude but reminded everyone that the pandemic was not yet over, and that it was not clear what the impact would be of the winter period, even if everyone was better prepared than last year.

17.6. The Board RESOLVED to endorse the Annual report of the Director of Public Health, 2020 – A year of COVID.

18. SAFEGUARDING ADULTS BOARD ANNUAL REPORT

18.1. The Board considered the East Sussex Safeguarding Adults Board (SAB) Annual Report 2020 – 2021.

18.2. The Board thanked Graham Bartlett for his six years as Chair of the SAB and wished him well in his future endeavours. The Board welcomed Deborah Stuart-Angus as the next Chair of the SAB.

18.3. The Board asked whether the issue of Kendal Court had been looked at by the SAB.

18.4. Graham Bartlett said that the SAB has been aware of the issues in Kendal Court for as long as East Sussex County Council has been aware and has been in contact with the Chief Executive, Director of Adult Social Care, and Head of Safeguarding. The SAB has looked on two occasions whether what is happening in Kendal Court would fit within the remit of a Safeguarding review and both times the view has been taken that it did not meet the threshold or criteria of a review. Furthermore, a review would not be an efficient enough way of resolving the issue, given how long they can take to complete, and there are other ongoing methods of

resolving it that would be more effective. The SAB remains abreast of the situation and one of its board members is from Healthwatch, which has reviewed the conditions at Kendal Court, so there is considerable knowledge of the issue on the Board.

18.5. The Board RESOLVED to note the report.

19. 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

19.1. The Board considered a report providing an update on the ongoing welfare concerns for unsupported homeless people placed in Kendal Court and other temporary accommodation in the Lewes and Eastbourne areas by Brighton and Hove City Council. The Board also heard a verbal update on the latest situation from the Chief Executive of East Sussex County Council, and a presentation from Healthwatch on the results of their latest inspection.

19.2. The Board discussed the need to resolve the issue as soon as practicable; the importance of informing neighbouring authorities when placing vulnerable people into their temporary accommodation; the risk this could have on availability of temporary accommodation for vulnerable residents in East Sussex; and whether it was acceptable for a local authority to place vulnerable residents who require additional care outside of their jurisdiction.

19.3. The Board RESOLVED to:

1) Note the additional information and ongoing concerns set out in this report and the actions taken to try and address them;
2) agree that the Chair of the Health and Wellbeing Board writes again to the Chair of the Brighton and Hove Health and Wellbeing Board (BHHWB) 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; and
3) agree to receive a further update report on the situation, at its next meeting on 14th December 2021, to include further options for escalation if the current issues have not been satisfactorily addressed.

20. WORK PROGRAMME

20.1. The Board considered its work programme

20.2. The Board RESOLVED to agree its work programme.

The meeting ended at 4.10 pm.

Councillor Keith Glazier (Chair)

Report to:	**East Sussex Health and Wellbeing Board**
Date of meeting:	**14th December 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 our integration programme and related areas of system collaboration**

RECOMMENDATION

The Board is recommended to:

1. **Note our system collaboration and actions required by the current increased needs for services; and**
2. **Note the continued progress on our shared medium term priority objectives aimed at improving population health, reducing health inequalities and delivering more integrated care**

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1. Background

1.1 Our shared health and social care programme is aimed at improving health and delivering new models of preventative and integrated care, based on our population needs across children and adults of all ages. It is delivered by our East Sussex Health and Care Partnership which draws together the local NHS, East Sussex County Council and wider partners in the District and Borough Councils and Voluntary, Community and Social Enterprise (VCSE) sector.

1.2 2021/22 is a transitional year and the context for our health and social care programme and wider system working is significantly influenced by the following factors:

- Managing the ongoing Covid-19 pandemic response and the risks and challenges around capacity, and restoration and recovery of services. This includes significant levels of need for our services being experienced by systems across the country.
- Implementing the changes brought about by the NHS Health and Care Bill and further developing our place-based collaboration in East Sussex to support this.
- The next steps for the Government's Plan 'Build Back Better: Our Plan for Health and Social Care' focussed on tackling the electives backlog in the NHS and putting the NHS on a sustainable footing. The Plan also sets out proposals for funding Adult Social Care in England, including a cap on social care costs and how financial assistance will work for those without substantial assets.

1.3 This report provides a summary of our progress and the impacts of our collaboration to manage high levels of system demand, as well as our continuing focus on our shared priorities as set out in our East Sussex Health and Care Partnership Plan, aimed at improving population health, reducing health inequalities and delivering more integrated care. The report provides a high level overview, the specific details of our programmed approach to transformation including monitoring metrics, is being finalised and is scheduled to come to the March meeting of the HWB.

2. Supporting information

System working to manage increased service needs

2.1 The last report to the HWB described the increasing challenges with pressure that were being experienced across all areas of the system including primary care, community, social care, mental health and acute, urgent care and ambulance services, driven by both needs for services and workforce pressures compounded by some Covid-19 outbreaks.

2.2 Locally our close system working and daily calls to manage placements and packages of care for individuals has helped to manage this, supported by agreeing coordinated action in the following areas:

- Continuation of and increased commissioning of Discharge to Assess (Pathway 3) Care Home beds including beds to support specific needs
- Continuation of commissioning of Home Care capacity
- Continued support of hospital discharge arrangements
- Recruitment of targeted case managers to support system flow
- Further exploration of potential recruitment approaches to improve our home care workforce capacity and ability to support local people within the community
- Close working between health and adult social care to maximise the flow of our patients through our system against backdrop of continued workforce challenges.
- Development of improved front-door model to support pressures on Emergency Departments
- Focussed work to support individuals of all ages needing access to mental health services and supporting timely discharge from hospital
- Maximising access to additional national resources as they become available to support local systems

2.3 The aim of this is to ensure that the needs of the individual are best served through the most appropriate care in the right setting at the right time.

Progress with shared priorities for transformation

2.4 Against this backdrop, as previously reported to the HWB and set out in our East Sussex Health and Care Partnership Summary Plan 2021/22, the focus of our transformation programme continues to be on the areas where changing care models and pathways can both help us build on the developments that were accelerated by the pandemic, and have the most impact in supporting restoration and recovery of our system in a sustainable way. Since the last HWB meeting our programme Oversight Boards have moved forward the following key developments:

- A Trusted Assessor pilot in Hastings and Rother so that staff in the Crisis Response Team can put in place simple packages of commissioned care and avoid unnecessary hand-offs / delays created by having to make referrals into Adult Social Care for an assessment. Training is being provided and access to systems to support delivery.
- To widen rollout and impact of the Trusted Assessor model, we have agreed to create an integrated, multi-disciplinary Rapid Response Team to support improved Home First Pathway 1 discharges and avoidance of the need to attend and/or be admitted to hospital through providing alternative services urgently in the community
- A specification has been developed for our Discharge to Assess (D2A) block contract beds to support our strategic approach to D2A beds. This has included exploring how best to ensure appropriate medical and pharmacy support due to the temporary nature of the placement, and ensuring care homes are made aware which GP Practices have signed up to the Locally Commissioned Service designed to support this.

- System resilience and urgent care leads have undertaken detailed exploration of the causes of increased A&E attendance. This has resulted in the agreed priority development of improved front-door model to support people needing to access care and pressures on Emergency Departments, and a focus on working as a system and helping people to best access the service that is most appropriate.
- Our Children and Yong People programme has agreed to develop the Best Start in Life strategy focusing shared action with the 0 – 7 age group that will be critical to achieving good outcomes across the board for children.
- The implementation of Emotional Wellbeing Services with our Primary Care Networks (PCNs) has significantly progressed after significant engagement to shape the model. Initial services are due to be established within PCN Accelerator sites in December, aimed at providing greater access to a range of wellbeing support.
- To increase our ability to enhance prevention, personalisation, and reduce health inequalities and the gap in life expectancy and healthy life expectancy in the county, we have agreed to undertaking a prototype exercise to design our model for community and locality working. This will increase our capability to deliver the following objectives:
    - Strengthen the multi-disciplinary team working between primary care, community health and social care, mental health, housing and voluntary and community sector services and teams on the ground. This will ensure high risk vulnerable people with long term complex care needs, their families and carers, receive a joined up offer of integrated and personalised care and support based on the strengths and assets in their lives and where they live.
    - Support our Primary Care Networks to implement a 'Population Health Management' approach through better using data to identify populations with 'rising risks' to their health, to enable more anticipatory and preventative models of care. This will enable greater impacts on improvements to health and health inequalities.
    - Coordinate action across all our services that impact on the wider determinants of health such as housing, employment and leisure, as well as extending targeted approaches to empower people to make healthy choices across the whole life course to improve outcomes.
- Agreement has also been reached by our East Sussex Health and Social Care System Partnership Board to jointly implement a whole system approach to the role of our large institutions in supporting wider economic and social wellbeing for our population. The initial phase of discovery will focus on the added value to be brought by:
    - Facilitating the involvement of local NHS organisations into the full range of existing work being taken forward by local authorities and VCSE partners to support economic recovery and the levelling up agenda (Thinking Local), and;
    - Helping us identify and shape our plans for further joint action that will add value and bring benefits to people within our deprived communities

Joint action on workforce and recruitment

2.5 Our East Sussex Health and Social Care Executive Group has also commissioned the exploration of possible additional opportunities by our shared Strategic Workforce Group for joint action to support our collective workforce recruitment in East Sussex, for the benefit of all providers including the independent care sector and voluntary, community and social enterprise sector. Two initial opportunities that have been identified to support improved recruitment as follows:

- The development of a single recruitment portal for Health and Social Care roles in East Sussex to streamline access to employment opportunities

- Larger organisations with recruitment scale supporting other organisations that do not have the capabilities to recruit in the same way.

2.6 In addition other potential ways where a more integrated approach can assist with our local workforce pressures are also being explored, including:

- Ways of mobilising our collective workforce more flexibly around need and allowing resources to be temporarily moved to where they are most needed, for example to open additional social care beds and reduce the number of patients who are medically ready for discharge from hospital
- Running system wide development programmes for certain staff groups, avoiding duplication and increasing throughput, for example Healthcare Assistant development programmes
- Joint approaches to national initiatives, for example Kickstart, to create and develop a system wide pool of potential employees who can be deployed more flexibly based on their wishes and organisational needs.

Sussex Integrated Care System

2.7 Previous reports to the HWB have covered the detail of the proposals in Health and Care Bill which will put Integrated Care Systems (ICSs) on a statutory footing in England by April 2022. ICSs are part of the new legislative proposals set out in the Health and Care Bill 2021, which are currently at the committee stage of the Parliamentary process, receiving a detailed examination following its second reading. In summary all ICSs in England will be made up of two boards:

- An ICS NHS Integrated Care Board (ICB) will be responsible for the day-to-day running of the ICS. This will involve merging some existing ICS and Clinical Commissioning Group functions.
- An ICS Integrated Care Partnership (ICP) is likely to have a wider array of partners represented. They will be responsible for agreeing how the health, social care and public health needs of their system will be addressed.

2.8 Both the ICB and the ICP will have duties to consider Health and Wellbeing Board plans. The ICB for Sussex will be responsible for a health budget of over £2bn and will oversee the commissioning, performance, financial management and transformation of the local NHS as part of the Sussex Integrated Care System (ICS).

2.9 A national process has been undertaken by NHS England to simultaneously appoint Chair Designates and Chief Executive Designates to all forty-two future ICBs. Stephen Lightfoot was appointed as the new Chair Designate for the future Sussex ICB, and Adam Doyle the new Chief Executive Officer Designate.

2.10 The current focus for our Sussex Health and Care Partnership in this transitionary period is on setting out the arrangements between local NHS organisations, Local Authorities and wider partners in our Sussex ICS. This will cover the ICS vision, principles and governance arrangements that will support oversight and assurance of the NHS system and mutual accountability between ICS partners, as well as how our three Place Partnerships in East Sussex, West Sussex and Brighton and Hove will support delivery of our shared objectives.

Build Back Better

2.11 The last report to the HWB signalled the Government's proposals in 'Build Back Better: Our Plan for Health and Social Care' which focusses on:

- Tackling the electives backlog in the NHS and putting the NHS on a sustainable footing.

- Proposals for funding Adult Social Care in England, including a cap on social care costs and how financial assistance will work for those without substantial assets.
- The wider support that the government will provide for the social care system, and how the government will improve the integration of health and social care, and the introduction of a new Health and Social Care Levy.

2.12 This includes proposals for a new national strategy with renewed aims to integrate health and social care. The strategy will focus on:

- Outcomes; a single set of system-based health and care outcomes
- Local leaders; empowered to align incentives for their local community
- Wider reforms; CQC oversight of both adult social care and the overall quality of the Integrated Care System
- Convenience; co-ordinated care and a single digital care record
- Choice; improved service user choice over who provides their care
- Flexibility; enabling care needs to be met at the right time and place, either at home or in the community

2.13 The Government has set out the following steps to implement these plans and other related elements of health and social care reform:

- Consultation on social care charging reforms from October 2021
- Publishing a new Social Care White Paper in 2021, along with plans for health and social care integration
- The Health and Social Care Levy will be introduced in April 2022
- The NHS Health and Care Bill passes into law in April 2022 (pending parliamentary approval)
- The Social Care charging reforms will be introduced from October 2023

3. Conclusion and reasons for recommendations

3.1 In the current context of high need for services and pressure across our system we are continuing to balance our collaboration as a system on actions to help mitigate immediate pressures on operational service delivery, alongside implementing medium changes to support sustainable services in the long term. This is informing the development of our roadmap for the next phase of our integration plans, setting out the areas where we would like to go further and faster as part of our ICS, and our further development of neighbourhood and community working in 2022/23 to increase our ability to improve health and reduce health inequalities and deliver more integrated care.

JESSICA BRITTON
Executive Managing Director, East Sussex Clinical Commissioning Group

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

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Background documents

None

Report to:	**East Sussex Health and Wellbeing Board**
Date of meeting:	**14 December 2021**
By:	**Director of Public Health**
Title:	**East Sussex Joint Strategic Needs and Assets Assessment Update**
Purposes:	**To present to the Health and Wellbeing Board an update on the Joint Strategic Needs and Assets Assessment for East Sussex and share plans for future developments.**

RECOMMENDATIONS

The Board is recommended to note the JSNAA update and endorse work planned for 2022/22 and into 2022/23

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1. Background

1.1. The Joint Strategic Needs and Assets Assessment (JSNAA) programme was established in 2007 and reports on the health and wellbeing needs of the people of East Sussex. It brings together detailed information on local health and wellbeing needs to inform decisions about how we design, commission and deliver services to improve and protect health and reduce health inequalities. The JSNAA is an on-going, iterative process, led by Public Health within the County Council.

1.2. Since January 2012, all JSNAA work and resources have been placed on the East Sussex JSNAA website so that it provides a central resource of local and national information relevant to East Sussex.

1.3. Resources include local needs assessments, local briefings on specific topics, direct links to national tools containing local data, Director of Public Health Annual Reports and signposts to other useful resources such as East Sussex in Figures.

2. Supporting information

2020/21 developments

2.1. COVID-19 and the local response has meant that we have had to re-prioritise many aspects of work within the Public Health team. This meant that the Public Health Intelligence Team could not complete all the planned work on the JSNAA during 2020/21.

2.2. JSNAA work undertaken in the last year has included the production of the Director of Public Health Annual Report 2020: a year of COVID, the Children and Young People with Special Educational Needs and Disabilities (SEND) Needs Assessment and the Equality and Diversity Profile for East Sussex. There are also regular updates on COVID-19 for East Sussex, including weekly monitoring reports and the quarterly More COVID Facts and Figures

2.3. Unfortunately, it was not possible to move content onto the newly designed JSNAA website, but this is still planned for 2021/22 as some of the back-office functionality of the website is no longer supported.

2021/22 and beyond

2.4. The JSNAA needs to evolve and develop to meet the needs and challenges in East Sussex. There have been significant changes both from a population perspective, as a result of the pandemic, but also as a result of an evolving health and care system in East Sussex. The JSNAA website also needs to develop alongside other resources, such as East Sussex in Figures, to make it easier for users to find the resources they need on population needs in East Sussex.

2.5. The following JSNAA developments are planned for 2021/22 and into 2022/23:

- Complete assessment of the JSNAA website against accessibility requirements which have been adopted since the design of the new site, and transfer relevant resources from the current site to the new website.
- Continue discussions with colleagues supporting East Sussex in Figures to ensure greater and easier integration of experience by users wanting to use data and intelligence for East Sussex. This may involve the combining of platforms in the future.
- Work with the East Sussex Health and Care Partnership to:
  - identify and agree the key strategic needs and assets within East Sussex
  - prioritise JSNAA resources required to support delivery of the aims and objectives of the East Sussex Health and Care Partnership Plan.
- Work is already underway to produce updated JSNAA summaries at District and Borough level as well as some specific resources for Primary Care Networks to support their work around Population Health Management and reducing health inequalities for their patients, focussing on early detection and management of cardiovascular disease and cancer.
- Work has also started on the Pharmaceutical Needs Assessment, which is due to be published by October 2022.

3. Conclusion and Reason for Recommendation

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

1. Moving of resources from current JSNAA site to the new one that has already been developed
2. Future integration of JSNAA resources with East Sussex in Figures
3. Development of work programme to support delivery of the East Sussex Health and Care Partnership Plan.

DARRELL GALE
Director of Public Health

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Report to:	**Health and Wellbeing Board**
Date of meeting:	**14th December 2021**
By:	**East Sussex Safeguarding Children Partnership Independent Chair**
Title:	**East Sussex Safeguarding Children Partnership Annual Report 2020/21**
Purpose:	**To advise Board Members of the multi-agency arrangements in place to safeguard children in East Sussex**

RECOMMENDATIONS

The Board is recommended to consider and comment on the East Sussex Safeguarding Children Partnership Annual Report for 2020-2021.

1 Background

1.1 Working Together to Safeguard Children 2018 sets out the arrangements for cooperation between organisations and agencies to improve the wellbeing of children. This places a duty on police, clinical commissioning groups and the local authority to make arrangements to work together, and with other partners locally, to safeguard and promote the welfare of all children in their area. The previous arrangements of the East Sussex Local Safeguarding Children Board (LSCB) was replaced with the East Sussex Safeguarding Children Partnership (ESSCP) from 1st October 2019. More information on the partnership arrangements is available here: East Sussex Safeguarding Children Partnership Arrangements.

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

1.3 The 2020/21 ESSCP Annual Report focuses on the partnership priorities, a review of the partnership arrangements and considers the emerging impact of the partnership on children and young people.

2 Supporting information

2.1 The ESSCP Annual Report 2020/21 outlines the work undertaken by the partnership, highlighting key learning and achievements, which includes.

- 5 multi-agency Rapid Reviews conducted, resulting in 3 Local Child Safeguarding Practice Reviews (LSCPR).
- 1 Serious Case Review (child W) and 2 learning briefings on infant injuries published.

- In response to the pandemic, virtual training courses started from August 2020, with 545 multi-agency staff attending 42 virtual training courses. 96% of evaluations rated the course as Excellent or Good.
- ESSCP Learning Strategy launched, and 2 audits undertaken on intra-familial sexual abuse and domestic abuse. A further Multi-Agency Child Exploitation (MACE) audit held on education.
- All agencies actively participated in our Section 11 Audit evaluating safeguarding practice.
- Successful implementation of a local 'Contextual Safeguarding' response to children with multiple needs.
- Launch of the ICON programme to reduce infant head trauma.
- Task & Finish Groups created to take forward multi-agency activity on Safeguarding Under 5s and A&E and Education Information Sharing.

2.2 The ESSCP Annual Report 2020/21 will be published on the ESSCP website and a copy of the published report shared with the Child Safeguarding Practice Review Panel and the What Works Centre for Children's Social Care as per chapter 3 of Working Together 2018.

3. Conclusion and reasons for recommendations

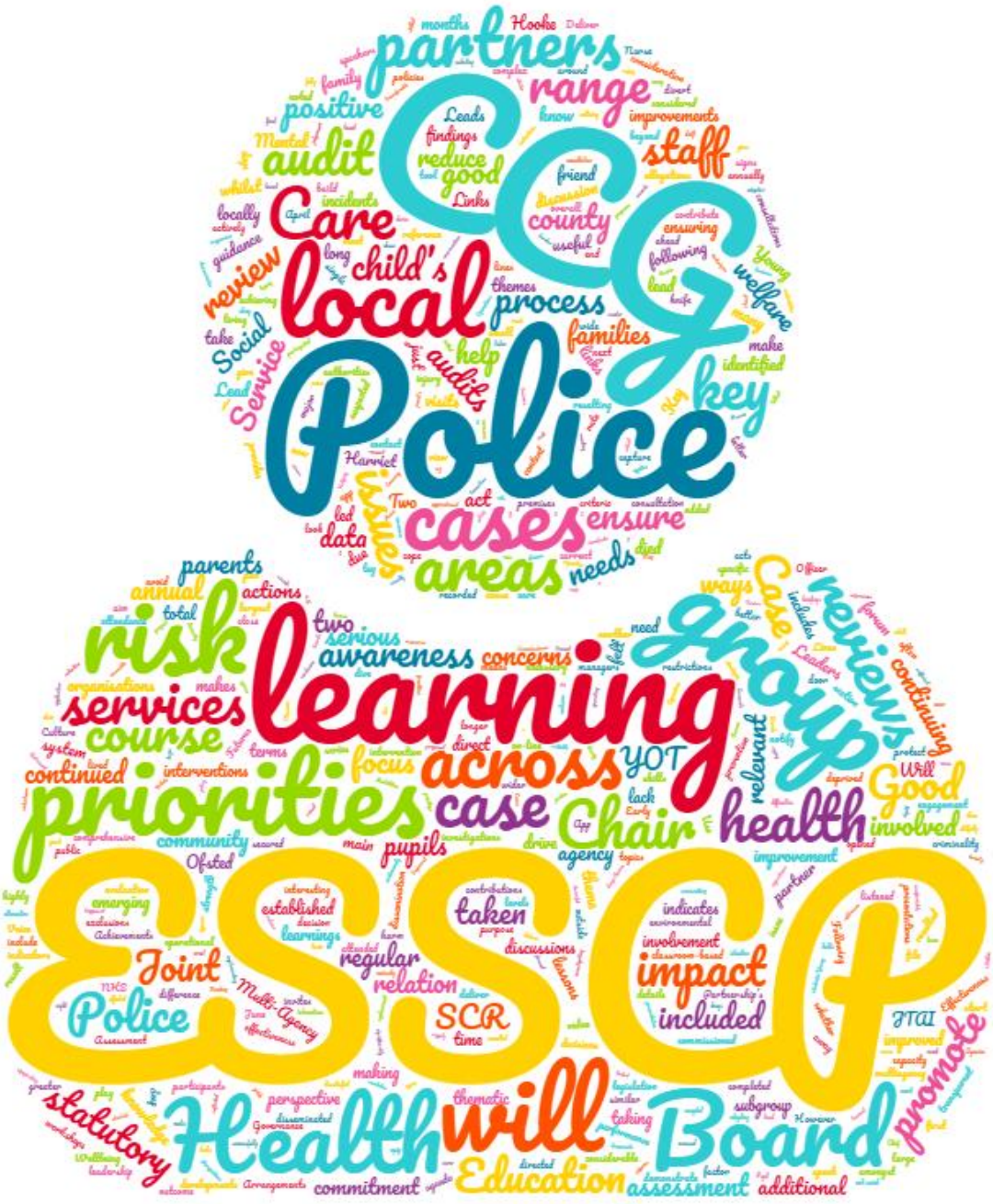
3.1 An effective Safeguarding Children Partnership is in place in East Sussex.

3.2 The Health and Wellbeing Board is requested to consider and comment on the ESSCP Annual Report 2020/21 and to note the continuing partnership priorities for 2020-2023:

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

APPENDICES

Appendix 1 - ESSCP Annual Report 2020/21



East Sussex Safeguarding Children Partnership

Annual Report 2020/21

East Sussex Safeguarding Children Partnership

Contents

Foreword

It is my privilege to present to you the second annual report of the East Sussex Safeguarding Children Partnership (ESSCP) for the period 2020/21, and my last as the Independent Chair.

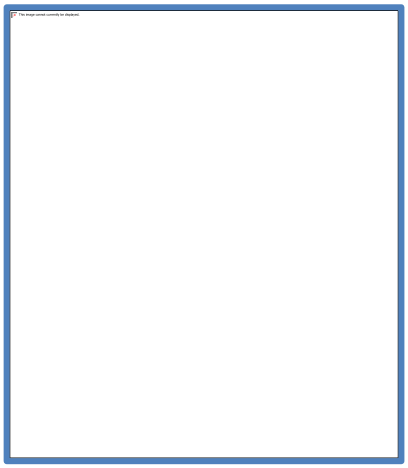
It is the statutory responsibility of the local authority, police, and health agencies to jointly oversee multi-agency arrangements to safeguard children in the county. As Independent Chair I assist this by providing independent challenge and scrutiny of those arrangements as well as helping to foment better multi-agency strategic working to protect vulnerable children and young people and ensure positive outcomes for them.

This is the first full year that the statutory agencies have held equal responsibility for the partnership. Each senior lead has committed to this triumvirate arrangement positively, working closely with each other at formal quarterly planning meetings which I Chair, and through their day-to-day leadership. I am confident that the close sharing of responsibility will continue to develop in the coming months and years.

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

At the start of the year the totally unanticipated challenges of Covid-19 hit the UK. The impact on children and on the safeguarding system was, and is, substantial, creating additional risk groups and challenges to front line staff and leaders. The local leadership and front-line dedication have shown that the county has a highly adaptive partnership to meet the new challenges. Covid-19 impact is a long term and persistent issue for us, and we are now seeing the negative impact this is having on some children in the cases coming to our attention.

The safeguarding arrangements for the diversity of children in East Sussex are complex. This report has a strong focus on what impact the partnership has had in priority areas and the evidence on which it bases its decisions in a way that, we hope, guides the reader through the complexity. I hope you find the report interesting and informative.



Reg Hooke
Independent Chair of the East Sussex Safeguarding Children Partnership

1. Introduction

We are delighted to present this annual report on behalf of the three statutory partners of the East Sussex Safeguarding Children Partnership. This has been written against the backdrop of the unprecedented global Covid-19 pandemic and it is crucial to acknowledge the impact this has had on our children and families in East Sussex. For every member of the East Sussex Safeguarding Children Partnership, the impact on their service has been significant and unprecedented. Early learning from impact of lockdowns on children and families has been significant and has informed system-wide responses to future lockdowns as partners worked closely to ensure children did not become hidden and that their education, and the social and emotional benefits this brings, was prioritised.

Despite the impact of the pandemic on the operation of services and capacity, the statutory functions of the Partnership have been maintained throughout the course of the year. This has seen an increase in statutory reviews taking place, a continued development of our multi-agency audit processes and the roll out of an extensive virtual learning offer for staff who work with children and families.

Following feedback from the Alan Wood Review and the National Safeguarding Panel's analysis of SCP's annual reports, the ESSCP Annual Report for 2020/21 has been restructured so that it is more clearly focused on the impact of partnership working; the evidence used to inform multi-agency working; how the lead safeguarding partners are given assurance of local safeguarding practice; and the learning arising from partnership review activity.

On behalf partnership we hope you find this report to be informative, and open and honest in regards to our achievements and challenges over the last financial year. We would like to sincerely thank all those who have worked tirelessly in East Sussex over the past 12 months to help keep children safe.

Michael Brown

Head of Safeguarding and Looked After Children, Sussex NHS Commissioners

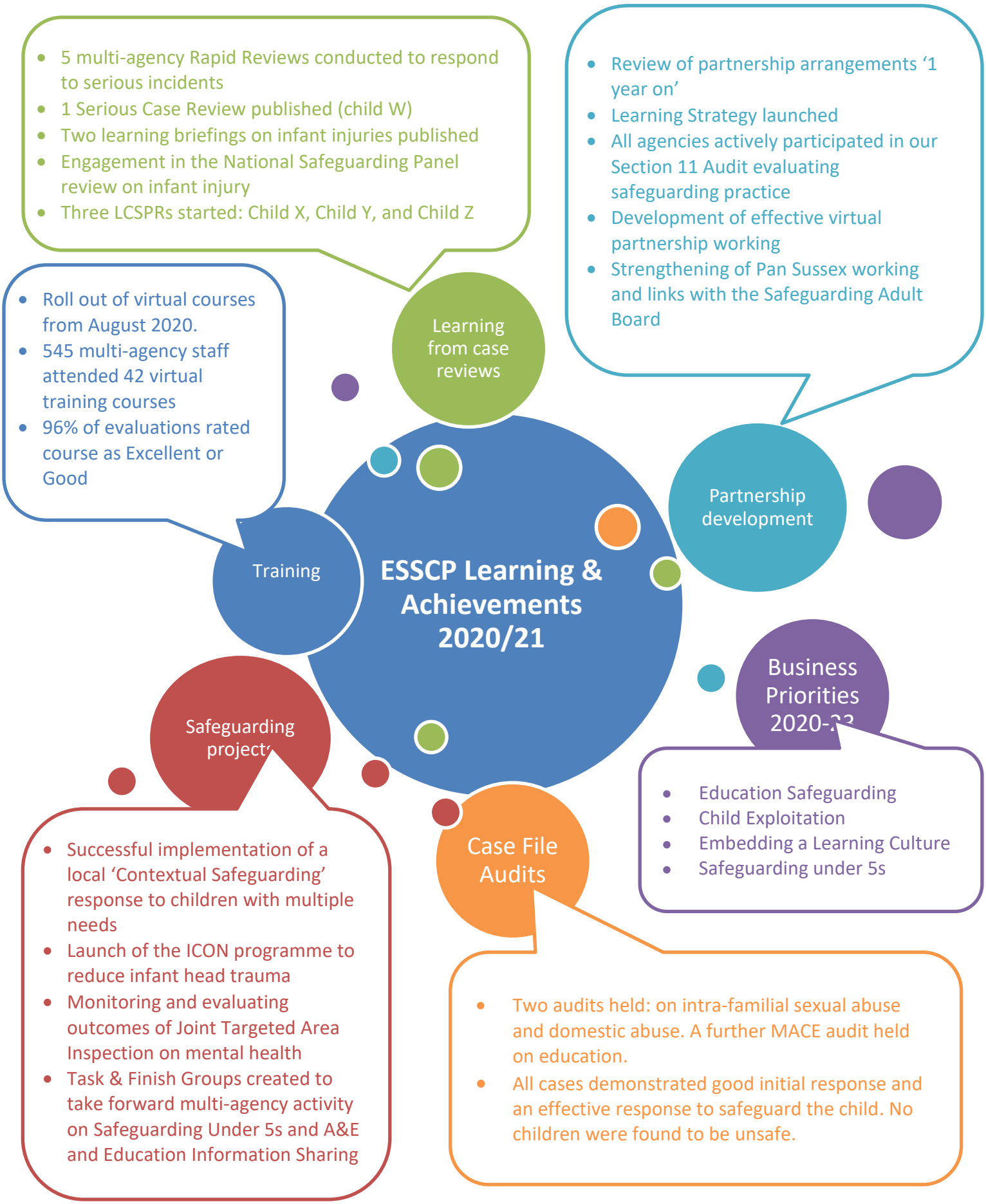
Alison Jeffery

Director of Children's Services, East Sussex County Council

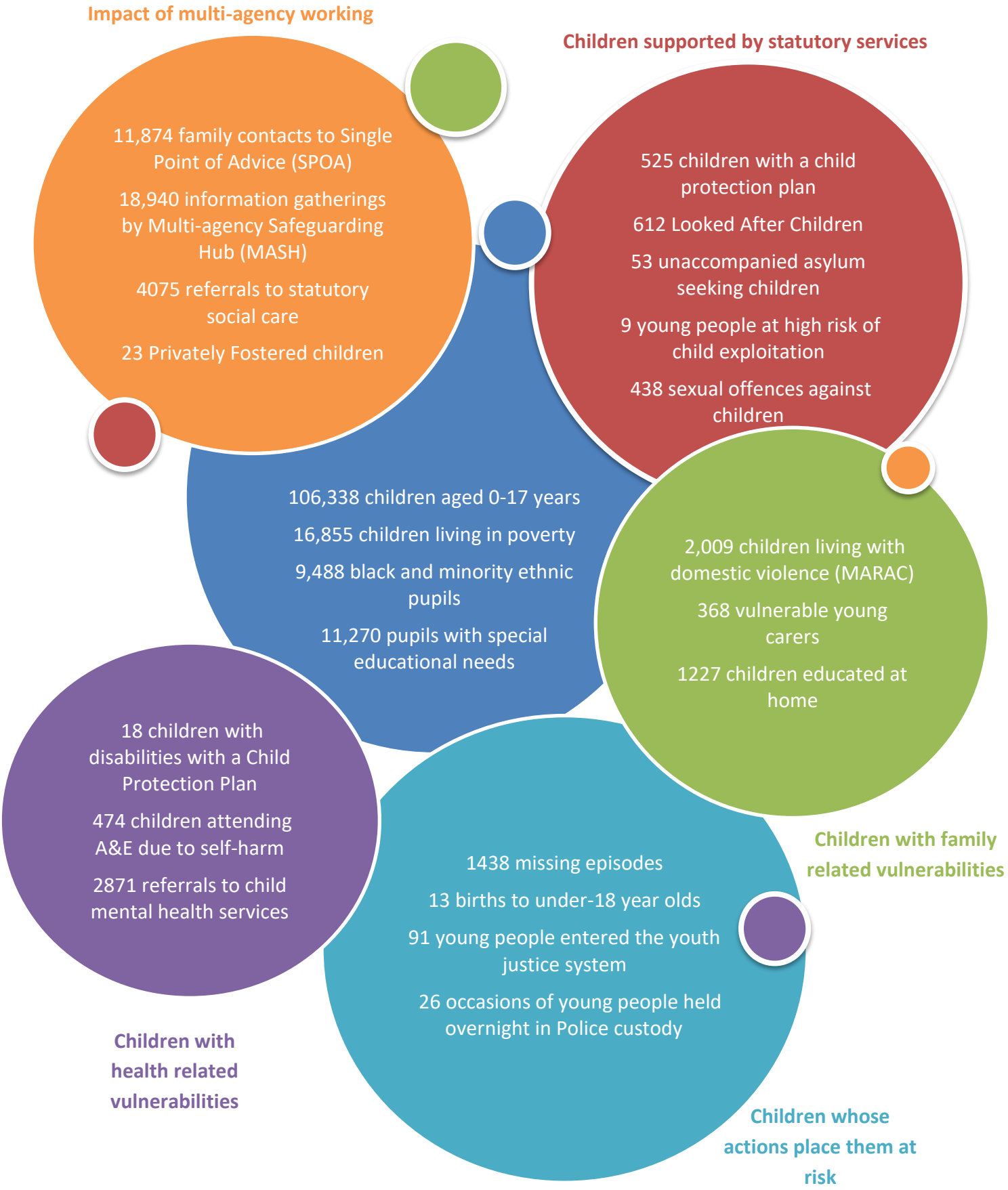
Jon Hull

Detective Superintendent – Public Protection, Sussex Police

2. Key Learning & Achievements 2020/21



3. Safeguarding Context 2020/21

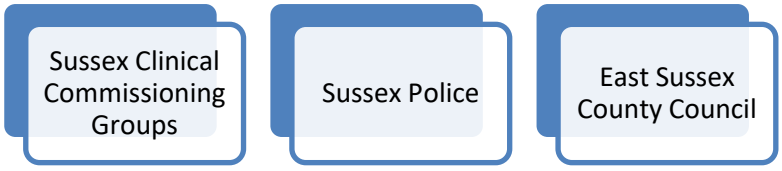


4. Governance Arrangements

4.1 Overview of the Partnership

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

The East Sussex Local Safeguarding Children Board formally moved to the East Sussex Safeguarding Children Partnership (ESSCP) on 29 September 2019. The three ESSCP safeguarding partners are:



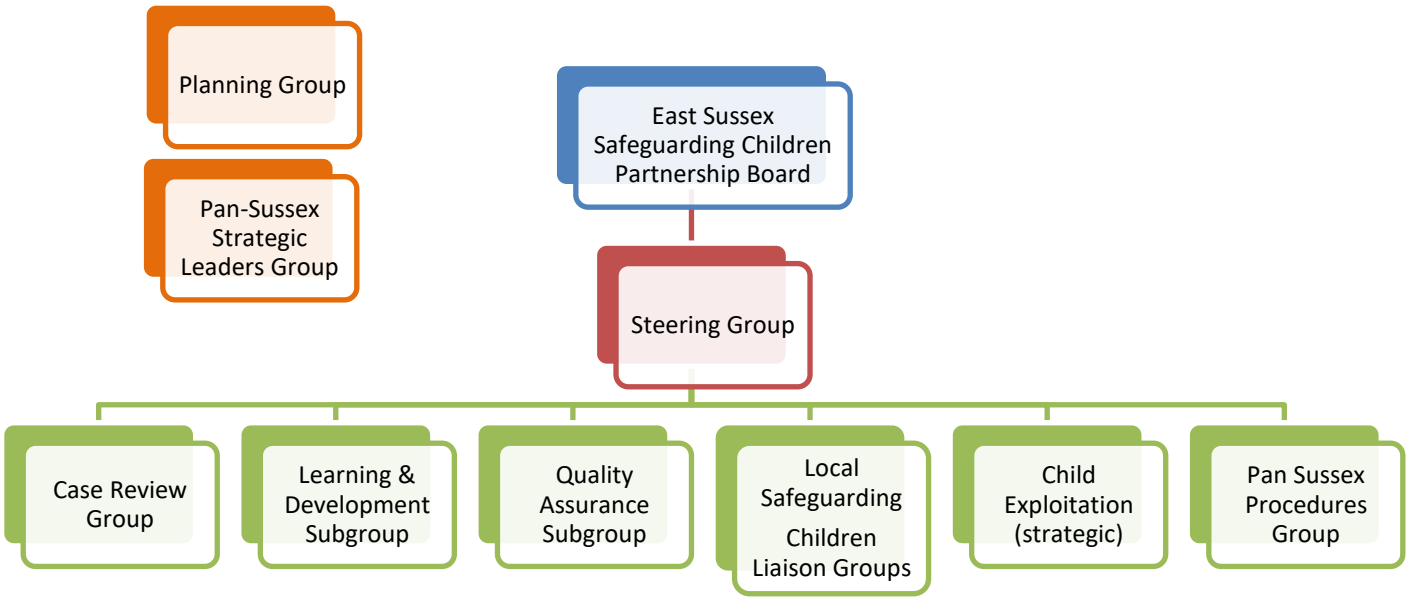
The ESSCP acts as a forum for safeguarding partners to:

- agree on ways to coordinate safeguarding services in (the geographical local authority borders of) East Sussex.
- act as a strategic leadership group in supporting and engaging other agencies across East Sussex; and
- implement local, regional, and national learning, including from serious child safeguarding incidents.

4.2 Partnership Structure and Subgroups

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

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



The three ESSCP safeguarding partners and the Independent chair form the Planning Group, which also meets quarterly. The Planning Group discusses and agrees the short-term agenda for the work of the partnership and addresses any emerging safeguarding issues requiring strategic input. It also agrees the budget for the ESSCP (see Appendix B).

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

Terms of Reference for all the groups are in the process of being refreshed and will be shared on the ESSCP's website here: Subgroups - ESSCP when agreed.

4.3 Links to Other Partnerships

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

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

The ESSCP annual report is presented to the East Sussex County Council People Scrutiny Committee, East Sussex SAB, the Safer Communities Board, the Police and Crime Commissioner and other ESSCP member organisations' senior management boards.

During 2020/21 the ESSCP has been working with the Safeguarding Adults Board (SAB); Safer Communities Partnership; Children and Young People Trust (CYPT) and the Health and Wellbeing Board to develop a the 'East Sussex Partnership Protocol'. The protocol sets out the relationships between key partnerships to promote the health and wellbeing of East Sussex's communities. In relation to safeguarding, the protocol aims to secure coordinated partnership working that avoids duplication and achieves better outcomes for the people of East Sussex. Once agreed, the protocol will be available on the ESSCP website here: Subgroups - ESSCP

4.4 East Sussex Joint Targeted Area Inspection

In February 2020 the East Sussex Joint Targeted Area Inspection (JTAI) took place on the theme of children's mental health. The inspection was undertaken by Ofsted, the Care Quality Commission (Health), Her Majesty's Inspectorate of Constabulary (Police) and Fire & Rescue Services and HMI Probation (YOT). The joint inspection included an evaluation of the 'front door' and how agencies identify and respond to the inspection theme of children's mental health. During the JTAI, inspectors found that some areas of multi-agency working could be further strengthened, such as information sharing and that the use of qualitative feedback to demonstrate the impact of agencies could be improved. A multi-agency action plan has been developed to address these areas. This was overseen by the ESSCP Steering Group during 2020/21. Examples of the impact of this action plan can be found in section 5.

4.5 Pan Sussex Working

Although the ESSCP's focus in on safeguarding children in East Sussex, it should be expected that child protection and safeguarding procedure continue to be developed at a Pan Sussex level, and opportunities for joined up working across Sussex will be promoted where appropriate. Examples of Pan Sussex working in 2020/21 include:

- **Learning & Development opportunities** -
    - Existing training: Multi-Agency Public Protection Arrangement (MAPPA), Improving Outcomes for Looked After Children, NSPCC/pan-Sussex SCP 'It's your call' campaign
    - Planned training in development: Harmful Practices; Professional Challenge, Social Graces/Identity, Cultural Competency/Equalities, Suicide Prevention
- **Safeguarding Children Under 5** – East Sussex has facilitated pan-Sussex meetings looking at developing common principles for practitioners regarding the promotion of safer sleeping. This follows on from the publication of the National Safeguarding Panel's report "Out of Routine: A Review of SUDI in families where the children are considered at risk" in 2020. The group has been ensuring that this work aligns with ICON. The group will also be informing the planning for the proposed pan-Sussex SCP Conference in November 2021, which will focus on a range of issues regarding the safeguarding of infants.
- Between April 2020 to March 2021, the **Pan Sussex Procedures Group** which reviews, updates, and develops pan Sussex safeguarding policies and procedures, supported by several front-line practitioners, reviewed, or created **39** safeguarding policies. The jointly funded Pan Sussex Policy Lead post was embedded in 2020 to co-ordinate a consistent approach to the development and

maintenance of the pan Sussex Child Protection and Safeguarding Procedures. This provides an effective and timely response to reflect changes required to procedures from legislation updates or local and national learnings, providing a current tool for professionals working with children and families across Sussex.

- **Suicide Prevention and Emotional Health and Wellbeing** - there is an emerging picture of increased pressure on already pressed CAMHS and acute services across Sussex. Acute hospital settings have seen a rise in self-harm presentations. A Pan Sussex, Public Health led approach to suicide prevention and a working group focussed on improving commissioning of services has been established.

4.6 Review of Partnership Arrangements: 1 Year On

- **Lead Safeguarding Partners Self-Assessment**

At the end of 2020/21 the ESSCP lead safeguarding partners undertook a self-assessment as part of the activity to review the effectiveness of our partnership arrangements. The self-assessment tool was developed based on the University of Bedfordshire research *'six steps for independent scrutiny of safeguarding children partnership arrangements.* Leads separately self-assessed the partnership, followed by a collective discussion at the Planning Group to agree a red, amber, or green rating against specific questions linked to the six statements.

For 2021/22 an action plan has been developed for the partnership to address the areas rated as amber or red. The action plan will include the development areas:

- Transitional safeguarding arrangements - ensuring close links with adult services.
- Partnership representation from the private and business sector. Plus, improved representation from schools/colleges.
- Consideration of appropriate input from children, young people and their families on partnership reviews, meetings, training, audit activity and partnership development.
- Further exploration of training needs of the children's safeguarding workforce and the impact of the training programme

- **Review of arrangements with Board Members**

The ESSCP Chair, Business Managers and Lay Members spoke to a total of 14 board members to consider the effectiveness of current partnership arrangements. Specifically, those board members were asked about their role and the support to fulfil the expectations of that role, and the functioning of partnership board meetings.

Generally, the feedback was very positive with all board members interviewed commenting on the effectiveness of the partnership and board meetings in general. A few Pan Sussex agencies commented that the East Sussex SCP feels particularly well-functioning and collaborative, with good attendance by agencies.

Given the diversity of agencies interviewed, it was encouraging that all members understood and valued their membership of the board, and how this supported the safeguarding of children across the whole system.

Several comments were also made about the positive role of the Chair; including how they were approachable and accessible which supported a culture of open and honest challenge and collaboration; how they effectively chaired meetings to ensure that members were encouraged to participate; and the effectiveness of the Chair in holding agencies to account.

Other comments to note:

- All members commented that they found the board meetings useful – in networking with other board members and being able to keep up to date with current work programmes and safeguarding trends.
- Some members noted that the board meetings required lots of time and effort to prepare for when they were able to contribute very little to most main items. The board breakout sessions helped to ensure that all members were able to contribute.
- Communication from the board was clear, timely and well received. In particular, the one-page summaries from the board were helpful.
- A few members suggested that there could be opportunities to join up communications with Pan Sussex SCPs and/or Safeguarding Adult Boards on a more regular basis – to avoid duplication and strengthen key messaging.
- They would welcome an 'induction pack' for new members that sets out subgroups etc and includes what are the expectations and role for board members. Potential that this could be done on a pan Sussex basis.
- Comment from 'school' representatives that sometimes schools felt like they were being 'done to' rather than informing the debate.
- One member was concerned that the board often discusses an issue when the agency response is already underway, rather than bringing partners together at an earlier, development stage.
- All felt that learning from reviews was very important.
- Members noted that agencies often have well embedded engagement processes with children and young people, but this feedback is not shared at board level. One member noted that the "Partnership relies on board members to bring voice of the child. We must listen as a partnership and not listen in isolation"

4.7 ESSCP Priorities for 2020/23

Following the formation of the ESSCP in September 2019, discussions took place to determine our priority areas of focus for 2020 to 2023. The partnership felt strongly that priorities should relate to key areas of child safeguarding; those identified as of highest risk in the county, where multi-agency working is essential and where significant change and/or commitment is necessary to reduce risk.

Priority development took place at the start of the year, with both the Steering Group and Board, and were agreed by the three safeguarding partners in May 2020. More information on the priorities is

contained in the impact and evidence sections of this report. The agreed ESSCP Priorities for 2020-2023 are:

- **Safeguarding in Education**
  Lead: Senior Manager, Safeguarding and Assessment, Standards and Learning Effectiveness Service (SLES), Children's Services
- **Child Exploitation**
  Joint Leads: Detective Chief Inspector, Safeguarding Investigation Unit, Sussex Police / Head of Specialist Services, Children's Services
- **Embedding a Learning Culture**
  Lead: Manager, East Sussex Safeguarding Children Partnership
- **Safeguarding under 5s**
  Joint Leads: Designated Nurse Safeguarding Children, Sussex CCG / Consultant in Public Health, Public Health

It is considered that ensuring the voice of the child is heard, and taking a contextual safeguarding approach, should be cross cutting over all the ESSCP priorities.

Challenges and next steps for 2021/22:

- ✓ Clarify how the partnership will work in future using digital tools while ensuring coherent partnership working
- ✓ Working group formed to review and align LCSPR processes, with an aspiration for a pan-Sussex procedure to be developed.
- ✓ Publish the East Sussex Partnership Protocol between the ESSCP and other East Sussex partnerships.
- ✓ SCP Managers to update the New Members' Induction Guidance and formalise the ESSCP induction process.
- ✓ Future Chair arrangements for the ESSCP should be clearly communicated with board members.
- ✓ SCP Managers to consider what communication can be joined up with West Sussex and Brighton & Hove SCPs.
- ✓ The board should consider, at least on an annual basis, a standing item on the voice of the child – drawing on single agency and multi-agency engagement, and engagement activity by the ESSCP.

5. Impact of Partnership Activity

This section aims to convey the impact of multi-agency and partnership activity on outcomes for children and families. The examples of impact are structures around the ESSCP's four priority areas and action taken following the Joint Targeted Area Inspection on child mental health in February 2020.

5.1 Safeguarding in Education:

Accident & Emergency (A&E) self-harm pathway with schools for children and young people (C&YP)	
What was the multi-agency area of need identified/responded to?	C&YP who self-harm, or have significant mental health difficulties, often present to A&E. C&YP need support, help and guidance from specialist services, their families and people that know them best. It is a reasonable assumption that this support would also include their school. Schools are often unaware what challenges children are facing with regards to this issue, and therefore do not know when or how to offer support to help keep them safe.
What action was taken to address that need?	To help keep children safer and to share their difficulties with their school, a multi-agency task and finish group was formed to develop a pathway for information sharing from A&E to secondary schools, with consent. Next steps would include the consideration of extending the pathway to primary schools and across Sussex.
What was the impact of that action on	This pathway is in the early stages of implementation, therefore full impact is unknown. Information is ideally shared with a school

Children, Young People and Families?	because the school may be the only service that is involved with the child and who can support with the Children & Adolescent Mental Health Service (CAMHS) care plan. The schools could help safeguard that young person and identify any wider safeguarding risks that may not be apparent at the CAMHS assessment. Sharing of information is to primarily help the child and the school to be able to work with that child to look at ongoing support at school, and potentially support their family as well.

Elective Home Education (EHE) communication and training task & finish group	
What was the multi-agency area of need identified/responded to?	Learning from Local Child Safeguarding Practice Reviews (LCSPR) identified an uncoordinated and inconsistent approach to communication with the EHE team regarding potential safeguarding risks. Inconsistent levels of knowledge and understanding were identified across teams within the partnership. • EHE legislation • The role of the EHE team • The limitations of EHE team's contact with families • Identified professionals to be approached for case discussions where a concern was raised by another party The need for communication, guidance, and training to be embedded at a strategic level was identified, to address the above areas of need.
What action was taken to address that need?	A multi-agency task & finish group was set up to explore embedding of communication pathways and training to all practitioners. Group participants include strategic safeguarding leads across health, social care, police and the EHE team. One strand of action implemented from this group: • An identified EHE Lead allocated within Single Point of Advice (SPoA). Training programme delivered by EHE team manager to SPoA EHE Lead, comprising clarification of EHE legislation, the role of the EHE team, the limitations of EHE team's contact with families and the fragmentary nature of EHE team's information about families. Pathways agreed for communication, with EHE team manager agreed professional for SPoA-initiated queries, and consultancy offer from SPoA to EHE team agreed. Complementary to this action, the social care Liquid Logic system has been amended to ensure that the EHE badge is visible on both modules, and a child's status as EHE is now visible to all social workers and early help keyworkers.
What was the impact of that action on	This action has ensured that EHE expertise now sits in SPoA. Contact from SPoA to the EHE team has increased, with discussions taking place when a Statement of Referral (SOR) is submitted by another

Children, Young People and Families?	party, and/or where clarification of a child's educational setting is required. This improved flow of information ensures potential safeguarding risks for children and young people who are EHE are swiftly responded to and a joined-up approach is taken. Measurement tools for this action are under development with Teaching & Learning Provision service manager. Further work includes developing a network of EHE Leads (on the same model as SPoA) across other partnership teams.

5.2 Child Exploitation

Contextual Safeguarding – College Central	
What was the multi-agency area of need identified/responded to?	Police and Education colleagues requested a contextual safeguarding response within College Central Eastbourne, which resulted in the first contextual assessment in East Sussex. This assessment provided the opportunity to enhance the contact and support that college central offered their most vulnerable adolescents.
What action was taken to address that need?	Funding secured via the Pan Sussex Violence Reduction Unit enabled the co-location of Youth Offending Team (YOT) practitioner time across College Central sites. This provides targeted early intervention to vulnerable pupils with the aim of raising awareness of risks such as knife crime and exploitation whilst preventing escalating anti-social behaviour and criminality through a one-to-one engagement offer. Between October 2019 and June 2020, practitioners engaged with 84 pupils and a thousand direct contacts took place. These have taken the form of one to one, group activities, positive activity sessions and family support.
What was the impact of that action on Children, Young People and Families?	Practitioners provide targeted early intervention to vulnerable pupils with the aim of raising awareness of risks such as knife crime and exploitation, whilst preventing escalating anti-social behaviour and criminality through a one-to-one engagement offer. Data provided by the school suggests that this intervention has impacted positively on behaviour and exclusions and there have been reduced incidents of knives and illicit substances on school sites.

MACE priority – PREVENT Communications	
What was the multi-agency area of need	PREVENT - Raising awareness and delivering targeted responses to Criminal Exploitation. Need identified to develop communications

identified/responded to?	to children, parents and general public to develop a protective, local community.
What action was taken to address that need?	A variety of communications have been developed, including, • East Sussex County Council YouTube Channel - link for parents/carers on county lines and exploitation. This was circulated to schools in the Uckfield Contextual Safeguarding project and Sussex Police Youth Teams • Accompanying leaflets (knife crime and exploitation) for young people and parents available on Safe in East Sussex and Open for Parents websites. • RE-issue of the 2019 Hotel Guidance shared with Eastbourne Hospitality Association to raise awareness within their networks. • Open for Parents website – CSE/CCE information added for parents/carers of children aged 11-19. • County Lines Information has also been shared and added into ESCC parenting courses and leaflets for young people and parents.
What was the impact of that action on Children, Young People and Families?	Contextual Safeguarding responses to both child criminal exploitation and anti-social behaviour continue to be delivered in East Sussex. This work is overseen by the MACE strategic group. Youth Justice Board Pathfinder funding has this year enabled us to strengthen our safeguarding response to exploited children in Hastings and, over the coming months, we will be sharing our learning across the national YOT network

5.3 Embedding a Learning Culture

ESSCP Learning Strategy	
What was the multi-agency area of need identified/responded to?	It was identified that the ESSCP required a learning strategy to ensure the partnership has a clear and shared vision as to the priorities for safeguarding learning and training and to define how this will be achieved.
What action was taken to address that need?	The multi-agency Learning & Development Subgroup developed the strategy in consultation with the Training Pool practitioners. The ESSCP Learning Strategy was signed off by the Steering Group in December 2020. The Strategy aims to: • Ensure that safeguarding training/learning activities are based on local necessity and enable practitioners to recognise and respond to need and risk. • Measure the impact of safeguarding training on practice and improving outcomes for children and young people.

	• Ensure that learning from Local Child Safeguarding Practice Reviews, Audits, the Child Death Overview Process (CDOP) and the Voice of the Child is embedded into practice and ensures continuous learning and improvement. • Ensure key safeguarding messages (local, pan-Sussex and national) are communicated. These requirements are delegated to the ESSCP Learning & Development Subgroup which produces quarterly training reports, which form the basis of the Annual Learning & Development Report to the ESSCP Steering Group.
What was the impact of that action on Children, Young People and Families?	The implementation of a strategic learning and training offer that is effective in helping professionals understand their respective roles and responsibilities with regards to safeguarding children and young people. The effective training promotes better outcomes for children and young people by fostering a shared understanding of processes, principles, roles, and responsibilities. It provides opportunities for improved communication and information sharing between professionals, including a common understanding of key terms, definitions, and thresholds for action.

Learning and Communications
The ESSCP strengthened its links with the Safeguarding Adults Board (SAB) in responding to the pandemic by producing joint communications for both the public and professionals that related to increased safeguarding risks to children and adults because of the pandemic.
The ESSCP and Safeguarding Adults Board (SAB) undertook **joint work in response to Modern Slavery**, which included reviewing and refreshing training to be delivered virtually, supporting training to Local Authority Councillors and the development of a Modern Slavery Single Point of Contact (SPOC) newsletter.
In general, partners within the SCP have reported **that engagement with young people has improved during the pandemic**, as staff have moved away from inviting children into offices and more towards meeting with young people in their own community and/or using technology.
Since the **introduction of Virtual training courses**, we have added evaluation questions relating to participants experience of this new learning platform. In general, those attending remote training have adapted very well and overall feedback relating to trainer professionalism and adaptability has been extremely positive. The use of break-out rooms to encourage interaction and discussion is regularly cited as adding great value to the virtual sessions. However, a significant proportion of participants stated that they prefer face to face training, the support and networking that it offers and that remote learning for such emotive subjects can be challenging at times.
Since the launch of **ICON** by ESSCP the programme has been promoted across Sussex Partnership NHS Foundation Trust via the safeguarding team's social media channel, a dedicated ICON page on the staff intranet full of ICON guidance and resources, plus circulation of the ICON newsletter across the trust at time of launch. ICON messages have

been highlighted and shared during quarterly workshop meetings with safeguarding children link practitioners who take a safeguarding lead role within individual teams. Additional bespoke training on infant head trauma and the ICON message to perinatal services. A 1-page learning briefing on ICON is included in Appendix E.
Reflection on learning reviews across the multi-agency arena indicated that there was predominantly a common theme, **an indication of a lack of professional curiosity**. Led by Sussex Police, initially a pilot was run to bring together a cohort of front-line professionals from all agencies to unpick an actual case history. This enabled them to openly discuss good and poor practice, share learning and understand the barriers to advocating professional curiosity. The response to the training was extremely positive and the sessions were shared with partners across Sussex. An interactive 7-minute briefing was developed for frontline professionals unable to attend the sessions and delivered by colleagues that had.

5.4 Safeguarding under 5s

Safeguarding under 5s pan-Sussex development	
What was the multi-agency area of need identified/responded to?	Support in the reduction of incidents of Non accidental injury and Abusive Head Trauma (AHT) in infants. Serious case reviews across Sussex have highlighted the damage received from AHT is often life-limiting, the aim is that the ICON program will reduce the amount of babies injured or harmed from AHT.
What action was taken to address that need?	Introduction of the ICON programme Pan Sussex: the ICON preventative programme was established in Hampshire; it is aimed with providing parents with the knowledge/information around coping with a crying baby. It incorporates messages within a series of interventions delivered throughout routine antenatal and post-natal appointments, also through wider professional contacts in pregnancy and postnatally. ICON has been established due to research associated with AHT. Over 100 staff across Sussex joined the official launch of ICON on the 18 November 2020. Staff heard from the founder of ICON, a mother of a child who lives with life-limiting disabilities caused by AHT and were given ICON resources to share with parents and colleagues.
What was the impact of that action on Children, Young People and Families?	• Professionals and parents are aware of ICON with this embedded into practice. • ICON is having a much wider reach, sharing the messages across the primary, secondary, and tertiary areas of the providers.

Public Health - Reducing childhood unintentional injuries	
What was the multi-agency area of need identified/responded to?	To increase awareness of the issue of childhood unintentional injuries with both families and professionals (and key home safety messages). Plus, tailor guidance to address some of the associated increased risks of unintentional injury resulting from COVID.
What action was taken to address that need?	To address this need, several public health initiatives were developed and delivered in 2020/21: • **'Keeping Children Safe'** social media toolkit provided social media content and newsletter text across a range of unintentional injury topics, linking with multi-agency services, to raise awareness with both families and professionals. During 20/21, social media content was tailored to address some of the associated increased risks resulting from COVID. • **The East Sussex Child Home Safety Advice and Equipment Service (ESCHSAES):** Delivered by the East Sussex Fire & Rescue Service (ESFRS) targeted vulnerable families with children under 5 years to be referred by specified staff groups for a home visit to offer evidence-based home safety education and advice, along with the fitting of appropriate home safety equipment. • Public Health worked with Child Accident Prevention Trust (CAPT) and 0-5 Accident Prevention Working Group to develop a **virtual accident prevention training offer,** which started delivery in March 2021. The training is currently targeted at staff delivering the Healthy Child Programme, such as Health Visitors, Community Nursery Nurses and Early Help Keyworkers. • Developed with CAPT, the '**Staying Safe with Sam'** resource for infant/primary schools was launched in March 2021 in East Sussex, including the story book, teaching guidance and home-link pack for every reception year child in the county.
What was the impact of that action on Children, Young People and Families?	Evaluation of the initiatives are scheduled in 2021/22, with the Public Health communications team undertaking an evaluation of engagement with the 'Keeping Children Safe' social media toolkit. An annual evaluation of the ESCHSAES service for 2020/21 is currently being completed by ESFRS. CAPT are running a survey to gain feedback on the training and to gain feedback from schools on use of the 'Staying safe with Sam' resources.

5.5 JTAI examples

MASH Specialist Nurse Safeguarding Children	
What was the multi-agency area of need identified/responded to?	Joint Targeted Area Inspection (JTAI) recommendation was to review the roles of the Specialist Health Visitors within the Multi-Agency Safeguarding Hub (MASH), to strengthen the process of health information gathering around children and young people to inform decision making within the MASH. General Practitioner (GP) contributions to strategy discussions and decision-making processes within the MASH were also identified as underdeveloped. It was also identified that not all GPs were engaging in the local Multi-Agency Risk Assessment Conference (MARAC) process.
What action was taken to address that need?	Sussex CCG provided funding for a 6-month pilot MASH Specialist Nurse Safeguarding Children (SNSC) and Admin Assistant. Kent Community Health NHS Foundation Trust (KCHFT) were successful in securing the funding and seconding substantive staff members into the posts. Initial development of the posts included collaborative working across the health economy in East Sussex and surrounds to agree and arrange information sharing processes (including Information Sharing Agreements) and operational function within the MASH, including working alongside the established Specialist Health Visitor team. The Admin role has an additional purpose of conducting the MARAC process between the MARAC co-ordinators and GP services though liaising MARAC information requests to the victim and any children's GPs for their direct response to the MARAC service.
What was the impact of that action on Children, Young People and Families?	The creation of this role (SNSC) means that all elements of a child's health and wellbeing are being considered through the comprehensive health information gathering that takes place across the health economy in East Sussex. This is then applied to the continuum of need and thresholds document published by ESSCP. This analysis is then presented to the multi-agency partners for assessment within child protection meetings such as strategy discussions. Ensuring that the health of the child/young person is valued and contributes to any risk assessment and decision making undertaken in relation to safeguarding concerns. Data is being collated and reported monthly to the CCG on the volume of work performed by the SNSC. The view is to audit this in the future to demonstrate the impact of the role once the pilot is

	complete. Admin support has enabled a significant increase in GP engagement with the MARAC process. Data indicates that for the last quarter of 2020/2021 (Q4) MARAC saw a response rate from GPs of between 41-43%; a significant increase from previous engagement of around 0-5%.

'Golden Hour'	
What was the multi-agency area of need identified/responded to?	Previously the police process for processing all children who are in police custody relied on the arresting officer to notify multi-agency partners of the arrest. This process was found to be inconsistent and often took too long meaning that necessary strategy meetings could not take place to plan for the safe release of a child.
What action was taken to address that need?	The decision was taken to introduce a fast time notification process for all children who are in police custody. In 2020/21 the responsibility for these notifications was changed from the arresting officer to the custody officer who accepts the child into custody. The benefit of this is that the collective partnership is now aware of the detention within 60 mins of it occurring, this is called 'The Golden Hour'.
What was the impact of that action on Children, Young People and Families?	The new 'Golden Hour' allows for better, more timely discussions relating to the safe detention and then, often, release of the child into the community. All children are also now seen by the Sussex Liaison and Diversion Service to identify any obvious vulnerabilities that the partnership can collectively address.

Auditing of repeat contacts to children's social care	
What was the multi-agency area of need identified/responded to?	When there are cumulative concerns about children, including their mental ill health, these concerns are not always being recognised or informing decision-making. There is not currently a system to consider children about whom there are a high number of repeat contacts to children's social care. This is compounded by limited recording of the rationale for decisions made by managers within the SPOA and the MASH.
What action was taken to address that need?	Regular auditing of a sample of cases was undertaken by managers to consider all children who receive 5 or more initial contacts in a quarter and where none of those leads to a service at level 3 or 4 on the Continuum of Need. A selection of children who have received 3 or 4 initial contacts per quarter with the same outcome have also been reviewed. Audit of this cohort of children will form a regular part of the audit cycle going forwards.
What was the impact of that action on	Review of the cases has not identified any issue that children and families are not receiving a timely or appropriate response. Audit has identified that most repeat contacts stem from a process within

Children, Young People and Families?	the SPOA that stops cases being held open for prolonged periods whilst awaiting information. Ongoing audit will continue to check that this is still the situation.

6. Evidence

This section of the ESSCP Annual Report sets out how the partnership are using evidence to determine its priorities; shape the way multi-agency partners have taken actions or adopted specific practice models; and evaluate the impact of partnership work. Examples of how the partnership have used evidence are also given in section 3 (Impact).

Between September 2019 and March 2020 strategic partners met to agree the priority areas of focus for the next three years. Priorities were chosen because they were identified as of highest risk in the county, where multi-agency working is essential and where significant change and/or commitment is necessary to reduce risk. It is in such areas where the partnership can be most effective in scrutinising and supporting.

The following priorities were agreed for ESSCP focus for 2020-2023:

- **Safeguarding in Education**
- **Child Exploitation**
- **Embedding a Learning Culture**
- **Safeguarding Under 5s**

6.1 Safeguarding in Education

Why is safeguarding in education a priority?

Everyone who encounters children, and their families, has a role to play in safeguarding children. Early years, school and college staff are particularly important as they see children daily and can identify concerns early and provide help for children, to prevent concerns from escalating. Schools and colleges and their staff form a key part of the wider safeguarding system for children.

Strengthening safeguarding in schools has been a priority for East Sussex Safeguarding partners since 2015. During that time, many developments have been made to ensure that schools are able better to appropriately identify and respond to child protection concerns and effectively safeguarding children in school.

The ESSCP agreed that by making this area a priority for 2020-2023, there will be a continued focus on effective joint working between local agencies and schools, strategically and at a school level. The COVID-19 Pandemic and extended school closures for most children highlighted to many services the critical importance of schools' role in safeguarding.

Safeguarding in education in East Sussex

East Sussex schools responded well to the requirements for remote safeguarding during the three national lockdowns from March 2020. All schools engaged with the LA-wide systems for monitoring and supporting the most vulnerable children during lockdown and encouraging their attendance at school to mitigate risks.

The "Everyone's Invited" national campaign has highlighted the issue of peer-on-peer harmful sexual behaviour in schools and colleges. SLES and key partners such as SWIFT and ISEND have worked together over the last few years to develop a protocol and toolkit for schools and colleges in managing these complex situations.

The protocol includes an LA-based rapid response team which aims to offer timely support, and guidance to school leaders when a situation emerges which threatens the smooth running of a school and creates vulnerabilities within the community.

Since the "Everyone's Invited" campaign was launched, there has been one significant incident to date in an East Sussex school. On this occasion the East Sussex protocol and rapid response team was deployed to good effect in supporting the school leadership team.

In addition, SLES have commissioned SWIFT to deliver a Sexual Risk Leads Training programme throughout this academic year and to date 40 DSLs have attended. The protocol and toolkit are fundamental elements of DSL and Whole School Safeguarding Training.

All safeguarding training and networking events for schools have been adapted and delivered virtually and evaluations demonstrate a high level of satisfaction with the quality and content. Engagement levels have been high – for example a "super-network event" in January 2021 was attended by 105 schools and colleges. In some cases, the training programme has been enhanced and improved through the virtual delivery; a set of 2-hour sessions on managing medical issues, safeguarding record keeping and the Single Central Record have been developed to support schools during lockdowns.

Since the full re-opening of schools in March 2021, some school leaders have informally reported that new safeguarding issues for different groups of children have emerged. These include higher incidences of children witnessing domestic abuse, demonstrating harmful sexual behaviour, and experiencing mental health issues.

The number of children open to East Sussex social care has risen significantly over the course of the lockdowns, and there have been several ESSCP Local Safeguarding Children Practice Reviews involving schools. Support for schools over the next academic year will therefore be broadened to include supervision for DSLs and mental health leads in schools, a supportive induction programme for new DSLs, and a programme of further training designed for school safeguarding teams about complex issues such as Domestic Abuse and Child Sexual Abuse.

Multi-agency activity underway includes:

- The ESSCP Task and Finish group focusing on Harmful Sexual Behaviour (HSB) in schools.
- A Police and Public Health funded preventative education project on County Lines and Harmful Sexual Behaviour for all secondary and special schools.
- The development of toolkits for schools such as the Anxiety Toolkit and Self-harm Toolkit.
- The extension of the information sharing protocol between Health and Schools where a CYP has attended A & E for self-harm.

Evidence to measure success

- The number of schools where Ofsted has rated 'safeguarding' as effective.
- Increase in the proportion of schools who complete their annual s175/157 safeguarding audit.
- The proportion of secondary and special schools that participate in the multi-agency project on County Lines and Harmful Sexual Behaviour and evaluation data on impact.
- The development and implementation of a multi-agency action plan to address HSB in schools arising from the work of the task and finish group.

6.2 Child Exploitation

Why is child exploitation a priority?

Child Exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or threat of violence. The victim may have been criminally exploited even if the activity appears consensual.

'County lines' is a form of criminal exploitation. It is a police term for urban gangs supplying drugs to suburban areas and market and coastal towns using dedicated mobile phone lines or 'deal lines'. It involves child criminal exploitation (CCE) as gangs use children and vulnerable people to move drugs and money.

East Sussex Safeguarding Children Partnership has a strategic focus on child exploitation due to the geographical location of East Sussex, its transport links with London and the mix of rural and city conurbations.

Tackling child exploitation in East Sussex

The MACE action plan is focused on four areas:

- **PREVENT** - Raising awareness and delivering targeted responses to Criminal Exploitation
- **PREPARE** - Working in partnership, with strong leadership, effective systems, and professional support to tackle CSE
- **PROTECT** - Safeguarding young people
- **PURSUE** - Intelligence gathering, disruption and prosecution

During 2020/21 the MACE subgroup of the ESSCP has focused on four key actions:

A) Continue to raise awareness within the community and deliver preventative education to equip children and young people with the skills they need to make safe and healthy choices and avoid situations which put them at risk of Child Exploitation.

B) Deliver a holistic and effective response to children and young people referred to MACE, that reflects learning from previous case audit and service user feedback.

Child criminal exploitation (CCE) was the focus of the National Safeguarding Panel's first national thematic review, published in March 2020. Key learning from the review:

- Known risk factors around adolescent vulnerability do not always act as predictors of risk of criminal exploitation.
- Moving children away from the local area is not an effective long-term solution to protect them from the reach of criminal gangs.
- Exclusion from school can escalate the risk of manipulation by criminal networks.
- Relationship-based practice and making use of the 'reachable moment', such as arrest, school exclusion and physical injury, are critical for this group of children.

C) Strengthen support and safeguarding arrangements for those young people who are reported Missing or are referred to MACE.

D) Deliver 'disruption measures' to divert children and young people away from being exploited and stop those engaging in child exploitation.

Evidence to measure success

- Reduction in the number of sexual offences, linked to Child Sexual Exploitation, against children.
- Reduction in the number of victims, linked to Child Criminal Exploitation, of serious violence aged 15-24.
- Reduction in the number of offenders, linked to Child Criminal Exploitation, of serious violence aged 15–24.
- Reduction in the number of incidences of knife carrying.
- Reduction in the number of children's social care assessments completed where 'gangs' is a factor.
- Proportion of children at MACE who are of statutory school age and receiving 25 hours of education.

6.3 Embedding a learning culture

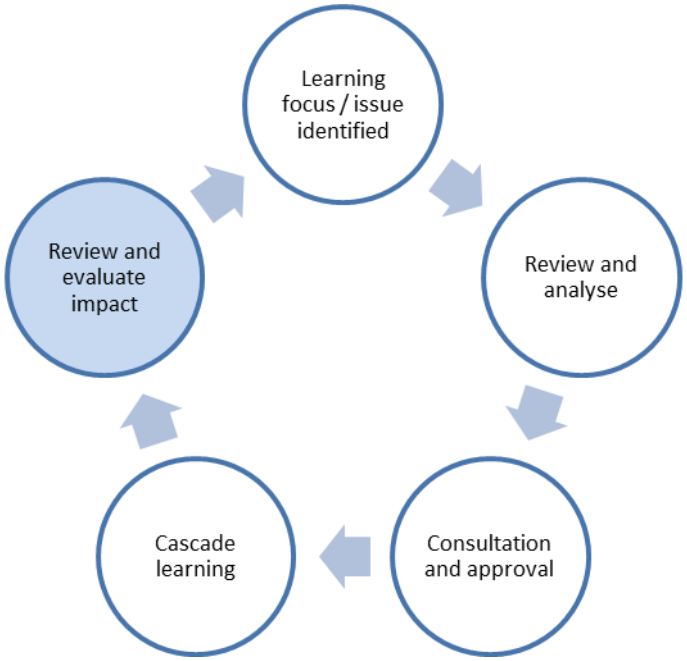
Why is embedding a learning culture a priority?

The ESSCP is committed to creating and strengthening a learning culture across all agencies in East Sussex who work with children and young people. A culture which is open, and able to challenge all partner agencies, will be able to identify learning, improve, and then evaluate effectiveness. The ESSCP agreed to make 'embedding a learning culture' a priority to ensure that the partnership becomes better focused on learning with the following three aims:

- the learning reaches the right people.
- we have effective mechanisms for sharing learning.
- and we test that learning is embedding into practice and outcomes for children.

Embedding a learning culture in East Sussex

One of the roles of the ESSCP is to ensure the effectiveness of safeguarding practice, which it does through evidence-based auditing, performance management, and self-analysis. The SCP ensures that there is continual evaluation of the quality of services being provided, as well as effective communication and joint working between all SCP partner agencies. The arrangements for assuring the effectiveness of safeguarding practice are set out in the **ESSCP's Learning & Improvement Framework**.



In addition, the partnership has focused on:

- Supporting the dissemination of multi-agency learning from Rapid Reviews, Local Child Safeguarding Practice Reviews, and audits (multi-agency and single agency) and the multi format ESSCP training offer.

- Linking learning to the other 3 ESSCP Priorities: Child Exploitation, Education Safeguarding and Safeguarding under 5's.
- Linking learning to wider agencies, such as the Safeguarding Adults Board, the National Safeguarding Children Panel and Child Death Overview Panel.
- Provide a simple 'one stop shop' for SCP professionals to access learning resources.

Examples of activity in 2020/21 include:

- Development of a learning strategy for the L&D subgroup.
- Quarterly communication plan for the ESSCP shared with the L&D subgroup.
- Two learning briefings produced on infant injuries arising from SCR and Rapid Review work.
- 1 page learning briefings on key topics such as ICON.
- Stronger links with LA principal social worker for audit and case review learning dissemination.
- 'Learning from Review' lunchtime seminar held in May 2021 with further sessions planned in October and November 2021.
- Board briefings from each quarterly board meeting shared with ESSCP network and uploaded on to ESSCP Website.
- Successful development of remote training during Covid-19 pandemic.
- New training areas being developed linked to priorities, including EHE, RPC, Coercion and control, Safeguarding Under 5's, Improving Outcomes for Children in Care, Professional Curiosity/Challenge.

Evidence to measure success

- Front line staff and leaders/managers in every agency to know what the ESSCP is can recall learning themes from recent learning briefings.
- Front line staff to feel confident in how to respond if they have a safeguarding concern.
- Staff to know where to look for more information/resources on safeguarding themes.

6.4 Safeguarding under 5s

Why is safeguarding under 5s a priority?

Local and national learning tells us that babies and young children are particularly vulnerable to abuse and neglect. Following on from two local serious case reviews involving babies and young children, the ESSCP decided to focus on 'safeguarding Under 5s, as one of its key priorities, to ensure that action arising from the reviews was coordinated and the profile of safeguarding under 5s was raised across partner agencies.

Nationally, babies under 12 months old continue to be the most prevalent group notified to the national safeguarding panel following serious incidences, with around 40% of serious case reviews involving children aged under 1. There were also a high proportion of cases involving non-accidental injury and sudden unexpected infant death. In these cases, parental and family stressors were the most significant factor in escalating risk.

Learning from the Pan Sussex Child Death Overview Panel also highlighted the need for a multi-agency response to the number of incidences of sudden and unexplained infant deaths where modifiable factors were identified.

Safeguarding in Under 5s in East Sussex

The 'Safeguarding Under 5s' action plan is jointed owned by the Designated Nurse for Safeguarding in the CCG and the Children's Lead in East Sussex Public Health. The leads have been supported by a short-life Task and Finish Group to drive ahead action in this area.

Key achievements during 2020/21 include:

- Launch and embedding of ICON across multi-agency network to reduce abusive head trauma.
- Development of an infant bruise leaflet for parents and professionals to increase consistency or response.
- Development of a light-bite training session for multi-agency professionals on key 'safeguarding U5' themes, including ICON, safer sleeping, and non-accidental injuries.
- Development of pan-Sussex principles for safer sleeping to ensure that frontline practice is informed by the latest evidence-based guidance.
- Improvement in communication between GPs and health visitors and GPs and midwifery with regards to safeguarding information sharing.
- Successful bid to deliver reducing parental conflict training.

SUDI formed the most common category of fatal cases notified to the National Safeguarding Panel and was the focus of the Panel's second national thematic review, published in July 2020: **National review of SUDI in families where the children are considered at risk of harm**

Locally, a Pan Sussex working group met to review the publication and agree how agencies could best respond locally. An audit of current measures and existing practice was undertaken with gaps identified.

Key learning included:
• Families living within a context of recognised background risks (such as, deprivation and overcrowding, domestic violence or poor mental health) are at heightened risk of losing a baby to SUDI.
• All those working with families need to recognise this and work together, this is not just an issue for midwives and health visitors.
• We need a flexible and tailored approach to prevention that is responsive to the reality of people's lives.
• The best local arrangements for promoting safer sleeping involve a range of professionals as part of a relationship-based programme of support, embedded in wider initiatives to promote infant safety, health and well-being.
The review has identified a number of issues that have helped inform the development of a 'prevent and protect' practice model. We believe this model, if embedded in practice, has the potential to improve the way safeguarding partners work with families to reduce the risks of SUDI, and beyond that, to address a much wider range of risks to their children's health, safety and development

Evidence to measure success

- Reduction in the number of children who deaths due to SUDI where there are modifiable factors related to safer sleeping.
- Reduction in the number of mothers smoking at time of delivery.
- Reduction in the number of child deaths involving abusive head trauma.
- Reduction in the number of children aged under five on child protection plans with physical abuse as a factor.

Challenges and actions for 2021/22

- ✓ Strengthen the process for evidencing impact from case review work (LCSPRs and rapid reviews)
- ✓ Update the ESSCP performance dashboard to include 'success measures' regarding the four key priorities.
- ✓ Strengthen the 'voice of the child' in the work of the four priorities and across partnership activity.

7. Assurance

One of the roles of the ESSCP is to ensure the effectiveness of safeguarding practice, which it does through evidence-based auditing, performance management, and self-analysis. The SCP ensures that there is continual evaluation of the quality of services being provided, as well as effective communication and joint working between all SCP partner agencies.

The **Quality Assurance (QA) Subgroup** has the lead role, on behalf of the Partnership, for monitoring and evaluating the effectiveness of the work carried out by partners. It does this through regular scrutiny of multi-agency performance data and inspection reports, and through an annual programme of thematic and regular case file audits. This subgroup is chaired by the Detective Chief Inspector of the Safeguarding Investigation Unit in Sussex Police.

Examples of assurance undertaken by the ESSCP during 2020/21 include:

- The **ESSCP has an Independent Chair** whose function is to provide challenge and scrutiny of the effectiveness of the lead partners and other relevant agencies, via the Board and Steering Group meetings, and to also work with the lead partners to ensure the effectiveness of the safeguarding work carried out by partners. Their approach throughout year has been to act as a constructive critical friend to promote reflection and continuous improvement and to provide support to that improvement. Examples include: chairing the Section 11 Challenge Panels for both East Sussex and Pan Sussex agencies; determining the need to conduct Local Child Safeguarding Practice Reviews (LCSPRs) in three cases (Child X, Y and Z); facilitating resolution of agency conflicts (e.g. a school academy and Local authority over the need for a review), championing local issues at national and ministerial level (e.g. in pursuance of recommendations in case Child T and Child W), raising for action and scrutiny by Board of emerging issues (e.g. long term Covid 19 impact on safeguarding, school peer sexual abuse and scrutiny of the JTAI review).

- In addition to the Independent Chair, **two Lay Members** play a critical role in the partnership. The Lay Members act as further independent insight, on behalf of the public, into the work of agencies and of the partnership. As well as acting as critical friends at Board meetings, providing additional challenge and scrutiny, the Lay Members have undertaken a number of key tasks including taking a lead role in the development of a Children's Pledge through a series of art workshops, participation in multi-agency workshops examining how agencies can respond to the problem of Modern Slavery and county lines activity, involvement in the 'challenge panel' in the section 11 audit process, and being a standing member of the SCP Case Review Group (CRG). Their role has been critical at CRG – via the rapid review process and subsequent LCSPR process - in advocating the voice of the child.

- The Partnership has a key role in **evaluating the effectiveness of support for looked after children and care leavers** – it does this via the annual scrutiny of the ESCC Annual Looked After Child & Care Leaver Report, regular monitoring of key performance information in the ESSCPs quarterly dashboard, and via the Section 11 process. In 2020/21 the Section 11 audit tool was strengthened to include a range of new indicators regarding how agencies fulfil their responsibilities towards looked after

children. Three of these indicators were in the top 8 of the lowest rated areas in the audit. Subsequently, the ESSCP is now delivering training for multi-agency partners on 'improving outcomes for looked after children'. One key action to be taken forward in 2020/21 was learning from the Child W serious case review regarding the development of the council's, and other agencies', Corporate Grandparenting Role. As a result:

- The safeguarding policy and procedure has been reviewed to include comprehensive contributions from the ESSC Through Care Team (TCT) in relation to prebirth assessments, prebirth case conferences and care planning. This has been successfully implemented.
- The TCT Participation Worker is re-establishing face to face groups for care experienced parents, or care leaver parents to be – this will include midwifery input. In addition, a self-selecting group of young adults/parents will participate in the buddying scheme which is taking shape. Many of these young parents experience isolation in their living circumstances, therefore greater links with universal services, community support and local resources are being set up via the PA's.
- The local offer now includes a one-off payment of £100 for care leaver parents on the birth of their baby, gifts are given for birthdays and key celebrations, and where necessary assistance is given relating to the higher cost items such as buggies.

- The QA Subgroup reviews the '**ESSCP Performance Dashboard'** on a quarterly basis. The dashboard includes 60 performance indicators which are presented by: impact of multi-agency practice; children supported by statutory services; children with family related vulnerabilities; children with health-related vulnerabilities; and children whose actions place them at risk. Indicators are reviewed by the QA subgroup and escalated to the Steering Group if required. During 2020/21, performance indicators escalated by QA include the increase in numbers of electively home educated children (EHE); fluctuations in the numbers of children with child protection plans; significant decrease in private fostering; increase in numbers of unaccompanied asylum-seeking children; rise in recorded sexual offences against children; reduction in cases reviewed by MACE; and indicators to monitor CAMHS performance. The typical action is illustrated below:
    - **Action** EHE was escalated as a specific item for focus at the Steering Group. It was then agreed that a breakout session at the next Board should be held on exploring more fully how multi-agency partners can support the safeguarding of EHE.
    - **As a result**, a short-life multi-agency working group has been set up to take forward several recommendations made at the Board.

- The QA subgroup held only **two audits** during 2020/21 as two audit meetings were cancelled due to COVID-19 lockdown and pressures on local health services to engage with the process. The two audits completed were on Intra-familial Child Sexual Abuse and Domestic Abuse. A further audit was held in April 2021 (delayed from February due to COVID pressures) on non-accidental injuries in under 1s. The audits highlighted:
    - The importance of a successful working relationship between a social worker and school and the impact this can have on the outcome of the child and family.
    - The importance of always covering identity related issues in accompanying Family Assessments, to explore what the impact is on the child and family of these factors in context

of the risks identified and generally. This will ensure we have a full understanding of the child and families lived experience around identity.
    - The need for Children's Services to be clear about sources of therapeutic support for the child victim after Police proceedings have taken place. This will ensure that the child is able to receive the appropriate support.
    - When a child makes a disclosure about sexual abuse professionals involved should appropriately safeguard and respond to the allegation seriously, even when there is no substantive evidence to support this allegation.

- In 2020 the ESSCP held its sixth bi-annual '**section 11' audit**. All organisations represented on the ESSCP are asked to complete a self-assessment and provide evidence of how they comply with s11 when carrying out their day-to-day business. The audit provides an indication of how well organisations are working to keep children safe. All 27 agencies (40 including individual ESCC teams) represented on the Board returned the Section 11 audit tool for ESSCP. Of the 2778 responses to the 93 standards included in the audit tool, 86% were rated Green 'standard met'. Local Peer Review and Pan Sussex Challenge Events – including representatives from the three lead partners, Lay Members, and young people - provided additional scrutiny, highlighting areas of best practice and areas for ESSCP focus. The local peer review event also led to additional follow up work with an individual agency where there were concerns over the quality and robustness of their section 11 return. The standards with the most amber/red response included standards relating to ICON, care experienced children/adults involved in recruitment, trauma informed practice, and understanding the difference between voluntary accommodated and care order children. This was escalated to the ESSCP Learning & Development Subgroup for action.

- The Annual **Schools Safeguarding Audit Report (s175)** was presented to the ESSCP Steering Group for scrutiny and challenge in September 2019. All schools (including maintained, independent, academies, free schools, and colleges) in East Sussex are requested to complete the safeguarding audit toolkit on an annual basis – assessing their practice in line with statutory guidance and local good practice. Engagement with the process is strong with 97% of state funded schools returning their audit, despite the added pressure of COVID-19. The level of self-challenge within the audits suggests that schools are in general accurately reflecting on their practice. Additional quality assurance is also provided by SLES, a recently formed DSL Strategy Group, which is formed of DSLs and headteachers from 18 different schools, and the ESSCP.
    - The audit did not identify any widespread areas of common deficit but did highlight the need for continued focus upon online safety, especially at home, and within the context of additional time spent online through lockdown. This was escalated to the ESSCP Learning & Development Subgroup and as a result, work was undertaken to expand on the range of online safety resources offered to schools via the East Sussex Stay Safe Directory for schools.
    - Following the publication of the Child T SCR in 2019 there was significant focus upon health at the January 2020 Schools Safeguarding Conference, which was supported with some excellent and tailored input from a number of Health professionals, from a variety of specialisms within the sector.

- Other examples of assurance work undertaken include:

- Scrutiny at Board of the report from the Manager at Lansdown Secure Children's Home, highlighting safeguarding and behaviour management practice at the unit over the past year. Annual presentation of this report to the ESSCP is a regulatory requirement given the significant vulnerability of young people in secure establishments. The Board noted how the unit uses and monitors techniques such as enforced separation and restraint; and how a more values-based style at the unit had impacted on the continued reduced use of these techniques. The Partnership agreed to support further scrutiny of the use of these techniques through a quarterly review by representatives of the Partnership.
- Scrutiny at Board of the annual report for the Sussex Child Sexual Abuse Referral Centre (SARC). Children aged up to 14 years, or up to 19 with a severe learning disability, who have experienced sexual abuse or assault, are seen at the centre for holistic health assessments following a referral by police or children's services. Board members noted that 35% of SARC referrals came from East Sussex compared to 43% in 2018/19. The board noted SARC is working in partnership with local agencies to improve access to the service for children in care – as attendance is lower in this group – and to ensure that all children who would benefit from a health assessment receive one.

Challenges & next steps for 2021/22:

- ✓ Recruitment of a new Independent Chair
- ✓ Recruitment of new Lay Members
- ✓ Develop the section 11 tool to ensure it is more proportionate for agencies to complete and provides stronger assurance for safeguarding partners of the quality and effectiveness of safeguarding in individual agencies.
- ✓ Developing a partnership protocol, across the partnerships in East Sussex, to ensure that opportunities for joint working and sharing learning are maximised.
- ✓ Strengthening the information presented in the ESSCP dashboard regarding equalities information, so that the ESCCP can more efficiently understand the equalities implications for safeguarding locally.
- ✓ Introduce a robust system to evaluate the impact of learning arising from LCSPRs and rapid reviews.

8. Learning

The ESSCP is committed to creating and strengthening a learning culture across all agencies in East Sussex who work with children and young people. A culture which is open, and able to challenge all partner agencies, will be able to identify learning, improve, and then evaluate effectiveness.

Below are examples of 'learning' within and across the ESSCP in 2020/21.

8.1 ESSCP Learning Strategy

The ESSCP Learning Strategy was developed through the summer and signed off by the Steering Group in December 2020. The Strategy aims to:

- Ensure that safeguarding training/learning activities are based on local necessity and enable practitioners to recognise and respond to need and risk.
- Measure the impact of safeguarding training on practice and improving outcomes for children and young people.
- Ensure that learning from Local Child Safeguarding Practice Reviews, Audits, the Child Death Overview Process (CDOP) and the Voice of the Child is embedded into practice and ensures continuous learning and improvement.
- Ensure key safeguarding messages (local, pan-Sussex and national) are communicated.

These requirements are delegated to the ESSCP Learning & Development Subgroup which produces quarterly training reports, which form the basis of the Annual Learning & Development Report to the ESSCP Steering Group.

8.2 ESSCP Training Programme

Throughout 2020/21 the ESSCP Learning, and Development (L&D) Subgroup responded proactively and effectively to the challenges faced during the Covid-19 Pandemic. All planned classroom-based courses were cancelled from April 2020. No ESSCP courses ran during the first quarter of 2020/21 to allow time for the training pool practitioners to develop approaches and materials suitable for virtual delivery. Contingency planning had been underway since April 2020 and an initial pilot selection of virtual courses were chosen to run between August and September. Due to the ongoing risks brought by Covid-19, we continued to use MS Teams as the format for most of the training delivery for the remainder of 2020/21.

Between 1st August 2020 and 31st March 2021, 42 virtual training courses ran with an attendance rate of 77%. This compares with 80% attendance at classroom-based courses during 2019/20 which is a positive endorsement of the virtual training offer and evidence that investment in CPD to support the multi-agency workforce continued during very difficult circumstances. A large majority of participants continue to rate courses as either Excellent (43%) or Good (53%). Since the introduction of virtual training courses, participants are asked additional evaluation questions relating to participants experience of this new learning platform. In general, those attending remote training have adapted very well and overall feedback relating to trainer professionalism and adaptability has been extremely positive. The use of break-out rooms to encourage interaction and discussion is regularly cited as adding great value to the virtual sessions. However, a significant proportion of participants stated that they prefer face to face

training, the support and networking that it offers and that remote learning for such emotive subjects can be challenging at times.

8.3 Quality Assurance Audits

The QA subgroup held **two audits** during 2020/21 on Intra-familial Child Sexual Abuse and Domestic Abuse. Learning from the audits is shared at the ESSP Steering Group and one page learning briefings are shared with the wider ESSCP network and on the ESSCP website here: Quality Assurance Group - ESSCP. In 2020/21 the QA audit reports are now shared at the Learning & Development Subgroup to ensure that learning arising from audit activity is more efficiently and effectively embedded into local training and learning activity.

Two examples of action taken following learning arising from QA audits in 2020/21 includes:

- The importance of always covering identity related issues in accompanying Family Assessments, to explore what the impact is on the child and family of these factors in context of the risks identified and generally. This will ensure we have a full understanding of the child and families lived experience around identity. As a result, L&D Managers across Sussex are exploring the potential of a Pan Sussex course on equalities and identity in Safeguarding.
- When a child makes a disclosure about sexual abuse professionals involved should appropriately safeguard and respond to the allegation seriously, even when there is no substantive evidence to support this allegation. As a result, local training and support for professionals when responding to child sexual abuse has been reviewed and strengthened.

8.5 Learning from Child Death Overview Panel

The Chair of the Sussex Child Death Overview Panel (CDOP) attended the ESSCP Board in November 2020 to present the CDOP Annual Report. Key headlines from the work of the panel included:

- The total numbers of deaths recorded during 2019/20 was the second lowest during the 10-year period that CDOP's have been in operation.
- The Mortality rate for children aged under 18 in Brighton & Hove and East Sussex combined is significantly higher in the most deprived 40% of areas compared to the least deprived areas – this is in line with the national picture.
- At both a national and Sussex level the largest cause of death is a perinatal/neonatal event (37% for Sussex[1], 33% for England).
- Cancers are the largest cause of death in children aged 1-17 years ranging from 24% of deaths in East Sussex to 33% in Brighton and Hove.
- Sudden unexpected death in infancy remains one of the leading causes of infant death in the community and in all the cases reviewed by the panel, modifiable factors were identified regarding the infants sleeping environment.

The ESSCP was asked to consider how it plans to take forward the multi-agency response to safe sleep learning, particularly considering the recommendations of the National Child Safeguarding Practice Review Panel report 'Out of Routine' – July 2020. Subsequently, East Sussex facilitated pan-Sussex

[1] Sussex CDOP will review all neonatal deaths where there is a death certificate regardless of the gestation of the baby.

meetings looking at developing common principles for practitioners regarding the promotion of safer sleeping. The group has been ensuring that this work aligns with the ICON initiative. The group has also be informing the planning for the proposed Pan Sussex SCP Conference in November 2021, which will focus on a range of issues regarding the safeguarding of infants. The aim of this work is to ensure robust and consistent messages are understood by practitioners and shared with parents by universal and targeted services across the partnership workforce.

The ESSCP were also informed that Abusive Head Trauma (AHT) was the leading cause of fatal head injury in children under 2. Members of the ESSCP were aware of the launch of the ICON programme across Sussex in relation to these infant deaths. More details on ICON can be found on pages 17-18 of this report.

8.6 Learning from Rapid Reviews and Serious Case Reviews

The Case Review Group (CRG) developed two briefings for the East Sussex workforce on learning arising from two serious case reviews – which at the time were unpublished due to criminal proceedings – and three rapid reviews which were undertaken in the early part of the COVID-19 lockdown in March-May 2020. Both briefings related to learning around non-accidental infant injuries. These briefings are included in Appendix E.

The learning briefings were shared directly with ESSCP Board Members, members of each ESSCP Subgroups, and presented at the East and West Local Safeguarding Children Liaison Groups, with the expectation that they are shared among team and service networks. They are also published on the ESSCP website and shared with partner SCPs in Brighton & Hove and West Sussex. The learning briefings include discussion points for team meetings and group supervision to help ensure that learning becomes embedded into practice.

The learning was also shared in a 'learning from reviews' lunchtime seminar, held by members of CRG, in which over 60 staff from across the children's workforce attended.

9. Appendices

9.A Board Membership

NAME	TITLE, ORGANISATION
Reg Hooke (Chair)	Independent East Sussex SCP Chair
Louise MacQuire-Plows	Manager, East Sussex SCP
Victoria Jones	Manager, East Sussex SCP
Graham Cook	Lay Member, East Sussex SCP
Harriet Martin	Lay Member, East Sussex SCP
Maxine Nankervis	Admin Support Officer, East Sussex SCP

Gareth Knowles	SECAmb Trust Safeguarding Lead, Clinical Supervisor
Louise Jackson	Designated Nurse Safeguarding Children
Domenica Basini	Assistant Director for Safeguarding and Quality, Nursing and Quality Directorate NHS England
Jayne Bruce	Deputy Chief Nurse, Sussex Partnership Foundation Trust (SPFT)
Jo Tomlinson	Brighton + Hove Designated Nurse
Judith Sakala	Named GP for Child Safeguarding
Martin Ryan	Acute Service Manager Coastal / AMHP Sussex Partnership
Michael Brown	Head of Safeguarding and Looked After Children Working together as Sussex NHS Commissioners
Naomi Ellis	Head of Safeguarding and Looked After Children, Sussex CCGs
Tracey Ward (Deputy. Chair)	Designated Doctor Safeguarding Children, East Sussex
Vikki Carruth	Director of Nursing, ESHT
Sue Curties to Nov.20	Head of Safeguarding, (Adults and Children) ESHT

Andrea Holtham	Service Manager, Sussex CAFCASS
David Kemp	Head of Community Safety, East Sussex Fire & Rescue Service
David Satchell	Snr Probation Officer, National Probation Service, Sussex
Jon Hull	D/Sup Sussex Police
Siamack Danesteh-Pour to Nov.20 **Joanne Wood to Jan.21** **Jason Halliwell from Feb.21**	KSS, Assistant Chief Probation Officer

Annabel Hodge	Dir. Of Safeguarding, Bede's Senior School
Kate Bishop	Head Teacher, Rotherfield Primary School
Richard Green	Deputy Head Teacher, Chailey Heritage School
Richard Preece	Executive Head teacher, Torfield & Saxon Mount Federation

Ben Brown	Consultant, Public Health, ESCC
Catherine Dooley	Senior Manager, Standards and Learning Effectiveness (5-19), Children's Services
Douglas Sinclair	Head of Safeguarding and Quality Assurance, Children's Services
George Kouridis	Head of Service Adult Safeguarding
Justine Armstrong	Safer Communities Manager

Liz Rugg	Assistant Director (Early Help & Social Care), Children's Services
Rachel Doran	Legal and Coroner Services Manager
Stuart Gallimore	Director of Children's Services
Sylvia Tidy	Lead Member for Children and Families
Vicky Finnemore	Head of Specialist Services, Children's Services

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

Kate Lawrence	Chief Executive Home-Start East Sussex

9.B ESSCP Budget

ESSCP – Actual Income and Expenditure 2020/21:

Actual Income 2020/21		Actual Expenditure 2020/21	
Sussex Police	£35,000	Independent Chair	£28,852
Sussex CCG	£53,400	Business Manager(s) 1.4 FTE & Administrator	£100,298
East Sussex County Council (ESCC)	£112,900	Administration	£1,606
Training Income	£5,423	Trainer	£53,449
National Probation Service	£1,434	Training Programme and Conferences	£2,035
LSCB brought forward from 19/20	£58,510	Projects	£15,850
		Pan Sussex Procedures	£6,123
		IT Software & Hardware	£1,600
		Safeguarding Practice Reviews	£1,301
		cfwd (balancing fig)	£55,553
Total	**£266,667**		**£266,667**

Projected Income and Expenditure 2021/22:

Projected Income 2021/22		Projected Expenditure 2021/22	
Sussex Police	£35,000	Independent Chair	£24,500
Sussex CCG	£53,400	Business Manager(s) 1.4 FTE & Administrator	£107,500
East Sussex County Council (ESCC)	£112,900	Administration	£1,500
Training Income	£7,500	Trainer	£56,000
National Probation Service	£1,434	Training Programme and Conferences	£10,000
ESSCP brought forward from 2020/21	£55,553	Projects	£15,000
		Pan Sussex Procedures	£6,500
		IT Software & Hardware	£1,500
		Safeguarding Practice Reviews	£26,000
		cfwd (balancing fig)	£17,287

Total	**£265,787**		**£265,787**

9.C Links to other documents

East Sussex Health and Wellbeing Strategy (2016-19)

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

Sussex Police and Crime Commissioner – Police and Crime Plan 2021-24

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

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

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

The East Sussex Safer Communities Partnership undertakes a strategic assessment of community safety every three years with an annual refresh to select work streams and plan activity for the year ahead. Colleagues from the ESSCP and ESCC Children's Services work closely with the Safer Communities Partnership to respond to the broader threat of exploitation. Sustaining existing work within the partnership and developing new and existing relationships with partners is of particular importance to ensure that we are supporting vulnerable individuals within the community and helping them feel safe and confident in their everyday lives.

East Sussex Safeguarding Adults Board Annual Report 2020-21

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

DfE Keeping Children Safe in Education 2021.pdf

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

9.D Learning Briefings

East Sussex Safeguarding Children Partnership

Infant Injury Learning Briefing

Introduction:

The East Sussex Safeguarding Children Partnership (ESSCP) undertook two Serious Case Reviews (SCR) in 2019, both featuring infant injury. Both SCRs are subject to ongoing criminal investigations, and therefore cannot be published until the conclusion of those investigations. To avoid further delay in dissemination of the learning from these SCRs the ESSCP has developed this briefing on infant injury. Whilst not containing specific details, it will set out the headline learning from both these reviews.

What is a Serious Case Review?

A **Serious Case Review** (SCR) is a locally conducted multi-agency **review** in circumstances where a child has been abused or neglected, resulting in serious harm or death, and there is cause for concern as to the way in which the relevant agency or agencies have worked together to safeguard the child.

Since October 2019, these reviews are now called **Child Safeguarding Practice Reviews**. The purpose of a review is to establish whether there are lessons to be learned about the way in which local professionals/agencies work together to safeguard children; identify what needs to be changed and, as a consequence, improve inter-agency working to better safeguard and promote the welfare of children.

Key features and learning:

- The importance of General Practitioners being part of the Child Protection planning process.
- Recognising and understanding domestic abuse and the risk of both emotional and physical harm to small children.
- Importance of full investigations of all injuries to infants, in line with 'Unexplained injuries to Young Children' procedure.
- Enhanced support for care leavers when they become parents.

- Importance of proactive information seeking and sharing across agencies.
- Full and timely investigations required following an unexpected infant death.
- Professionals having the confidence to challenge families and other professionals.
- The need to explore and understand the role and remit of other professionals working with a family.

Recommendations:

The SCRs identified recommendations to strengthen safeguarding practice:

1. Improvement in practice regarding GP input into CP investigations and conferences.
2. Re-launch the protocol regarding *'Unexplained Injuries to Young Children'* with a focus on the importance of strategy discussions and medicals in such circumstances.
3. Review of the safeguarding policy, procedures and training regarding domestic abuse, to ensure there is enough focus on the risks of physical harm to young children and babies and if there is enough detail regarding how emotional harm may be manifested in younger children.
4. Review whether the current escalation policy is understood across all agencies.
5. The ESSCP to raise, with the relevant regional hospital trusts, the need for immediate CAT scan and reporting alongside full skeletal surveys on infant and young children who have died from unexpected or unexplained causes, and where there are siblings who may need to be safeguarded.
6. Safeguarding Children Partnerships across Sussex to explore how they can use initiatives such as ICON to promote the safe handling of babies.
7. How can the ESSCP and its partner agencies promote cultural change and provide practical support to looked after children and care leavers when they

become parents, and be positive 'corporate grandparents'?

Action taken since the review:

Each agency that contributed to the SCRs identified single agency learning for their Service which forms an action plan. The action plan is overseen by the ESSCP Case Review Group. The following actions are an example of actions already taken:

- ✓ The ESSCP wrote to the Department for Health and Social Care, and the Home Office, to highlight the potential national issue of undertaking CAT scans alongside full skeletal surveys on infant and young children who have died from unexpected or unexplained causes, and where there are siblings who may need to be safeguarded.
- ✓ ICON programme actively being promoted across Sussex.
- ✓ The ESSCP has agreed 'Safeguarding under 5's' as a priority for 2020-2023, covering a number of recommendations from these SCRs.
- ✓ Work is ongoing on a range of actions being undertaken to promote General Practitioners input into investigations and CP conference.

East Sussex Safeguarding Children Partnership

Further Reading and Useful Links:

Serious Case Review Briefings will be held, and detailed learning briefing disseminated, following publication of the full SCR reports.

Pan Sussex Safeguarding and Child Protection Procedures:
Unexplained Injuries to Young Children

When was the last time you used the Pan Sussex Child Protection and Procedures Manual? You can also sign up for alerts.

ICON - Babies Cry, You Can Cope

ICON www.iconcope.org

Due to the COVID-19 pandemic we are currently offering limited training. However there are many Children's Workforce E-Learning opportunities currently available.

ESLP www.eastsussexlearning.org.uk

ESSCP Contact Us:

01273 481544 www.esscp.org.uk

Email: ESSCP.Contact@eastsussex.gov.uk**f you think a child is being harmed or may be at risk of harm**, please contact SPoA Mon-Thursday 8.30am-5pm and Fri 8.30am-4.30pm

Phone: 01323 464222
Email: 0-19.SPOA@eastsussex.gov.uk

If you urgently need help outside of office hours you can contact the **Emergency Duty Service** on **01273 335905** or **01273 335906.**

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East Sussex Safeguarding Children Partnership

Infant Injury Learning Briefing II

March 2021

Introduction:

This is the second Infant Injury Learning Briefing that the East Sussex Safeguarding Children Partnership (ESSCP) has published. The first briefing was published in summer 2020 following two serious case reviews in 2019, which both featured non-accidental injuries in young children.

This second briefing includes learning from three further cases that were reviewed by the ESSCP, but which did not meet the criteria for conducting a local child safeguarding practice review (LSCPR). The briefing also captures emerging learning from a national review on infant injury.

Background:

The impact of COVID-19, and the subsequent national lockdowns, has been significant on child safeguarding. Ofsted were notified of 285 serious incidents (where a child has died or suffered significant harm) during the first half of 2020-21; an increase by 27% on the same period in 2019-20[1]. Of those incidents **36% related to children under the age of one.**

The rise in these serious incidents is undoubtedly a result of the 'pressure cooker' of the pandemic: a time of enormous additional stresses faced by families coupled with a reduction, or total stop, in

What is a Rapid Review?

Working Together to Safeguard Children 2018 places a duty on local safeguarding partnerships to undertake a rapid review for serious child safeguarding cases where: abuse or neglect of a child is known or suspected; and the child has died or been seriously harmed.

When a serious child safeguarding case is referred to the East Sussex Safeguarding Children Partnership, we have 15 working days to complete a Rapid Review and notify the National Panel of the outcome of the meeting.

The Rapid review does not replace any safeguarding or child protection processes, but identifies where there is any potential for a national or local Child Safeguarding Practice Review (LSCPR)

[1] Serious incident notifications, Part 1 (April to September) 2020-21 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)

contact with families by vital services and wider community support.

During March and May 2020, the East Sussex Safeguarding Children Partnership was notified of three significant incidents involving:

1. A two month old baby brought to A&E by their mother with bruises to their forehead, left arm and left leg. Subsequent skeletal survey and Brain imaging identified further evidence of current and old fractures and haemorrhages within the brain.
2. An eight week old baby presented at A&E with mother reporting baby was not moving their arm. An x-ray investigation showed it was a fracture. A skeletal survey raised concerns of other fractures.
3. A seven-week-old baby was seen in A&E with unexplained swelling of the left lower leg. X-rays of the legs, and subsequent skeletal surveys, identified fractures to both lower legs of a type that is typically seen in non accidental injury .

While abuse and/or neglect and significant harm were all features of these cases, the ESSCP agreed that conducting a Local Safeguarding Children Practice Review (LSCPR) would not be a proportionate response. There was limited involvement by agencies with the families and the rapid reviews did not identify any concerns about multi-agency working. In one case a single-agency review took place, in another a multi-agency reflective learning event was held. In the other, the Rapid Review process identified learning for SECAMB to increase awareness of possible non-accidental injuries and ensure that contacts regarding possible injuries to non-mobile infants are responded to with high priority.

In autumn 2020, the ESSCP was also asked to take part in a national thematic review, by the National Child Safeguarding Practice Review Panel, into non-accidental injury in children under one. The National Panel used learning from our unpublished Serious Case Reviews completed in 2019. Although the National Panel has yet to publish their report (expected summer 2021), we attended a round table discussion where emerging learning was presented.

Key learning

The following learning highlights key themes from our locally reviewed cases, and learning arising from the national thematic review, into non-accidental injuries in children under one:

1. **Information sharing** – information sharing across agencies is not consistent, and IT systems do not support effective information sharing, of risks and issues (for example between midwifery and health visiting); GPs do not always share concerns about parenting capacity with other agencies; information systems do not routinely flag for information about fathers, non-birthing partners, or other significant males.

2. **'Invisibility and non-engagement' of men** – this is a common feature of local case reviews and national learning. The role of fathers is not always fully considered despite them not being 'invisible' but often in plain view. More effort should be made to engage fathers, non-birthing partners, or other significant males pre and post-birth. There is also a role for other services, such as housing, to help identify fathers/other significant males that are not living in the same house but have caring responsibilities (that are often not disclosed due to conditions of financial benefits).

3. **Access to services** – current antenatal provision does not always work for engaging fathers (i.e. majority of provision during working hours). The pre-birth Health Visitor visit at home was also

seen as a critical touch point in establishing a good relationship with parent/s.

4. **Domestic abuse** – current and historical domestic abuse was a significant factor in the cases reviewed nationally. There was a particular focus on confidence and skills in recognising coercive and controlling behaviour. The national review also flagged the link between MARAC and CP systems were often not strong enough.

5. **Mental health** – Adverse childhood experiences (ACE), anger management, and anxiety were all common features of the national cases reviewed. The national review found there was often an unhelpful focus on presenting issues, rather than addressing underlying causes. Learning also included that GPs often have information on fathers mental health but risk factors are not shared.

6. **Procedures** – within the national cases there were examples of bruising in babies and 'was not brought' protocols not being followed. There was also consideration of the benefits of conducting pre-birth assessments for care leavers.

What to do

- ✓ **Be professionally curious**. Bruising in a non-mobile child should never be interpreted in isolation and should always be assessed in relation to the infant's developmental abilities and the likelihood of the occurrence.

- ✓ **Familiarise yourself with the Pan Sussex Procedure** on unexplained injuries to young children and local guidance.

- ✓ **Familiarise yourself with ICON** – our preventative programme designed to support parents to better understand and safely respond to infant crying. The ICON message is:

  I – Infant crying is normal

  C – Comforting methods can help

  O – it's OK to walk away

  N – Never, ever shake a baby.

- ✓ Consider if you need **additional training or support to be confident having difficult conversations**. The ESSCP is running a new multi-agency training course in 2021/22 "Holding Difficult Conversations" – dates tbc in June 2021. Please contact Giovanna Simpson, ESSCP Training Consultant (Giovanna.simpson@eastsussex.gov.uk) for more information.

Questions to consider

We encourage you to discuss this briefing in your team meeting or group supervision. Questions to consider:

ICON

- Do we discuss normal infant crying and management strategies with parents?
- Have we checked the ICON message has been received and understood by all our team members?
- How will we as professionals share the ICON message?

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Engaging fathers and other males

- Do we sufficiently engage the father (or non-birthing parent/other significant males) when we work with a new parent?
- How can our services be better designed/delivered to engage fathers, non-birthing parents, and other significant males?
- Do we always ask if there are other adults with caring responsibilities? Do we give enough consideration to fathers that are not in a relationship with the mother, or live in the family home?

Escalating concerns

- What action do you take if you are aware that contact has resumed between a mother and her abusive partner?
- What do you do if you are concerned about the response/advice you have received from SPoA?
- Have you used the Sussex 'Professional Conflict resolution' procedure?

ICON 1 page learning briefing

Background

- The Safeguarding Children Partnerships in East Sussex, Brighton & Hove, and West Sussex launched the ICON campaign in 2020.
- ICON aims to support all parents and carers with interventions for comforting and coping with a crying baby. The call for resources comes following infant deaths, and safeguarding practice reviews, where a baby has died or been seriously injured as a result of abusive head trauma.

Why it matters

- Abusive Head Trauma (AHT) – also known as 'shaken baby syndrome' – causes catastrophic brain injuries, which can lead to death, or significant long term health and learning disabilities. AHT is the most common cause of death or long term disability in babies. 24 out of 100,000 hospital admissions for babies are due to AHT.
- In East Sussex, a recent safeguarding practice review involved abusive head trauma.

Information

QR code to ICON resources

- The programme – ICON: Babies Cry, You Can Cope – provides key messages and resources to let parents and all carers know that babies cry to communicate and that there are ways of coping with this crying.
- Resources include leaflets and video clips which can be shared with parents and all carers at any contact with midwives, health visitors, GPs, social workers, and other professionals who come into contact with families.
- The ICON message can be remembered simply:

I – Infant crying is normal

C – Comforting methods can help

O – it's OK to walk away

N – Never, ever shake a baby.

- The ICON approach recommends all parents and all carers try and soothe their baby through comforting methods. ICON guidance suggests ways of calming the child before putting them down in a safe environment for a few minutes if the parent is struggling and only as a last resort.
- The programme advises, and provides professionals with a toolkit, including a 'crying plan' which they can complete with parents so they can plan in advance who to turn to for support if the crying becomes too much.
- ICON always recommends contacting a health professional such as a health visitor, midwife or GP for support with their baby and always recommends that the leaflet is given with a conversation to accompany it. Offer ICON as an alternative to a situation where frustration (often linked to tiredness) can lead to abusive head trauma

What to do

- Familiarise yourself with ICON and local pages for resources and information and attend training when available.
- Take the opportunity to raise awareness of ICON among colleagues.
- Talk through the key points in the ICON leaflet with parents (not just the mother) and encourage them to share the information with any family and friends who may care for their child.
- Don't assume that someone has already had this conversation with the parent. The more times the message is reinforced, the more likely a parent will remember it.

Questions to consider

- Are you aware of the key messages, and when and how to share?
- Have you checked the ICON message has been received and understood by all your team members?
- Do you discuss normal infant crying and management strategies with parents?
- How will you share the ICON message?

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East Sussex Safeguarding Children Partnership

9.E Acronyms

ABE	Achieving Best Evidence
AMH	Adult Mental Health
B&H	Brighton & Hove
BC	Borough Council
CAFCASS	Children and Family Court Advisory and Support Service
CAMHS	Child and Adolescent Mental Health Service
CC	County Council
CCG	Clinical Commissioning Groups
CDOP	Child Death Overview Panel
CQC	Care Quality Commission
CRG	Case Review Subgroup
CSARC	Children's Sexual Assault Referral Centre
CSP	Community Safety Partnership
CYPT	Children and Young People Trust
DC	District Council
DfE	Department for Education
EET	Education, Employment, or Training
EHE	Electively Home Educated
ESCC	East Sussex County Council
ESFRS	East Sussex Fire & Rescue Service
ESHT	East Sussex Health Trust
ESSCP	East Sussex Safeguarding Children Partnership
GP	General Practitioner
JTAI	Joint Targeted Area Inspection
L&D	Learning & Development
LAC	Looked After Children
LADO	Local Authority Designated Officer
LCSPR	Local Child Safeguarding Practice Review
LSCLG	Local Safeguarding Children Liaison Groups
MACE	Multi-Agency Child Exploitation Group
MASH	Multi-Agency Safeguarding Hub
NHS	National Health Service
NPS	National Probation Service
QA	Quality Assurance
SAB	Safeguarding Adults Board
SCARF	Single Combined Agency Report Form
SCP	Safeguarding Children Partnership
SCR	Serious Case Reviews
SECAmb	South East Coast Ambulance
SLES	Standards and Learning Effectiveness Service
SPFT	Sussex Partnership Foundation Trust
SPOA	Single Point of Advice
STP	Sustainability and Transformation Plan
SUDI	Sudden Unexpected Death in Infancy
SWIFT	Specialist Family Services
YOT	Youth Offending Team

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

Date of meeting: **14th December 2021**

By: **Director of Adult Social Care**

Title: **Better Care Fund Plans 2021/2022**

Purpose: **To provide a summary of the Better Care Fund (BCF) requirements for 2021/22 and to seek approval of the East Sussex BCF plans.**

RECOMMENDATIONS

The Board is recommended to:

1. **Note the requirements for 2021/22 Better Care Fund; and**
2. **Approve the East Sussex Better Care Fund Plans for 2021/22 at Appendix 1 & 2**

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1 Background

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

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

2 Supporting information

National BCF Planning Guidance and Requirements for 2021/22

2.1 The 2021/22 Planning Guidance and Clinical Commissioning Group (CCG) minimum contributions to the BCF were published on 30th September with local plans to be submitted by 16th November. In East Sussex the CCG contribution increased by 5.3%; the Social Care and CCG Out of Hospital ringfence has increased in line with the local CCG minimum uplift.

2.2 Grant determinations for the improved Better Care Fund (iBCF) and Disabled Facilities Grant (DFG) in 2021/22 had already been issued to local authorities in May 2021.

2.3 Whilst many of the requirements continue as previous years additional aspects have been included for this year in particular the need to demonstrate how the BCF is being used locally to support hospital discharge.

2.4 The Better Care Fund plans for 2021/22 include:

- A completed planning template confirming the expenditure plan meets the national conditions and the local areas ambitions to progress performance against the identified metrics (**Appendix 1**).

- A narrative plan outlining how the BCF is being used to support local priorities including integration, hospital discharge, collaboration with housing and addressing health inequalities (**Appendix 2**).

2.5 BCF National Conditions: The four national conditions that all BCF plans must meet to be approved have not be changed. These are:

- A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board.
- NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution.
- Investment in NHS commissioned out-of-hospital services.
- A plan for improving outcomes for people being discharged from hospital.

2.6 BCF Metrics: The previous non-elective admissions and delayed transfers of care (DTOC) metrics have been replaced by:

- Unplanned hospitalisations for Ambulatory Care Sensitive Conditions
- Length of stay: % of inpatients in acute for over 14 days and over 21 days
- Discharge to normal place of residence: % discharged from acute to normal place of residence.

2.7 Areas are asked to use the data and agree a numerical ambition for these metrics alongside a short rationale for these figures and the local plan for making progress against the metric

East Sussex Better Care Plans 21/22

2.8 Contributions to the BCF have been confirmed and agreed as:

Resources	Funding	Lead Org	Contribution
East Sussex CCG	CCG Minimum Contribution	CCG	£44,444,859
ESCC- Carers	ESCC	ESCC	£694,000
ESCC - DFG	Disabled Facilities Grant	ESCC	£8,123,612
ESCC - IBCF	Improved Better Care Fund	ESCC	£21,136,349
Total Resources			**£74,398,820**

2.9 Many of the schemes funded via the BCF in 2020/21 have been extended for 2021/22 with an uplift to some scheme expenditures to reflect pay awards. In order to support hospital discharge pathways, additional funding has been identified to support intermediate care and domiciliary care capacity in the community.

2.10 The East Sussex Plans ensure the funding is deployed as required by each of the national conditions outlined above.

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

2.12 The previous Section 75 agreement which facilitates the pooling of the BCF in East Sussex will be updated for 2021/22 once these plans have been approved.

2.13 Due to the Health and Wellbeing Board meeting after the submission date the plans were submitted with delegated authority, however, they will not receive final assurance until approval by the Health and Wellbeing Board has been confirmed.

3 Conclusion and reasons for recommendations

3.1 This paper summarises the BCF requirements for this year and sets out the East Sussex plans confirming their alignment with national requirements and delivery of the wider transformation of the health and care system locally.

3.2 The Health and Wellbeing Board is asked to

1) Note the requirements for 2020/21 BCF

2) Approve the East Sussex BCF Plans for 2020/21 at Appendix 1

MARK STAINTON
Director of Adult Social Care

Contact Officer
Sally Reed, Joint Commissioning Manager
Email: sally.reed@eastsussex.gov.uk
Tel: 01273 481912

Appendix 1: East Sussex HWB BCF 2021-22 Planning Template

Appendix 2: East Sussex HWB BCF Narrative Plan 2021-22

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Better Care Fund 2021-22 Template

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance sheet for readability if required.

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Fund Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net
(please also copy in your respective Better Care Manager)

4. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2021-22. It will be pre-populated with the minimum CCG contributions to the BCF, Disabled Facilities Grant (DFG) and improved Better Care Fund (iBCF). These cannot be edited.
2. Please select whether any additional contributions to the BCF pool are being made from local authorities or the CCGs and as applicable enter the amounts in the fields highlighted in ‘yellow’. These will appear as funding sources when planning expenditure. The fields for Additional contributions can be used to include any relevant carry-overs from the previous year.
3. Please use the comment boxes alongside to add any specific detail around this additional contribution including any relevant carry-overs assigned from previous years. All allocations are rounded to the nearest pound.
4. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net

5. Expenditure (click to go to sheet)

This sheet should be used to set out the schemes that constitute the BCF plan for the HWB including the planned expenditure and the attributes to describe the scheme. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting and to particularly demonstrate that National Conditions 2 and 3 are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and CCG minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is a free text field to include a brief headline description of the scheme being planned.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 5b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important to our understanding of how BCF funding is being used and levels of investment against different priorities.
- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Please note that where 'Social Care' is selected and the source of funding is "CCG minimum" then the planned spend would count towards National Condition 2.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.

6. Commissioner:

- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
- Please note this field is utilised in the calculations for meeting National Condition 3.
- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and CCG/NHS and enter the respective percentages on the two columns.

7. Provider:

- Please select the 'Provider' commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

8. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the CCG or Local authority
- If the scheme is funding across multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

9. Expenditure (£) 2021-22:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

10. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2021-22 and will inform the understanding of planned spend for the iBCF grant and spend from BCF sources on discharge.

6. Metrics (click to go to sheet)

This sheet should be used to set out the HWB's performance plans for each of the BCF metrics in 2021-22. The BCF requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for the last two quarters of 2021-22.

The previous measure of Non Elective Admissions is being replaced with a measure of Unplanned Admissions for Chronic Ambulatory Care Sensitive Conditions. Performance data on this indicator up to 2019-20, by local authority can be found at:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/february-2021/domain-2-enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

A data pack showing breakdowns of data for new metrics (discharge and avoidable admissions) is available on the Better Care Exchange.

For each metric, systems should include a narrative that describes:

- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- how BCF funded schemes and integrated care will support performance against this metric, including any new or amended services.

1. Unplanned admissions for chronic ambulatory sensitive conditions:

- This section requires the area to input a planned rate for these admissions, per hundred thousand people for the year. This is the current NHS Outcomes Framework indicator 2.3i.
- The numerator is calculated based on the expected number of unplanned admissions for ambulatory sensitive conditions during the year.
- The denominator is the local population based on Census mid year population estimates for the HWB.
- Technical definitions for the guidance can be found here:
https://files.digital.nhs.uk/A0/76B7F6/NHSOF_Domain_2_S.pdf

2. Length of Stay.
- Areas should agree ambitions for minimising the proportion of patients in acute hospital who have been an inpatient for 14 days or more and the number that have been an inpatient for 21 days or more. This metric should be expressed as a percentage of overall patients.
- The ambition should be set for the HWB area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions. Ambitions should be set as the average percentage of inpatient beds occupied by patients with a length of stay of 14 days and over and 21 days and over for Q3 2021-22 and for Q4 2021-22 for people resident in the HWB.

- Plans should be agreed between CCGs, Local Authorities and Hospital Trusts and areas should ensure that ambitions agreed for 21 days or more are consistent across Local Trusts and BCF plans.

- The narrative should set out the approach that has been taken to agreeing and aligning plans for this metric

3. Discharge to normal place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay.

- The ambition should be set for the healthand wellbeing board area. The data for this metric is obtained from the Secondary Uses Service database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions. Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.

4. Residential Admissions (RES) planning:
- This section requires inputting the information for the numerator of the measure.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) for the Residential Admissions numerator measure.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

5. Reablement planning:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

7. Planning Requirements (click to go to sheet)

This sheet requires the Health & Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2021-22 for further details.
The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.
The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.
1. For each Planning Requirement please select ‘Yes’ or ‘No’ to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is ‘No’, please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2021-22 Template

2. Cover

Version 1.0

HM Government

NHS

Please Note:
- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2021-22.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	East Sussex
Completed by:	Sally Reed
E-mail:	sally.reed@eastsussex.gov.uk
Contact number:	01273 481912

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Director of Adult Social Care and Health
Name:	Mark Stainton

Has this plan been signed off by the HWB at the time of submission?	No
If no, or if sign-off is under delegated authority, please indicate when the HWB is expected to sign off the plan:	Tue 14/12/2021

<< Please enter using the format, DD/MM/YYYY
Please note that plans cannot be formally approved and Section 75 agreements cannot be finalised until a plan, signed off by the HWB has been submitted.

	Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Councillor	Keith	Glazier	cllr.keith.glazier@eastsussex.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)		Adam	Doyle	adam.doyle5@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers		Jessica	Britton	jessica.britton@nhs.net
	Local Authority Chief Executive		Becky	Shaw	becky.shaw@eastsussex.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Mark	Stainton	mark.stainton@eastsussex.gov.uk
	Better Care Fund Lead Official		Sally	Reed	sally.reed@eastsussex.gov.uk
	LA Section 151 Officer		Ian	Gutsell	ian.gutsell@eastsussex.gov.uk
*Please add further area contacts that you would wish to be included in official correspondence -->					

**Only those identified will be addressed in official correspondence (such as approval letters). Please ensure all individuals are satisfied with the information entered above as this is exactly how they will appear in correspondence.*

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Template Completed

	Complete:
2. Cover	Yes
4. Income	Yes
5a. Expenditure	Yes
6. Metrics	Yes
7. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2021-22 Template

3. Summary

Selected Health and Wellbeing Board: East Sussex

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£8,123,612	£8,123,612	£0
Minimum CCG Contribution	£44,444,899	£44,444,899	£0
iBCF	£21,136,349	£21,136,349	£0
Additional LA Contribution	£694,000	£694,000	£0
Additional CCG Contribution	£0	£0	£0
Total	**£74,398,860**	**£74,398,860**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£12,629,980
Planned spend	£14,370,050

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£22,120,095
Planned spend	£22,131,749

Scheme Types

Assistive Technologies and Equipment	£2,500,000	(3.4%)
Care Act Implementation Related Duties	£1,503,000	(2.0%)
Carers Services	£4,232,000	(5.7%)
Community Based Schemes	£44,545,148	(59.9%)
DFG Related Schemes	£8,123,612	(10.9%)
Enablers for Integration	£1,844,000	(2.5%)
High Impact Change Model for Managing Transfer of	£191,000	(0.3%)
Home Care or Domiciliary Care	£0	(0.0%)
Housing Related Schemes	£0	(0.0%)
Integrated Care Planning and Navigation	£0	(0.0%)
Bed based intermediate Care Services	£4,288,000	(5.8%)
Reablement in a persons own home	£1,643,100	(2.2%)
Personalised Budgeting and Commissioning	£0	(0.0%)
Personalised Care at Home	£0	(0.0%)
Prevention / Early Intervention	£5,079,000	(6.8%)
Residential Placements	£0	(0.0%)
Other	£450,000	(0.6%)
Total	**£74,398,860**	

Metrics >>

Avoidable admissions

20-21 Actual	21-22 Plan

Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	4,106.0	4,694.0

Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	LOS 14+	12.6%	14.8%
	LOS 21+	6.5%	7.7%

Discharge to normal place of residence

	0	21-22 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	0.0%	91.4%

Residential Admissions

		20-21 Actual	21-22 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	501	487

Reablement

		21-22 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	90.0%

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Plan for improving outcomes for people being discharged from hospital	PR6	Yes

Agreed expenditure plan for all elements of the BCF	**PR7**	Yes
Metrics	**PR8**	Yes

Better Care Fund 2021-22 Template

4. Income

Selected Health and Wellbeing Board: East Sussex

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
East Sussex	£8,123,612
DFG breakerdown for two-tier areas only (where applicable)	
Eastbourne	£1,755,225
Hastings	£2,056,655
Lewes	£1,225,885
Rother	£1,844,806
Wealden	£1,241,041
Total Minimum LA Contribution (exc iBCF)	**£8,123,612**

iBCF Contribution	Contribution
East Sussex	£21,136,349
Total iBCF Contribution	**£21,136,349**

Are any additional LA Contributions being made in 2021-22? If yes, please detail below	Yes

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
East Sussex	£694,000	Carers Services
Total Additional Local Authority Contribution	**£694,000**	

CCG Minimum Contribution	Contribution
NHS Eastbourne, Hailsham and Seaford CCG	£15,790,561
NHS Hastings and Rother CCG	£15,844,055
NHS High Weald Lewes Havens CCG	£12,810,283
Total Minimum CCG Contribution	**£44,444,899**

Are any additional CCG Contributions being made in 2021-22? If yes, please detail below	No

Additional CCG Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional CCG Contribution	**£0**	
Total CCG Contribution	**£44,444,899**	

	2021-22
Total BCF Pooled Budget	**£74,398,860**

Funding Contributions Comments
Optional for any useful detail e.g. Carry over

Better Care Fund 2021-22 Template

5. Expenditure

Selected Health and Wellbeing Board: East Sussex

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£8,123,612	£8,123,612	£0
Minimum CCG Contribution	£44,444,899	£44,444,899	£0
iBCF	£21,136,349	£21,136,349	£0
Additional LA Contribution	£694,000	£694,000	£0
Additional CCG Contribution	£0	£0	£0
Total	**£74,398,860**	**£74,398,860**	**£0**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£12,629,980	£14,370,050	£0
Adult Social Care services spend from the minimum CCG allocations	£22,120,095	£22,131,749	£0

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes

Sheet complete

						Planned Expenditure								
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Protecting ASC services which benefit health	A range of social care services which benefit health	Community Based Schemes	Integrated neighbourhood services		Social Care		LA			Local Authority	Minimum CCG Contribution	£6,217,000	Existing
2	Protecting ASC, with a focus on discharge support	A range of social care services to support hospital discharge	Community Based Schemes	Integrated neighbourhood services		Social Care		LA			Local Authority	Minimum CCG Contribution	£4,828,000	Existing
3	Protecting ASC - iBCF Funding including Winter	A range of social care services to meet iBCF criteria	Community Based Schemes	Integrated neighbourhood services		Social Care		LA			Local Authority	iBCF	£21,136,349	Existing
4	Milton Grange - Community Bed Based	ESCC provision of Intermediate Care beds in Eastbourne	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		LA			Local Authority	Minimum CCG Contribution	£1,567,000	Existing
4	Milton Grange - Community Bed Based	ESCC provision of Intermediate Care beds in Eastbourne	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Community Health		LA			Local Authority	Minimum CCG Contribution	£1,567,000	Existing
5	Community Bed Based Intermediate Care	Funding towards Independent Sector Commissioned	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		LA			Private Sector	Minimum CCG Contribution	£77,000	Existing

5	Community Bed Based Intermediate Care	Funding towards Independent Sector Commissioned	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Community Health		LA			Private Sector	Minimum CCG Contribution	£77,000	Existing
6	Joint Community Rehabilitation Services	Funding to support provision of 7 day service	Reablement in a persons own home	Reablement to support discharge - step down		Social Care		LA			Local Authority	Minimum CCG Contribution	£411,050	Existing
6	Joint Community Rehabilitation Services	Funding to support provision of 7 day service	Reablement in a persons own home	Reablement to support discharge - step down		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£411,050	Existing
7	Carers Servcies - CCG funded	A range of carers support services commissioned by ESCC.	Carers Services	Respite services		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£3,022,000	Existing
7	Carers Services - CCG funded	A range of carers support services commissioned by ESCC.	Carers Services	Respite services		Community Health		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£516,000	Existing
8	Carers Services - ESCC funded	A range of carers support services commissioned by ESCC.	Carers Services	Respite services		Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£694,000	Existing
9	Disabled Facilities Grant	DFG and housing support services	DFG Related Schemes	Adaptations, including statutory DFG		Social Care		LA			Local Authority	DFG	£8,123,612	Existing
10	Care Act Implementation	Care Act Duties, including info/advice, safeguarding, advocacy	Care Act Implementation Related Duties	Other	info/advice, safeguarding, advocacy and	Social Care		LA			Local Authority	Minimum CCG Contribution	£1,503,000	Existing
11	Frailty	Multi-discplinary frailty services in HWLH area	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£456,000	Existing
12	Diabetes	Diabetes Support in HWLH area	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,127,000	Existing
13	MIU - Lewes upgrade to UTC	Developing AA pathways	Other		Admission Avoidance	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£450,000	Existing
14	Intermediate Care Services	Joint Community Rehab servcies in HWLH area	Reablement in a persons own home	Reablement service accepting community and		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£821,000	Existing
15	IAPT	Access to Psycholgical Therapies in HWLH	Community Based Schemes	Other	Psychological therapies	Mental Health		CCG			NHS Mental Health Provider	Minimum CCG Contribution	£300,000	Existing
16	Enhanced Health in Care Homes	Enhanced Care in Care Homes in HWLH	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,100,000	Existing
17	Dementia Services Guide	Dementia servcies in HWLH	Community Based Schemes	Multidisciplinary teams that are supporting		Mental Health		CCG			Local Authority	Minimum CCG Contribution	£800,000	Existing
18	Enhanced HIT - scheme continuing	Addtional ASC capacity to cover extended hours	High Impact Change Model for Managing	Early Discharge Planning		Social Care		LA			Local Authority	Minimum CCG Contribution	£191,000	Existing
19	SCT Medicines Optimisation in Care Homes	Medicines Optimisation in Care Homes	Community Based Schemes	Other	Medicines optimisation	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£487,000	Existing
20	ESHT Community Programme	Additional community services including crisis response, frailty	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£6,400,000	Existing

21	HSCC Overnight Service	Funding for HSCC cover 22.00-08.00hrs	Enablers for Integration	Integrated models of provision		Social Care		CCG			Local Authority	Minimum CCG Contribution	£118,500	Existing
21	HSCC Overnight Service	Funding for HSCC cover 22.00-08.00hrs	Enablers for Integration	Integrated models of provision		Community Health		CCG			Local Authority	Minimum CCG Contribution	£118,500	Existing
22	Consultant pharmacist in diabetes	Consultant pharmacist in diabetes	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£70,000	Existing
23	Dieticians in Meds Management team (2)	Dieticians in Meds Management team (2)	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£87,000	Existing
24	Medicines Optimisation in LD Care Homes	Medicines Optimisation in Care Homes	Community Based Schemes	Other	Medicines optimisation	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£90,000	Existing
25	Home First Pathway 4	D2A beds	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Social Care		LA			Private Sector	Minimum CCG Contribution	£500,000	Existing
25	Home First Pathway 4	D2A beds	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Community Health		LA			Private Sector	Minimum CCG Contribution	£500,000	Existing
26	Staff - Programme and Project support	A range of joint posts	Enablers for Integration	Joint commissioning infrastructure		Social Care		LA			Local Authority	Minimum CCG Contribution	£296,000	Existing
26	Staff - Programme and Project support	A range of joint posts	Enablers for Integration	Joint commissioning infrastructure		Community Health		CCG			CCG	Minimum CCG Contribution	£761,000	Existing
27	Health and Social Care Connect	Funding for health hub within HSCC (Single Point of Access)	Enablers for Integration	Integrated models of provision		Community Health		CCG			Local Authority	Minimum CCG Contribution	£550,000	Existing
28	High Intensity User Service	High Intensity Users - case management	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			Local Authority	Minimum CCG Contribution	£173,000	Existing
29	Independent Domestic Violence Advice	Independent Domestic Violence Advice	Community Based Schemes	Other	Independent Domestic Violence Advice	Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£50,000	Existing
30	ICES Pooled Budget	CCG contribution to Community Equipment Pooled budget	Assistive Technologies and Equipment	Community based equipment		Community Health		LA			Private Sector	Minimum CCG Contribution	£2,500,000	Existing
31	VCS (including HH&R)	CCG contibution to VCS servcies commissioned by ESCC.	Prevention / Early Intervention	Other	A range of community support services.	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£2,127,400	Existing
31	VCS (including HH&R)	CCG contibution to VCS servcies commissioned by ESCC.	Prevention / Early Intervention	Other	A range of community support services.	Mental Health		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£2,478,600	Existing
31	VCS (including HH&R)	CCG contibution to VCS servcies commissioned by ESCC.	Prevention / Early Intervention	Other	A range of community support services.	Community Health		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£473,000	Existing
32	Domiciallry care capacity	Addtioanl investment in home care provision to support hosptial	Community Based Schemes	Integrated neighbourhood services		Social Care		LA			Private Sector	Minimum CCG Contribution	£1,223,799	New

2021-22 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Carer advice and support 2. Independent Mental Health Advocacy 3. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the CCG minimum contribution to the BCF.
3	Carers Services	1. Respite services 2. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services shoukld be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG - including small adaptations 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Domiciliary care workforce development 4. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.

10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services	1. Step down (discharge to assess pathway-2) 2. Step up 3. Rapid/Crisis Response 4. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.
12	Reablement in a persons own home	1. Preventing admissions to acute setting 2. Reablement to support discharge -step down (Discharge to Assess pathway 1) 3. Rapid/Crisis Response - step up (2 hr response) 4. Reablement service accepting community and discharge referrals 5. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible
13	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
14	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
15	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
16	Residential Placements	1. Supported living 2. Supported accommodation 3. Learning disability 4. Extra care 5. Care home 6. Nursing home 7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3) 8. Other	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
17	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Better Care Fund 2021-22 Template

6. Metrics

Selected Health and Wellbeing Board: East Sussex

8.1 Avoidable admissions

	19-20 Actual	20-21 Actual	21-22 Plan	Overview Narrative
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	Available from NHS Digital (link below) at local authority level. Please use as guideline only	4,106.0	4,694.0	The main impact on this metric will be felt through the Sussex wide Ageing Well Programme whose current focus is on improving access to 'Crisis Response services within 2 hours' as part of our Urgent Community Response strategy. One of the main benefits of this will be a reduction in admissions for patients with an ACSC

>> link to NHS Digital webpage

Please set out the overall plan in the HWB area for reducing rates of unplanned hospitalisation for chronic ambulatory sensitive conditions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

8.2 Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan	Comments
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	Proportion of inpatients resident for 14 days or more	12.6%	14.8%	Reducing % of patients that have been 'an inpatient in an acute hospital for 14 days or more' has become ever more challenging through 2021/22 – driven primarily by a lack of available workforce in the Home Care Market, together with the needs of our 'older than average' population. The planned figures reflect an ambition to deliver a slight improvement for 2021/22 overall when compared with 2019/20. This improvement will be achieved by a small reduction in the percentage of those
	Proportion of inpatients resident for 21 days or more	6.5%	7.7%	

Please set out the overall plan in the HWB area for reducing the percentage of hospital inpatients with a long length of stay (14 days or over and 21 days and over) including a rationale for the ambitions that sets out how these have been reached in partnership with local hospital trusts, and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.

8.3 Discharge to normal place of residence

	21-22 Plan	Comments
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	91.4%	The plan for this metric for 2021/22 is marginally improved on the % observed in 2019/20 and 2020/21. Given the already high volume of discharges home, the final quarter represents a 3% reduction in spells identified with the 'potential to be discharged home' (primarily those currently discharged to a care home or

Please set out the overall plan in the HWB area for improving the percentage of people who return to their normal place of residence on discharge from acute hospital, including a rationale for how the ambition was reached and an assessment of how the schemes and enabling activity in the BCF are expected to impact on the metric. See the main planning requirements document for more information.

8.4 Residential Admissions

		19-20 Plan	19-20 Actual	20-21 Actual	21-22 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	477	486	501	487	The plan for this metric in 20/21 is a small improvement on the number of admissons in 20/21. A number of schemes funded via the BCF support the ambition to reduce long term bed-based care as outlined in the East Sussex BCF narrative plan.
	Numerator	695	702	732	727	
	Denominator	145,755	144,592	146,088	149,426	

Please set out the overall plan in the HWB area for reducing rates of admission to residential and nursing homes for people over the age of 65, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

8.5 Reablement

		19-20 Plan	19-20 Actual	21-22 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	90.1%	88.4%	90.0%	The plan for this metric for 2021/22 is a small improvement on the % observed in 2020/21 due to ensure performance in this area returns to the pre-COVID historically high performance of this metric in East Sussex. A number of reablement schemes funded via the BCF support the ambition for people to remain a
	Numerator	490	566	576	
	Denominator	544	640	640	

Please set out the overall plan in the HWB area for increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Please note that due to the splitting of Northamptonshire, information from previous years will not reflect the present geographies. As such, all pre-populated figures above for Northamptonshire have been combined.

For North Northamptonshire HWB and West Northamptonshire HWB, please comment on individual HWBs rather than Northamptonshire as a whole.

Better Care Fund 2021-22 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board: East Sussex

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	**PR1**	**A jointly developed and agreed plan that all parties sign up to**	Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted? Has the HWB approved the plan/delegated approval pending its next meeting? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?	Cover sheet Cover sheet Narrative plan Validation of submitted plans	Yes	See East Sussex BCF Planning Template. Tab 2 See East Sussex BCF Narrtive plan: page 4 N/A		
	PR2	**A clear narrative for the integration of health and social care**	**Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes:** • How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally. • The approach to collaborative commissioning • The overarching approach to support people to remain independent at home, and how BCF funding will be used to support this. • How the plan will contribute to reducing health inequalities and inequalities for people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered, - Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the BCF plan will address these	Narrative plan assurance	Yes	See East Sussex BCF Narrative plan: pages 5-9 Page 6 Page 7 Pages 12-15		
	PR3	**A strategic, joined up plan for DFG spending**	**Is there confirmation that use of DFG has been agreed with housing authorities?** • Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or - The funding been passed in its entirety to district councils?	Narrative plan Confirmation sheet	Yes	See East Sussex BCF Narrtive plan: Page 11		
NC2: Social Care Maintenance	**PR4**	**A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution**	Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes	See East Sussex BCF Planning Template. Tab 5 Line 41		
NC3: NHS commissioned Out of Hospital Services	**PR5**	**Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?**	Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes	See East Sussex BCF Planning Template. Tab 5 Line 40		
NC4: Plan for improving outcomes for people being discharged from hospital	**PR6**	**Is there an agreed approach to support safe and timely discharge from hospital and continuing to embed a home first approach?**	• Does the BCF plan demonstrate an agreed approach to commissioning services to support discharge and home first including: - support for safe and timely discharge, and - implementation of home first? • Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? • Is there confirmation that plans for discharge have been developed and agreed with Hospital Trusts?	Narrative plan assurance Expenditure tab Narrative plan	Yes	See East Sussex BCF Narrtive Plan: Page 9 -11 See East Sussex BCF Planning Template. Tab 5 See East Sussex BCF Narrtive Plan: page 9		

Agreed expenditure plan for all elements of the BCF	**PR7**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**	• Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) • Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 32 – 43 of Planning Requirements) (tick-box) • Has funding for the following from the CCG contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement?	Expenditure tab Expenditure plans and confirmation sheet Narrative plans and confirmation sheet	Yes	See East Sussex BCF Planning Template. Tab 5		
Metrics	**PR8**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**	• Have stretching metrics been agreed locally for all BCF metrics? • Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric, including how BCF expenditure will support performance against each metric? • Are ambitions across hospital trusts and HWBs for reducing the proportion of inpatients that have been in hospital for 21 days aligned, and is this set out in the rationale? • Have hospital trusts and HWBs developed and agreed plans jointly for reducing the proportion of inpatients that have been in hospital for 14 days or more and 21 days or more?	Metrics tab	Yes	See East Sussex BCF Planning Template. Tab 6		

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East Sussex Better Care Fund Plan 2021/22

October 2021
Draft

Contents

East Sussex Better Care Fund Plan 2021/22

1. Executive Summary

The East Sussex health and social care system has a longstanding history and commitment to integrated working. Integrated working across health and care provides the opportunity to deliver the best possible outcomes for local people and achieve the best use of our collective resources in East Sussex. By developing a joint East Sussex health and care plan and having a clear place-based focus, we will ensure that the priorities for service transformation and integration required to deliver a new service model for the 21st century are grounded in the needs of our local population.

The Better Care Fund is a critical element of delivering the East Sussex placed based plans as it provides the joint funding to support schemes which deliver on our local priorities.

1.1 Our priorities for 2021-22

Building on our journey to date and what has been delivered so far, our plans set out the work we need to do to further strengthen the way we work together at place level on our shared priorities, to deliver key outcomes for local people that continue to develop:

- Services that meet the needs of our East Sussex population
- Models of responsive, high quality, coordinated and personalised care, and supporting prevention, early intervention and wellbeing
- Improved population health and wellbeing, and reduced health inequalities across our diverse communities and groups in East Sussex
- Our shared priorities for transforming services through our integration programme.

1.2 Key changes since our previous BCF plan

Since our previous BCF plan our focus has increasingly been on the way we can further integrate our services to support people during the Covid-19 pandemic, including out of hospital support and discharge hubs to ensure timely discharge and appropriate care.

Our integrated senior management arrangements and the community health and social care services operating model established in 2019/20 have been critical enablers of the pandemic response across the whole of East Sussex.

In addition, we have also further developed our joint approach to improving population health and addressing health inequalities that have been highlighted by the pandemic. For example, the creation of five Community Hubs working with our District and Borough Councils as part of the pandemic emergency response to

support people who were self-isolating has brought new opportunities to further develop and align our partnership approaches to health and wellbeing, loneliness and social isolation, as well as wider work on social and economic wellbeing of our population. In addition our focus on neighbourhood and locality working will help to support prevention, population health management and early intervention as well as ensuring a coordinated offer of joined up care and support to people when they need it.

The Covid-19 pandemic accelerated new ways of working in more integrated and joined up ways to meet the significant challenges to restoring services, not only in hospitals, but also in social care, primary care, mental health and community-based services. This enabled new models of delivery that required a collaborative response and a flexible approach to deploying our resources including our workforce to meet system wide pressures, and this has provided significant learning to help reshape a stronger and sustainable future.

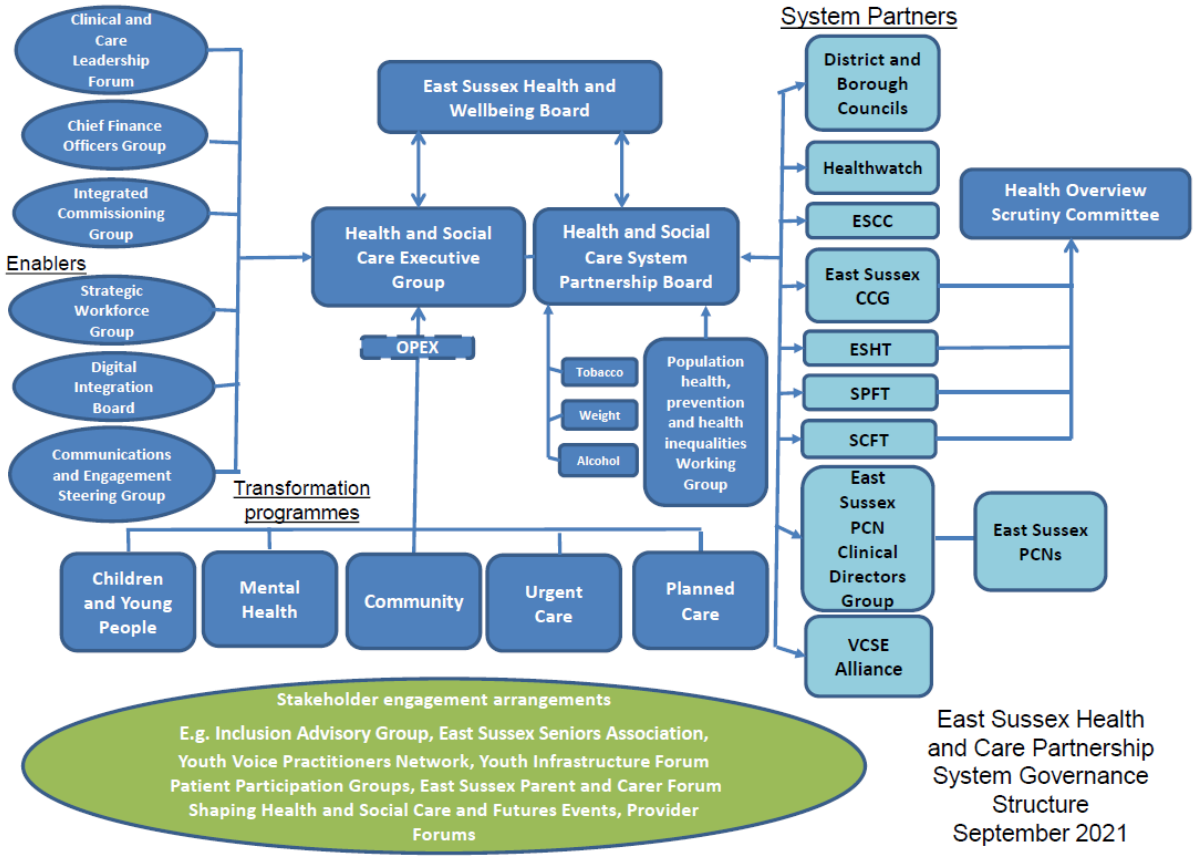
2. Governance

Our East Sussex Health and Care Partnership is our informal place-based partnership arrangement, bringing together East Sussex Clinical Commissioning Group, East Sussex County Council, East Sussex Healthcare NHS Trust, Sussex Community NHS Foundation Trust and Sussex Partnership NHS Foundation Trust.

Our system partnership governance includes the East Sussex Health and Social Care Executive Group and supporting Oversight Boards covering children and young people, mental health, community, urgent care and planned care, and we are working with our twelve Primary Care Networks to ensure they 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 our District and Borough Council and Voluntary, Community and Social Enterprise (VCSE) partners to ensure alignment across all services that impact on the wider determinants of health. The partnership governance structure reports into the East Sussex Health and Wellbeing Board.

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

The BCF plans support delivery of the East Sussex transformation programmes, most specifically urgent care and community health and social care services. Schemes and services which fall within these areas are monitored via the relevant Oversight Boards. Collectively the BCF plans are overseen by the Integrated Commissioning Group alongside the Chief Finance Officers Group and report on a regular basis to the East Sussex Health and Social Care Executive Group. *See diagram below for further clarification:*



East Sussex Health and Care Partnership System Governance Structure September 2021

3. Overall approach to integration

The SHCP is on a journey of improvement and transformation. We have agreed a vision for 2025 that sets out where we want to be as a health and care system in the future. It is a vision where people live for longer in good health; where the gap in healthy life expectancy between people living in the most and least disadvantaged communities will be reduced; where people's experiences of using services will be better and where staff feel supported and work in a way that makes the most of their dedication, skills and professionalism. It is a vision where the cost of health and care will be affordable and sustainable in the long term.

This vision will enable every individual living in Sussex to have access to the best health and care from the moment they are born and throughout their lives. We want people to start their lives well, live their lives well and age well with a health and social care system that supports them in the very best way.

As a health and care partnership, we are committed to making our vision a reality. We recognise this will need continued cultural and behavioural shift across our system partners that remains focused on working together to find new and innovative ways of working and thinking and puts greater focus on outcomes and the wider determinants of health for our communities.

We have made significant progress in East Sussex and as part of the wider Sussex system, and it is encouraging that through the dedication and commitment of staff we

are delivering above average levels of activity and East Sussex is part of one of the top systems in the country in relation to recovery and restoration of services. Although we recognise there is more work to do to get to where we want to be, we are in a very strong position to take the next steps over the rest of 2021-22 in making our vision a reality.

3.1 Our joint priorities for 2021-22

Building on our initial shared response to the NHS Long Term Plan and our local priorities set out in our East Sussex Health and Social Care Plan (December 2019), our key priorities supported by the BCF are to:

- Build on our existing progress to enhance prevention, personalisation and reduce health inequalities and the gap in life expectancy and healthy life expectancy in the county. We will do this through coordinated action across all services that impact on the wider determinants of health such as housing, employment and leisure, as well as extending targeted approaches to empower people to make healthy choices across the whole life course to improve outcomes.
- Expand our support for people with mental health needs by ensuring access to a full range of services that support emotional wellbeing in primary care; enhanced support in the community to help avoid unnecessary admissions and support recovery; and working with housing teams and providers to support those people who also have housing and accommodation related support needs.
- Within our community services continue to integrate health and social care services and work with our Primary Care Networks to embed proactive anticipatory care, and seamless wrap around care to people with long term care needs and conditions and those in care homes, including where people are at the end of their lives.
- Continue action to improve support for people with urgent care needs including targeted support for vulnerable people; improvements in urgent care processes and systems to deliver more streamlined urgent response; support people in care homes with urgent care needs;
- Further improve services that deliver planned care for local people for example continuing to support people with diabetes; and continue to support best practice with prescribing and medicines.

Our long-term East Sussex Health and Social Care Plan and priorities have been informed by what local people have told us is important to them about their health and care. Our plans are aligned across our organisations to support delivering these shared priorities and continue to test them with our stakeholders to guide how people want to be involved in shaping the way we deliver our ambitions.

3.2 Our approaches to joint/collaborative commissioning

Our local approach is supported by:

- Embedded integrated system leadership and planning arrangements to deliver against our population health priorities, NHS Long Term Plan requirements and ESCC priority objectives, and enable alignment of organisational plans across

our whole system to support health and wellbeing, with a strategic relationship to the East Sussex Health and Wellbeing Board for our system working and delivery of our agreed East Sussex Health and Social Care Plan and programme.
- An agreed shared outcomes framework for our system that covers population health and wellbeing, the quality and experience of care, and transformed services for sustainability (see the table above).
- A range of joint and integrated commissioning arrangements. This includes pooled and aligned budgets and a shared approach to system finances, shared arrangements for commissioning voluntary and community sector services, and significant joint work to understand additional care capacity requirements taking forward our agreed approach to bedded care both in and out of hospital through lead commissioner arrangements.
- Our shared integration delivery programme aimed at driving the changes needed to help manage growing demand on both NHS and social care services, by joining up care to support people to live as independently as possible and achieve the best possible health outcomes.

3.3 Our overarching approach to supporting people to remain independent at home, including strengths-based approaches and person-centred care.

As set out in our long-term East Sussex Health and Social Care Plan, the key aim we share across all of our organisations is to improve the health and wellbeing of local people and reduce health inequalities in our population. This will be achieved through delivering more integrated and personalised care, and an enhanced focus on prevention, early intervention and reablement after episodes of ill health. In light of our population's health and care needs and our shared priorities and challenges we have committed to transforming to a new model of integrated care that will:

- Support people's independence through integrating care and offering a range of preventative services, early intervention and joined up care and treatment.
- Provide proactive support to people who are vulnerable or at risk as close as possible to where they live, and enable access to good quality local and specialist hospital-based services when they need it.
- Achieve this sustainably through greater levels of integration in our community health and social care services, working closely with Primary Care Networks, mental health services and local urgent and acute care services.
- Promote wider integrated working in our communities between the health and social care system and the full range of services that impact on the broader determinants of health and reduce health inequalities, including housing, employment, welfare, transport, environment and leisure and voluntary and community sector services and support.

In addition to our partnership delivery plans outlined above that are critical to improving health and wellbeing and reducing health inequalities in East Sussex, our strong priority to meet our population's health and care needs is more integrated care across all age groups.

In order to continue to progress our integrated community health and social care operating model and improve population health outcomes, after a year delivering the pandemic response, in 2021/22 we will:

- Build on our shared approach to the leadership and management of services across acute and community health and adult social care, to support the deployment of our resources and our teams to work together more effectively across services for the frail elderly and others with complex and long term care needs.

- Implement an integrated urgent response team approach aimed at enabling hospital admissions to be avoided where an alternative service can be provided, as well as supporting rapid discharge from hospital when people are medically ready to leave. This will take into account our learning from the pandemic, and also how it supports the overarching target operating model for community health and social care services (further detail is provided in section 9)

- Ensure a focus on the links and broader engagement with primary care and the VCSE as part of the community integration programme in 2021/22 to support the multi-disciplinary team (MDT) working and care coordination developments in primary care, and the implementation of anticipatory care (further detail is provided in sections 7 and 8)

- To support the above, agree and implement our approach and model for planning and delivering services in a geographically sensitive way within the county, to ensure strong links are made between core community health and social care services, primary care, mental health and other services that support people's needs holistically, for example the independent care sector, housing and voluntary and community sector services.

3.4 How BCF funded services support our approach to integration.

The East Sussex Better Care Fund Plans support the delivery of the East Sussex Health and Social care plans which address the local needs identified and the vision for integrating health and social care.
The transformation programme, service redesign schemes and developments are significantly wider than those funded by the Better Care Fund however the BCF plans for 2021/22 seek to support the key priorities outlined above.

To achieve these, the range of schemes listed in the planning template cover key areas of focus including:

1. Enhance prevention, personalisation and reduce health inequalities
    a. Falls and Fracture Programme
    b. A range of services provided by the Voluntary and community sector including support for people with sensory impairment.
2. Support for people with mental health needs by ensuring access to a full range of services including
    a. Improved access to psychological therapies
    b. Dementia services

3. Continue to integrate health and social care services and work with our Primary Care Networks to embed proactive anticipatory care, and seamless wrap around care to people with long term care needs and conditions and those in care homes.
    a. Frailty services
    b. Carers Services
    c. Health and Social Care Connect (Single point of Access)
    d. Housing support and adaptations
    e. Maintaining social care services
    f. Community Equipment services
4. Improve support for people with urgent care needs including targeted support for vulnerable people – by way of admission avoidance and supporting hospital discharge pathways:
    a. Community based Intermediate Care and Reablement, by way of both domiciliary and bed-based care and support.
    b. Crisis response
    c. Hospital Intervention team based in A&E
    d. Discharge to Assess - additional bed-based capacity
    e. Additional Domiciliary Care capacity
    f. Hospital discharge support
    g. 24/7 Health and Social Care Connect (Single point of Access)
5. Improve services that deliver planned care for local people
    a. Diabetes self-management and pharmacy support
    b. Medicines Optimisation in Care Homes
    c. Dietician support to medicines management

These schemes support the delivery of all of the national BCF metrics; many of these schemes are jointly commissioned and jointly provided by Adult Social Care and local NHS Trusts. The schemes support the development of integrated local service delivery and the move towards planning and designing services around local communities as a cornerstone of our vision for integrating care and support.
In addition, focus has been given to developing preventative services which adopt a proactive approach to supporting people at earlier stages of care pathways.

Many of the services funded partially or wholly through the BCF in 20/21 have been continued into this year. In addition to these, further investment has been made into domiciliary home care to support the system and in particular hospital discharge pathways.

4. Supporting Discharge (national condition four)

Health and care partners in East Sussex have worked together to develop detailed plans that cover the second half of 2021/22 and 2022/23 to support discharge and system flow. The aim is to provide a period of recovery and stability in hospital discharge and flow, to allow for the delivery of transformation and further development of a longer-term model.

Over this combined 18 month period, the plans aim to achieve the following objectives and outcomes:

- Maintain agreed MRD level, to support the delivery of the NHS restoration and recovery plan for elective and cancer care (including reducing cancellations) and support A&E performance
- Improve and sustain improved MRD LOS standards and LOS once a patient has been identified as no longer meeting the Criteria to Reside (in line with the East Sussex Let's Get you Home programme) .
- Support local people to be in the most appropriate place for their care requirements, reducing infection control risks and enabling timely supported discharge from hospital setting that maintains patient independence.
- Enable shift for a proportion of patients from P3 to P1 pathway, further developing the home first approach
- Improve and sustain the agreed maximum time to assessment on D2A pathways
- Define the necessary community capacity and flexibility required to achieve the above
- Overcome or minimise system risks including workforce, surge, covid-19 red/amber.
- Commission and deliver the necessary capacity in a sustainable and affordable way for all whole system partners
- Optimise utilisation of contracted capacity supported by spot purchasing to respond to fluctuations in demand and need
- Provide a sustainable foundation on which to build strategic approaches to developing our hospital discharge model

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

- Joint review and development of hospital discharge processes - embedding the hospital discharge hub function in all our hospitals that has been developed as part of the pandemic response, including for out of county acute pathways.
- In the context of the above work, a specific priority is to further support the models and Home First Pathways through developing a multi-disciplinary, integrated urgent response community team to support delivery of Home First Pathway 1 (hospital discharge to own home with a package of support).

4.1 Our approach to improving outcomes for people being discharged from hospital

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

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

- The potential to develop a strategic partnership approach to workforce with Primary Care Networks, community health providers and Adult Social Care relating to allied health professional and other new practitioner roles under the Additional Roles Reimbursement Scheme
- Recovery and supporting the urgent (2 hours and 2 day) response requirements, and also how the community programme supports the recovery of elective care, and the continuing need to deliver services differently as a result of COVID.
- Place based application of programmes being developed across Sussex, for example Ageing Well. To support place level transformation activity and delivery of priorities where programmes benefit from greater scale and being led Sussex-wide.
- Reviewing Home First Pathway 3 (discharge to temporary nursing or residential beds for assessment), across acute and community health and social care processes and a strategic approach to commissioning, procurement and supplier management of beds.
- Within this, shifting Home First pathways and targets, with the capacity and demand modelling and evidenced based decision-making to support this, to arrive at a sustainable model for Discharge to Assess (D2A) within available system resources that best meet the needs of local people.

4.2 How our BCF funded activity supports safe, timely and effective discharge?

A large proportion of current BCF investments directly support safe, timely and effective hospital discharge or admission avoidance including:

- Bed-based intermediate care at Milton Grange – provides step down reablement support for those who require this before returning home.
- Joint Community Rehabilitation: provides reablement to people in their own homes
- Crisis Response: whilst this service was initially commissioned to provide this service provides a 2-hour response to support admission avoidance, it has been expanded to provide support to people following hospital discharge.
- Discharge to Assess beds: purchase of community bedded capacity
- Community Equipment – provides community equipment and minor adaptations to people in their own homes or within care to support safer independent living
- Assisted Hospital Discharge Service: discharge support provided by the voluntary sector
- The Housing OT service aligned to the District and Borough Councils' Housing departments

In addition, it has been agreed for £1.2m from the uplift in 2021/22 allocations to be invested in additional domiciliary care capacity, providing urgent additional homecare and reablement capacity for patients after discharge

5. Disabled Facilities Grant (DFG) and wider services

Whilst the DFG funding is passed down in its entirety, deployment of the DFG funding within the BCF is overseen by the East Sussex Housing Officers group with representation from East Sussex County Council as well as the Housing departments within local District and Borough Councils. This group provides a countywide strategic approach to housing and support issues and oversee to ensure effective use of the funding available, including use of adaptations to support independent living, including the establishment of Occupational Therapy teams aligned to each of the Housing departments.

The Housing OT service enables an integrated approach to improved housing solutions and home adaptations to East Sussex residents. It is aligned to the District and Borough Councils' Housing departments to promote the prevention of ill health (falls), avoidable hospital admissions, improve hospital discharges, reduce residential / nursing home admissions and to promote quality of life and wellbeing through major and minor home adaptations.
This has enabled the D&Bs to provide home adaptations at the earliest point of contact, ensure that local needs are appropriately met, and a more seamless service is experienced by people with disabilities in respect of their housing and other social care needs.

6. Equality and health inequalities.

In response to our population needs and associated health inequalities the 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. This includes transforming the way we work in East Sussex and promoting wider integrated working in our communities between the health and social care system and the full range of services that impact on the broader determinants of health and reduce health inequalities, including housing, employment, welfare, transport, environment and leisure and voluntary, community and social enterprise sector (VCSE) services and support, by:

- Streamlining and integrated 'wrap around' care and support to high risk vulnerable people who have long term conditions and complex care needs
- Enabling a more targeted approach to populations to support anticipatory, preventative models of care and more long-term action to impact on health inequalities
- Supporting broader social and economic development

We will develop and deliver this agenda in collaboration with local people and key partners, including upper and lower tier local authorities and VCSE organisations, to support prevention and promote health wellbeing in communities in East Sussex. This will include working together to further develop our agreed shared outcomes.

Our shared outcomes from people of all ages in East Sussex:

Population health and wellbeing

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

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

The experience of local people

The experience people have of their health and care services.

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

Transforming services for sustainability

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

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

Quality care and support

Making sure we have safe and effective care and support.

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

There are actions set out in our place-based plan that are aimed at directly addressing the known physiological causes of ill health and premature death, across circulatory disease, cancer, respiratory disease, digestive disease, and physical health checks for people with mental health difficulties and people with learning disabilities. Our existing partnership plans and work to support individuals and populations to adopt healthy behaviours around weight, smoking and reducing alcohol harm have been updated and will be implemented during 2021/22.

6.1 Changes from previous BCF plan.

Key achievements in 20/21:

In East Sussex we have:

✓ An existing health inequalities programme established in 2014 to target the eight most deprived wards in the county. The Healthy Hastings and Rother programme, partially funded via the BCF, 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.

✓ Worked with statutory and voluntary sector partners 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 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.

✓ 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.

✓ Facilitated joint working between the acute hospitals and voluntary and community sector organisations such as Hastings HEART to utilise support from local volunteers to extend the current hospital discharge pathways into 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.
- Offered payment incentives to 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.

6.2 How health inequalities are being addressed through the BCF plan and services funded through this.

Due to the scope of the transformation required to support improving population health and reducing health inequalities, as it relates to our diverse communities in East Sussex, we have agreed to progress the following linked elements in 2021/22:

An independent organisation has been appointed to undertake initial engagement with stakeholders to inform how we shape and agree our vision and onward actions for:

- *Developing our long-term partnership approaches to community wellbeing building on the successful and rapid introduction of Community Hubs in East Sussex to support vulnerable local people during the pandemic and developing a sustainable model for enabling a joined-up offer across the wider*

services delivered in partnership with District and Borough Councils and the VCSE sector.

- *Developing a systems approach to tackling loneliness and social isolation; the first phase of which will be working with people and partners across East Sussex to launch a 'Connection Campaign' to bring people together to explore how communities across East Sussex can become more connected, and how partners can work better together to enable this*

Primary care developments and Primary Care Network delivery, for example supporting the growth of Population Health Management (PHM) capability, anticipatory care, multi-disciplinary team working and care coordination. This will include engagement of personalised care roles within PCNs - social prescribing link workers, health and wellbeing coaches, and care coordinators - to ensure that personalised care approaches are taken forward. Our Hastings and St Leonards PCN is part of the Sussex PHM Accelerator programme as a PCN pilot. The initial accelerator programme concludes in August 2021 and we will feed this into our local place plans and development.

Further developing the East Sussex social prescribing model, and exploring the potential alignment of other existing commissioned services that focus on health and wellbeing and the social and economic determinants of health

All local plans and programmes will have a focus on health inequalities and will have specific health inequalities priorities developed as part of this that are integral to our objectives. We will also agree our approach to refining our understanding of population health and health inequalities at a geographical level within our communities, to enable support to be more targeted and baselines to be set for reducing gaps in life expectancy and healthy life expectancy and agreeing the approach to measuring impacts over the short, medium and long term.

Personalised care and support approaches will be embedded in all transformation and development as appropriate across specific conditions and care pathways where there are opportunities for personalised care and support planning (including personal health and social care budgets where relevant), social prescribing and asset-based approaches, shared decision-making and supported self-management.

We will also explore ways to join up our approach as employers and service providers at scale within the county for the benefit of the broader social and economic wellbeing of our communities.

A strategic development framework has been produced and agreed by our Health and Wellbeing Board to support and coordinate delivery of progress in all these areas in 2021/22, and aid further planning for 2022/23. This will be underpinned by our shared communications and engagement framework to ensure plans are co-produced with communities and wider stakeholders.

The wide range of services delivered via the BCF in East Sussex support population health and address health inequalities. Examples include:

- Long-term condition management such as education and support for people living with Diabetes
- Reablement opportunities, bed-based and on a domiciliary basis
- Carer support services
- Services to help marginalised people achieve personal growth and fulfilment such as the Seaview project.
- Welfare Benefits support: Free, confidential support and advice available 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.

7. Further References

East Sussex Health and Care Partnership Plan 2021/22
Appendix 1_Draft Summary East Sussex Health and Care Partnership Plan 2021_22.pdf

Sussex NHS Commissioners: Tackling Health Inequalities Progress Report 2020/21 & Action Plan 2021/22
PowerPoint Presentation (eastsussexccg.nhs.uk)

East Sussex 18-month Hospital Discharge Demand and Capacity Plan October 2021 to March 2023

East Sussex Health and Social Care Plan - Equality and Health Inequality Impact Assessment (EHIA) HIGH LEVEL REVIEW

Report to:	**East Sussex Health and Wellbeing Board**
Date of meeting:	**14 December 2021**
By:	**Director of Public Health**
Title:	**East Sussex Outbreak Control Plan**
Purpose:	**To update the Health and Wellbeing Board of the results of emergency planning exercise and the plan to refresh East Sussex Outbreak Control Plan**

RECOMMENDATIONS

The Board is recommended to:

1) agree the updated East Sussex Outbreak Control Plan attached as Appendix 1; and

2) agree to receive an update East Sussex Outbreak Control Plan at its 1 March 2022 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 2020 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 three months.

1.3 At its meeting of 30 September 2021, the Board agreed to receive an update on development of the OCP.

2 Supporting information

2.1 The OCP was updated in collaboration with a wide range of stakeholders including the NHS and Borough and District Councils.

2.2 A multi-agency emergency planning exercise was carried out in June 2021 to test the OCP. A detailed report was produced, and associated recommendations and an action plan is being addressed through the Operational Cell. The recommendations have been addressed as follows:

- The Escalation Framework has been removed and replaced by the Contain Framework
- Further high-risk groups have been identified as part of the exercise and internal mechanisms will address any new or emerging needs
- A new Part 2 section has been created specifically for easier and more concise internal and operational use in line with emergency planning processes.

2.3 The OCP (attached as Appendix 1) has been updated to reflect the easing of restrictions since July 2021 and further national changes in August 2021 relating to vaccines and rules of isolation. However, it is recognised that with easing of restrictions there is a greater likelihood of

transmission and so communications and messaging continue to promote testing, vaccine uptake and usual measures such as handwashing and social distancing.

2.4 The Contain Framework section (page 20-28 of the OCP) refers to the Government's Autumn and Winter Plan including Plan B – the contingency plan to combat increasing rates of transmission.

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 The Health and Wellbeing Board will be advised at future meetings of further updates to the East Sussex Outbreak Control Plan. It is therefore proposed the Board agree to review a further update to the Plan at the next meeting of the Health and Wellbeing Board on 1 March 2022.

DARRELL GALE
Director of Public Health

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Background Documents:

None

eastsussex.gov.uk

East Sussex County Council

East Sussex Outbreak Control Plan – COVID-19

November 2021

Version 3.0

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. The Escalation Framework was removed and replaced by the Contain Framework, Autumn and Winter Plan, and Plan B. All sections reviewed and all partners consulted for comments.	26 Nov 2021
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

Version		Date
2.1	Minor corrections and amendments to the website publication.	1 Jul 20
2.0	Final version prepared by Rob Tolfree, Tracey Houston and Emma King based on comments received by partners. Approved by Becky Shaw, Chief Executive ESCC, and Darrell Gale, Director of Public Health ESCC and published as part of Health and Wellbeing Board papers	30 Jun 20
1.3	Second draft prepared by Rob Tolfree based on comments received. Version 1.3 sent for comments to: Chief Executives of Districts and Boroughs and Environmental Health leads; Sussex 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. 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
UKHSA	United Kingdom Health Security Agency
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 to interrupt transmission and limit spread.

On the 28th May 2020 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.

On the 23rd June 2020 it was announced that the 4th July 2020 would lead to easing of restrictions meaning that many businesses can reopen including pubs, restaurants, hairdressers, and cinemas whilst ensuring Covid secure practices. From September 2020 some new measures were implemented and by October 2020 the three-tier approach was implement. On 5th November 2020 to 2 December 2020 a second lockdown was announced, and a further lockdown was announced on the 6th January 2021.

A plan was laid out to exit lockdown

Step 1a (8 March 2021): Children returned to returned to primary and secondary schools. Meet with one other person outside.

Step 1b (29 March 2021): Staying at home was no longer a legal requirement. The rule of 6 was re-introduced outdoors or two families from different households could meet outdoors and in gardens.

Step 2 (12 April 2021): Business started to reopen: non-essential retail re-opened, hairdressers and gyms, pubs and restaurants re-opened outdoors, public libraries, community centres, zoos, and theme parks re-opened. Self-contained accommodation in England such as campsites and holiday let's, with no indoor facilities which are not shared with other households.

Step 3 (17 May 2021): The rule of six was lifted outdoors and replaced by a maximum gathering of 30. Two households, or the rule of 6 people, could meet indoors. Business such as indoor hospitality, cinemas, hotels could reopen. Performances and sporting events also restarted with limitations on capacity

Step 4 (19 July 2021): Remaining businesses, including nightclubs re-opened, large events and performances could occur.

16 August 2021: people who are double jabbed or aged under 18 will no longer be legally required to self-isolate if they are identified as a close contact of a positive COVID-19 case.

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. High transmissibility indicates that stringent control measures, such as active surveillance, physical distancing, early quarantine, and contact tracing, are needed 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. 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. 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. Patients may also be asymptomatic. Progression of disease, multiple organ failure and death will occur in some individuals. 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: • Acute COVID-19: signs and symptoms of COVID-19 for up to 4 weeks. • Ongoing symptomatic COVID-19: signs and symptoms of COVID-19 from 4 to 12 weeks. • 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: People from Black ethnic groups were most likely to be diagnosed, and death rates are highest amongst people of Black and Asian ethnic groups. 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. 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. 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. 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 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 (UKHSA) Communicable Disease Outbreak Management: Operational Guidance (2013)
- UKHSA Infectious Diseases Strategy 2020 – 2025 (2019)
- SOP UKHSA-LA Joint Management of COVID-19 Outbreaks in the SE of England (2020)
- Sussex Local Health Resilience Partnership (LHRP) Memorandum of Understanding: Responsibilities for the Mobilisation of Health Resources to Support the Response to Health Protection Outbreaks/Incidents in Sussex (2019)
- Sussex Resilience Forum Pandemic Influenza Plan (2020)
- Sussex Resilience Forum, Sussex Emergency Response and Recovery Plan (2019)

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

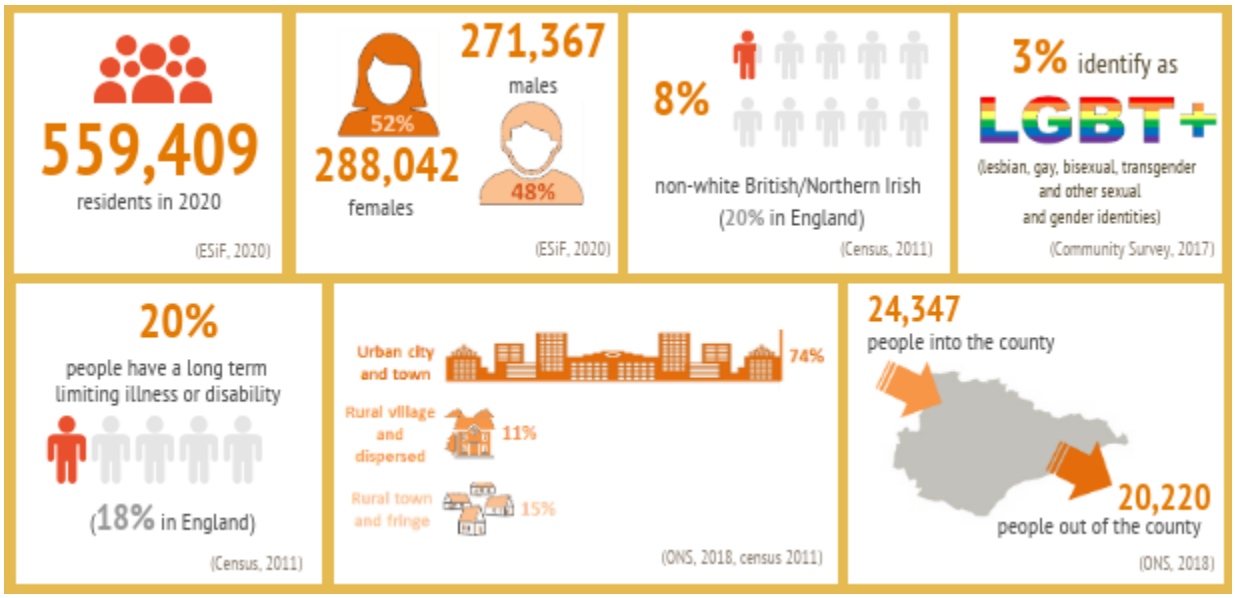
Any local outbreak plan is reliant on central government support as there are many interdependencies between a local system that can prevent and respond to outbreaks, and guidance produced at a national level.

1.6. East Sussex overview

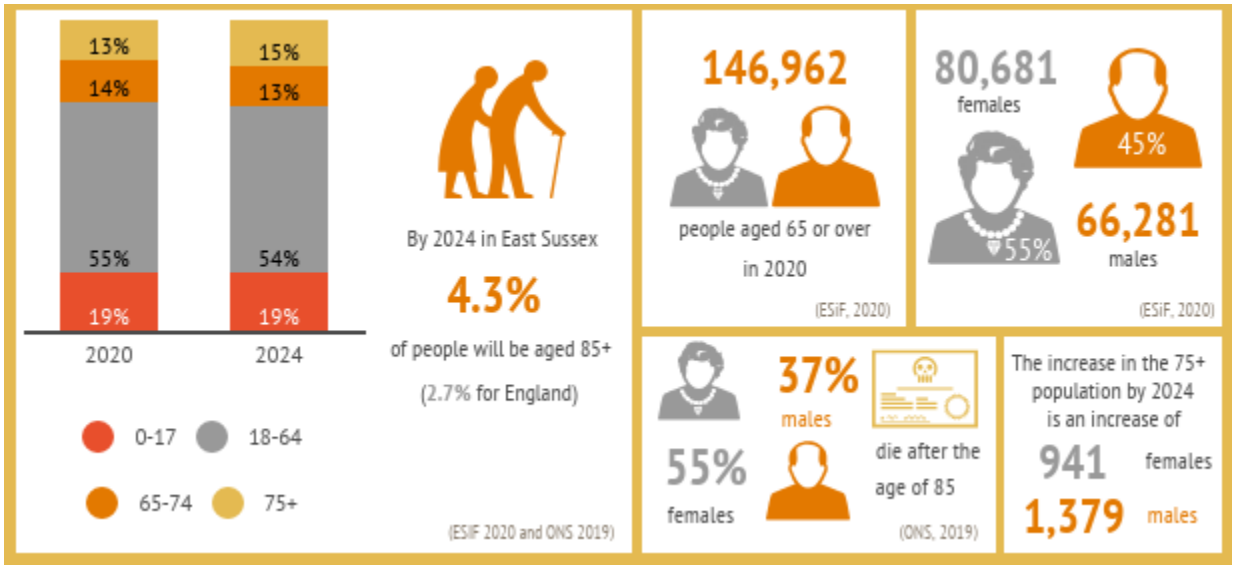
This section provides an overview of high-risk populations and where these populations are within the county. As well as an introduction to some of the high-risk settings. Further details and data underpinning this is available from East Sussex Joint Strategic Needs Assessment (JSNA) website eastsussexjsna.org.uk

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.

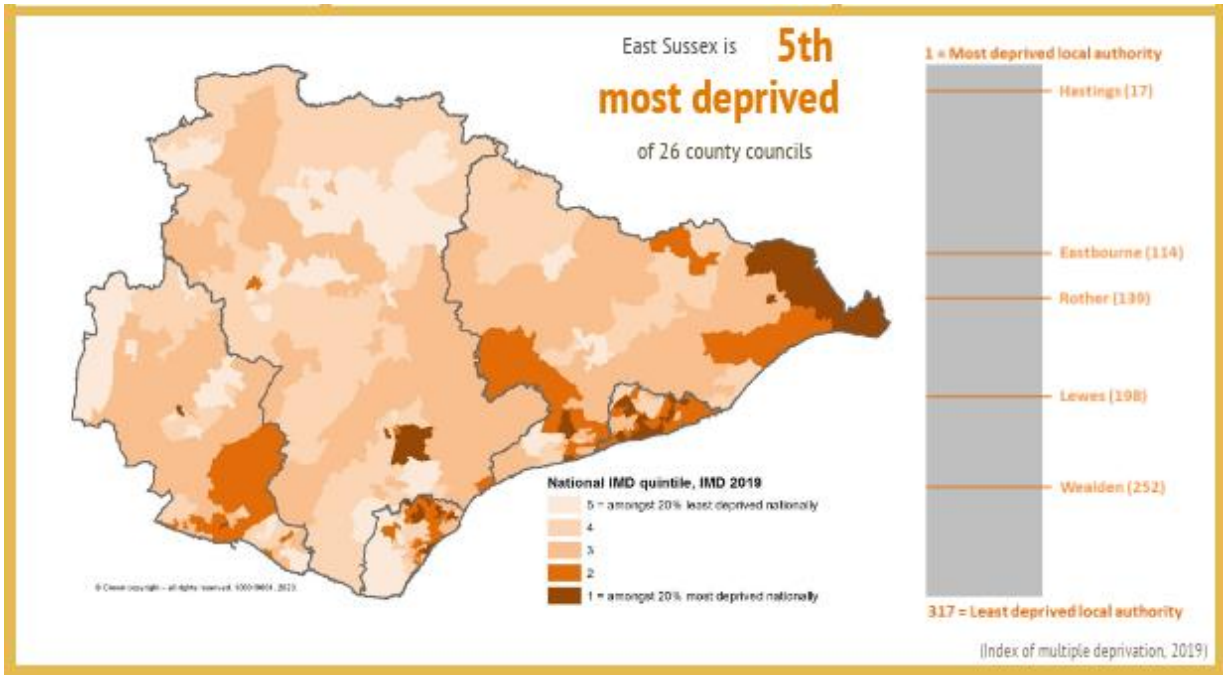
The East Sussex Community Survey identifies that nearly three quarters of people have a strong sense of secure identity and sense of belonging, and over three quarters are more than satisfied with their local area. People are also engaged and willing to support each other with half of those responding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



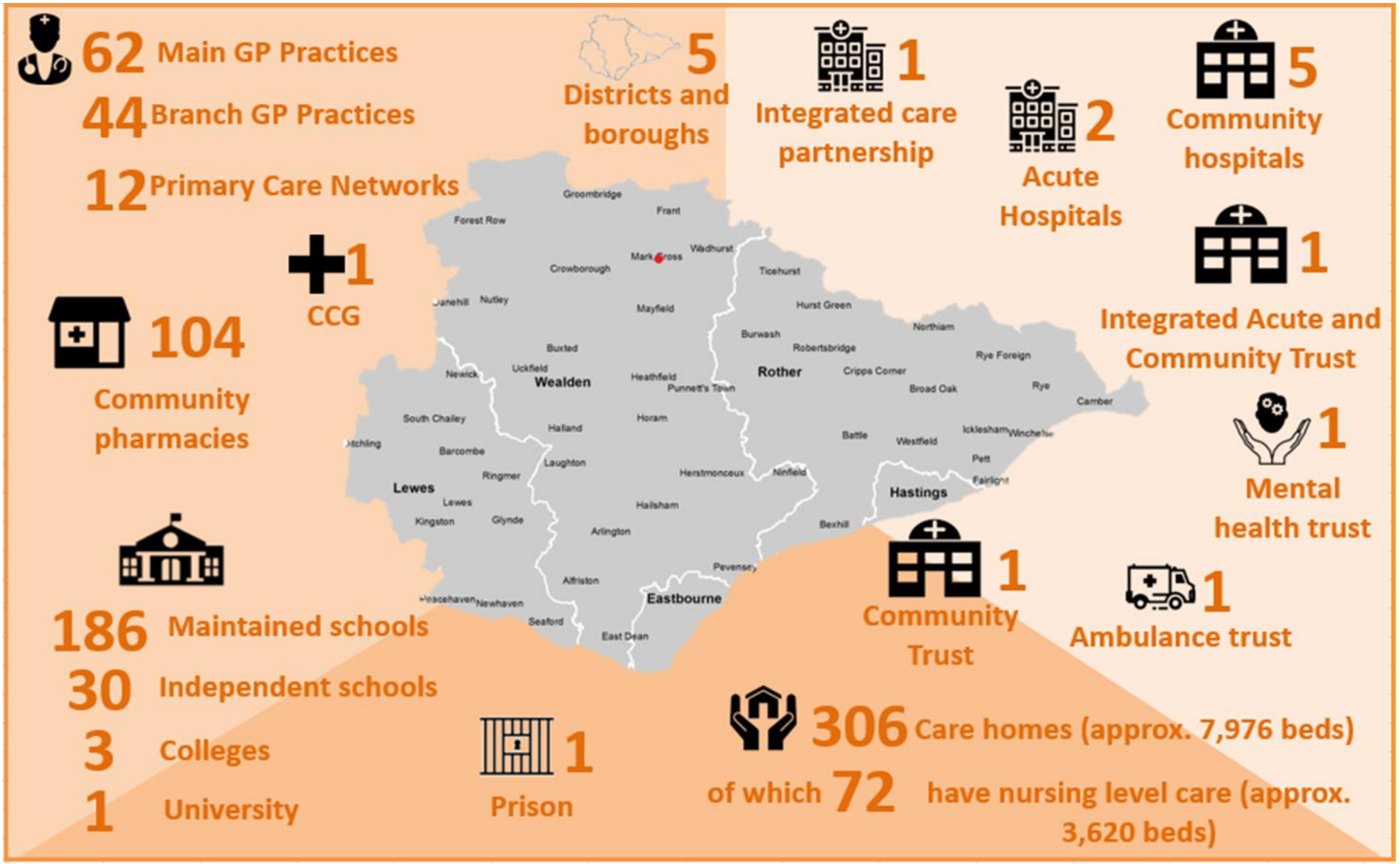
The over 65s now present a quarter of the county's population and are projected to make up nearly a third of all people by 2035. The fastest rate of growth will be seen in the 85 and over group. Those aged 85 and over are the largest users of health and social services.



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. There is also a more detailed summary refreshed every three months at More COVID facts and figures | East Sussex County Council.

This report provides a snapshot of the epidemiological picture of the county. For the 7-day period to 9th November 2021, East Sussex was ranked 70th 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 15th November 2021, map produced by West Sussex)

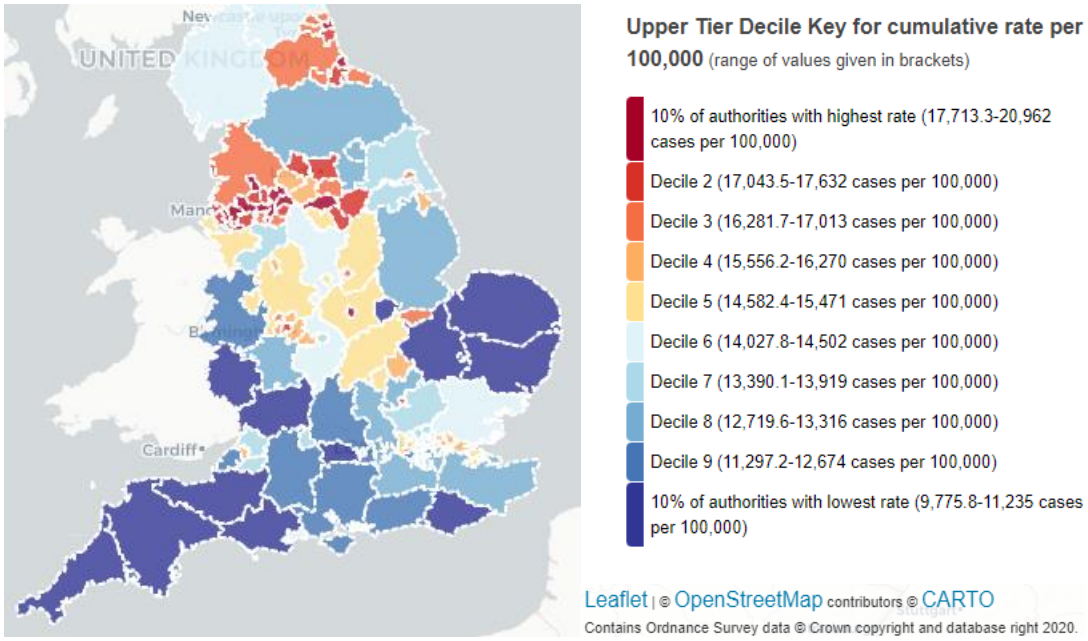
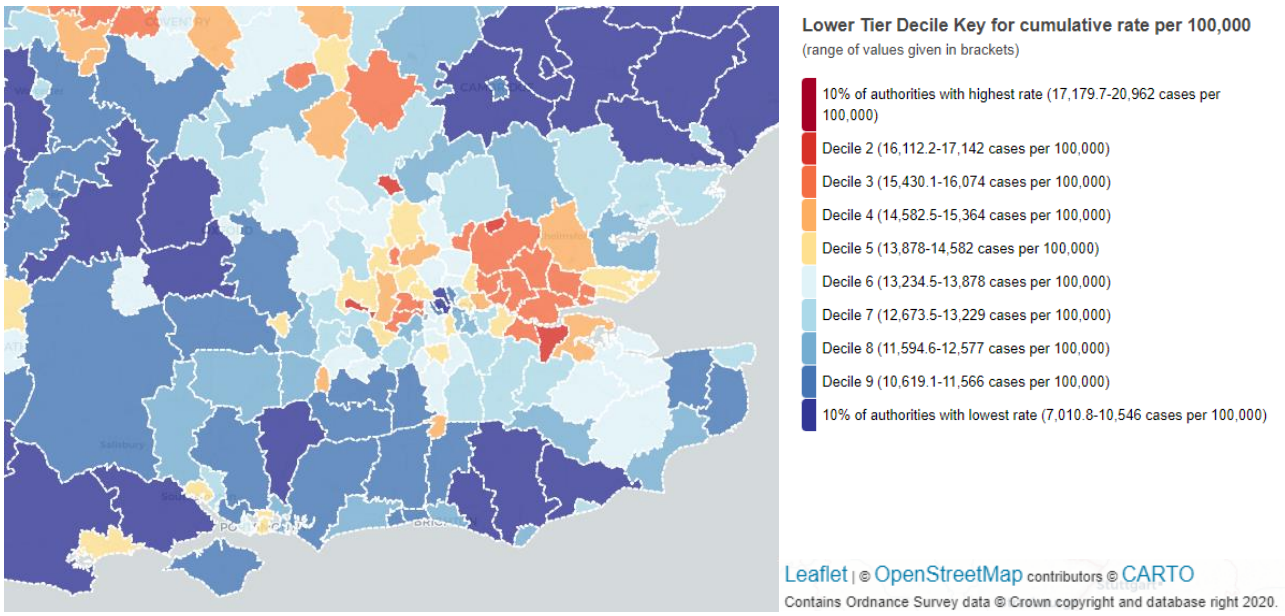


*Figure 2: All confirmed cases of COVID-19 per 100,000 population by lower tier Local Authority in the South East (*Source: Data from National Dashboard published 15th November 2021, map produced by West Sussex)



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.

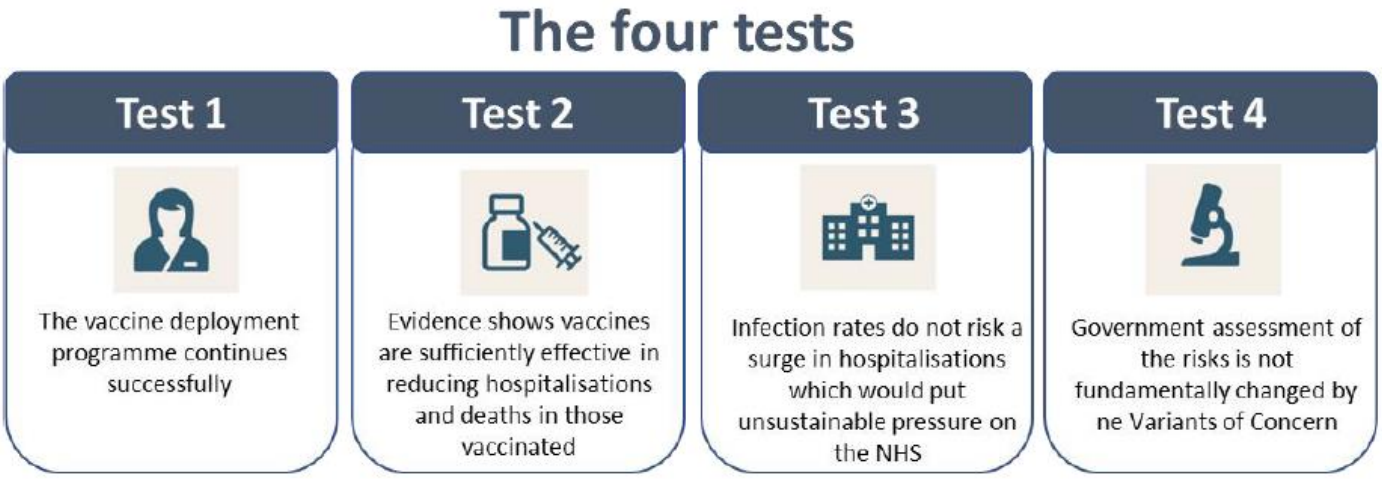
This second wave of infection was associated with the spread of a new variant, first detected in Kent, which has been shown to be much more transmissible. This led to East Sussex being put into the top tier of restrictions, followed by national restrictions again being imposed.

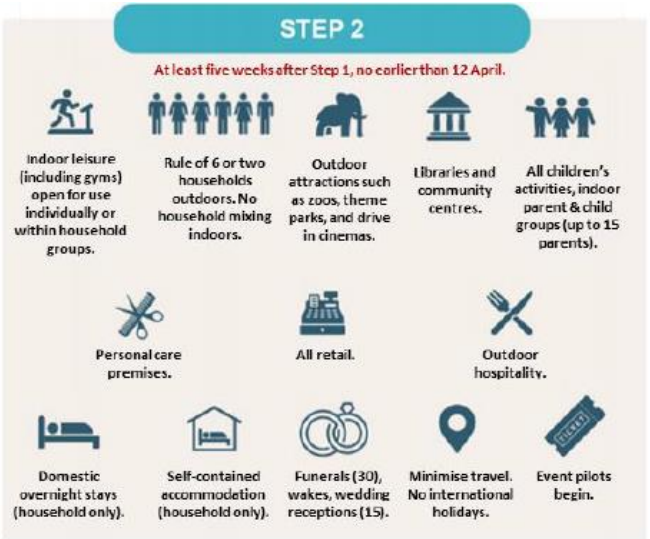
The following table shows the cumulative rate of COVID-19 for each of the 5 Districts and Boroughs with Hastings having the highest rate and Rother the lowest in the county.

Figure 3: COVID-19 cumulative crude case rate 100,000 population by lower tier local authority in East Sussex, data to 13th November 2021.

	COVID-19 rate per 100,000	Local Authority rank (1 highest)
East Sussex	10,956	141/149
Eastbourne	11,875	245/315
Hastings	12,730	216/315
Lewes	9,995	302/315
Rother	9,940	303/315
Wealden	10,565	286/315

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 (UKHSA).





2. Contain Framework and Governance

The **COVID-19 Contain Framework** was first published in July 2020 and was most recently updated on the 7th October. The framework sets out how all partners should continue work with each other to protect, the public, businesses, settings, and communities to prevent, manage and contain outbreaks of COVID-19. This includes the:

- Roles and responsibilities of LAs and our continued support and should be included in our Local Outbreak Management Plans
- Roles and responsibilities of the local system, regional and national teams including the support the LA will be given
- The decision-making and incident response structures
- Core components of the COVID-19 response, including Variants of Concern (VOCs) and enduring transmission, and considering the inequalities in every aspect of the response

To limit the spread of covid it is recommended that we all continue to ensure:

- Symptomatic and asymptomatic testing (please refer to: **Types of Tests**)
- Self-isolation for those testing positive, when contacted by NHS Test and Trace or the NHS App (please refer to: **Self-isolation**)
- Border quarantine for all arriving from red list countries
- Following guidance for individuals, businesses and the vulnerable while prevalence is high (please refer to: **Outbreak investigation: High Risk Places, Locations and Communities**):
    - Supporting a safe return to workplaces
    - Wearing face coverings in crowded areas such as public transport o
    - Ventilation within settings such as schools and offices
    - Minimising the number, proximity, and duration of social contacts
    - Working with businesses and large events to use the NHS COVID Pass and measures in high-risk settings to help to limit the risk of infection

The UK Health Security Agency (UKHSA) actively monitors domestic and international epidemiology and considers a range of indicators to inform national and local response. These include:

- Case detection and testing rates
- Prevalence at a national, regional, and local level
- Trajectory the rates at which cases are rising or falling
- Pressure on the NHS considering occupancy and admissions
- Variants considering the epidemiology of variants of concern
- Vaccine uptake
- Effectiveness of operational response
- Local characteristics these include mobility, deprivation, ethnicity, data on reported contacts

2.1. Autumn and Winter Plan

The government plans to reduce the pressure on the National Health Service (NHS) and prepare for the challenges of autumn and winter. This is achieved through:

1. Building our defences through pharmaceutical interventions: vaccines, antivirals and disease modifying therapeutics.

2. Identifying and isolating positive cases to limit transmission: Test, Trace and Self-Isolation.
3. Supporting the NHS and social care: managing pressures and recovering services.
4. Advising people on how to protect themselves and others: clear guidance and communication.
5. Pursuing an international approach: helping to vaccinate the world and managing risks at the border.

Please refer the following link **COVID-19 Response: Autumn and Winter Plan,** for more details (please note the above was taken from this link).

2.2. Autumn and Winter Plan B

The Autumn and Winter Plan 2021 included a contingency plan (Plan B) which would be used if the NHS was likely to come under unsustainable pressure.

These contingency measures include:

- communicating to the public that the risk level had changed
- requiring mandatory vaccine-only COVID-19-status certification in certain settings
- requiring face-coverings in certain settings

Local authorities would be responsible for the enforcement of face coverings and mandatory vaccine-only COVID-19-status certification, including the compliance and enforcement responsibility for businesses and events' organisers and the implementation of face coverings and the mandatory certification. Local authorities can engage and shape this with other local authorities and the regions / nationally.

2.3. Forward planning

Given the roll out of the national vaccination programme and the expansion of asymptomatic testing at pace, 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.

2.4. 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 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 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.

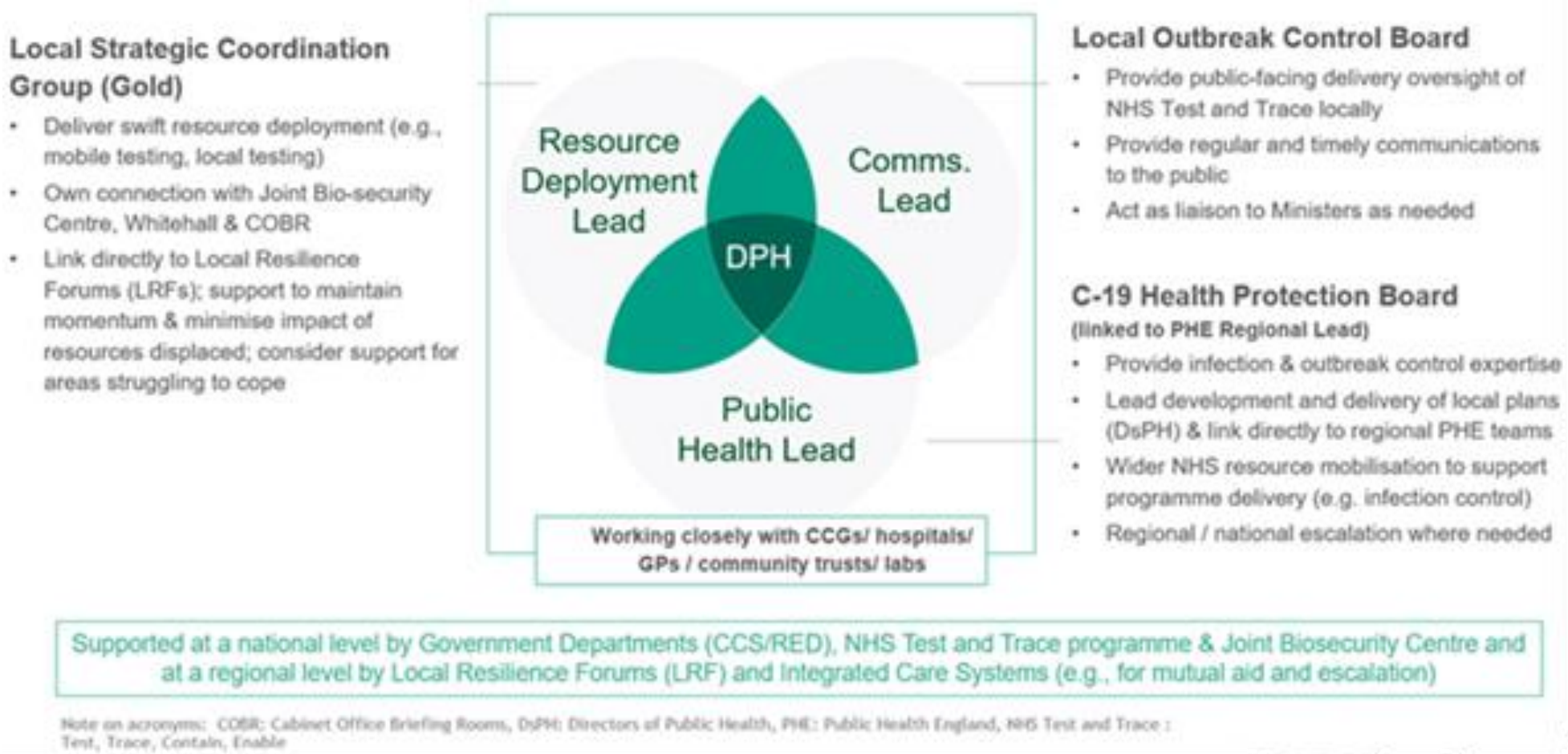
The Sussex Resilience Forum (SRF) will support local health protection arrangements working with the Health Protection Board and Local Outbreak Engagement Board directly through the Strategic Co-ordinating Group (SCG) or if in place the Strategic Recovery Group (RCG), Tactical Co-ordinating Group (TCG),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



2.5. 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, UKHSA 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 UKHSA 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 Improvement and Dipartites

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 of Health Improvement and Dipartites** 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 staff have now transferred of staff to new destinations (completed Autumn 2021). The UKHSA and DHSC Office **of Health Improvement and Dipartites** are now established.

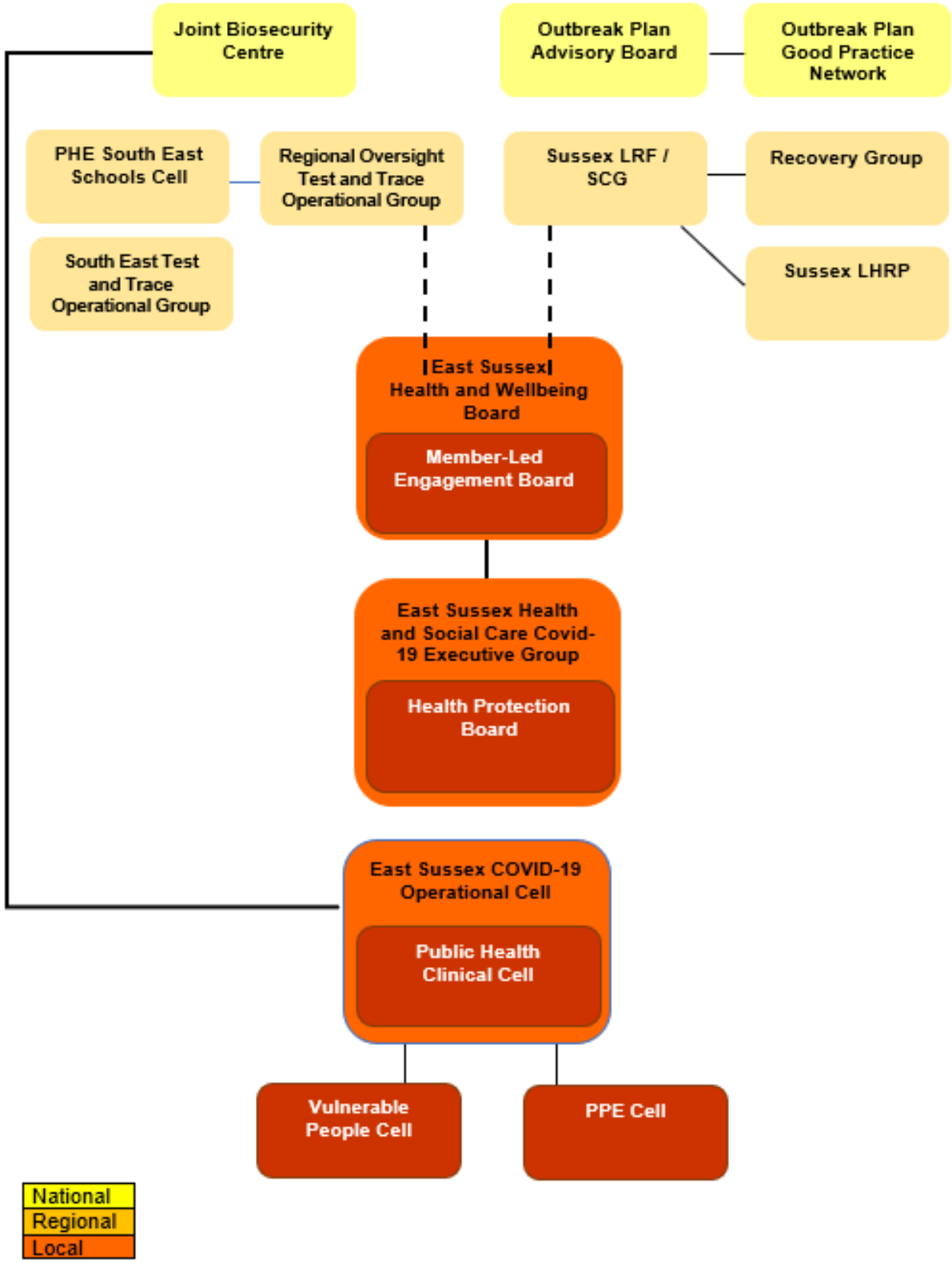
Health Protection Team - Surrey and Sussex Health Protection Team (South East)

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.

2.6. 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) (No.3) Regulations 2020 as amended ("the No.3 regulations), most recently on 19July 2021, set out the current restrictions as to what is and is not permitted. On 19July 2021 most legal restrictions relating to COVID-19 were revoked. The No.3 regulations are still in force will remain so until 24 March 2022. This is the legal situation as at 27October 2021.

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 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 28/10/21), Coronavirus (COVID-19) 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 31st March 2022, requiring confidential patient information to be shared between organisations providing health services, 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, in specific circumstances, (as detailed in the notice applicable to that organisation), for the purposes of supporting efforts against coronavirus (COVID-19):

    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; which were made under

sections 60 (now section 251 of the NHS Act 2006) and 64 of the Health and Social Care Act 2001 – 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.

1. The Health Protection (Coronavirus, Restrictions) (Local Authority Enforcement Powers and Amendment) (England) Regulations 2020 enabled local authorities to issue notices to people who are in contravention of the restrictions from time to time in force. However, the Health Protection (Coronavirus, Restrictions) (Steps etc) (England) (Revocation and Amendment) Regulations 2021 revoked these powers. Also revoked were several regulations relating to Test and Trace, face coverings and the undertakings regulations.

2. On 28 September 2021 updated statutory guidance was issued on the No 3 regulations https://www.gov.uk/government/publications/local-authority-powers-to-impose-restrictions-under-coronavirus-regulations/local-authority-powers-to-impose-restrictions-health-protection-coronavirus-restrictions-england-no3-regulations-2020

3. The No. 3 regulations give Local Authorities powers to issue directions when responding to a serious and imminent threat to public health where 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 Legal Tests"). 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 Director 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.

4. Due to the revocation of the Local Enforcement Regulations, the No.3 regulations are now the main tool of enforcement for local authorities under the Coronavirus Act 2020. The directions a Local Authority can give can include a limit on the capacity of a premises, restricting the use of a premises, requiring a business to restrict entry to those who wear

face coverings. Directions can only be issued against the owner or occupier of a premises and must be in writing.

4. Directions cannot be given to any premises which are essential infrastructure or public transport. Examples of essential infrastructure and public transport are provided in the guidance.

5. A local authority can also issue directions in respect of the holding of an event. These can include restrictions on the number of people attending an event.

6. Finally directions can also include the closure or restriction of public outdoor places. For any direction to be imposed, the Legal Tests must be satisfied.

7. When a Direction is issued, the Secretary of State must be notified within 24 hours. The Direction must be reviewed every 7 days. The Secretary of State can also direct a local authority to issue a direction.

8. If a Direction is not complied with, a local authority officer or the police can issue a Prohibition Notice to the person contravening a direction, e.g., failing to close a premise when required.

9.If an offence has been committed, a Fixed Penalty Notice can be issued which must be paid within 28 days. The amount of Penalty is £200 for a first offence doubling upon further offences to a maximum of £6,400. Previous offences under now revoked regulations can be taken into consideration.

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

Type of measure	Prevent/ Control	Lead	Enabling legislation	Description of use
Declaring a gathering of more than 6 illegal when event is to be held via a Temporary Event Notice	Prevent- *For use at any point in escalation framework (as decision depends on CV19 RA quality etc)*	Environmental Health	**The Licensing Act 2003** and The Health Protection (Coronavirus, Local COVID 19 Alert Level) (Medium) (England) Regulations 2020 [1] (SI 684) In extremis: **The Health Protection (Coronavirus Restrictions) No 3 Regulations** **Health Protection (Coronavirus, Restrictions) (Steps and other provisions) (England) (Amendment) Regulations 2021**	Organisers[2] for events of up to 499 people and of less than 5 days duration can hold events via a standard Temporary Event Notice (TEN)[3], which provides District and Borough council's ten working days' notice of the planned event. The Police/Environmental Health may object within three working days on one of four grounds public safety, crime and disorder, protection of nuisance, protection of children. There are no public health groups on which to refuse permission. However, the No 2 regulations require a CV-19 risk assessment and demonstration that all reasonable measures have been taken to limit the risk of transmission of COVID-19 for events held in public open space. If the risk assessment is not deemed 'suitable and sufficient,' permission can be refused (with no hearing necessary) and the organiser and Police Prevent Inspector would be notified that the event is illegal. In a case where the CV-19 risk assessment is not satisfactory and the above procedure cannot be used (e.g. if the event was planned on private land) or in a case where the CV-19 risk assessment is satisfactory, but there are serious concerns regarding the incidence rate in that area or in the incidence rate in the area of the people attending the event, we may feel the event should not go ahead on public health grounds, and would aim to engage with the organiser on this. If the organiser refused to delay or cancel, the Local Authority may make a direction under the number 3 regulations to prohibit the event, where the three conditions can be met in relation to responding to a "serious and imminent" threat to public health, necessity, and proportionality. Once a Direction has been made delegated Local Authority Officers can issue "prohibition Notices" to close individual premises. In the case of late TENs, the Police or Environmental Health can object with no right for the organiser to appeal.

[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.

Declaring a gathering of more than 6 illegal when an event permission is to be requested via a Premises License	Prevent- *For use at any point in escalation framework (as decision depends on CV19 RA quality etc)*	Environmental Health or Public Health representative at a SAG	**The Licensing Act 2003** and The Health Protection (Coronavirus, Local COVID 19 Alert Level) (Medium) (England) Regulations 2020 In extremis: **The Health Protection (Coronavirus Restrictions) No 3 Regulations** **Health Protection (Coronavirus, Restrictions) (Local Authority Enforcement Powers and Amendment) (England) Regulations 2020** **Health Protection (Coronavirus, Restrictions) (Steps and other provisions) (England) (Amendment)**	Organisers for events of up to 499 people and of less than 5 days duration can hold events via a standard Temporary Event Notice (TEN), which provides District and Borough council's ten working days' notice of the planned event. The Police/Environmental Health may object within three working days on one of four grounds public safety, crime and disorder, protection of nuisance, protection of children. There are no public health groups on which to refuse permission. However, the No 2 regulations require a CV-19 risk assessment and demonstration that all reasonable measures have been taken to limit the risk of transmission of COVID-19 for events held in public open space. If the risk assessment is not deemed 'suitable and sufficient,' permission can be refused (with no hearing necessary) and the organiser and Police Prevent Inspector would be notified that the event is illegal. In a case where the 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. In the case of late TENs, the Police or Environmental Health can object with no right for the organiser to appeal.

			Regulations 2021	
Acting against a business/premises permitted to be open but not complying with COVID-19 guidelines[4]	Prevent- *For use at any point in escalation framework*.	Environmental Health	**Health and Safety at Work Act 1974**, and with reference to **sector specific COVID guidelines** In extremis: **The Health Protection (Coronavirus Restrictions) No 3 Regulations**	Organisers for events of 500 people or over 5 days must hold a premises licence which may include a condition requiring approval of an event management plan by a Safety Advisory Group. Under this, there are unlikely to be specific public health grounds on which to refuse permission. However, the Health Protection (Coronavirus) regulations require a CV-19 risk assessment and demonstration that all reasonable measures have been taken to limit the risk of transmission of COVID-19 for events in a public outdoor space and permission can be refused if the risk assessment is unsatisfactory. This is completed by the District or Borough and there is no obligation upon them to share that risk assessment. The organiser and Police Prevent Inspector would be notified that the event is illegal. However, the event would be unlikely to be illegal if it was taking place on premises that were part of the business of the premises licence holder or a visitor attraction. In a case where the CV-19 risk assessment is not satisfactory, but permission cannot be refused due to the planned location of the event or in a case where the CV-19 risk assessment is satisfactory, but there are serious concerns regarding the incidence rate in that area or in the incidence rate in the 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.
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** **Health Protection (Coronavirus, Restrictions) (Steps and other provisions) (England) (Amendment) Regulations 2021**	Action taken depends on the severity of the concern and strength of the evidence (following the hierarchy of control). This may include engagement with the business via a visit/call/letter and serving an improvement notice to require risk assessment. The decision to serve deferred prohibition/prohibition notices will be up to each Lower Tier Local Authority H&S Inspector in accordance with their own enforcement policy, professional judgement and with regards to each specific situation. Where a business refuses to comply, the number 3 Regulations could be used to issue a directive to close the business.
Closing an outdoor public space	Prevent- *Only to be considered in areas with*	Director of Public Health (in partnership	**The Health Protection (Coronavirus**	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.

[4] In relation to sectors included under schedule 1 of the Health and Safety Authority Regulations 1989. HSE are responsible for health and safety in sectors outlined in schedule 2.

	'raised local concern/national concern'.	with relevant LTLA)	**Restrictions) No 3 Regulations**	
Acting against a business/premises NOT permitted to be open	Prevent- *For use at any point in escalation framework*.	Environmental Health / Trading standards (depending on sector)	The Health Protection (Coronavirus, Restrictions) (All Tiers) (England) Regulations 2020 (legislation.gov.uk) The Health Protection (Coronavirus, Restrictions) (No. 3) and (All Tiers) (England) (Amendment) Regulations 2021 (legislation.gov.uk)	For businesses required to be closed under current restrictions. Enforcement via Prohibition Notice, Fixed Penalty Notices or Prosecution
Directing an individual to undertake specified health measures	Prevent/ Control- *For use at any point in escalation framework*.	Any local authority authorised officer designated to carry out this role under delegated powers	The Health Protection (Part 2A Orders) Regulations 2010	Following service of a notice to co-operate, a Local Authority can apply to a magistrates' court for an order requiring a person to undertake specified health measures for a maximum period of 28 days. Very strong evidence would be required to support the use of this. These Orders are a last resort mechanism, requiring specific criteria to be met and are resource intensive. They were not designed to enforce compliance with COVID-19 measures, and this is a time intensive process and so may not be appropriate due to the length of the infectious period of CV-19.
Take action against an individual contravening a requirement within the Self-Isolation Regulations (without reasonable excuse)	Control- *For use at any point in escalation framework*.	Local Authority designated officer	The Health Protection (Coronavirus, Restrictions) (Self-Isolation) (England) Regulations 2020	Under the Self Isolation Regulations, an authorised person can 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.

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 UKHSA 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

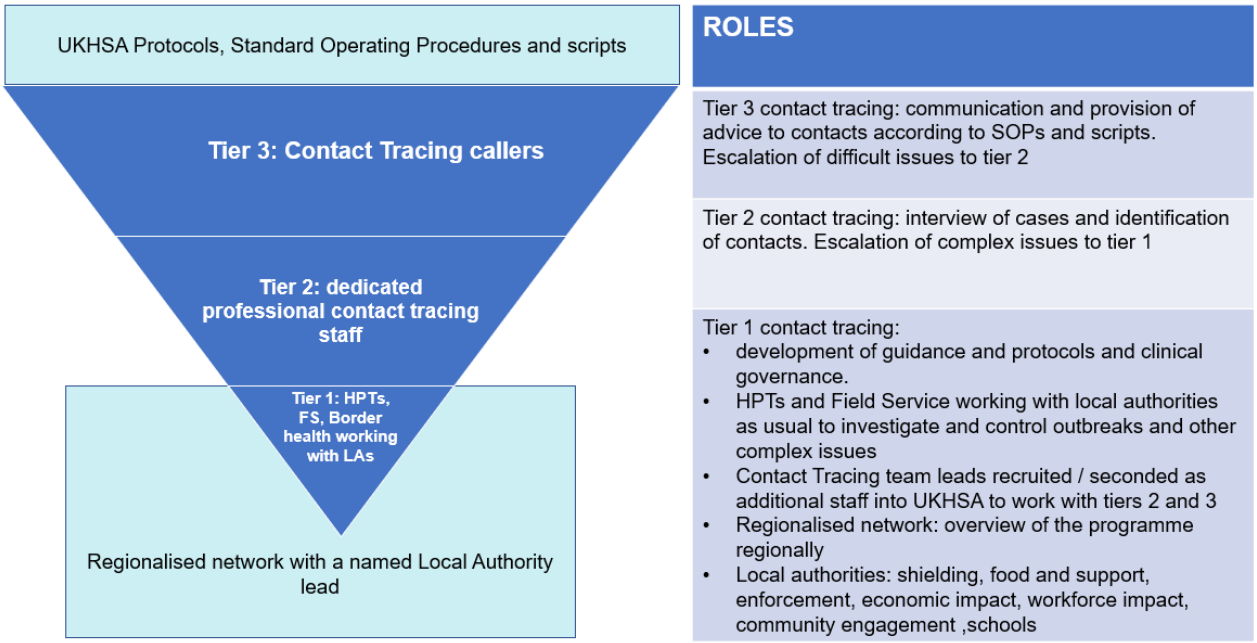
The NHS Test and Trace service was launched on the 28th May 2020. Although contact tracing is already an established part of the current system for investigating and managing outbreaks, COVID-19 has necessitated a substantial scaling up of the current contact tracing system which has resulted in the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

There are three tiers to NHS Test and Trace:

- Tier 3 is a national structure for COVID-19 that contains approximately 9,000 call handlers. They work alongside a website and digital service to give advice to confirmed cases and their close contacts. Any cases fulfilling certain national criteria will be escalated to Tier 2.
- Tier 2 is a structure for COVID-19 that contains dedicated professional contact tracing staff who have clinical and/or contact tracing experience. This tier will deal with 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 the UKSHA local service 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 UKHSA 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.

Figure 8: NHS Test and Trace – Three Tiers



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 wide range local intelligence,
- focus particularly on vulnerable or harder-to-engage groups, and
- work alongside the national team
- mobilise local systems to increase the tracing of cases

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 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, haven't yet completed the digital self-service online process and 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 provided by district and borough councils.

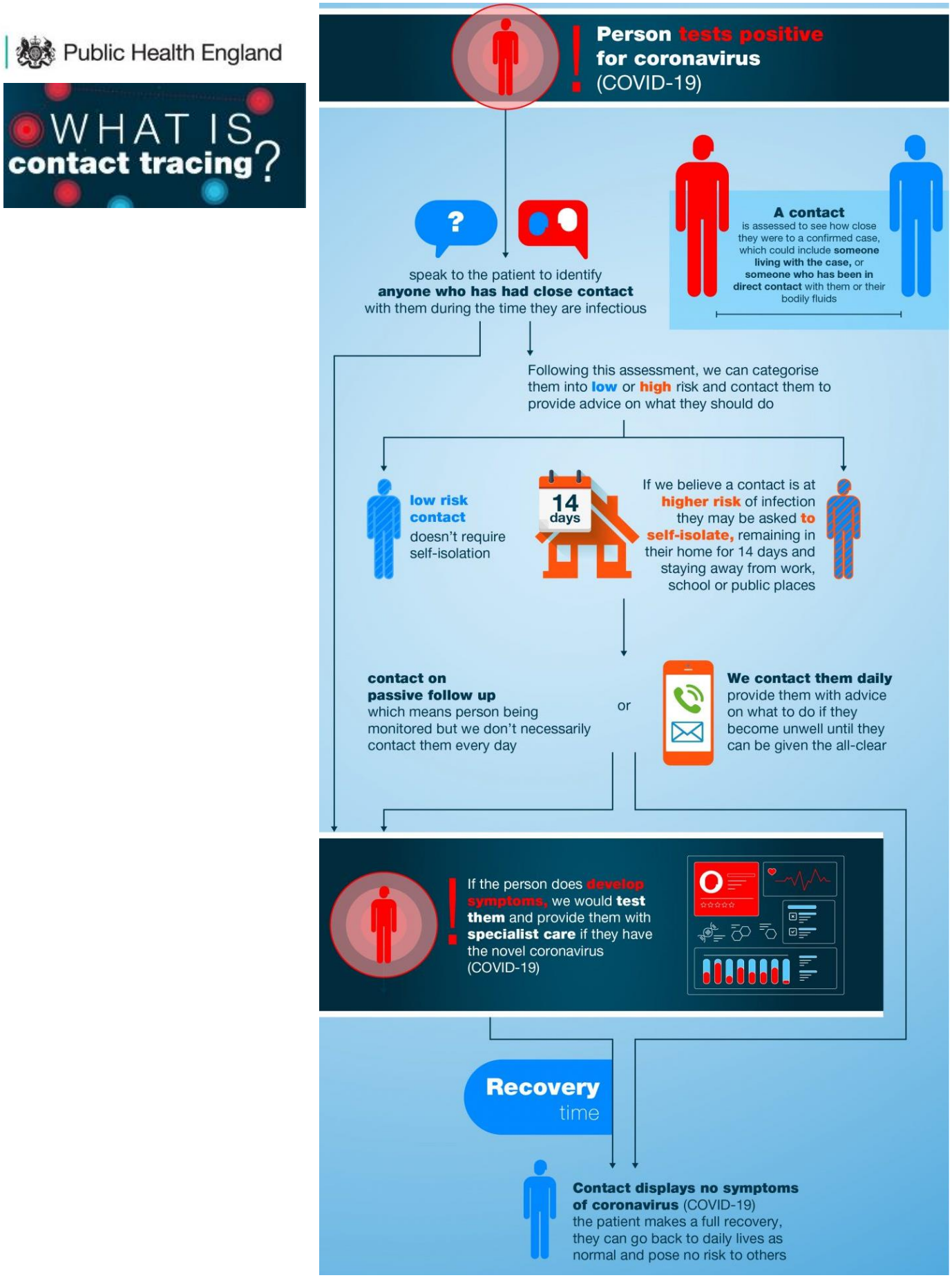
The service operates between 8am-8pmMonday to Friday and 9- 5pm on weekends and bank holidays. Contact is made via text message, phone call, email, or letter:

- Text messages will come from COVID TRACE (recipient 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 (recipient cannot reply to these messages).
- in some circumstances a member of an environmental health team may be sent to a residence in person to make contact.

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 9: What is contact tracing (UKHSA)



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 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: 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 UK Health Security Agency, and raise concerns where information is not forthcoming. ▪ Work with local and regional partners to gain access/develop further data feeds which will inform outbreak control measures (such as UK Health Security Agency and local environmental health teams) ▪ Ensure the Sussex Integrated Dataset (SID), an anonymised linked record level dataset, is developed to support this workstream; in relation to COVID-19 this will help to understand infection rates in specific areas and groups and in the longer term understand the recovery and on-going support needs of people affected.
Objective 2: Using the range of data, we will be highly vigilant (“proactive surveillance”) in monitoring change:	▪ There will be proactive surveillance by reviewing a broad range of indicators which may provide an early warning of outbreaks or possible community transmission ▪ We will have, and further develop, our understanding of high-risk places, locations, and communities

Objective 3: Staff tackling outbreaks will have access to robust and concise information and be supported in their use of data; this will include:	▪ Information relating to the local response to outbreaks (e.g., care homes or schools), including providing an understanding and quantifying the numbers involved and the areas/settings impacted ▪ Help to identify similar settings of concern ▪ Modelling possible scenarios. ▪ A daily 'Common exposure report' is received from UKHSA. 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. ▪ A bespoke database developed locally is being used to 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 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 UK-HSA, 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: We will seek to maximise the transparency of local decisions:	▪ There will be consistent reporting to each local authority Outbreak Engagement Board and support where possible wider dissemination working with local Communication teams ▪ Provide data to the public in a clear and transparent way, and demonstrate how this information is used, to inform local decisions. ▪ Clearly note the sources of data and which datasets are, and are not, in the public domain.

6.2. Data arrangements currently in place

Data to support this plan is sourced from a range of data sources, including UKHSA national and regional teams, the new Office for Health Improvement and Disparities within the Department of Health and Social Care, the local UKHSA 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.

UKHSA 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 relevance for this plan is daily reporting by UKHSA 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 daily 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 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 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 can 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 throat and/or nose 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 services. 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 libraries, 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.

Booster vaccines will offer additional protection against these variants this winter and are being rolled out.

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 too 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.

The guidance on self-isolation changed on 16 August 2021 meaning that people do not need to self-isolate if they live with someone who has symptoms of COVID-19, or has tested positive for COVID-19, if any of the following apply:

- you're fully vaccinated – this means 14 days have passed since your final dose of a COVID-19 vaccine given by the NHS
- you're under 18 years, 6 months old
- you're taking part or have taken part in a COVID-19 vaccine trial
- you're not able to get vaccinated for medical reasons

However, even if they don’t have symptoms these people are still required to

- get a PCR test on GOV.UK to check if you have COVID-19

- follow advice on how to avoid catching and spreading COVID-19
- consider limiting contact with people who are at higher risk from COVID-19

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, providing 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, where required practical support and advice required by residents is still available. 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[5] 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.

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

- **Accessing** community support[9]**.**
- **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[6] 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

ESCC contributed over £150,000 to Sussex Community Foundation to establish this fund to date the fund has allocated £135,807 worth of grants to 26 organisations across East Sussex. Grants have been used to fund such programmes as community fridges, surplus food sharing programmes, and cookery skills and healthy eating workshops. Monitoring information is still coming in but to date these grant funded activities have benefitted almost 2000 people.

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 was used for schools, colleges, and early years settings to provide food vouchers for children and young people eligible for free school meals. Funding was 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.

Sussex Crisis Fund

Over the last two years ESCC contributed over £400,000 to the Sussex Crisis Fund run by Sussex Community Foundation (SCF) designed to assist groups and organisations affected by Covid restrictions. The ESCC contribution was part of a much larger pot of

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

funds topped up from private and public contributions with a total of £1.2million being allocated to East Sussex organisations. The majority of the 261 grants went to the small and medium sized organisations with annual incomes of less than £100,000. Organisations helping people living in poverty, children, young people, older people, families, local people in diverse communities, and mental health support.

Additional Measures Grant Fund

ESCC allocated eleven VCSE organisations with grants to support people with financial and benefits concerns because of the Government Guidance in relation to the COVID pandemic. During the first three months these relevant organisations have supported over 700 people with financial and debt issues attributed to energy bills, consumer debt, rent arrears, and a deterioration in health post Covid.

Household Support Fund

The Government announced support for vulnerable households in financial difficulties in October 2021. Funding for £3.9 million has been provided to East Sussex. This will be used to provide Free School Meal vouchers, support to foodbanks, warmer home initiatives, a range of VCSE organisations and a discretionary resident's support scheme.

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.

Following on from this the programme has been delivered in these phases:

Phase 1 priorities the most at risk from covid this was cohorts 1-9 which has been completed.
Phase 2 Protecting those next most at risk from serious illness, death or hospitalisation descending by age group has been completed.
Phase 3 has been started which is booster and Flu, continued Evergreen offer and school's immunisation of the 12 – 15-year-olds.

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.

Place based operational cells have been set up in East Sussex, West Sussex, Brighton, and Hove City, that all report to the Sussex Vaccine Programme Board this would include oversight of the Flu programme.

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.

Moderna

The Moderna vaccine was approved for use in the UK in January 2021. Following a study in over 3000 children aged 12-17 years, which generated additional safety and efficacy data, the approval was extended to those in this age group in August 2021.

Other vaccines:

Other vaccines have been developed and proved to be safe effective vaccines. 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. 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.

Everybody aged 16 and above, have had the opportunity to have a vaccine to do date. Currently, schools aged children between 12-15 are being vaccinated. The booster programme is available for anyone aged 40 and above who have had their 2 doses prior 6 months, this can be booked after 5 months.

10.5. Sussex COVID-19 and Flu 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.

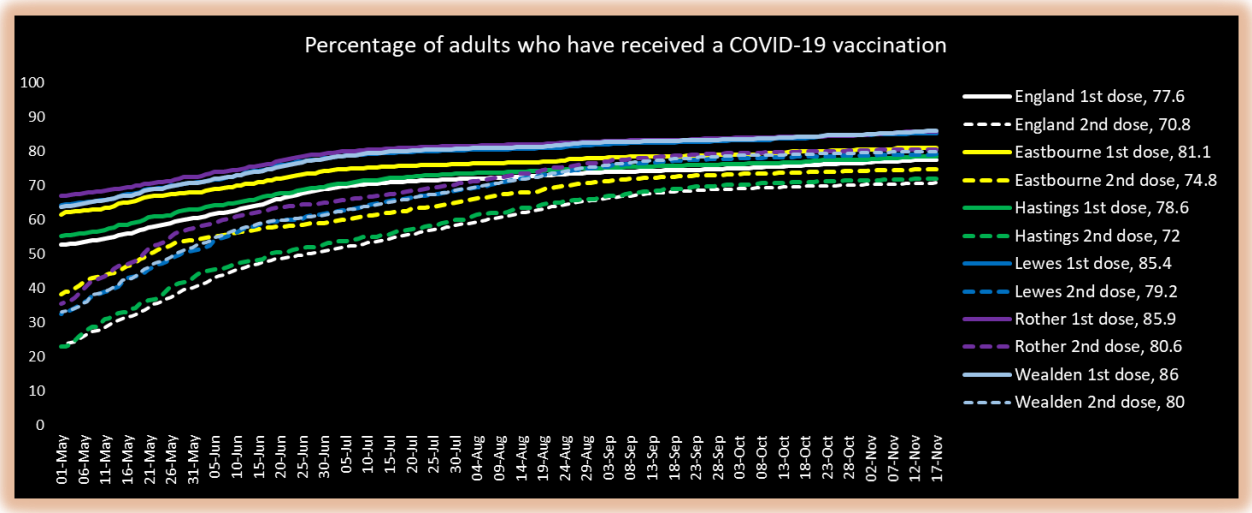
The NHS in Sussex commenced with their vaccination programme from the 9th of December 2020, at the Royal Sussex County Hospital (RSCH) in Brighton, the first site ready to administer the vaccine. Other hospital sites and GP practices have come on board in a phased approach, with other vaccination centres 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.

Focusing areas of low uptake, deprivation to address areas of health inequalities.

Vaccine uptake in East Sussex as of 17th November 2021



Source: [Vaccinations in the UK | Coronavirus in the UK (data.gov.uk)]

10.6. 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) alongside a Communication Plan are being followed.

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– 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 ethnic minorities 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 and Advocates

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 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 a 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.

Vaccine Advocates is a new programme that aims to build on the successful Vaccine Champions programme. The Advocates Programme works with voluntary sector partners, and individuals to actively promote vaccine uptake within their communities, at a very local level for example, working with a local football club to promote the vaccines during men’s mental health month of November 2021.

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 sectors 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. UKHSA 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 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:
UKHSA 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 UKHSA 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 UKHSA 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:
UKHSA 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 UKHSA 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 holidays 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:
Children's Services work closely with public health colleagues to support schools with their COVID arrangements. This includes,

- 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.

Public health and Children's Services have jointly developed systems for monitoring cases occurring in education settings. Where an outbreak is suspected or confirmed Children's Services contact schools to offer help and advice.

Key National Guidance:
Contingency framework: education and childcare settings. Updated 16 November 2021

What else will need to be put in place:
Advice to schools and the introduction of measures under the authority of the Director of Public are reviewed periodically in consultation with Children's Services and Area Group Chairs (head teachers representing schools across the county).

Local outbreak scenarios and triggers:

The key source of information for schools in relation to testing and outbreaks is the UKHSA South East Educational Settings Outbreak Pack which is updated regularly. It contains information regarding thresholds for seeking advice from DfE and the UK Health Security Agency health protection teams. This remains the first point of call for advice relating to outbreak situations.

UKHSASEEducational SettingsOutbreakPack

In addition to the advice available from DfE and health protection teams, the Council's Children's Services and Public Health teams are available to discuss any aspect of outbreak management.

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

Links to additional information:
Guidance for schools: coronavirus (COVID-19). Updated 4.10.21

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:

In September 2021, guidance was issued to prisons regarding regime delivery levels, Stage 1 is the final stage of the National Framework. Though the Framework sets regime expectations for each level, its primary function is to set the level of COVID controls based on the live COVID risk and prevalence rates at each individual prison.

Prisons have experienced a very different third wave of outbreaks and infection largely due to vaccinations and testing. Though the ingress and transmission risks remain; the number of cases requiring hospital treatment has significantly reduced. The current risk profile (e.g., the risk of fatalities) and this has also led to the easing of restrictions in the community. Though prisons remain high risk, the severity of cases has reduced, and the level of restriction is disproportionate to the restrictions in the community.

Prisons need to ease some controls and increase access to the regime, where safe to do so (informed by public health professionals). This does not undermine the measured approach but does mean controls should be eased to enable progress at an appropriate pace.

HMP Lewes is currently delivering to a level 2 restricted regime and is working towards level 1, which will see greater access to activities.

Established UKHSA procedures are in place to manage outbreaks in prisons and other prescribed places of detention, linking with Public Health, Health and Justice teams in NHSEI and NHSE, and HMPPS Health and Social Care. Currently there is a medium incidence of COVID-19 in prisons across the SE. HMP Lewes is currently not in outbreak mode but is regularly monitored.

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: UKHSA and Public Health, Health & Justice leads 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 UKHSA 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 UKHSA.
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 several critical infrastructure sites across the county, where staffing levels need to be maintained, including:

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

What's already in place:

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

Please refer to most up to date guidance: https://www.gov.uk/guidance/working-safely-during-covid-19

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 too 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

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 should consider:

- 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 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 UKHSA, 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, UKHSA 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 UKHSA but if there is limited capacity this may be chaired by the Local Authority Public Health team. Current UKHSA guidelines as of 11/2/2021 are that UKHSA 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
Advice on business testing: Get coronavirus tests for your employees - GOV.UK (www.gov.uk)

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 UKHSA, 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, UKHSA 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 UKHSA 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.)

These Regulations expire at the end of 24th March 2022.

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 and to ensure a consistent approach across pan-Sussex SAGs.

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 UKHSA, 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. It is expected that all venues should consider Covid measures to ensure health & safety of visitors and employees.

Local outbreak scenarios and triggers:

If multiple cases of COVID-19 (suspected or confirmed) occur, UKHSA 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 UKHSA 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 UKHSA, 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 minority's 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:

UKHSA 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 considering 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 UKHSA, 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 UKHSA Health Protection Team are contacted.

If multiple cases of COVID-19 (suspected or confirmed) occur in a GRT or Van dweller community, UKHSA 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 UKHSA 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 can 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 to provide available transit availability across Sussex. Transit availability across Sussex stands at 41 pitches, but all 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 1500 placements made by East Sussex for homeless people who have been housed in emergency accommodation, with most sites hosting several people. Of these, around 200 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 in 2020 an alternative provision was put in place. These are additional accommodation sites housing between 6-8 people who can 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. This winter, again the guidance is to avoid the use of winter night shelters and to use self-contained accommodation as far as possible.

What's already in place:

The UK Health Security Agency UKHSA (UKHSA) 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. UKHSA 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 are also happening through organisations such as Warming up the Homeless.

There is a Health, Housing and Homelessness Group, formally the 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 UKHSA 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 can 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 2022.

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 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 can 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, UKHSA 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 UKHSA 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 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:

Latest Guidance on provision of night shelters - September 2021 COVID-19: provision of night shelters - GOV.UK (www.gov.uk)

Letter from Minister Luke Hall to local authorities asking to 'bring everyone in'

MHCLG/ UKHSA 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 several 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 most 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 UKHSA. 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 UKHSA 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 “lateral flow” 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 UKHSA stepdown and discharge guidance.

These procedures will be developed further as needed between Local Authority, UKHSA and ESHT infection prevention team**.** ESCC PH, UKHSA 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. UKHSA, the CCG and the Local Authority Public Health team are included as required. Outbreaks are reported daily via the Southeast Provider outbreak reporting tool and the UKHSA 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 them 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, UKHSA 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 several locations across East Sussex https://www.sussexpartnership.nhs.uk/east-sussex including:
    - **Supported accommodation:** Acorn House, Eastbourne, BN21 2NW; Mayfield Court, Eastbourne, BN21 2BZ
    - In **Health Centres**: Battle, TN33 0DF; Bexhill, TN40 2DZ; Peacehaven, BN10 8NF
    - **Wellbeing Centres**: Lewes, BN7 1RL; Bexhill, TN39 3LB; Eastbourne, BN21 1DG
    - **Assessment and Treatment Centres:** Avenida Lodge, Eastbourne, BN21 3UY; Horder Healthcare, Seaford, BN25 1SS; Hillrise, Newhaven BN9 9HH.
    - On **Hospital sites:** Crowborough Hospital, TN6 1NY; Orchard House, Victoria Hospital Site, Lewes, BN7 1PF; Uckfield Community Hospital, Uckfield, TN22 5AW (Millwood Unit, Beechwood Unit); Conquest Hospital, TN37 7PT (Woodlands)
    - Amberstone, Hailsham, BN27 4HU
    - Bellbrook Centre, Uckfield, TN22 1QL
    - Braybrooke House, Hastings, TN24 1LY
    - Highmore, Hailsham, BN27 3DY
    - Cavendish House, Hastings, TN34 3AA
    - St Anne's Centre, St Leonards-on-Sea, TN37 7PT
    - St Mary's House, Eastbourne, BN21 3UU
    - Hellingly, BN27 4ER (The Firs, Southview Low Secure Unit, Woodside),

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

- Sussex Community Foundation Trust (SCFT)

What's already in place:

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

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

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

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:

International travel and domestic aviation

To travel abroad from England, travellers need to check each point in the checklist:

1. Check foreign travel advice for all countries being visited or travelled through.
2. Arrange any COVID-19 tests to enter the countries being travelled to.
3. Find out how to use the NHS COVID Pass to prove your vaccination status abroad.
4. Check what needs to done on return to England.

The Common Travel Area (CTA) is made up of Ireland, the UK (England, Northern Ireland, Scotland, and Wales), the Channel Islands and the Isle of Man. If travelling to England from somewhere within the Common Travel Area and you have not been outside of the CTA in the previous 10 days, you do not need to:

- complete the UK passenger locator form
- take any COVID-19 travel tests
- quarantine on arrival in England

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

- on board a vessel (ferry) in port and on board where social distancing is not possible, and 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

On public transport, passengers should wear face coverings in crowded and enclosed areas where you meet people you do not usually meet. It is recommended that the following precautions are observed:

- plan your journey and check your route to identify the options for reaching your destination
- open windows where it is possible and safe to do so
- wash or sanitise your hands regularly
- avoid touching your face
- cover your mouth and nose with a tissue or the inside of your elbow when coughing or sneezing
- while waiting for a service to arrive stay outdoors, rather than indoors, where possible

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, UKHSA 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 UKHSA 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

12.1. 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 UKHSA outbreak/incident level (i.e., local, regional, national)
4. To develop a strategy to deal with the outbreak/incident and allocate responsibilities to members of the OCT/IMT based on the risk assessment
5. To agree appropriate further investigations for contact tracing, and COVID secure measures (setting/community)
6. To agree and initiate further testing (e.g., MTU deployment)
7. To ensure that appropriate control measures are implemented to prevent further primary and secondary cases
8. To review and understand the impacts across the city's different populations and use this to inform response
9. To communicate as required with other health professionals, partner organisations, setting and staff (if applicable), media, public, and local politicians, providing an accurate, timely and informative source of information in appropriate accessible formats / languages
10. Consideration of the need to refer aspects of incident control for legal or expert opinion.
11. Agreeing standardisation of email subject headings
12. To make recommendations regarding the development of systems and procedures to prevent a future occurrence of similar incidents and where feasible enact these
13. To determine when the outbreak/incident can be considered over, based on ongoing risk assessment
14. To produce a report or reports at least one of which will be the final report containing lessons learnt and recommendations.

South East OCT/IMT COVID-19 AGENDA

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

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

OCT/IMT Membership – Attendees and apologies

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

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

South East OCT/IMT COVID-19 MINUTES

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

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

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

Decision Log

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

Action Log

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

12.2. Appendix B: Data integration tasks

Action (Sussex Wide)	Date	Lead Officer	Internal /External partners involved
• Expand role of the Sussex Covid Data and Modelling Group to include data integration to support Local Outbreak Control Plans at a Sussex and UTLA level. • Readjusting plans to reflect what the JBC will provide to local areas.			Sussex wide Data and Modelling Group (membership above)
• Complete work on early warning indicators for subsequent waves of the pandemic and modelling of these waves based upon the assumptions published by SAGE and working.			Data and Modelling Group, University of Sussex (modelling)
• Map and secure regular automated dataflows from a variety of organisations to provide the intelligence to support our system. This includes but is not limited to data from the national testing programme, the community testing programme (SECAMB/Mobile Testing Units (MTU), and the national contact tracing programme UKHSA, HPT, NHS. ***Note:*** *It is currently unclear whether the national JBC will provide a single source of data. This includes data to provide evidence of inequalities and high-risk groups.*			Sussex wide Data and Modelling Group (membership above) Local data group for vulnerable groups cell
• Provide updates as requested to senior managers and local Members, and report to the PH Functional Cell and respond to external requests for information.		GE	East Sussex CC
• Work closely with the local HPT, lead PH Consultant to establish systems to identify and examine outbreaks.		GE	East Sussex CC
		GE/RT	East Sussex CC

Action (Sussex Wide)	Date	Lead Officer	Internal /External partners involved

• Liaise with District and Borough councils to ensure accessing and sharing of data relating to local outbreaks, settings, and events.
 	
• Establish named contacts for data in each of the local authorities, specifically in relation to:
  ○ Communities at higher risk of infection and the impact of COVID
  ○ Specific settings and events at a local level
 	
***Note**: it is anticipated that named contacts should, at least, include Environmental Health staff, and community development / engagement.*			

12.3. 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 considering 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 leads always 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

12.4. Appendix D: Communication Plan

Attached as Appendix 2 of the agenda pack

12.5. Appendix E: East Sussex Vaccination Plan

Attached as Appendix 3 of the agenda pack

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East Sussex County Council

Communications and Engagement Plan

East Sussex Outbreak Control – COVID-19

March 2021 (version 4)

Communications and engagement plan

This communications plan supports the Outbreak Control Plan for East Sussex and sits within the governance framework identified.

Communications will be co-ordinated with national government, Public Health England and East Sussex partner organisations, including regional NHS and district and borough councils. Through the Sussex Resilience Forum, we'll align communications planning with neighbouring authorities and prepare to act jointly in the event of 'cross-border' outbreaks.

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

Close attention must be paid to how specific groups will be reached using online and offline channels, including how residents can be targeted by their locality (home or work) and/or their profession. Our planning includes specific consideration of how to reach at-risk or potentially marginalised groups, including the Black, Asian and Minority Ethnic (BAME) community, shielded groups, the homeless, digitally excluded, people with learning disabilities, people with impaired vision or hearing and gypsy/Roma/traveller communities.

To deliver messaging effectively, the communications team will work not only with the Operational Cell but also monitor Government advice to provide real-time updates on the test and trace service and signpost people to the correct Government sources to gain information.

This plan will be updated as required.

Priorities for communications and engagement

- Secure public trust in outbreak planning and response
- 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.
- Increase public understanding of evolving national and local guidance on health protection, testing and tracing. 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.

Secure public trust in outbreak planning and response

Align local communication with national strategies, messaging, branding and scientific advice, especially the test and trace programme.

Transparency. We will publish the outbreak plan and its summary, make it easy to find and keep it updated as it evolves. We will publicise weekly surveillance reports and other publicly available reports. Meetings of the Health and Well-Being Board will be broadcast live and publicised. We will publish a single point of contact for queries. In the event of an outbreak, we will share data and analysis as widely as reasonably possible (personal data will remain confidential).

Early contact with all relevant partners and stakeholders to share the initial outbreak plan and details of operational arrangements.

General public messaging at this stage should continue to focus on national health and prevention advice and on raising awareness of the test and trace programme. This is more important than public familiarity with the outbreak plan and its processes. We'll mention the plan to help reassure residents about the public health measures in place, but it will not be our top line.

Ensure expert leaders (including Director of Public Health) are visible and lead public communication.

Messaging will be short, plain, non-technical and align with government guidance. It will stress the collective responsibility for managing Covid-19 and the role all of us can play. It will emphasise the relatively low infection rates in East Sussex but recognise the risk of localised outbreak.

In the event of an outbreak, involve local members (county, district and borough, town and parish) in amplifying and sharing public messaging among their communities.

In the event of an outbreak, cascade latest messaging and offer communications support to local influencers/community leaders.

Ensure communication networks and systems are in place to rapidly warn and inform all residents and businesses

Identify mechanisms for rapid, mass communication with general audiences, including resident email, social media and broadcast media). Make use of existing communication networks, including distribution via schools, GPs, care providers and community groups. Prepare print and distribution capacity for potential rapid deployment of non-digital channels, including posters, leaflet delivery and outdoor ads.

Identify additional mechanisms for communication with potentially disadvantaged and/or harder-to-reach parts of the community (cross-checking with high-risk locations and communities identified in the outbreak plan). Build and maintain contacts register. Prepare for flexible targeted communication including digital advertising, direct mail and door drops in the event of localised outbreaks.

Ensure operational cell has permanent communications representation and 24-hour on-call capability. Communications team will prepare for an immediate 'stand-up' if an outbreak is notified.

Be ready for flexible response from 'county-wide' to level of premises, street or town. Prepare communications templates accordingly.

Increase public understanding of evolving national and local guidance on health protection

Use existing channels now to increase promotion of national guidance on health protection (including vaccination), testing and test and trace procedures.

Increase frequency of regular communications (e.g. residents' newsletter) in the event of a local outbreak or new national restrictions.

Field trusted spokespeople on broadcast media during outbreaks to reassure and share public advice

Work effectively with partners across Sussex while recognising we may have differing approaches

Share planning and maintain regular contacts with partners and neighbours through East Sussex conference calls, the SRF, other joint forums and one-to-one contact.

Use partner/member newsletter to give regular updates on developing outbreak situations to wide group of partners/stakeholders. Encourage sign-up to relevant public and partner newsletters now.

Identify communications monitoring capacity (e.g. close media and social media monitoring) to help understand and respond to public response during an outbreak

Co-operate closely on cross-border outbreaks should they occur.

Communications protocol

The communications team at East Sussex County Council provides communications support to the Operational Cell for East Sussex and joins it as required. Contact with communications teams of partner organisations is maintained through several means, including the Sussex Resilience Forum, East Sussex Care and Health Communications Group. This communications plan and its annexes has been shared with all partner organisations and will be re-circulated when each new version is published. It will also be available on Resilience Direct.

The introduction of national tiers (Medium, High and Very High alert levels) replaced the existing local escalation framework and means that movement of East Sussex between tiers will be a decision taken in consultation with national government and public health. National lockdown restrictions currently apply.

If particular local precautions or restrictions are being considered by DPH and national government, the ESCC communications service will stand up a dedicated outbreak team from its staff to alert all residents and businesses and to keep them updated on the situation and the actions they should follow. This will also involve setting up regular meetings with partners' communications teams to ensure joint planning, sharing of appropriate data, messaging, communications products and updates. We will also work with communications teams at national government from the point that a move to a higher tier is suggested.

If an outbreak is cross-border, either within different parts of Sussex or with other neighbouring counties, the communications cell should be established and chaired by the local authority where the outbreak is most intense but will include all relevant partners.

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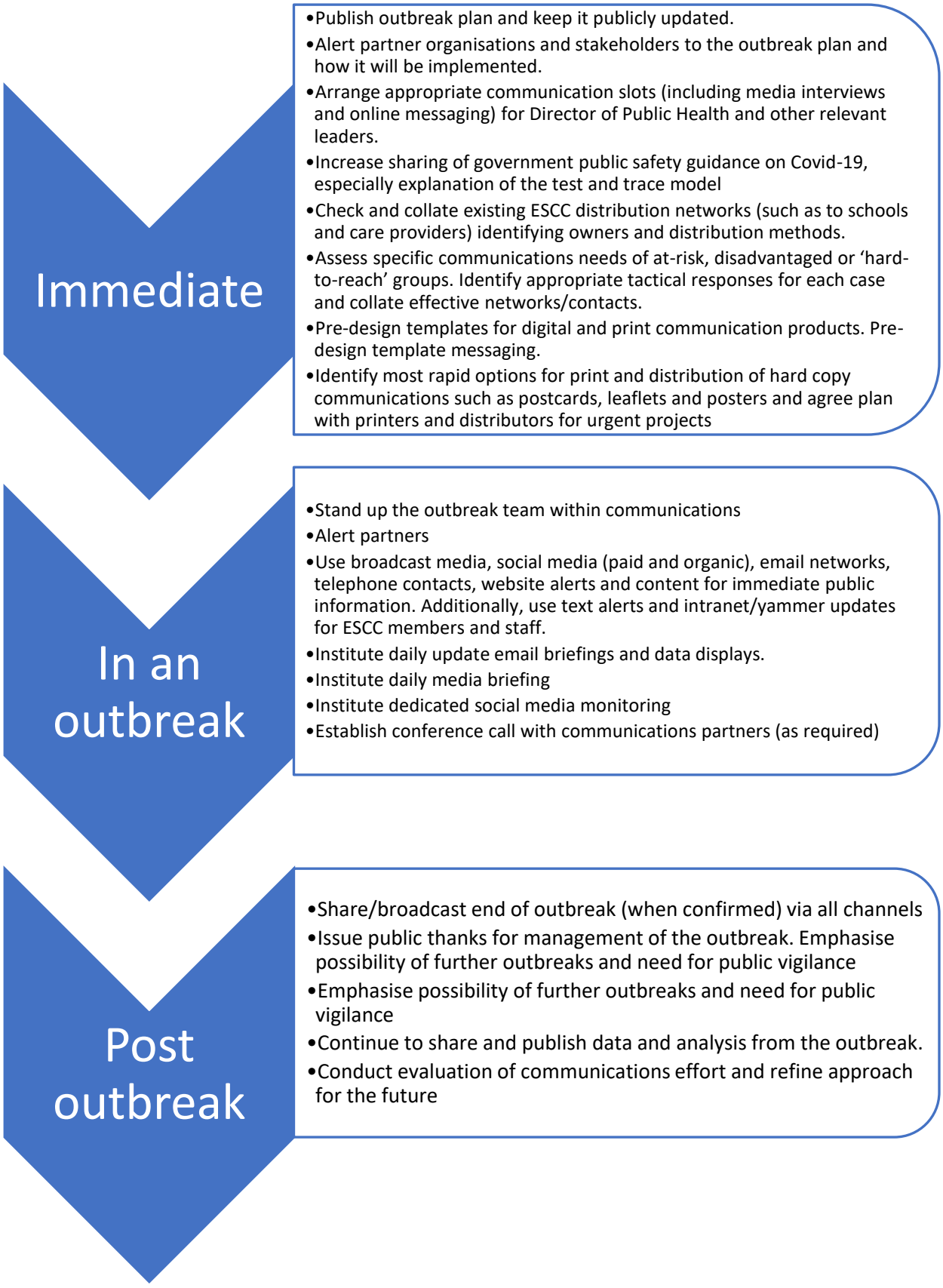
Communications and engagement action plan



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East Sussex County Council

East Sussex COVID-19 Vaccination Plan

March 2021

Version 1.1

East Sussex Public Health Covid-19 vaccination plan

Background

On 11 January 2021, the government published the UK Covid-19 vaccines delivery plan. This is the biggest vaccination programme in NHS history, with an ambitious timetable. By 15 February 2021, the Government aimed to have offered a first vaccine dose to everyone in the top four priority groups identified by the Joint Committee on Vaccination and Immunisation (JCVI) below:

1. all 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 individuals

The primary aim of the first phase of the programme is to reduce mortality and morbidity. The following priority groups are being covered once groups 1-4 have been vaccinated:

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 will likely take until Spring to offer the first dose of vaccination to the JCVI priority groups 1 to 9, with estimated cover of around 27 million people in England and 32 million people across the UK.

JCVI advised that the implementation of the COVID-19 vaccine programme should aim to achieve high vaccine uptake. While the programme seeks to achieve 100% coverage for all groups, best practice in existing programmes has achieved 75% of total population cohorts. An age-based programme will likely result in faster delivery and better uptake in those at the highest risk. Within the guide set out by the JCVI framework, implementation should also involve flexibility in vaccine deployment at a local level with due attention to:

- mitigating health inequalities
- vaccine product storage, transport and administration constraints
- exceptional individualised circumstances

As Phase 1 of the programme is rolled out across the UK, the government will consider all relevant data and set out plans for Phase 2 of vaccination once all at-risk groups 1 to 9 have been offered their first dose of vaccine. Phase 2 of the roll-out may include further reduction in hospitalisation and targeted vaccination of those at high risk of exposure and/or those delivering key public services.

Governance

This plan feeds into the East Sussex Vaccine Health Inequality Oversight Group led by the CCG.

Aim

The overall aim of the East Sussex plan for Covid19 vaccination is to maximise vaccination uptake in all priority groups and reduce inequalities in vaccine uptake in line with Joint Committee on Vaccination and Immunisation (JCVI) evidence and guidance. This document recognises and complements existing work and plans.

Key objectives are:

1. To support coordination of the vaccination programme in East Sussex.
2. To ensure action to reduce health inequalities in the roll out and uptake of the programme.

East Sussex population background *(Source: Equality and Diversity Profile for East Sussex, Sep 2020)*

Age and Sex:

- East Sussex has a notably older population compared to England with 25.9% of people aged 65 years and over, compared to 18.4% for England. Overall, females (52%) make up a very slightly higher proportion of the East Sussex population than males. The proportion of working age (15-64 years) males (58.9%) is slightly higher than for females (57.4%). For over 65s there are more females (27.7%) than males (24.1%).

Deprivation:

- Within East Sussex, there are 329 LSOAs, 22 of which rank among the 10% most deprived neighbourhoods in England.
- Two LSOAs are amongst the most deprived 1% in the country and both are in Hastings (Baird and Tressell wards). Another eight are among the most deprived 5% of LSOAs, all of which are also in Hastings except one (Sidley ward in Bexhill).
- The ten most deprived areas in East Sussex: Baird, Tressel, Castle, Central St Leonards, Hollington, Sidley, Wishing Tree, Ore and Gensing.

Carers:

- There are over 10,000 persons claiming Carers Allowance in East Sussex. Not all those who are entitled to the payment receive it, approx. 37%. This implies there are at least 15,000 carers in East Sussex.

Disability:

- 20% of East Sussex residents reported that their day-to-day activities are limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months, compared to 18% for England & Wales. There are over 14,000 people entitled to Disability Living Allowance (DLA) and over 18,000 people entitled to Personal Independence Payment (PIP). There are over 18,000 people claiming Attendance Allowance (AA) in East Sussex. Half of claimants (9,000 people) are for persons aged 85 years or over.

Race and ethnic origin:

- Total East Sussex population = 526,671 people (*Source: Census 2011*)
    - 96% (n=504,607) = White (incl. White Irish and Other White) /*Nationally = 85.8%*
    - 0.5% (n=2,912) = Black (incl. African, Caribbean and Other Black) /*Nationally = 3.4%*
        - Hastings =1,065/Eastbourne =783/Lewes=416/Wealden=343/Rother =305
    - 0.4% (n=1,946) = White and Black Caribbean */Nationally = 0.8%*
    - 0.4% (n=1,931) = Chinese */Nationally = 0.7%*
    - 0.4% (n=2,253) = Indian */Nationally = 2.5%*
    - 0.2% (n=1,042) = Bangladeshi */Nationally = 0.8%*
    - 0.1% (n=317) = Pakistani */Nationally = 2.0%*
    - 0.2% (n=815) = Gypsy or Irish Traveller */Nationally = 0.1%*
    - 1.8% (n=9,143) = All Asian or Asian British
        - Eastbourne =2,795/Hastings=2,126/Wealden=1,719/Lewes=1,400/Rother =1,103

Learning disabilities:

- There are about 2000 people in East Sussex with a learning disability (known to the ESCC Community Learning Disability Team (CLDT)).

- Approximately 600 people are engaged with ESCC Learning disability services due to living in residential settings, attending respite services and attending day centres. Many others will access support from the independent sector.

Homeless people:

- Total = 1,812: Eastbourne = 542, Hastings = 519, Rother = 277, Wealden =253, Lewes = 221.

Gypsy, Roma, Travellers (GRT):

- Total = 815: Wealden=368 (*Hailsham=116*), Hastings=150, Rother=134, Eastbourne <100, Lewes <100.

National populations with reduced uptake of the COVID19 vaccine

(Source: Office for National Statistics – Opinions and Lifestyle Survey – 5th March 2021).

1. **Age**: 94% of adults reported they had now received, are awaiting, or would be likely (very or fairly likely) to have the vaccine if offered. This proportion increased with age, with 99% of adults aged 70+ reporting this, compared with 89% of those aged 16-29 years.
2. **Ethnicity**: Among adults with ethnic minority backgrounds, Black or Black British adults were most likely to report vaccine hesitancy, with 44% of Black or Black British adults reporting hesitancy compared with 8% of White adults.
3. **Gender**: Although similar proportions of men and women reported that they would be hesitant towards having a COVID-19 vaccine overall, a slightly higher proportion of younger women (aged 16 to 29 years) reported vaccine hesitancy (19%) compared with men in the same age group (15%). The gap between men and women narrowed for older ager groups.
4. **Deprivation**: Adults living in the most deprived areas of England were more than twice as likely to report vaccine hesitancy (16%) as adults in the least deprived areas (7%).
5. **Clinically vulnerable and disability**: Adults who were not clinically extremely vulnerable (CEV) were more likely to report vaccine hesitancy (9%) than those who were clinically extremely vulnerable (4%). Adults without an underlying health condition were more likely to report vaccine hesitancy (10%) than those with an underlying health condition (6%). Disabled and non-disabled adults reported more similar levels of vaccine hesitancy (8% and 9% respectively).
6. **Healthcare workers**: *(Source: University of Leicester Healthcare Trust, Feb 2021)* 65% of 19,044 healthcare workers had received at least one shot of a Covid vaccine, but the figure masked substantial differences in uptake. While 71% of white staff had had the shot, only 59% of south Asians and 37% of black staff had received the vaccine. 32% of unvaccinated staff were under 30, compared with 19% of those vaccinated, suggesting that younger healthcare workers may not appreciate the importance of being immunised, or are more hesitant about the jabs. Other figures showed that unvaccinated staff were more likely to live in deprived areas than those who had the jab.

East Sussex populations with reduced uptake of the COVID19 vaccine

(Source: Sussex Health and Care Partnership – Health Inequalities Review – 4th March 2021 data)

1. **Age by East Sussex LTLA:**
    - Hastings has lower uptake than all other East Sussex LTLAs, with lower than national levels in all age groups.
    - Rother has very low uptake in age 65-69 age group. Eastbourne is low in 80+.
    - Lewes and Wealden are at (or above) national levels of uptake in all age groups.

Hastings:

- 65-69 = bottom 3% nationally
- 70-74 = bottom 15% nationally
- 75-79 = bottom 15% nationally
- 80+ = bottom 15% nationally

Rother:

- 65-69 = bottom 15% nationally

Eastbourne:

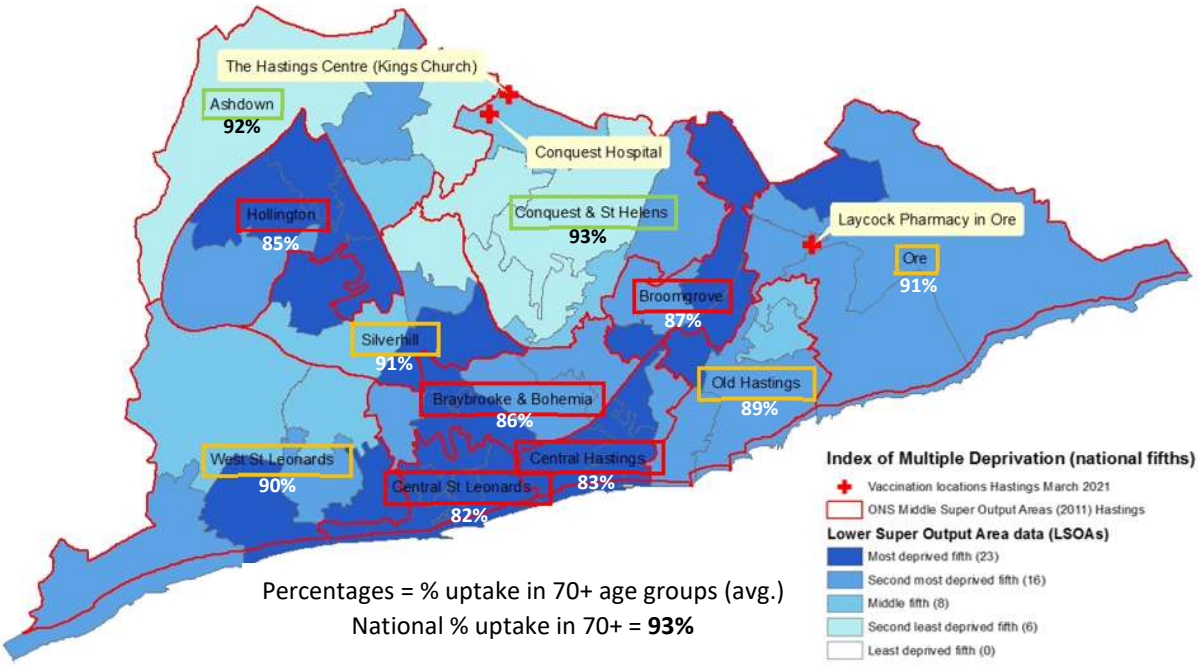
- 80+ = bottom 17% nationally

	Uptake					Rank (314 = lowest uptake)				
LTLA Name	Under 65	65-69	70-74	75-79	80+	Under 65	65-69	70-74	75-79	80+
Eastbourne	24%	85%	91%	93%	91%	1	150	226	230	261
Hastings	17%	66%	88%	90%	89%	103	305	273	276	275
Lewes	19%	88%	92%	94%	93%	46	86	197	196	215
Rother	20%	77%	94%	95%	95%	16	267	158	157	131
Wealden	17%	86%	94%	95%	94%	118	120	148	147	161
England	15%	83%	92%	93%	93%					

- **Hastings**:
  - The MSOAs Braybrook & Bohemia, Broomgrove, Central Hastings, Central St Leonards and Hollington have significantly low uptake in all age groups.
  - Ashdown, Conquest and St Helens, Old Hastings, Ore, Silverhill and West Leonards have good uptake in the older (70-74, 75-79, 80+) groups, similarly to national levels.
  - Uptake in age 65-69 in all Hastings MSOAs is significantly lower than national levels.
  - *<u>Suggestion</u>: Is access a factor in Braybrook & Bohemia, Broomgrove, Central Hastings, Central St Leonard and Hollington, as MSOAs with good access have much higher uptake in older groups? Deprivation and younger age hesitancy are likely contributing factors in all areas. Younger age groups have lower uptake in all areas.*

		Uptake				
LTLA Name	MSOA Name	Under 65	65-69	70-74	75-79	80+
Hastings	Ashdown	18%	68%	93%	92%	91%
Hastings	Braybrooke & Bohemia	16%	62%	87%	87%	85%
Hastings	Broomgrove	15%	63%	85%	89%	87%
Hastings	Central Hastings	14%	56%	83%	80%	85%
Hastings	Central St Leonards	14%	51%	77%	82%	85%
Hastings	Conquest & St Helens	21%	76%	93%	95%	91%
Hastings	Hollington	16%	59%	87%	86%	82%
Hastings	Old Hastings	18%	68%	89%	90%	89%
Hastings	Ore	18%	77%	93%	90%	90%
Hastings	Silverhill	17%	65%	89%	91%	94%
Hastings	West St Leonards	18%	72%	90%	91%	90%
	England	15%	83%	92%	93%	93%

Map of Hastings showing vaccination sites, areas of deprivation and % vaccine uptake in MSOAs:



Percentages = % uptake in 70+ age groups (avg.)
National % uptake in 70+ = **93%**

- **Rother**:
  - Bexhill Central has low uptake in all age groups.
  - Uptake in age 65-69 is lower than national levels in all Rother MSOAs, except for in Battle & Catsfield, Burwash, Sedlescombe & Staplecross, and Robertsbridge.
  - *<u>Suggestion</u>: Is access a factor in Bexhill as this is the only MSOA with lower uptake in older groups? Deprivation and younger age hesitancy are likely contributing factors in the less affluent MSOAs. Younger age groups have lower uptake in less affluent Rother MSOAs, e.g. all except for more affluent areas (Battle & Catsfield, Burwash, Sedlescombe & Staplecross, and Robertsbridge).*

		Uptake				
LTLA Name	MSOA Name	Under 65	65-69	70-74	75-79	80+
Rother	Battle & Catsfield	19%	86%	97%	96%	96%
Rother	Bexhill Central	22%	65%	89%	92%	92%
Rother	Bexhill East & Pebsham	23%	69%	92%	95%	95%
Rother	Bexhill North & Sidley	18%	62%	90%	94%	93%
Rother	Burwash, Sedlescombe & Staplecross	21%	86%	94%	94%	96%
Rother	Collington, Cooden & Little Common	23%	76%	95%	96%	96%
Rother	Kewhurst	23%	74%	96%	95%	95%
Rother	Northiam, Peasmarsh & Camber	20%	78%	92%	94%	95%
Rother	Robertsbridge, Hurst Green & Ticehurst	18%	90%	93%	96%	96%
Rother	Rye & Winchelsea	20%	74%	92%	95%	95%
Rother	Westfield, Fairlight & Broad Oak	21%	79%	94%	94%	93%
	England	15%	83%	92%	93%	93%

- **Eastbourne**:
  - The MSOA Pier has significantly lower uptake than all other Eastbourne MSOAs across all age groups. Hampden Park North, Sovereign Harbour and Upperton have lower uptake in older (70-74, 75-79 and 80+) age groups.
  - There is good uptake in all other Eastbourne MSOAs, including in age 65-69.
  - *<u>Suggestion</u>: Is access a factor in Pier as this is the only MSOA with lower uptake in all age groups? Is access also a factor in Hampden Park North, Sovereign Harbour and Upperton as these all have lower uptake in the older age groups? Deprivation and younger age hesitancy seem to contribute less to Eastbourne than Hastings/Rother. Reasons for lower uptake in all groups in Pier may need investigating.*

		Uptake				
LTLA Name	MSOA Name	Under 65	65-69	70-74	75-79	80+
Eastbourne	Hampden Park North	23%	85%	93%	91%	88%
Eastbourne	Hampden Park South	27%	88%	93%	96%	92%
Eastbourne	King Edward's Parade	20%	80%	88%	90%	92%
Eastbourne	Langney East	23%	87%	95%	94%	93%
Eastbourne	Langney West	25%	87%	95%	96%	89%
Eastbourne	Meads	28%	88%	93%	93%	92%
Eastbourne	Old Town & Motcombe	30%	88%	91%	91%	92%
Eastbourne	Pier	20%	66%	78%	84%	82%
Eastbourne	Ratton	28%	90%	92%	96%	92%
Eastbourne	Roselands	24%	82%	93%	95%	90%
Eastbourne	Sovereign Harbour	22%	88%	90%	91%	90%
Eastbourne	St Anthony's Hill	22%	86%	94%	94%	91%
Eastbourne	Upperton	29%	82%	88%	94%	89%
	England	15%	83%	92%	93%	93%

- **Lewes:**
  - East Saltdean, Newhaven West, Peacehaven East and West, and Seaford Town have low uptake in the older (70-74, 75-79 and 80+) age groups.
  - All other MSOAs have good uptake in all age groups similarly to national levels.

- *<u>Suggestion</u>: Is access a factor in Saltdean and the Havens as these are the only MSOAs with lower uptake in older age groups?*

		Uptake				
LTLA Name	MSOA Name	Under 65	65-69	70-74	75-79	80+
Lewes	Chailey, Newick & Barcombe	15%	81%	94%	96%	98%
Lewes	East Blatchington	31%	92%	93%	96%	93%
Lewes	East Saltdean & Telscombe Cliffs	16%	85%	92%	89%	88%
Lewes	Lewes Central & East	18%	85%	91%	92%	94%
Lewes	Lewes West	16%	89%	93%	94%	96%
Lewes	Newhaven Town	17%	85%	92%	95%	92%
Lewes	Newhaven West	13%	86%	87%	87%	89%
Lewes	Peacehaven East	16%	86%	90%	90%	88%
Lewes	Peacehaven West	15%	88%	93%	91%	90%
Lewes	Ringmer, Glynde & South Heighton	20%	89%	95%	96%	96%
Lewes	Seaford Eastbourne Road	28%	94%	94%	97%	95%
Lewes	Seaford Town	28%	87%	89%	94%	89%
Lewes	Wivelsfield Green, Ditchling & Rodmell	15%	87%	95%	96%	96%
	England	15%	83%	92%	93%	93%

- **Wealden**:
  - The MSOA Forest Row & Coleman's Hatch has significantly low uptake across all age groups.
  - Broad Oak & Horam, Crowborough South East, Healthfield and Herstmonceux & Ninfield have lower uptake in age 65-69.
  - *<u>Suggestion</u>: Forest Row has a known history of opposing views to vaccines and healthcare in general. Behavioural intervention and education may need to be focussed in this area. Could access be an issue in Crowborough South East and Hailsham East? Deprivation and younger age hesitancy could be contributing to lower uptake in Broad Oak & Horam, Crowborough South East, Healthfield and Herstmonceux & Ninfield,*

		Uptake				
LTLA Name	MSOA Name	Under 65	65-69	70-74	75-79	80+
Wealden	Broad Oak & Horam	16%	81%	92%	95%	96%
Wealden	Buxted, Framfield & Rotherfield	12%	90%	93%	96%	96%
Wealden	Chelwood & Nutley	13%	85%	93%	94%	94%
Wealden	Crowborough North East	12%	86%	96%	97%	96%
Wealden	Crowborough South East	13%	81%	88%	94%	93%
Wealden	Crowborough Whitehill & Warren	14%	89%	94%	96%	95%
Wealden	Five Ash Down, Horsted & Chiddingly	14%	89%	94%	97%	96%
Wealden	Forest Row & Coleman's Hatch	10%	74%	85%	88%	88%
Wealden	Frant & Groombridge	13%	91%	94%	91%	97%
Wealden	Hailsham Central & East	25%	91%	95%	96%	95%
Wealden	Hailsham East	24%	88%	91%	93%	92%
Wealden	Hailsham North, Alfriston & East Dean	23%	93%	95%	95%	94%
Wealden	Hailsham South & West	24%	91%	95%	95%	93%
Wealden	Heathfield	15%	74%	93%	96%	95%
Wealden	Herstmonceux & Ninfield	17%	80%	95%	96%	95%
Wealden	Mayfield & Wadhurst	11%	89%	95%	93%	96%
Wealden	Polegate	17%	85%	92%	94%	92%
Wealden	Stone Cross, Westham & Pevensey Bay	21%	88%	94%	95%	93%
Wealden	Uckfield South	14%	86%	94%	97%	93%
Wealden	Uckfield Town & North	13%	84%	96%	97%	95%
Wealden	Willingdon	24%	89%	96%	95%	93%
	England	15%	83%	92%	93%	93%

2. **Ethnicity:**
    - Black African, Black Caribbean and people of any other Black background, Mixed White and Black Caribbean people, Chinese people and Pakistani and British Pakistani people have significantly lower uptake in all age groups, in clinically extremely vulnerable, and in healthcare workers.
    - Bangladeshi people have significantly lower uptake in all age groups and in clinically extremely vulnerable people, but good uptake in healthcare workers.
    - Indian or British Indian people, and Any Other White Background also have lower than average levels in all groups, though less significantly than the above.
3. **Gender:**
    - There is near equal uptake in females and males in age 70+, leaning towards higher uptake in females.
    - There is higher uptake in females than males in age 65-69.
    - There is lower uptake in females than males in healthcare workers and in the clinically extremely vulnerable.
4. **Deprivation:**
    - Deprived (DQ1) and Moderately Deprived (DQ2) people/areas in East Sussex have significantly lower uptake than average and affluent people/areas in all age groups, and in clinically extremely vulnerable.
5. **Clinically extremely vulnerable:**
    - There is lower uptake in clinically extremely vulnerable females than in males.
    - There is lower uptake in clinically extremely vulnerable with ethnicities outlined above (Black African, Black Caribbean and people of any other Black background, Mixed White and Black Caribbean people, Chinese people, Pakistani and British Pakistani people and Bangladeshi people).
    - There is better uptake in the older age groups (93% of 80+, 94% of 70-79 and 89% of 60-69) in the clinically extremely vulnerable. This decreases going down the age groups (84% in 50-59, 77% in 40-49, 65% in 30-39, 64% in 20-29 and 67% in 10-19).
6. **Healthcare workers:**
    - There is lower uptake in female healthcare workers than in males.
    - There is lower uptake in healthcare workers with ethnicities outlined above (Black African, Black Caribbean and people of any other Black background, Mixed White and Black Caribbean people, Chinese people and Pakistani and British Pakistani people).
    - There is better uptake in the older age groups (88% of 80+, 93% of 70-79 and 91% of 60-69). Uptake decreases going down the age groups (90% in 50-59, 85% in 40-49, 74% in 30-39, 73% in 20-29 and 67% in 10-19).

Who and where in East Sussex needs engaging with?

1. **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.
2. **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, may need more information, education and awareness, discussion with trusted people, comms, champions.

3. **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.
4. **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.
5. **Males** – healthy, white, older and younger males – individual reasons need investigating – targeted comms including direct messaging 'not just for you, to protect your children, grandchildren'. Behavioural and psychological work.
6. **Areas of deprivation** – Hastings, Rother and specific areas of Wealden.
7. **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.
8. **Healthcare workers** – individual reasons need investigating, care homes, ASC work, engage with ESHT, PCNs, CCGs. Webinars, Q&As, clear direct messaging.
9. **Other groups** – e.g. homeless, travelling community, refugees.

What are the 5 key areas of focus?

1. **Access**: improve access to vaccination sites and use pop-up sites in low access areas.
2. **Opportunistic delivery**: mobile vaccination buses to target low uptake groups.
3. **Communication**: simple, trusted resources, social media, webinars, Q&A sessions and clear messaging.
4. **Community engagement:** vaccination champions, voluntary action groups, Health and Wellbeing hubs.
5. **Follow up**: individual recall after missed vaccine appointments – engage with GPs and PCNs.

1. Access:

- <u>Actions:</u>
    - Create a map of LSOA/MSOA boundaries for other LTLAs, similar to Hastings, to compare areas of known deprivation, uptake and access.
    - Work with D&B council, community networks and the CCG to discuss findings from the data and suggest additional vaccination sites where needed.
    - Initiate additional permanent and/or pop-up sites using existing infrastructure e.g. Health and Wellbeing hubs, pharmacies, village halls, community centres, or using mobile buses where appropriate (see below).
- <u>Locations of focus (based on data):</u>
    - Hastings: Braybrook & Bohemia, Broomgrove, Central Hastings, Central St Leonards, Hollington, Ore.
    - Rother: Bexhill.
    - Eastbourne: Pier, Hampden Park North, Sovereign Harbour, Upperton.
    - Lewes: Saltdean, Newhaven, Seaford, Peacehaven.
        - The nearest vaccine site to the Havens is the Brighton racecourse. This is 6.4 miles away and not easily accessible by public transport.
        - Could the Meridian Centre be a useful alternative for a vaccine site? It has plenty of free parking, space, toilets and is completely full of empty shop units. The model is being used by Victoria medical group in Eastbourne using a shop within the beacon centre.

2. Opportunistic mobile delivery:

- Actions:
    - Use data to direct focus on populations and geographical areas with low uptake.
    - Work with D&B councils, community networks and the CCG to discuss which population groups and geographical areas would benefit from mobile units.
    - Raise awareness through community engagement. Use discussions and feedback from communities to guide choice of locations and dates for mobile buses.
- Possible locations of focus:
    - Places of worship e.g. mosques
    - Traveller, refuge, ethnically diverse communities
    - Schools, colleges, nurseries
    - Clubs and leisure centres
    - Community centres
    - Hospitality venues
    - Parks, beaches, large open spaces
    - Workplaces

3. Communication:

- Actions:
    - Use simple, reliable and trusted resources e.g. NHS England and Sussex CCG.
    - Work with the CCG to share streamlined communication using approved resources.
    - Regular webinars and Q&A sessions with focussed groups e.g. BAME communities, healthcare workers, females, younger people.
    - Develop a comms strategy with the CCG to raise awareness of improved access via free transport schemes, mobile vaccination units, increased capacity at existing sites.
    - Work with ESCC comms for initiatives such as letter dropping and targeted comms.

4. Community engagement:

- Actions:
    - Work with the CCG and the CCG-led COVID vaccine champions scheme.
    - Work with D&B council and community networks to develop more community champions based on Crawley and Arun models, Newham model and other national best practice.
    - Work with existing community networks to build on relationships, e.g. Health and Wellbeing Hubs and community centres.

5. Follow up: individual recall after missed vaccine appointments

- Actions:
    - Discuss with clinical directors of PCNs across East Sussex about how to set up the most effective plan for this.
    - Invite a representative from the PCNs to local authority level meetings.

Next section (pages 10-17): detailed action plan for East Sussex-wide population groups.

Who	Where	How	Best practice examples	Issues to consider	Who to engage with
Age					
Older people • Reduced access, housebound, missed their appointments, uncontactable or difficult to reach, in care homes, anxious about leaving home, lack of transport, e.g. people who would like to be vaccinated but haven't been able to.	Use MSOA data to highlight areas of lower uptake in older age group: • Hastings - *Braybrook & Bohemia, Broomgrove, Central Hastings, Central St Leonard, Hollington.* • Rother – *Bexhill.* • Eastbourne – *Pier, Hampden Park North, Sovereign Harbour, Upperton.* • Lewes - *Saltdean, Newhaven West, Peacehaven, Seaford.* • Wealden – *none.*	Use PCNs and GP data – call people who did not attend their appt. or refused due to access reasons. Rearrange and support them to attend, e.g. give advice, book a taxi. Look at areas of vaccination sites to see if access could be improved, e.g. do more rural vaccination sites need setting up, are there uneven areas of site distribution? Mobile bus units – send a mobile vaccination bus to areas of lower uptake with reduced access.	Brighton – PCNs commissioned HERE to call people using GP data. Brighton – Mobile vaccination bus and St John's ambulance (deliver 100 vaccines a day) Crawley – PCN led vaccination bus proactively visits areas of lower uptake. Leicester – most high impact initiative is contacting individuals by GPs.	How to contact people who haven't attended – data protection issues. Who should contact people – does it need to be a trusted medical professional able to answer medical questions, knowledge of behavioural techniques? Is a medical professional the right person (e.g. community leader or champion instead?) Using correct, trusted resources with simple, up to date information. Paying for and organising the transport and mobile vaccine buses.	ICS, CCG, PCNs Voluntary action groups, vaccination champions and community champions. D&B councils Community organisations e.g. healthy ageing initiatives, Age UK
Younger people (65-69 and younger) • Those who have refused or chosen	Use MSOA data to highlight areas of lower uptake in younger age groups:	Individual reasons need investigating: info about why and reasons for anxiety/refusal.	Brighton has not yet done much engagement with younger people.	This is likely to be a growing issue as more younger age groups	ICS, CCG, PCNs Voluntary action groups,

not to have their vaccine for a multitude of reasons, e.g. believe COVID doesn't affect them, anxieties about missing work/getting ill, childcare etc., fertility worries, ambivalence - not been encouraged enough to get it.	• Hastings – *all areas.* • Rother - *all areas except Battle & Catsfield, Burwash, Sedlescombe & Staplecross, and Robertsbridge.* • Eastbourne – *none yet.* • Lewes – *none yet.* • Wealden – *none yet.* Reduced uptake in younger people will likely grow even more as we progress down the age groups – a widespread approach is likely necessary.	Online surveys and opinion polls. Look at ONS data. Call people who didn't attend their appointments using PCN data. Find out why, offer advice, signpost to information. Community engagement – work based, wellbeing based, leisure centres. Education and raising awareness, webinars and Q&A sessions - discussions with trusted people e.g. teachers, champions, influencers, leaders. Communication e.g. social media.	They predict this will likely be more challenging than their other engagement work so far. Crawley PCNs are reporting lower uptake in younger age groups already.	are offered the vaccine. Proactive initiatives are needed to engage with younger people in anticipation of low uptake rates. Same issues as with older people re contacting people and data issues.	vaccination champions and community champions D&B councils Comms team National campaigns targeted at younger people Behavioural workshops and useful resources Healthy workplace initiatives
Ethnicity					
Black African, Caribbean + people of other Black backgrounds • All age groups, clinically extremely vulnerable, healthcare workers.	Across East Sussex (2011 Census): • Hastings = 1,065 • Rother = 305 • Eastbourne = 783 • Lewes = 416 • Wealden = 343 Faith centres e.g. mosques at Ramadan	Targeted community engagement with different ethnicity groups alongside BAME networks. Webinars led by health and faith leaders. Encourage clinicians from BAME background to act as	Lots of national BAME engagement work	Messaging must be balanced, not push too hard and isolate people for their beliefs. Be careful of further stigmatisation and alienation.	ICS, CCG, PCNs Community BAME networks, Turning the Tide Oversight Board, Hastings voluntary action Faith groups

• Reasons across all BAME groups: high levels of mistrust, lack of ethnic minority representation, difficulty reaching communities, anxiety over side effects/fertility.	Use knowledge of East Sussex religions and communities to target engagement	ambassadors for their communities. Covid vaccine and community champions Translated and tailored messaging for particular communities and languages Pop up vaccination units at faith and community centres. Ensure that employers in care homes implement full salary for staff who are on sick leave or isolating due COVID-19 - enable local authorities to check that this is being implemented. Enable safe whistleblowing procedures.		Using correct, trusted resources with simple, up to date information.	Employment groups Kaveri Sharma (ESCC - Equality and Inclusion Manager, ASC) Deborah Owen (ESCC - EALS Manager)
Chinese • All age groups, clinically extremely vulnerable, healthcare workers.	As above	As above			As above
Pakistani • All age groups, clinically	As above	As above			As above

extremely vulnerable and healthcare workers.					
Bangladeshi • All age groups and clinically extremely vulnerable.	As above	As above			As above
Gender					
Females • Younger age, childbearing age, pregnant, breastfeeding, clinically extremely vulnerable, healthcare workers, other reasons e.g. ambivalence and anxiety, lots of misinformation e.g. infertility.	All over East Sussex Particularly healthcare workers and clinically extremely vulnerable	Individual reasons need investigating: info about why and reasons for anxiety/refusal. Call people who didn't attend their appointments using PCN data. Find out why, offer advice, signpost to information. Webinars, Q&A sessions with high profile NHS, O&G, female, respected and trusted leaders. Share personal experiences from other young females. Up to date, simple medical information. Covid vaccine champions and community champions.	Brighton – PCNs commissioned HERE to call people using GP data. Leicester – most high impact initiative is contacting individuals by GPs. Champions models Community engagement models	Same issues as with older/younger people re contacting people and data issues. Who should be contacting people? Who should lead on engagement with females and be a contact for people with questions? Using correct, trusted resources with simple, up to date information.	ICS, CCG, PCNs Voluntary action groups, vaccination champions and community champions D&B councils Comms team NHS professionals e.g. O&G leaders and female advocates.

Males • Younger and older age, white, other reasons e.g. ambivalence and anxiety, not engaged with healthcare.	All over East Sussex All ages. Particularly white males.	Individual reasons need investigating: info about why and reasons for anxiety/refusal. Call people who didn't attend their appointments using PCN data. Find out why, offer advice, signpost to information. Targeted comms with direct messaging "not just for you, but to protect vulnerable people" "do you want to be around for your children and grandchildren?" – similar blunt messaging as in smoking and alcohol adverts. Behavioural and psychological engagement Workforce/employment engagement initiatives	Brighton – PCNs commissioned HERE to call people using GP data. Leicester – most high impact initiative is contacting individuals by GPs. Champions models Community engagement models	Same issues as with females. Using correct, trusted resources with simple, up to date information. Being careful not to alienate and stigmatise	ICS, CCG, PCNs Voluntary action groups, vaccination champions and community champions D&B councils Comms team Community groups working with males Employment groups
Deprivation					
Deprived and moderately deprived areas	Use knowledge of most deprived areas in East Sussex. Use MSOA data to confirm and track uptake	Use MSOA data to track uptake in areas of known deprivation. Target engagement work in these areas.	Brighton – Mobile vaccination bus and St John's ambulance (deliver 100 vaccines a day)	Awareness of multifactorial reasons for reduced uptake in areas of deprivation.	Voluntary action groups, vaccination champions and community champions

	in areas of known deprivation: • Hastings • Rother • Areas of Wealden	Vaccine champions and community champions. Mobile units to deprived areas. Targeted comms. Behavioural and psychological engagement.	Crawley – PCN led vaccination bus proactively visits areas of lower uptake. Champions Community engagement initiatives	Be careful of stigmatisation and alienation Using correct, trusted resources with simple, up to date information.	D&B councils Comms team Community groups
Clinically extremely vulnerable					
• Learning disabilities • Physical disabilities • Covid-19 at risk • Mental health	All over East Sussex Particularly females and younger age groups	Use PCNs and GP data – call people who did not attend their appt. or refused due to access reasons. Rearrange and support them to attend, e.g. give advice. Individual reasons need investigating: info about why and reasons for anxiety/refusal. If access is an issue, whether due to anxiety or transport – use mobile vaccination units, targeted at day centres, village halls. Target comms depending on reason for refusal –	Brighton – Mobile vaccination bus and St John's ambulance (deliver 100 vaccines a day) Crawley – PCN led vaccination bus proactively visits areas of lower uptake. Champions Community engagement initiatives	Same issues as with older/younger people re contacting people and data issues. Who should be contacting people? Should ESCC services proactively do ring arounds and mail drops, or should this be primary care led? Using correct, trusted resources with simple, up to date information.	ICS, CCG, PCNs Voluntary action groups, vaccination champions and community champions D&B councils Comms team Community groups

		could link to any of the other categories. Work with learning disabilities service, physical disabilities, mental health organisations – gather insights, hold webinars and Q&A sessions, distribute useful info.			
Healthcare workers					
• Females, males • BAME • CEV	All over East Sussex Particularly younger age groups, BAME and CEV.	Individual reasons need investigating: info about why and reasons for anxiety/refusal. Targeted care homes approach – call managers, use uptake tracker etc. Online surveys and opinion polls. Surveys sent by ASC to carer workforce. Contact community care agencies and organisations to raise awareness and gather insights. Call people who didn't attend their appointments using ESHT data. Find out why, offer advice, signpost to information.	Champions models Community engagement initiatives	Rate of successful engagement with care workers is difficult to monitor as the total numbers of carers is unknown. Tracking uptake is difficult – especially in unregistered/unpaid carers and personal assistants (not employed by the council). Using correct, trusted resources with simple, up to date information.	ICS, CCG, ESHT NHS Trust, GP practices, PCNs Adult Social Care Vaccine champions Community engagement e.g. organisations such as the Alzheimer's society. D&B councils Comms team Community groups

		Targeted approach depending on reasons for low uptake – e.g. female, BAME, CEV. Bulletins, webinars, Q&A sessions with high profile medical professionals, respected and trusted leaders. Share personal experiences from other healthcare workers.			
Other					
GRT Homeless/rough sleepers Forest Row	All over East Sussex Forest Row	Mobile vaccination bus Targeted comms. Behavioural and psychological engagement.	Brighton – community engagement and mobile vaccination bus	No NHS number – makes tracking of uptake difficult and successful efforts won't be reflected in the data. No fixed abode – hard to contact and communicate with. Emergency housing – who is responsible for people moved out of area (e.g. Brighton into Eastbourne and vice versa) Difficult to engage with	ICS, CCG, PCNs FFT (Friends Families and Travellers) Brighton and Hove/Sussex wide initiatives D&B councils Comms team

Report to:	**East Sussex Health and Wellbeing Board**
Date of meeting:	**14 December 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 update the Health and Wellbeing Board on the ongoing welfare concerns for unsupported homeless people placed in Kendal Court and other temporary accommodation in the Lewes and Eastbourne areas by Brighton and Hove City Council**

RECOMMENDATIONS:

The Health and Wellbeing Board is recommended to:

1) Note the additional information, ongoing concerns and actions set out in this report in respect of Brighton and Hove residents temporarily accommodated in East Sussex

2) To receive a further update report on the situation, at its next meeting on 1 March, 2022.

1. Background

1.1. Reports concerning homeless people accommodated by Brighton and Hove City Council (BHCC) in temporary and emergency accommodation at Kendal Court in Newhaven were presented to the East Sussex Health and Wellbeing Board (ESHWB) on 13 July 2021 and 30 September 2021. The reports highlighted that individuals with multiple and complex health and social care needs who are accommodated by BHCC at Kendal Court without adequate support arrangements are likely to suffer a deterioration in their health and wellbeing and, in some cases, death.

1.2. As agreed at the previous meeting, on 30 September 2021, the Chair of the ESHWB, on 5 October 2021, wrote again to the Chair of the Brighton and Hove Health and Wellbeing Board (BHHWB) to request that BHCC urgently resolve the ongoing 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. In response to the Chair's second letter (of 5 October 2021), a meeting took place between him and the Chair of the BHHWB on 15 November 2021, with an officer from each local authority in attendance.

1.3. The Executive Director of Adult Social Care and Health for ESCC received a letter from BHCC on 5 October 2021 in response to its letter of 16 August 2021. The response from BHCC did not fully 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. It did, however, include a number of concessions and proposed actions, which were reiterated by BHCC at the meeting on 15 November 2021.

1.4. A response was sent to BHCC on 4 November 2021, welcoming the concessions made, and clearly setting out ESCC's expectations and requirements for the issue to be fully and satisfactorily resolved. To date, no response has been received to this 4 November letter.

2. Supporting information

BHCC's stated position

2.1. The following section sets out the key points made by the Chair of the BHHWB and the officer from BHCC at the meeting on 15 November, followed by the ESCC position (where applicable):

- Kendal Court is not a supported housing unit and even with additional support, it should not be used to accommodate people with complex needs.

- BHCC state that it does not intentionally accommodate individuals with care and support or other complex needs at Kendal Court.

ESCC position

While BHCC stated this in the meeting, ESCC does not accept this. ESCC's experience of the number of issues and contacts relating to residents' urgent care and support needs received over the last three years, combined with the high level of deaths of residents over the same period, lead ESCC to the view that it is impossible for BHCC to have been unaware of the fact that a large number of the individuals BHCC is placing at Kendal Court have complex needs. If the accommodation of people with complex or care and support needs out of area is unintentional, then the BHCC systems and processes for the identification of potential needs must be wholly inadequate and in need of immediate and radical overhaul.

- BHCC Housing Department officers will receive additional training in the identification of care and support and other needs at the time of individuals presenting as homeless.

ESCC position

Whilst this action is welcomed, it does not fully address the longstanding issues previously identified.

- BHCC intends to prioritise a move back to the BHCC area for any person placed in East Sussex who exhibits vulnerability or has needs for care and support after placement out of the Brighton and Hove area

- The length of stay at Kendal Court for an individual should be between four and six months which should reduce the overall amount of support required by East Sussex whilst an individual is temporarily residing in the county.

ESCC position

It is acknowledged that a reduction in the length of stay in out of area temporary accommodation is beneficial to the wellbeing of an individual. BHCC must ensure that the accommodation is appropriate and make adequate arrangements for their support regardless of the duration.

- BHCC is committed to reducing the number of out of area offers of temporary accommodation it makes. At the time of the meeting, BHCC had 178 people accommodated in East Sussex. This was a reduction on the 234 previously reported. 99 of these individuals were accommodated in Lewes District (down from 112) and 79 in Eastbourne Borough (down from 122). The reduction in Eastbourne may be due to planning enforcement action by Eastbourne Borough Council.

- BHCC will review and respond to the latest Healthwatch Report and recommendations in due course.

- BHCC will provide a timely response to the latest letter of concern from the ESCC Executive Director of Adult Social Care and Health, dated 4 November 2021.

2.2. In summary, the Chair of the BHHWB and the BHCC officer were of the view that BHCC's Housing Department was fulfilling its statutory duties and taking appropriate steps to improve the process of accommodating individuals, the support available and the experience of those individuals at Kendal Court.

2.3. In their opinion the issues raised relate to a difference in interpretation of the duties set out in sections 8 and 18 of the Care Act 2014. BHCC is of the view that, as soon as an individual accepts temporary accommodation at Kendal Court, the responsibilities to both identify needs for care and support and to meet any eligible needs within the meaning of the Care Act 2014 immediately pass to ESCC. BHCC take this position because it considers that an individual placed at Kendal Court by BHCC adopts that place as their residence for even a short duration, and so becomes ordinarily resident there for the purpose of the Care Act.

2.4. ESCC strongly dispute that BHCC are acting lawfully in this regard. In particular, ESCC consider that BHCC is acting unlawfully in:

(i) not assessing the care needs of individuals for whom it plainly must be apparent that they may have needs for care and support, and so require assessment pursuant to section 9 of the Care Act; and

(ii) not accepting responsibility for people who BHCC has placed in Kendal Court, in circumstances where that move is not truly voluntary, and has been decided on solely by BHCC.

Safeguarding Vulnerable Adults at Risk of Harm.

2.5. On 22 November 2021, the Safeguarding Adults Review (SAR) Sub-Group of the East Sussex Safeguarding Adults Board (ESSAB) received an update on the current situation at Kendal Court. The sub-group made a request to be kept informed of any developments at its regular meetings and indicated that would consider referrals relating to both past and present residents of Kendal Court, from SAB member organisations to determine whether any individual's circumstances met the threshold to be the subject of a safeguarding adults review pursuant to section 44 of the Care Act 2014.

3. Conclusion and Reasons for Recommendations

3.1. Whilst the most recent engagement with BHCC has resulted in a slight change in their position and some concessions, there remain significant and ongoing concerns regarding the accommodation being provided to and an apparent lack of care and support for individuals with social care and health needs at Kendal Court.

3.2. Despite considerable and ongoing attempts by ESCC and the ESHWB at officer and Member level to resolve this situation, given BHCC's current position that individuals become the responsibility of ESCC once they agree to be accommodated on a temporary basis at Kendal Court, it is considered unlikely that the issue will be resolved without further significant escalation.

3.3. In the context of the above, ESCC will now need to take further advice to explore the legal action available to ESCC to ensure that BHCC fulfils its statutory duty in respect of the individuals that it accommodates in East Sussex with a view to preventing further harm and death occurring.

3.4. The ESHWB is asked to note the updates contained within this report, including the planned escalation action by ESCC and agree to receive a further update at its next meeting on 1 March 2022.

Mark Stainton
Director of Adult Social Care

Darrell Gale
Director of Public Health

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BACKGROUND DOCUMENTS:
None

East Sussex Health and Wellbeing Board Work Programme

Date of Meeting	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
	Better Care Fund (BCF)
	Outbreak Control Plan
	Kendal Court
	Family Hubs: Local Transformation Fund application
1 March 2022	East Sussex Health and Social Care Programme - update report
	Whole System, Health & Social Care pressures (Sussex Health and Care Partnership Engagement)
19 July 2022	East Sussex Health and Social Care Programme - update report
	Healthwatch Annual Report
	Director of Public Health Annual report
29 September 2022	East Sussex Health and Social Care Programme - update report
	Pharmaceutical Needs Assessment
	Safeguarding Adults Board (SAB) Annual Report 2020-21
TBC	Workshop meeting - to look at and agree milestones and Key Performance Indicators (KPIs) for monitoring on integrated health and social care partnership

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