# EAST SUSSEX HEALTH AND WELLBEING BOARD

TUESDAY, 1 MARCH 2022

2.30 PM COUNCIL CHAMBER, COUNTY HALL, LEWES

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

A G E N D A

1. Minutes of meeting of Health and Wellbeing Board held on 14 December 2021 *(Pages 3 - 8)*

2. Apologies for absence

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

4. Urgent items

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

5. East Sussex Health and Social Care Programme - update report *(Pages 9 - 16)*

6. Deliberative Engagement - Integrated Care System (ICS) System Pressures *(Pages 17 - 52)*

7. East Sussex Outbreak Control Plan *(Pages 53 - 154)*

8. 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 155 - 158)*

9. Work programme *(Pages 159 - 160)*

10. Any other items previously notified under agenda item 4

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21 February 2022

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EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at Council Chamber, County Hall, Lewes on 14 December 2021.

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| MEMBERS PRESENT | Councillor Keith Glazier (Chair)<br>Councillor Carl Maynard, Councillor John Ungar, Councillor Philip Lunn, Councillor Paul Barnett, Jessica Britton, Dr David Warden (Deputy Chair), Mark Stainton, Alison Jeffery, Darrell Gale, John Routledge and Amy Loaring and Dominic Ford (substituting for Samantha Allen). |
| INVITED OBSERVERS PRESENT | Councillor Adrian Ross, Councillor John Barnes MBE, Becky Shaw, Amy Loaring (substituting for Katy Bourne) and Sarah Deason (substituting for Geraldine Des Moulins). |
| ALSO PRESENT | Reg Hooke, Vicky Smith, Douglas Sinclair, and Graham Evans |

21. MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 30 SEPTEMBER 2021

21.1 The minutes of the meeting held on 30th September 2021 were agreed as a correct record.

22. APOLOGIES FOR ABSENCE

22.1 Apologies for absence were received from the following Board members:
- Cllr Trevor Webb
- Louise Ansari
- Joe Chadwick-Bell
- Siobhan Melia
- Sarah MacDonald

22.2 Apologies for absence were received from the following invited observers with speaking rights:
- Cllr Rebecca Whippy
- Mark Matthews

22.3 The following substitutions were made for Board members:
- Dom Ford substituted for Samantha Allen

22.4 The following substitutions were made for Board invited observers with speaking rights:
- Amy Loaring substituted for Katy Bourne
- Sarah Deason substituted for Geraldine Des Moulins.

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

23.1 There were no disclosures of interest.

24. URGENT ITEMS

24.1 There were no urgent items.

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

25.1 The Board considered a report providing an update on progress with our integration programme and related areas of system collaboration.

25.2 The Board asked what quantifiable outcomes there are to measure success of the East Sussex Health and Social Care Programme (ESHSCP).

25.3 Vicky Smith, Programme Director - East Sussex Health and Social Care Transformation, said in March 2020 the East Sussex Health and Wellbeing Board (HWB) agreed a draft shared outcomes framework with four domains of: population health and wellbeing, quality care and support, experience of local people, and transforming services for sustainability. The work to develop Key Performance Indicators (KPIs) and measures had then been paused due to the focus on the COVID-19 emergency response The Board had also previously been receiving quarterly updates on the progress of the ESHSCP integration programme against a suite of shared KPIs. The intention now is to provide the proposed KPIs and measures for the outcomes framework for 2022/23 at the 1st March 2022 HWB meeting, which will include reinstating the ESHSCP programme and monitoring KPIs.

25.4 The Board asked whether Omicron variant of COVID-19 likely to delay the resumption of the integration programme disrupted by the initial outbreak.

25.5 Vicky Smith said new outbreaks have the potential to disrupt momentum of the integration programme, as the health and social care system will need to ensure a critical focus on operational management and delivery priorities through the winter period. The intention is to continue work in the background on our medium-term shared objectives for integration. Jessica Britton, Executive Managing Director of the East Sussex Clinical Commissioning Group (CCG), added that everything the health and care system does is focussed on supporting the population's health and wellbeing and that health and care integration forms part of our ongoing development.

25.6 The Board RESOLVED 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

26. EAST SUSSEX JOINT STRATEGIC NEEDS AND ASSETS ASSESSMENT UPDATE

26.1 The Board considered a report providing an update on the Joint Strategic Needs and Assets Assessment (JSNAA) for East Sussex and shared plans for future developments.

26.2 The Board RESOLVED to:
1) note the JSNAA update; and
2) endorse work planned for 2022/22 and into 2022/23.

27. EAST SUSSEX SAFEGUARDING CHILDREN PARTNERSHIP (ESSCP) ANNUAL REPORT

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

27.2 The Board thanked Reg Hooke for his work as Chair of the ESCCP and wished him well in his future endeavours.

27.3 The Board RESOLVED to note the East Sussex Safeguarding Children Partnership Annual Report for 2020-2021.

28. BETTER CARE FUND PLANS 2021/2022

28.1 The Board considered a report seeking approval of the East Sussex Better Care Fund (BCF) plans for 2021/22.

28.2 The Board RESOLVED 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.

29. EAST SUSSEX OUTBREAK CONTROL PLAN

29.1 The Board considered a report seeking agreement of the updated East Sussex Outbreak Control Plan (OCP).

29.2 Darrell Gale, Director of Public Health, explained that the OCP was produced in November before the arrival of the Omicron variant and since then the UK has stepped up to Alert Level 4, implemented Plan B, and accelerated the COVID-19 booster programme. He said future iterations of the OCP may make it appear like U-turns on guidance have been made, however, it is important to remember that the OCP is based on evidence and when evidence changes you change your guidance.

29.3 The Board asked whether an executive summary of the OCP could be produced in the future to ensure a wider readership.

29.4 Darrell Gale agreed that something shorter and easier to read would be a useful addition and he would make sure the next iteration included an executive summary document.

29.5 The Board asked whether there were any concerns about the mixed messages of asking people to urgently get a booster whilst also allowing them to attend gatherings in places such as pubs.

29.6 Darrell Gale said it is very challenging to balance infection control measures against the physical, mental and economic wellbeing of the population. During periods of escalation, especially with more harmful variants like Alpha, the focus is far more on the removal of risk, whereas the last year and especially since the summer the wellbeing arguments have become more prominent and are likely to be very strong over the Christmas holiday period, where people will want to get the benefits of socialising on their mental health more than they did last year. The arrival of Omicron has introduced an additional challenge, however, and its risk is not

yet fully understood. Whilst it has a very rapid doubling time, the clinical outcomes appear not to be as severe as the Alpha variant, although this could change as evidence grows. Darrell Gale suggest an approach of caution towards Omicron rather than panic was more appropriate, particularly as the booster does give far more protection. Dr David Warden, Chair of East Sussex CCG, added that whilst the variant may be milder, its virulence may have an impact on the capacity of the NHS and social care workforce through sickness absence.

29.7 The Board asked if the Director of Public Health has any powers to influence or control large events, or the inappropriate gathering of people.

29.8 Darrell Gale said that the local authority has very limited powers to stop large events happening, as the powers are around individual risk management of premises and whether it is adhering to the terms of its license. District and Borough council environmental health teams and the police also have a role to play. The community has also largely adhered to any restrictions in place and there has been very little disruption.

29.9 The Board RESOLVED 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 the 1 March 2022 meeting.

## 30. 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

30.1 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 & Hove City Council (BHCC).

30.2 Mark Stainton, Director of Adult Social Care informed the Board that a response had been received to the 4th November letter on Friday (after the publication of the HWB papers). The reply did not attempt to address the issues and restated BHCC's position in respect to the Care Act 2014, i.e., that it was adhering to its requirements. It did, however, indicate a reduction in out-of-area placements in East Sussex to 168, with 64 now in Eastbourne – a much lower figure – due to the decant of clients from a hotel BHCC had commissioned following the potential planning enforcement action. The balance of 104 out-of-area placements remain in Lewes District. The letter also said the numbers would remain around this level, suggesting no strategic plan to address the temporary accommodation issues in Brighton & Hove. The letter also stated BHCC is reviewing the Healthwatch report that was published two and a half months ago.

30.3 The Director of Adult Social Care also informed the Board that a further resident of Kendal Court had sadly taken their own life on Friday, taking the death toll of residents to ten. ESCC is now seeking legal advice to help prevent further harm or death of Brighton & Hove residents placed temporarily in Kendal Court.

30.4 John Routledge, Director of Healthwatch, said Healthwatch is pressing BHCC for a response to the recommendations it made in its report on Kendal Court but had not yet had a response. He added that BHCC had taken on board the recommendations for commissioning new temporary emergency accommodation going forward and that may be an opportunity to improve things at Kendal Court, as the lease for the building expires next year and it could enable the City Council to demand higher standards of the provider. He added that about half of those being placed in East Sussex, including some in Kendal Court, were happy with the

arrangement and were making plans for their future, however, the issue is with vulnerable people being placed in East Sussex.

30.5 The Board expressed serious concern about the situation at Kendal Court and the lack of engagement from BHCC. Board members hoped the issue could be resolved as soon as possible and expressed support for ESCC to seek legal advice, suggested that ESCC should explore whether there are any legal covenants on Kendal Court, and suggested exploring whether there is scope for the Safeguarding Adults Board to look at carrying out a thematic safeguarding review of Kendal Court.

30.6 The Board RESOLVED 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; and
2) Agree to receive a further update report on the situation, at its next meeting on 1 March 2022.

## 31. FAMILY HUBS: LOCAL TRANSFORMATION FUND BID

31.1 The Board considered a report seeking approval of the Family Hubs Local Transformation Fund bid.

31.2 The Board suggested that officers should ensure there are robust plans in place should national funding be suddenly withdrawn. The bid should also have a clear, persuasive case with clear evaluation metrics built into it to ensure it is successful.

31.3 Darrell Gale added that the Family Hub Transformation Bid would build on and support other services for 0-19 year old services commissioned by the Public Health Team and other services in the Children's Services Department.

31.4 The Board RESOLVED to approve the Family Hubs bid for submission.

## 32. WORK PROGRAMME

32.1 The Board considered its work programme.

32.2 The Board RESOLVED to approve its work programme.

## 33. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

33.1 There were none notified.

The meeting ended at 3.55 pm.

Councillor Keith Glazier (Chair)

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| **Report to:** | **East Sussex Health and Wellbeing Board** |
| **Date of meeting:** | **1 March 2022** |
| **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** |

***RECOMMENDATIONS***

**The Board is recommended to:**

1) **Note the continued acceleration of integrated working as a result of our system collaboration, and actions required by increased needs for services during the festive and winter period;**
2) **Note the key recent national and local developments that will inform and influence the way work together to improving population health, reduce health inequalities and deliver more integrated care; and**
3) **Endorse the recommended next steps as set out in paragraph 3.3 of the report.**

## 1. Background

1.1 Our progress with integrated working between the local NHS, East Sussex County Council and wider partners in the District and Borough Councils and Voluntary, Community and Social Enterprise (VCSE) sector is delivered through our shared East Sussex Health and Care Partnership Plan and programme. This 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.

1.2 As expected, since the Health and Wellbeing Board (HWB) last met on 14th December our Partnership, at Place and Sussex Integrated Care System (ICS) level, has experienced high levels of sustained need for services over the festive and winter period. This has required intensive system collaboration to support our population to access appropriate health and care, as well as mobilising vaccination booster rollout as part of the response to Omicron.

1.3 To support this, this has resulted in some delays in taking forward our previously reported strategic plans by approximately 6 – 8 weeks. This is in common with the national picture which also included a formal delay to launching statutory Integrated Care Systems in England to 1 July, from the previous intended start date of 1 April.

1.4 This report sets out an update of our system working in this context, and notes the key recent developments at a national and local level including the new integration White Paper. It outlines how this will inform our plans and programmes for 2022/23, and contribute to a renewed focus on our shared commitment to strengthen delivery of integrated health and care for our population.

## 2. Supporting information

***System delivery***

2.1 The last report to the HWB described the local system working and coordinated action that was required to meet increasing challenges and pressure being experienced across all areas of the system. This was driven by both needs for services and workforce pressures compounded by some Covid-19 outbreaks. This aimed to ensure that the needs of the individual are best served through the most appropriate care in the right setting at the right time, and included for example:

- Increased commissioning of Discharge to Assess (Pathway 3) Care Home beds including beds to support specific needs and Home Care capacity
- Continued support of hospital discharge arrangements and case management to improve patient experience and flow through the system
- Development of improved front-door models to ensure people access the right services for same day needs and 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 this became available to support local systems

***Transforming care models***

2.2 Our recent focus has remained on ensuring our work to transform care models and pathways can both help us build on the developments that have been accelerated by the pandemic, and supporting restoration and recovery of our system in a sustainable way. In summary this includes:

- Delivery of our East Sussex Health and Care Partnership Plan
- Taking forward a Best Start in Life strategy focusing on shared action with the 0 – 7 age group that will be critical to achieving good outcomes across the board for children.
- Engagement with our Primary Care Networks (PCNs) to shape how services aimed at providing greater access to a range of mental health and wellbeing support will be implemented.
- A shared approach to supporting our health and care teams to work together in our communities and neighbourhoods to support prevention and personalisation, and coordinating action on the services that impact on health more broadly, including the role of our larger organisations (Anchor Institutions) in supporting wider economic and social wellbeing for our population.
- A Trusted Assessor pilot for Crisis Response and a focus on urgent response to avoid unnecessary attendance and admission at hospital, and a strategic approach to Discharge to Assess (D2A) and Home First pathways.
- Improving our model to support people needing to access care urgently and in an emergency at the front doors of our hospitals, with a focus on working as a system and helping people to best access the service that is most appropriate.
- Public consultations on improving cardiology and ophthalmology services in East Sussex were launched, based on evidence and examples of best practice from around the country and with feedback from people who use and work in our local services, as well as consulting local people on the opportunity for a new modern facility to support mental health inpatients as part of the national eradicating dormitories programme.
- Joint action on workforce and recruitment to support our collective workforce recruitment in East Sussex using digital and the benefits of scale for all providers including the independent care sector and voluntary, community and social enterprise sector.

2.3 Our shared priorities for transforming care models are currently being reviewed, and programme plans will be finalised for 2022/23, together with supporting key performance indicators, to ensure grip on delivery and the expected impacts and HWB oversight.

***Integration White Paper***

2.4 On 9 February the government published a new White Paper on health and social care integration called *Joining up care for people, places and populations.* This forms part of wider plans to reform the health and social care system and builds on the Health and Care Bill and the Social Care Reform White Paper *People at the Heart of Care (*December 2021), which sets out the Government's ten-year vision for adult social care.

2.5 The White Paper sets out a vision for integrated health and care services, and focusses on the role of Place in co-ordinated, joined up and seamless services that support people to live healthy, independent and dignified lives and which also improve outcomes for the population as a whole. This complements our existing direction of travel as an Integrated Care System (ICS) in Sussex and at the local level in East Sussex. A brief overview of the key aspects of the White Paper is contained in Appendix 1.

2.6 A next step will be to review our local plans in full in light of the detail in the White Paper. The Government has been keen to underline the continuing flexibility available to local ICSs and Places in taking the White Paper forward in ways that are appropriate to local circumstances, and it is also inviting views in response to a series of questions to support effective implementation of the proposals by 7th April. Topics include outcomes, finance, accountability, workforce, and digital and data, and it suggested that we coordinate a response to this on behalf of our Health and Wellbeing Board.

2.7 The White Paper will also be used to inform an update of our high level East Sussex Health and Wellbeing Strategy which was delayed due to the pandemic. An interim Strategic Development Framework was produced for 2021/22, and this will also be updated to support the delivery of our Strategy.

2.8 There is a commitment in the White Paper to implement a set of national shared outcome priorities and a broader framework for local outcome prioritisation from April 2023. In light of this we will review our approach to our existing strategic shared outcomes framework, which we developed based on what matters to local people, and how we monitor it linked to our Health and Wellbeing Strategy.

***Health and Care Bill implementation***

2.9 Further to the update provided at the December HWB meeting, a new target date of 1 July 2022 has been set for Integrated Care Systems (ICSs) to take on a statutory footing and NHS Integrated Care Boards (ICBs) to be legally and operationally established. This replaces the previous target date of 1 April 2022. This change is to allow enough time for the Health and Care Bill to progress through the remaining Parliamentary stages. It also means health and social care systems will have additional time to prepare, and to focus on the immediate priorities of the pandemic response.

2.10 If the Health and Care Bill is agreed by Parliament, a new NHS Sussex Integrated Care Board will be established which will absorb the role and functions of the three Clinical Commissioning Groups in Sussex and be responsible for a health budget of over £2bn. It will oversee the commissioning, performance, financial management and transformation of the local NHS, as part of the Sussex Integrated Care System (ICS). An NHS Sussex Assembly will also be established to bring together a wider array of partners to look at Sussex-wide matters.

***National ICS Population Health and Place Development Programme***

2.11 To support the implementation of the Health and Care Bill and the role of Place within ICSs, a national development programme has been set up by NHS England and Improvement (NHSEI) and the Local Government Association (LGA). Our Sussex ICS has been invited to participate in the Programme, and as part of this East Sussex Health and Care Partnership has been chosen to help accelerate the development of the role and function of Place. The national Programme is due to launch in March and is set out around four elements:

- Ambition, vision and leadership
- Governance, function and finance
- Population Health Management and integrated transformation capability

- Digital, data and analytics (to be led at a pan-ICS level)

2.12 With strong resource backing from NHSEI and the LGA and combined with the new integration White Paper, this represents a valuable opportunity to inform and shape the next steps for how our Place Partnership in East Sussex develops as part of our ICS. Local priorities have been reviewed by senior leaders across our ICS and Place to ensure the Programme can be tailored to reflect and build on our strong progress to date. In line with national policy objectives and our long standing local commitment to integrate care and improve the health of our population, our critical focus will be:

- Identifying our future strategic roadmap and the next steps for delivering increased integration and shared accountability for outcomes
- Developing our practical approach to using data and insight to better understand needs, profiles and resources in our communities and neighbourhoods, and support how our teams work together to deliver preventative, proactive and coordinated care and reduce health inequalities.

## 3. Conclusion and reasons for recommendations

3.1 Our context of high need for services and pressure across our system has continued over the winter months, and this has required our integrated working to accelerate and be strongly focussed on operational delivery to protect our population.

3.2 At the same time the new integration White Paper and implementation support for the Health and Care Bill, in the form of the ICS Population Health and Place Development Programme, offers us new opportunities to plan how our close working in recent months can be sustained over the long term to deliver improved health, reduced health inequalities and a joined up offer of care for our population.

3.3 As a result, and to ensure we fully utilise the new opportunities available to us in the White Paper, the following next steps are recommended and a further update will be brought to the July HWB meeting:

- Finalise the reset of our programmes to transform care models and the monitoring arrangements that support this in 2022/23
- Coordinate a local response to the Government's questions in the integration White Paper *Joining up care for people, places and populations*
- Review the detail in the White Paper and using this to inform local plans and an update of our East Sussex Health and Wellbeing Strategy, including our approach to monitoring delivery of our shared outcomes
- Participate in the ICS Population Health and Place Development Programme to support this, and help shape our future roadmap for further developing the way we collaborate at Place to join up care, improve health and reduce health inequalities.

**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

Appendix 1 Brief Overview of the Integration White Paper

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**Appendix 1**

## East Sussex Health and Care Partnership

### Brief Overview of the Integration White Paper Joining up care for people, places and populations

On 9 February the government published a White Paper on health and social care integration called *Joining up care for people, places and populations*. This forms part of the Government's wider plans to reform the health and social care system, and builds on the Health and Care Bill and the Social Care Reform White Paper *People at the Heart of Care (*December 2021), which set out the Government's ten year vision for adult social care.

The Integration White Paper sets out a vision for integrated health and care services, and describes successful integration as the "planning, commissioning and delivery of co-ordinated, joined up and seamless services that support people to live healthy, independent and dignified lives and which improves outcomes for the population as a whole". There is an intentional focus on the role of Place which is seen as the "engine for delivery and reform" within the Integrated Care Systems

The Government has been keen to underline the continuing flexibility available to local ICSs and Places in taking the White Paper forward in ways that are appropriate to local circumstances, and it is also inviting views in response to a series of questions to support effective implementation of the proposals by 7th April. Topics include outcomes, finance, accountability, workforce, and digital and data. The following summary provides a brief overview of the White Paper, and a next step will be to review our local integration plans in light of the details:

- Joining up care
    - Better Place level integration across primary care, community health, adult social care, acute, mental health, public health and housing services which relate to health and social care
    - Primary and secondary care to improve access to specialist support and advice,
    - Closer working between mental health and social care services to reduce crisis admissions and improve quality of life for those living with mental illness;
    - Integrating data across the board to inform new and innovative services to tackle specific problems facing communities, public health and the NHS joining up to get the most health gain at every opportunity
    - Children's social care is not directly within the scope of this White Paper, as this is currently subject to other national reviews, but ICSs are invited to "consider the integration between and within children and adult health and social care services wherever possible"

- New national shared outcomes framework
    - A firm commitment to developing a new set of "shared outcomes" that will help better incentivise collaborative working across the NHS, social care, public health and also reflecting wider existing outcome objectives for local government.
    - This will include space for prioritising shared outcomes at the local level for individuals and populations alongside national commitments, which Places will be able to choose based on local priorities and what matters to local people
    - The CQC will consider shared outcomes agreed at Place level as part of its new duty (under the Health and Care Bill) to review ICSs as a whole, as well as when assessing local authorities' delivery of their adult social care services.
    - Implementation of national priorities and a broader framework for local outcome prioritisation to go live from **April 2023**

- Clear Leadership and accountability across Local Government and the NHS:

- A single person accountable for the delivery of the shared plan and outcomes working with local partners, agreed by the relevant Local Authority and ICB. NB This does not change Accountable Officer duties within local authorities or the ICB.
- Criteria and a suggested 'Place Board' model for formal place-level arrangements for organisations to pool resources, make decisions and plan jointly for delivery of shared outcomes, including effective commissioning and delivery of health and care services.
- Places can design their own equivalent models that meet the criteria for adoption by **Spring 2023.** As starting point arrangements should make use of existing structures and processes including the Health and Wellbeing Board and Better Care Fund.
- Where able Places should go further by putting in place extensive inclusion of services and spend to be overseen by place-based arrangements. All local areas should work towards this by 2026.

- Finance and integration
  - Local leaders to have the flexibility to deploy resources to meet population needs through more aligned and pooled budgets across NHS and Local Government, to better use resources to meet immediate needs as well as support long term investment in population health and wellbeing
  - Guidance will be developed to enable Local Authorities (LAs) and the NHS to go further and faster; simplifying the current pooling mechanisms such as section 75 of the NHS Act 2006.
  - Fair and appropriate contributions will still be determined by NHS and LAs locally to support overall accountability for services and spend overseen by place-based arrangements.
  - Guidance on the scope of pooled budgets will be published by **Spring 2023**
  - Pooled or aligned budgets to become the routine to support more integrated models of service delivery, eventually covering much of funding for health and care services at Place level, linked clearly to shared objectives and delivery to improve outcomes.

- Workforce and carers
  - Staff numbers and skills planning based on the needs of their populations and places, supporting the skills agenda in their local economy
  - Career progression across the health and social care family
  - ICSs to support joint health and care workforce planning at place level working with both national and local organisations
  - The DHSC will improve initial training and ongoing learning and development opportunities for staff, create joint continuous development and joint roles across health and social care and increase the number of clinical placements in ASC for health undergraduates

- Digital and data
  - There is a commitment to better digital integration between health and social care, including the intention for all providers within an Integrated Care System (ICS) to be connected to a 'shared care record' for each citizen by **2024.**
  - The paper also highlights some of the challenges that social care providers face with digital transformation and the importance of supporting them to become part of a shared future on data sharing and digital services with health
  - ICSs to develop digital investment plans to bring all organisations to the same level of digital maturity to support seamless data flow across all care settings and use tech to transform care to be person-centred and proactive at place level.
  - Supporting transparency: mandatory reporting of outcomes for local places

Vicky Smith, Programme Director – East Sussex Health and Care Transformation
16/02/22.

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

**Date:** **1 March 2022**

**By:** **Associate Director of Public Involvement and Community Partnerships, Sussex Health and Care Partnership**

**Title:** **Deliberative Engagement: Integrated Care System (ICS) - System Pressures**

**Purpose:** **To inform the Health Wellbeing Board about the engagement process and the outputs from the Deliberation work.**

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***Recommendations*:**

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

**1. Note the Deliberative Engagement findings**

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## 1 Background

1.1 The pressures on the health and care services in late 2021 were well known across Integrated Care System (ICS) partners and some wider stakeholders. However, insight highlighted that for the general public, perception was being shaped largely by personal experience of access, and by the national popular press. The use of communications assets to support information about use of NHS services – "Right Care Right Place" – was well planned and co-ordinated, but there was debate about how open and honest messaging should be, how best to inform the public about the range of services available, and how to stimulate and support self and community support and resilience.

1.2 Building on earlier deliberative work in the ICS and a parallel deliberative series focusing on personalisation, health inequalities and digital access, it was agreed that the use of deliberative methodology would be a tool to facilitate a debate with and between a range of stakeholders and a small number of ICS leaders on "system pressures", to explore knowledge and insight, in order to shape ongoing work. Stakeholders comprised:

- Members of the public
- Family and friend carers
- Young people
- People from ethnically diverse backgrounds
- Locally elected members
- Community Ambassadors

- Voluntary and Community sector members
- Healthwatch in Sussex

1.3 A series of workshops with each stakeholder group led to a wider discussion with members from each stakeholder group and key System Leaders.

1.4 The attached report in Appendix 1 outlines the process, key themes and points from the deliberation. A Routes to Action workshop held in early February 2022 brought together several leads from the ICS to review the findings and agree next steps, including identification of opportunities to influence priority setting and decision making. An action plan will be developed from this discussion to ensure progression.

## 2 Conclusion and reasons for recommendations

2.1 This work provided insight that has already shaped communication, and that will be used together with wider community insight to continue to influence:

- Content and mode of communication to people about health and care services
- How the health and care system might work to better support self-care and self-management, particularly for people that have long term health conditions
- Communication with the public about developments in health and care services locally, including work underway to support greater integration of health and care services
- Ongoing work to reach and hear from people and communities, and to use insight to shape health and care services.

2.2 The East Sussex Health and Wellbeing Board is recommended to note the deliberative engagement findings.

**JANE LODGE**
**Associate Director of Public Involvement and Community Partnerships**
**Sussex Health and Care Partnership**

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Appendices
Appendix 1: Report: System Pressures in Sussex: Deliberative Engagement Findings

TRAVERSE

# System Pressures in Sussex

## Deliberative engagement findings

**Sussex Health and Care Partnership**

FEBRUARY 2022

Sussex Health and Care Partnership

# Version control

| Document information | |
|---|---|
| **Client** | Sussex Health and Care Partnership |
| **Title** | System Pressures in Sussex |
| **Subtitle** | Deliberative engagement findings |
| **Dates** | 16th February 2022 |
| **Status** | Released |
| **Classification** | Open |
| **Project code** | 11328 |
| **Authors** | Madeleine Maxwell, Jamie Smith, Tom Stocks |
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# Contents

# Foreword

The COVID-19 Pandemic has been a time when the strength, creativity and commitment of the NHS, public sector staff, the voluntary and community sector and volunteers has shone through. However, it has also meant that the NHS and Social Care services have faced unprecedented pressure, which has undoubtedly had a profound impact in a range of ways: on our workforce within services, and those working to maintain care; on patients, and family and friend carers; and on voluntary and community sector organisations who have been supporting the most vulnerable people in our communities. National news stories have highlighted these pressures and the impact, often in a very stark and emotive manner. In the earlier stages of the pandemic, the "Clap for Carers" movement was a demonstration of public feeling and support.

As levels of infection have receded and resurged over the past two years, the impact of COVID-19 on workforce capacity and on demand for services has continued to be felt and has been exacerbated by seasonal pressures on health and care services.

Sussex Health and Care Partnership's constituent organisations (NHS organisations and Local Authorities) have communicated with our population throughout this period and have changed messaging according to the level of pressure and the need for people to access and receive care in different ways. In addition, there have been changes in how services are delivered, and innovative ways of working that have been put in place to try to mitigate these pressures and how they impact on people in need of health and care services. However, we are aware that different ways of working were established at pace and now, as we return to a new normal, we are reflecting on how to build on reflections from the pandemic to meet the needs of our population better.

The deliberative engagement process provided an opportunity to form a dialogue with a range of people from our local communities about the impact of COVID-19 on health and care services, and to include a diverse range of voices and perspectives in exploring some of the challenges we have been considering as a system throughout this pandemic. The expert facilitation from Traverse created a safe and supporting environment for this discussion and enabled a range of people to be honest and open, and to share their views and experiences. It has helped us think both how we communicate with people and has also provided some practical suggestions for support, both of which have been invaluable.

We would like to thank all those who took part, sharing their views so honestly and with such respect and appreciation for the work that health and care services continue to do. We will ensure that we continue the dialogue we started here, in the first instance by letting people know how key takeaways and suggestions detailed in this report have shaped our work.

## Amy Galea

**Executive Director of Primary Care**
**Sussex NHS Commissioners**

# Executive summary

## Background

Pressures on the health and care system in Sussex, and around the UK, have been mounting throughout the COVID-19 pandemic. Alongside rising demand for health and care services, the capacity of services has been reduced due to the impact of staff illness and isolation, and other system and service changes in response to the pandemic. As a result, the relationship between people and the NHS has also been put under pressure.

Sussex Health and Care Partnership (SHCP)commissioned **Traverse** to design and facilitate a deliberative engagement programme, which would support a dialogue between Sussex residents, senior leaders from the Integrated Care System (ICS) and other key stakeholders. The aim of the programme was to support discussions around these challenges, and explore the role of individuals, communities, and service providers in reducing pressures on the health and care system.

## Programme design

The programme had three phases: learning, discussion, and deliberation.

- **Phase 1, Learning:** The first phase involved all 47 participants as they attended an information session hosted by senior leaders from the Integrated Care System (ICS). This information session provided participants with an overview of the pressures facing the health and care system in Sussex, and how they interrelate.
- **Phase 2, Discussion:** For the second phase, participants took part in a small discussion group to reflect on what they had learned and further develop their views. These groups included: two mixed groups of Sussex residents; a group of young people; a group of people from minority ethnic backgrounds; a group of carers; a group of representatives from Healthwatch and Voluntary and Community Sector (VCS) organisations, and one group of local councillors and Community Ambassadors.
- **Phase 3, Deliberation:** Finally, a sub-set of participants from each of these groups (16 people in total) took part in a deliberative workshop involving leaders from across the ICS. The online workshop allowed participants and system leaders to build on previous discussions, and to generate ideas and explore opportunities to support individuals and communities to navigate health and care services responsibly and effectively.

## Findings

### Open and honest communication with the public

Participants felt that more **open and honest communication** between the NHS and members of the public would help to build understanding and trust, and reassure

people when there were delays. When services were strained, participants wanted more information about why decisions were being made and what people can do to help. There was frustration articulated by some participants about the lack of consistency in whether people can get access to the information they need. Participants highlighted the role of regular updates to reassure people that they hadn't fallen between the cracks.

### Getting the right information to the right people

Participants felt more could be done to **ensure that information made it to those who need it most**. Participants felt there was an overreliance on social media to disseminate information about system pressures and service changes. They felt that physical forms of information distribution, such as leaflet drops, remain valuable, particularly for reaching digitally excluded people. Participants saw an opportunity to communicate clearly around the different ways of accessing information and support. They felt this information should be made available in community settings to help to reach people before they have decided to go to A&E or the GP. Some participants felt that schools and colleges could play an important role in informing young people about how to navigate and access health and care services responsibly and effectively.

### Building bridges across the health and care system

Participants also wanted to see **better connections across the health and care system**, to help prevent people from falling between the cracks. By strengthening communication between services and giving patients greater access to their own records, participants felt people could take better control over their own health and care. Participants felt that voluntary and community sector organisations could also play a role here, connecting lived experience and community networks to services such as PALS and care coordinators. Participants highlighted that without these support systems, there would be too much of a burden on family members and carers.

## Next steps

As the health and care system continues to respond and adapt to changing pressures, the findings from this programme can feed into ongoing planning activities, beginning with a Routes to Action meeting with wider health and care service leaders in early February 2022.

Supporting ongoing discussions with people and communities is a priority for the ICS, and Sussex Health and Care Partnership's Public Engagement team will ensure there is an opportunity for those who have participated in this deliberative programme to come together later in 2022, to hear about progress and opportunities to stay involved.

# 1. Introduction

## 1.1 Background

Pressures on the health and care system in Sussex, and around the UK, have been mounting throughout the COVID-19 pandemic. Alongside rising demand for health and care services, the capacity of services has been reduced due to the impact of staff illness and isolation, and other system and service changes in response to the pandemic. As a result, the relationship between people and the NHS has also been put under pressure.

Sussex Health and Care Partnership wanted to have an open conversation with Sussex residents and stakeholders, to discuss these challenges and reach a collective understanding of the situation, and what role individuals, communities, and services have at a time of unprecedented pressure. To support a diverse group of residents and stakeholders to take part in this conversation, Traverse[1] was commissioned to design and facilitate a deliberative engagement programme exploring people's attitudes and ideas around the pressures facing the health and care system.

Deliberative engagement methodologies are used by a range of organisations and institutions to support people to deliberate on topics that impact their lives, so that decision-making is informed by people's concerns and priorities. In "Twelve Key Findings in Deliberative Democracy Research"[2], Curato et al note that deliberative processes can mitigate group polarisation, embrace pluralism rather than forcing contrived consensus, and support the involvement of traditionally marginalised groups. The distinguishing characteristics of deliberative engagement, and the ways in which they manifested in this programme are described in the table below.

| Characteristic | How this was reflected in our approach |
|---|---|
| **1) A learning experience concerned with evidence** | Providing balanced information on a topic to participants, introducing them to specialists to talk through the topic and answer their questions. |
| **2) Long-form and reflective** | Usually held over several hours, and sessions (not just a one-off workshop). |
| **3) Involves a diversity of voices** | People from a range of backgrounds are specifically invited to participate. |
| **4) Embraces complexity while exploring consensus** | Searching for the "why" behind views, problematising the topic, exploring areas of agreement and disagreement. |

Figure 1, Distinguishing Characteristics of Deliberative Engagement

[1] https://traverse.ltd/
[2] https://www.amacad.org/publication/twelve-key-findings-deliberative-democracy-research

## 1.2 Programme objectives and design

The deliberative engagement programme was designed to:

1. Explore people's different **experiences, priorities, and ideas** in relation to the pressures affecting the health and care system and reach a **collective understanding** of the situation.
2. Support **open and honest** conversations between members of the public, stakeholders, and system leaders about how we can address these challenges.
3. Identify opportunities **to build and maintain public confidence and trust** in the health and care system, and to support **ongoing, open, and honest conversations** with the public about action to address system pressures.

We recruited 47 people to take part, across seven small groups. There were five "public" groups, and two "stakeholder" groups. The public groups consisted of two mixed groups of Sussex residents with a range of backgrounds and experiences; a group of young people; a group of people from minority ethnic backgrounds; and a group of family and friend carers. The stakeholder groups involved one group of representatives from Healthwatch and Voluntary and Community Sector (VCS) organisations, and one group of local councillors and Sussex Health and Care Partnership Community Ambassadors. See Appendix A for a summary of participants and how they were recruited.

The programme had three phases: learning, discussion, and deliberation. The full group of 47 participants took part in the first two phases of the programme, where they learned about the pressures facing the health and care system, and then explored their views in relation to these challenges. To transform this conversation into one which could generate ideas for ways to move forward together, a subset of participants from across the seven groups (16 participants in total) then attended the final, deliberative workshop. See Appendix B for a summary of activities in each phase, and Appendix C for a summary of how ICS leaders were involved in the programme.


Figure 2, Programme design

## Phase 1: Learning

In the first phase of the programme, participants attended one of two online introductory sessions where they heard from the following senior leaders from Sussex Health and Care Partnership about the pressures facing the health and care system:

- Maggie Keating, Urgent and Emergency Care Programme Director
- Amy Galea, Executive Director for Primary Care
- Tom Gurney, Executive Director of Communications and Engagement
- Kerry Lloyd, Deputy Chief Nursing Officer

This gave participants the opportunity to understand the context behind the project and why now was the right time to have these conversations. It also allowed participants to ask questions and seek clarification on the pressures faced by health and care services. A Q&A was facilitated to provide space for participants to engage directly with ICS leaders.

## Phase 2: Discussion

In the second phase of the programme, each group took part in a facilitated, online group discussion, where they explored their own feelings, perspectives, and ideas in relation the system pressures they had learned about. Discussions were centred around understanding participants' reaction to and understanding of system pressures; exploring views in relation to trust between residents and the NHS; and sharing perspectives and ideas in relation to where the responsibility lay for addressing system pressures.

## Phase 3: Deliberation

In the third phase of the programme, a subset of participants from each group attended a final, deliberative workshop. They were selected based on availability and interest, with some preference given to ensuring a diverse group of participants. A full breakdown of the attendees can be found as part of Appendix A. The deliberative workshop was an online, half-day workshop, co-delivered by Traverse facilitators and the following ICS leaders.

- Maggie Keating, Urgent and Emergency Care Programme Director
- Amy Galea, Executive Director for Primary Care
- Jane Lodge, Associate Director of Public Involvement and Community Partnerships
- Dr Claire Woolcock, Medical Director – Mental Health, Transformation

The workshop was split into three parts:

- First, participants reflected on the process so far. This included key themes and insights taken across the discussion workshops.
- Through a carousel activity, participants then explored three key opportunity areas with ICS leaders. The ICS leader were able to field questions and provide expert insight into each topic area participants explored.

- Finally, participants surfaced what they saw as key priority actions to address some of the challenges explored through the workshop.

## 1.3 Interpreting the findings

### Analysis Approach

The audio from discussion workshops in Phase 2 was recorded and transcribed. A thematic analysis of these notes supported the framing of the final, deliberative workshop – highlighting the key opportunity areas surfaced by participants across the seven groups. The audio from the deliberative workshop in Phase 3 was also recorded. These notes were reviewed and coded thematically.

### How to read the report

In this report, we use non-specific quantifiers to give a sense of the weight of sentiment in participants' views, as follows [3]

- 'Most' or 'majority' when a clear majority of participants shared a similar view
- 'Some' when a minority of participants shared a similar view
- 'A few' when a small number of participants shared a similar view

Where there are many different views on an issue, more prominent views are generally reported first. We use terms such as 'consistent', 'commonly held', or 'less common', to show the relative frequency of occurrence of views.

It is also important to note that, like most qualitative research studies, this data is not generalisable to the wider population due to the small sample size.

[3] It is common practice to use this approach when reporting qualitative data, instead of reporting numbers or percentages of participants, because numeric quantifiers would be misleading given the small sample size.

# 2. Open and honest communication with the public

### Key takeaways

Participants appreciated the opportunity to learn about the pressures facing the health and care system in Sussex and felt that more **open and honest communication** between the NHS and members of the public would help to build understanding and trust, and reassure people when there were delays.

- Participants wanted residents to have more information about:
  - The **status of different services** – where pressure is coming from, what is being done to address it, what changes to expect and how long they will be in place.
  - **What people can do to help**, and **how to use services responsibly**.
- When system pressures lead to service changes, or changes and cancellations to people's appointments, participants wanted to have **more information about why these decisions are being taken**.
- Participants were frustrated by the lack of consistency in how and whether people were able to get the information and support they need (across different areas of Sussex) and wanted to see a **commitment to addressing these disparities**.
- Some participants felt that **more frequent reminders and updates** around appointments would help people to feel more supported and connected. Whether via text, email or post, participants saw ongoing communication as an important way of **reassuring people that they hadn't fallen between the cracks**.

## 2.1 Informing people to build respect and understanding

In response to learning about system challenges in the information session, participants saw an opportunity for more open and honest communication with the public about the challenges the NHS is facing; the reasons for system changes; and the opportunities and challenges any changes could bring. These participants felt that communicating this information to the public could help residents to become more empathetic and understanding of the pressure NHS staff are under and of delays and other service changes.

*"More than ever before, care staff and health staff are seen as heroic and long may that continue."* - VCS and Healthwatch discussion group

Most participants in the information and discussion workshops reported finding it interesting to learn more about how the health system worked, and to hear insight directly from professionals, rather than in the news or through an institutional social media account. These participants felt that other residents would benefit from a similar experience. One participating community ambassador noted that most people he talks to have a limited understanding of the structure or scope of their local health and care services. This participant suggested providing the public with an accessible overview of their local health and care system and how it interacts with, or is supplemented by, local voluntary and community organisations to help people understand how the system can support those that need it. Most participants agreed that Sussex Health and Care Partnership could do more to inform the public about the care and support that is available. This suggestion was echoed in the young people's discussion group.

*"I feel like communication with the public would help with trust. Making people aware of the difficulties and setting out a plan of how they'll address issues, for example a website on how they're improving services in the local area."- Young people's discussion group*

However, some participants said that awareness about system pressures made them feel reluctant to access services, as they felt they could be taking an appointment away from someone that might need it more. These participants felt worried that they might not be able to access the care they need, and hearing about system pressures exacerbated this feeling. This left these participants feeling unsupported. However, a few other participants felt that this was a positive change, as it resulted in those participants using alternative options, such as getting advice in the pharmacy.

*"I'm so aware of the pressures the staff are under, I'm desperate to try to prevent further loads going to them, and it's made me reluctant to seek services where I can kind of get by... It's kind of a moral dilemma when you do need something, and you have to weigh up: is it worth bothering them? It's not a bad thing as such, but it's a change for a lot of people who would call straight away and that's a cultural shift that will take a while to develop." - Carers' discussion group*

## 2.2 Ongoing communication to ensure people feel supported

In addition to open communication about the challenges facing a specific service along with planned changes, participants felt that more regular communication with individual residents could play a role in reassuring people and building trust and understanding.

*"[…] the more we communicate, the more we feel that we have been supported." – Deliberative workshop*

Some participants shared their own experiences, which included waiting a long time for a referral appointment, only for it to be cancelled without explanation, and waiting for long periods of time for an appointment or referral without regular updates.

*"[…] quite often these emails were going missing, or you wouldn't get*

*replies for 2-3 weeks… and you'd try to chase it up, it's all come about because of the pandemic. I appreciate the problems, but it doesn't help and adds to the frustration when you don't actually know what's happening."*- Sussex residents discussion group

Some participants also expressed feeling frustrated by disparities in accessing care within Sussex. For example, people registered at one GP surgery might experience these issues, while someone registered at somewhere else might not. Similarly, some participants noted that different areas use different technologies or services for patient communication, and a few participants felt unsure about which options were available for their own use.

A few participants shared positive experiences of communicating directly with health and care services. For example, one participant spoke about how comforting they found text message reminders about appointments. This participant reported feeling that these small reminders relieved some of the pressure associated with health management, particularly as a carer. Another participant spoke about how much they would appreciate regular updates while waiting for a referral, as it would provide reassurance. Most participants in the deliberative workshop recognised the value of regular patient communication in helping people to feel informed and reassured.

*"Going into different ways of communicating, making it more normal and personal so people get a sense of being cared for. The example of getting a text made you realise you are a human being in this big complicated system and that someone is looking out for you. It's important that people know that they matter."* – Deliberative Workshop

# 3. Getting the right information to the right people

## Key takeaways

In addition to exploring the kinds of information that would support people to better understand system pressures and how to navigate health and care services, participants reflected on the best ways of **getting this information to the people who need it**.

- Participants felt there was an **overreliance on social media** to disseminate information about system pressures and service changes. They felt that there should be a range of approaches to getting the right information to the right people.
- Participants saw an opportunity for **websites with important information** (including the Sussex Health and Care Partnership website and individual GP surgeries' websites) to be more accessible (particularly for those accessing websites using a phone) and provide easier access to important information. They suggested **involving patients, carers and families in updating and simplifying online content**.
- Participants felt that **most people use Google to find information about health and care services**, and highlighted an opportunity to improve the way the right messages can be promoted in Google search results.
- Participants felt that **physical forms of information distribution**, such as leaflet drops, remain valuable, particularly for reaching digitally excluded people.
- Participants highlighted an opportunity to **distribute information about different ways of accessing information and support in community settings**, to help to reach more people, and to reach people sooner – before they have decided to go to A&E or the GP.
- Participants felt there should be **more forums to have two-way conversations** between residents and NHS staff.
- Participants saw a **role for schools and colleges** to teach young people about the health and care system. Young people taking part in the process highlighted **the PHSE curriculum** as one space to support young people to develop their understanding of health and care system.
- Participants saw a **role for young people then being able to share this knowledge and support people in their family and wider community** to understand and navigate health and care services more effectively.

## 3.1 Effective use of social media and online communications

When reflecting on different ways of sharing information with people across Sussex, most participants in the deliberative sessions were critical of the use of social media. Some participants felt that relying on social media excluded people that could not, or choose not to, use social media. Some participants talked about digital exclusion, and a few participants highlighted that they wouldn't know how to use social media themselves.

> *"If that was me, I wouldn't even know how to use that. So, if I went on a website that said, 'there's more information on the Instagram account', that would be useless to me."* – Deliberative workshop

Some participants struggled to recollect seeing any information about health, or health and care services, on social media. Only one participant felt they remembered seeing an advert promoting the COVID vaccine. Some of these participants talked about the value of targeted adverts placed on social media and speculated that perhaps they hadn't been in the targeted demographics. A few participants suggested that incorrect assumptions about the reach of social media often drove its use.

In addition, some participants felt that social media was an inappropriate platform for health information. A few of these participants noted that they wouldn't consider using social media to search for health information, in part because it was difficult to accurately search for information on social media platforms. A few participants noted that most people use social media only for its intended purpose, to keep in touch with friends. Notably, the young people participating in the deliberative session agreed with this sentiment, too.

> *"I mentioned that social media has its place, but we need to get out of the idea that everyone is on social media. I'm not, my wife isn't, my friends aren't."* – Deliberative Workshop

On the other hand, a few participants felt that social media had a place in effective communication about healthcare. A few participants noted that it was useful to use social media as an additional point of contact, which provides information in a different format or can direct people to further information.

> *"I wouldn't go immediately to social media because it can be difficult to search for specific things. I would probably Google it, that's the first thing I would do."* – Deliberative Workshop

When trying to access information about care online, most participants in the deliberative workshop felt that they would use a search engine or use the Sussex Health and Care Partnership (SHCP) and other NHS websites, such as GP surgery pages. These participants noted that it was often difficult to find the information they wanted, or to know if the information they had found was correct. While participants valued the scope and ambition of the website, a few of these participants felt that

some of these websites were difficult to navigate. A few participants also mentioned accessibility issues, including these websites not displaying correctly when viewed on a mobile device. Participants felt that this could prevent people, particularly younger people, from getting the information they need.

## 3.2 Hard copy and face-to-face communication

Most participants saw an opportunity for greater and more effective use of more traditional communication methods, including distributing hard copy information (leaflets, posters, information cards), and sharing information through events and other types of face-to-face communication.

During the conversations about communication in the deliberative session, a few participants spoke positively about 111 and the way that scheme was promoted. One participant highlighted the effectiveness of the 111 business-card scheme to highlight the potential value of offline, physical information distribution.

Similarly, some participants in the deliberative workshops felt that leaflet drops could be an effective way of communicating with the public about the different, and most appropriate, ways to access the care they need. A few participants also suggested that physical information could be sent to people following an appointment, or alongside letters to patients – "piggybacking" on existing communication channels. A few participants also felt that physical information presented in different languages could better support people that speak English as a second language.

Some participants noted that there was often a range of information available inside GPs or other primary care access points, but that it was often too late to provide helpful information at that point – people in a waiting room have already potentially missed alternative ways of getting support and information. These participants spoke about how important information distribution before the point of access can be for preventative care, particularly around mental health.

Participants provided some examples of community communication points that could be used for information distribution, which included:

- community magazines, such as *Eastbourne and out*.
- town halls, libraries, and other community spaces.
- community groups.
- religious groups and places of worship.
- schools, colleges and youth work organisations.

Participants felt that leaflets or adverts could be placed in these locations to help people to learn about how to access their local health and care system. These participants emphasised that this approach could also help to reach people who aren't currently in contact with health and care services, or who might be digitally excluded. In particular, one participant talked about how information distribution at places of worship could help elderly people from minority ethnic and religious groups

to access the care they need.

> *"If you want to find out how people feel, get into the community – that's what's missing and if they want to bridge the gap, they need more open communication from a non-judgemental point of view."* - Carers' discussion group

Participants also felt that one-way communication (through leaflets or posters) could only go so far, and that some of this information is better communicated through conversations where people can share their concerns and questions. Participants felt that more forums for the residents and people working in the NHS to come together would be hugely beneficial.

> *"I don't think we've looked hard enough at how we communicate. There's also something about not just communicating or signposting… but talking to people and getting people into other environments so they can see it, and feel it, and learn it."* – Deliberative workshop

During the deliberative workshop, young people highlighted the potential for schools and colleges to support better understanding of the health and care system amongst young people. They felt this would help young people to navigate the health and care system more effectively, as well as sharing this information with their families and wider networks.

> *"Offering like a little teaching package is every teacher's dream. Resources, assessment material, PowerPoints, some posters. It's very helpful. In schools some kids can become ambassadors for things, it's really good ownership. Approaching schools, suggesting it would be good for the [PSHE] curriculum."*- Deliberative workshop

Some participants felt that personal, social, health and economic (PSHE) education lessons could focus more on teaching young people about their local health and care system and how to access the services it offers. A few participants noted that schools and colleges are placing more emphasis on the pastoral support offered to students, and felt that the health and care system could help to inform and shape the support that's being provided. One of the young people in the deliberative workshop noted that they would turn to their college for advice and support before trying to access information online.

Participants in both the young people's discussion workshop and the deliberative session also talked extensively about mental health support for young people and the challenges that they face. These participants highlighted the importance of ensuring that young people are aware of the services that are available to them, to ensure that they know how to access support if they need to.

> *"Mental health conditions that affect a lot of people but might be overlooked if not everyone knows about the symptoms and about how to access services. I'm lucky because I have good relationship with my parents who helped me through that, but not everyone has that and*

*might not know how to access that."- Young people's discussion group*

In addition, a few participants highlighted that recent service changes have enabled young people to have more control over their own health, including booking their own appointments, and this could lead to young people needing more support. A few participants noted that young people might rely on the capacity and ability of their parents to access care, and that ensuring young people are supported through school helps to address inequality.

In addition to supporting young people to access care, most participants in the deliberative workshop spoke about the potential role that well-informed young people could have in supporting other people. In particular, these participants spoke about the importance of family connections, and how young people could support older or digitally excluded family members to access and navigate their care. Some of these participants also highlighted that encouraging young people to take up this role in their families could help to mitigate the impact of service changes, such as the move to using more digital technologies.

*"Young people may also be a good way to connect to older people also, grandparents, parents. There's a natural chain of information shared upwards from young people to grandparents and grandparents to other elderly friends."- Deliberative workshop*

# 4. Building bridges across the health and care system

### Key takeaways

Outside of efforts to communicate more effectively with residents across Sussex, Participants felt that greater priority should be given to **building bridges between health and care services**, to help prevent people from falling between the cracks. Participants saw opportunities for health and care professionals, VCS organisations, and residents to play a role in this.

- Suggestions included **strengthening communication between services** and **giving patients greater access and control** to their own records and information.
- Participants valued **PALS and care coordinators** and felt that extending the scope of these services to provide advice and support about all types of care, including **social care and services offered by VCS organisations**, would be beneficial.
- Participants felt that VCS organisations should be supported more, particularly if the transition to being an ICS results in **VCS services being used more frequently**.
- Participants felt that individuals could play a bigger role in supporting people in their community as volunteers. Some felt that Sussex Health and Care Partnership could provide **training to residents on how to volunteer effectively to support people in their community** to get the information and support they need.
- Participants saw an opportunity for community support networks to **connect people with lived experience**, so they can support one another.
- Participants highlighted **the growing burden on family members and carers**, and stressed the need for additional support for these people.

## 4.1 Support to navigate health and care journeys

ICS leaders used the metaphor of 'stepping stones' to help participants visualise health and care journeys. In this metaphor, each step in a care journey, such as visiting a GP or seeing a specialist, was one stepping stone. Participants talked about barriers to moving between different points in a health and care journey so you can get stuck somewhere, or cycle between two points in the journey without making progress. Participants felt that not enough was being done to prevent people 'falling through the cracks' between stepping stones, and felt this would mean that some people weren't getting the support they need.

While most participants felt that this was partially caused by inadequate communication about how patients can navigate care and support, participants also spoke about how different services connect, communicate, and move patients between stepping stones. Participants from across the different groups, but particularly carers, spoke about the disconnect between health and social care, and the effects this can have on patients' experiences.

> *"Two big things were the stepping stones and the gaps between them. It's getting in place, as soon as possible, these people who can facilitate the moving of a person from one stone to the next one without losing them… that's key. Once that's in place it'll streamline the whole system, avoid losing people."*- Deliberative workshop

When thinking about the support that patients or carers need to navigate their health and care journeys, most participants spoke about the role of care coordinators and the Patient Advice and Liaison Service (PALS). Participants recognised that these services provide bridges that help patients and carers link together different aspects of care. Some participants felt that PALS and care coordinators could help patients have more personalised and more appropriate care experiences.

Some participants noted that the patients with the most complex care arrangements have the greatest need for support in navigating care, but the services available, such as PALS, can only provide support in navigating discrete aspects of their care. Participants wanted holistic patient support services that can provide advice about all the health and social care services that a patient needs to access, regardless of the organisation that is providing it.

> *"I also think the thing that gets missed is the person-centred approach, what people actually need beyond a one size fits all. That's where people fall through the gaps, the care plans aren't meeting people's needs."* – Deliberative Workshop

Similarly, participants spoke about the role that VCS organisations can, and do, play in supporting patients. Some participants spoke about the importance of VCS organisations in signposting patients and carers to the support they need. A few participants talked about how VCS organisations can work with care coordinators to connect different forms of care and support.

> *"As a care coordinator, you're building that link between social and healthcare systems by also signposting to VCS organisations that are providing support for that carer, so they can actually do their job, and there is that bridge that's maintained."* – Deliberative Workshop

However, these participants also felt that the relationships between VCS organisations and health and care professionals were often tenuous and informal. Most participants recognised the value of the support that VCS organisations offer, particularly during the pandemic, and wanted to see more formal relationships being established between VCS organisations and the health and care system. A few participants wanted more clarity about how VCS organisations would be

integrated within Sussex Health and Care Partnership, and felt that more could be done to ensure that the services provided by VCS organisations were properly signposted to relevant patients or carers.

*"There is a massive amount of support out there, but you have to know where to find it… For example, during pandemic, we had training courses from West Sussex Carers, one of the best charities ever to exist alongside others like Umbrella, Mind, Dementia Care."* - Carers' discussion group

However, a few participants also felt reluctant about relying on VCS organisations to provide services and support that they felt ought to be provided by the NHS. In addition, a few participants spoke about the pressures that VCS organisations were under and questioned the capacity and capability of VCS organisations to relieve wider pressures on the health and care system. These participants felt that deeper integration of VCS organisations within the health and care system needed to come with better support for these organisations, including resources and training.

## 4.2 Strengthening lines of communication between services

Some participants spoke about the lack of support for those people helping family or friends get the care they need, and the stress that holding responsibility for getting someone care brings to carers and family members. Participants often focused on both the length of time it takes to get the right care from the right people and the frustration they experience when trying to ensure this happens.

*"My mother has a complex condition, mental and physical. The biggest challenge has been dealing with multidisciplinary teams, being batted around GPs, and no one really taking responsibility. Each person you come into contact with… you don't want to be repeating the situation, [you] feel like you're going back to square one."* – Deliberative Workshop

Some participants felt particularly frustrated about having to repeatedly explain why they were seeking care to different people. This made participants feel as though they weren't being supported, that health and care professionals were reluctant to help, and that they had to justify being at appointments. This contributed to participants feeling that moving through the health and care system was burdensome and stressful.

A few participants felt that the quality of the IT systems used to share data, contributed to these frustrations. These participants felt that more could be done to improve the efficiency of data sharing. A few participants wanted to ensure that all services and organisations that provide health and care were connected via the same data sharing system, to ensure that the relevant people knew the relevant information.

*"I always wonder when I go from provider to provider how they don't have a summary sheet. For my son, for example… The personal intimate things that I don't want to talk about in front of him every single time. Sometimes a provider will know, and it's like, 'thank god… I don't have to*

*talk about it'." – Deliberative Workshop*

Some participants felt strongly that patients and carers should have more ownership over their personal medical information. This would help to ensure that when patients move between points in their health and care journeys, they know that the right people have the right information. Although people with access to the internet and a personal device can now access their own medical records more easily through the NHS app[4] and other online health services[5], participants noted that not everyone can access or use these services. Participants felt that providing patients with a summary sheet, covering only relevant information, that they can take to subsequent appointments would simplify the process and help people, particularly those who are digitally excluded, to feel more in control. These participants felt that this would help ensure continuity in care between different services and systems.

Most participants recognised that the transition to becoming an ICS ought to improve how different parts of the health and care system communicated. A few participants felt that this could be communicated to the public more effectively, so that people were aware that these issues were starting to be addressed. Nevertheless, a few participants were concerned that VCS organisations would be excluded from these changes, which would mean that those people relying on the support of VCS organisations would still experience similar issues. These participants wanted to see Sussex Health and Care Partnership leading change that supported communication and collaboration with VCS organisations.

*"There are conversations happening but I'm not getting a sense of where they're going and how the partnership working filters down to the frontline and how we start working together cooperatively."* - Councillors and Community Ambassadors' discussion group

## 4.3 A role for residents to support each other

Participants also spoke about the support available at a local level. Some participants spoke about the importance of community-based advocacy and peer-support networks. These participants felt that people with lived experience offered a different perspective to patients, that complemented advice and support provided by health and care professionals.

*"What we do now is an informal thing where parents come over, one panel for autism and ADHD… we share experiences of how to navigate the system and where to seek help"* - Carers' discussion group

Additionally, these participants noted how important community-based support was for vulnerable and excluded people too. A few participants felt that peer support networks should be linked to primary care, and a few other participants noted that peer support networks could provide additional support online.

*"Also, peer to peer support online. If someone's struggling with something it can help support [them]. So, if someone's having a struggle with*

[4] https://www.nhs.uk/nhs-app/
[5] https://www.nhs.uk/nhs-services/gps/online-health-and-prescription-services/

*something it's having that network of communication so that people can have a wider understanding of NHS services."* – Deliberative Workshop

Most participants felt that there were many people who wanted to help, but that people we unsure what they could do. These participants felt that local communities could benefit from a programme that trains residents on effective ways of volunteering. Some of these participants felt that joining community-based support networks was one way in which people could take more individual responsibility in relieving system pressures.

A few participants spoke about having local champions that mirror vaccine champions but focus instead on signposting and distributing information to help people through their health and care journeys.

Some participants felt concerned that the transition to being an ICS might reduce the focus on smaller, place-based community projects. Participants again noted the resourcing and funding challenges associated with supporting community-based projects and providing additional training. A few participants felt that closer links to housing associations, through local authorities, could help the ICS to identify areas to target with specific support for community-based projects.

However, some participants were concerned about relying on individual residents and/or family support networks to mitigate the effects of system pressures on patients. These participants felt that system pressures had knock on effects for the health of family members, who may be unable to provide the required care. These participants often spoke about their own experiences supporting family members while receiving care. A few participants described situations when relying on family support was the worst option for the patient and the family, but it was the only option available due to system pressures.

*"I've been in a situation where my mother has been discharged and it has put a huge strain on the family and it reaches a crisis point, it was assumed it would be okay because the family members were there. The health implications on the family are overlooked."* – Deliberative Workshop

In line with this, participants felt that there should be support available, particularly at the community-level, for families and friends that are responsible for helping someone they know get the care they need. These participants recognised that people might be expected to act informally or temporarily as carers, but without any help, support, knowledge, or training about what to do. Similarly, some participants also spoke about the need for improved support for carers, particularly in helping them to function as the bridge that connects together different areas of care and support.

*"The carer is the focal point of everything that happens because they are closest to the person who is in need of medical care, the first point of help and the communications hub. They need support along that process, otherwise it's just a mess… ill informed, ill dealt with by the carer."* – Carers' discussion group

# 5. Reflections on the process

This deliberative engagement programme brought together a diverse group of Sussex residents and stakeholders to learn about and reflect on the pressures facing the health and care system. Participants were able to engage directly with one another and with senior leaders from Sussex Health and Care partnership, and collectively highlighted a set of key opportunities to improve public understanding of system pressures, and to support people to navigate changing health and care services more effectively.

*"I would just like to say how enlightening it was in speaking to senior NHS employees over the course of the groups after initially thinking that it was a bit above my level of knowledge of the NHS."* – Participant feedback

Participants reported feeling listened to and valued throughout the process. A number of participants specifically referenced how they enjoyed hearing from a range of perspectives – a hallmark of deliberative engagement processes. Participants also particularly valued being able to engage directly with senior NHS leaders.

*"I loved being part of the process and felt very privileged to be able to share my thoughts and experiences. I have explained my involvement to friends and colleagues, and they have been asking if they could be part of future research, so it (the opportunity) is obviously valued within the community. I felt listened to and valued throughout and I can't wait to see what happens next!"* – Participant feedback

For the ICS leaders feeding into and participating in the programme, being involved helped them to understand the current situation from a different perspective, and to see the value in engaging with residents in this way, highlighting the potential for future programmes to continue to surface useful insight for decision-makers across the ICS.

*"As Urgent and Emergency Care programme director, I am acutely aware on a day-to-day basis of the pressure the system is under and can assume the impact this has on our patient population. With very little direct patient involvement myself I wanted to be part of this process so I could better understand impact from a patient perspective and have a fresh lens on what we can do differently"*- Maggie Keating, Urgent and Emergency Care programme director

# 6. Conclusion and next steps

This deliberative engagement programme supported senior leaders within the ICS to form a dialogue with a diverse group of Sussex residents and other key stakeholders. They explored some of the pressures in the health and care system, and the impact on individuals and communities. These discussions have highlighted a range of important considerations and potential actions for system leaders and their teams to review and consider, in relation to the following areas:

- Building and maintaining trust and confidence in health and care services through open communication and dialogue - continuing to keep people informed about the status of different parts of the health and care system, and the ways in which people can support themselves and their communities.
- Getting the right information to the right people through varied and tailored initiatives, without relying too much on social media.
- Building bridges across the health and care system by leveraging existing roles and communication channels and supporting people to volunteer more effectively.

As the health and care system continues to respond and adapt to changing pressures, the findings from this programme can feed into ongoing planning activities. Key next steps include:

- A Routes to Action meeting with wider health and care service leaders in early February 2022 will provide space to discuss the implications of these findings, and highlight key opportunity areas for progressing ideas and suggestions into action plans.
- This report, and a summary of discussions in the Routes to Action meeting will be shared with participants.
- System leaders will then align actions with existing plans, workstreams and programmes, to support the progression of ideas and suggestions arising from this process.

Supporting ongoing discussions with people and communities is a priority for the ICS, and Sussex Health and Care Partnership's public involvement team will ensure there is an opportunity for those who have participated in this deliberative programme to come together later in 2022, to hear about progress and opportunities to stay involved.

# Appendices

## Appendix A: Participants and recruitment

Overall, 47 people participated in the deliberative engagement programme. These groups of people were a mix of people from Sussex and professional stakeholders of SHCP (VCS & Councillor groups). Below is a table showing the level of involvement from the different discussion groups in each stage of the project. It also shows how we recruited each group.

**Breakdown of participation in deliberative workshop by discussion group:**

| Group | Number in discussion groups (47 in total) | Recruitment approach | Number in Deliberative Workshop (16 in total) |
|---|---|---|---|
| Mixed public groups | 16 | Fieldwork agency | 4 |
| People from minority ethnic backgrounds | 7 | Survey distributed to SCHP partners | 4 |
| Young people | 7 | Survey distributed to SCHP partners | 3 |
| Carers | 5 | Survey distributed to SCHP partners | 2 |
| VCS & Healthwatch | 7 | Through SHCP network | 1 |
| Councillors & Community Ambassadors | 5 | Through SHCP network | 1 |

# Appendix B: Process plan

Below are the process plans for each phase of the project. Starting with the briefing session, then discussion workshop and finally, the deliberative workshops. The process plans outline the activities undertaken, timings, and materials used to deliver each session.

## Phase 1: Information session

| Time | Activity |
|---|---|
| **6pm** (10 mins) | **Welcome and introductions** |
| **6:10pm** (20 mins) | **The context:** Key system pressures, what this means for patients and for staff, and how these pressures relate to / influence each other<br>**Why we're starting this conversation:** Key questions we will be exploring with participants |
| **6:30pm** (5 mins) | **What will happen after today:** Summarise next steps in the process |
| **6:35** (20 mins) | **Q&A**<br>Prompts:<br>• Do you have any questions for [ICS leaders] based on their presentation / what they shared about system pressures?<br>• Do you have any questions about the process itself, or what is expected of you?<br>• Is there anything that you feel we haven't covered in this briefing, or anything that you would like more information about? |
| **6:55** (10 mins) | **Next steps and close** |

## Phase 2: Discussion workshop

| Time | Activity |
|---|---|
| **6pm** (10 mins) | **Welcome and introductions** |
| **6:10pm** (5 mins) | **Briefing summary**<br>Short re-cap of the briefing material on system pressures. |
| **6:15pm** (10-15 mins) | **Plenary**<br>• How do you feel about the information in the briefing about the challenges local health and care services are facing? |

| | |
|---|---|
| | • Did you already know about these challenges, or was anything new/surprising?<br>• Do you have any additional questions about these system pressures? |
| **6:30pm**<br>(15-20 mins) | **Activity 1: Health and care during the pandemic**<br>Participants' responses captured on a Jamboard. Prompts given one at a time, in order.<br>• How do you think people's experiences of health and care services have changed over the course of the pandemic? |
| **6:45pm**<br>(5 mins) | **Plenary**<br>Check back in with participants - how are they feeling so far? Do they have any questions? |
| **6:50pm**<br>(5 mins) | **Introduce activity 2: System Pressures**<br>Read through the patient story provided in the facilitator plan. |
| **6:55pm**<br>(5 mins) | **Break** |
| **7:00pm**<br>(15 mins) | **Activity 2: System Pressures**<br>Capture responses on a Jamboard, which contains the different pressure points.<br>• In the previous activity, when thinking about how health and care services changed during the pandemic, did the group focus more on one pressure point?<br>• Thinking about the different pressure points in turn, how do you think winter might put additional strain on each?<br>• Thinking about the different pressure points in turn, if one pressure point was unable to cope with the additional stress of winter, what would happen? |
| **7:20pm**<br>(40 mins) | **Activity 3: Relieving Pressure**<br>• Where do you think responsibility lies for addressing system pressures? / Whose responsibility do you think it is to ensure that the system can cope with these pressures? [Ask this question before following questions]<br>• What do you think those within health and care services could be doing to help reduce pressure on the system?<br>• What do you think individuals could be doing to help reduce pressure on the system? |
| **7:50pm**<br>(5 mins) | **Closing plenary** |

## Phase 3: Deliberative workshop

| Time | Activity |
|---|---|
| **12:30pm**<br>(10 mins) | **Introductions and ice breaker activity** |

| | |
|---|---|
| **12:40pm**<br>(10 mins) | **Welcome**<br>Welcome from Jane and Jessie |
| **12:50pm**<br>(30 mins) | **Activity 1: Build on emerging findings**<br>An activity to foster discussion around key findings from discussion workshops. |
| **1:25pm**<br>(5 mins) | **Break** |
| **1:35pm**<br>(1 hour 25 mins) | **Activity 2: Changes and challenges**<br>A carousel activity to explore three key challenge areas in more detail, and to surface ideas and actions to address system pressures.<br>Navigating changing health and care services (Maggie and Tom)<br>Supporting individuals and communities to take action (Jane and Maddy)<br>Joining up health and care journeys (Amy, Claire, and Jessie) |
| **2:55pm**<br>(10 mins) | **Break** |
| 3:05pm<br>(45 mins) | **Activity 3: Ideas and actions**<br>An activity to prioritise and reflect on ideas and actions that have emerged through the workshop. |
| **3:50pm**<br>(10 mins | **Close**<br>Closing reflections from Amy, Maggie, and Claire<br>Final thank you from Jane and Jessie |

## Appendix C: Involvement of ICS leaders

Below is a table showing the members of Sussex Health & Care Partnership who contributed their expertise towards the project. The table outlines their role as well as which stage(s) of the project they worked on.

| Name | Job Title | Role |
|---|---|---|
| **Jane Lodge** | Associate Director of Public Involvement and Community Partnerships | SHCP Project lead, Briefing Session, Observer, Discussion Workshops, Deliberative workshop |
| **Antonia Bennett** | Head of Public Involvement | Observer, Discussion Workshops |
| **Maggie Keating** | Urgent and Emergency Care Programme Director | Briefing Session, Deliberative workshop |
| **Amy Galea** | Executive Director Primary Care | Briefing Session, Deliberative workshop |
| **Tom Gurney** | Executive Director of Communications and Engagement | Briefing Session |
| **Kerry Lloyd** | Deputy Chief Nursing Officer | Briefing Session |
| **Dr Claire Woolcock** | Medical Director – Mental Health, Transformation | Deliberative Workshop |

# Appendix D: Briefing slides

Below are slides from the participant briefing sessions. They outline challenges facing SHCP and why the project is happening.

## Pressures on the health and care system in Sussex

TRAVERSE

More and growing need for health and care services, due to COVID-19, winter pressures

Reduced capacity in the system due to staffing pressures (not enough staff) and service changes

In places, strained relationship between the public and health and care services

**For Sussex residents, this means…**

Backlog of waiting lists

Difficulties accessing care (from GP and A&E, mental health services, social care)

**For the NHS workforce, this means…**

High levels of exhaustion and burn out

New ways of working and service changes in response to COVID-19

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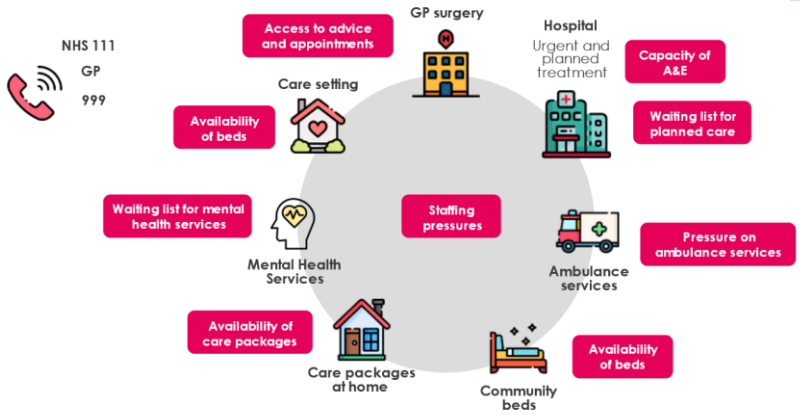
## Pressures on the health and care system in Sussex

TRAVERSE




## Priorities for winter 2021/2022

TRAVERSE

- To maintain **patient safety** at all times
- To prepare for **increased demand**
- To ensure **discharge processes** are prompt, smooth and responsive
- To ensure people are **supported after they leave** hospital
- To support **prevention in communities** to avoid hospital admission
- To ensure people have **the right information** about access to advice and support
- To continue to protect against **COVID-19 and Flu**
- Increased capacity in **111 and 999 services**

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## Why are we having this conversation?

TRAVERSE

To explore people's different **experiences, priorities and ideas** in relation to these challenges.

To reach a **collective understanding** of the situation that helps us find a way forwards.

To support **open and honest** conversations between members of the public, stakeholders and system leaders about how we can address these challenges.

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## Appendix E: Feedback poll results

At the end of the deliberative session participants were asked to answer a short poll. The poll asked a few questions assessing the mood after finishing the workshop. Participant were asked four questions and could answer: 'Strongly Agree', 'Agree', 'Disagree', 'Strongly Disagree'. The results are outlined below:

| | **Q1.** I felt comfortable contributing to discussions. | **Q2.** I feel that my views have been adequately heard today. | **Q3.** I can see the value of today's discussions. | **Q4.** I found today's discussions useful. |
|---|---|---|---|---|
| **Strongly Agree** | **11** | **8** | **9** | **5** |
| **Agree** | **1** | **4** | **3** | **6** |
| **Disagree** | **0** | **0** | **0** | **1** |
| **Strongly Disagree** | **0** | **0** | **0** | **0** |

TRAVERSE

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| | |
|---|---|
| **Report to:** | **East Sussex Health and Wellbeing Board** |
| **Date of meeting:** | **1 March 2022** |
| **By:** | **Director of Public Health** |
| **Title:** | **East Sussex Outbreak Control Plan** |
| **Purpose:** | **To update the Health and Wellbeing Board by presenting a refreshed East Sussex Outbreak Control Plan** |

***RECOMMENDATIONS***

**The Board is recommended to:**

**1) review and approve the update of the East Sussex Outbreak Control Plan contained in Appendix 1; and**

**2) receive an update East Sussex Outbreak Control Plan at its 19 July 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 14 December 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 The latest version in Appendix 1 contains the Government's Autumn and Winter Plan including Plan B – the contingency plan to combat increasing rates of transmission, as well as general updates throughout.

2.3 We are anticipating a national update on what requirements there are for local arrangements for COVID-19 from April 2022 and the requirement for future outbreak control plans.

## 3. Conclusion and reasons for recommendations

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

3.2 Members of the Health and Wellbeing Board will be advised at their future meetings of further updates to the East Sussex Outbreak Control Plan. It is also proposed the Board agree to review the updated Plan at the next meeting of the Health and Wellbeing Board on 19 July 2022.

**DARRELL GALE**

**Director of Public Health**

Contact Officer: Rob Tolfree, Consultant in Public Health

Tel. No. 07923 240932

Email: Rob.Tolfree@eastsussex.gov.uk

Background Documents: Outbreak Control Plan

eastsussex.gov.uk

East Sussex County Council

# East Sussex Outbreak Control Plan – COVID-19

## February 2022

## Version 4.0

# 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 |
|---|---|---|
| 4.0 | Quarterly refresh for the Health and Wellbeing Board. All sections updated and all partners consulted for comments. | 10 Feb 22 |
| 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 21 |
| 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 |

| Version | | Date |
|---|---|---|
| 2.2 | Appendix B removed and Appendix C moved to Appendix B on website publication. | 2 Jul 20 |
| 2.1 | Minor corrections and amendments to the website publication. | 1 Jul 20 |
| 2.0 | Final version prepared by Rob Tolfree, Tracey Houston and Emma King based on comments received by partners. Approved by Becky Shaw, Chief Executive ESCC, and Darrell Gale, Director of Public Health ESCC and published as part of Health and Wellbeing Board papers | 30 Jun 20 |
| 1.3 | Second draft prepared by Rob Tolfree based on comments received.<br><br>Version 1.3 sent for comments to: Chief Executives of Districts and Boroughs and Environmental Health leads; Sussex Resilience Forum; Police; Emergency Planning; Communities, Environment and Transport; Children's; Adult Social Care; ESHT; CCG; SCFT; SPFT; Health Watch; Public Health England; RSI; Communications; HMP Lewes; HSE. | 23 Jun 20 |
| 1.2 | First draft by Rob Tolfree.<br><br>Relevant sections of Version 1.2 sent for comments to Environmental Health for each District and Borough, Sussex Resilience Forum, Police, Emergency Planning, Children's, Adult Social Care, Communities Environment and Transport, Health Watch, CCG, ESHT, SCFT; SPFT, Public Health England, Rough Sleeper Initiative, Communications, HMP Lewes, Legal. | 17 Jun 20 |
| 1.1 | Structure and outline approved by Darrell Gale, Director of Public Health ESCC. | 15 Jun 20 |

# Contents

# List of figures

# Glossary

| | |
|---|---|
| CCA | Civil Contingencies Act |
| CCG | Clinical Commissioning Group |
| DHSC | Department of Health and Social Care |
| DPH | Director of Public Health |
| EHO | Environmental Health Officer |
| ESCC | East Sussex County Council |
| FS | Field Services |
| HPT | Health Protection Team |
| ESHT | East Sussex Healthcare Trust |
| GRT | Gypsy and Roma Travellers |
| HMP | Her Majesty's Prison |
| iCERT | Integrated Common Exposure Report Tool |
| ICS | Integrated Care System |
| ICN | Integrated Care Network |
| IMT | Incident Management Team |
| IPC | Infection, Prevention, Control |
| ITS | Integrated Tracing System |
| LA | Local Authority |
| LCS | Locally Commissioned Service |
| LHRP | Local Health Resilience Partnership |
| LTLA | Lower Tier Local Authority |
| OCT | Outbreak Control Team |
| OIRR | Outbreak Investigation and Rapid Response |
| ONS | Office for National Statistics |
| MoJ | Ministry of Justice |
| MHCLG | Ministry of Housing, Communities and Local Government |
| MTU | Mobile Testing Unit |
| NHS BSA | NHS Business Services Authority |
| NHSE | NHS England |
| PHE | Public Health England |
| PPE | Personal Protective Equipment |
| RSI | Rough Sleepier Initiative |
| SCFT | Sussex Community Foundation Trust |
| SECAmb | South East Coast Ambulance |
| SID | Sussex Integrated Dataset |
| SOP | Standard Operating Procedure |
| SPFT | Sussex Partnership Foundation Trust |
| SCG | Strategic Coordinating Group |
| SRF | Sussex Resilience Forum |
| TCG | Tactical Coordinating Group |
| 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 vaccinated 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.

8 December 2021: Autumn and Winter Plan B restrictions announced in response to Omicron. For more information refer to section.

26 January 2022: Autumn and Winter Plan B restrictions ended.

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

## 1.2. Features of COVID-19

Key features of COVID-19, summarised from the green book COVID-19 Greenbook chapter 14a (publishing.service.gov.uk)

| | |
|---|---|
| Transmission | SARS-CoV-2 is primarily transmitted by person to person spread through respiratory aerosols, direct human contact and fomites.<br><br>High transmissibility indicates that stringent control measures, such as active surveillance, physical distancing, early quarantine, and contact tracing, are needed to control viral spread. |
| Incubation period | After the initial exposure, patients typically develop symptoms within 5-6 days (incubation period) although about 20% of patients remain asymptomatic throughout infection.<br><br>Transmission is maximal in the first week of illness. Symptomatic and pre-symptomatic transmission (1-2 days before symptom onset), is thought to play a greater role in the spread of SARS-CoV-2 than asymptomatic transmission. |
| Symptoms | In adults, the clinical picture varies widely. A significant proportion of individuals are likely to have mild symptoms and may be asymptomatic at the time of diagnosis.<br><br>Symptoms are commonly reported as a new onset of cough and fever but may include headache, loss of smell, nasal obstruction, lethargy, myalgia (aching muscles), rhinorrhoea (runny nose), taste dysfunction, sore throat, diarrhoea, vomiting and confusion; fever may not be reported in all symptomatic individuals.<br><br>Patients may also be asymptomatic. Progression of disease, multiple organ failure and death will occur in some individuals.<br><br>NICE (December 2020 Overview \| COVID-19 rapid guideline: managing the long-term effects of COVID-19 \| Guidance \| NICE), uses the following clinical definitions for the initial illness and long COVID at different times:<br>• Acute COVID-19: signs and symptoms of COVID-19 for up to 4 weeks.<br>• Ongoing symptomatic COVID-19: signs and symptoms of COVID-19 from 4 to 12 weeks.<br>• Post-COVID-19 syndrome: signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis. |
| Risk factors and high-risk groups | Severe infection is associated with increasing age, being male, and having long-term conditions such as diabetes, cancer, and severe asthma. |

| | |
|---|---|
| | Other reported risk factors identified by Public Health England (Disparities in the risk and outcomes of COVID-19 (publishing.service.gov.uk) are:<br><br>People from Black ethnic groups were most likely to be diagnosed, and death rates are highest amongst people of Black and Asian ethnic groups.<br><br>The diagnosis rate is highest in the most deprived areas, and mortality rates in the most deprived areas were more than double the least deprived areas.<br><br>People working in certain occupations have also been found to have higher mortality rates from Covid-19, including lower skilled workers in construction and processing plants, social care and health workers, security guards, those driving the public, chefs, and sales/retail assistants.<br><br>There has been over twice the rate of mortality from Covid-19 for residents living in care homes, and among people who have learning disabilities. There is also increased risk associated with rough sleeping and being born outside the UK and Ireland.<br><br>Lifestyle factors also increase the risk of more severe disease, such as smoking and being an unhealthy weight. |
| Case fatality rate | The overall infection mortality ratio is 0.9%. This increases to 3.1% for those aged 65-74, and 11.6% to those over 75. |

## 1.3. Aim

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

## 1.4. Objectives

The Department of Health and Social Care (DHSC) has given two core pieces of guidance related to the development of Local Outbreak Control Plans. Firstly – the required governance arrangements [as detailed in section 2], and secondly, that plans are centred around the following themes:

1. **Care homes and schools.** Planning for local outbreaks in care homes and schools.

2. **High risk places, settings, and communities.** Identifying and planning how to manage other high-risk places, locations, and communities of interest.

3. **Testing.** Identifying methods for local testing to ensure a swift response that is accessible to the entire population.

4. **Contact Tracing.** Assessing local and regional contact tracing and infection control capability in complex settings.

5. **Integrated data.** Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook.

6. **Supporting vulnerable people.** Supporting vulnerable local people to get help to self-isolate and ensuring services meet the needs of diverse communities.

7. **Governance.** Establishing governance structures led by existing Covid-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the 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.

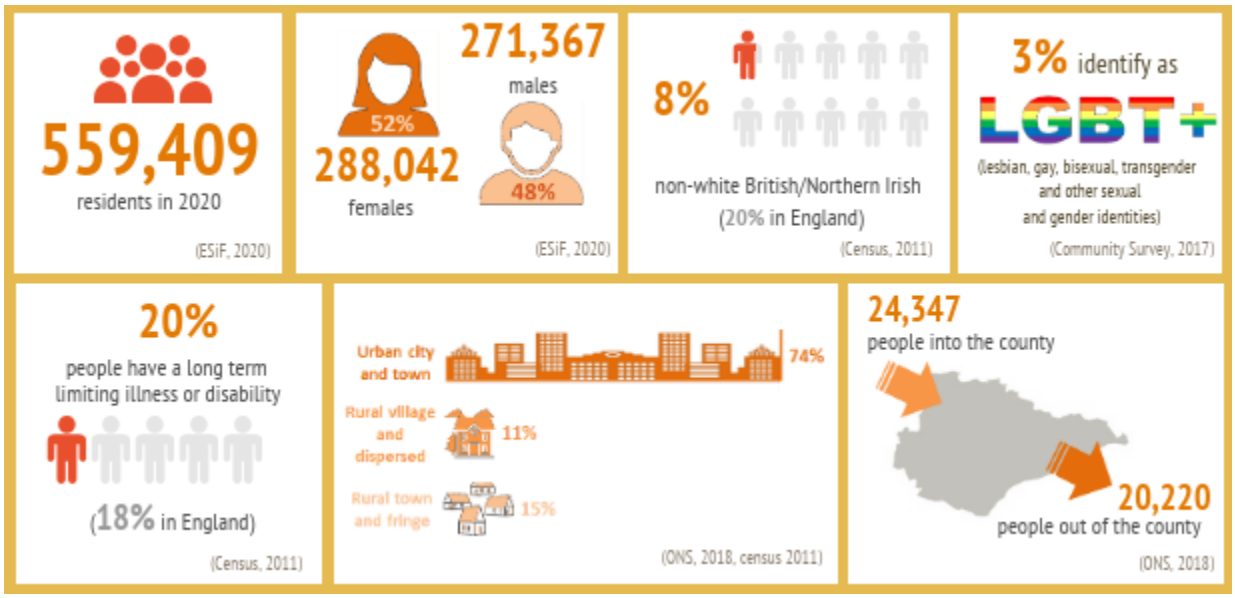
Any local outbreak plan is reliant on central government support as there are many interdependencies between a local system that can prevent and respond to outbreaks, and guidance produced at a national level.

## 1.6. East Sussex overview

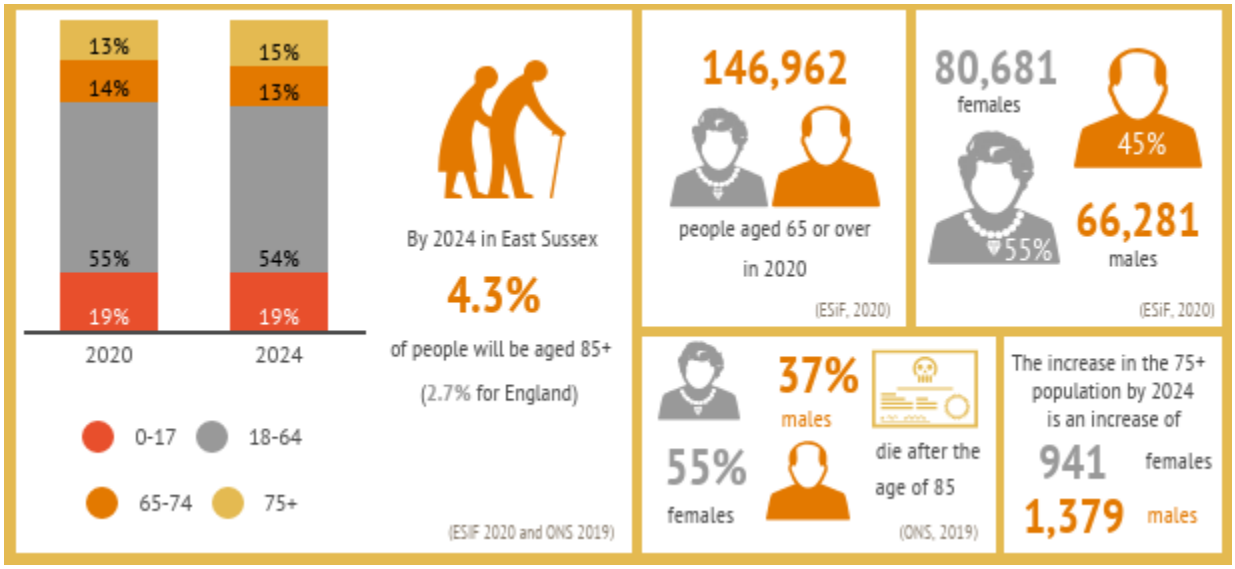
This section provides an overview of high-risk populations and where these populations are within the county. As well as an introduction to some of the high-risk settings. Further details and data underpinning this is available from East Sussex Joint Strategic Needs Assessment (JSNA) website eastsussexjsna.org.uk

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.

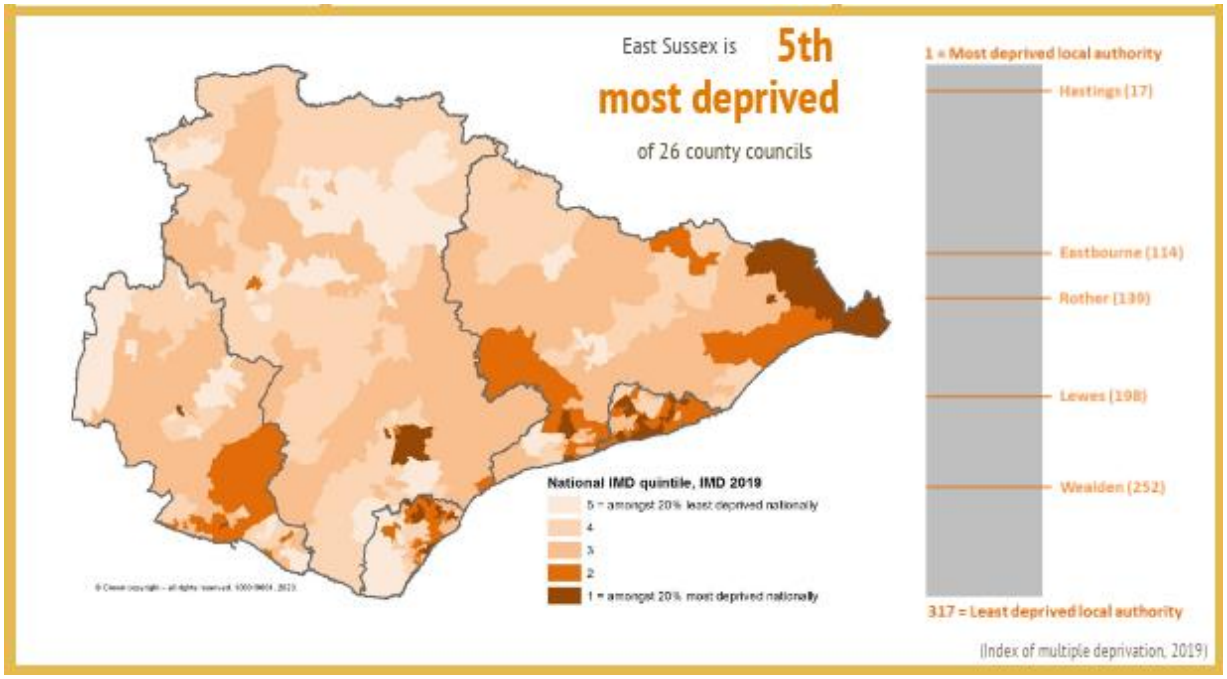
The East Sussex Community Survey identifies that nearly three quarters of people have a strong sense of secure identity and sense of belonging, and over three quarters are more than satisfied with their local area. People are also engaged and willing to support each other with half of those responding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



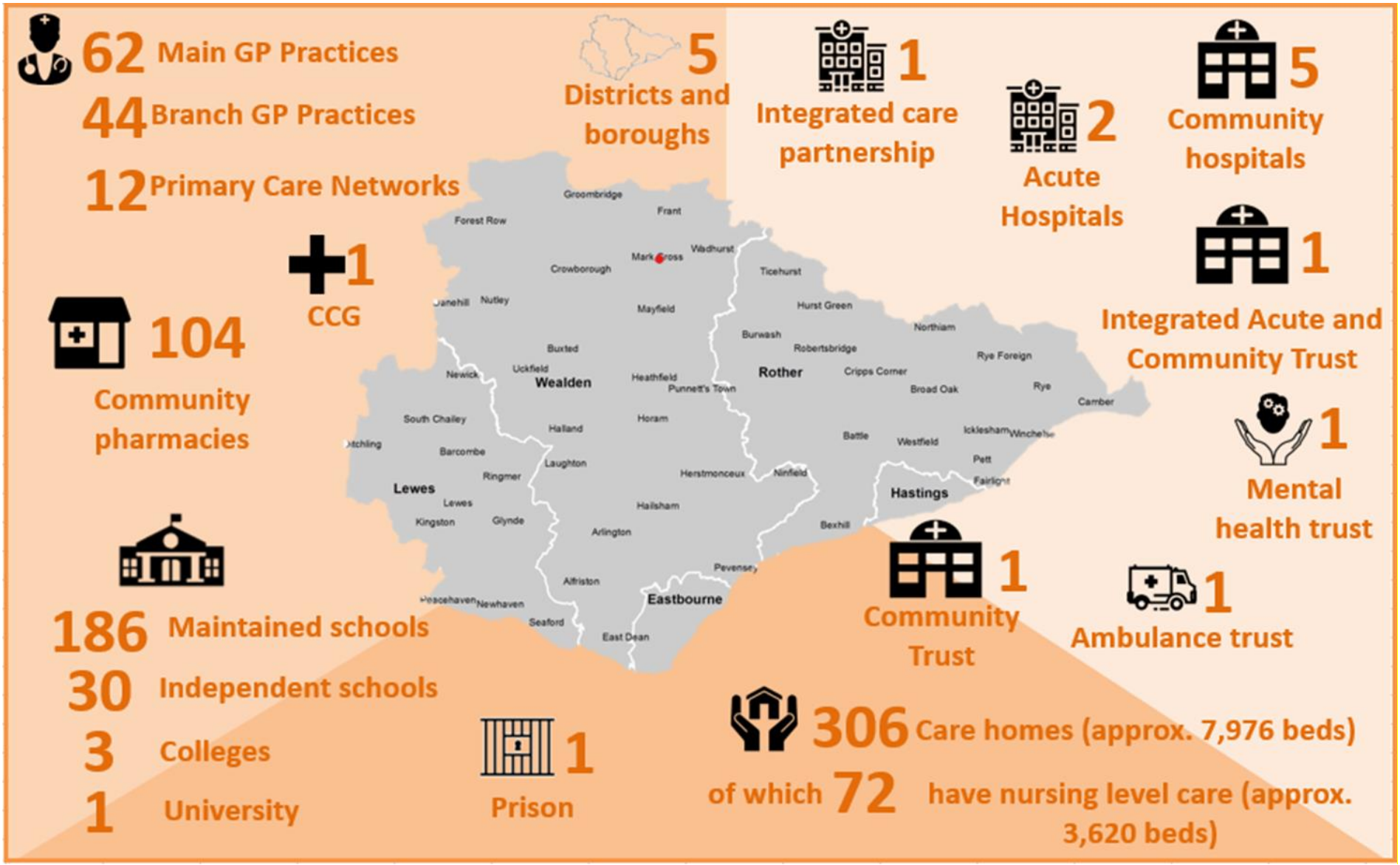

The over 65s now present a quarter of the county's population and are projected to make up nearly a third of all people by 2035. The fastest rate of growth will be seen in the 85 and over group. Those aged 85 and over are the largest users of health and social services.



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

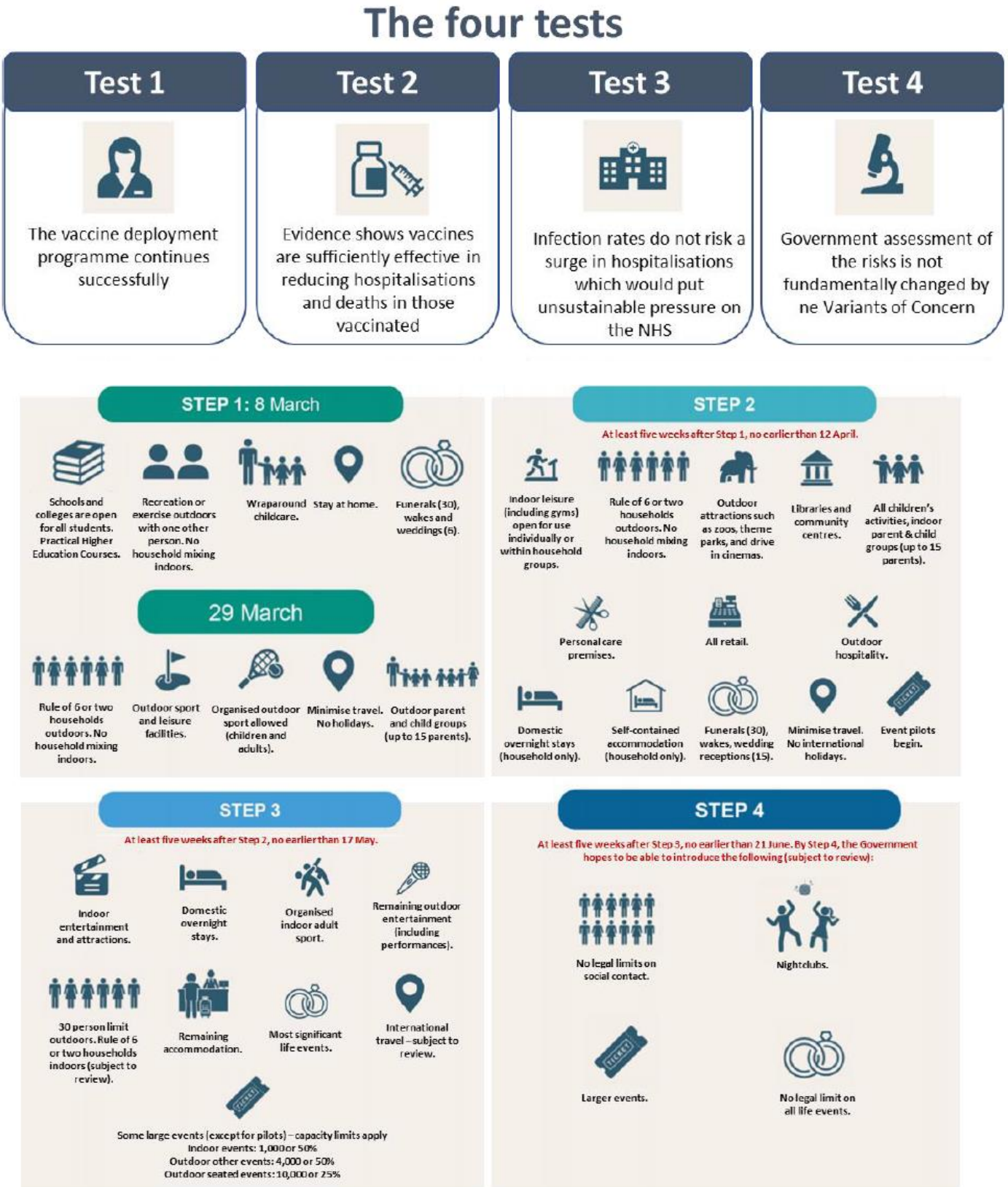


## 1.8. COVID-19 Epidemiology

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: 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.

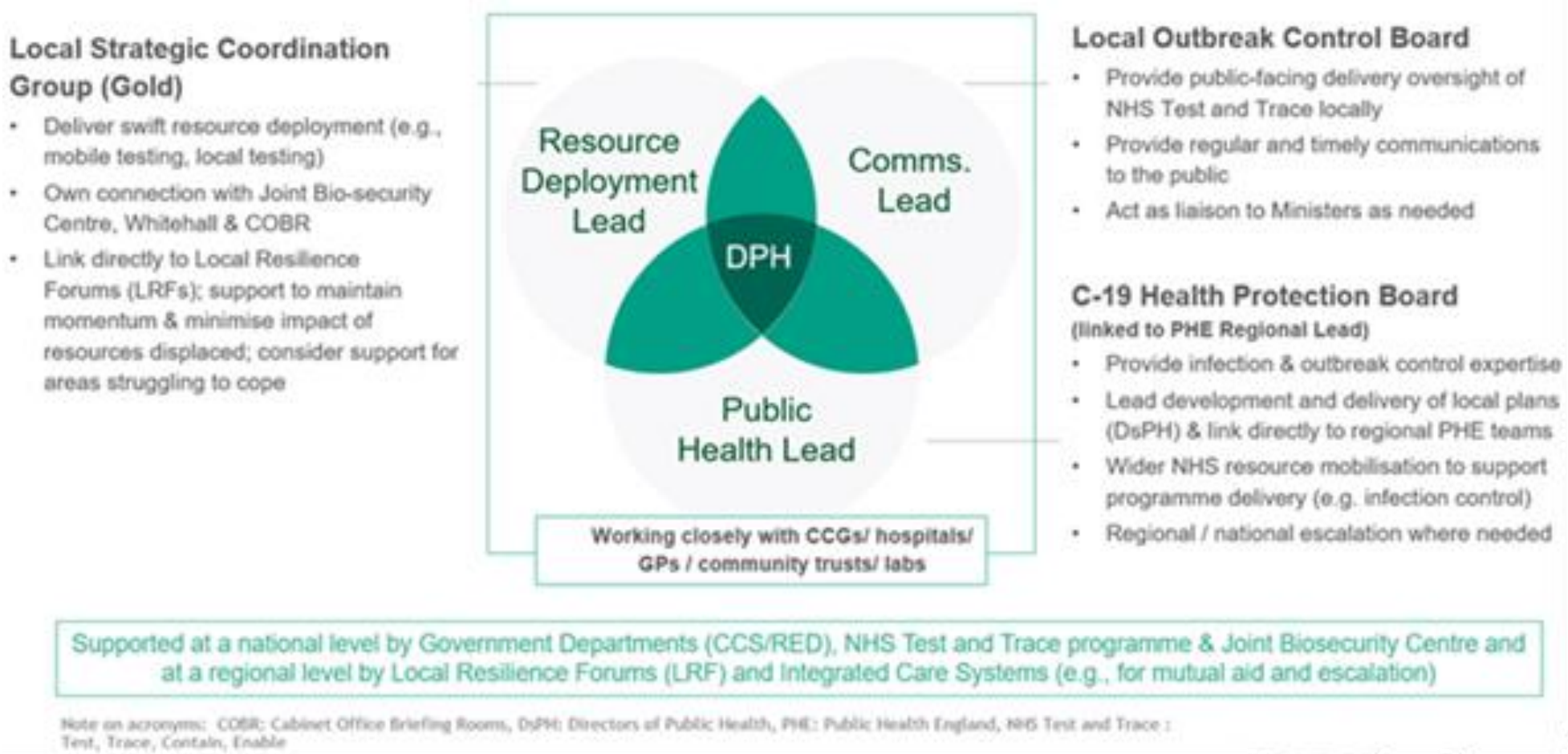
The Sussex Resilience Forum (SRF) will support local health protection arrangements working with the Health Protection Board and Local Outbreak Engagement Board directly through the Strategic Co-ordinating Group (SCG) or if in place the Strategic Recovery Group (RCG), Tactical Co-ordinating Group (TCG), 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 2: 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.

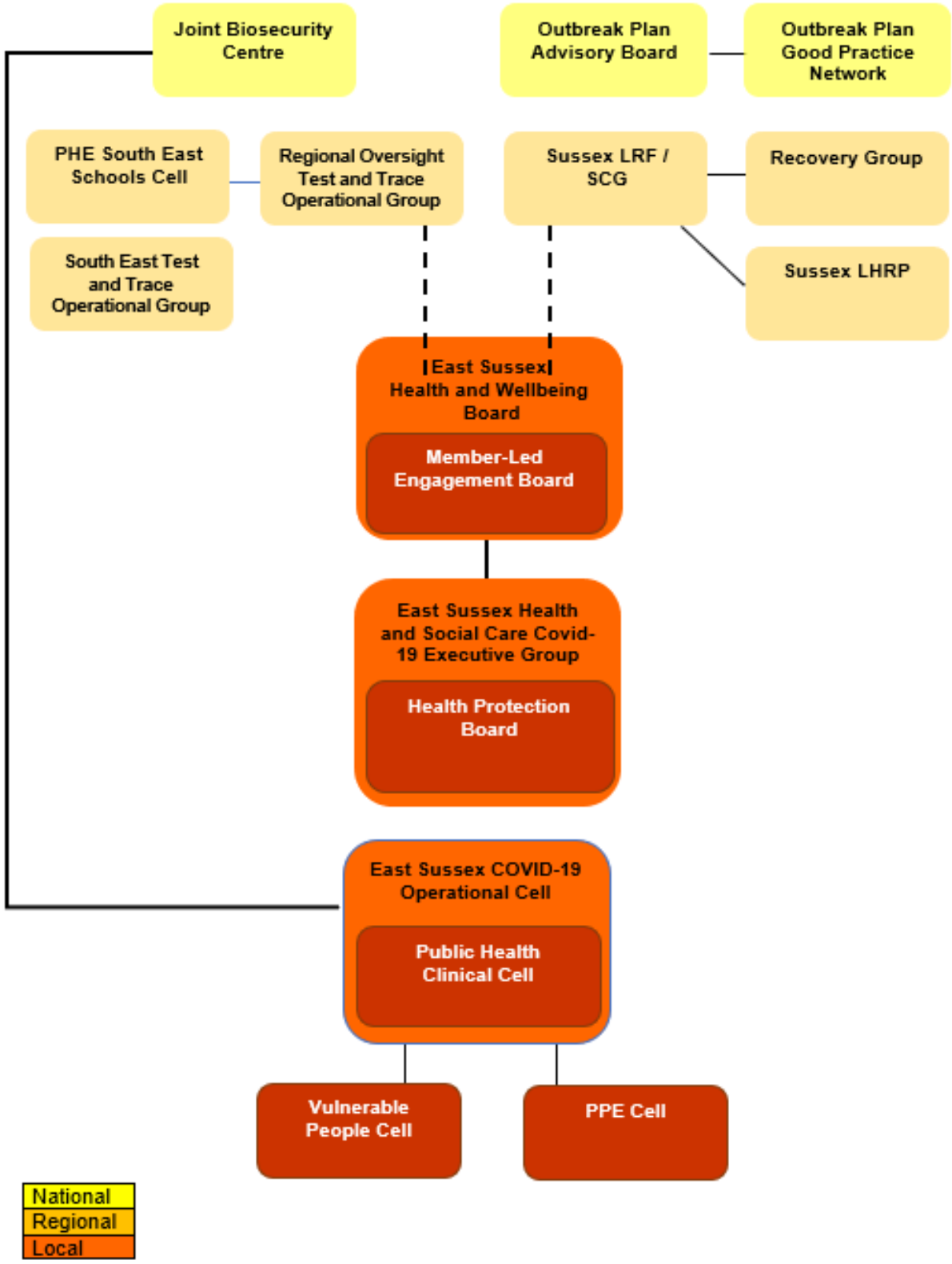
**Health Protection Team - Surrey and Sussex Health Protection Team (South East)**

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 3 - 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 (CCGs) 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. (The Health and Social Care Bill currently going through Parliament aims to replace CCGs with Integrated Care Boards (ICBs). The current proposed date for this change coming into force is 1 July2022.

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 27 September 2021, set out the specific powers local authorities have been given. The No.3 regulations are still in force will remain so until 24 March 2022. This is the legal situation as at 27January 2022.

Nearly all legal restrictions relating to COVID-19 under the Coronavirus Act in England have been abolished (as of 27 January2022). There is now no legal requirement in England to wear a face covering in any circumstances or to have a COVID passport to enter large events. Restrictions on visits in care homes end on 31January 2022.

The legal requirement to self-isolate if you test positive for COVID-19 is due to end on 24March 2022. Indeed, all the remaining rules (including local authority enforcement powers) relating to COVID-19 are scheduled to expire on that date.

## 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 31/01/22 ~~28/10/21~~), Coronavirus (COVID-19) notices (last updated 10/09021) 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 3) 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 enabl 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 which are still in force 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.

10. These powers are due to expire on 24 March 2022.

*Figure 4 - 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<br><br>In extremis: **The Health Protection (Coronavirus Restrictions) No 3 Regulations Expires on the 24th of March 2022.**<br><br>**Health Protection (Coronavirus, Restrictions) (Steps and other provisions) (England) (Amendment) Regulations 2021** | Organisers[1] for events of up to 499 people and of less than 5 days duration can hold events via a standard Temporary Event Notice (TEN)[2], which provides District and Borough council's ten working days' notice of the planned event.<br><br>The Police/Environmental Health may object within three working days on one of four grounds public safety, crime and disorder, protection of nuisance, protection of children. There are no public health groups on which to refuse permission. All parties organising an outdoor event in a managed public space must carry out a COVID risk assessment demonstrating that risks to all staff, performers and people attending the event have been considered and that everything reasonably practicable has been done to minimise that risk. If the risk assessment is not deemed 'suitable and sufficient,' permission can be refused (with no hearing necessary) and the organiser and Police Prevent Inspector would be notified that the event is illegal.<br><br>In a case where the CV-19 risk assessment is not satisfactory and the above procedure cannot be used (e.g. if the event was planned on private land) or in a case where the CV-19 risk assessment is satisfactory, but there are serious concerns regarding the incidence rate in that area or in the incidence rate in the area of the people attending the event, we may feel the event should not go ahead on public health grounds, and would aim to engage with the organiser on this. If the organiser refused to delay or cancel, the Local Authority may make a direction under the number 3 regulations to prohibit the event, where the three conditions can be met in relation to responding to a "serious and imminent" threat to public health, necessity, and proportionality The organiser can appeal the direction to the Magistrates' Court or Secretary of State.<br>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** | Prevent- *For use at any point in escalation framework* | Environmental Health or Public Health representat | | 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.<br><br>The Police/Environmental Health may object within three working days on one of four grounds public safety, crime and disorder, protection of nuisance, protection of children. There are no public health groups on which to refuse permission.All parties organising an outdoor event in a |

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

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

| | | | | |
|---|---|---|---|---|
| **permission is to be requested via a Premises License** | *(as decision depends on CV19 RA quality etc)* | ive at a SAG | | managed public space must carry out a COVID risk assessment demonstrating that risks to all staff, performers and people attending the event have been considered and that everything reasonably practicable has been done to minimise that risk. If the risk assessment is not deemed 'suitable and sufficient,' permission can be refused (with no hearing necessary) and the organiser and Police Prevent Inspector would be notified that the event is illegal.<br><br>In a case where the COVID-19 risk assessment is not satisfactory and the above procedure cannot be used (e.g. if the event was planned on private land) or in a case where the CV-19 risk assessment is satisfactory, but there are serious concerns regarding the incidence rate in that area or in the incidence rate in the area of the people attending the event, we may feel the event should not go ahead on public health grounds, and would aim to engage with the organiser on this. If the organiser refused to delay or cancel, the Local Authority may make a direction under the number 3 regulations to prohibit the event, where the three conditions can be met in relation to responding to a "serious and imminent" threat to public health, necessity, and proportionality. The organiser can appeal the direction to the Magistrates' Court or Secretary of State.<br><br>In the case of late TENs, the Police or Environmental Health can object with no right for the organiser to appeal. |
| **Acting against a business/premises permitted to be open but not complying with COVID-19 guidelines**[3] | Prevent-<br>*For use at any point in escalation framework*. | Environmental Health | **Health and Safety at Work Act 1974**, and with reference to **sector specific COVID guidelines**<br><br>In extremis: **The Health Protection (Coronavirus Restrictions) No 3 Regulations These regulations expire 24March 2022.** | 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. All parties organising an outdoor event in a managed public space must carry out a COVID risk assessment demonstrating that risks to all staff, performers and people attending the event have been considered and that everything reasonably practicable has been done to minimise that risk This is completed by the District or Borough and there is no obligation upon them to share that risk assessment. The organiser and Police Prevent Inspector would be notified that the event is illegal. However, the event would be unlikely to be illegal if it was taking place on premises that were part of the business of the premises licence holder or a visitor attraction.<br><br>In a case where the CV-19 risk assessment is not satisfactory, but permission cannot be refused due to the planned location of the event or in a case where the CV-19 risk assessment is satisfactory, but there are serious concerns regarding the incidence rate in that area or in the incidence rate in the 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. The organiser can appeal the direction to the Magistrates' Court or Secretary of State. |
| **Shutting a business/premises following intelligence of an outbreak where action wasn't taken voluntarily** | Control-<br>*For use at any point in escalation framework*. | Environmental Health | **Health and Safety at Work Act 1974**, and with reference to **sector specific COVID guidelines** | Action taken depends on the severity of the concern and strength of the evidence (following the hierarchy of control). This may include engagement with the business via a visit/call/letter and serving an improvement notice to require risk assessment. The decision to serve deferred prohibition/prohibition notices will be up to each Lower Tier Local Authority H&S Inspector in accordance with their own enforcement policy, professional judgement and with regards to each specific situation.<br><br>Where a business refuses to comply, the number 3 Regulations could be used to issue a directive to close the business. |

[3] 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.

| | | | | |
|---|---|---|---|---|
| **Closing an outdoor public space** | Prevent- *Only to be considered in areas with 'raised local concern/national concern'.* | Director of Public Health (in partnership with relevant LTLA) | **The Health Protection (Coronavirus Restrictions) No 3 Regulations These regulations expire on the 24th of March 2022** | 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. |
| | | | | |
| **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 These regulations expire on24March 2022. | 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

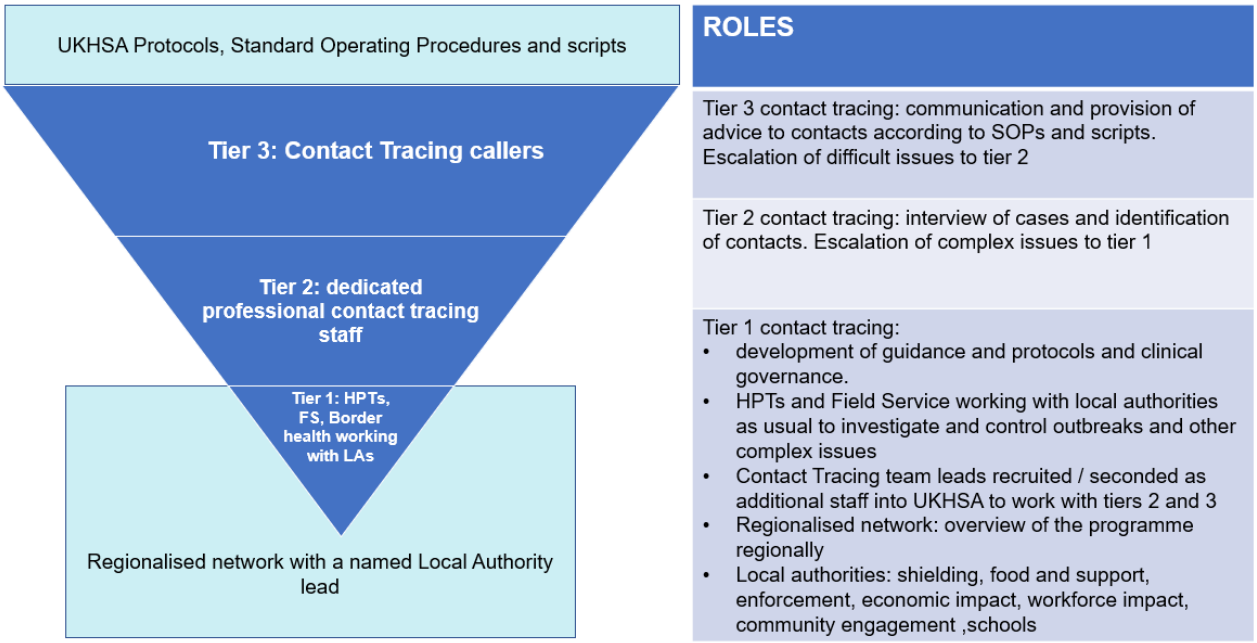
The NHS Test and Trace service was launched on the 28th May 2020. Although contact tracing is already an established part of the current system for investigating and managing outbreaks, COVID-19 has necessitated a substantial scaling up of the current contact tracing system which has resulted in the 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 several thousand 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 5: 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.

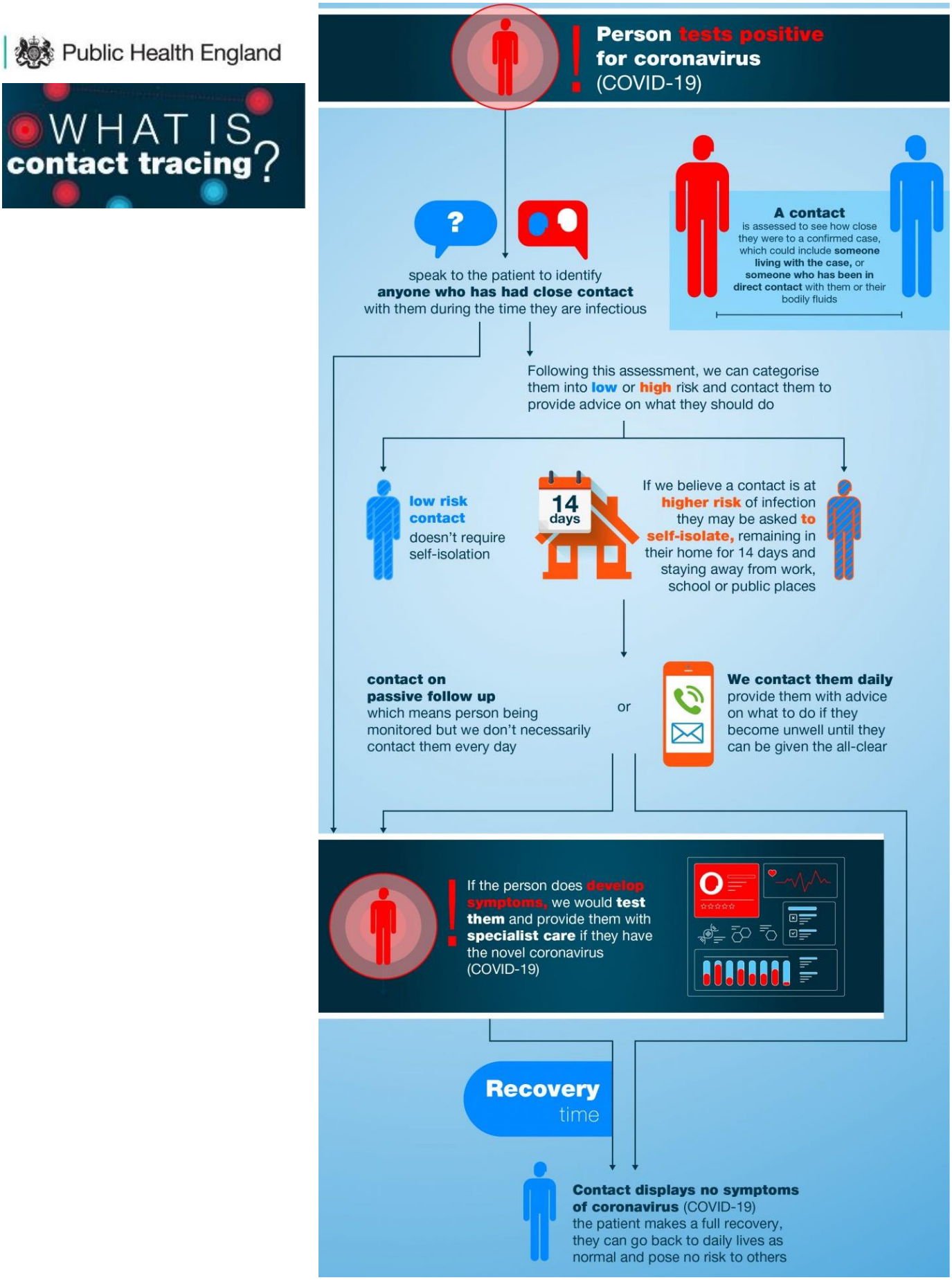
The service operates between 8am-8pmMonday to Friday and 9- 5pm on weekends and bank holidays. Contact is made via text message, phone call, email, or letter:

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

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

## 6.2. Data arrangements currently in place

Data to support this plan is sourced from a range of data sources, including 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, Hailsham and Hastings.

Mobile Testing Units (MTUs) are being used across the county. These are customised vans which are available to stop in a location for a period of days to test residents. These are accessed by car or on foot and require a booked appointment. The DHSC commission a variety of Providers 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 and operational management of the sites.

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 provide 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 regularly, especially when visiting vulnerable people or going to crowded events, 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 can book into one of the local pharmacies offering this service in East Sussex. Get an assisted symptom-free test | East Sussex County Council

## 7.4. Current issues in testing

We are awaiting guidance from DHSC regarding future testing requirements, following changes to management of cases and isolation. This may impact on the number of testing sites in the county and routes to access to tests in the future. 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 current dominant UK variant is now labelled as Omicron. The South African variant is Beta, the U.K variant is delta, 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 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 evidence they prevent severe illness from the variants and reduce the need for hospital admission.

Booster vaccines offer additional protection against these variants this winter and have been being rolled out, with four doses of the vaccine being offered to those with severely weakened immune systems.

## 7.6. Surge testing

Surge testing involves increased testing of people in a local community 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.

A local COVID-19 Variants of Concern Surge Testing Plan for East Sussex dated the 26th of June 2021 has been developed which will remain a live document as learning from wider areas. The plan describes how resources will be mobilised.

Recently a targeted contact tracing strategy including focused targeted testing at specific high-risk settings has become more favoured approach for a VoC over surge testing, however plans remain in place should there be a need.

## 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; 10 days self-isolation is a legal requirement for positive cases. The length of isolation can be reduced if an individual tests negative with two lateral flow tests 24 hours apart from day 5 of their isolation onwards.

Contacts of positive cases are required to self-isolate for 10 days too unless they meet the following criteria:

- 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 strong advised to:

- follow advice on how to avoid catching and spreading COVID-19
- consider limiting contact with people who are at higher risk from COVID-19
- to take daily LFD tests for 7 days.

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 those 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.

# 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[4] offered to CEV people in East Sussex included:

- Pro-active calls were undertaken to CEV individuals. Prioritisation was based on those who have previously received support to access food or basic support needs, those most recently added as CEV, age and other additional vulnerabilities.
- Health and Social Care Connect was (and is) available for advice, signposting and support to access NSSS and other services. It also responds to requests for contact via the NSSS. Additional capacity was been recruited to enable this, and it has been retained.
- A food delivery contract was procured and when appropriate food box delivery was available to residents. This was only available as a last resort and where all other avenues have been exhausted.

Advice for CEV individuals requiring support was based on:

- In the first instance seeking assistance from trusted family, friends, and neighbours with basic support such as help with shopping, getting medicines and other essentials.
- Seeking assistance from NHS Volunteer Responders - 0808 196 3646 or by visiting the website: NHS Volunteer Responders.
- **Registering for priority supermarket slots or NHS Volunteer Responders via the NSSS on GOV.UK.** https://www.gov.uk/coronavirus-shielding-support.
- If medicine collection can't be arranged through friends, family and neighbours, or NHS Volunteers, CEV people can inform their local pharmacy which will arrange delivery free of charge. The NHS Find a Pharmacy Service lists all pharmacies nearby.
- **Accessing** community support[9]**.**

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

- **If there is nobody is available to help, contacting Health and Social Care Connect on 0345 60 80 191 or emailing** hscc@eastsussex.gov.uk (open 8am to 8pm 7 days a week including bank holidays).

## 8.4. Community Hubs

For residents who needed support but weren't CEV the Community Hubs in each District and Borough were developed. Community Hubs were designed to help people affected by the pandemic who have no one else to turn to. Community Hubs[5] 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 funds topped up from private and public contributions with a total of £1.2million being

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

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 are 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 (which became known as Phase 1 this was aimed to prevent mortality and supporting the NHS and social care system) 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.

The next phase focused on further reduction in hospitalisation and targeted vaccination of those at high risk of exposure and/or those delivering key public services. This continued to develop resulting, in everybody aged 12 and above, having the opportunity to have a vaccine. This has been extended to include children aged between 5-11 who are clinically vulnerable. 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.

For further details please click this link: **Joint Committee on Vaccination and Immunisation: advice on priority groups for COVID-19 vaccination, 30 December 2020 - GOV.UK (www.gov.uk)**

## 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 became available. This includes:

- 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, Eastbourne, and specific areas of Wealden.
- Clinically extremely vulnerable including housebound – individual reasons need investigating, needs help of service providers, community networks and carers, GPs and PCNs.
- People with learning disabilities, physical disabilities, mental health - 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 – homeless, travelling community, transient workers, refugees, and asylum seekers.

**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:

- asking at least one member of every party of customers or visitors (up to 6 people) to provide their name and contact details
- keeping a record of all staff working on their premises and shift times on a given day and their contact details
- keeping 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: https://www.gov.uk/get-workplace-coronavirus-tests

## 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.

Remain alert to any learning and understanding around transmission at events, share and implement lessons learned from the response to the pandemic so far, and events research work. Remain responsive to any intelligence suggesting that measures for tourist attractions, events, Travel and accommodation may be stood back up.

Any learning identified by partners including Environmental Health, Trading Standards UKHSA, the police is shared at the multi-agency Operational Cell and will be fed back to the events group. Issues arising from the Local Authority Resilience Partnership (LARP) and SRF Events Workstream are raised at the Operational Cell each week together with lessons learned and case studies presented by partners.

The government has removed all restrictions on gatherings. 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, DLUHC asked local authorities to provide self-isolating accommodation for the homeless population. In East Sussex since the 23rd March 2020 there have been around 1600 placements made by East Sussex for homeless people who have been housed in emergency accommodation, with most sites hosting several people. Of these, around 220 had been rough sleepers.

There is a high burden of disease amongst the homeless population, which predisposes them to a higher risk of severe illness from COVID-19, and there exists a risk of outbreaks amongst those who share a living space such as hotels and Bed and Breakfasts. Other specific issues faced by this population include high levels of substance misuse, mental health issues and higher levels of resistance to engage with services.

Winter night shelters are not able to operate in the way that they usually would do pre-pandemic and 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, HomeWorks) who undertake regular wellbeing checks. Informal contact and support are also happening through organisations such as Warming up the Homeless.

There is a new Health, Housing and Homelessness Group, which is a subgroup of the newly formed East Sussex Strategic Housing Group. 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 2020.

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:**<br><br>To support the effective management of COVID-19 outbreaks existing reporting processes and standard ways of responding to these outbreaks will be utilised using agreed mechanisms including out of hours. Reporting on staff absence due to NHS Test and Trace and the impact on the service is also in place. |
| **Local outbreak scenarios and triggers:**<br>If multiple cases of COVID-19 (suspected or confirmed) are linked to exposure within a Mental Health or Community Trust, 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:**<br>None identified |
| **Links to additional information:**<br>**Sussex Partnership Foundation Trust -** website for COVID-19 advice for patients, family, and staff. Detailed advice for staff including procedures is on intranet - Coronavirus - what you need to know |

## 11.14. Transport locations

**Objective:**

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

**Context:**

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

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

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

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

**What's already in place:**

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

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

| Organisation | Role | Name (Initials) and job title | Present / Apologies |
|---|---|---|---|
| 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**<br><br>See Attendance / Apologies list | |
| 2 | **First meeting** – agree chair and TOR<br><br>**Minutes of previous minutes** | |
| 3 | **Review of information currently available**<br><br>Contact tracing<br><br>COVID secure measures (setting/community) | |
| 4 | **Current risk assessment** | |
| 5 | **Further investigations/controls needed**<br><br>Contact tracing<br><br>Setting COVID secure measures (setting/community)<br><br>Testing including MTU deployment | |
| 6 | **Communications**<br><br>Agreed lead communications teams:<br><br>Public / media and wider communications –<br><br>COVID secure measures at setting –<br><br>Contact Tracing at setting –<br><br>Health partners-<br><br>LRF partners and local politicians –<br><br>Details of agreed communications:<br>public / media/ high risk settings – | |

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

**Decision Log**

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

**Action Log**

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

## 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.<br><br>• Readjusting plans to reflect what the JBC will provide to local areas. | | | Sussex wide Data and Modelling Group (membership above) |
| • Complete work on early warning indicators for subsequent waves of the pandemic and modelling of these waves based upon the assumptions published by SAGE and working. | | | Data and Modelling Group, University of Sussex (modelling) |
| • Map and secure regular automated dataflows from a variety of organisations to provide the intelligence to support our system. This includes but is not limited to data from the national testing programme, the community testing programme (SECAMB/Mobile Testing Units (MTU), and the national contact tracing programme UKHSA, HPT, NHS.<br><br>***Note:*** *It is currently unclear whether the national JBC will provide a single source of data. This includes data to provide evidence of inequalities and high-risk groups.* | | | Sussex wide Data and Modelling Group (membership above)<br><br>Local data group for vulnerable groups cell |
| • Provide updates as requested to senior managers and local Members, and report to the PH Functional Cell and respond to external requests for information. | | GE | East Sussex CC |
| • Work closely with the local HPT, lead PH Consultant to establish systems to identify and examine outbreaks. | | GE | East Sussex CC |
| | | 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.<br><br>• Establish named contacts for data in each of the local authorities, specifically in relation to:<br>  ○ Communities at higher risk of infection and the impact of COVID<br>  ○ Specific settings and events at a local level<br><br>***Note**: it is anticipated that named contacts should, at least, include Environmental Health staff, and community development / engagement.* | | | |

## 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

Communications and engagement pl

The Communications Plan can be seen by clicking on the link below:

Appendix 2 - Communications and engagement plan 2021.pdf (eastsussex.gov.uk)

## 12.5. Appendix E: East Sussex Vaccination Plan

East Sussex Public Health COVID Vaccina

The East Sussex Vaccination Plan can be seen by clicking on the link below:

Microsoft Word - East Sussex Public Health COVID Vaccination Plan 18.03.21 Version 1.1

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| | |
|---|---|
| **Report to:** | **East Sussex Health and Wellbeing Board** |
| **Date of meeting:** | **1 March 2022** |
| **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; and**

**2) To receive a further update report on the situation, at its next meeting on 19 July 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, 30 September 2021 and 14 December 2021. The ESHWB Reports highlighted that there are a number of individuals with multiple and complex health and social care needs who are accommodated by BHCC at Kendal Court. The ESHWB Reports also illustrated that without adequate support arrangements such individuals are likely to suffer a deterioration in their health and wellbeing and, that in the most serious of cases, this may tragically result in death.

## 2. Supporting Information

2.1 At the previous meeting of the ESHWB on 14 December 2021 it was reported that a tenth resident of Kendal Court had tragically died. Following this meeting, on 17 December 2021, the Leader and Chief Executive of East Sussex County Council (ESCC) wrote to their counterparts at BHCC. This correspondence urged BHCC, in the strongest possible terms, to take urgent action in respect of Kendal Court. A holding response was received from the BHCC Chief Executive on the same day and a substantive response was received from the Leader of BHCC on 4 January 2022.

2.2 The 4 January Letter from the Leader of BHCC, restated the BHCC's position on the matter and, in particular, that BHCC was of the view that its approach to out of borough placements was lawful. The 4 January Letter also included the following:

- A summary of the welfare support BHCC had put in place for Kendal Court residents following the tenth death.

- An indication that BHCC was “pausing” its practice of accommodating homeless individuals at Kendal Court, to allow it to review services offered to residents.

- A proposal for a roundtable meeting of senior council officers and lawyers to discuss, and seek to resolve, disputed Care Act 2014 matters.

- Information on the reduction in out-of-area placements in East Sussex to 163 as at 17 December 2021 (101 in Lewes and 62 in Eastbourne).

- An intention to include extra investment for Welfare Officer provision in its forthcoming re-procurement of emergency accommodation.

- Expressed a desire to meet with East Sussex Healthwatch regarding its most recent report on Kendal Court.

2.3 The Leader of ESCC replied to BHCC on 25 January 2022. He expressed concern that BHCC appeared to have no intention, in the long term, of changing its policy and practice of using Kendal Court for the emergency accommodation of vulnerable people. The letter also explained that ESCC was exploring more formal options to ensure that the matter is resolved. In addition, in the 25 January letter ESCC:

- Sought further information from BHCC with regard to the “pause” in accommodating new residents at Kendal Court.

- Requested a copy of the review that BHCC undertook to identify the support arrangements that BHCC had put in place.

- Expressed concern about the amount of time that had elapsed since the East Sussex Healthwatch report was published, without any apparent action from BHCC.

- Welcomed the fact that BHCC had identified the need to invest in its emergency accommodation provision and sought information, to be provided at the earliest opportunity, about BHCC’s procurement intentions and timescales.

- Noted the comments attributed to the Chief Executive of Brighton Housing Trust, calling for a clear statement from BHCC that it will not be including Kendal Court within its commissioning plans for emergency accommodation in the future.

2.4 At the time of writing ESCC has not received a response from BHCC in respect of the Leader’s 25 January letter.

2.5 Separately, on 20 December 2021, the Executive Director for Adult Social Care and Health for ESCC wrote again to the BHCC Executive Directors for Housing, Neighbourhoods and Communities and Health & Adult Social Care. This letter:

- Expressed disappointment that BHCC’s letter of 10 December 2021 contained neither an acknowledgement of the ongoing issues, nor sufficiently substantive proposals to enable resolution of the problems arising from BHCC’s current practices in their use of Kendal Court.

- Noted that BHCC had failed to respond to (i) any of the four priority problems, nor (ii) the suggested seven-point action plan, highlighted in his letter of 4 November 2021.

- Disputed BHCC's assertions as to the lawfulness of the processes they are adopting when accommodating people with potential Care Act needs out-of-area.

- Stated that the monthly operational meetings organised and chaired by BHCC had proved to be incapable of resolving any of the serious issues outlined by ESCC.

- Expressed considerable disappointment over the length of time that has passed since the publication of the Healthwatch report into Kendal Court and the fact that BHCC was still considering its content.

- Stated that ESCC was exploring all options to ensure that BHCC fulfils its obligations and duties to the vulnerable residents of the city that it places out-of-area.

2.6 On 23 December 2021, a response was received from BHCC, the contents of which were similar to the 4 January 2022 letter, as summarised above, and so it is not necessary to repeat them here.

2.7 The Executive Director for Adult Social Care and Health for ESCC replied on 26 January 2022, seeking the same information and assurances as the Leader had sought in his letter of 25 January 2022, and contained within section 2.1 of this report. A response was received from BHCC on 9 February. The 9 February BHCC letter included the following:

- Confirmation that the accommodation of new residents at Kendal Court would be paused until BHCC had completed its review.

- A repeat of the request for a roundtable meeting of senior council officers and involving the two authorities' respective lawyers to discuss and seek to resolve Care Act matters.

- That BHCC is considering two of the four key recommendations of the Healthwatch report as part of their review. The letter also indicated that the other two recommendations relate to the undertaking of Care Act assessments at the time of placement, which they maintain are the responsibility of ESCC.

- That BHCC was working toward publishing the tender for its Emergency Accommodation re-procurement in March and letting the contract in the first quarter of 2022/23 financial year.

2.8 Preparatory work has been undertaken to enable ESCC to escalate the issue if it is not possible to resolve it through inter-authority discussion. This escalation would be through potential legal routes that are available to ESCC. This preparatory work has involved a detailed review of the 71 Kendal Court residents that have come to the attention of ESCC, as a result of health, care or welfare concerns since April 2017.

2.9 ESCC has provided BHCC, at BHCC's request, with the names of all 71 Kendal Court residents that it is currently reviewing. In an attempt to resolve the dispute and avoid further unnecessary escalation, ESCC has requested the dates when BHCC first accommodated each individual at Kendal Court. This information has not been forthcoming, instead ESCC has been referred back to the BHCC proposal for a meeting between senior officers and lawyers. On 7 February 2022 the ESCC Director of Adult Social Care wrote to BHCC and:

- Formally requested the said information in relation to the 71 individuals.

- Addressed the BHCC proposal for a round table meeting. The letter stated that unless BHCC was willing to compromise in relation to the placement of vulnerable individuals in

unsuitable accommodation out-of-area, any such meeting would be unproductive. The 7 February Letter also commented that the two authorities respective Leaders, Health and Wellbeing Board Chairs, Chief Executives and lawyers had all previously met and, from ESCC's perspective, these meetings have resulted in little material progress towards achieving a satisfactory resolution to the ongoing and unacceptable situation at Kendal Court.

- That, from previous correspondence, BHCC must have a clear understanding of the expectations and requests from ESCC that would provide assurance that they are taking satisfactory steps, at an acceptable pace, to resolve the outstanding issues and that any written proposals from BHCC to resolve these issues would be welcomed.

**3.0 Conclusion and Reasons for Recommendations**

3.1 Since the last update to the ESHWB, there has been some improvement in the situation relating to BHCC accommodating homeless people at Kendal Court and elsewhere in East Sussex:

- A temporary suspension of BHCC accommodating new individuals at Kendal Court.
- A reported reduction in the number of people accommodated by BHCC in East Sussex.

3.2 There are, however, a number of outstanding actions required from BHCC to resolve the current situation and provide sufficient assurance that BHCC will be adopting a sustainable approach to safely accommodate their homeless residents going forwards. These include:

- Providing details of the enhanced welfare support BHCC is delivering to residents at Kendal Court.
- Confirming that the temporary suspension or "pause" at Kendal Court is made permanent.
- Responding to the East Sussex Healthwatch report that was published in September 2019.
- Communicating BHCC's commissioning intentions in respect of the temporary accommodation of homeless people including the exclusion of Kendal Court, when they commence their retendering exercise this year.

3.3 In the absence of the above, ESCC will continue to explore the legal action available 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 and agree to receive a further update at its next meeting on 19 July 2022.

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

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

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**BACKGROUND DOCUMENTS:**
Reports to the Health and Wellbeing Board on 13 July 2021, 30 September 2021 and 14 December 2021.

# East Sussex Health and Wellbeing Board Work Programme

| Date of Meeting | Report |
|---|---|
| **1 March 2022** | East Sussex Health and Social Care Programme - update report |
| | Deliberative Engagement – ICS System Pressures |
| | Outbreak Control Plan |
| | Kendal Court |
| | |
| **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 |
| | |
| **13 December 2022** | East Sussex Health and Social Care Programme - update report |
| | Joint Strategic Needs and Assets Assessment (JSNAA) Annual Report |
| | Children's Safeguarding Annual report |
| | |
| **TBC** | NHS Health and Care Bill (item from Cabinet agreeing MOU and formal participation in ICB) |
| **TBC** | Workshop meeting - to look at and agree milestones and Key Performance Indicators (KPIs) for monitoring on integrated health and social care partnership |

## East Sussex Health and Wellbeing Board Work Programme

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|---|---|
| | Better Care Fund (BCF) |
| | |