EAST SUSSEX HEALTH AND WELLBEING BOARD

TUESDAY, 19 JULY 2022

2.30 PM COUNCIL CHAMBER, COUNTY HALL, LEWES

MEMBERSHIP -	Councillor Keith Glazier, East Sussex County Council (Chair) Councillor Carl Maynard, East Sussex County Council Councillor John Ungar, East Sussex County Council Councillor Trevor Webb, East Sussex County Council Councillor Rebecca Whippy, Eastbourne Borough Council Councillor Philip Lunn, Wealden District Council TBC, NHS Sussex TBC, NHS Sussex TBC, NHS Sussex Mark Stainton, Director of Adult Social Care Darrell Gale, Director of Public Health Alison Jeffery, Director of Children's Services John Routledge, Healthwatch East Sussex Sarah MacDonald, NHS England South (South East) Joanne Chadwick-Bell, East Sussex Healthcare NHS Trust Siobhan Melia, Sussex Community NHS Trust Dr Jane Padmore, Sussex Partnership Foundation Trust
INVITED OBSERVERS WITH SPEAKING RIGHTS	Councillor Emily O'Brien, Lewes District Council Councillor Andy Batsford, Hastings Borough Council Councillor John Barnes MBE, Rother District Council Becky Shaw, Chief Executive, ESCC John Willett, Sussex Police and Crime Commissioner Mark Matthews, East Sussex Fire and Rescue Service 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 1st March 2022 *(Pages 3 - 10)*

2. Apologies for absence

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

4. Urgent items

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

5. East Sussex Health and Social Care Programme - update report *(Pages 11 - 38)*

6. Director of Public Health Annual Report 2021/22 *(Pages 39 - 120)*

7. Healthwatch Annual Report 2021/22 *(Pages 121 - 146)*

8. Residents at Kendal Court, Newhaven and homeless people accommodated by Brighton and Hove City Council in temporary accommodation in East Sussex *(Pages 147 - 150)*

9. Sussex Learning from Lives and Deaths (LeDeR) Annual report *(Pages 151 - 188)*

10. East Sussex Outbreak Control Plan *(Pages 189 - 280)*

11. Work programme *(Pages 281 - 282)*

12. Any other items previously notified under agenda item 4

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11 July 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 1 March 2022.

MEMBERS PRESENT	Councillor Keith Glazier (Chair) Councillor Carl Maynard, Councillor John Ungar, Councillor Trevor Webb, Councillor Philip Lunn, Ashley Scarff, Dr David Warden (Deputy Chair), Mark Stainton, Darrell Gale, Alison Jeffery, John Routledge, Richard Milner, Dr Jane Padmore and Councillor Rebecca Whippy
INVITED OBSERVERS PRESENT	Councillor Paul Barnett, Councillor Adrian Ross, Councillor John Barnes MBE, Becky Shaw, John Willett, David Kemp and Geraldine Des Moulins
ALSO PRESENT	Vicky Smith, Jane Lodge

34. MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 14 DECEMBER 2021

34.1 The minutes of the meeting held on 14 December 2021 were agreed as a correct record.

35. APOLOGIES FOR ABSENCE

35.1 Apologies for absence were received from the following Board members:

- Louise Ansari
- Jessica Britton
- Joe Chadwick-Bell
- Sarah MacDonald
- Siobhan Melia

35.2 Apologies for absence were received from the following invited observers with speaking rights:

- Mark Matthews

35.3 The following substitutions were made for Board members:

- Richard Milner substituted for Joe Chadwick-Bell
- Ashley Scarff substituted for Jessica Britton

35.4 The following substitutions were made for invited observers with speaking rights:

- David Kemp substituted for Mark Matthews

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

36.1 There were no disclosures of interests.

37. URGENT ITEMS

37.1 There were none notified.

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

38.1 The Board considered a report providing an update on progress with the East Sussex Health and Social Care integration programme and related areas of system collaboration.

38.2 In the overview of the Integration White Paper there is a section on workforce and carers. The Board noted that during the Covid pandemic there has been a higher proportion of deaths amongst some ethnic minority groups such as the black and Asian communities across the country. The Board asked if thought had been given to this part of the community and their training needs.

38.3 Vicky Smith, Programme Director - East Sussex Health and Social Care Transformation confirmed that this has been a continuous theme since this came to light in the first phases of the pandemic, and issues around diversity and disparities is a focus within the broader approach for example with the care sector.

38.4 The Board asked how the Integrated Care System (ICS) will take into account the different health needs of Place at the Borough and District council level, such as in areas of higher health inequality, as well as those of the County as a whole. It was also asked how Borough and District councils can respond to the White Paper.

38.5 Vicky Smith outlined the ambition to put in place a tier of joint working that will take into account the differences across local communities through understanding population needs, resources, and profiles and to work with all partners (including Primary Care Networks) at a local and Place level. This is set out in the White Paper, and the Health and Care Bill before it, as part of the role of Place and the Health and Wellbeing Board (HWB) to support this. There will also be liaison with Borough and District partners through the Health and Wellbeing Board to develop this and our broader response to White Paper as the detail emerges.

38.6 The Board asked whether greater emphasis could be given to local people's views in the development of more local commissioning, such as through patient panels. Is it possible ensure that the local people receiving services will have a good voice in commissioning.

38.7 The Chair outlined that Healthwatch are involved in this and will continue their work to represent patient views. Vicky Smith added the Sussex ICS has drawn up a draft public involvement strategy which will include measures to address this point.

38.8 The Board noted that the inclusion of Key Performance Indicators (KPIs) in the report is helpful, but the current ones are health orientated rather than looking at public health and community health. It asked whether KPIs are being established for the health and wellbeing of the community, rather than measuring the ill health.

38.9 Vicky Smith responded that indicators for long term population health and wellbeing outcomes are being included in the East Sussex shared outcomes framework, and are in the process of being set so that we can start measurement this year. There are also plans to have a national shared outcomes framework in the White Paper, which may include health and wellbeing outcomes. This will inform how we develop and set local measures and indicators,

and in principle will need to be agreed by the Health and Wellbeing Board for implementation from Spring 2023.

38.10 The Board asked if the resources are in place to achieve the timescales outlined under the digital and data section of the overview of Integration White paper. In particular are the timescales reasonable for having all providers within an Integrated Care System (ICS) connected to a 'shared care record for each citizen by 2024'.

38.11 Vicky Smith responded that the digital transformation programme and resourcing is managed at a pan Sussex ICS level, for things such as shared care records and covers the NHS, Local Authorities and primary care. The new targets set out in the White Paper extend this to all care settings for those who need it including the independent care sector, with further detail to come to support implementation. There are plans in place to respond proactively to the new timelines reflected in the White Paper.

38.12 The Committee RESOLVED 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 we work together to improve 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.

39. DELIBERATIVE ENGAGEMENT - INTEGRATED CARE SYSTEM (ICS) SYSTEM PRESSURES

39.1 The Board considered a report on the deliberative engagement that had been conducted on the pressures faced by the Integrated Care System (ICS).

39.2 Jane Lodge, Associate Director – Sussex Health and Care Partnership introduced the report outlining the methods and outcomes of the deliberative engagement. Some of the key messages that came out of the process were:

- the strength of feeling about being open and honest with the public if health and care services are under pressure;
- providing the right information in the right formats to enable people to make the right choices;
- Public groups wanting to know how they can help with pressures (e.g. with community assets and volunteering).

39.3 The next steps include developing an action plan to feedback to those people who took part in the engagement and evaluating the deliberative engagement methodology. There are plans to use this methodology for public panels in each Place to debate key issues and develop and an understanding to help with decision making.

39.4 Mark Stainton, Director of Adult Social Care commented that there is strong interest in exploring the use of the deliberative approach and many of the outcomes chime with the Active

Mob research that was carried out on health and social care last year. In particular, being open and honest and getting the right information, which is a whole system issue. The report sets out a helpful menu of actions that need to be taken across the whole system.

39.5 Ashley Scarff, Deputy Executive Managing Director – East Sussex Clinical Commissioning Group (CCG) welcomed the report and findings. It illustrates the innovative approach that is being taken to engage with the public on the recovery of services following the pandemic and is a good way of informing the HWB on how engagement work directly informs planning.

39.6 The Board RESOLVED to note the Deliberative Engagement findings.

40. EAST SUSSEX OUTBREAK CONTROL PLAN

40.1 The Board considered a report on the updated East Sussex Outbreak Control Plan (OCP).

40.2 Darrell Gale, Director of Public Health, outlined that the OCP was unfortunately already out of date following the announcement to remove of restrictions on 21 February 2022, which will bring to an end the local testing and contact tracing partnerships. The updated OCP brings together learning throughout the pandemic across all settings. There has been a lot of learning locally and nationally which will be incorporated into the learning to live with Covid strategy.

40.3 The World Health Organisation will decide when the status of the pandemic will change to endemic, and the pandemic may last another 12-18 months. There will be a need to reset the Public Health offer as the Covid pandemic moves towards becoming endemic.

40.4 The Board asked if the additional resources provided by central Government will cease now that national restrictions have been removed. As most health and care settings continue to have some restrictions in place, the Board asked whether the NHS and Public Health have a communications plan in place to cover this.

40.5 Darrell Gale outlined that the Contain Outbreak Management Fund (COMF) funding can be carried over into the new financial year, but other additional funding has ceased. Currently there is no guidance on whether there is any national funding to bid for in the event of future outbreaks. Public Health has informally put together some communications on current concerns, and the easing of some restrictions, and will work with NHS partners on this.

40.6 The Board asked if there is a correlation between the prevalence of Covid infections in areas of higher population densities and vaccination rates.

40.7 Darrell Gale responded that there is a correlation between lower rates of vaccination in more deprived areas and higher rates of infection.

40.8 The County Councils Network (CCN) has identified East Sussex as one of the most deprived counties. Councillor Webb asked for further information on the other four most deprived counties according to the CCN. Darrell Gale agreed to find out which other four counties are identified as the most deprived and advise Councillor Webb. Councillor Barnes commented that there are pockets of deprivation in rural areas where the Super Output Areas can cover large geographical areas.

40.9 The Board RESOLVED 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.

41. 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

41.1 The Board considered an update report on the health and wellbeing inequalities of residents at Kendal Court Newhaven, and homeless people accommodated by Brighton and Hove City Council (BHCC) in temporary accommodation in East Sussex.

41.2 Mark Stainton outlined the actions that had been taken since the last report in December 2021. There has been a significant exchange of correspondence between the two authorities at both officer and elected Member level. There has been some progress, but the fundamental concerns have not been resolved. Preparations are being made to escalate the matter through the legal routes available if this becomes necessary. BHCC has been asked to share the placement details of the 71 Kendal Court residents that have come to East Sussex County Council's (ESCC) attention in the past 5 years in an attempt to resolve the dispute and avoid further escalation. So far, this information has not been provided.

41.3 There have been a number of improvements in the situation since the last report which include the following:

- The number of people accommodated in East Sussex continues to fall and is now around 122 (which is around half of the peak of 250 last summer).
- New placements to Kendal Court have been paused since December.
- BHCC have made clear their intention to invest in more welfare provision to support people in emergency accommodation when services are put out to tender in quarter 1 of the new financial year (2022/23).

41.4 There remain are a number of areas (as set out in section 3.2 of the report) where BHCC have been asked to provide assurance that the current arrangements are safe and that future commissioning intentions are safe and sustainable.

41.5 The Chair commented that it is good that both parties have been communicating, but a complete resolution has not been found. Therefore, it is important that the Board continues its efforts to resolve this issue.

41.6 The Board noted BHCC's intention to included extra welfare officer provision when it re-commissions the service and asked whether this would be provided 7 days a week and 24 hours a day.

41.7 Mark Stainton responded that there are three or four different tiers of accommodation for homeless people requiring temporary accommodation. Most have no or minimal support needs, but others with enduring mental health or substance misuse issues have significant needs. It would be normal for people with these significant needs to have access to 24 hour support. BHCC have advised that they do not place people with such needs at Kendal Court, which ESCC disputes.

41.8 The Board asked if BHCC has met with East Sussex Healthwatch to discuss their report and what the outcome of the meeting was.

41.9 John Routledge, East Sussex Healthwatch outlined that Healthwatch has not had a direct meeting with BHCC to discuss its report and has not had a formal response to the report. However, there have been a number of emails that would indicate that BHCC are responding in a piecemeal way to some of the recommendations in the report, before formally responding to the report. There appears to be some positive improvements with the number of residents housed at Kendal Court reducing from 51 to 31. With vulnerable people the evidence suggests that they deteriorate when placed out of area, so their needs may increase following placement. Also, the BHCC support officers are from Brighton and do not know the area and the local support that is available. Consequently, they may not be in a position to give as much help as East Sussex organisations would be able to offer. This may explain why people deteriorate and why they do not get the help they need.

41.10 The Board asked if BHCC were prepared to pay ESCC to commission locally based support services, whether this might provide a better solution.

41.11 The Chair commented that there is a difference in view between BHCC and ESCC as to the level of support needed. Mark Stainton outlined he was not sure that BHCC would ask ESCC to commission support and this is a housing related issue whereas ESCC provide adult social care. BHCC may consider asking a voluntary sector organisation to provide welfare support which is about signposting and connecting people with services. It is ESCC's view that a number of people placed at Kendal Court have social care needs under the Care Act as opposed to people who have welfare needs. John Routledge commented that he felt commissioning a local voluntary sector organisation to provide welfare support is a good way forward.

41.12 The Board noted that BHCC has requested a round table meeting with senior officers and lawyers to resolve this matter. ESCC has outlined there would need to a compromise in BHCC's position in order for this to be an acceptable way forward. The Board asked whether ESCC should be taking BHCC up on their request and what the compromise required would be.

41.13 Mark Stainton responded that meetings at all levels have been taking place since last year including at officer to officer, Director, Leader and at lawyer to lawyer levels. There has been some small progress but there is little merit in meeting to restate ESCC's position. ESCC has tried to clearly articulate the assurance that is required from BHCC that it is fulfilling its statutory duty. There have been a number of opportunities for BHCC to provide this assurance. It is acknowledged there have been some improvements, and there is now an opportunity for BHCC to provide the assurances that ESCC is seeking (as outlined in section 3.2 of the report), that BHCC is meeting its statutory duty under the Care Act to those people it is placing in Kendal Court.

41.14 The Board asked how the issue of differing interpretations of the Care Act can be resolved.

41.15 Mark Stainton responded that the Care Act is only a part of the issue, and BHCC and ESCC continue to work together operationally to meet peoples' needs under the Care Act. The main issue is appropriately identifying peoples' needs when they present as homeless and making sure those needs, whether they are welfare support needs or social care needs, are adequately met and their situation does not deteriorate wherever they are accommodated.

41.16 Some Board members expressed their concern about the timescales involved in BHCC responding to these issues through the re-commissioning of services, and questioned BHCC's intention to adequately respond to the issues without ESCC taking legal action.

41.17 The Chair commented that it should be acknowledged that a significant improvement has been made and the re-commissioning of services may or may not resolve this issue. ESCC will continue to work with BHCC to influence their thinking and to try and achieve a resolution. Working in partnership is preferable to taking legal action and the concerns about the time it is taking to resolve the situation are noted. Mark Stainton added that it is important to acknowledge the significant challenge BHCC is facing in housing all these individuals. There has been dialogue and there has been some progress. The re-tendering of the service provides an opportunity for BHCC to resolve the situation on a sustainable and ongoing basis. Through correspondence ESCC has been clear about what it believes a good service looks like and what expectations ESCC has. The reduction in out of area placements indicates BHCC's desire to resolve this situation, and the specification of the re-commissioned service should set out how the care and welfare needs of the individuals BHCC accommodates will be met.

41.18 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) To receive a further update report on the situation, at its next meeting on 19 July 2022.

42. WORK PROGRAMME

42.1 The Board considered the work programme which lists the future items to be considered by the Board.

42.2 Mark Stainton outlined the items on the forthcoming HWB agendas. It was agreed to add an update report on Kendal Court to the Board meeting to be held on 19 July 2022. This is in addition to the two annual reports and the Health and Social Care programme update report. At this point the Sussex Integrated Care System (ICS) will have come into existence as of 1 July 2022, and an update report on that topic may also be brought to the Board.

42.3 It was noted that membership of the Board will change when the Sussex Integrated Care System (ICS) formally comes into being and the Clinical Commission Groups (CCGs) are dissolved. The Chair thanked the members of the CCGs for their work on the Health and Wellbeing Board.

42.4 The Board RESOLVED to agree the work programme.

43. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

43.1 There were none.

The meeting ended at 3.42 pm.

Councillor Keith Glazier (Chair)

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Report to:	**East Sussex Health and Wellbeing Board**
Date of meeting:	**19 July 2022**
By:	**Executive Managing Director, East Sussex, NHS Sussex 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 system integration and related areas of collaboration**

RECOMMENDATIONS

The Board is recommended to:

1) **Note** the contents of this update and the work that has taken place to respond to recent national and local developments, including the updated Health and Wellbeing Board (HWB) terms of reference (**Appendix 1 – to follow**) and Health and Wellbeing Board Strategy; and
2) **Endorse** the refreshed HWB Strategy 'Health Lives, Healthy People 2022 – 2027' **(Appendix 2)**

1. Background

1.1 Previous reports to the Health and Wellbeing Board have detailed the expected changes to health and care as a result of the Health and Care Act 2022, including the establishment of new Integrated Care Systems (ICS) in July 2022. The role of place-based partnership working and Health and Wellbeing Boards is pivotal in the new arrangements, further emphasised by the recent Heath and Social Care Integration White Paper *Joining up care for people, populations and places* published in February 2022.

1.2 At the last meeting members of the Health and Wellbeing Board agreed taking forward some key actions as a result of the opportunities set out in the White Paper and the forthcoming Sussex ICS. To help create plans that are sustainable over the long term to deliver improved health, reduced health inequalities and a joined up offer of care for our population, in summary the next steps were:

- Review the detail in the White Paper to enable a response to national Government's questions, and inform an update of our East Sussex Health and Wellbeing Strategy and how we monitor shared outcomes
- Finalise the refresh of our integrated care priorities and programmes of work and monitoring to support delivery in 2022/23
- Participate in the national ICS Population Health and Place Development Programme, to help shape our future roadmap for further developing the way we collaborate at Place to join up care, improve health and reduce health inequalities

1.3 A response was submitted to the Government's questions in the White Paper, and this report provides a further update on these actions and includes the draft refresh of our East Sussex Health and Wellbeing Board Strategy for endorsement by the Board. The draft refreshed strategy aims to enable us to continue to build on our progress as the East Sussex Health and Care Partnership, and our shared objectives to improve health and integrated care for our population and place, in the context of the new ICS.

2. Supporting information

Sussex Integrated Care System

2.1 Previous reports to the Health and Wellbeing Board have detailed the expected changes to health and social care as a result of the Health and Care Act 2022. In line with this, the three NHS Clinical Commissioning Groups (CCGs) in Sussex closed on 30th June 2022, and a new statutory NHS Integrated Care Board (ICB) known as NHS Sussex was formally established on 1st July. NHS Sussex is responsible for agreeing the strategic priorities and resource allocation for all NHS organisations in Sussex, taking on the commissioning functions previously carried out by CCGs. It has also taken on responsibility for wider primary care services including dental, pharmacy and opticians.

2.2 NHS Sussex held its inaugural Board meeting on 6th July, and East Sussex County Council (ESCC) is a partner member alongside West Sussex County Council and Brighton & Hove City Council. Partner organisations are still individually responsible for their own services and budgets, and in summary the following arrangements have now been agreed to support our joint working:

- A wider partnership called the Sussex Health and Care Assembly will be established as a statutory joint committee between the NHS and local government to come together to formally agree the strategic direction for our system to meet the broader health, public health and social care needs of the population in the ICS footprint.
- It will do this primarily through agreeing an Integrated Care Strategy for Sussex, building on local Joint Strategic Needs Assessments and Health and Wellbeing Strategies in each of the three 'Places' in Sussex (East Sussex, West Sussex and Brighton & Hove).
- The engine of delivery and reform within the Sussex ICS will be through partnerships which bring together organisations at place level in East Sussex, West Sussex and Brighton & Hove, to deliver shared priorities and plans for improving health, integrating care and reducing health inequalities.
- The Chair of the Health and Wellbeing Board has been nominated to represent East Sussex County Council at the meetings of the shadow Sussex Health and Care Assembly
- Both the NHS Sussex ICB and the Assembly will have duties to consider Health and Wellbeing Board plans.
- Our integrated plans and work between the local NHS, East Sussex County Council and wider partners in district and borough councils and Voluntary, Community and Social Enterprise (VCSE) sector and others, is delivered through our shared East Sussex Health and Care Partnership and overseen by our Health and Wellbeing Board. 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.
- There will be an NHS Place Executive Lead role who will ultimately be accountable to the NHS Sussex ICB Chief Executive Officer and upper tier Local Authority Chief Executive, so that the NHS can continue to be an effective partner at place level.
- This new role will work with other Executive leads at place level such as the NHS Provider Chief Executives, Director of Adult Social Care, Director of Public Health and Director of Children's Services to deliver shared outcomes that will be set nationally, with locally agreed priorities.

2.3 To support this, the Terms of Reference of the Health and Wellbeing Board have been updated (subject to agreement by County Council on 12 July) to reflect both the changes to NHS organisations and the new relationship between local Health and Wellbeing Boards and Strategies, and the role of the Sussex Health and Care Assembly. The updated Terms of Reference are attached at appendix 1 (**to follow**) and in summary the key changes are:

- Replacing CCG representatives with representatives of NHS Sussex

- Adding references to the relationship of the Health and Wellbeing Board with the Sussex Health and Care Assembly within the new ICS, including that the Board may receive reports from, and direct issues to, the Assembly

- Adding references to the Integrated Care Strategy for Sussex, including ensuring that this builds upon the Joint Local Health and Wellbeing Strategy and Joint Strategic Needs and Assets Assessment.

East Sussex Health and Wellbeing Board Strategy refresh

2.4 The expected timeframe for preparing the integrated care strategy is December, with a supporting delivery plan developed by March 2023 to be overseen by the NHS Sussex ICB. A refresh of our rolling East Sussex Health and Wellbeing Strategy '*Health Lives, Healthy People'* has been undertaken to support this. This focusses on where the East Sussex Health and Wellbeing Board believes a more integrated and joined up approach will help to improve outcomes, reduce health inequalities and deliver more integrated care in a more sustainable way.

2.5 *'Healthy Lives, Healthy People'* is our overarching guiding strategy for improving health, reducing health inequalities and integrating care for the population of East Sussex. It is designed to be a short, accessible, public facing narrative about our shared strategic commitments and focus, and our work as organisations and system partners in this area. It is informed by our Joint Strategic Needs and Assets Assessment (JSNAA) and other evidence, and is delivered through a range of detailed and technical plans and strategies.

2.6 The previous iteration of the rolling strategy was extended during the first waves of the pandemic. Delivery has been supported in the last three years through our Health and Social Care Plan and integration programme that has been agreed and managed through our oversight and partnerships boards, and the Health and Wellbeing Board has received regular updates and monitoring reports. Other partnership and commissioning activity that supports healthy behaviours, health improvement and prevention also play a key role.

2.7 To support the refresh a review was undertaken to ensure that the core vision and strategic commitments still provide a strategic framework to guide our East Sussex Health and Care Partnership's progress and intended impacts. This also aligns with expectations set out in the Health and Social Care Integration White Paper and the relationship between the NHS and Local Government at Place level within ICSs, in particular:

- Joining up care across primary care, community health, adult social care, acute, mental health, public health and housing services which relate to health and social care
- New national shared outcomes framework and implementation of national priorities and a broader framework for local outcome prioritisation to go live from April 2023
- Leadership and accountability for delivery to the LA and NHS ICB and a formal model for pooling resources, making decisions and planning jointly for adoption by Spring 2023, working towards extending inclusion of services by 2026
- Increased financial flexibility through strengthened approach to s75 Agreements

2.8 The draft refreshed HWB Strategy is attached at **Appendix 2**. It has been updated to reflect our current policy context and priorities for our population, including the pandemic experience in the last two years and the impacts on society as a whole, and to ensure it fully aligns with more recent shared plans and strategies. In line with this the refreshed strategy contains the following new elements:

- A brief summary description about our population characteristics, drawn from the JSNAA and State of the County.
- Links to the JSNAAs, key reports and other evidence that informs and supports the strategy
- Links and signposts to the key detailed partnership plans that support delivery
- A clear focus on the wider determinants of health and supporting work
- A clear focus on our priorities for integrated health and care services, drawn from the work of our Oversight Boards to refresh shared priorities for 2022/23

- Our East Sussex shared strategic outcomes framework to support measurement of progress previously agreed by the Health and Wellbeing Board. This was co-produced with local people based on what they have told us is important about their health and care.
- An extension of the planning cycle to 3+2 years to align with NHS long term planning processes.

2.9 A key addition to the refreshed strategy is the shared strategic outcomes framework, previously developed and agreed by our Health and Wellbeing Board. A small set of pilot measures and indicators will be finalised to test our approach, and help prepare for the introduction of the national shared outcomes framework as a result of the White Paper in Spring 2023 (guidance awaited), as well as the need to align with ICS-wide strategic outcome measures which are currently in development.

2.10 The draft refreshed strategy has been shared for comment with individual organisations and leads including district and borough councils, Healthwatch East Sussex, East Sussex VCSE Alliance, the former NHS East Sussex CCG, East Sussex Healthcare NHS Trust (ESHT), Sussex Community NHS Foundation Trust (SCFT), Sussex Partnership NHS Foundation Trust (SPFT) and ESCC. It has also been reviewed in meetings of our East Sussex Health and Social Care System Partnership Board and Executive Group and joint Population Health, Prevention and Health Inequalities Steering Group, to ensure it reflects the contribution of all our organisations and sectors across health and care delivery and the wider determinants of health. The broad range of delivery covered and signposted in the strategy encompasses partnerships that include a range of wider system partners including East Sussex Fire and Rescue Service and Sussex Police.

2.11 The strategy recognises that working with people, carers, families and communities themselves is crucial to designing services and support that works. We will continue to build on the strengths of our communities and involve people in ways that suit them, including considering the potential impacts of any decisions and exploring all opportunities to ensure equal access to services across our diverse communities. This will be supported by the ongoing role of our joint East Sussex Communications and Engagement Steering Group.

Programme delivery

2.12 In 2021/22, our Health and Wellbeing Board Strategy delivery was supported through our in-year programme for health and care integration. Work has been undertaken by our Oversight Boards to refresh shared priorities for 2022/23 across children and young people, mental health, community, urgent care and planned care, and this has been incorporated into the draft refreshed Health and Wellbeing Strategy.

2.13 Our focus continues to be delivery of our East Sussex Health and Care Partnership Plan to support restoration and recovery of our system in a sustainable way. Summary highlights of progress include:

- Recruitment of PCN based roles to enable access to mental health practitioners via primary care and agreement to develop an action plan to support better mental health in the wider population
- Continued prioritisation of investment into children and young people's mental health and wellbeing services
- Planning for future arrangements to support discharge from hospital after the government hospital discharge programme funding ends, alongside research into 'Discharge to Assess' models
- The report from the engagement workshops on the long term vision for community hubs in East Sussex has been finalised, and a high level action plan to set out how the recommendations will be taken forward is being co-produced

- Agreement to take forward specific work on respiratory pathways to ensure people are supported to wait well for appointments and treatment, reduce inequalities and improve integration
- Finalising proposals for improving cardiology and ophthalmology services following the public consultations, alongside continuing work to progress the development of a modern facility to support mental health inpatients as part of the national eradicating dormitories programme.

2.14 To ensure our health and wellbeing strategy objectives are progressed across all the determinants of health, our Strategic Delivery Plan focussed on improving population health and wellbeing, increasing prevention and addressing health inequalities has also been refreshed for 2022/23. Progress as a result of partnership work in the last period includes:

- Help with data and guidance about CVD and Cancer to support Primary Care Networks with tackling neighbourhood health inequalities
- Underage alcohol sales enforcement started during the Easter Holidays and a record-breaking £28,000 of illegal tobacco has been seized in Eastbourne to protect children and young people from becoming dependent on smoking
- Funding has been secured under Healthy Weight Plan work for the Active Partnerships model and Active Hastings, and food partnerships established in all areas with action plans
- Vision workshops took place to explore possible options for future approaches to community wellbeing by researching and presenting examples/models of community hubs in other areas, to feed into the recommendations in the final report
- More than 5000 eligible young people attended funded Holiday Activity and Food programme provision with over 97 separate providers and partners
- 858 new families received a Family Focus intervention, and 1762 children were supported as a result

ICS Population health and place development programme

2.15 Our Sussex ICS has been invited to participate in this national programme to support the implementation of the Health and Care Act, and the role of Place within ICSs, 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 programme runs until October, and in line with our refreshed HWB strategy vision and focus, early work has involved:

- Exploration of how the next steps and roadmap for shared leadership, governance, function and finance can be best taken forward to support increased levels of integration and accountability for outcomes, consistent with future ICS expectations to delegate responsibility to places, and the opportunities outlined in the White Paper to support how our teams work together to deliver preventative, proactive and coordinated care and reduce health inequalities.
- Implementation of action learning sessions designed to explore a 'population health management' approach. The Foundry Primary Care Network in Lewes has volunteered to undertake case study work with partners to pilot the use of more integrated data and insight to understand the needs and resources of particular groups more clearly, and improve and better manage the health of local populations. This involves a broad range of our clinical and care teams across the key statutory, voluntary and independent sector services working locally, and will help shape the design of our model for locality and neighbourhood working.

3. Conclusion

3.1 Our HWB terms of reference and overarching East Sussex Health and Wellbeing Board Strategy have been refreshed to ensure they will guide our partnership work aimed at improving outcomes for the East Sussex population, as well as enabling new statutory responsibilities to be fulfilled as part of our role in the Sussex ICS.

3.2 The draft refreshed strategy is designed to maintain continuity with the existing and longstanding shared vision and commitments that have been set out previously by our Health and Wellbeing Board, so that we can continue to build on progress. In addition, it is a timely opportunity to describe clearly the role of Place, and the range of contributions from HWB partners to support delivering shared objectives at both the East Sussex and Sussex level, that all of our organisations can unite behind.

3.3 The strategy and our other work to further develop the role of place within our ICS, will enable us to develop sustainable long term plans to deliver improved health, reduced health inequalities and a joined up offer of care for our population.

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Background documents

None

Appendix 1 Revised Terms of Reference of the HWB

Appendix 2 Draft refreshed Health and Wellbeing Board Strategy

East Sussex Health and Wellbeing Board

Healthy Lives, Healthy People

UPDATE 2022 – 2027 (3+2 years)

DRAFT (For HWB)
PLAIN TEXT VERSION

Contents

Executive summary

This is the East Sussex Health and Wellbeing Board's refreshed strategy. It is a rolling strategy covering a period of three plus two years, until 2027. Over this time frame the strategy will enable the Health and Wellbeing Board and our local partnerships to continue to promote the health and wellbeing of East Sussex residents now and in the future.

Since the strategy was last updated, the world has changed dramatically as a result of the Covid-19 pandemic. The pandemic accelerated the way communities and organisations work together to protect and support everyone. It also further emphasised the inequalities and vulnerabilities that exist in our society and communities, and which have been highlighted in previous versions of this strategy.

Learning from this will be crucial to future progress. There is likely to be an increasing need for all types of services and support across health, social care, housing, mental health and wellbeing as a result of the interruptions to normal provision during the past two years, and the overall experience of the pandemic. We need to work together to ensure we can provide safe, high quality and affordable services for future generations. Furthermore, services need to be accessible to everyone and build on the strengths and skills people and communities have.

This strategy highlights our plans for health and care services in our county. Health and wellbeing for all, however, is not just about services. It is improved by access to good jobs, transport, housing and green space as well as opportunities for lifelong learning, exercise, good nutrition and supportive networks and relationships between people and within communities. The strategy signposts to other key strategies and plans relating to these crucial 'wider determinants of health' which are led by various members of the Health and Wellbeing Board, and encourages us all play our part in ensuring that everyone in the county can lead a healthy, happy, fulfilled life.

An integrated approach across the NHS, local government and wider voluntary and independent sector services plays a key role in supporting people to manage their own health and wellbeing effectively. At the local level that integration is managed through the East Sussex Health and Care Partnership. This brings together East Sussex County Council, our new NHS Sussex Integrated Care Board, East Sussex Healthcare NHS Trust, Sussex Community NHS Foundation Trust and Sussex Partnership NHS Foundation Trust, and our wider system partners including primary care networks, district and borough councils, Healthwatch, the Voluntary, Community and Social Enterprise (VCSE) organisations, East Sussex Fire and Rescue Service, South East Coast Ambulance Service and education providers, registered landlords and a wide range of other public and private organisations.

Key health and care organisations are also members of our new statutory Sussex Integrated Care System (ICS), set up to work together in four areas:

- Improving outcomes in population health and healthcare
- Addressing inequalities in outcomes, experience and access
- Enhancing productivity and value for money
- Supporting broader social and economic development

East Sussex is one of three places in our Sussex ICS (alongside West Sussex and Brighton and Hove) that are working together to deliver our shared priorities through a shared plan. The Health and Wellbeing Strategy provides the overall framework for our partnership work in East Sussex, and with the public, aimed at improving the health and wellbeing of local people and transforming the way we provide health and care.

Our organisations are each responsible for making decisions about their resources and delivering improvements to services. The Health and Wellbeing Board's role is to oversee how well we work together to make the most of opportunities where a more joined up approach will help to improve outcomes, reduce inequalities and deliver efficiency savings that can be reinvested in service improvements.

This includes supporting the strengths and capabilities that exist in our diverse communities and neighbourhoods to make the best use of our collective resources. The strategy will also inform our shared work across Sussex, and we would expect everyone to use it when making decisions about spending money and planning services, and our joint working and collective action over the next few years in East Sussex.

East Sussex – our population and the health challenge

The Health and Wellbeing Strategy is informed and supported by:

- The Joint Strategic Needs Assessment JSNA - Home (eastsussexjsna.org.uk) which contains a detailed picture about our population and specific issues.
- The annual reports produced by our Director of Public Health JSNA - Annual Public Health Reports (eastsussexjsna.org.uk)
- Recent national Government policy such as the Health and Care Act 2022 guidance on Thriving Places, the White Papers for Health and social care integration: joining up care for people, places and populations - GOV.UK (www.gov.uk) and Levelling Up

- The NHS Long Term Plan and Sussex Vision 2025 and supporting delivery plans
- Recent publications such as the Chief Medical Officer's annual report 2021: health in coastal communities - GOV.UK (www.gov.uk) and the Fuller stocktake report setting out the next steps for integrating primary care , and good practice about the role of place based partnerships within Integrated Care Systems Developing place-based partnerships | The King's Fund (kingsfund.org.uk)

In summary our approach and the need for change is driven by these overriding factors:

- East Sussex is a county with a growing and ageing population. By 2026, almost **one in four** people here (24 per cent) will be aged 65-84. For England as a whole, that figure is nearer one in six (17 per cent). More than 4 per cent of our population will be over 85. This compares to less than 3 per cent for England as a whole.

- With more older people, which includes those who are frail and have multiple conditions, East Sussex is likely to have **higher health and care needs than other areas of our size**. This rise in demand is just one part of our health and care for the whole population.

- By 2028, around **20,000 more** people in East Sussex will be living with two or more long term health conditions than was the case a decade earlier.

- The number of **children in need of help and protection is rising** locally and nationally, linked to the increase in families with financial difficulties. There is also a rise in the number of children with statements of special educational needs and disability (SEND), some of whom will have complex medical and care needs.

- East Sussex is both **rural and urban**, which brings challenges in ensuring the right access to services and at the right quality. Our **coastal communities** reflect the patterns of inequality and poverty highlighted nationally in the Chief Medical Officer's report from 2021, and there is also hidden poverty in our rural areas.

- On average, our population's health is similar to England's but there are wide variations within East Sussex: people in more deprived areas tend to be affected by poorer health. The **gap in life expectancy** between our most and least-deprived areas is more than 11 years for men and almost 10 years for women.

- A person's chance of enjoying good health and a longer life is influenced by the social and economic conditions in which they are born, grow, work, live and age. These affect the way people look after their own health and use services throughout their life. The **poorer your circumstances the more**

likely you are to have poor health and wellbeing, spend more of your days with life-limiting illness, and die prematurely. This requires joining up NHS and social care with other services provided by the County Council, District and Borough Councils, the voluntary, community and social enterprise sector and other services and businesses that affect people's lives, health, and social or economic wellbeing

- Heath inequalities and their impact on people's lives have been highlighted by the **Covid pandemic** which affected some more than others, with both immediate and longer-term consequences for health and wellbeing. There have been **disproportionate effects on young people, disabled people, ethnic minority communities and care home residents**.

There is much more of interest about our population, and more detail can be found about its needs and assets in our JSNAA website.

Vision

The vision of the Health and Wellbeing Board is to protect and improve health and wellbeing and reduce health inequalities in East Sussex, so that everyone has the opportunity to have a life that is as safe, healthy, happy and fulfilling as possible.

Services are one part of the picture, and they need to be high quality and effective in empowering people to support their health and wellbeing. For health and care services, our aim is to work towards a fully integrated health and care system by 2026. By doing this we will ensure people receive high quality, coordinated care, enabling them to live good lives. The Health and Wellbeing Strategy is designed to support the progress of the East Sussex health and care transformation programme to ensure it achieves health benefits for the people of East Sussex.

Through our work together we want to promote health and wellbeing for everyone, and make sure those who need it benefit from care and support that intervenes early, works with their strengths and supports their resilience as much as possible.

What will this look like?

- Health and wellbeing will be improved and health inequalities reduced
- Personal and community resilience will be supported and prevention and early intervention will be at the heart of everything we do
- The quality of care and people's experience of using services will be outstanding. Our staff will be working in a way that really makes the most of their dedication, skills and professionalism

- The cost of care will be affordable and sustainable, and secured for the next generation

Delivering the vision: Our approach

For most people their day-to-day health, care and support needs will be expressed and met locally in the place where they live. Therefore, our role as a place within our Sussex ICS is an important building block for health and care integration, and an offer to our local population to ensure that everyone is able to access:

- Clear advice on staying well
- A range of preventative services
- Simple, joined up care and treatment when this is needed
- Digital services (with non-digital alternatives) that put the citizen at the heart of their own care
- Proactive support that keeps people as well as possible, where they are vulnerable or at high risk

In addition, our joint work will also support:

- Approaches to employment, training, procurement and volunteering activities and use of estates to allow all of our organisations to play a full a part in social and economic wellbeing and environmental sustainability, and;
- Strong links across the full range of public and voluntary services that have an impact on people's day to day health, for example through improving local skills and employment or ensuring high quality housing and accommodation. This means working better collectively to support creating better opportunities for everyone in our community, including for example people recovering from mental ill-health or homelessness, and young people leaving care.

In delivering the vision and our priorities we will:

- Take a whole life approach from conception to death and enable links to be made throughout life, especially at key stages
- Value and build on the strengths, skills, knowledge and networks that individuals, families and communities have and can use, to overcome challenges and build positive and healthy futures
- Promote strong awareness of the impact of the wider determinants of health and wellbeing and seek to engage everyone in playing their part to ensure those determinants are as positive as possible in our county

- Increase prevention and early intervention to improve people's chances of a healthy life and to help us to manage demand for health and care services in the future
- Develop an integrated system of empowering health and care services so that people get the right care, at the right time and in the best place, whether that is in the community, primary care, secondary care or specialist care
- Reduce the inequalities that exist within and between different parts of the county and different groups of people in terms of access to services and information, advice and support. Ensuring we better record and understand the characteristics of people using our services, and tailor support

Delivering the vision: Working with everyone

Our East Sussex Health and Care Partnership brings together the contributions of a range of partners to deliver this strategy, including the NHS, county, borough and district councils, the voluntary, community and social enterprise sector, and Healthwatch East Sussex.

Together, we will explore the new opportunities in the White Paper and as part of our ICS to further strengthen the way we work together on our priorities. These include more formal arrangements to plan services and share resources, aimed at increasing integrated care and better responding to the needs of our population.

In delivering the vision and our priorities we recognise:

- Working with people, carers, families and communities themselves is crucial to designing services and support that works. We will continue to build on the strengths of our communities and involve people in ways that suit them through the wide range of existing arrangements and new approaches
- Healthwatch will continue to play a role at both a local and national level, ensuring that the views of the public and people of all ages who use health, care and other related public services are taken into account
- Health and care services can offer joined up high quality care that anticipates needs and intervenes as soon as possible to have a positive impact on people's day-to-day life and deliver better outcomes
- Borough and district council actions have a positive effect on public health, and an enabling role in the health of their populations and communities through innovation in service delivery

- Voluntary, community and social enterprise (VCSE) organisations in East Sussex play a key role in mobilising local social action that can bring communities together, both in times of need and more generally, as well as being a part of health and care delivery that supports people's health and wellbeing
- Family Hubs, early years settings, schools and colleges play a vital role
- Working together at a local and neighbourhood level with these and other partners will give a strong platform for the delivery of initiatives which improve health and wellbeing and services

Focus: The wider determinants of health

Our work on the wider determinants of health, including social and economic wellbeing, is delivered through a wide range of partnerships and strategies in the county. This involves a variety of local government services, town and parish councils, schools, fire and rescue services, private businesses and the role voluntary and community organisations play as part of wider civil society. The Health and Wellbeing Strategy complements these plans and does not seek to duplicate them.

Our overall health and ability to stay healthy can be affected by the following factors:

- Safe, good places to live
- Transport
- Education, skills and lifelong learning
- Good work opportunities
- Culture and tourism
- Exercise and leisure
- Healthy weight and reduced harm from alcohol and tobacco
- Relationships and feeling connected

Partnership work on these influencing factors spans statutory, voluntary and independent sector services and is led by various members of the Health and Wellbeing Board. More detail about our work on our shared priorities can be found in the links below:

- Housing

  Housing strategies and policies (hastings.gov.uk)
  Eastbourne Housing Strategy 2020-2024 - Lewes and Eastbourne Councils (lewes-eastbourne.gov.uk)

Housing Policy – Rother District Council
Housing Strategy 2020 - 2025 - Wealden District Council - Wealden District Council

- Safer communities
  About | Safer Hastings Partnership | Hastings Borough Council
  Community Safety Partnership Plan 2019-20 Lewes and Eastbourne
  Rother Community Safety Plan – Rother District Council
  Crime and Disorder and Community Safety - Wealden District Council - Wealden District Council
  Safe in East Sussex

- Transport
  Local Transport Plan 3 (2011 to 2026) | East Sussex County Council
  Local Cycling and Walking Infrastructure Plan East Sussex LCWIP - approved Sept 2021

- Lifelong learning, education and skills

  Skills East Sussex priorities and evidence bases Skills East Sussex (SES) | East Sussex County Council

  SES constitutional documents | East Sussex County Council

- Good work opportunities

  East Sussex Growth Strategy 2014 to 2020 | East Sussex County Council

  East Sussex Economy Recovery Plan: East Sussex Reset | East Sussex County Council

- Culture and tourism:

  East Sussex Cultural Strategy 2013 – 2023 | East Sussex County Council

- Exercise and leisure

  111 Active Eastbourne Strategyv3 LR.pdf (lewes-eastbourne.gov.uk)
  Leisure Facilities and Playing Pitch Strategy (hastings.gov.uk)
  Rother-Sport-and-Physical-Activity-Strategy_V4-Final.pdf (activerother.org.uk)
  Health and Wellbeing - Wealden District Council - Wealden District Council
  Active-Sussex-2018-2023-Strategy-pdf (activesussex.org)
  Local Cycling and Walking Infrastructure Plan (LCWIP) | East Sussex County Council

- Healthy weight and reducing harm from alcohol and tobacco:
  East Sussex whole-system healthy weight plan 2021-2026 | East Sussex County Council

East Sussex alcohol harm reduction strategy 2021-2026 | East Sussex County Council

Partnership work is also underway to develop shared plans in other areas that influence the health of our local population. An important step will be to make sure that all of our organisations, large and small, can play an effective part as possible in delivering all of these strategies and plans, for example to:

- Promote high quality care for children
- Reduce harm from tobacco
- Promote financial inclusion and combat the rising costs of food, fuel and other essentials that are combining with existing disadvantage and vulnerability within our communities to put many households at greater risk of both immediate hardship and reduced opportunity and wellbeing, including targeting help at those facing the most complex challenges
- Strengthen the connections between people, families and communities to tackle loneliness across all age groups and improve resilience and wellbeing
- Support the local work of the South East Local Enterprise Partnership carried out by Team East Sussex Team East Sussex (TES) | East Sussex County Council, and regional work to stimulate the recovery of our tourism, cultural and creative economies
- Work through the Local Strategic Partnerships led by district and borough councils, and involving other Local Planning Authorities to bring together plans that are specific to local populations aimed at to creating healthy and sustainable places across the built and natural environment, and other factors that affect the health and wellbeing locally

Focus: Priorities for integrated health and care services

Organisations across the public, private and voluntary sector are responsible for delivering a wide range of health and care plans and services. Through our partnership work we will focus on a small number of shared priorities where we can achieve better results if we work together to offer more integrated care:

- Children and young people
- Mental health
- Community

- Urgent care
- Planned care

We work with our citizens in our number of ways to ensure the way these priorities are delivered fits with what people have told us is important about their health and care, including Healthwatch and Young Healthwatch, Youth Infrastructure Forum, Mental Health Action Group, East Sussex Seniors Association and Patient Participation Groups.

Shared priorities for children and young people

Partners in East Sussex work closely to promote the best possible outcomes for children and young people. The East Sussex Children and Young People's Plan Children and Young People's Plan | East Sussex County Council sets out the current set of key priorities for the partnership. Key health and wellbeing priorities include:

- We have worked together with colleagues across Sussex to develop a Sussex wide strategy to promote **emotional wellbeing and mental health** for children and young people Sussex review of emotional health and wellbeing support | East Sussex County Council Sussex-Children-and-Young-People-Local-Transformation-Plan-Final-V2.13.pdf (sussexhealthandcare.uk). Locally we are developing an implementation plan which will be published by December 2022
- We will be implementing locally a county wide strategy for **children's physical health**
- We will be publishing in the autumn a refreshed version of our partnership **Special educational needs and disability (SEND) strategy** (current version send-strategy-summary_for_families_for_web.pdf (eastsussex.gov.uk)) taking into account the proposals which the Government set out for consultation in Spring 2022. This will include in particular providing a clearer, more effective route to support for families of children who are neuro-diverse.
- We are developing a partnership strategy to promote the **best start in life** and best outcomes for babies and young children
- We continue to focus our collective efforts on how we promote the health and wellbeing of our **most vulnerable children and young people** including looked after children, young people involved in the criminal justice system, and unaccompanied asylum seekers.

Shared priorities for mental health

Access to a range of services and support will be more available through primary care to help people with their emotional and mental wellbeing. Enhanced support will be provided in the community to help people stay in their own homes and

recover after episodes of mental ill-health, and people who experience serious mental health difficulties will have improved access to stable and secure housing and accommodation-related support. Specific joint work includes:

- An increasing range of **emotional wellbeing services** will be available from GPs and primary care, to direct people to the right support including mental health practitioners in their area
- **Enhancing specialist community-based services** for people with eating disorders, complex emotional needs and support with rehabilitation needs.
- Joining up support with **housing, healthcare, employment, benefits and work opportunities** for people with serious mental illness
- Bringing together action that promotes **better mental health** in our population

Shared priorities for community

Working with our Primary Care Networks we will continue to enhance community services, and strengthen our overall model for integrated community health and social care services. This is aimed at better supporting people with long term complex care needs and their carers in their own homes, care homes and other community settings, through embedding proactive and seamless wrap around care, including where people are approaching the end of their lives. Specific joint work includes:

- Work with our Primary Care Networks and local VCSE organisations to design and develop our model for jointly planning and delivering services in our **localities and neighbourhoods.** This will help to:
    - ensure strong links between **primary care, community health and social care, mental health, housing and key VCSE teams and services** that support individuals with long term and complex care needs
    - using more integrated data, improve and better manage the health of local populations and enable **longer lives that are healthy and independent** by affecting the wider determinants of health and wellbeing
- Implementing a strategic approach to our enhanced **Discharge to Assess** (D2A) services to improve outcomes for patients, including linking this to other services such as rehabilitation and re-ablement and pharmacy support
- Reviewing our proposed **integrated urgent community response model** across acute, community health and social care. This will support people to avoid going into hospital where there's a better alternative service and enable people to get home quickly when they are ready to leave hospital
- Identifying and implementing **Trusted Assessor opportunities**, for example NHS staff being able to commission simple social care packages and Telecare

- Supporting the local implementation of **'Virtual Wards'** to increase proactive care coordination at home for very frail people with complex care needs.

Shared priorities for urgent care

As part of our wider Sussex ICS work, in East Sussex we will continue to **improve support for people with urgent care needs** that help avoid the need for attendance at hospital accident and emergency departments, and admission to hospital, where there are more appropriate alternative services. Specific joint work includes:

- Increase the use of **111** as the first point for contact and pre-booking of appointments in the UTC
- Develop **same day emergency care pathways** to avoid hospital through access to community and social care
- Ensure patients have timely access to **primary care**
- Ensure ambulances are not **delayed** at hospitals

Shared priorities for planned care

As part of our wider Sussex ICS work, in East Sussex we will continue to improve access to planned care services and outcomes for local people. This focusses on **co-ordinated care tailored to people's needs, strengths and capabilities** and making sure that the right person is seen at the right place, at the right time to meet their needs. This does not cover all of our work in this area, but our specific local focus includes:

- **Recovery of waiting lists and waiting times** following the pandemic, and ensuring people are supported while they wait for appointments and treatments
- Initially focusing on respiratory pathways, identifying areas of concern where there may be **inequality** in access to services and opportunities for further integration of pathways to ensure **seamless care**

Common themes

There are some common themes throughout these priorities which will be a part of everything we deliver over the next three to five years, these are:

- Improving health and reducing health inequalities
- Improved access to local services
- Bringing together health and social care

- Urgent and emergency care

Improving health and reducing health inequalities

We'll build on our existing progress to empower people to stay healthy and well for as long as possible, reduce health inequalities and the gap in life expectancy and healthy life expectancy in the county. We'll do this by working with all the services that influence health, like housing, employment and leisure as described earlier *link to the section on the wider determinants of health.* We believe that collectively our organisations can make a real difference to our population's economic and social wellbeing

We have groups of people, communities and individuals living in East Sussex who experience worse health than other people. These inequalities are caused by a number of factors, including a person's income, their housing, education and employment status. These differences are avoidable and need more of a focus to tackle.

Some people find it hard to get the care they need due to physical, sensory and mental health issues, the language they speak, the attitudes of other people and difficulties in getting and understanding information. We want everyone to have the same opportunities to lead a healthy life, no matter where they live or who they are.

The Covid-19 pandemic also further highlighted how a combination of structural inequalities in our society (for example income and housing), and inequalities experienced due to ethnic background and other characteristics led to increased risks for some groups in our population.

We want to reduce health inequalities for our population. This will be measured by inequality in healthy life expectancy at birth, and will require us to work differently at how resources are used, how we assess the impact of the decisions we make and look at new ways in which everyone can have equal access to appropriate services. This includes identifying where some groups may require more intensive support and additional help to access services. Health and care also needs to be delivered with an awareness of the differences between groups and within our population, and tailored to individual's strengths and potential vulnerabilities. Every opportunity will be explored to make sure we improve our ability to do this.

We are monitoring our progress with delivery of our priorities across the four areas below to make sure we are having the most impact:

- Addressing the physiological causes of ill health to prevent premature death and the overall prevalence of disease including specific action on early cancer diagnosis, chronic respiratory disease, hypertension case finding to minimise risks of heart attacks and strokes, continuity of maternity care and annual health checks for people living with serious mental illness and learning disabilities
- Supporting individuals and populations to adopt healthy behaviours, including healthy weight, alcohol harm reduction and tobacco control
- Addressing 'psychosocial' factors and the wider determinants of health in our communities, including the social and economic wellbeing of our population
- Further developing our capability as a system, including through locality and neighbourhood working and a 'Population Health Management' approach. This is a way of working supported by data to help frontline teams understand current health and care needs, and what factors are driving poor outcomes in different population groups, resulting in more proactive models of care which will improve health and wellbeing today as well as in future years.

Improved access to local services

Too often people have to travel to hospitals to receive services that could be provided just as well or better at home or in the community so we are investing in improving the range of services available in the community, including GP practices and other places outside of hospitals. Local people will still have choice and when it is time to leave hospital, we will ensure they have care tailored to their needs to support their recovery. We also continue to improve our digital health and care services to give people, and those that care for them, the tools, information and services they need to manage their conditions or treatment at home.

Bringing together health and social care

We want to remove the barriers between our health and social care teams to support very frail and vulnerable people with long-term complex care needs and conditions, so that we can proactively coordinate care for people in their own homes and care homes and offer age-appropriate integrated care to children and young people.

Urgent and emergency care

Our health services are currently experiencing high levels of demand. Teams across the NHS – at GP Practices, NHS 111, hospitals, mental health services, ambulance and community services – are all working incredibly hard to make sure people receive high quality services.

The NHS is always here to help – but people are being asked to use services wisely to make sure they can get the most appropriate support. We want to make sure people get seen in the right place, at the right time by the right healthcare professional, and there are many different services available including NHS 111, pharmacies, minor injury units, urgent treatment centres and emergency departments at our hospitals.

All of the work described in this strategy contributes to delivering these priorities and themes, and there are a range of commissioning and delivery plans which cover specific services and objectives in more detail. To find out more about our plans and work on our shared priorities for integrating health and care please visit Health and Social Care News East Sussex and Sussex Health & Care and NHS Sussex - Sussex Health & Care Partnership (sussexhealthandcare.uk)

What does this mean for people in East Sussex?

- For patients and service users, some services are likely to be provided in a different way or different place or by different organisations, but there will also be new services available. Overall, services should be better and more convenient.
- More services will be available closer to home – at a GP surgery, in a community clinic or in a person's own home. And it will be easier to speak to a primary care professional at more convenient times when needed.
- Convenient and appropriate alternatives to accident and emergency when you need urgent help and advice.
- High quality hospital services will continue to be available if needed. If someone needs very specialist care, it may mean travelling further so that they can be treated by highly skilled experts with access to the very best equipment.
- If someone has a long-term condition, or are old or frail, there will be more support to help people manage their condition or needs at home, maintaining independence and quality of life.
- There will be more services and support to help people lead healthy lives and avoid illness.
- Health and care services will be more joined-up. Mental health will also be more integrated with other services.

For everyone in East Sussex, it will mean that you can be confident of having high quality, safe, affordable health services for the future.

Challenges

There are huge challenges and we can't meet them alone. We are committed to developing solutions in equal partnership with the public, local patients, users of social care, staff and all others.

We need to work together to realise our ambition of achieving joined-up, high quality services that fit with the way we live our lives in the twenty-first century.

The strategy recognises the challenges we are facing across our system, and our need for a sustainable model of care that can address the following issues:

- While the Covid-19 pandemic saw health and care staff working closer together and in different ways to maintain safe access to services, it has also increased some of our waiting lists and affected some people more than others in terms of their health and wellbeing. It is also likely to increase the need for services in the coming years

- Ensuring there is capacity within community and social care to support timely and safe discharge from hospital for people who may need extra support

- With an ever-growing population it's very important that we recruit and retain the best staff to work and stay in the East Sussex system, supporting them to develop their skills and provide a high quality of health and care services. We are working to join up our approaches across all of our organisations, large and small, to have the most impact.

- We know that it is distressing when people experience a long wait for their hospital appointments or treatments. All of our staff have worked tirelessly through the pandemic to save lives and keep people safe. Though we must continue to prioritise the most critically unwell patients, we are doing everything we can to address the backlog of appointments with extra clinics and surgical sessions when possible. We will continue to support people while they wait with information and advice designed to help them manage their conditions and overall health, so they arrive for their appointments in the best possible physical and mental health.

- Society and changes in the way we live have intensified problems and pressures, such as obesity, smoking, drinking and lack of exercise.

How will we measure progress?

To support shared accountability for delivering the vision and the outcomes our Health and Wellbeing Board has brought together a small number of strategic outcomes that we all share, and have agreed we will work together to measure and improve. We are continuing to make sure that these align with our developing ICS strategy and framework.

The outcomes are based on what local people have told us is important about their health and care services and other areas, and have been used to inform this strategy as well as our East Sussex Health and Care Plan and programme and the other strategies and plans that will support delivery of this strategy. Outcomes are set out under four headings:

- Population health and wellbeing
- The experience of care
- The quality of care
- Transforming services for sustainability

We have developed a small set of shared indicators so that our Health and Wellbeing Board can start to measure progress with these outcomes, and provide updates to local people. These are included in Appendix 1 of this strategy and will be developmental initially so that we can test the right approach in light of the expectations about shared accountability for outcomes in the White Paper Health and social care integration: joining up care for people, places and populations - GOV.UK (www.gov.uk)

The Health and Wellbeing Board will also receive regular monitoring reports on our health and care integration programme of work that supports delivery.
From 1st July 2022 these plans will also take into account the Sussex Integrated Care System strategy and delivery plans as they are developed, and our district and borough council contributions to health and wellbeing.

Shared outcomes framework

Population health and wellbeing

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

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

The experience of local people

The experience people have of their health and care services.

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

Transforming services for sustainability

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

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

Quality care and support

Making sure we have safe and effective care and support.

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

Information about Healthwatch East Sussex

Healthwatch East Sussex provides an independent voice on health and social care for the people of East Sussex.

We work hard to ensure that all sections of the community are represented in the delivery and decision-making processes for health and social care services in the county, and that your views are listened to, recorded and reported to policy makers, commissioners and service providers.

We are one of 152 local Healthwatch organisations in England. The network is overseen and supported by our national body, Healthwatch England, who provide a formal link to the Department of Health and Social Care and Secretary of State.

For more information on Healthwatch East Sussex, please visit: www.healthwatcheastsussex.co.uk or contact us via:

Telephone: 0333 101 4007
Email: enquiries@healthwatcheastsussex.co.uk
Twitter: healthwatches
Facebook: https://www.facebook.com/healthwatchesussex

Appendix 1 Outcomes framework indicators

Indicator dataset table to be added once finalised/agreed

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Report to:	**East Sussex Health and Wellbeing Board**
Date of meeting:	**19th July 2022**
By:	**Director of Public Health**
Title:	**Annual Director of Public Health (DPH) report on Work, Skills, and Health**
Purpose:	**To share this year's DPH report on Work, Skills, and Health ahead of wider dissemination and an update on previous and future DPH reports.**

RECOMMENDATIONS

The Board is recommended to review and note this year's annual Director of Public Health (DPH) report on Work, Skills, and Health

1. Background

1.1 Attached as **Appendix 1** is this year's annual Director of Public Health (DPH) report on Work, Skills, and Health.

1.2 This report highlights the relationship between work, skills, and health in East Sussex. It includes local data, details about how employers can support the health and wellbeing of their employees and recommendations to address health inequalities associated with employment.

1.3 This report will be disseminated widely and published on the Joint Strategic Needs and Assets Assessment website at JSNA - Annual Public Health Reports (eastsussexjsna.org.uk)

2. Supporting information

2.1 In line with one of the report's recommendations, all public sector organisations and private businesses should be encouraged to sign up to work towards a Wellbeing at Work East Sussex award. It is proposed that the Council participates in the East Sussex Wellbeing at Work programme and actively work towards an accreditation. Noting that the Council already has numerous employee wellbeing activities that would contribute to achieving an award.

2.2 The Board should note that the 2021-22 Work, Skills, and Health report is the second of a planned series of annual DPH reports. These have been developed to highlight and increase our impact on health and well-being locally by focusing on the wider determinants of health. The 2019-20 Health and Housing report was the first in this series. The third and final report in 2022-23 within this series will focus on social connections and include the multi-agency work on loneliness. The 2024 report will cover creativity, the arts and health.

2.3 The previous COVID-19 related report 2020: A Year of COVID-19 in East Sussex, which interrupted our planned series of reports has also recently been noted as one of seven 'highlighted reports' at an Association of Directors of Public Health event. The special

mention was under the category of analysis notably the inclusion of data and graphs on movement trends within the county and districts and boroughs.

3. Conclusion and Recommendations

3.1 The Board is recommended to review and note this year's annual DPH report on Work, Skills, and Health, ahead of wider dissemination.

DARRELL GALE

Director of Public Health

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Work, Skills and Health

East Sussex County Council

NHS East Sussex

Contents

Foreword

Work is defined as an activity involving mental or physical effort done to achieve a purpose or result. Skills are defined as the learnt ability to perform an action with determined results with good execution often within a given amount of time, energy, or both. Work and skills both have a significant impact on our health and wellbeing.

Darrell Gale
Director of Public Health

Being in good work is better for your health than being out of work. There is clear evidence that good work improves health and wellbeing across people's lives and protects against social exclusion. Our occupations, work and employment forms part of our identity and sense of self which contributes to our health and well-being. Conversely losing a job, experiencing unemployment, and not having access to skills and employment opportunities can negatively impact our health and wellbeing

Following on from last year's 2020/21 report - 2020: A Year of COVID-19 in East Sussex. This year's 2021/22 report focuses on work, skills, and health in East Sussex. The world of work and skills, like most aspects of our lives, has been and will continue to be, affected by the COVID-19 pandemic. It's unlikely that the world of work will go back to something that resembles the pre-COVID-19 landscape. Where, how, and when we work will continue to evolve for many. However, the way in which our working world will change will bring about benefits as well as disadvantages in relation to health and wellbeing. These changes are also unlikely to be experienced equally by the population, therefore we must consider the implications of the changing nature of work and its relationship with disparities in health and wellbeing.

Historically, East Sussex as a county has a mixed economy comprised of small and medium enterprises alongside an established public sector. Lower skilled and lower paid work compared to England has been the established long-term trend. The pockets of lower skilled populations, with lower paid jobs also align with localities that have some of the poorer levels of health and wellbeing.

Work, specifically good quality and safe work can be good for our health and well-being. Work provides us with many things, such as an income, opportunities to develop skills, knowledge, an occupation, and social interaction. Volunteering also provides many health and wellbeing benefits, as well as contributing to a wide range of other causes for good. As individuals and collectively, we must consider the relationship between our health and work. We are all living and working longer, which is a good thing overall, however not all our population has the health to enable them to continue to work into later life. Ensuring everyone can age and work well, with the necessary skills equally, is a key concern for the future.

The UK Youth Parliament have conducted a ballot of nearly half a million young people in the UK asking them to choose which issues matter to them most. Over 10,000 young people from East Sussex voted and stated that jobs, money, homes and opportunities are

their biggest concern in a mass survey of 11-18 year olds across the county. Given this, we must take collective action to address their concerns.

Employers and businesses have a role in improving the health and wellbeing of our local population. This can often be achieved with small levels of investment yet bring many returns. I encourage all employers, whatever size, to review this report, use the resources section and join our Wellbeing at Work programme.

As a county blessed with a coastline, rural land and many towns, there are many opportunities to develop our local economy and improve our resident's health and wellbeing. Our partners in business, education, health, and the voluntary sector are all working hard to seize these opportunities to ensure our residents and population can develop the skills required to work in the economy of the future and live well.

Results of East Sussex Make your Mark 2022:

Young people all over the county choose the topic most important to them. This is what they said.

20 East Sussex schools and colleges took part.

10,463 young people in East Sussex Voted.

1. Jobs, Money, Homes and Opportunities - votes 2161
2. Environment - votes 2074
3. Education and Learning - votes 2017
4. Health and Wellbeing - votes 1877
5. Poverty - votes 1261
6. Our Rights and Democracy - votes 649
7. COVID-19 Recovery - votes 424

Youth Parliament MAKING OUR MARK United Kingdom

Executive Summary

This year's Director of Public Health's Annual Report considers the relationship between work, skills, and health. It is the second in a series of three annual reports looking at the broad social and economic circumstances that together influence health, known as the social determinants of health, in East Sussex.

The relationship between work and health is complex. Good work can maintain health, and poor work can be detrimental to health. To maintain health, work needs to be paid adequately, be safe and stable, offer opportunity for development, prevent social isolation, and offer a degree of control or decision making. Amongst all of this, we need to have the skills to be able to access good quality work.

In general, the lower an individual's socioeconomic position the poorer their health. This is known as the social gradient in health. Therefore, well paid work allows individuals to move up the socioeconomic spectrum, improving access to good quality housing, education, food, care and allowing more opportunity for socialisation and leisure, all of which are beneficial to health.

Access to health-promoting, good quality work is not equal. People with disabilities, those from black, Asian and minority ethnic backgrounds, people with poorer parents, women, and lone parents are all less likely to be in well paid professional employment, although there are some nuances within this which are discussed in the main report. They are consequently more at risk of experiencing a negative cycle where poor health makes it harder to access good work.

Employers in the county need to recognise the role they play in helping their employees and their community to maintain good health. Approximately 98% of businesses in East Sussex have under 50 employees, but regardless of their size, they can have a major combined influence on the local economy in a way that benefits nearby communities and the environment. For example, a hospital choosing to buy food from a local supplier or promoting healthy transport.

In East Sussex, our population has a significant proportion of older people. As state pension age rises, it is poorer people who work for longer, and are more likely to continue working with a disability or long-term health conditions. To help people access good quality work across the life course, they need to be given opportunities to develop and learn new skills throughout their careers.

The COVID-19 pandemic has of course changed the landscape of work dramatically, with many people experiencing financial insecurity and unemployment, often for the first time. Some changes are likely to be with us for some time, if not permanently, such as the shift to homeworking. This brings benefits as well as challenges for our health.

Fortunately, East Sussex is well placed to support people into work and to help employers become health promoting, through a range of services and these are detailed in the 'resources section' at the end.

In this report, we make recommendations that, if implemented, we believe will help to improve the quality of work and health locally.

These recommendations are:

Recommendation:

East Sussex County Council and our partners should continue to have the highest level of ambition and maintain actions to enable our residents, families and communities to achieve the best possible skills and access economic opportunities.

Recommendation:

Employers should continue to build on their progress in creating employment opportunities and inclusive workplaces for those with protected characteristics and those from disadvantaged backgrounds.

Recommendation:

All public sector organisations and private businesses should be encouraged to sign up to work towards a Wellbeing at Work East Sussex award. This will enable them to take advantage of the resources available on how to improve wellbeing in the workplace. Some of the ambitions and actions for promoting the wellbeing of staff align with actions to protect the environment and reduce climate change.

Recommendation:

Employers are encouraged to undertake an annual workforce survey (also known as a health needs assessment) to increase their knowledge of the health needs of their workforce. This will enable employers to support their employees and guide them towards services to assist them in improving their health and wellbeing.

Recommendation:

The local authority, along with other statutory and third sector organisations should continue to ensure that staff are aware of the existing range of employment support available in the county. They should share this information with individuals and promote the health benefits of working as an outcome.

Recommendation:

Large organisations, including local authorities, NHS providers and the Voluntary Community and Social Enterprise (VCSE) sector should align plans and ambitions to fulfil their role as Anchor Institutions. The process and learning from adopting this approach should be shared with other large employers in the county.

Recommendation:

Employers of hybrid or homeworkers should look to implement relevant practical suggestions outlined by the Working Well From Home toolkit.

Recommendation:

Individuals and groups furthest away from the labour market should continue to be supported by long term partnerships and initiatives that offer opportunities to enable them to develop skills and support them into employment such as those offered via the DWP, community organisations and local training providers.

However, these provisions need to consider health and wellbeing as part of their offer to participants, who may need support with mental and physical health needs, neurodiversity support, and support to build confidence.

Recommendation:

National and local initiatives should continue to address current known gaps in East Sussex in Health and Social Care, Agriculture, Construction, Engineering, and the Visitor Economy as well as focusing provision on the future skills opportunities pertaining to net zero and new digital and automated technologies.

Recommendation:

The many funding streams that support skills and employability need to be better joined-up to maximise impact and avoid duplication. The learning gained from the evaluations of employability projects about 'what works best to support people into learning and work' needs to be shared to inform future projects. Employment and skills funding is mainly short-term, and we need to influence funding bodies, including government, to provide long-term funding, rather than the current piecemeal approach.

Recommendation:

Improving the published data and increasing the understanding of the health and support needs of Universal Credit claimants would enable partners to develop programmes to increase opportunities for employment, skills development, and volunteering.

Recommendation:

A range of partners should continue to develop local initiatives that support the Skills East Sussex priorities and the implementation of the Government's White Paper Skills for Jobs: Lifelong Learning for Opportunity and Growth. Increasing the number of those in the local workforce with a level 3 qualification, improving the technical vocational skills of local residents and improving the maths skills of adult residents without a Level 2 qualification through the new Multiply Shared Prosperity Fund are some of the immediate actions should be supported.

Introduction

The impact of work on health, and indeed health on work, is well documented and wide reaching [Reference 1]. A negative working environment, identified by high effort, low pay jobs with minimal control and lack of organisational fairness can be detrimental to health. Conversely, a good working environment can be protective, and result in a more engaged and productive workforce [Reference 2].

People of working age, 16yrs to 64yrs [Footnote 1], make up just over half (56.9%) of the population of East Sussex [Reference 3], but the effect of the relationship between work, skills and health is felt by everyone. In part as a result of rising state pension age, twice as many people are in employment after the age of 64 than in 1998 [Reference 4], and older workers are more likely to report multiple long term health conditions and caring responsibilities which impact their work [Reference 4]. In younger people, the Health Foundation identifies skills and qualifications developed between the ages of 12 and 24, and good quality work as key to minimising ill-health in later life [Reference 5].

The chance of having a job that either positively or negatively impacts our health is not evenly distributed across society; good quality (health protective) jobs are concentrated at the upper end of the social gradient, and conversely jobs which are harmful to health are more frequent at the lower end of the social gradient [Reference 6].

The relationship between work and health is complex and multifaceted. This report explores this and makes several recommendations to improve the health and working lives of people in East Sussex.

Work means different things for different people, at different times in our lives. Whilst we acknowledge the important impact on health of unpaid care work, attending schools, colleges and universities, and other meaningful activities, this report focuses specifically on paid work and volunteering.

1. Although the working age population usually refers to those aged 16-64, state pension age has risen to 66 and will continue to rise to reach 68 by 2046. This means that increasing numbers of people in the over 65 age group are likely to be economically active. This report does not attempt to adjust for this change.

Work in East Sussex

The type of work undertaken by people living in East Sussex is influenced by local and regional geography and demography. For example, the relatively high proportion of people employed in the care sector is driven by the higher-than-average age profile of East Sussex [Reference 7].

Compared to the national average East Sussex has more people employed in public administration, education, health, agriculture, fishing, mining and utilities, construction, accommodation, food service activities, the arts, entertainment, and recreation industries. Fewer people compared to the national average are employed in information and communication, transportation and storage, manufacturing, professional, scientific, and technical activities and financial, insurance and real estate [Reference 7].

A higher proportion of people in East Sussex are self-employed than nationally, and a greater percentage of people work part time [Reference 7]. The South East has a lower proportion of workers than the national average who are members of a trade union, despite a high proportion of public sector employees [Reference 8] [Reference 9].

East Sussex has fewer businesses per resident than the regional average and growth is slowing. There are 6% more active businesses than in 2015, and 0.8% more since 2019. In 2021 there were 23,335 businesses in East Sussex, of which 90.7% had fewer than 10 employees. East Sussex has relatively few medium and large businesses (50+ employees) [Reference 7].

Fastest growing sectors in the county (2016-2021)

(in terms of number of business units)

Transport & Storage - up 53% (England up 42%)

Accommodation & food - up 15% (England up 16%)

Construction - up 13% (England up 20%)

Our population

Total Population

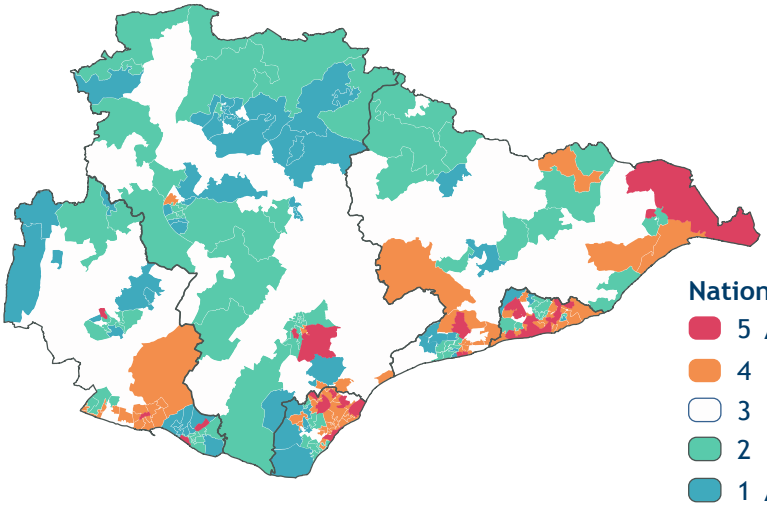
Gender

52% Female

48% Male

Similar to England

Deprivation (IMD, 2019)



Where are the most deprived LSOAs

Eastbourne	26%
Hastings	49%
Lewes	4%
Rother	13%
Wealden	9%

14% are in most deprived quintile

National IMD quintile, IMD 2019

- 5 Amongst 20% Most deprived nationaly
- 4
- 3
- 2
- 1 Amongst 20% Least deprived nationaly

Occupation

East Sussex ● England ●

12% 10%	13% 9%	7% 7%	5% 6%
Skilled trades	Caring / Leisure Other services	Sales	Plant / Machine

By 2025 increases in the proportion of the elderly in the East Sussex population.

65+ increase of **8.2%**

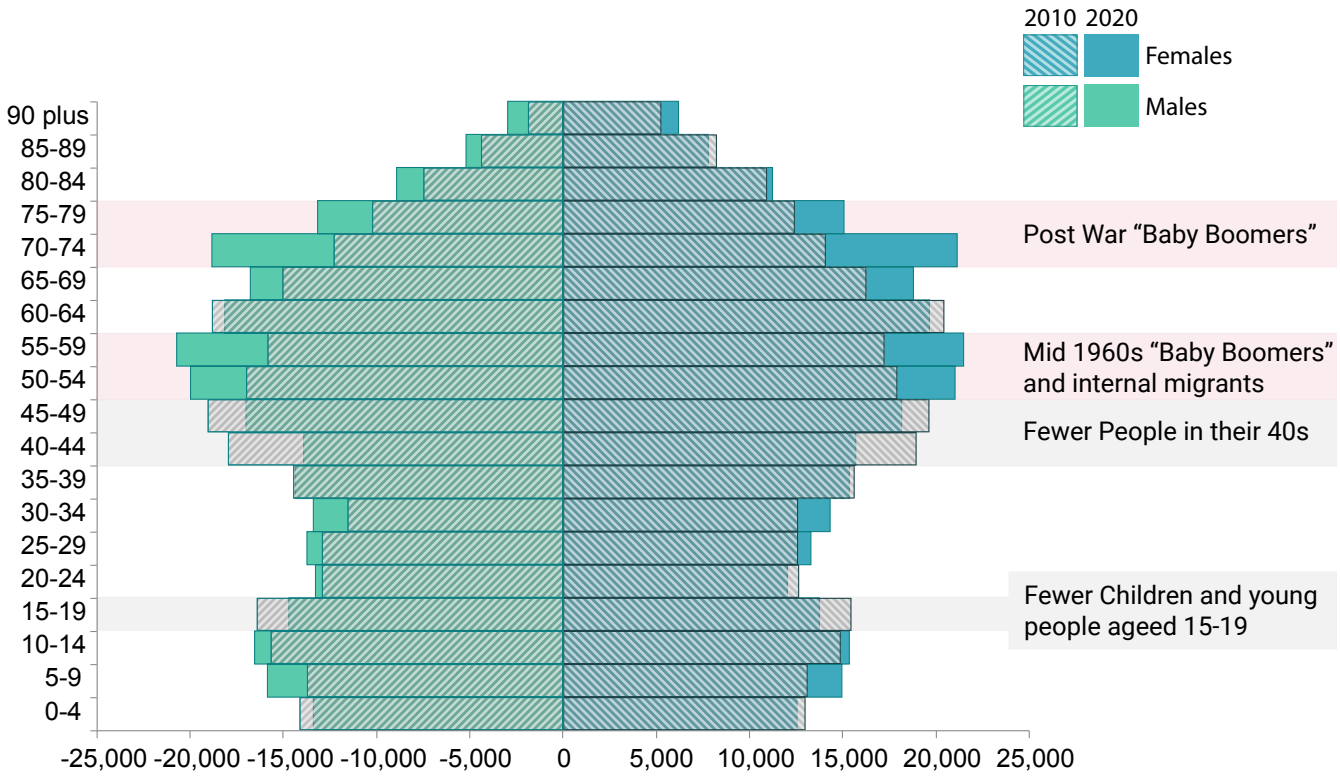
85+ increase of **4.3%**

Ethnicity by percentage

Ethnic Origin	East Sussex	England & Wales
British and Northern Irish	91.7	80.5
Irish	0.8	0.9
Gypsy or Irish Traveller	0.2	0.1
Other White	3.4	4.4
White and Black Caribbean	0.4	0.8
White and Black African	0.2	0.3
White and Asian	0.5	0.6
Other Mixed	0.4	0.5
Indian	0.4	2.5
Pakistani	0.1	2
Bangladeshi	0.2	0.8
Chinese	0.4	0.7
Other Asian	0.7	1.5
African	0.3	1.8
Caribbean	0.1	1.1
Other Black	0.1	0.5
Arab	0.1	0.4
Any other ethnic group	0.2	0.6

In 2020 there were estimated to be 558,852 people living in East Sussex, of whom, 318,101 were of working age (16-64 years), making up 56.9% of the population. Around 52% of people living in East Sussex are female [Reference 7].

East Sussex population by sex and age groups in 2010 and 2020



Earnings in East Sussex

East Sussex has amongst the lowest average full-time workplace-based weekly earnings in the South East. These lower earnings are driven in part by the higher proportion of people working in low paid care jobs compared to regional or national averages. After two years of declining pay in 2019 and 2020, the county saw the highest annual increase (11.2%) of all County Council / Unitary Authorities (UA) in the region [Reference 10], however earnings remain below the regional average.

In April 2021 the Annual Survey of Hours and Earnings (ASHE) data states the gross median wage for a full-time job in East Sussex was £554 per week. This is compared to a South East average of £635 and an England average of £613. There are considerable differences between local areas. The median wage for a full-time job in Hastings at £500 was over £50 lower per week than the East Sussex average.

In 2021 average annual earnings for people who work in the county full-time was £27,090, and for residents who work full-time, the figure was £30,949. This suggests that some East Sussex residents commute outside of the county to seek higher paid employment.

The gender pay gap in weekly workplace full-time pay in most districts and boroughs in the county is somewhat smaller than the national average. Workplace-based female pay is lower than for males – with women full-time workers earning 90% of their male counterparts – compared to 84% in England.

The part time pay gap, the hourly pay difference between full time and part time work, is smaller in East Sussex than England as a whole. This may be as a result of the higher percentage of people working in public sector jobs compared to the national average.

This is of interest as the gender pay gap in most of the South East region is larger than England as a whole, a contributing factor in East Sussex having a smaller gender pay gap may be the high proportion of public sector roles.

Benefit Claimants

Universal Credit (people on low incomes)

Universal Credit is a means-tested benefit for people aged over 18 and below state pension age, on a low income or who are looking for work. Recipients of Universal Credit may be working or not working, and not everybody who is in receipt of Universal Credit is required to work or seek work, for example those with severe disabilities or caring responsibilities.

In January 2022, 45,373 people in East Sussex were in receipt of Universal Credit, which is equivalent to 14.3% of the working age population. Of Universal Credit claimants in East Sussex, 39.7% (17,870 people) were in employment in December 2021, equivalent to 5.6% of the working age population. As a result of the coronavirus pandemic, the number of people receiving Universal Credit in East Sussex increased substantially from February 2020 (25,381 people) and peaked in February 2021 (48,860 people) but now continues to fall (particularly for males).

Claimant Count (people seeking work)

In January 2022, there were 13,825 people receiving either Job Seekers Allowance or Universal Credit with the requirement to actively seek work, together these groups are referred to as the Claimant Count. The Claimant Count as a percentage of the working age population (Claimant rate) is 4.3% in East Sussex and is broadly similar to England as a whole (4.4%), but higher than the South East average (3.4%).

There is large variation between localities, age and gender, for example the claimant rate for young men aged 18-24 in Hastings is 12.2%, whereas for women of the same age in Wealden it is 3.2%. The Claimant Count, the number of people seeking work, in the county more than doubled between March and May 2020 from 9,135 to 20,680. After remaining stable for around a year, it has been gradually declining since April 2021 but is still 4,690 higher than in March 2020.

Government support during the pandemic

Over the course of the pandemic, 117,500 people were supported by the Coronavirus Job Retention Scheme, also known as 'furlough', (86,400) and the Self-Employment Income Support Scheme (SEISS – 31,100). The furlough scheme ended on 30 September 2021 and the last SEISS grant finished in October 2021.

The percentage of working age people living in East Sussex accessing furlough payments (27.2%) was broadly in line with the regional (27.8%) and national (27.4%) averages. A greater proportion of people in East Sussex received SEISS payments (9.8%) than regional (7.5%) and national (7.1%) averages. This ranged from 8.2% in Eastbourne to 10.3% in Wealden.

Volunteering

Just as being in paid work can be beneficial to health, so can volunteering. There is a strong correlation between volunteering and improved mental health, and some evidence to correlate volunteering with better physical health. However, there is some evidence that whilst volunteering can help to develop the skills required in employment, such as teamwork and communication, it has only a weak impact on the chances of finding paid work [Reference 11]. A range of different factors are important to the chances of finding paid work, such as age and access to childcare. There is some evidence also that volunteering too regularly can have a negative impact [Reference 12] [Reference 11].

Volunteering programmes with specific employability aims may improve their success rate if the skills and experiences they provide are better aligned with those needed by employers [Reference 13] [Reference 11].

East Sussex has an active volunteering community. Figures from 2018 suggest that almost half of adults in East Sussex (46%) had formally volunteered in the previous year, compared to a national average of just 22% [Reference 14].

In addition to being valuable to the wellbeing of the volunteer, volunteering activities frequently benefit the wellbeing of the community. Issues of community concern which benefit from volunteers include health, skills and education, work, local environment, social isolation, and culture [Reference 15].

Case Study: Volunteering in East Sussex Libraries

Volunteers continue to play a valuable role in providing a rich and varied library service which is connected to the community. Volunteering can help individuals build confidence, develop skills and connect to their local community. We offer a number of roles; helping people develop reading and ICT skills, leading Rhyme-time and Storytime sessions, Reading Friends, delivering books to vulnerable people in their homes and supporting children and families in clubs for homework, study and coding.

“I have been a volunteer for the library service for years, I personally have gained confidence in working with the public and developed customer service skills. I have improved my understanding of libraries and gained more digital skills. In addition, I have had the satisfaction of supporting people in developing their I.T. skills. I have also had further training that has given me more confidence, for example, I have supported a visually impaired customer and learnt about assistive technologies. It has been great to meet a variety of new people. I feel that I have made a valuable contribution to the service and community.”

Matthew - Volunteer, East Sussex Libraries

Work and Ageing

East Sussex has a much older age profile compared to England and the South East. More than a quarter (26%) of the county's population is aged 65 or over (sixth highest of all County Councils / UA in the country), compared to 19% in England and 20% regionally. The median age in the county is 48.4, compared to the national average of 40.2. Only 17% of the county is under 16, compared to 19% nationally and in the South East.

Although the working age typically refers to those up to 64 years, state pension age varies by year of birth. People receiving their state pension for the first time in 2022 will be 66, born in 1956, and by 2039 the state pension age will have risen to 68 years. The number of older men and women in employment has been increasing since the 1990s. Around 11% of over 65 year olds in the South East are working (13.3% of men and 9.1% of women), equivalent to around 16,070 people [Reference 16].

Extending working life into older age may be beneficial for overall health and physical health, particularly for people in high quality, high reward jobs who can reduce their hours to work part time. However, working in low quality or low reward jobs appears to have a negative effect on the health and wellbeing of older workers [Reference 17].

Longer working lives, coupled with changes in technology and working practice necessitates individual training and skill development throughout the working career, to ensure that older adults continue to have access to high quality, health promoting jobs [Reference 18]. This, combined with an increasing average age of our population, means that retaining people in work as they age is also increasingly important for employers. Older people bring specific skills to the workplace including maturity, industry and life experience [Reference 18].

Work and life expectancy

Areas with higher rates of employment have higher life expectancy and healthy life expectancy in England. Predictably, areas in the most deprived 20% of the country have both lower rates of employment and lower life expectancy [Reference 19].

The number of years expected to be in work and in good health after the age of 50 differs significantly based on several variables; with those with less education and in manual occupations expecting fewer healthy years of work [Reference 20]. Healthy working life expectancy is higher in the South East than England as a whole, but at age 50, is less than 11 years, meaning most people working to state pension age will expect to spend some of that time working in ill-health [Reference 20]. In addition, poorer people are more likely to continue working past their previously expected state pension age than those who are more well off [Reference 21].

Those with the longest healthy working life expectancy are: [Reference 20]

- self-employed
- in non-manual occupations
- those with a tertiary education
- those living in southern England
- those living in the least deprived areas

Rural East Sussex

Using 2011 data, the Office for National Statistics estimates that 26% of people in East Sussex live in rural areas [Reference 22] compared to 17% of people in England [Reference 23]. This can present specific challenges in relation to work. Nationally, a higher percentage of people of working age living in rural areas are in employment than people living in urban areas [Reference 23].

Businesses in rural areas have a different profile compared to urban areas, with an unsurprising increased focus on **Agriculture, Forestry and Fishing** [Reference 23].

Immediately prior to the coronavirus pandemic, a higher proportion of people living in rural locations were working from home than those living in urban locations [Reference 23].

Over the last 20 years productivity growth in rural areas has not kept pace with the England average. Productivity has fallen from 90% to 83% between 2001 and 2019. It is thought that this is as a result of growth in sectors found predominantly in urban areas, for example financial services, rather than a fall in rural productivity. As of 2020, workplace-based earnings were lower in predominantly rural areas than in predominantly urban areas [Reference 23].

People living in rural areas travel further each year than those living in urban areas, a higher proportion of journeys all made by car rather than public transport. Consequently, households in rural areas spend a higher proportion of their income on transport costs. Infrequent or inaccessible public transport maybe a barrier to accessing good work for some people living in rural areas [Reference 23].

Work and Health

Being in good employment is protective of health. The wider determinants of health, such as a person's social and economic circumstances and their level of education dictate to a large extent the opportunities open to them and the quality and types of work they are able to access.

Social mobility refers to the link between a person's occupation or income and the occupation or income of their parents. Weakening these links can help to ensure that a person's occupation and income are not tied to where they started in life. However, research shows that there is a long way to go to improve social mobility [Reference 24] [Reference 25].

- **Occupation** - only 34% of people from working class backgrounds work in professional occupations, compared to 60% of those from professional backgrounds.
- **Income** - those from poorer backgrounds are more than twice as likely to end up in working class occupations [Footnote 2] than those from professional backgrounds - with around 35% remaining in the same occupational group as their parents
  Free school meals - fewer than a quarter (23%) of young people who were free school meal (FSM) recipients when attending school in England were earning above the living wage by the age of 25. This compares with 43.5% of those who did not receive FSM.

Good Employment

The 2010 Fair Society Healthy Lives (The Marmot Review) report identified that understanding the role of the 'social gradient' in health is key to reducing health inequalities [Reference 26]. This refers to the profound difference in health outcomes between those who hold the highest and lowest social positions.

This relationship holds true for those in and out of work. When in work, those at the lower end of the social gradient are more likely to be in low-paid, poor quality jobs with few opportunities for advancement. They often have poor working conditions that are harmful to health and many are trapped in a cycle of low-paid, poor-quality work and unemployment.

Amongst Marmot's recommendations for reducing the steepness of the social gradient was to "Improve quality of jobs across the social gradient" [Reference 26].

The characteristics of good work, for health are summarised below.

They include:

- a decent living wage
- opportunities for in-work development
- flexibility to enable people to balance work and family life
- protection from adverse working conditions that can damage health

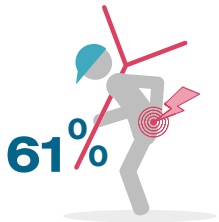
2. Working class jobs refers to the National Statistics Socio-economic Classification (NS-SEC) groups 6 to 8. This includes semi-routine occupations, routine occupations, and never worked and long-term unemployed. Roles within these categories may include waiters, butchers, cleaners, bus drivers.

For work to support a healthy life it should:

Pay fairly and offer Lasting security

In 2017, an estimated 6.2 million empoyees were paid less that the real Living Wage.

Ensure good working conditions

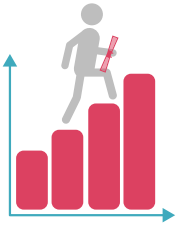


61% of workers in insecure employment have worked when unwell for reaf of loosing their job or pay.

Enable a good work life balance

Employees working long hours are 2.5 times more likely to have a major depressive episode.

Providing training and opportunities to progress



In work training can make people happier at work and lead to higher levels of personal wellbeing.

Source: how is work good for our health | The Health Foundation

Good quality work protects against social exclusion, which in turn leads to better health. Conversely no work, or poorer working conditions can pose a risk to health and wellbeing [Reference 27] [Reference 28].

More than 1 in 3 employees report being in low-quality work [Reference 29]. Of these, 15% report experiencing poorer health – which is double the proportion for employees who report no negative job aspects.

Health of the working age population

Long-term conditions are associated with social class and type of occupation

People in the poorest communities have a

60% higher prevelance of long-term conditions than those in the richest

Employees from

Unskilled Occupations

52%

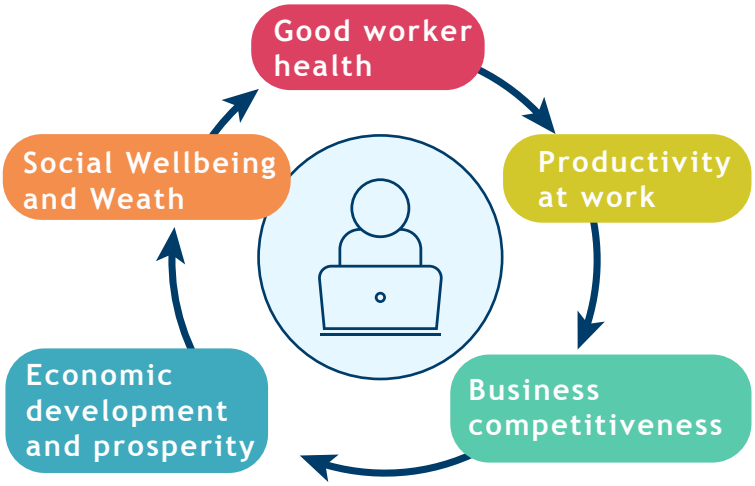
experience long-term conditions more than from

Proffessional Occupations

33%

Source: Health of the working age population infographic | UK Health Security Agency

Health and work cycle



A healthy and happy workforce has synergistic benefits for:

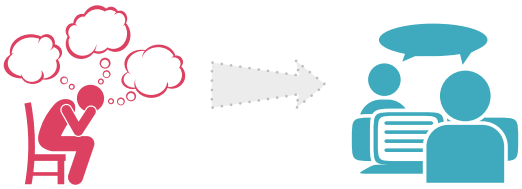
Workplaces

Productivity

The economy

Mental health and work

Being in employment reduces the risk of depression and psychological distress



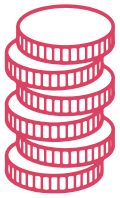
Work can also be a cause of stress and common mental health problems

In the UK **17.5 million days**

were lost in 2018 to work-related stress, depression or anxiety

Young professionals have emerged as the most vulnerable demographic in the workplace.
They are twice as likely to suffer from depression compared to other age groups in the workforce, and more susceptible to leaveism and financial concerns.

Poor mental health costs UK employers up to around **£45 billion**



This consists of around:

£7 billion absence costs

£27-29 billion presenteeism costs

£9 billion turnover costs

Source: [Mental Health and Work | Publishing Service UK Government]

The Economic Case

The combined costs from worklessness and sickness absence in the UK equate to over £100bn annually, making a strong economic case for preventative action. Employers benefit as healthy staff are more productive, take less time off sick and may choose to extend their working life rather than retiring early due to ill health [Reference 30].

Investing in employee wellbeing can reduce absenteeism and staff turnover, saving between £130 and £5,020 per employee [Reference 9]

Sickness absence is a high-level indicator of the way businesses support the health and wellbeing of their workforce. In 2020, over 118million days were lost to sickness absence in the UK. This figure, although staggering, is lower than previous years due to the number of furloughed workers during the pandemic [Reference 31]. In 2020, the largest contributors to sickness absence were:

- Minor illnesses (26 million days) – this includes some COVID-19 related illness
- Other reasons (24 million days) – this includes some COVID-19 related illness
- Musculoskeletal health (MSK) problems (21 million days)
- Mental health conditions (15.9 million days)

Sickness absence rates in East Sussex are similar to England with 1.1% of working days lost to sickness. An unhealthy workforce will have a negative impact on society and the economy due to:

- Lost productivity
- Reduction in income tax receipts
- Increases in long-term sickness
- Increased informal care giving
- Increased healthcare costs

[Reference 30]

It should be noted however that often-low sickness absence rates come with high levels of presenteeism in an organisation (i.e. people working when they are unwell), as workers may not feel that they can call in sick and may return too early. Often when organisations start to address wellbeing, sickness absence can rise due to a reduction in presenteeism. Sickness absence when considered as a barometer for staff welfare should be considered alongside information too, such as staff surveys.

Characteristics of good work

1. Free of core features of precariousness, such as lack of stability and high risk of job loss, lack of safety measures (exposure to toxic substances, elevated risks of accidents, and the absence of minimal standards of employment protection).

2. Enables the working person to exert some control through participatory decision-making on matters such as the place and the timing of work and the tasks to be accomplished.

3. Places appropriately high demands on the working person, both in terms of quantity and quality, without overtaxing their resources and capabilities and without doing harm to their physical and mental health.

4. Provides fair employment in terms of earnings reflecting productivity and in terms of employers' commitment towards guaranteeing job security.

5. Offers opportunities for skills training, learning and promotion prospects within a life course perspective, sustaining health and work ability and stimulating the growth of an individual's capabilities.

6. Prevents social isolation and any form of discrimination and violence.

7. Enables workers to share relevant information within the organisation, to participate in organisational decision-making and collective bargaining and to guarantee procedural justice in case of conflicts.

8. Aims at reconciling work and extra-work/family demands in ways that reduce the cumulative burden of multiple social roles.

9. Attempts to reintegrate sick and disabled people into full employment wherever possible.

10. Contributes to workers' wellbeing by meeting the basic psychological needs of self-efficacy, self-esteem, sense of belonging and meaningfulness.

(UCL Institute of Health Equity, 2015)

Case Study: Sussex Community Development Association (SCDA)

Lou (58) was referred via Adult Social Care, in January 2021, during the national Coronavirus lockdown. Lou had no formal qualifications, lives with Crohn's Disease and had not worked, or accessed any formal education in 35 years. Lou had highlighted her need to seek advice regarding self-employment, housing, and finances.

As Lou was shielding at the time, SCDA supported her virtually to access the Citizen's Advice Bureau, for guidance with her Personal Independence Payments. Lou also attended local self-employment courses and was enrolled on and supported to access a Renting Ready Programme, delivered by a housing provider.

In June 2021, Lou moved out of temporary accommodation into a privately rented home and was then able to begin trading as a self-employed Alternative Therapist. Lou noted at her exit interview that employment had not only improved her health, but also her confidence and anxieties when in social settings. Furthermore, Lou's interactions with her family, as well as her meetings with friends and health support groups had also increased in frequency throughout her time with SCDA, and these were now a big part of her life outside of her work and something she looked forward to.

Penny Shimmin - Chief Executive

Sussex Community Development Association (SCDA)

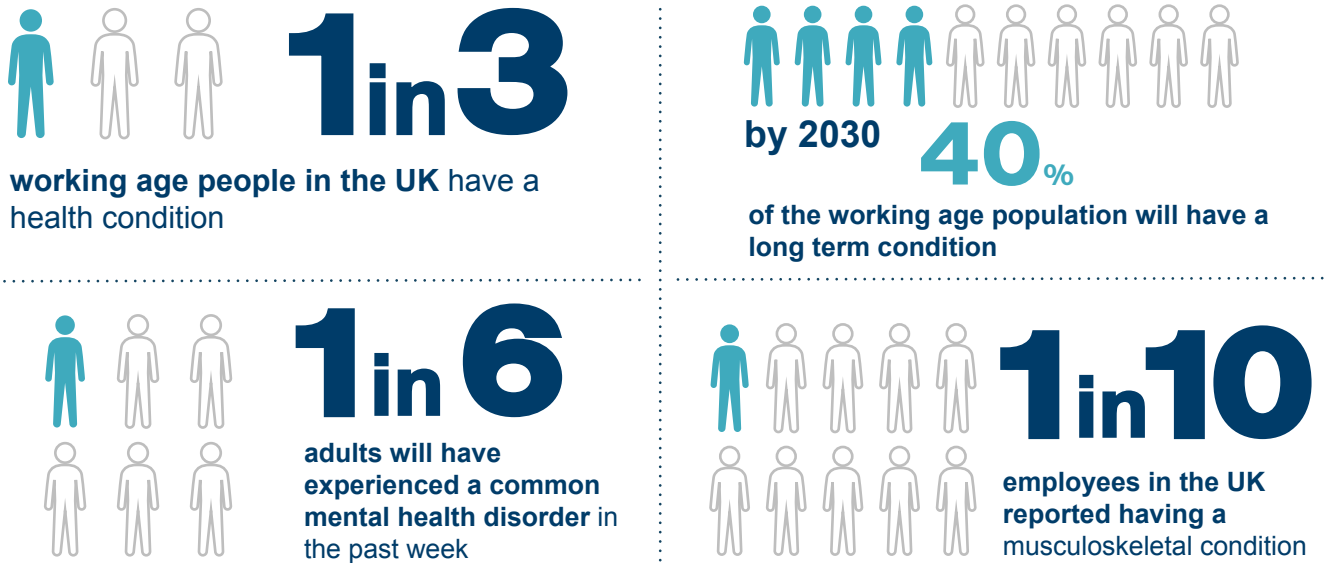
Health of the Working Age Population

The top three causes of long-term employee absence are mental ill health, musculoskeletal conditions, and work-related stress [Reference 32] these are often amenable to prevention. In the years leading up to the pandemic, the rate of self-reported work-related ill health was broadly unchanging. However, in 2020/21 work-related stress, depression or anxiety accounted for 50% of all work-related ill health [Reference 33]

Long Term Conditions

Around a third of working age people in the UK, that's nearly 12 million people, have at least one long-term health condition. This is expected to increase to 40% by 2030. Based on this estimate, around 106,035 people in East Sussex have at least one long term health condition, rising to 131,400 by 2030.

- 1 in 4 UK employees have reported having a physical health condition. Of these, 1 in 5 also have a mental health condition.
- 1 in 6 adults will report experiencing a common mental health condition in the past week
- 1 in 10 adults have reported experiencing an MSK problem

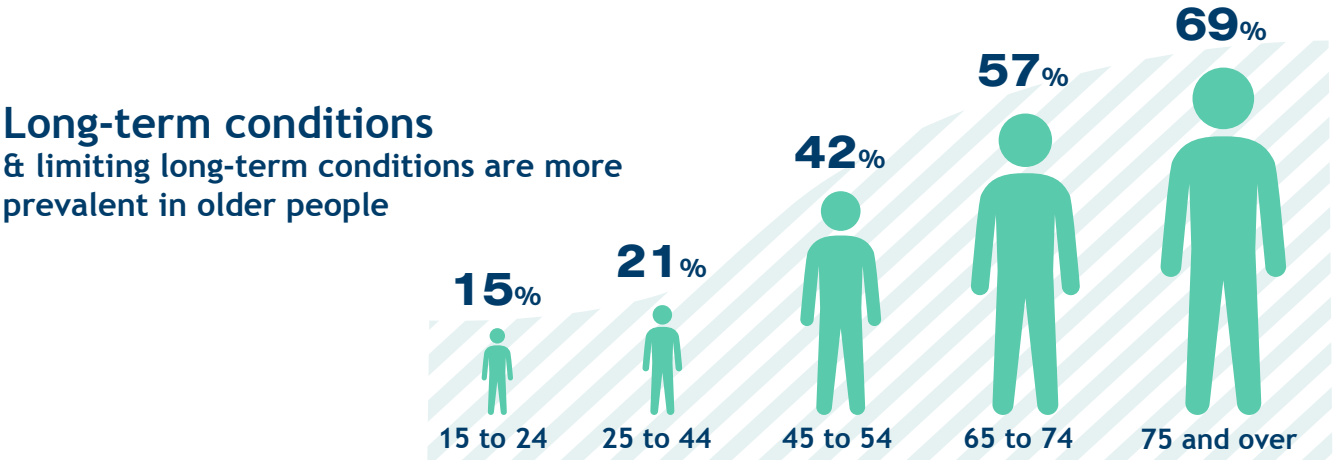


People who have a long-term condition report that their health is a barrier to the type or amount of work they can do, and they are less likely to be in work than those without long term conditions. The gap in the employment rate between those with a long-term health condition and those without in East Sussex is 9.5%, this is slightly lower than that of England at 10.6% [Reference 34].

As with other health inequalities, people in the poorest communities, and workers in unskilled occupations are more likely to experience long-term health conditions, compared to more affluent communities and skilled professionals.

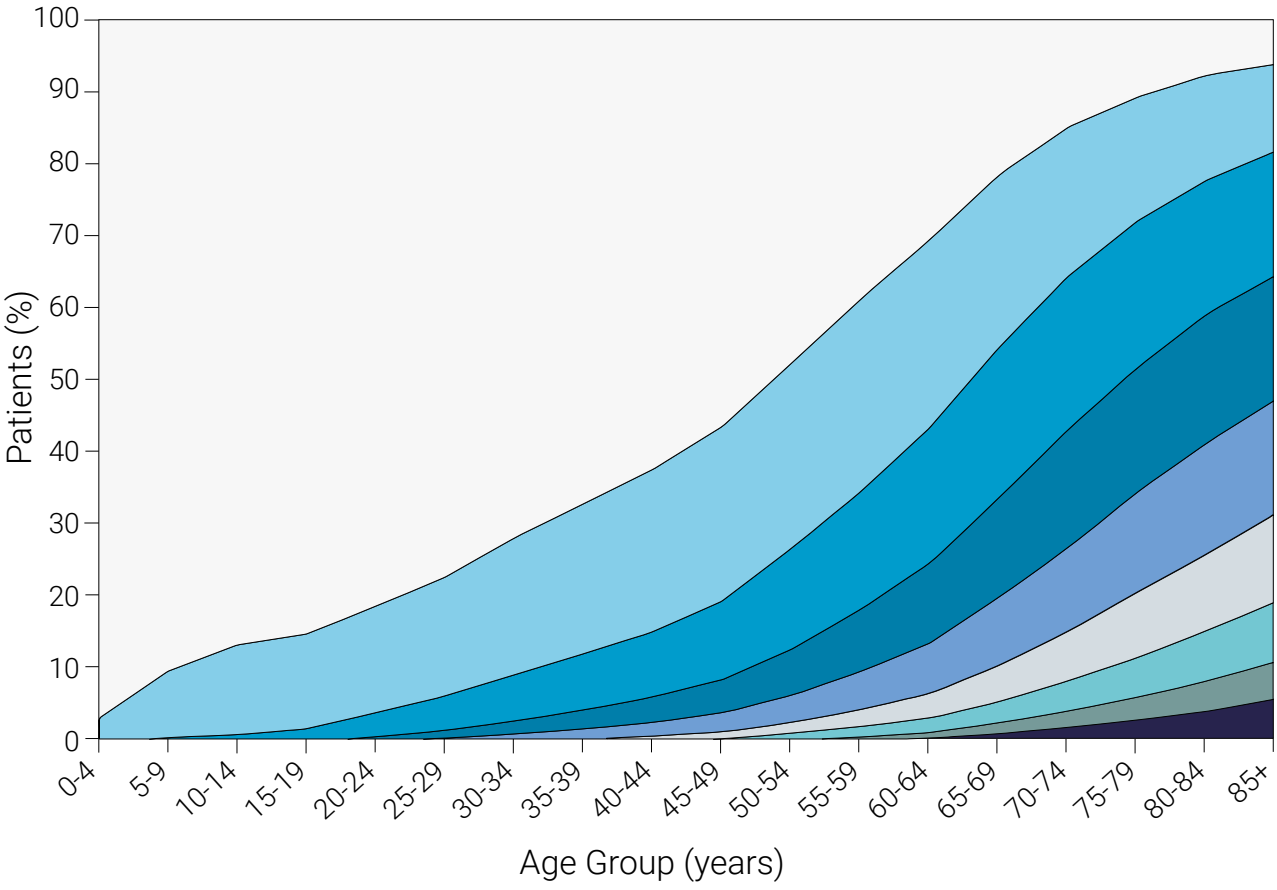
Source: Health matters: health and work | Publishing Service UK Government

The number of health conditions people experience increases with age [Reference 35], and the more health conditions a person has, the less likely they are to be in work. This combined, provides greater challenges to employment as people age and develop more conditions.



Source: Health of the Working Age Population | Publishing Service UK Government

Number of Long-term health conditions by age group



Source: Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study | The Lancet

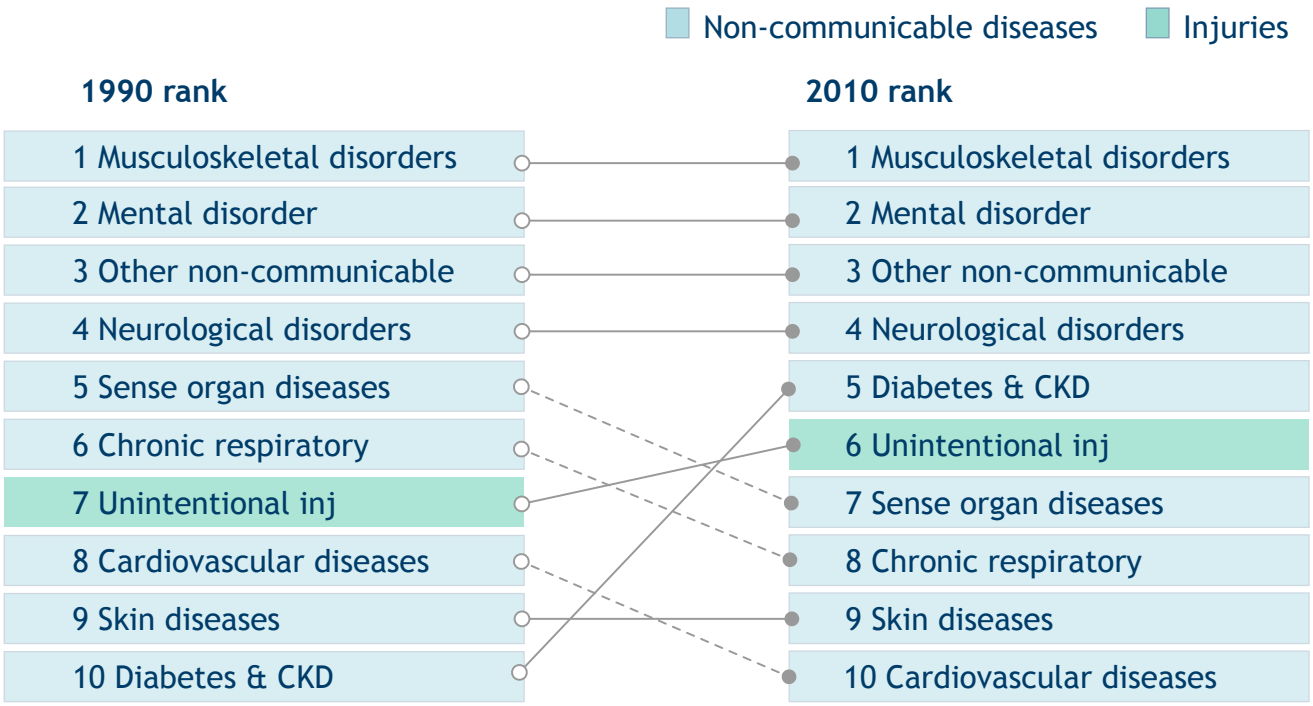
Musculoskeletal Conditions

Musculoskeletal (MSK) conditions are a group of conditions that affect the bones, joints, muscles and spine, and are a common cause of severe long-term pain and physical disability.

MSK conditions remain the biggest cause of years lost to disability (YLDs) in East Sussex, according to the Global Burden of Disease. [Reference 36]. This is true for the UK and Western Europe as a whole. They impact significantly on people's ability to work and are the leading single cause of sickness absence in the UK [Reference 31].

Implementing MSK workplace prevention interventions can deliver a return on investment of between £5 and £226 for every £1 invested

East Sussex: Both sexes, All ages, YLDs per 100,000

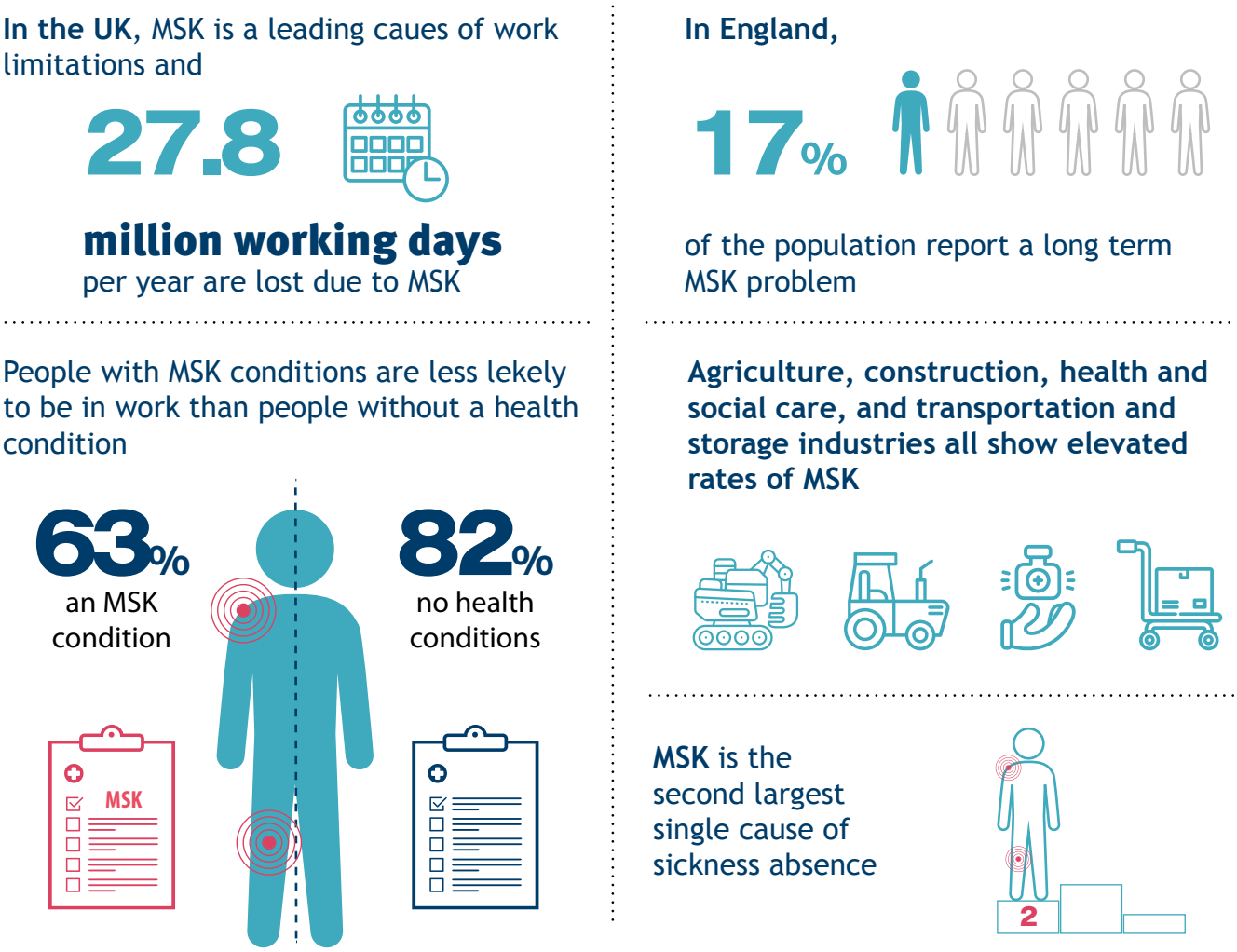


More than 1 in 5 people (21.4%) in East Sussex report a long term MSK problem, which is higher than reported across England, (18.6%) [Reference 34].

Other Key facts [Reference 37]:

- People with MSK conditions are less likely to be employed than people without one.
- MSK conditions significantly limit mobility and dexterity, leading to early retirement from work, lower levels of well-being and reduced ability to participate in society
- The number of people with MSK conditions is rapidly increasing, due to population increases and ageing
- The disability associated with MSK conditions has been increasing and is projected to continue to increase in the next decades

Musculoskeletal conditions (MSK and) work



Source: Musculoskeletal conditions (MSK) and work | Publishing Service UK Government

Mental Health

Around 1 in 4 people will experience a mental health problem at some point in their life [Reference 38], and they are a leading cause of sickness absence in the UK [Reference 31].

Whilst work can contribute to good health and wellbeing [Reference 39], it can equally exacerbate a pre-existing condition or lead to new mental health problems. Employers can make an important contribution to the health and wellbeing of people in East Sussex by recognising the part they play in creating environments that support mental health.

Mental Health - Key Numbers

The scale of the problem for emloyers

Mental health issues in the workforce cost UK employers up to

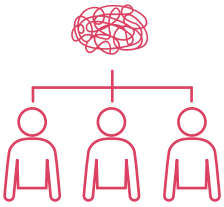
£45 billion a year

This includes:

£7 billion in sickness absence

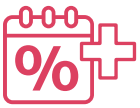
Presenteeism cost **£26.6 billion to £29.3 billion**

£9 billion in replacing staff who leave their jobs because of their mental health



The scale of the problem for emloyees

2 in 5 employees report experiencing poor mental health symptoms related to work in the last year



30% of the UK workforce have been formally diagnosed with a mental health conditions at some point in their life

Just **13%** feel able to disclose a mental health issue to their line manager

51% of employees feel comfortable talking about mental health issues in the workplace

62% of managers faced situations where they put the interests of thier organisation above the wellbeing of colleagues

Source: Mental health toolkit | Business in the community

Around 16% of adults aged 16 years and over are estimated to have depression or anxiety (2017 estimates, Mental Health and Wellbeing JSNA, Public Health England Mental Health and Wellbeing JSNA | Fingertips Public health data.

People experiencing serious mental health problems are also less likely to be in work than those without them. The gap in employment rate between people in contact with secondary mental health services and people who are not is 69.1% in East Sussex, which is marginally worse than the England gap at 67.2% [Reference 34].

People with a mental health condition are three times more likely to have a 'long term' period of sickness, and this can reduce the likelihood of them returning to work and increase their likelihood of future unemployment. Whilst there are more people at work with mental health conditions than ever before, 300,000 people with a long-term mental health problem lose their jobs each year, a much higher rate than people with physical health conditions [Reference 40].

Case Study: Southdown Housing Association

Southdown Housing Association is a Sussex based not-for-profit organisation whose primary purpose is to offer vulnerable people the support they need to live a fuller life.

In partnership with Sussex Partnership NHS Foundation Trust, Southdown delivers the Individual Placement Support (IPS) model. IPS is recognised as best practice in supporting people with mental health challenges to secure or retain paid work. Embedded within Mental Health Recovery Teams across Sussex, our Employment Specialists help people to secure and retain paid work. Their support is tailored to individual needs, goals and aspirations.

“I needed support with my mental health and a big part of me getting back into the workforce was about self-esteem. I’d suffered from depression for a long time, a long time.

When my Employment Specialist first got in touch with me I went in with an open mind. She was great. We matched well. It was just what I needed. I really wanted to sort myself out – I was open, honest, and direct.

It’s a very personalised service. There’s a big difference between a Recruitment Consultant and an Employment Specialist. An Employment Specialist brings a complex skillset to the table. On the outside, a support session looks like a social get-together in a café, but a lot is happening. She had a variety of skills she could use to tailor her support, and she could think on her feet with what I brought to the session. She saw me in full flow, gauged it all, and steered it.

Working with an Employment Specialist really helped my confidence because I wasn’t out there alone looking for a needle in the haystack anymore. In between sessions, I was rebuilding myself, my strength, and my mental attitude. It’s been a very rich journey, very positive.”

(Recent service user)

Southdown

Work and Inequalities

Access to good quality work is both a driver and a symptom of wider inequality. People with protected characteristics are consistently disadvantaged in the workforce, affecting their ability to undertake jobs that are protective of health. Concurrently, those who are in precarious, poorly paid, or poor-quality work are more likely to experience disadvantages including worse health, worse access to healthy affordable food, and low-quality housing [Reference 29].

Types of discrimination (protected characteristics)

It is against the law to discriminate against anyone because of:

- **age**
- **gender reassignment**
- **being married or in a civil partnership**
- **being pregnant or on maternity leave**
- **disability**
- **race including colour, nationality, ethnic or national origin**
- **religion or belief**
- **sex**
- **sexual orientation**

[Reference 41]

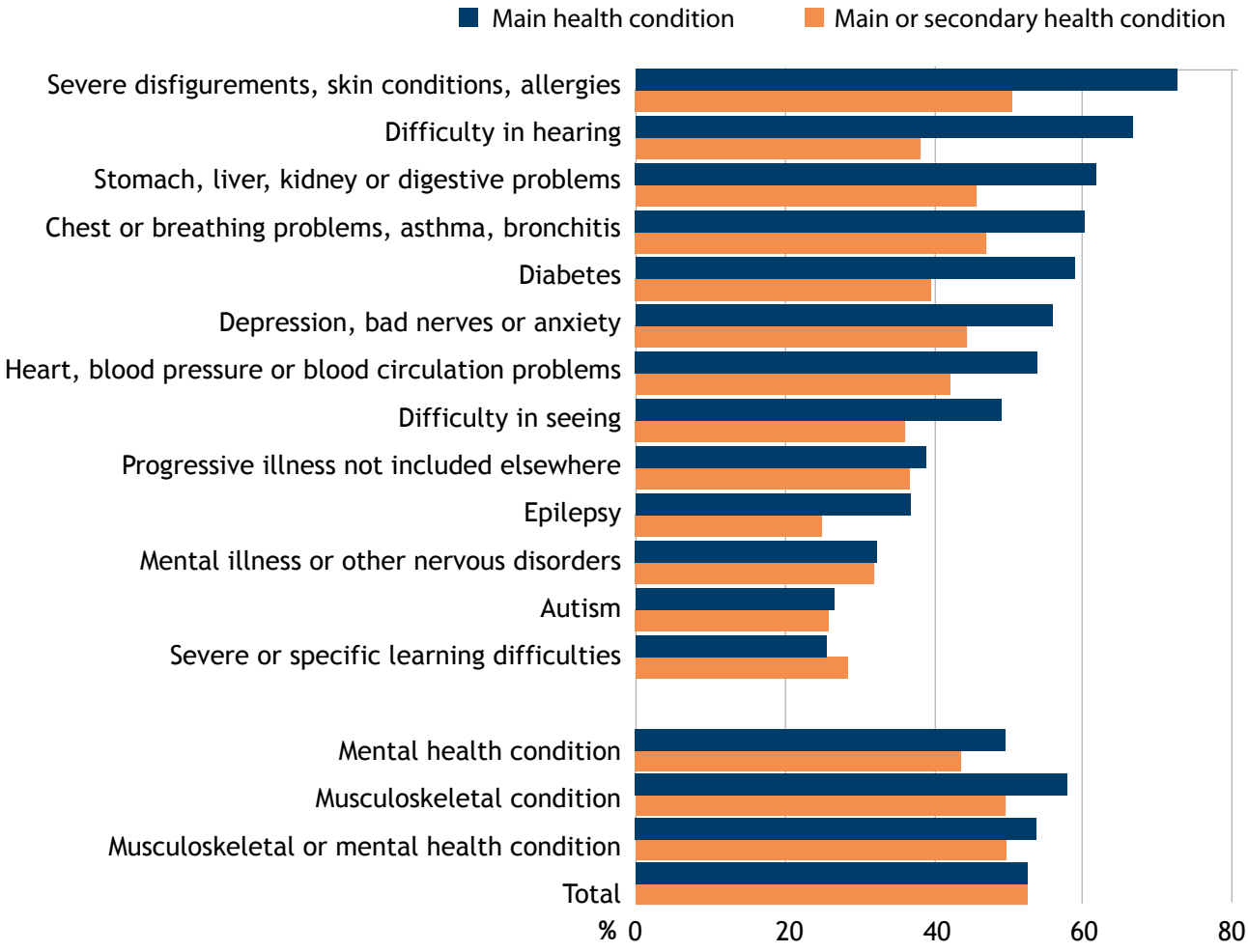
The Health Foundation reports that the UK's current high levels of employment has not resulted in a reduction in the proportion of people undertaking low quality work. Younger adults, people in more routine occupations, and members of black and minority ethnic groups are more likely to report low quality aspects to their employment which may then go to adversely impact other areas of their lives [Reference 29].

Disability

Disability is broad in its definition and, necessarily, the impact of having a disability on access to good quality work varies person to person. 1 in 5 of the working-age population are classed as disabled, a number which is growing, driven by an increase in mental health conditions[Reference 42]. Disabled adults are less likely to be in work than their non-disabled peers, and disabled women are now slightly more likely to be in employment than disabled men [Reference 42].

The 2010 Equality Act defines disability as a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on a person's ability to undertake normal daily activities.

Proportion of disabled people in employment by main or secondary health condition, people aged 16 to 64, UK, 2020 to 2021



Source: [The employment of disabled people 2021 | Department of work and pensions]

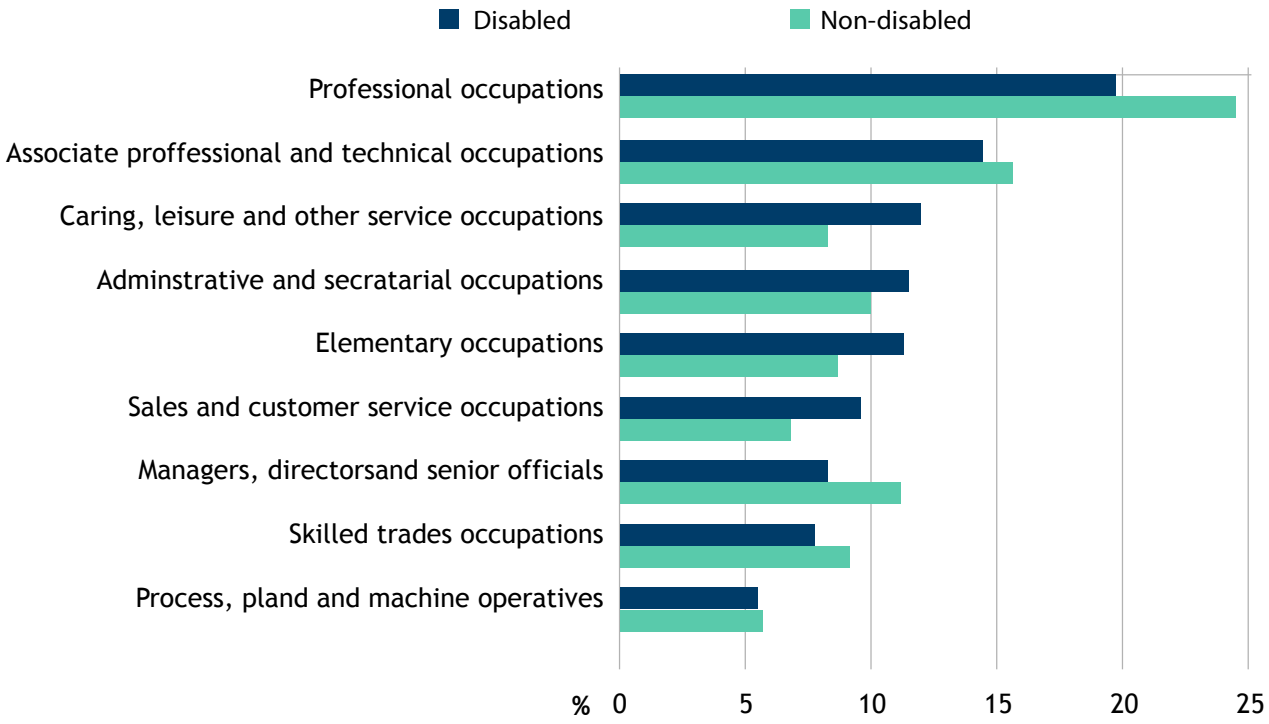
There are significant differences in employment rates between types of disability; people with severe disfigurements, skin conditions and allergies are significantly more likely to be in employment than those with mental illness, autism or learning disabilities. The difference in employment rate reduces with increasing qualification level [Reference 43]. Disabled workers are less likely to be employed in higher skilled occupations than non-disabled people.

The employment rate for working age adults with learning disabilities in East Sussex is 7.2%, higher than the regional and England averages of 7.0% and 5.6% respectively. In East Sussex, the employment rate for people with learning disabilities is 73 percentage points lower than for people without learning disabilities [Reference 44].

From an economic perspective, disabled people earn less than non-disabled people, and the disability pay gap estimates vary between 12.2-20% [Reference 45] [Reference 46]. The ONS estimates that around a quarter of the difference in pay between disabled and non-disabled people can be attributed to variance in qualifications and occupation [Reference 45]. TUC analysis suggests that disabled people are paid less than equally qualified, non-disabled, peers [Reference 46].

Other models of understanding disability such as The Social Model of Disability, have been developed by Disabled people. This model describes people as being disabled by barriers in society, not by their impairment or difference. The social model helps us recognise the barriers that make life harder for Disabled people. These barriers are identified as being the physical environment, people's attitudes, the way people communicate, how institutions and organisations are run, and how society discriminates against those who are perceived as 'different'. Removing these barriers creates equality and offers Disabled people more independence, choice, and control [Reference 47].

Proportion of people in employed in each occupation by disability status, people aged 16 to 64, UK, 2020 to 2021



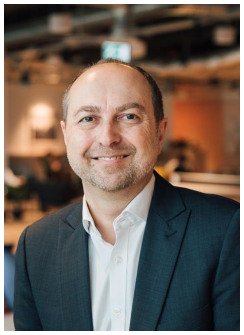
Source: The employment of disabled people 2021 | Department of work and pensions

Perspective : East Sussex Healthcare NHS Trust

We are proud of our diverse workforce, which is made up of 107 nationalities and different protected characteristics. We understand that the lived experience from different staff groups may differ in the workplace and we continuously aim to make improvements for all staff.

Over the past year we have introduced the (Dis)Ability & Health Passport so that adequate adjustments can be made for staff in the workplace who have a long-term health condition or disability. We also work with partners to ensure that disparities around race equality in the workplace are improved. This work was nationally recognised with the Sussex Integrated Care System being shortlisted in the 2020 HSJ Awards.

Steve Aumayer, Chief People Officer



NHS
East Sussex Healthcare
NHS Trust

Age

Younger and older adults are most at risk of experiencing age related inequalities in the workplace. For those under 30 and over 60 years of age, average weekly pay is lower than for 30–60 year-olds [Reference 48]. This may be influenced by a lower minimum wage for workers under the age of 25.

Young people aged under 25 years account for three out of five jobs lost in the COVID-19 pandemic and have been slower than other age groups to recover [Reference 49]. Over the course of the pandemic, the reduction in working hours for young people with no qualifications (34%) was five times greater for those with a degree level qualification (7%). In July 2021, one in 11 young people (aged 18-24) in East Sussex were claiming universal credit/job seekers allowance. This rises to one in six young men in Hastings [Reference 50].

For young people who have spent time not in education, employment, or training (NEET), the challenges faced when trying to (re)enter the labour market are greatest for those who have spent longest out of work or education [Reference 51]. They also have an increased risk of hospitalisation and poor mental health compared to young people who are in work or education [Reference 52]. Young people with multiple vulnerable characteristics including those with caring responsibilities and a lack of qualifications are likely to face more barriers in finding good quality stable work [Reference 51].

Amongst older adults, those from the most deprived quintile were most likely to respond to the recent increase in state pension age by continuing to work beyond the age of 65 [Reference 21]. Older people are more likely to be working with a disability or long-term health condition and experience the disadvantages associated with disability [Reference 27] . However, appropriate adjustments, for example the Centre for Ageing Better's Five actions to be an age-friendly employer may positively impact the experience of older people in the workplace.

Centre for Ageing Better's Five actions to be an age-friendly employer

1. Be flexible about flexible working: Offer more kinds of flexibility, manage it well and help people know their options
2. Hire age positively Actively: target candidates of all ages, and minimise age bias in recruitment processes
3. Ensure everyone has the health support they need: Early and open conversations, and early and sustained access to support for workers with health conditions
4. Encourage career development at all ages: Provide opportunities for people to develop their careers and plan for the future at mid-life and beyond
5. Create an age-positive culture: Equip HR professionals and managers to promote an age-positive culture, and support interaction across all ages

[Reference 53]

Sex

Despite legislation preventing discrimination on the basis of sex, there is clear evidence that women are disadvantaged in the workforce. In 2019 it was estimated that the average working-age woman in the UK earned 40% less than her male counterpart, and that her hourly pay was 19% less [Reference 54]. Women undertake more hours per day of total work, but less hours of paid work [Reference 54]. The gender pay gap increases significantly after parenthood and is particularly pronounced in lone parents [Reference 54] [Reference 26].

Government research published in 2019 highlighted that mothers are more likely to withdraw from full-time employment compared to fathers after having children and for those who do return to work, their career progression often stalls with a lower chance of promotion [Reference 55].

Women are consistently more likely than men to have reported experiencing sexual harassment at work within the last 12 months [Reference 56], and women under the age of 35 are more likely to report harassment coming from a more senior individual [Reference 57]. Most people who experience workplace sexual harassment do not report it, and frequently cite affecting career progression as a reason why [Reference 57]. Intersectionality applies, with sexual minority and disabled women more likely to report some forms of workplace sexual harassment [Reference 58].

Men are more likely to experience fatal and non-fatal accidents at work, in part because of the differing types of work men and women traditionally undertake and differences in perception of risk, but women are more likely to be injured if working shifts [Reference 59].

Ethnicity

> **"Ethnic minorities in the UK are less likely to find good work than their white British counterparts, even when born and educated in the United Kingdom. While we know that ethnic discrimination in hiring is pervasive and enduring, it is not clear how much of the labour market disadvantage experienced by ethnic minorities can be attributed to employer discrimination"** [Reference 60]

Despite higher university attendance amongst almost all minority groups compared to the white British population [Reference 61] people from Black, Asian, and other minority ethnic groups are consistently disadvantaged in the workforce. Adults from minority ethnic groups are at greater risk of precarious work, and less likely to have a permanent contract than white counterparts, which in turn increases the risk of poor mental health [Reference 62].

Occupational segregation contributes to a higher proportion of ethnic minority workers being paid below the minimum wage, and increased likelihood of being in the lowest paid work [Reference 63]. This increases the likelihood of living in poverty [Reference 63]. Curriculum Vitae (CV) studies suggest that people from ethnic minorities are less likely to be offered an interview than equivalently qualified white British people [Reference 63].

However, it is an oversimplification to consider all ethnic groups in the UK homogenously, and there is significant variation between groups influenced by cultural and migration histories [Reference 62]. Some groups, including Indian and Bangladeshi men and Indian and Caribbean women, appear to achieve greater upwards social mobility than their white British counterparts of similar class background [Reference 64].

Data from the 2011 census found that Gypsy and Irish Traveller people had the lowest economic activity of ethnicities in England and Wales [Reference 65]. 2011 census data indicated that a quarter of Gypsy and Irish Traveller people aged 16+ in East Sussex had never worked [Reference 51].

Sexual orientation, gender re-assignment and gender identity

There is evidence that Lesbian, Gay, Bisexual and Transgender (LGBT) people experience inequality of employment and discrimination in recruitment, progression and increased harassment and bullying at work [Reference 66]. One in five sexual minority staff have been the target of negative comments or conduct from work colleagues in the last year as a result of their sexuality [Reference 67].

LGBT people are at increased risk of violence at work, with one in eight transgender people have been physically attacked by customers or colleagues in the last year because of their identity. One in 10 Black, Asian and minority ethnic LGBT staff have similarly been physically attacked because of their sexual orientation and/or gender identity, compared to three per cent of white LGBT staff [Reference 68].

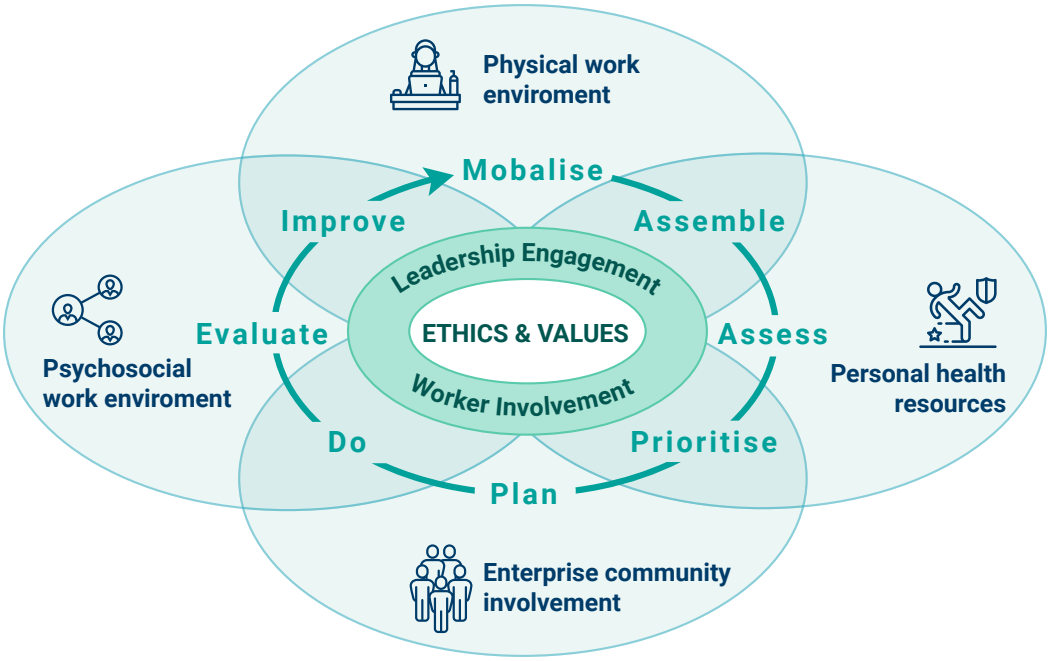
There is weak evidence that homosexual people may have higher employment rates, occupational levels and earnings than heterosexual people, however this is likely to be accounted for by other characteristics including likelihood of having children and educational attainment [Reference 67]. Full time employment rates among transgender people are high, however an increased proportion of transgender people report not working for health reasons compared to heterosexual people [Reference 67].

Workplace Health and Wellbeing

The average person will spend 1/3 (90,000 hours) of their time at paid work over their lifetime [Reference 68], making workplaces one of the most important settings for actively promoting health and well-being.

What is a healthy workplace?

WHO healthy workplace model: avenues of influence, process, and core principles



According to the World Health Organisation a healthy workplace is one in which workers and managers collaborate to use a continual improvement process to protect and promote health, safety and wellbeing of all workers and the sustainability of the workplace [Reference 69].

The model considers the following

- Health and safety concerns in the physical work environment
- Health, safety and wellbeing concerns in the psychosocial work environment, including the organisation of the work itself and the culture of the workplace
- Personal health resources in the workplace, defined by support and encouragement of healthy lifestyles by the employer
- Ways of participating in the community to improve the health of workers, their families and other members of the community

Our health and wellbeing is influenced by the physical [Reference 70], psychological, and organisational resources available to us in the work place and the demands placed upon us in our home and work life. A mismatch between the demands of work and the resources we can draw upon to meet them can lead to stress and impact negatively on our wellbeing [Reference 71]. In terms of physical environment, there is evidence that office layout, furniture, lighting, temperature, and employee control can all play a part in improving employee wellbeing [Reference 72].

Get accredited with an East Sussex Wellbeing at Work Award!

The Wellbeing at Work Award recognises employers' commitment to supporting employee wellbeing through an accreditation programme. The programme is operated by Public Health at East Sussex County Council and provides a framework for improving health and wellbeing in the workplace.

East Sussex Wellbeing at Work is the county standard of good practice in health and wellbeing in the workplace. The programme will guide employers on a journey of health improvement through a framework of awards which contain specific criteria to achieve. The programme takes a holistic approach, covering the following topics:

- Physical Activity and Active Travel
- Healthy Eating
- Musculoskeletal Health and Health & Safety
- Mental Health
- Sickness Absence, Return to Work and Prevention
- Alcohol, Substance Misuse, and Stop Smoking
- Leadership, Management and Workplace Culture

There are a wide range of awards available for employers of all sizes. The scheme is open to every workplace in the county regardless of their current level of employee well-being support and experience.

Holding a Wellbeing at Work award will set your organisation apart as an employer of choice when it comes to supporting employee health and wellbeing, whilst also enjoying the benefits.

Once you have received an award, you will be able to say your wellbeing initiatives meet a certain standard in workplace health best practice, and you will be able to show this to your employees and clients/customers with our marketing materials pack.

Wellbeing at work | East Sussex

Wealden District Council receives wellbeing accreditation

The council is the first local authority in East Sussex to be accredited with a bronze in the Wellbeing at Work Award.

The award was presented to Wealden council officials by East Sussex County Council in recognition of Wealden's wellbeing initiatives and programmes that support staff wellbeing. This includes Coffee Roulette – a virtual coffee meets randomly pairing two staff members from across the company, cycle to work scheme, flexible working, and the introduction of mental health first aiders.

Safe and Healthy Workplace Legislation

From factory inspectors in the 1830s, to asbestos control in the 1980s, a variety of legislation has reduced the risks that we are exposed to at work. The rate of fatal injury at work in the UK has fallen significantly since the 1980s, from a rate of 2.4 deaths per 100,000 workers in 1988/89, to 0.44 in 2020/21 [Reference 73]. The South East regional data is slightly lower at of 0.18 deaths per 100,000 workers in 2020/21 [Reference 73]. Nationally, 441,000 people sustained a non-fatal injury at work and 1.7 million people suffered from work related ill health including stress, depression, anxiety, musculoskeletal conditions and occupational lung disease [Reference 74]. The most common form of workplace injury, accounting for a third of incidents is caused by 'slips, trips or falls on same level', with another fifth by 'handling, lifting or carrying' [Reference 74].

Source: Health and safety statistics 2021 | Health and safety executive

The three industries with the highest rates of 'work related ill health' are,

1. Public administration/defence
2. Human health/social work
3. Education

The three industries with the highest rates of 'workplace injury' are in the following,

1. Agriculture, forestry and fishing
2. Construction
3. Accommodation/food service activities

The Health and Safety at Work Act 1974

The Health and Safety at Work Act 1974 sets a duty for the safe operation of a business onto the employer, Section 2 Health and Safety at Work Act 1974 | Health and safety executive.

Health and safety regulations lay out the detail of the rules that businesses must follow. This is enforceable through enforcement notices or legal proceedings. A defined standard is set, and it is a legal requirement.

Guidance can be issued by government departments, professional and standards bodies on specific aspects of health and safety. Guidance shows the way to best practice, but it is not enforceable by law.

Home Working

Employers' obligations to workers' health and safety extends to the home environment. A risk assessment should be completed for each worker and cover use of display screens, stress at work, and the working environment. Employers should make sure home workers have somewhere safe to work, can use laptops and other devices safely.

Full advice can be found at Home working | Health and safety executive

Environmental Health

Local authorities, largely through the Environmental Health departments, are responsible for enforcing health and safety in about two thirds of all business premises in Great Britain, equating to around half the total workforce.

The role of the Environmental Health professional is to ensure effective and proportionate management of risks in retail and consumer outlets, catering, hotels, entertainment, call centres, leisure settings, warehouses and supply chain distribution. The Environmental Health professional will use both the Act and the regulations when they intervene in a business.

Case study: Life or Limb

Environmental Health Officers visited work premises, following a call from a concerned employer regarding poor health & safety practice. They identified several safety concerns but the most urgent was a 2m band saw operating without a brake. This large piece of machinery kept operating for two minutes when switched off.

A health and safety improvement notice was issued requiring the installation of a braking system. When Environmental Health Officers revisited the brake had been installed and overall standards of safety had significantly improved.

Ina Kane- Rother & Wealden Environmental Health

Wealden District Council

Health and wellbeing in the workplace guidance

Outside of statutory requirements, there is a substantial amount of guidance available for employers who wish to promote health and wellbeing in the workplace. These include,

The National Institute for Health and Care Excellence (NICE) - provides guidance and quality standards outlining recommendations for workplace health and wellbeing in the following areas:

- Long-term sickness absence and capability to work
- Management practices
- Mental wellbeing at work
- Physical activity in the workplace
- Improving employee mental health and physical wellbeing
- Physical activity and the environment (including places of work)

The full guidance documents can be found at: Products - Workplaces | Topic | NICE

Business in the Community (BITC) in collaboration with Public Health England have produced several health and wellbeing toolkits for employers.

- Musculoskeletal health (MSK)
- Mental Health in the Workplace
- Physical Activity, Healthy Eating and Healthier Weight
- Reducing the Risk of Suicide
- Crisis Management in the Event of Suicide
- Sleep and Recovery
- Drugs, Alcohol and Tobacco
- Domestic Abuse

The full toolkits can be found at BITC/Public Health England: Take a whole system approach to well-being | Business in the community.

Anchor Institutions

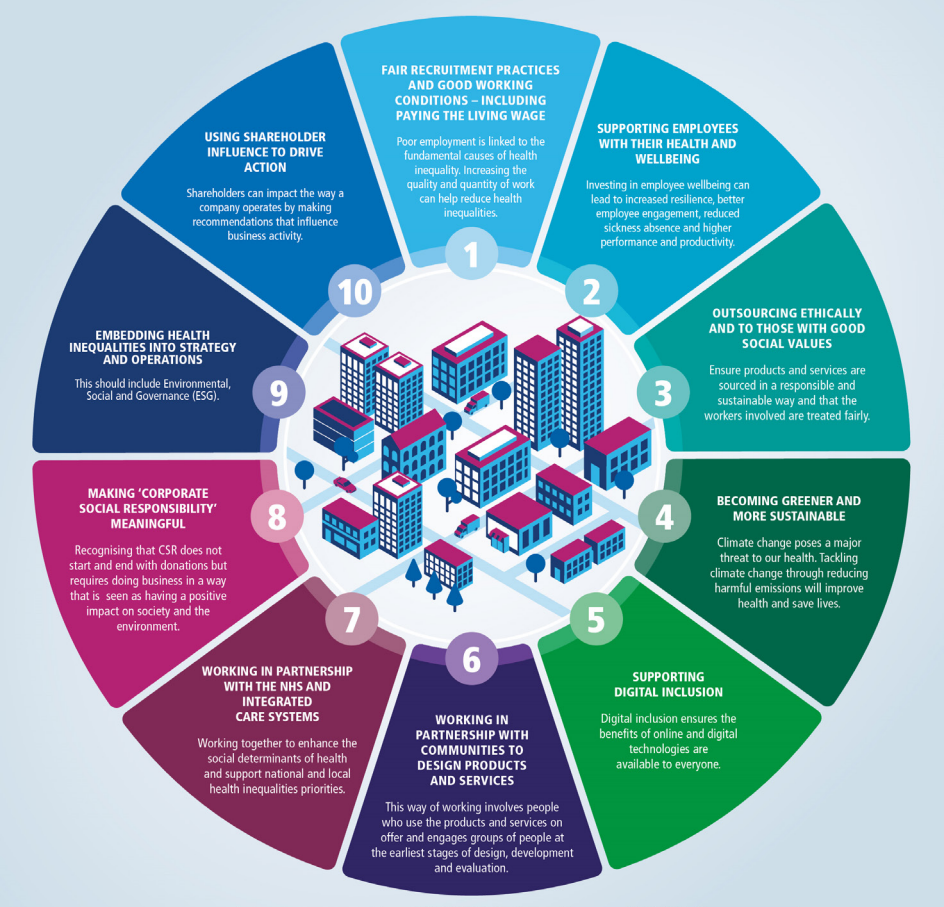
All businesses and organisations, large or small can take action to improve the health and well-being of their staff. The larger the organisation, the greater the potential to impact on health inequalities.

Anchor institutions are, as indicated by their name, large organisations rooted in local communities that are unlikely to move away. They have the capacity to influence the wellbeing of their populations through their roles as an employer, purchasers, and providers of services [Reference 75].

Although they are frequently public sector organisations, their status as anchor institutions is marked by an organisation's connection to and investment in the long-term health and development of their areas.

These organisations can intentionally orientate their employment and procurement practices to support the places where they operate. They can use their assets and resources to enhance social and economic conditions.

For example, a recent roundtable hosted by the NHS, and including industry representatives explored how NHS and the private sector can work in partnership to further reduce health inequalities. They identified the 10 areas detailed in the infographic below [Reference 76]. This sections that follow explore some of these themes.



Source infographic: [10 ways businesses can help to reduce health inequalities | NHS England]

Climate Change

In 2019 the UK was the first major economy to commit to a legally binding target of net zero carbon emissions by 2050, in line with the United Nations Intergovernmental Panel on Climate Change (IPCC) and the Committee on Climate Change (CCC).

Employers have a significant role to play in helping to reach this target.

Sustainable development:

"Development that meets the need of the present generation without compromising the needs of future generations to meet their own needs"

(World Commission on Environment and Development, 1987)

Transitioning to an environmentally friendly business model can be challenging and may deter some businesses, especially smaller ones. However, there are steps that employers can take to marry the ambitions they have for promoting the wellbeing of staff with their wider responsibilities to the environment.

Examples of these 'co-benefits' include:

- supporting a cycle to work scheme benefits the employee's health and is good for the environment
- working from home and enabling virtual meetings reduces unnecessary car journeys
- provision of electric charging points promotes sustainable car travel. Individuals can also play a part by considering their impact on the environment and how they can take steps to reduce their carbon footprint

The East Sussex Climate Emergency Plan | East Sussex County Council for 2022-25 describes the scale of the challenge but also the practical steps that a range of partnerships in the public, private and community sectors will take to reduce their carbon footprint over the next three years. It includes resources for communities and organisations to better understand their carbon footprint and identify what changes can make the biggest difference.

Procurement Practice

The Public Services (Social Value) Act 2012 | Legislation UK Government came into force on 31 January 2013. It requires people who commission public services to think about how they can also secure wider health, wellbeing, social, economic, and environmental benefits. Before starting the procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

The Act is a tool to help commissioners get more value for money out of procurement. It also encourages commissioners to talk to their local provider market or community to design better services, often finding new and innovative solutions to difficult problems.

Perspective East Sussex Healthcare NHS Trust

Being at the heart of the community we can offer a wide range of health and social career pathways through our extensive connections with healthcare partners and our community groups. We have growing interest from a wide range of groups including 'Restless' for the over 50's, the Armed Services Network and have secured funding for eighty Kick Start places. East Sussex Healthcare Trust is rich with a wide range of national and international emerging talent which makes our Trust inclusive, innovative and visionary.

NHS
East Sussex Healthcare
NHS Trust

Action in East Sussex

Employers have been dealing with enormous challenges presented by the coronavirus pandemic. Whilst interest in employee health and wellbeing was already on the rise, the pandemic has thrust it to the top of the corporate agenda. In 2021 three-quarters of employees believed that senior leaders have employee wellbeing on their agenda, up from 61% in 2020 [Reference 77]. Although this is a positive change, there is still some way to go for employee wellbeing to be high on the agenda in every organisation.

The pandemic presents a unique opportunity to take stock and shape a new future for work, where health and wellbeing is embedded throughout an organisation's practices, and to ensure preventative health and wellbeing is embraced to build a resilient, productive workforce.

Impact of COVID-19

Work and Health

The COVID-19 pandemic has brought about wide scale changes to working practices in East Sussex and across the world. The impact of some changes, such as job loss, job insecurity and furlough, appears to be reducing as time passes. Other working practices, such as the rise in home working, seem more likely to stay. Many workers who have been deemed essential have continued to travel to their place of work, yet often under increased pressure and demand, as well as new protocols to reduce the spread of COVID-19.

In terms of workplace health, the gap between those who are in good and bad employment may have widened. Research conducted in the first year of the pandemic found that employers who were already supportive of employee's health and wellbeing continued to provide support through the crisis. However, employers who were not supportive continued to fail their workforce, disproportionately affecting vulnerable employees [Reference 78].

The significant swing towards homeworking initially increased demands on employees and exacerbated work-related stress. Whilst remote working has now become the 'new normal' and is likely to continue for many, it still presents challenges for both employees and employers. However the path out of the pandemic is unclear and the long-term implications for working conditions and health won't be fully understood for some time.

Perspective : Sussex Community Development Association (SCDA)

Work and Health programme participants can be categorised by how close they are to the job market. The **progressing group** are those who are looking for work but are still trying to manage their barriers to employment with the support of SCDA. Before COVID-19-this was the largest percentage of our caseload and has since increased but with a noticeable difference in the barriers to work.

Previously the trends identified were participants wanted to work but may have not had the skills required (e.g. low education levels), low levels of experience or were not well enough to commit to returning to work.

Those barriers are still present, but there have been additional barriers to work identified with the pandemic. There has been an increase in the reluctance of participants to look for jobs that are active in today's job market, with so many industries removing their vacancies or drastically changing the contracts (zero hours contract, fixed term). Many participants have opted out of looking at alternative careers instead wanting to wait for the job market to change.

Participants with health conditions are not only concerned about how their own health could be affected with going into work. As a result of the pandemic they are now considering the impact it could have on their families, especially if they are living with someone who is vulnerable to COVID-19.

With 80% of the caseload relying on public transport to take jobs, this again has been an additional concern for participants as they want to avoid travelling on a bus or train. Instead many of those participants have informed their support manager they only want to look for work in their local area. All of these different aspects play a part in participants decision making to apply for a job and as a result has restricted their job prospects.

Those participants who are keen to find employment despite their barriers have found employment. However, those who were already nervous about moving to work has brought increased challenges for the delivery team.

Penny Shimmin - Chief Executive

Sussex Community Development Association

Working Well From Home

In order to learn how best to support people to effectively work at home, a collaboration between the University of Sussex, Team East Sussex, East Sussex County Council, Locate East Sussex and local business consultants undertook the 'Working Well From Home' (WWFH) project.

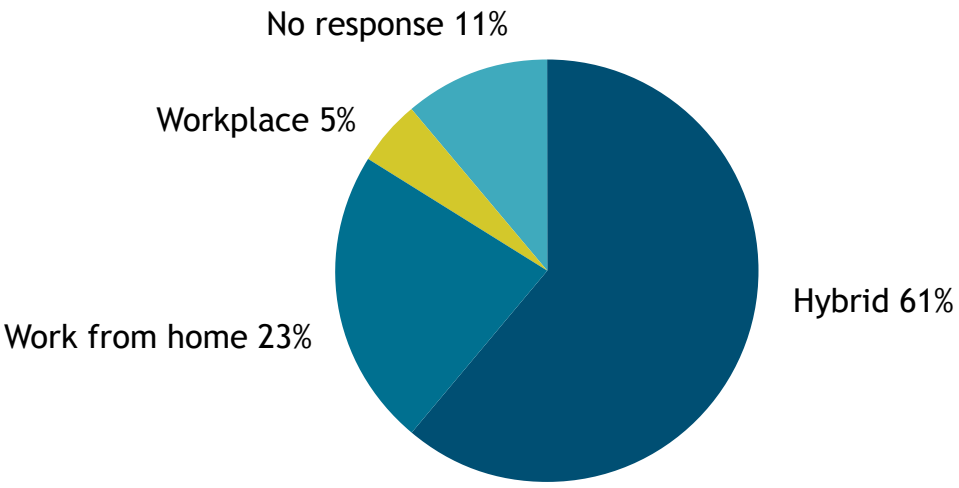
The project comprised a survey of local need, a literature review and interviews. The findings were combined to produce a Best Practice Toolkit for employers when navigating home-working procedures with their employees.

Key survey findings:

- Undertaken May 2021 - employers, employees, and self-employed living and/or working in East Sussex
- Included questions about homeworking experiences and support needs
- Areas of interest - mental and physical health, technology, and working relationships
- 263 survey responses, 5 in depth interviews (4 employees, 1 employer).

Note: The participants were majority female, white British, and employees rather than employers

Respondents were asked what their preference for working practice would be going forwards.



Most survey respondents reported that they either wanted to continue homeworking fulltime or that they would want a flexible hybrid model of working. As such, it is important that organisations consider the long-term model of homeworking which considers the practicalities, such as office equipment and health and safety, as well as physical and mental wellbeing.

This research has identified key areas of practice that can be adopted by organisations to help provide this support. These suggestions are outlined in the 'Toolkit' on the next page:

Working Well From Home – Best Practice Toolkit

Take home messages	Practical suggestions
One size does not fit all It can be harder to spot when someone is struggling when people are working from home	Employers may benefit from understanding the individual environment of each of their employees to provide personalised guidance and support Make sure that policies are generated for workplace assessments and health & safety as part of home working Ensure that all employees have the appropriate equipment and that it is set up correctly, including technology and office furniture
Staff concerns about confidentiality of personal information Access to technology which provides flexible home working should not encourage employee to work more or outside of 'hours'	Provide staff with reassurance that information regarding their mental and physical health will not be shared and will not affect their career prospects Support for physical and mental health should be varied and include both online support and face to face activities
Supporting the need for support at home	Good line management should include regular checks ins on how people are managing with work, workload, and wellbeing Particular support with cohesion is needed with the integration of newer staff members
Home working should not mean more working	Make sure home workers know what markers of productivity are -set clear expectations Support and encourage employees to take regular breaks away from their workstations – this is important for physical and mental health Attempt to create separation between work and home at some point every day - turn off notifications, silence phone or pack work away.
Home workers would like physical and mental health resources	Signpost to resources that support both mental and physical health Ask employees about their preferences for social activities

Perspective: Locate East Sussex

Recent research shows that a quarter of small businesses will stick with working from home until at least April 2023. The analysis shows that the money saved by not having to pay for office space has prompted the decision, with businesses with fewer than 50 employees saving an average of nearly £4,000 a month by not having to pay for an office. The report, which polled more than 1,000 small business owners, found that one in four had plans to continue working entirely from home until at least April next year, while a similar proportion plan to use hybrid working.

This comes despite the Government changing its guidance on remote working and lifting working from home restrictions. Once the option of returning to a fixed workplace had been "put back on the table once again," it might have been expected that most firms would take up this option and return to "normal." However, this research reminds us that it may not be the perfect solution for everyone, as with every business decision that owners make, particularly over the past 18 months, a range of factors need to be taken into consideration first, with the bottom line understandably often given a heavier weighting.

In a recent survey of businesses by Locate East Sussex, all respondents stated they were returning to the workplace, as they felt it was necessary to ensure all aspects of the business was treated the same, across manufacturing and administration.

These surveys would show a marked difference in opinion depending on the type of business and its needs. Manufacturing businesses have no choice but to return as that is where the machinery is located."

Brett Pearson

LOCATE EAST SUSSEX

Employment and Skills

The employment rate has been negatively impacted by the COVID-19 pandemic. As the economy emerges from the events of the last two years, there is a need for renewed focus on ensuring that the workforce have the skills needed by employers to aid economic recovery and sustain future growth.

Pre-pandemic, the world of work was already changing, and the pandemic has accelerated the trend further. Building closer local links between employers, further education and higher education providers will be important to meet these needs. There will be a need for opportunities for mature learners to re-skill and upskill so that they are not left behind in the post-COVID-19 economy [Reference 79].

Before the pandemic the labour market and economy faced challenges including skills gaps, inequalities, and systemic issues for groups like:

- younger workers
- workers over 50,
- minority ethnic groups,
- lone parents,
- those with health needs or caring responsibilities,
- low paid and
- disabled workers

[Reference 80]

Many of the same people experienced the largest employment upsets of the pandemic. The Resolution Foundation found that people aged 18-24-, the lowest paid, those in insecure jobs, and those working in leisure and hospitality were most likely to lose their jobs, be furloughed or lose hours and pay. [Reference 81].

As of December 2021, at a national level, the pandemic had a greater impact on employment rates amongst younger workers and those over the age of 65, with these two age groups most likely to have left employment. People claiming out of work benefits in 2021 increased compared to the same period the previous year [Reference 82].

Precarious work

Precarious workers, those on low pay and with few employment rights, including people working in the gig economy, have suffered disproportionately from the pandemic through being more likely to contract COVID-19 because of the difficulties in social distancing and through erratic employment [Reference 83].

Retail, hospitality, arts, and entertainment sectors have also been particularly hard hit by the pandemic. Significantly higher proportions of employees who were furloughed were from these sectors, they may also have a higher proportion of freelance workers who may have been ineligible for Government support [Reference 84]. There is evidence that self-employment in the arts or gig economy is often the cause of psychological distress because it is economically precarious [Reference 85].

Freelance work

East Sussex County Council (ESCC) in partnership with the East Sussex Arts Partnership and the South Downs National Park, convened a learning programme in 2020 to listen and learn from issues raised by freelancers and Black and minority ethnic cultural workers to support pandemic recovery.

Findings from this programme suggest that the COVID-19 pandemic has disproportionately affected freelancers. The business models of freelancers and micro-businesses were not clearly understood at government level. It is thought that this may have a national impact on advocating change, informing new ways of working and ensuring support packages are appropriate; such measures are required to support the future of a healthy sector. It was also identified that freelancers often lacked an understanding of the systems and structures of the cultural sector, for which the system itself must take at least some responsibility.

This points to a need to ensure freelancers are given the agency and voice to influence and be part of the decision-making processes through distributed leadership, shared policy development and partnership.

Perspective: South East Local Enterprise Partnership (LEP)

Going to the office may take on a whole new meaning. A You Gov survey published in the Times at the end of January 2022 found that 71% of people preferred working from home and 58% believed they were more productive when they did. Only 9% of people had returned to their desks permanently while 26% had returned part-time.

COVID-19 has changed the way many in office-based roles will work for ever. This has exciting possibilities for improved and flexible lifestyles and shared care, less travel weariness, stronger community involvement and bonding, and a boost for local supplier businesses and high street.

But there is a downside. Those casual 'coffee break' network moments will require active cultivation, cross-fertilisation of ideas sparking from casual encounters will fade and we will all need to build our social and business networks in different ways. The young will be particularly impacted. Employers and the self-employed will need to be even more mindful of the problems and mental health risks of isolation and lack of human contact. Structured team gatherings will become even more important. Employers may need to intervene and assist with the quality and technology of the physical work environment at home.

Achieving healthy workers in a healthy workplace will need thoughtful support and scrutiny if we are all to enjoy the full potential of this extraordinary opportunity.

Graham Peters DL,
Chair Team East Sussex, Vice Chair

SOUTH EAST
LOCAL ENTERPRISE
PARTNERSHIP

Skills and Work in East Sussex

People living in East Sussex aged 18-64 are less likely than either the national or South East average to have either GCSE level or post 16 level qualifications. There are regional differences within the county, and people living in Lewes and Wealden are more likely to be qualified to at least GCSE level than people living in Eastbourne, Hastings, or Rother [Reference 7].

In 2021, 95.3% of young people at academic age 16 (year 12) and 89% age 17 (year 13) were either participating in education, training or employment with training, or undertaking re-engagement provision [Reference 7].

Future Skills in East Sussex

As technologies, environment and the workforce change, new skills are required. Increased automation, artificial intelligence (AI) and the requirement for newer, greener technologies means that we will see significant changes in the types, and possibly quantity, of jobs available [Reference 86].

While some industries such as care, are likely to need ongoing human labour, others, such as medical professions, retail, logistics, construction, manufacturing/engineering may become increasingly automated [Reference 87].

The workforce is likely to need to problem solve, negotiate, be socially competent, equipped to use technology, and crucially able and keen to keep learning [Reference 86]. For example, we have seen GP surgeries in East Sussex, which have largely been paper and telephone based, start using new technologies and systems in the past five years, and both medics and reception staff have needed significant training to update their IT skills so that they can switch to these new efficient systems. In our East Sussex care homes, care assistants now need to monitor patient care electronically, demanding IT skills alongside care competencies.

Creative and digital companies in East Sussex are already seeing great demand for high level digital skills (such as programming/coding) and this trend is likely to grow. Car mechanics is a significant employment sector for our local economy which has become a hugely changing field, with retraining in electrical car maintenance required for all existing staff.

Local training providers need to be able to adapt to meet the pace of change, to develop new curricular, access specialist tutors and purchase training equipment. Our residents need to be supported through a rapidly changing employment market where human (personal care/interaction/negotiation) skills, creative skills (making, performing, and creative technical – e.g. lighting) as well as higher level skills (scientific, medical, engineering) are likely to be those most prized in a rapidly changing world.

Workforce Challenges

As identified above, our future workforce needs a whole raft of key core competencies. Across all sectors there is a need for more entrepreneurial, leadership, management and digital skills. We will also need to consistently train our current workforce due to

the pace of change in the nature of work. The World Economic Forum estimates that upskilling and individual development will need to take place every six months in those industries with technical skills [Reference 86].

Research conducted by Nesta, Sussex Learning Network and the South East LEP (SELEP) has identified that there are immediate and longer-term skills shortages in a range of East Sussex priority sectors.

These include:

Health and Social Care

In the immediate future (1-5 years) there is a significant shortage of health and social care staff nationally [Reference 88] [Reference 89]. For example, the proportion of health visiting vacancies in East Sussex has increased by a factor of 10 since the beginning of the COVID-19 pandemic.

Building and Construction

Economic Modelling Specialists Intl. (EMSI) data shows that East Sussex has a shortage of electricians, plumbers, carpenters, quantity surveyors, bricklayers, production managers, site managers and project managers. SELEP research undertaken by the MACE group show that major projects in London and Essex where substantial capital developments are underway, are drawing talent away from the county and leaving them short of labour. This shortage has also had a significant effect on the supply of materials and is placing pressures on those running construction Businesses.

Agriculture

Fruit picking and vegetable harvesting remains a concern locally and nationally, as it is estimated that 99% of seasonal farm workers have come from the EU in recent years [Reference 90]. Viticulture, fruit and sweetcorn growers in East Sussex have suffered significantly and this seasonal work cannot be automated [References 90]. Horticulture and arboriculture are growing sectors with skills shortages. As farming becomes more technical and automated, and as our viticulture and agri-food sectors flourish in East Sussex, there will be increasing needs for higher technical, science and engineering skills in the agricultural sector over the next decade.

Engineering and advanced manufacturing

EMSI vacancy data, verified by Skills East Sussex task group employers, shows that there are currently significant vacancies in a wide range of different engineering professions, from civil engineer, railway engineer, to mechanical engineer, as well as engineering and production manager roles. Skills shortages mean high salaries offered for those employed in this sector.

In the longer-term, engineering and manufacturing will offer solutions to our net zero future, with new opportunities in energy engineering, power networks, electric vehicle networks, giga battery manufacture. With the average age of engineers nationally

standing at age 54, and 19.5% of engineers currently working in the UK due to retire by 2026, leaving a skills, knowledge, and experience gap, this is an area of significant opportunity and growth [Reference 91].

Creative and Digital

Pre pandemic, this was a growing sector experiencing skills shortages. Web developers, software developers, IT support, graphic designers, videographers and coders were all in demand.

The pandemic has exacerbated this trend – with a shift to online working, retail, communication, and businesses in East Sussex are experiencing significant difficulty recruiting to these roles, with London businesses offering higher salaries and remote working opportunities. This is a sector that will continue to grow and expand over the next decade, particularly programming – and the sector will be crucial to solving issues relating to the net zero agenda [Reference 92]. Roles in the creative sector (making and performing) are likely to become increasingly important for community, wellbeing and individual purpose, as are creative skills for problem solving, particularly if predictions that the number of jobs will decrease and there will be a shift to a living wage for all, including the 'non-employed' [Reference 93] [Reference 94].

Visitor Economy

The Institute of Hospitality for Sussex noted that Brexit and the COVID-19 pandemic saw an exodus of visitor economy staff from the East Sussex economy. The sector suffered during the pandemic, and employment in the sector is currently viewed as insecure. However, there are good opportunities, with training in roles such as chef, front of house manager, and in hotel management, all of which offer excellent transferable skills.

In an evolving digital world, societies and communities that thrive digitally, can experience employability benefits, education attainment, better access to essential services, retail transaction benefits, and communication benefits [Reference 95]. The pandemic highlighted and heightened the issue of digital access, basic digital skills, devices and connectivity. Computer and digital literacy is likely to have grown due to the increased need during the pandemic. A distinct need has emerged for digital skills and connectivity to access work and training [Reference 84].

Vacancies illustrate a continued need for management and leadership skills across all sectors [Reference 84]. Professional occupations, caring and leisure occupations make up the largest proportion and there is a higher-than-average construction and manufacturing sector as well as in health, retail, education, logistics and IT. Due to the pandemic, there is a focus on supporting people into work, but in-work training is a continued area of need [Reference 84]. The 'Kickstart Scheme', in which applications closed in December 2021, funded six-month work placements aimed at 16- to 24-year-olds on Universal Credit and deemed to be at risk of long-term unemployment In an evolving digital world, societies and communities that thrive digitally, can experience employability benefits, education attainment, better access to essential services, retail transaction benefits, and communication benefits [Reference 96].

Educational Institutions – post 16 schools and colleges

East Sussex is served by three colleges, East Sussex College Group (ESCG), Plumpton Agricultural College and Bexhill College as well as 8 schools with sixth form provision. ESCG and Plumpton Agricultural College both offer a wide range of vocational and technical learning and adult education provision. Sussex Council of Training Providers (SCTP) has a membership of over 100 Independent Training Providers, some offering pre-employment support, basic skills provision and others offering specific vocational training courses and apprenticeships.

The colleges, and SCTP, form part of Skills East Sussex, the East Sussex skills board, which is overseen by ESCC. The Board brings together employers from the county with education providers to ensure that learning offered meets current and future needs.

The Universities (University of Brighton and Sussex University) also form part of this work, as it is recognised that in future, higher level skills will be essential to career progression and for meeting the challenges of climate change and population shifts. The University of Sussex and Brighton also both offer adult apprenticeships, many developed in conjunction with Skills East Sussex sector task groups, to create new pathways into careers in, for example, construction and health.

The Government's Skills White paper [Reference 97] outlines a range of new provision which should create new opportunities for our education providers at Further Education and Higher Education levels to work together to address higher level skills challenges. A new Level 3 guarantee will mean that all adults will be entitled to Level 3 learning, while a 'lifetime guarantee' will offer adults of any age the opportunity to access funding to support them in achieving a higher level technical equivalent to a degree.

How ESCC supports people into work.

ESCC plays an important part as a strategic lead and facilitator in relation to the skills and employment agenda in the county. It brings together key players in skills and employment to better coordinate provision, maximise the impact of resources, and to prevent duplication. The Council employs 20 staff in its Employment and Skills Team, which works across all ESCC departments, from culture to procurement to public health, and oversees Skills East Sussex, the multi-agency skills board which sets the skills agenda in East Sussex.

Perspective : East Sussex College

Our curriculum delivery, particularly to adults, has certainly evolved. For many, access to virtual sessions has broadened access and we have seen a shift to shorter, online programmes as part of our £1million pledge to the people of East Sussex. Some skills and career enhancing short courses can be delivered effectively online.

We have seen a decline in enrolment on our adult leisure and in person courses. There has also been an impact on attendance for adults coping with greater family demands and periods of COVID-19 isolation. For some, career enhancing developments are not yet top priority.

Our sector-based work academy programmes provide short intensive retraining options for people looking to pivot into a new sector. These programmes have been designed and delivered in partnership with employers, employer networks such as Chambers of Commerce, the Department for work and pensions and Job Centre Plus to target those who are currently unemployed and provide a route into meaningful jobs.

There is broad recognition that COVID-19 has impacted on people's mental health across all sections of society but particularly the young which has led to greater engagement in our Mental Health First Aid Programme and Community Learning programmes supporting wellbeing.

Ultimately, the confidence people now have in online access will mean that we can attract far more engagement with skills development and therefore upskill and promote health and wellbeing. The focus needs to now be on ensuring that digital poverty and digital disadvantage is addressed in our adult populations to facilitate this even further and so we are doing more to promote essential digital skills, the provision of devices and access to our IT facilities to support."

Rebecca Conroy, Principal & CEO

EAST SUSSEX COLLEGE

The priorities of Skills East Sussex (SES) for 2021-2030 are:

1. Upskilling our workforce to minimum Level 3 (A level equivalent)

In order to do this, we need to see contractors, their supply chains and local employers mapping the skills levels of their employees, engaging in staff training programmes, including apprenticeships, professional qualifications, modular learning etc to move their workforce to a minimum of a level 3 qualification.

We also need to ensure that our future workforce is inspired to take up learning to a minimum of Level 3 that leads them into meaningful roles in our key sectors (Construction, Engineering, Health and Social Care, Visitor Economy, Landbased Sector, Creative & Digital).

To do this we need to offer careers guidance to raise aspirations and knowledge about the breadth of opportunity in the county, to make sure that our further education (FE) and higher education (HE) institutions offer the right curriculum – to meet the needs of business, provide work experience opportunities (including via the new T Levels) and make sure that our young people have the resources and skills (digital, employability) to pursue the learning and future careers.

2. Skills for a Net Zero future

This means ensuring that our East Sussex workforce has high quality technical skills, including immediate skills such as electric vehicle maintenance, retrofitting housing stock, solar and thermal installation etc but also that staff in our local businesses and our business leaders are climate literate – that business leaders and project managers are trained to consider the implications of their work and projects on the climate to identify ways of minimising negative impacts.

3. Enabling our FE/HE establishments to recruit excellent educators with specialist technical knowledge

Our colleges need technically competent engineers, construction workers, medical professionals to share their expertise as tutors if we are to secure future competent workforces. We need to encourage our businesses and suppliers to identify staff who retire, or who could be released for a day a week through social value offers, to teach in FE and HE settings. FE and HE settings can teach people to teach, but we need the industry expertise in our delivery of learning if we are to be able to inspire a new high-quality workforce.

4. Supporting the unemployed and unqualified

In East Sussex we have many people who have no qualifications. We need to ensure that there are a wide range of targeted interventions available to move this cohort into learning and work. Some are a long way from being work ready and will need specific pre-employment and work readiness programmes. Others just need to understand more about the opportunities available to them in the county, via adult careers promotion activity, to be given an opportunity and supported with moving into this. Wherever possible, employment opportunities such as Kickstart, Restart and Apprenticeships should be explored by our employers. Schemes such as sector Work Based Academy

Programmes, delivered in partnership with the Department for Work and Pensions (DWP) and local training providers provide an excellent way to recruit to ringfenced positions for new staff. While programmes such as ESTAR, which supports specific cohorts of unemployed people (those living in supported or temporary accommodation for example) should be supported and built upon.

5. Improving our digital skills and digital inclusion

We need to make sure that post pandemic the East Sussex workforce and residents have access to ICT equipment and that they are able to use this. In work, we need to ensure that our staff have up to date digital skills, are able to use new vehicles for communicating and new systems and processes. We need to maximise the use of online learning, of Virtual Reality for training purposes, and get to grips with Artificial Intelligence and the uses of this. For our residents we need to make sure that they have the capacity to access ICT equipment, so that they can access services and also access online learning, job search, work from home, as these are outcomes of the pandemic that are here to stay.

6. Ensuring that national policy supports the delivery of learning and skills in East Sussex

Skills East Sussex partners and local businesses where appropriate will actively lobby government when policy is in development to ensure the best outcomes for East Sussex residents and businesses, and where needed will provide evidence to support a call for changes in policy.

The Council supports the delivery against these priorities, through a number of working groups including:

- **Six Sector Task groups** – bringing together employers, careers agencies and providers to devise courses and work together on careers and recruitment campaigns
- **Net zero working group** – employers within our new industries and local FE and HE training providers to consider new and emerging employment and skills needs
- **Careers Campaign group** – businesses and careers promotion partners (National Careers Service, Job Centre +, Reed UK, Twin UK) to devise campaigns and to create resources to promote careers in those sectors identified as having shortages.
- **Apprenticeships East Sussex** – developing new Apprenticeship frameworks and promoting Apprenticeships to East Sussex employers

The **Employment and Skills Team** supports all of these working groups with creating resources to promote careers and learning in the county, including the creation of www.careerseastsussex.co.uk which offers children and young people a wealth of information about courses, employment support and career pathways in East Sussex. The Team runs careers events for adults and young people alike and has created a wide range of infographics and video content to promote a wide variety of careers. The team commissions a range of labour market research and produces information bulletins and research documents to support and inform local providers to shape their careers advice, employment, and training provision in the county.

The Employment and Skills Team also includes a range of sub teams.

The Work Experience Team co-ordinates Work Experience for young people in years 10, in partnership with our secondary schools and colleges, to provide them with an insight into the world of work. 3,000 placements were coordinated in 2021.

The **Careers Hub**, co-funded by the Careers and Enterprise Company, works with all secondary schools and colleges in the county, to support their provision of careers advice. We work with over 150 representatives of local companies to provide information in schools about the range of jobs available in East Sussex and beyond, coordinate a range of careers events for young people, and run schemes such as Open Doors – where employers invite young people into their premises so that they can experience different working environments.

The ESTAR Team works to support those who are ex-homeless and living in insecure accommodation to access pre-employment support, training, therapeutic input and to move into employment and learning.

Recommendations

To conclude this report we have made the following recommendations that, if implemented, will help to improve the quality of work and health locally.

Recommendation:

East Sussex County Council and our partners should continue to have the highest level of ambition and maintain actions to enable our residents, families and communities to achieve the best possible skills and access economic opportunities.

Recommendation:

Employers should continue to build on their progress in creating employment opportunities and inclusive workplaces for those with protected characteristics and those from disadvantaged backgrounds.

Recommendation:

All public sector organisations and private businesses should be encouraged to sign up to work towards a Wellbeing at Work East Sussex award. This will enable them to take advantage of the resources available on how to improve wellbeing in the workplace. Some of the ambitions and actions for promoting the wellbeing of staff align with actions to protect the environment and reduce climate change.

Recommendation:

Employers are encouraged to undertake an annual workforce survey (also known as a health needs assessment) to increase their knowledge of the health needs of their workforce. This will enable employers to support their employees and guide them towards services to assist them in improving their health and wellbeing.

Recommendation:

The local authority, along with other statutory and third sector organisations should continue to ensure that staff are aware of the existing range of employment support available in the county. They should share this information with individuals and promote the health benefits of working as an outcome.

Recommendation:

Large organisations, including local authorities, NHS providers and the Voluntary Community and Social Enterprise (VCSE) sector should align plans and ambitions to fulfil their role as Anchor Institutions. The process and learning from adopting this approach should be shared with other large employers in the county.

Recommendation:

Employers of hybrid or homeworkers should look to implement relevant practical suggestions outlined by the Working Well From Home toolkit.

Recommendation:

Individuals and groups furthest away from the labour market should continue to be supported by long term partnerships and initiatives that offer opportunities to enable them to develop skills and support them into employment such as those offered via the DWP, community organisations and local training providers.

However, these provisions need to consider health and wellbeing as part of their offer to participants, who may need support with mental and physical health needs, neurodiversity support, and support to build confidence.

Recommendation:

National and local initiatives should continue to address current known gaps in East Sussex in Health and Social Care, Agriculture, Construction, Engineering, and the Visitor Economy as well as focusing provision on the future skills opportunities pertaining to net zero and new digital and automated technologies.

Recommendation:

The many funding streams that support skills and employability need to be better joined-up to maximise impact and avoid duplication. The learning gained from the evaluations of employability projects about 'what works best to support people into learning and work' needs to be shared to inform future projects. Employment and skills funding is mainly short-term, and we need to influence funding bodies, including government, to provide long-term funding, rather than the current piecemeal approach.

Recommendation:

Improving the published data and increasing the understanding of the health and support needs of Universal Credit claimants would enable partners to develop programmes to increase opportunities for employment, skills development, and volunteering.

Recommendation:

A range of partners should continue to develop local initiatives that support the Skills East Sussex priorities and the implementation of the Government's White Paper Skills for Jobs: Lifelong Learning for Opportunity and Growth. Increasing the number of those in the local workforce with a level 3 qualification, improving the technical vocational skills of local residents and improving the maths skills of adult residents without a Level 2 qualification through the new Multiply Shared Prosperity Fund are some of the immediate actions should be supported.

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Resources for Employees and Employers

Wellbeing At Work

Award Scheme

The programme includes an evidence-based award scheme which aims to provide the county standard for good practice in workplace wellbeing. The accreditation supports employers to create a happier, healthier, and more engaged workforce who will work efficiently together.

The programme supports and guides employers on a journey of health improvement through a framework of awards which contain specific criteria to achieve. The programme takes a holistic approach, covering the following topics:

- Physical Activity and Active Travel
- Healthy Eating
- Musculoskeletal Health and Health & Safety
- Mental Health
- Sickness Absence, Return to Work and Prevention
- Alcohol, Substance Misuse, and Stop Smoking
- Leadership, Management and Workplace Culture

There are a range of awards available for employers. All businesses and organisations of any sector based in East Sussex that employ more than 1 employee can join the Awards programme. The following awards are available:

These criteria within each award level were co-produced with local businesses and local topic experts, and the accreditation scheme will be robustly evaluated to monitor the effectiveness of the programme on health improvement of employees.

Further information available at Wellbeing at Work | East Sussex

Training

The programme offers a package of training to employers who are signed up to the accreditation scheme. The purpose is to improve knowledge in workplaces to support the development and implementation of wellbeing improvements.

Training for managers is particularly important as they try to balance the aims of the organisation with staff health and wellbeing. They are integral to driving change and often the ones who initially notice when a colleague is experiencing difficulties [Reference 98].Courses currently offered:

Workplace health champion training – Based on the principles of Making Every Contact Count (MECC) this course, delivered in partnership with One You East Sussex, will give their employees the confidence and skills they need to promote local health and wellbeing services; have conversations with colleagues about wellbeing; influence senior leaders; undertake wellbeing activities and share stories of success. Once they have completed the course, champions gain access to a quarterly networking meeting hosted by the Wellbeing at Work team, where champions can access support; best practice examples can be shared; health campaign materials will be distributed and expert-led, topic-based upskill sessions.

Mental Health First Aid (MHFA) – A nationally recognised course that teaches employees in East Sussex how to help a colleague (or other person) developing a mental health problem, experiencing a worsening of an existing mental health problem or in a mental health crisis.

Managing mental health in the workplace (for managers) - this half-day course, delivered in partnership with Mind Brighton & Hove, considers the importance of Mental Health to individuals and to businesses, provides tools to help managers understand mental health issues and improve communication in order to better support employees at work and to manage absence.

General Support for Workplaces

The Wellbeing at Work programme offers a wealth of resources, available to all workplaces across the county for free. These are through the monthly wellbeing newsletter for employers which shares the latest useful resources, training opportunities and health campaigns.

Sign up to receive the newsletter and read past newsletter editions at Wellbeing at work newsletter. The Wellbeing at Work website has free resources / guidance/ toolkits alongside informative blogs.

Working Well From Home

These guidelines are shared on the East Sussex Wellbeing at Work website, and animations and infographics will be utilised to disseminate the findings of the project [References 99]. East Sussex has few medium and large businesses (e.g. more than 50 people) and 86.4% of businesses in the county have fewer than 10 employees. Small businesses are less likely to have in-house human resources support, therefore it is crucial to provide information about how they can support their employees to work well at home [Reference 99].

East Sussex Climate Emergency Road Map for 2022-25

The East Sussex Climate Emergency – Road Map for 2022-25

1. For communities:
   a. the 'impact' tool: Community carbon calculator | Impact
   b. the 'place-based carbon calculator: Place-Based Carbon Calculator | Carbon
   c. the Net Zero Navigator tool: Net Zero Navigator Tool | Oneplanet
2. For businesses: Welcome to the Net Zero Hub | British Chamber of Commerce
3. For individuals: Footprint Calculator | World Wildlife Foundation

Routes to Employment in East Sussex

There is a comprehensive range of provision available to East Sussex residents, that enables individuals to be supported into, and to progress in, work. Much of this is fully funded by Government or levy paying organisations.

Youth Employability Service (YES)

The Youth Employability Service (YES) is commissioned by ESCC and offers free support to young people in East Sussex. YES works with young people aged 16-19 who are not in education, employment or training (NEET), or are at risk of being NEET, to identify options which allow them to re-join education, training or employment.

ESTAR

East Sussex- ESTAR – (Employability for those in Supported, Temporary, and Refuge accommodation) aims to support those who are far from the workplace into work. The project is co-funded by Adult Social Care and Public Health.

The 'Everybody In' government initiative and COVID-19 related rent arrears and eviction notices has led to a big increase in demand for homeless accommodation in the county.

The ESTAR project aims to

- to equip staff with an understanding of the training and work opportunities available to their residents
- brokers appropriate skills support for residents into locally available training provision
- address the broader needs of residents (incl mental health, substance misuse, employability support) to address significant blockers to employment

For temporary and emergency settings, Public Health also funds Wellbeing Advisers, who work with District and Borough housing teams to offer 1:1 support to residents, and when wellbeing issues are addressed, refer them into ESTAR identified provision.

Adult Education

Further Education (FE) providers offer a range of learning courses to help adults to be ready for work, further education, traineeship, voluntary work or an apprenticeship. Training can include full level 2 and 3 courses. Adults aged 19-23yrs can receive full

funding while adults aged 24+ may receive partial funding. There are some important sector based courses that are not fully funded such as CS cards which enable people to move into construction work or food hygiene certificates.

Apprenticeships

Apprenticeships are an effective way to grow talent and develop a motivated, skilled and qualified workforce. They offer programmes of in-work learning from Level 2 (GCSE equivalent) to Level 7 (Masters equivalent) and are available to young people and to adults alike. Apprenticeships offer adults the opportunity to work and learn simultaneously.

The Government currently offers employers grants of £3000 for employing a new Apprentice. Apprenticeships East Sussex (AES) is the county's strategic body for apprenticeships, with the key aim of ensuring the growth of apprenticeships in East Sussex.

The role of AES is to provide oversight and coordination of key stakeholders, strategies and communication plans; horizon scan and identify change, challenges and issues arising; and where appropriate, will lobby collectively on behalf of apprentices, employers and training providers to ensure ongoing sustainability and growth of apprenticeships in East Sussex.

ESCC runs the 'Transform' programme in partnership with Sussex Council of Training Providers. This European Social Fund (ESF) funded project aims to address current and future skills gaps by increasing the take-up and knowledge of apprenticeships, traineeships and skills training amongst small and medium sized enterprises (SMEs) across the county.

Transform Advisors offer impartial, one-to-one advice and support and the project helps our SMEs access apprenticeship levy transfer funds made available to the project by East Sussex County Council.

DWP Restart Programme

This programme aims to support the longer term unemployed who are on Universal Credit into work through tailored programmes of support for up to 12 months, This can include; support to get the right certificates to take up a job in a different industry; bespoke training to take advantage of opportunities or to update skills such as in IT. In East Sussex this is delivered by REED UK.

Job Entry Targeted Support (JETS)

JETS is another DWP programme for people who have been out of work and claiming either Universal Credit or New Style Jobseeker's Allowance for at least 13 weeks but have recently been employed. It offers light touch personalised employment support for six months which can include a personal adviser, help with IT skills, job search, CV writing, interview support, confidence, self-belief and self-motivation as well as signposting to skills support and other specialised help and training mental health and wellbeing support.

National Careers Service

This offers careers advice to any individual who requests it. In East Sussex it is coordinated by CXK who has also been active in supporting the ESTAR programme.

Other Opportunities

Alongside the Government employability initiatives, there are also SELEP European Social Fund projects in operation in East Sussex:

- TWIN training UK runs the Skills Support for the Unemployed ESF funded project, offering support into work provision for the unemployed.
- CXK runs a project that targets NEET and at risk of NEET young people in the county and aims to move them into learning, Apprenticeships and paid work.

There are also some short-term projects underway, funded through the Community Renewal Fund (the precursor to Shared Prosperity Fund) including 'Minding the Gaps' – a six-month project led by East Sussex College Group.

Sussex Community Development Association which aims to fund some of the short interventions (CS cards, Food hygiene) that are not currently funded by Adult Education Budget offers or other DWP provision above.

ESTAR

The ESTAR team has created a brochure of employability provision which is currently a PDF/paper document. This pulls together all free training and support that is accessible by the target cohort. Housing Teams, and Accommodation settings have found this resource to be very useful as a referral document for their residents, and it will soon be turned into an online tool on the Careers East Sussex website. By comparing the needs and preferences of residents to the offers available locally the ESTAR team also identified a range of gaps in provision for the cohort, and fortuitously were able to access COVID-19 Outbreak Management Fund to pilot some employment schemes.

The schemes include:

- Moving on Up, delivered by a partnership of training and community sector organisations in conjunction with ESTAR. MOU supports individuals through employability tasters, mentoring and 1:1 support, short courses where required, into paid employment – with training. This could be an Apprenticeship or a job which includes a programme of training additionally. Once in work, the individual is provided with three months of mentoring support and is helped to move into independent accommodation.
- Leisure for life, delivered in partnership with the local leisure centres. This scheme offers individuals leisure passes for three months, and as a follow on, short courses in first aid, lifeguarding and other sports and leisure related learning. The provision is offered as physical wellbeing has a positive impact on mental health and confidence and these are crucial first steps in the journey towards employment.
- Grow your future, is a programme delivered with Plumpton Agricultural College and in partnership with local companies who maintain public spaces. The scheme offers people the chance to undertake therapeutic horticulture provision, in conjunction

with a level one horticulture certificate as they work and learn while making improvements to East Sussex green spaces. We have already seen two ex-rough sleepers move into employment with local horticulture companies as a result of this programme; proof of the benefits of combining learning with therapeutic and mentoring support.

Update from 2019/20 DPH Report: Health and Housing

The previous 2019/20 DPH Report Health and Housing presented a holistic overview of the impact of housing on health. It includes the evidence base and who is most at risk; the East Sussex housing picture, including the housing stock and tenure; a description of the East Sussex Housing System, in relation to organisation roles and responsibilities; and tackling homelessness and rough sleeping.

The strategic recommendations are:

- To make all housing and neighbourhoods healthy
- To make all homes healthy
- To make people healthier in their homes (and support people who are homeless and rough sleepers)

The report was released just prior to the COVID-19 pandemic. Since April 2020 there have been a range of developments in line with the findings and recommendations in the report. Some of these were pre-planned; and others were enabled as a direct result of the pandemic, largely the Everybody In mandate whereby local authorities were supported to accommodate as many rough sleepers as would take up the offer, in order to protect them from COVID-19.

A summary of the key changes since the release of the report is outlined here:

New Services as a result of COVID-19

- Trauma informed model of care

The Rough Sleeper Initiative is a multi-agency and multi-disciplinary team that works across the county supporting people who are rough sleepers to take up accommodation and the range of support services on offer. These include mental health, substance misuse, physical health and dental services. With the Everybody In mandate, the very vast majority of entrenched rough sleepers were supported into accommodation. Trauma informed care is an evidence based model that places the treatment of trauma at the heart of the way in which services are provided. By expanding the RSI to include a Clinical Psychologist and two Community Mental Health workers, clients are best supported to engage with the services they are offered.

- New employability and skills service for people living in temporary accommodation and refuges

The new ESTAR service (see section on skills and employability) was co-designed by Skills East Sussex, Public Health and Adult Social Care due to the impact of COVID-19 on increasing levels of homelessness, people in refuges, and those who are under/ unemployed. The ESTAR service provides brokerage across a range of skills providers and has designed bespoke offers for people who are homeless, at risk of homelessness, in supported accommodation and in refuges.

- New holistic Housing and Well-being service for people in temporary accommodation and those at risk of being homeless

The new Housing and Well-being Co-ordinators provide holistic health and wellbeing assessments for people living in temporary accommodation and for those who are at risk of being homeless. Co-located in the housing teams, they assess and signpost people for a range of wellbeing, health, employment and skills interventions, including liaison with ESTAR.

Other new developments

Re-structure of ESHOG and new subgroups

The previous East Sussex Housing Officers Group has been replaced with a new East Sussex Strategic Housing Group. There are several new subgroups that have been created including a new Homelessness, Health and Support Group; a subgroup for housing standards; and one for housing development. The subgroups will all report into the strategic group which in turn reports to East Sussex Chief Executives Group

New Spatial Planning for Health team in the Public Health team

Public Health have created a new sub-team dealing with spatial planning for health. This team work closely with planners at district and borough, as well as county level to support healthy place-making. The team also support on the Health in all Policies agenda.

Continuation and development of Warm Homes and Childhood Accident Advice and Prevention Service

The Warm Homes and Childhood Accident Advice and Prevention Services continue to develop and expand to keep vulnerable people safe from harm.

Update from 20/21 DPH Report: 2020 A Year of COVID-19 in East Sussex

The previous annual report by the Director of Public Health for 2020/21 was 2020: A Year of COVID-19 in East Sussex. The report focused very much on the first year of COVID-19. Since then, the UK has mobilised a vaccination programme, experienced several waves of infection and subsequent variants of the virus. There has also been an easing of restrictions introduced by the Government to manage the impact of the virus. Now in 2022, we are continuing to remain vigilant, with information and advice available on how to live with COVID-19. Coronavirus (COVID-19) – help and support | East Sussex County Council

We know that communicating with our residents was important during the COVID-19 pandemic. A weekly COVID-19 report and update by the Director of Public Health was published up until March 31st, 2022, when free universal testing for the public ceased. The council has used its communication channels, including a wide range of social media and print media, to ensure our residents received timely, accurate and reliable information about how to keep themselves, their families, and businesses safe and well during 2020, 2021 and the first part of 2022. Along with our NHS and VCSE partners we have extensively promoted local COVID-19 vaccination, support, and testing services.

COVID-19 drew further attention to the disparities in health and wellbeing between different groups in the county. It highlighted the familiar links between the conditions we live and work in and our health and wellbeing. As one council we continue to work on the wider determinants of health with our partners to ensure those that can influence local education, employment, economy, transport, environment, and our cultural sector understand their contribution and impact to improve health and wellbeing. This year's annual Director of Public Health report on work, skills and health demonstrates how we need to continue to work together with a variety of national, regional, and local partners on employment, work, skills as an opportunity to improve health. We will continue to work with our partners on the 'Levelling Up' agenda and ensure the recovery from the pandemic is equal regardless of ethnicity, age, and other projected characteristics.

There have been many lessons learned from the COVID-19 vaccination programme that will be used to inform planning across all the other vaccination programmes. The COVID-19 pandemic had and will continue to have, multiple impacts on our population's health and wellbeing. The council continues to coordinate action on a range of issues that affect our resident's health. The council, along with its NHS and wider partners, as part of the Sussex Health and Care Partnership, is actively implementing the East Sussex whole-system healthy weight plan 2021-2026 and East Sussex alcohol harm reduction strategy 2021-2026, and this year we have started work on a new tobacco control strategy. The County's Health and Wellbeing Service, One You East Sussex, has supported our residents flexibly over the pandemic to support them to lose weight, drink less alcohol, move more, and quit smoking.

The importance of protecting and improving emotional and mental health during COVID-19 was clear. This remains a key priority for our residents. Therefore, the council and its partners continue to work on actions to promote good mental health and ensure support is available. Full details are available at the East Sussex mental health directory.

The council continues to listen to our residents to understand how our services can respond to their needs. Ourselves, with our partners have conducted a needs assessment of the Lesbian, Gay, Bisexual, Trans, and Queer plus population to further understand the health needs, the impact of COVID-19 on these groups and identify areas for improvement. The Council also launched the Community Wellbeing: Connected People & Places programme, commissioned in June 2021 by East Sussex County Council in collaboration with system partners including local authorities in East Sussex, the NHS, the Voluntary, Community and Social Enterprise (VCSE) sector and others. The programme aimed to identify key insights through a range of engagement activities seeking to answer the overarching question of “How might we develop a systems approach to tackling loneliness & social isolation in East Sussex”. These insights form the evidence base for a separate recommendations report.

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Report to:	**East Sussex Health and Wellbeing Board**
Date:	**19 July 2022**
By:	**Healthwatch East Sussex**
Title:	**Healthwatch Annual Report 2021-22**
Purpose:	**To provide an overview of Healthwatch East Sussex's Annual Report 2021-22 – Championing what matters to you**

RECOMMENDATION

The Board is recommended to consider and note the report

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1. Introduction

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

2. Supporting information

2.1 The Annual report sets out, amongst other things, highlights of their work over the course of the year; feedback from partners; listening to people's experiences; advice and information; volunteers; finances and future priorities; and statutory statements.

3. Conclusion and reasons for recommendations

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

JOHN ROUTLEDGE
Executive Director, Healthwatch East Sussex

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BACKGROUND DOCUMENTS

None

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healthwatch East Sussex

Championing what matters to you

Healthwatch East Sussex Annual Report 2021-22

Contents

Message from our chair

The COVID-19 pandemic continued to be a major influence upon our patterns of work throughout 2021/22, but we have continued to adapt and hence reached out to more people in our county.

Our Annual Report clearly shows how we have listened to our local communities and acted upon the intelligence gathered to bring about changes and improvements, by working with other organisations who I believe recognise that Healthwatch is here to help not hinder.

Our Young Healthwatch commitment is worthy of special mention and has allowed us to reach out to children and young people whose voices were previously less heard.

It is pleasing to report that our contract has been renewed so thank you East Sussex County Council. Contract renewals take up huge amounts of time so again a big thank you to our staff, all of whom were involved in our successful bid.

And the final thank you must go to our volunteers.....young and old.....without whom we would not have achieved the success that we have.

Keith Stevens
Chair of East Sussex Community Voice delivering Healthwatch

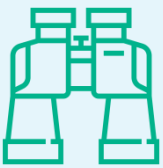
"The COVID-19 pandemic has thrown long-standing health inequalities into stark relief. With NHS and social care facing even longer backlogs, the unequal outcomes exposed by the pandemic are at risk of becoming worse. Local Healthwatch play an important role in helping to overcome these adversities and are uniquely placed to make a positive difference in their communities."

Sir Robert Francis QC, Chair of Healthwatch England

About us

Your health and social care champion

Healthwatch East Sussex is your local health and social care champion. From Camber to Peacehaven, the English Channel to the High Weald and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



Our vision

A world where we can all get the health and care we need.

Our mission

To make sure people's experiences help make health and care better.

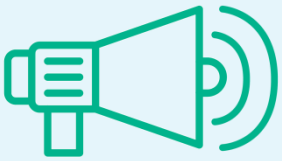
Our values

- Listening to people and making sure their voices are heard.
- Including everyone in the conversation – especially those who don't always have their voice heard.
- Analysing different people's experiences to learn how to improve care.
- Acting on feedback and driving change.
- Partnering with care providers, the Government, and the voluntary sector – serving as the public's independent advocate.

Our year in review

Find out how we have engaged and supported people.

Reaching out



2,422 people

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

719 people directly and 30,639 virtually

came to us for clear advice and information about health and care services this year.

Making a difference to care

We published

7 reports in East Sussex and 6 as Healthwatch in Sussex

about the improvements people would like to see to health and social care services. In these, we made 96 recommendations.

Our most popular report was

'Returning To Kendal Court'

which highlighted the experiences of people living in Emergency and Temporary Accommodation.

Health and care that works for you

We're lucky to have **37** outstanding Adult and Young Healthwatch volunteers.

They gave up **392** days of their time to make care better for our community.

We're funded by East Sussex County Council. In 2021-22 we received:

£376,000

which is the same as in the the previous year.

During 2021-22 we employed

11 staff

which is two more than the previous year. Five of these were full-time.

Feedback from our partners

East Sussex Clinical Commissioning Group

"It has been a pleasure to continue to work with Healthwatch East Sussex in 2021-22 to ensure that people and patients are at the heart of our work in the NHS in East Sussex, and that insight from our communities has helped to shape and develop this work.

In particular, their work as part of the COVID-19 Vaccination Programme has made a significant difference to the way we have rolled out the programme to our local communities, drawing together insight on challenges and barriers, constructively challenging delivery plans to ensure they meet the needs of our population, and helping to ensure there is clear and accessible information for residents about the programme and how they can receive their vaccination.

Further to this, the formation of Young Healthwatch has been a brilliant initiative to hear feedback from young people. Their views and insight has been so valuable in our approach to the programme for young people, their families and carers.

We look forward to continuing to work with Healthwatch East Sussex over the years ahead."

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

East Sussex County Council

"Over the past year Healthwatch East Sussex has continued to play a vital role in the health and social care system, championing the views and rights of people at key strategic fora, such as the Health and Wellbeing Board and Safeguarding Adults Board.

Their focused activity in areas such as care home webinars, which I know have been highly valued by families and friends of residents, has made a positive difference as we emerge from the pandemic and their report, following engagement with out of area residents placed in temporary accommodation, has helped inform agencies thinking on subsequent developments and service improvement."

Mark Stainton, Director of Adult Social Care and Health, East Sussex County Council

East Sussex Healthcare NHS Trust

"ESHT [East Sussex Healthcare NHS Trust] found the insights from Healthwatch helpful to focus their efforts on improving the discharge process across the Trust.

Alongside the recommended actions suggested by Healthwatch we also identified some of our own from the report provided. The report was shared widely with our multidisciplinary group and the discharge check in service - both groups aim to improve the discharge process for patients, their families and services going on to support the patients after discharge.

In line with Healthwatch recommendations all information provided to patients at the point of discharge was reviewed and considered for updating, this is an ongoing piece of work as our process continues to evolve."

Hazel Tonge, Deputy Director or Nursing, East Sussex Healthcare NHS Trust

How we've made a difference throughout the year

These are the biggest projects we worked on from April 2021 to March 2022.

Spring

Our volunteers staffed the Sussex COVID-19 vaccination advice line supporting people to obtain robust information and enable their decision-making.

Our insight to a Sussex-wide 'System Pressures' initiative helped NHS commissioners and providers understand and respond to the patient journey and experience.

Summer

The East Sussex Health and Wellbeing Board used the findings from our engagement with residents of Emergency and Temporary Accommodation to inform its work, generating widespread local and national coverage of the issues.

Our 'One year on' engagement with relatives, families and carers of care home residents helped reflect on the impact of the pandemic. Findings identified progress and next steps for care homes, Adult Social Care and public health in supporting residents and loved ones.

Autumn

Our Young Healthwatch engaged young people to explore their perceptions around COVID-19 vaccinations, with insight used to inform local delivery.

Findings from a Mystery Shopping exercise of the Child Adult Mental Health Service (CAMHS) website by Young Healthwatch volunteers helped improve understanding on how to maximise its accessibility.

Winter

Our Mystery Shopping findings helped NHS commissioners and local practices better understand and take steps to improve GP practice websites and out-of-hours messages across the county.

We shared our extensive insight on the barriers to accessing NHS Dentistry in East Sussex with local decision-makers, MPs and Healthwatch England to help them understand the nature and scale of the impact on people.

Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feedback to services to help them improve

Improving GP websites and phone messaging

We have used patient feedback and our own independent review of GP websites and phone messaging to help NHS commissioners and GP practices understand people's experiences, concerns and push for improvements.

Accessible information is crucial in supporting patients to make effective decisions on how and when to access GP and other services in the minimum number of steps (especially out-of-hours), and how to self-care appropriately.

Our staff and volunteer team assessed all GP websites and phone messages in East Sussex for quality, clarity, ease of navigation and presentation of information. We identified positives and areas for improvement in ten report recommendations.

59.6% of the websites

we reviewed did not have text-to-speech or other accessibility features

The feedback that the public shared with us combined with our findings identified improvements on a number of issues that we raised on behalf of the public, including:

- Websites must be accessible to be effective and should all have text-to-speech or other accessibility features as well as information on translation services.
- Appointment options and triage mechanisms should be clearly explained to patients to help them pick the option which fits their needs and preferences.
- Content on GP websites must be easy to find and navigate. Posting information which is hard to find is of limited value. All websites should have search functions.
- GP websites should be compatible or user-friendly when accessed from tablets and mobile phones, rather than just from computers.
- Out-of-hours messages need to provide effective information and signposting to help people understand which services to use and when.

What difference did this make?

Sussex NHS Commissioners have committed resources from the Winter Access Fund to assist GPs in renewing and upgrading their websites, and are supporting practices with upgrades to telephony systems.

"We would like to thank Healthwatch East Sussex for this valuable report, which highlights the positive work that GP practices are doing in terms of their websites and their phone systems, and also clear areas for further improvement."

Sussex NHS Commissioners

Supporting improved access to dentistry

Thanks to people sharing their experiences of dentistry services in East Sussex, we have supported Healthwatch England in calling for improvements in NHS dentistry provision, whilst assisting local people to access dental services.

Good oral health is incredibly important. The ability to eat and drink and live without dental pain or discomfort is crucial for people's health and day-to-day wellbeing. Preventative care and guidance on dental hygiene also play a key role in early diagnosis of oral diseases and support the maintenance of healthy teeth and gums.

Dentistry was one of the two most common themes we received feedback on during 2021-22 . We heard that people were struggling to find dentists in East Sussex accepting new NHS patients, experiencing delays for NHS appointments (including emergencies), often confused by charges and frustrated at reduced access to check-ups and hygienists.

Our Mystery Shopping exercise found that only 1-in-10 dentists in East Sussex were accepting new NHS patients in late 2021.

We have shared our feedback and key concerns with the Local Dental Committee, NHS Commissioners, local MPs and the public. We have also highlighted these issues to Healthwatch England and supported their national campaign for urgent improvements in NHS dentistry provision.

Locally we collaborated with Healthwatch across Sussex to co-develop 'Dentistry - A guide to your rights and accessing the treatment you need' to directly support Sussex residents understanding of:

- Differences between NHS and private dental care
- NHS dental charges and exemptions
- Emergency Dental Services and out-of-hours support
- How to raise concerns and complain

> "We won't build back a fairer service until access to NHS dentistry is equal and inclusive for everyone."
>
> Sir Robert Francis QC, Chair of Healthwatch England.

What difference did this make?

Due to the call for change, in January 2022 the Government announced £50 million of funding to support additional NHS dentistry capacity, with £7 million in the South East of England.

As the commissioning of NHS dentistry will be controlled by Integrated Care Systems (ICS) from July 2022 onwards, Healthwatch are committed to working with the Sussex ICS to understand and respond to dentistry issues in East Sussex.

Maintaining connectivity with care home residents

This year we followed up on our commitment from 2020-21 to keep the conversation going on the crucial linkages between care home residents and their relatives, friends and family carers as the pandemic continued.

We hosted seven webinars last year which identified the negative physical and mental effects on care home residents brought about by a lack of visiting rights due to the COVID-19 pandemic and the parallel impacts on family, friends and carers.

'One year on' we hosted two further webinars to hear relatives' and providers' perspectives on the impact of continued care home visiting restrictions due to the pandemic, explore 'essential caregiver' status as a means of enabling access and hear how care homes were affected.

> "As a health and social care professional I joined these webinars initially with the expectation I would just be giving information and answering questions. In fact, I found the webinars deeply moving and humbling as each time a carer retold their experiences good and bad about being the carer of a relative in residential/nursing care during the pandemic. The information I heard informed the content of the East Sussex Care Homes Plan."
>
> **Isobel Warren, East Sussex Care Homes Place Based lead, East Sussex County Council/CCG**

Relatives and family carers valued these opportunities to share their experiences and have ongoing dialogue with health and care professionals. We heard:

- 'What good looked like' from a family carer as an essential care giver.
- How 'shared care' approaches facilitated good quality relationships between care employees and unpaid carers.
- How visiting restrictions have challenged both communication and the provision of practical care.

What difference did this make?

In delivering these webinars, Healthwatch:

- Amplified the voices of family carers and relatives desperately wanting to stay connected with friends and family in residential settings when they felt no one was listening.
- Enabled family, friends and carers to establish and develop more collaborative relationships with health and care partners, breaking down barriers and perceptions of 'us and them'.
- Provided a safe platform to hear the emotional impact families were experiencing, and explore support and solutions.

Making Emergency and Temporary Accommodation safer

We engaged with residents in Emergency and Temporary Accommodation to better understand their health and wellbeing needs, and shared our findings and recommendations for positive changes with statutory partners.

Emergency and Temporary Accommodation (ETA) is provided by local authorities for those who may be: legally homeless, have suitable immigration status and/or a priority need making them vulnerable or at more risk of harm. Placements for ETA can be in other local authority areas if none are available locally.

Being housed in another local authority area may disrupt access to jobs and employment, family and wider social support networks, and caring responsibilities. These factors can affect people's health and wellbeing, as can the level of support provided or available, including access to health, care and community services.

In response to concerns for their welfare, we engaged with residents of Kendal Court in Newhaven about their experiences of being placed in out-of-area ETA by Brighton & Hove City Council. This followed a previous review in 2018. We identified people with unmet multiple and complex disadvantages (including mental health), challenges for residents in obtaining appropriate support and a lack of guidance for new arrivals.

Our independent findings were shared with the East Sussex Health and Wellbeing Board, Brighton & Hove City Council and local stakeholders. We recommended that people with multiple and complex needs should not be placed at Kendal Court, support for residents should be pro-active and consistently provided, and residents' experiences should be independently monitored moving forwards.

> "Most of the time I'm frustrated and having nightmares. I'm scared for my wellbeing. I don't get any support or help from anyone."
>
> Kendal Court Resident

What difference did this make?

After the review, Brighton & Hove City Council reduced the number of out-of-area placements into ETA in East Sussex. New placements to Kendal Court were paused and the City Council also identified their intention to invest in more welfare provision to support people in ETA when services are put out to tender in 2022/23.

These changes will hopefully enhance the experiences of residents from Brighton & Hove placed out-of-area into East Sussex, particularly at Kendal Court.

Healthwatch East Sussex is planning further exploration of the experiences of residents in emergency and temporary accommodation in East Sussex during 2022/23.

Launching Young Healthwatch in East Sussex

Building on the learning from prior work with children and young people, we launched Young Healthwatch East Sussex in 2021.

Through the recruitment of a diverse group of young volunteers and youth participation staff, Young Healthwatch East Sussex has been launched as a youth-led space for young volunteers to shape community engagement and communications activities. We gather young people's views and experiences of health and care in our county and share these to influence service delivery.

13 young volunteers

were supported to take part in a range of initiatives, including mystery shopping, site visits and surveys.

Young Healthwatch took part in the following activities this year:

Training and Development
Young volunteers received training in Understanding the Integrated Care System, Visiting the Care Environment, Safeguarding and Facilitating Youth Engagement.

Youth Voice in Psychiatry Consultation
Young People took part in the Opinion Research Services (ORS) consultation commissioned by Sussex Health and Care Partnership in Summer 2022. Young Healthwatch participated by sharing their views and concerns on the relocation of adult psychiatry services from Eastbourne District General Hospital to a new location.

COVID-19 Vaccinations
Young Healthwatch led a study into young people's experiences and perspectives on the COVID-19 Vaccination programme in East Sussex (see next page).

Foundations for our Future
Young Healthwatch East Sussex led the Healthwatch in Sussex 'Sector Connector' event session for East Sussex, discussing recommendations for improvements to the way that we deliver and manage young people's mental health services.

Planning for the next year
Young Healthwatch volunteers took part in a variety of internal workshops which have helped them to develop an engaging and exciting workplan for the year ahead.

What difference did this make?
Young people have a sustainable voice within our organisation and within the local health and care system.

"I felt so supported throughout (Young Healthwatch) and it has definitely helped me with my confidence, as well as feeling like I am having a positive impact on something really important."

Young Healthwatch volunteer (17)

Young Healthwatch East Sussex: COVID-19 vaccinations for young people

Young Healthwatch kickstarted their ambitious workplan to investigate young people's health and care with a study into COVID-19 vaccinations for young patients in our county.

We engaged with young people through face-to-face activity at vaccination centres and a pan-Sussex vaccination survey, co-produced by Young Healthwatch. These gathered insight into young people's experiences of vaccinations, including the booking process, attendance at the appointment and the impact of the COVID pandemic on their mental health, physical health, education and social interactions.

30 recommendations

were made to a variety of stakeholders in East Sussex, backed by local young people and young volunteers.

Using the findings from engagement activities, Young Healthwatch made the following recommendations for developing and enhancing the COVID-19 vaccination programme in East Sussex, which have been shared with those responsible for delivering vaccinations locally:

1. **Vaccinators should be conscious of how to support anxious and needle-phobic young patients** and do their best to support young people's wellness during the appointment.
2. **Youth workers and teachers should empower young people** with knowledge of how to book an appointment and how to find safe and accurate information about vaccinations.
3. **Vaccination services should be co-designed with young people** to create a safe and supportive environment for young people.
4. **Communications and engagement professionals should use social media and factual evidence** to encourage young people to get vaccinated.
5. **The Integrated Care System should be aware that young people are concerned about the impact and side effects** of COVID vaccinations so that they can act appropriately to mitigate this, raise awareness & deploy additional resources to manage this worry.
6. **Young Healthwatch East Sussex will continue to monitor the situation** and champion young people's voices in relation to COVID-19 vaccinations.

What difference did this make?

Local health and care services and wider stakeholders are aware of ways to improve information and the delivery of vaccination services for young people.

"I wanted to join Young Healthwatch as a vaccine volunteer to develop my confidence and skills."
Young Healthwatch volunteer (16)

Three ways we have made a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

Creating empathy by bringing experiences to life

It's important for the NHS and social care services to step back and see the bigger picture, through hearing personal experiences, and the impact on people's lives. This provides a deeper understanding than using data alone, can challenge assumptions and motivate people to think and work more creatively.

This year saw the conclusion of our series of open access 'Staying Connected' webinars bringing together the relatives and loved ones of those in care homes to share their experiences with care home staff, public health teams, carers' representatives and health and care commissioners. These events provided a safe space and unique space for all parties to share their first-hand experiences.

Getting services to involve the public

Services need to understand the benefits of involving local people to help improve care for everyone.

The creation of the Sussex Integrated Care System (ICS) will bring new opportunities for how services understand, work with and deliver to people and communities. Healthwatch East Sussex has and is working to ensure that public involvement is a 'golden thread' in its decision-making, services and monitoring, and that the place-based needs of East Sussex residents are understood and met.

Improving care over time

Change takes time. We often work behind the scenes with health and care services to consistently raise issues and push for changes.

Throughout 2020-21 we regularly contributed to a task-and-finish group supporting a GP practice following a merger. We highlighted priority themes raised in feedback from service users, made recommendations on communicating with patients, and helped track change over time. The practice has made demonstrable progress. We have called for the Clinical Commissioning Group to pro-actively share the learning and support any practices considering a merger in order to minimise the impacts for patients.

Advice and information

If you feel lost and don't know where to turn, Healthwatch East Sussex is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home for a loved one – you can count on us.

This year we helped people by:

- Pro-actively providing up to date information on local health and care services
- Linking people to accessible and reliable information they could trust
- Sharing information on the COVID-19 vaccination and booster programme
- Helping people to find and access the services they need

Signposting people for help and support

We supported an enquirer requesting assistance in helping a relative to obtain a COVID Pass [proof of vaccination] to travel to their home country.

To achieve this, our Information and Signposting team signposted them to the Sussex NHS Commissioners' GP allocations team who were able to identify a surgery accepting registrations, and they were successfully able to register, activate the pass and travel.

As a follow-up, we highlighted the lack of clear information on the need to be registered with a GP to obtain a COVID pass to Sussex NHS Commissioners and requested updates to local communications and the Sussex Health and Care Partnership website.

What to expect when accessing health and care services

Our Information and Signposting team were contacted by a patient distressed, in pain and unable to access help.

Repeated attempts to make appointments with their GP by phone had been unsuccessful due to long periods on hold and being cut off. A pre-recorded message acknowledged that a telephone problem was being worked on. Unfortunately, the patient ended up calling an ambulance to obtain treatment.

When seeking to make a complaint, the complaints process details were not available on the GP's website, so the patient had to phone the practice, but could not get through.

Healthwatch East Sussex liaised with the Clinical Commissioning Group and the GP Practice Manager who issued an apology to the patient and offered direct contact to resolve their issues. The practice has also amended its website to include details of the complaints process.

"Thank you so much... within 24 hours of highlighting the problem, it's been resolved for me, after months of getting nowhere, or fobbed off to someone else."

Feedback from Information & Signposting service user

Volunteers

We're supported by a team of amazing volunteers who are the heart of Healthwatch. Thanks to their efforts in the community, we're able to understand what is working and what needs improving within the NHS and social care.

For example, this year our volunteers:

- Volunteered at COVID-19 vaccination sites, staffed the Sussex vaccination enquiry line and gathered grassroots intelligence on vaccinations via our Zoom 'drop-in' sessions.
- Contributed to and promoted our publications and events with local people.
- Undertook 'Mystery Shopping' of GP websites, NHS dental appointment availability and the Child and Adolescent Mental Health Service (CAMHS) website, reviewing their accuracy, usefulness and accessibility.
- Undertook research and gathered evidence on COVID-19 cases and Long Covid.
- Contributed to local NHS steering groups on Cardiology and Ophthalmology service transformation.

Linda

"I have volunteered with Healthwatch for seven years and undertaken several tasks including PLACE and Enter & View visits. Since COVID struck, I have been part of a Dental review, Hospital Discharge Project and since February 2021 have answered calls from the public to the Sussex COVID Vaccination Enquiry Line, helping them understand the process.

It is rewarding knowing that these projects make a difference."

Beth

"I am new to Healthwatch but over the last eight years I have worked with many patients' groups in the High Weald area. When we are dealing with major issues such as the Covid pandemic and the shortages of NHS staff, it is so important not to forget how the NHS is seen by patients, often at their most vulnerable.

There is a lot to learn but staff and other volunteers are very helpful."

Gabby

"I have found volunteering for Healthwatch brilliant and have been able to work from home giving me the flexibility to do my hours around my studying.

It has enabled me to gain experience in digital design and running social media campaigns, really useful skills to add to my CV when I apply for a job."

Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.

www.healthwatcheastsussex.co.uk

0333 101 4007

Email: enquiries@healthwatcheastsussex.co.uk

Finance and future priorities

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

Income	
Funding received from local authority	£376,000
Additional funding (including Independent Health Complaints Advocacy - IHCAS)	£272,678
Total income	£648,678

Expenditure	
Staff costs	£324,464
Operational costs	£107,091
Commissioned Services (including Independent Health Complaints Advocacy - IHCAS)	£219,392
Total expenditure	£650,947

Our priorities for 2022–23

Our priorities for health and care at the start of 2022/23 remain the same as last year but will be updated between April and September 2022. Our priorities are:

1. Acute care – hospital discharge provision and restoration of planned care
2. Primary Care – including dentistry, GP/PCN development and Pharmacy provision
3. Adult Social Care – including care homes
4. Prevention and Social Determinants of Health – including housing and environmental factors
5. Children and Young People - including mental health and wellbeing

Next steps

2022-23 will see a range of influences impact on health, care and wellbeing. These include ongoing uncertainty and impacts from the COVID-19 pandemic, the transition to a new Sussex-wide Integrated Care System (ICS), pressures on funding and rises in the cost of living.

Our goal is to collaborate with partners to reduce any inequalities in health and care by making sure the public's voice is heard, and decision makers reduce the barriers the public face, regardless of whether that is because of your location, income or race.

To achieve this we are introducing some new initiatives, including revisions to the way we identify and take forward our priority themes, the formation of an equalities and inclusion group and a small grants scheme. At the same time we are also re-introducing our face-to-face engagement activity, including undertaking our first 'Listening Tour' for three years, in Eastbourne during October 2022.

Statutory statements

About us

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

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

The way we work

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

Our Board currently consists of five members who provide direction, oversight and scrutiny to our activities. We are seeking to expand our Board in 2022-23. Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2021/22 the Board met eight times and made decisions on matters such as:

- Setting our work plan priorities and monitoring our delivery
- Committing additional resources to support the expansion of staff capacity
- Supporting the establishment of Young Healthwatch in East Sussex

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

We also seek involvement through our multi-agency Advisory Group, collaboration with many voluntary sector partners and our involvement in a diverse range of partnerships and boards, including the East Sussex Health and Wellbeing Board.

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

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2021/22 we have been available by phone, by email, provided a webform on our website, provided an online feedback centre for health/care services, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through social media and local radio.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. For example, this year we engaged with people living in Emergency and Temporary Accommodation (ETA), sharing the findings with local stakeholders.

We have also committed to establish an organisational Equalities and Inclusion Advisory Group in 2022-23 to support us in diversifying our work programme.

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

Responses to recommendations and requests

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

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

There were no issues or recommendations escalated by our Healthwatch to the Healthwatch England Committee and so no resulting special reviews or investigations were undertaken.

Health and Wellbeing Board

Healthwatch East Sussex is represented on the East Sussex Health and Wellbeing Board by the Healthwatch East Sussex Executive Director.

During 2021/22 our representative has effectively carried out this role by calling for the public and patients to be at the heart of the key health and social care issues that have come before the Board:

- Presenting Healthwatch's report and drawing attention to the health and wellbeing needs of residents of Emergency Temporary Accommodation in Newhaven.
- Highlighting our work on gathering and sharing COVID-19 vaccination intelligence, as highlighted in the Director of Public Health's Annual Report.
- Contributing to programme planning and discussions related to the East Sussex Integrated Health and Care Plan.

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Report to:	**East Sussex Health and Wellbeing Board**
Date of meeting:	**19 July 2022**
By:	**Director of Adult Social Care and Health**
Title:	**Residents at Kendal Court, Newhaven and homeless people accommodated by Brighton and Hove City Council in temporary accommodation in East Sussex**
Purpose:	**To update the Health and Wellbeing Board on the ongoing welfare concerns for unsupported homeless people placed in Kendal Court and other temporary accommodation in the Lewes and Eastbourne areas by Brighton and Hove City Council**

RECOMMENDATIONS:

The Health and Wellbeing Board is recommended to:

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

2) To receive a further update report on the situation, at its next meeting on 29 September, 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 have been presented to the last four meetings of East Sussex Health and Wellbeing Board (ESHWB).

1.2 The reports highlighted the health and wellbeing risks that individuals with multiple and complex health and social care needs may experience whilst accommodated by BHCC at Kendal Court seemingly without adequate support arrangements, as well as the steps taken by East Sussex County Council (ESCC) and partner agencies to ensure that BHCC minimises and mitigates those risks.

2. Supporting Information

2.1 Since the last meeting of the ESHWB on 1 March 2022:

- A further person has tragically died at Kendal Court on 13 May 2022, bringing the total deaths of Kendal Court residents to eleven over the past four years.

- A number of the regular, BHCC convened, Kendal Court operational meetings have been cancelled with no alternative dates provided. The absence of these

meetings leaves ESCC and other partner agencies without a regular forum to raise and discuss concerns and issues relating to this accommodation.

- Preparatory work has been undertaken to formally escalate the ongoing concerns to the Secretary of State for Housing, Levelling Up and Communities and request his urgent intervention to prevent the risk of further harm to the vulnerable adults accommodated by BHCC at Kendal Court.

- ESCC has written to BHCC on three occasions, seeking information regarding the individuals placed at Kendal Court and assurances in respect of actions being undertaken to provide adequate support for individuals who are at risk of homelessness and are the responsibility of BHCC. A response was received on 27 May 2022.

2.2 Whilst the BHCC response of 27 May 2022 did not contain the requested detailed information regarding the accommodation dates of the individuals that have come to the attention of ESCC Adult Social Care, it did include a number of positive commitments and actions from BHCC in respect of their strategy for the provision of emergency accommodation, as follows:

- The number of individuals accommodated by BHCC in East Sussex has continued to reduce and stands at 118 (27 May 2022 - 75 in Lewes and 43 in Eastbourne). This includes a reduction in occupancy at Kendal Court from the 55 maximum to a current occupancy of 20. These figures represent a significant reduction in the numbers of people accommodated in East Sussex by BHCC from 314 in February 2021 (205 in Eastbourne and 109 Lewes).

- BHCC paused placements at Kendal Court in December 2021 (following the death of a tenth Kendal Court resident) and has not accommodated any new individuals at Kendal Court since that date. In their letter of 27 May 2022 BHCC has indicated that they currently have no plans to recommence placements at Kendal Court.

- Ongoing support to its residents at Kendal Court, with Welfare Officers maintaining regular contact and scheduled on site drop-in sessions.

- A restatement of BHCC's strategic commitment to continuing the sustained reduction in its use of emergency accommodation including the number of households accommodated in Lewes and Eastbourne. They have indicated their progress towards this strategic aim through commissioning more accommodation within Brighton & Hove, including greater use of council owned emergency accommodation.

3. Conclusion and Reasons for Recommendations

3.1 Despite the sad loss of another Kendal Court resident, since the last update to the HWB, there has been significant improvement in the situation relating to BHCC temporarily accommodating homeless people at Kendal Court and elsewhere in East Sussex.

3.2 On the assumption that this position is maintained, combined with an ongoing focus by BHCC on its future commissioning arrangements for emergency accommodation; ESCC's view is that the existing welfare and support mechanisms provided by BHCC would be adequate to support the reduced number of individuals it accommodates in East Sussex, providing they do not have any additional health and care needs.

3.3 If the trajectory and commitments are maintained for a further period of monitoring, it would provide reasonable assurance that BHCC has put adequate arrangements in place to support the people that it accommodates in East Sussex, avoiding the need for further escalation. The Board is therefore asked to note the updates contained within this report and agree to receive a further, final update at its next meeting on 29 September 2022.

Mark Stainton
Director of Adult Social Care and Health

Contact Officer: Mark Stanton, Director of Adult Social Care and Health
Tel. No. 01273 481238 Email: Mark.Stainton@eastsussex.gov.uk

BACKGROUND DOCUMENTS:
Report to the Health and Wellbeing Board on 1 March 2022
Report to the Health and Wellbeing Board on 13 July 2021
Report to the Health and Wellbeing Board on 30 September 2021
Report to the Health and Wellbeing Board on 14 December 2021

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Report to:	**East Sussex Health and Wellbeing Board**
Date:	**19 July 2022**
By:	**NHS Sussex**
Title:	**Sussex LeDeR Annual Report**
Purpose:	**To provide an overview of the Learning Disabilities Mortality Review (LeDeR) Sussex CCGs Annual Report 2021-22**

RECOMMENDATION

The Board is recommended to consider and note the report

1. Introduction

1.1 The report attached as **appendix 1** details the work undertaken by NHS Sussex in the Learning from the Lives and Deaths of People with a Learning Disability and Autistic People (LeDeR) in Sussex.

2. Supporting information

2.1 LeDeR work to improve care, reduce health inequalities, and prevent premature deaths of for people with a learning disability and autistic people. A LeDeR review looks at key episodes of health hand social care the person received that may be relevant to their overall health outcomes. It looks for areas that need improvement and areas of good practice. This report, which was published on 13th June 2022, details the progress of the LeDeR programme in Sussex between 1 April 2021 and 31 March 2022. It serves to highlight the link between the learning identified in LeDeR and the continued service improvements we are seeing across Sussex. This year we have also seen an increase in the system-wide commitment to addressing the health inequalities experienced by people with learning disabilities and autistic people.

3. Conclusion and reasons for recommendations

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

ALLISON CANNON
CHIEF NURSING OFFICER

Contact Officers: Edel Parsons, LeDeR Case Manager

BACKGROUND DOCUMENTS

None

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Sussex
Health and Care Partnership

Learning Disabilities Mortality Review (LeDeR)

Sussex CCGs Annual Report 2021-22

Date: 21/3/2021 **Name of originator / author:** Edel Parsons, LeDeR Case Manager

Contents

1 Executive summary

1.1 The Sussex learning from the lives and deaths of people with a learning disability (LeDeR) programme wishes to acknowledge the continued support of families, services and professionals across the Sussex system and thank them for their involvement, especially during this time of continued challenge due to COVID-19.

1.2 This is the third 'LeDeR Annual Report' to be published by the Sussex CCGs' LeDeR programme. All previous reports can be found on the CCGs' **website**.

1.3 The LeDeR programme receives notifications for all deaths of people with a diagnosis of a learning disability, over the age of four. Following notification, a review is completed which looks at the person's life and death to identify good practice or areas for improvements; these are then shared with relevant stakeholders to influence service developments.

1.4 Since the start of the LeDeR programme, Sussex has been committed to ensuring people with learning disabilities live well, by acting on the learning identified by LeDeR reviews. The programme has expanded this year to include autistic people, with the LeDeR platform accepting notifications from 1 January 2022 for the deaths of autistic people with no learning disability.

1.5 This year has seen considerable change in the LeDeR program, following the publication of the National LeDeR Policy and the withdrawal of Bristol University as host of the LeDeR platform and programme. While the migration of the system has been challenging and seen some inevitable delays in data being reported, there have also been positive updates to the review process and the development of improved governance both locally and nationally.

1.6 This report details the progress of the LeDeR programme in Sussex between 1 April 2021 and 31 March 2022. It serves to highlight the link between the learning identified in LeDeR and the continued service improvements we are seeing across Sussex. This year we have also seen an increase in the system-wide commitment to addressing the health inequalities experienced by people with learning disabilities and autistic people.

1.7 During this reporting period, cardiovascular conditions were the most common cause of death of someone with a learning disability in Sussex. Cancer and respiratory conditions are joint second with COVID-19 now reduced to fourth, having been the primary cause in 2020/21. Not enough data has been collected yet to report on themes for autistic people, as only one notification has been received.

1.8 In-line with the LeDeR Policy this annual report celebrates the change in focus from performance to sustained quality improvements. The 'learning into action' section details the priorities for quality improvement for 2022/23. These are based on the aggregate learning from the reviews completed in previous years and are aligned to the Sussex LeDeR Health Inequalities Strategy.

2 Introduction

2.1 LeDeR continues to be an important tool in addressing the health inequalities experienced by people with a learning disability and autistic people.

2.2 The total population of Sussex is approximately 1.8 million people. Based on a learning disability prevalence of approximately 2.16%, 41,730 people with learning disabilities are likely to live in Sussex. The prevalence of autism is approximately 1% of the population and 40% of autistic people will also have a learning disability; this means approximately 7,200 autistic people live in Sussex who do not have a learning disability.

2.3 Since 2017 Sussex has been reviewing the lives and deaths of people with a learning disability to identify areas of both good and poor practice, with the aim of reducing the significantly worse health outcomes experienced by people with a learning disability, who continue to die on average 27 years earlier than the general population.

2.4 The LeDeR policy set outs a structured way to review the lives and deaths of people with a learning disability and now autistic people, to identify the service development needed to address the health inequalities that are leading to premature death.

3 Acknowledgements

3.1 Considerable acknowledgement and thanks go to all those who provided information when requested, especially considering the additional pressures faced during the last year. These include:

- GP surgeries
- Families
- NHS Trusts
- Local authority duty desks
- Home managers and their staff.

3.2 Further thanks go to the reviewers for their compassion when completing the reviews, keeping the person at the centre of the process, in order to identify learning and share good practice. This includes the Northeast Commissioning Support Services (NECS), who have continued to complete a small number of reviews to support Sussex.

3.3 At the core of LeDeR are the people and their families, so our thanks go to the incredible carers, families and friends of those who have died, for sharing their stories, sadness and fond memories. We give special thanks to the families who gave permission for the Pen Portraits of their loved ones to be used in this report.

3.4 Finally, and by no means least, it is of course the people whose lives our reviewers were permitted to review that we thank the most. People who may have experienced care for the duration of their lives; people who were taken from their loving families' too early; people who throughout their lives often faced adversity with bravery. LeDeR in Sussex is indebted to the extraordinary people, from whom we are able to learn so much.

4 Implementation of the National LeDeR Policy in Sussex

4.1 The new LeDeR platform was expected to go live on the 1 June 2021; however, delays meant the platform was not accessible until the 16 June 2021, following which there was still limited functionality. This remains an ongoing issue and the reporting function, which allows health systems to draw data from the platform, is currently not operational. This has impacted some of the central information available for this report which has, instead, been collected locally.

4.2 Further delays were experienced with being able to open reviews on the new platform and with the necessary training being accessible for reviewers to complete. Following escalation, this was resolved, and the LeDeR team are now able to access the platform as needed.

4.3 A number of reviews were carried over from the previous University of Bristol platform; and any notification made in the early stage of the new platform, only became visible to the Sussex reviewers on 2 July 2021, four weeks later than expected. Notification made in this time were reported as 'stacked reviews'. This caused some delays in the allocation of the LeDeR reviews, which has been reflected in recent quarterly performance.

4.4 'Stacked reviews' have been transferred to Northeast CSU (NECS) for completion. This was commissioned by NHSE to avoid a further backlog of reviews. Notifications made since June 2021 have been allocated for completion by CCG reviewers.

4.5 These issues are largely resolved and are not considered a current risk. However, the CCG Quality Team are aware of the delays, and NHS England/ Improvement (NHSE/I) are maintaining an issues log to track any further glitches and their risk scores. All concerns regarding the changes to the web-based platform and processes have been shared regionally and escalated to the national NHS England team.

4.6 LeDeR in Sussex is now compliant in all key deliverables of the LeDeR policy, including being compliant with the new policy requirements.

5 The inclusion of autistic people in LeDeR in Sussex

5.1 Local preparatory work has been completed to ensure that autistic people and their networks are familiar with the change to the LeDeR policy and understand the implications. This included briefings to Autism Partnership Boards, and the Sussex Experts by Experience Board.

5.2 The addition of autistic people's deaths in the programme has been considered when developing the new local standards for reviewing, including ensuring the new substantive LeDeR reviewers have knowledge of different barriers an autistic person may experience when accessing care and sufficient capacity within the reviewer team to undertake the reviews.

5.3 All notifications for autistic people will go to a 'focused review' until 2024. This differs from the learning disability notifications, which may be concluded after a less in-depth 'initial review', only going to a focused review if there are thought to be complexities or complications which necessitate further inquiry.

5.4 To date, there has been one notification for an autistic person, and they will receive a focused review.

6 Governance arrangements in the Sussex system

6.1 The Sussex LeDeR Governance Group was established in 2021, in line with policy requirements, and is responsible for the governance and local implementation of the LeDeR programme.

6.2 There is committed and consistent membership from the NHS Trusts in Sussex including: Southeast Coast Ambulance Trust, all three local authorities via their safeguarding teams, Sussex CCGs, the GP Clinical Lead for learning disabilities, the NHSE/I regional co-ordinator, Sussex Local Area Contacts (LACS), and a Sussex-wide provider of residential and supported living services for people with learning disabilities. Lay members have also been recruited and information governance is being worked through.

6.3 The chart opposite describes the governance framework:

LeDeR Governance Process

6.4 The new LeDeR policy describes a tiered system of review. Initial reviews are completed for less complex or contentious cases and focused reviews are completed for those where there may be greater opportunity for learning.

6.5 Both types of review are shared with the Governance Group for sign-off. However, the focused reviews require the reviewer to deliver a brief presentation that includes a condensed pen portrait, presenting health and social care needs, events in the lead up to death as well as the identified issues and possible learning. The panel then agrees the actions required, which are fed-back to relevant organisations for action with progress tracked by the group.

6.6 A quarterly report is produced on behalf of the Governance Group and circulated to the membership of the Sussex Learning Disability and Autism Board and Sussex Expert by Experience Shadow Board to provide oversight, support and/or challenge on performance and outcomes.

6.7 In addition, reporting to the Quality and Safeguarding Committee occurs on a monthly basis and includes data with a brief narrative on themes and improvements underway. The full report is shared quality with this committee to provide assurance.

6.8 An annual report is produced, which is presented at executive board level in the CCG, and to joint committees across Sussex. The three Sussex Health and Wellbeing Boards and Safeguarding Adult Boards across Sussex also receive the report for discussion and an agreed version is then published on the CCGs' websites.

6.9 Additionally, an accessible version of this report is shared with the Sussex CCGs Shadow Learning Disability and Autism Board, which is made up of service users and people with lived experience, and the place-based Learning Disability Partnership Boards.

7 Performance

7.1 Sussex concluded 2020/21 having cleared a back-log of LeDeR reviews. This ensured that we went into this reporting period in a strong position to address any delays that might have occurred due to the establishment of the new platform and policy requirements.

7.2 In addition to this strong start, the 2021/22 reporting period has seen a reduction in notifications received. While this may be expected due to decreasing number of deaths attributed to COVID-19, we also plan to refresh LeDeR communications across Sussex to all partners and stakeholders to ensure the decreased numbers are not due to a lack of reporting.

7.3 Where possible, all Sussex reviews are now completed within six months of notification, which is the required standard. Those that breach this are due to holds being placed on the initiation of the review because they are subject to an alternative process that need to be concluded before the LeDeR review is started. Examples of these processes are: safeguarding enquiry, safeguarding adult review, serious incident investigation or inquest.

7.4 Sussex currently has nine reviews on hold due to statutory processes. These include three safeguarding adults' reviews, three safeguarding enquiries and three inquests.

7.5 Sussex reviewer arrangements

7.5.1 Sussex are proud to report that all of the substantive posts outlined in the new policy have now been recruited to.

7.5.2 The new LeDeR reviewers come from a variety of backgrounds; this includes general nurses, child nurses and other professionals such as social workers. This ensures a skill mix that is able to respond to both the inclusion of autistic deaths and also the complex health presentations seen in some notifications.

7.5.3 Reviewer's skills and knowledge are, wherever possible, matched to the reviews they are allocated, and support is provided via peer supervision and the LeDeR Case Manager or the LACs.

7.6 Bench marking

7.6.1 In May 2021, the South Central and West Commissioning Support Unit (SCW CSU) took over the data collection and preparation from the University of Bristol. This change has caused ongoing data quality issues that the national team have been trying to resolve. Unfortunately, this means that we have limited reliable data to draw on for bench marking purposes.

7.6.2 However, we do know the highest percentage of completed notifications at national level is 98%, placing the South East region in second with 97%. The lowest regional percentage reported is 95%.

7.6.3 Sussex ICS completed a total of 97% of the eligible notifications, which is in line with the South East total. The highest performing ICS regionally achieved 99% and the lowest 90%. Sussex ended this reporting period 2nd for LeDeR performance at a regional level.

8 Equality

8.1 Equality impact

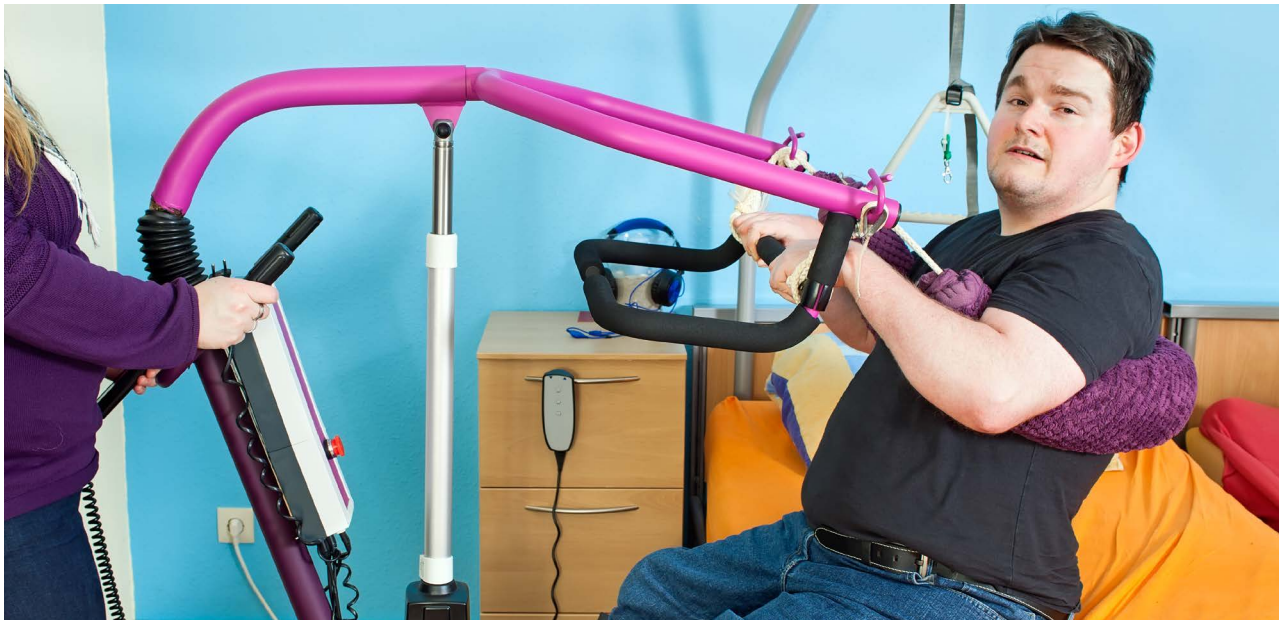
8.1.1 The purpose of the LeDeR programme is to reduce the health inequalities people with a learning disability face, by attempting to understand the determinants that underpin them.

8.2 Four domains of analysis

8.2.1 The next part of this report focuses on the analysis of all the reviews received and completed in the reporting period. These domains are:

- Demographics of all notifications received: age, gender, ethnicity, and level of learning disability. Level of learning disability is taken from the narrative of completed reviews only.
- The cause of death as recorded on the death certificate of completed reviews.
- Themes identified in the recommendations made in completed reviews.

8.2.2 It must be considered that there have been long periods in this reporting cycle where the platform has had limited functionality and the ability to extract data is still limited. While this may have some impact on the validity of the reported information below, it is largely consistent with what we have seen in previous years and will therefore be reported with this caveat.



8.3 Age

8.3.1 Seventy-three deaths were notified to LeDeR during the reporting period.

- The range of age of death was 5-87
- The mean average adult age of death was 54
- The median age of death was 61

8.3.2 Thirty-five females with learning disabilities died during the reporting period.

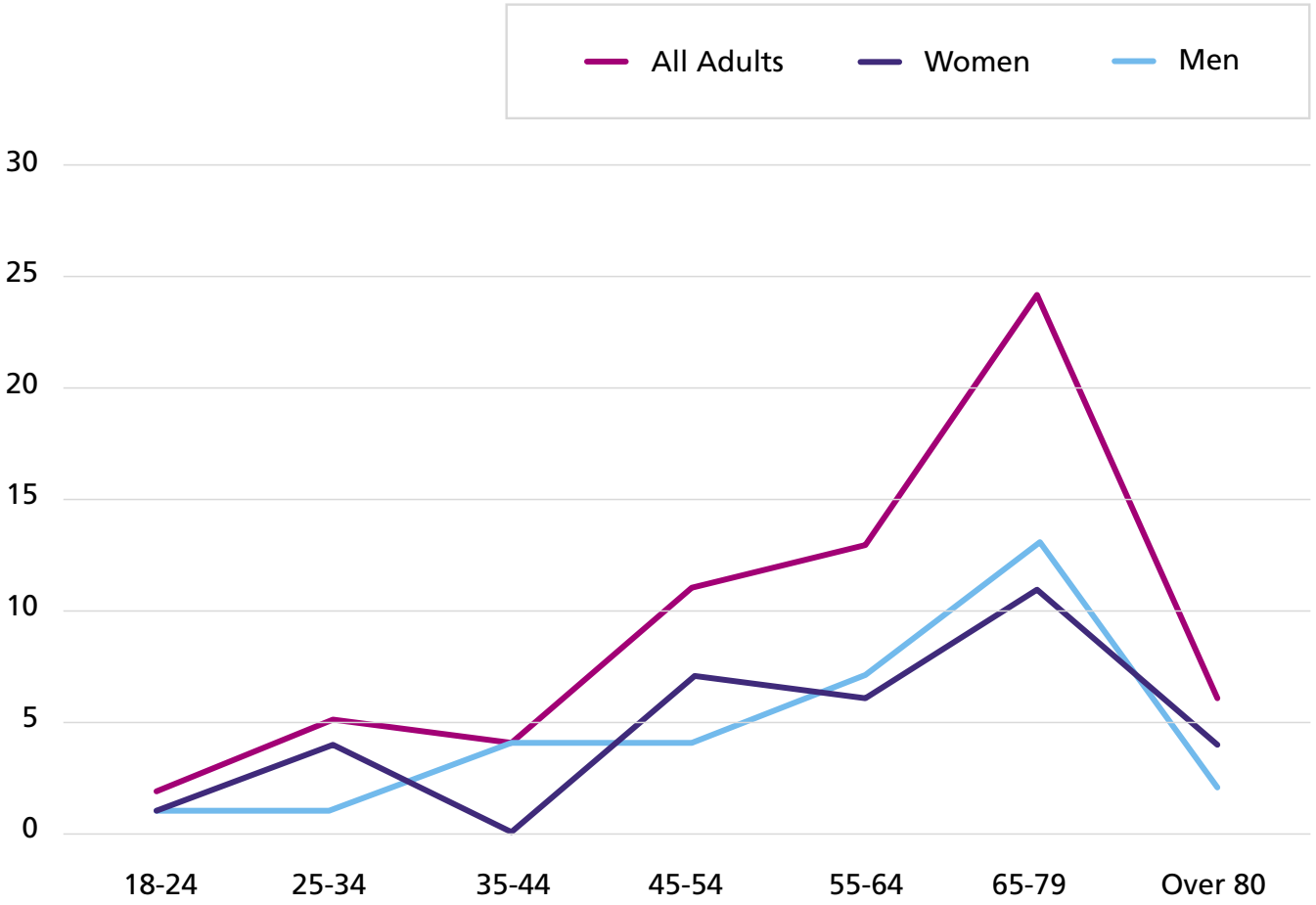
- The range of age was 5-87
- The mean average age of death was 54
- The median age was 61

8.3.3 Thirty-eight males with learning disabilities died in the reporting period

- The range of age was 6-87
- The mean average age of death was 56.4
- The median age was 63

8.3.4 The following graph shows a visual representation of the age ranges of the adults reported to LeDeR in the period

Deaths adults 21-22

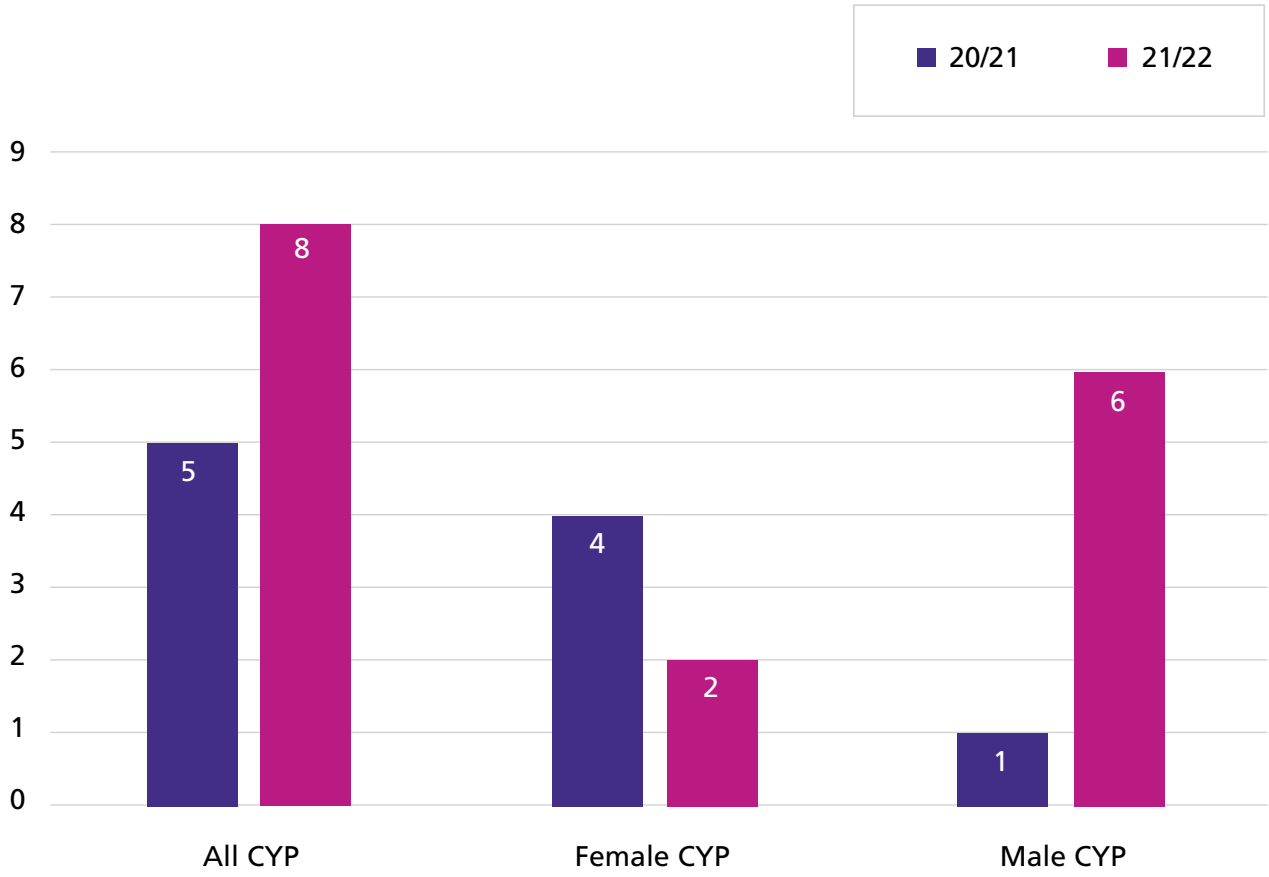


8.4 Age of children

8.4.1 Eight child deaths (three more than the previous year) were reported to LeDeR during the reporting period. This increase will be compared with regional and national data when it becomes available. The Child Death Overview Panel (CDOP) has seen a comparable increase in notifications also.

- The range of age of death was 5-14
- The average age of death was 10.5
- The median age of death was 11.5

Deaths of children and young people (CYP)



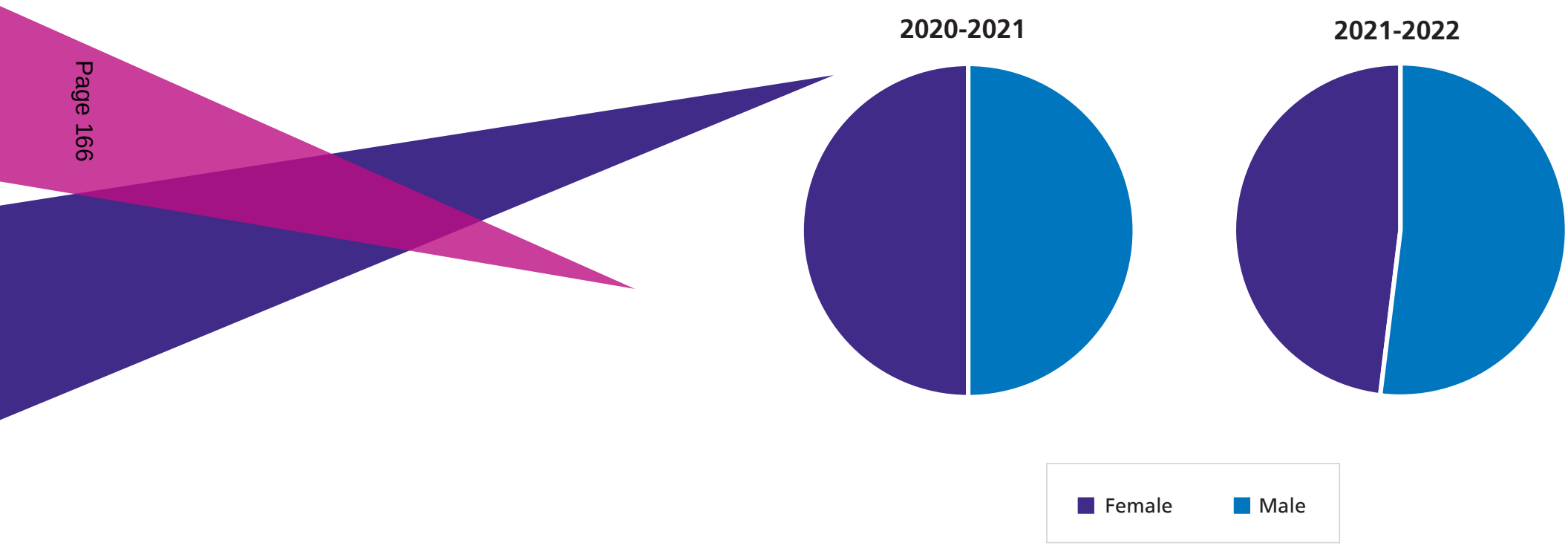
8.4.2 CDOP is the lead process for the review of child death. Direct learning will be published and tracked by CDOP. However, there is LeDeR representation at all child death review meetings and on CDOP panels where there is a final sign off.

8.5 Gender

8.5.1 35 females died in the reporting period.

8.5.2 38 males died in the reporting period.

	2020-2021		2021- 2022	
	Male	Female	Male	Female
No.	61	61	38	35
%	50	50	52	48



8.6 Ethnicity

8.6.1 Nationally, COVID-19 has disproportionately impacted people from minority ethnic backgrounds. This has also been reflected in local population data as those with learning disabilities, from minority ethnic groups, are consistently overrepresented in the notifications of deaths. All adult reviews of a person from a minority ethnic community will receive a focused review to further understand the impact and interaction between ethnicity and learning disability.

8.6.2 The use of psychotropic medication is one theme that has been identified as particularly impacting this group. This learning has been raised in the 'Stopping the Over Medication of People with a Learning Disability (STOMP) Steering Group, which is chaired and attended by specialist pharmacy. Reviews have also highlighted the importance of interpreters being available at the earliest opportunity, this learning has also been shared through the Primary Care Networks and Health Inequalities Steering Groups.

8.6.3 The table below provides further information on the ethnicity of those notified under the LeDeR programme in 2021/22:

Ethnicity	White				Mixed/multiple ethnicity groups				Asian or Asian British				Black or Black British			Other ethnic groups		
	British	Irish	Traveller or Gypsy	Any other White background	White & Black Caribbean	White & Black African	White & Asian	Any other mixed background	Indian	Pakistani	Bangladeshi	Any other Asian background	Caribbean	African	Any other Black background	Chinese	Any other ethnic group	Not stated
No. of reported deaths	48	0	0	1	1	0	0	0	1	1	0	0	0	0	0	0	0	0
% of all reported deaths	92	0	0	1.9	1.9	0	0	0	1.9	1.9	0	0	0	0	0	0	0	0
Ethnicity % of local populace	89	1	0.1	4	0.3	0.3	0.5	0.5	0.8	0.3	0.3	0.7	0.2	0.5	0.1	0.4	0.3	

8.7 A pen portrait to introduce some of the people who have died

8.7.1 It is imperative that those reading this report are reminded that the learning comes from the lives and deaths of real people, who lived with their families or other support in our Sussex communities. This work could not happen without them and so we take time to remember some of them; Janet, Dan Adrian and Reg* whose families we thank for their permissions to include in our report. **Names have been changed.*

8.7.2 The following pen portraits provide a brief outline of the person and the circumstances of their life and death:

Janet

Janet was one of 11 children. Whilst she was not in touch with most of her siblings, she was very close to two of her sisters. She grew up in a long stay hospital and until only a few years ago would bundle her belongings up at night as she had done in the hospital. Janet was the longest resident at her home, and she had lived there for 32 years. When younger she went to her sister's Doreen for weekends where she enjoyed playing with her nieces and nephews especially her favourite one, who she called fish face.

Janet had a passion for art, but she liked to keep hold of it. In a day centre she attended her work was on display, but she would ask if she could take it home regularly as it was hers.

Janet loved life and people. She was known for giving the best big hugs whilst saying "you old bugger". Janet lit up the room and is missed greatly.

Reg

Reg had a mild learning disability and was proud of his role in looking after a brother with severe learning disabilities as a child. Reg loved to chat and liked to meet new people. He particularly liked cruises where he enjoyed the quiz shows and cabarets. Reg lived with six other people in a home he liked. He sometimes got irritated with other he lived with, but this was usually short lived. Reg was a night owl, but this meant that he often slept most of the day. He died in hospital and requested to be buried at sea as he loved all things naval.

Reg was diagnosed with a mental illness and was detained under the Mental Health Act. He was subsequently discharged without restrictions but continued to need skilled support to access the community. As Reg got older his ability to process information reduced. He was known to dislike law and governments, subjects that were generally avoided by those around him.

Reg had always been reluctant to attend health appointments but in later years he was diagnosed with an eye condition and asthma. He had declined all invites for bowel screening. Bowel screening was finally undertaken when Reg began to experience a significant change in his bowel habits, and by the time he was admitted to hospital he was very unwell. He continued to decline all tests and care, but minimal care was finally agreed as in his best interest under the mental capacity act.

Adrian

Adrian was the oldest of three. His mum was told to put him into care but this was not an option for her. Adrian's mum was a primary school teacher and Adrian went to mainstream school, which was unusual at the time for a child with down's syndrome. Adrian loved a party and was confident and sociable. He would have planned Christmas from January if he could. As the oldest he was protective and supportive of his siblings and known for his calming effect. He loved clothes and fashion, won awards in art competitions and James Bond was his hero. He was also strong willed and loathed being patronised, something that occurred in some care settings.

Adrian was diagnosed with dementia. As his needs increased, he was well supported in his nursing home. His sister watched his world become smaller, but the pandemic was nothing more than tragic for Adrian and his mum. She had become frail, but the family and home worked hard to maintain connections. Adrian died peacefully in his home and was survived by his mum for only a week.

Dan

Dan was born prematurely and was one of twins. They both had a very rare syndrome and his brother sadly died. Dan did not come out of special care until he was six months old, he was cared for jointly by foster carers and his family. His mum describes him as a gift. Dan had two younger brothers and enjoyed making mischief with them. Whilst his speech could be difficult to understand his brothers were expert at translating and advocating for him. Prior to the pandemic Dan would spend up to half of the year with his mum and their extensive and close family.

An avid royalist when Princess Diana died, he took to his sofa in a sleeping bag refusing to move, watching all the news and grieving. This lasted three days.

The pandemic frightened Dan and he became increasingly reluctant to come out of his room. Specialist support was sought as his behaviour changed. Dan had always been reluctant to visit hospitals and allow tests to be undertaken but staff at his home became very concerned when he lost weight and experienced falls. After several failed visits and with the support of the acute liaison nurses at the hospital Dan was diagnosed with cancer that had started in his bladder but had spread to multiple sites. He declined treatment, something he had the capacity to do. He was supported his local hospice and then moved to be with his mum and aunt. All his family visited him in his last few months, and he died peacefully with his mum and aunt beside him. His mum described his death as joyful.

8.8 Level of learning disability

8.8.1 For every review carried out the level of learning disability for that person is confirmed and recorded as either mild, moderate, severe, or profound/multiple.

- Based on previous data, a greater percentage of people with mild learning disabilities died this year.
- Sussex has a higher than national average number of care homes that are registered to look after people with severe learning disabilities.
- The information below shows a breakdown of the level of learning disability for all reviews completed in the reporting period:

Level of learning disability	No. 20/21	%	No. 21/22	%
Mild	23	29	9	32
Moderate	17	21	8	28
Severe	25	31	7	25
Profound and multiple	10	12	4	14
Unknown	5	5	0	0

8.9 Cause of death

8.9.1 In 2020/2021 COVID-19 was the most common cause of death and pneumonia was second.

8.9.2 There has been a marked shift in reported cause for this reporting period, with vascular conditions being the most common primary cause, accounting for 25% of deaths. Cardiovascular health will therefore be picked up as a priority workstream through the Health Inequalities Steering Group in 2022/23.

No.	Primary cause of death	No.	Secondary cause of death
1	Vascular conditions including heart attacks and stroke	1	Sepsis
2/3	Cancer	2	Frailty
3/2	Pneumonia	3	Alzheimer's dementia
4	COVID-19	4	Epilepsy
5	Frailty	5	Learning disability

8.9.3 It's to be celebrated that in this reporting period, there has been a reduction in the incidence of death being attributed to a learning disability.

8.10 DNACPR – Do Not Attempt Cardio-Pulmonary Resuscitation

8.10.1 During the first wave of the COVID-19 pandemic, concerns were raised about the potential for "blanket" decisions being made around resuscitation, particularly for more vulnerable populations.

8.10.2 In response to the concerns about the practice around DNACPRs, this year Sussex has implemented the use of the ReSPECT tool across providers in Sussex. ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment. Learning from LeDeR has been included in the Sussex ReSPECT projects.

8.10.3 Completion of ReSPECT forms is now included in medical examiner scrutiny. Training has been provided to specialist learning disability teams in their benefit and use as well as initiating and supporting conversations to promote the understanding of the process, including the role of the Independent Mental Capacity Advocate.

8.10.4 Learning from LeDeR continues to be shared with the Sussex palliative care and end of life project board and has been included in the Sussex-wide End of Life Strategy.

8.11 Recommendations made in completed reviews

8.11.1 In the new format, initial reviews allow two learning recommendations to be made and two aspects of good practice to be shared.

8.11.2 The table below shows the thematic analysis of recommendations made as a result of reviews in the period 2021-22. The top three themes remain the same as the previous year.

Theme	Number featured
Application of the Mental Capacity Act	6
A lack of advanced care planning	6
Prevention/identification of deterioration	2
STOMP/STAMP	4
Poor completion of ReSPECT forms	3
The importance of reasonable adjustments	4
Annual health checks (AHCs)	2
Poor co-ordination of care	4
Screening not undertaken	3
Access to health promotion	3
Diagnostic overshadowing causing delays	2

8.12 Positive practice themes

Theme	Number featured
Carers going the extra mile including meeting needs at a person's end of their life	3
Placements being maintained despite a person's needs increasing	2
Shared lives carers providing a high level of advocacy	2
Capacity assessment undertaken with specialist easy read resources	2
Regular and thorough reviews by primary care	2
Acute liaison nurses enabling coordinated care on discharge	2

9 Action from learning

9.1 What we have learned:

Best practice and positive outcomes we have learned from reviews
Effective communication and liaison from and between the care home, CLDT and acute liaison nursing both in the community and when in hospital
Feedback to those involved in a person's care and support that the family have praised their approach
Excellent person-centred care from the care home in ensuring that a person was able to return home at the end of their life
Information used from a hospital passport ensuring that staff in A&E had Disney music playing when a lady was admitted at the end of her life
Application of Article 8 Human Rights Act (HRA) to enable a person to return to the family home to die
Application of reasonable adjustments including enabling visiting under COVID-19 restrictions
Specialist learning disability nursing in a hospice enabling the completion of ReSPECT
Good application of the Mental Capacity Act – supporting people to make their own decisions, which were respected.
Compassionate care in hospital when a transfer was delayed and discharge to home could not occur but the person's carer was able to be there and provide their personal care
Evidence of thorough and regular medication reviews by a pharmacist in primary care
A care provider supporting a lady's sister who also had a learning disability in their grief

The areas for improvement that were identified in recommendations from reviews

- People remaining on medications without regular review, specialist oversight and/or clear diagnosis indicating a clinical need for the medication
- Documentation to reflect the application of Mental Capacity Act
- Better understanding of the risks associated with constipation including long term laxative use.
- Better care co-ordination to improve and ensure a consistent approach when a person with learning disabilities has multiple morbidities
- The need to initiate advance care planning and ReSPECT when risks due to dysphagia remain
- Better identification of frailty to inform advanced care planning
- Access to good public health advice and reasonably adjusted social prescribing particularly to support weight loss and increased activity
- Inclusion of learning disability care homes in the Enhanced health in care homes direct enhanced service
- Application of the deprivation of liberty safeguards as required
- Evidence of thorough and regular medication reviews by a pharmacist in primary care
- A care provider supporting a lady's sister who also had a learning disability in their grief

9.2 Action from learning: what we have learned about deaths from COVID-19

9.2.1 All except one death attributed to COVID-19 were of fully vaccinated people. The CCGs have worked hard to ensure that people receive their vaccines and boosters and that the pathway for application of MCA is clear.

9.2.2 When vaccines are declined on behalf of a person with a learning disability who may not have capacity to make this decision, health facilitation teams assess what reasonable adjustments are required and whether a program of familiarisation should be developed. GPs are also supported to consider possible barriers and seek legal advice, including prompt application to the Court of Protection if appropriate.

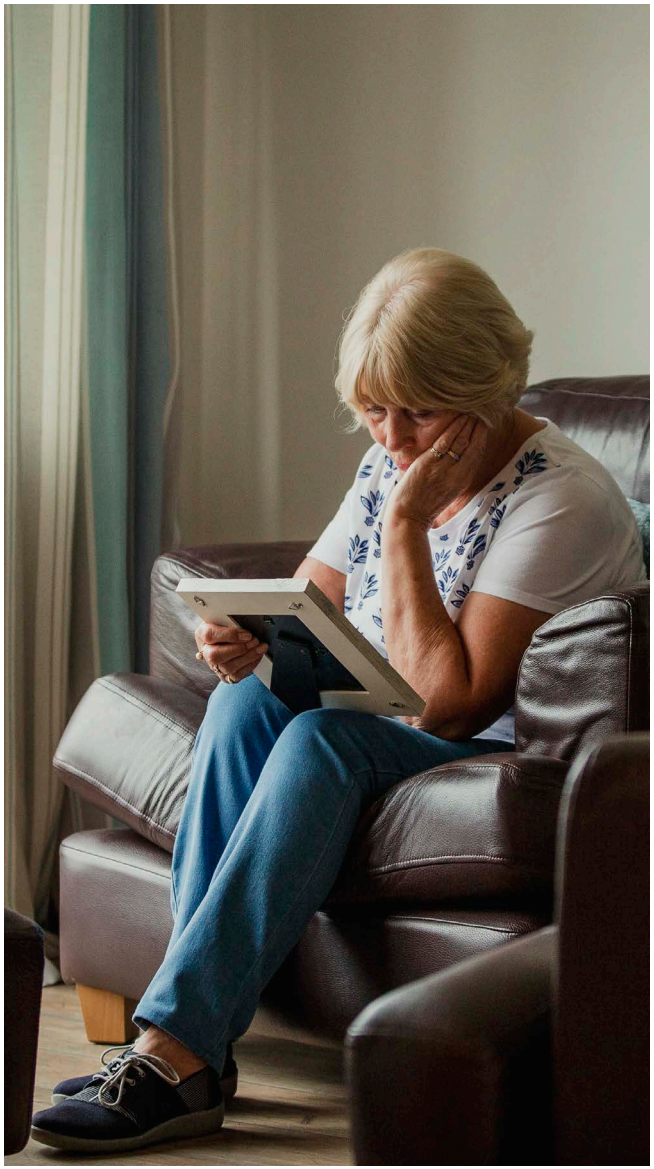
9.3 Impact

9.3.1 Opposite is feedback received from Adrian's sister to a reviewer.

I just wanted to connect with you following your call today.

I am really pleased to be in touch with you and your team. It is a really important aim for me to improve lives for people with learning disabilities and I like to think I do this in Adrian's name. I miss him so much. You are a great advocate for your team, how can I explain it - I enjoyed talking to you about Adrian's life and you do that at such a difficult time in people's lives - it feels like he is still here. It is really good to be looking forward to doing more now that life has changed so much.

I look forward to keeping in touch – it is on my action list to share some information about Adrian and his life, and Mum of course who did such a great job in difficult circumstances. I am so proud of him and his achievements in life and hope to continue reaching out to others.



9.4 The Sussex CCGs LDA Health Inequalities Steering Group

9.4.1 The Learning Disability and Autism Health Inequality Project Board was established to ensure that the health inequalities identified through LeDeR Programme and committed to in the Sussex LDA Strategy are addressed.

9.4.2 The board includes representation of people with lived experience, families and carers and links to wider population health workstreams that are being picked up in the developing ICS.

9.4.3 Clinical priorities for the group have been set in accordance with last year's LeDeR data. Due to this, respiratory is the top priority because it accounted for 25% of 2020/21 notifications.

9.4.4 Based on local and national LeDeR priorities working groups for the LDA HI Steering Group are focused on the following clinical areas:

- Respiratory
- Immunisation and vaccinations
- Cardiovascular disease
- Hearing and sight checks in residential special schools
- Bowels/constipation
- Diabetes – flash glucose monitoring
- Epilepsy awareness
- Cancer and cancer screening

9.4.5 Work is linked back into mainstream commissioning to ensure a wide impact.

9.4.6 The Steering Group also oversee the implementation of the 'Dynamic Support Register' for physical health.

9.5 Dynamic support register – physical health

9.5.1 Based on a tool developed by Cheshire and Wirral NHS Trust, a project worker has been employed to pilot the application of this tool across primary, community and specialist (community learning disability teams). Utilising an agreed GP learning disability register, the tool will be applied to all on the register in order that they can rate risks to health and premature mortality.

9.5.2 The tool will support the identification of, and referral to, relevant care pathways including social prescribing, STOMP medication reviews and healthcare co-ordination and agencies.

9.6 Advance, anticipatory and end of life care planning

9.6.1 Training has been provided to community learning disability and health facilitation teams across Sussex through the role-out of ReSPECT, on understanding frailty and how to plan for the person's last year of life.

9.6.2 The learning from LeDeR has been included in the Sussex palliative care and end of life strategy and strengthens the commitment of inclusivity of people with a learning disability and autistic people in services such as hospices and single point of contact hubs.

9.7 Identifying a deteriorating patient – Restore 2, Restore 2 mini and Stop Look Care

9.7.1 Working collaboratively with the Kent, Surrey and Sussex Academic Health Sciences Network (AHSN), Restore 2 mini 'train the trainer' sessions have been delivered across the Sussex footprint. A suite of three packages is being developed to include training for care providers, family career and personal assistants and people with learning disabilities.

9.7.2 Stop Look Care is a NICE recognised tool and handbook for care workers and carers, which is used to identify, prevent and respond to deterioration among older people in the health and care sector. However, little was known about its use in the variety of social care settings where people have a learning disability and/or autism.

9.7.3 Based on local and national learning from LeDeR, members of the Sussex learning disability and autism, and Stop Look Care teams devised a training package adapted for this work force using LeDeR case studies. One focused on oral care and the prevention of chest infections among people with a learning disability and/or autism. The other used the principles of active support to consider the active health support required for a person with mild learning disabilities to prevent constipation.

9.7.4 The team is now cascading this tool via partners, to anyone supporting people with a learning disability and/or autism. The team aims to create a new Learning Disability and autism version of the Stop Look Care booklet for the programme, which will include guidance on epilepsy care, postural and respiratory management, the prevention of chest infections, and STOMP.

9.8 Action from learning: the evidence base for local priorities 2021/2022 – based on the recommendations from completed reviews

Applying the Mental Capacity Act

Recommendations raised issues with its application include:

- Assuming incapacity
- Lack of available assessment of capacity
- A lack of application of the self-neglect guidance when a person is considered to have capacity but remains at risk of death
- Applying the MCA for 16-17 year-olds
- Poor understanding of the role of the independent Mental Capacity Advocate when undertaking ReSPECT

Positive practice to share:

- Evidence of excellent application in maximising understanding to promote choice, rights and dignity in death
- Preparation for the roll out of the liberty protection safeguards

A lack of advanced care planning

Recommendations include:

- Improving the skills in identifying that a person with dysphagia who is experiencing multiple chest infections, should have a plan recognising their views and wishes about their death
- The need for a lead clinician to develop advance care plans and initiate ReSPECT conversations
- The need for speech and language to develop contingency and/or advance care planning when delivering 'risk feeding' care plans.
- Better understanding of the application of frailty models for those with multiple morbidities
- Earlier referrals to hospice or end of life single point of contact hubs by acute liaison nurses and primary care
- People should not be discharged from hospital without hospice involvement if their prognosis is terminal

Practice to share:

- Learning disability liaison nurses working behind the scenes to enable good hospice support.
- The evaluation of a hospice health facilitation project

Understanding the risks associated with constipation

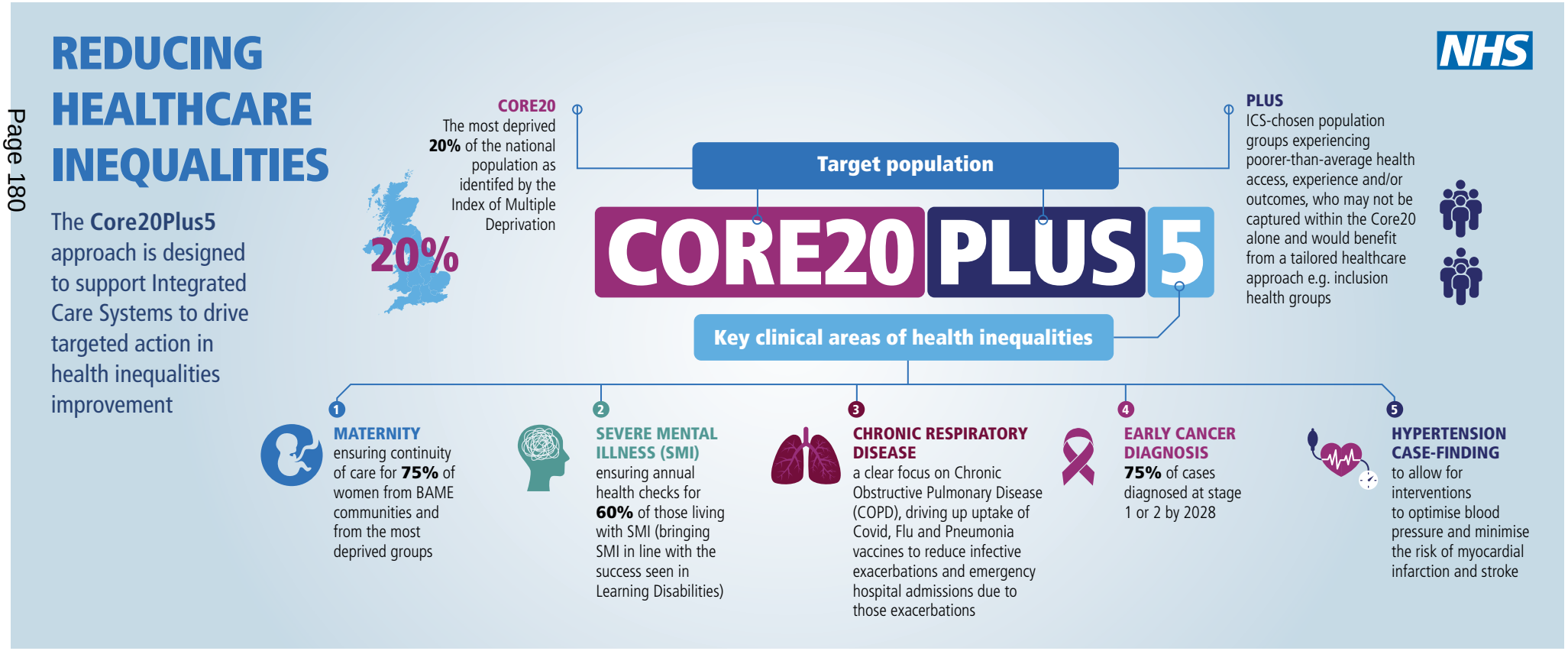
Recommendations include:

- Providing health promotion advice lifestyle factors
  - Hydration
  - Diet
  - Exercise
- Ensuring good monitoring of bowel health when medication is provided
- Ensuring the availability of accessible resources and reasonably adjusted health promotion
- Promoting the importance of FIT
- Ensuring specialist involvement (bladder and bowel) when constipation remains problematic
- Increasing the understanding of good bowel health in preventing bowel cancer
- Ensuring that surveillance and management is clear when there may be a risk of volvulus

10 Learning into action: Population Health Management

10.1 The NHS Long Term Plan (LTP) and Sussex's Vision 2025 require the Integrated Care System (ICS) to develop and increase the use of Population Health Management (PHM) as a tool to support the transformation of care and service provision.

10.2 Core20PLUS5 is an NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort – the '**Core20PLUS**' – and identifies '**5**' clinical focus areas requiring accelerated improvement.



10.2.1 Targeting the **core 20%** most deprived as identified by the national index of multiple deprivation.

10.2.2 **Plus**, considering the locally determined population groups experiencing poorer than average health experiences and outcomes and inclusive of multiple morbidities and protected characteristics.

10.2.3 **5**, the focus areas of maternity, severe mental illness, chronic respiratory disease, earlier cancer diagnosis and hypertensive case finding.

10.2.4 PHM in Sussex has identified six priority areas of which mental health and learning disabilities is one. These priorities support Primary Care Networks (PCNs) to prevent ill-health and tackle neighbourhood health inequalities.

10.2.5 Specific to those with a learning disability is the commitment to

- Develop better pathways of care tailored to the needs of people with a learning disability
- Increase access to social prescribing
- Improve the uptake of health checks

10.2.6 A member of the Sussex Population Health Management, Prevention and Personalised Care team sits on the Sussex Learning Disabilities and Autism Health Inequalities Steering Group. This ensures alignment of workstreams in order that learning from LeDeR influences population health management workstreams and this also ensures that LeDeR national themes are addressed.

11 Learning into action

11.1 Addressing the national themes in the areas of respiratory care, cardiovascular care and care and increasing the focus on those from minority ethnic communities

11.1.1 The Sussex Learning Disabilities Health Inequalities Steering Group has devised its workplan in accordance with national and local learning from LeDeR.

11.1.2 LeDeR is embedded in the wider Sussex health inequalities work streams as well as a driver for the Sussex Learning Disabilities and Autism Health Inequalities Steering Group.

11.1.3 LeDeR will work to develop relationships with ICS partners from minority ethnic communities in order that the needs of those with a learning disability and who may be autistic within their communities are better understood and addressed.

11.1.4 The Sussex Population Health Management Strategy demonstrates a clear commitment those with a learning disability and their inclusion in all work streams.

11.2 Action from learning; Annual Health Checks

11.2.1 Throughout 2021-22 Sussex has been working towards a target of at least 72% completed health checks for those eligible.

11.2.2 Pressures on primary care have continued to increase and staffing has been significantly affected by the pandemic and specifically the Omicron variant. Health facilitation teams across Sussex have worked creatively to support primary care in the completion of annual heath checks. Whilst the target has not been achieved to date, performance continues to improve.

Annual Health Check performance data with previous year comparisons:*

	2020-21			2021-22		
CCG	**Checks**	**Q4 register**	**AHC %**	**Checks**	**Q4 register**	**AHC %**
Brighton and Hove	799	1,492	53.6%	788	1,546	50.8%
East Sussex	2,283	3,208	71.2%	1,722	3,299	52.2%
West Sussex	3,413	4,690	72.8%	2,509	4,818	52.1%
Sussex total	**6,495**	**9,390**	**69.2%**	**5,016**	**9,663**	**51.9%**

**Please note this data is taken from the Sussex Month 11 position. Data from the end of year is expected shortly and this section will be updated accordingly.*

11.2.3 There are health facilitation teams across Sussex, with the East Sussex team operational from September 2021.

11.2.4 In this reporting period, there has been an increased focus on the quality of the annual health checks. A quality audit has been completed as part of the Thumbs up work. Details of this are below.

11.2.4 Our ambition remains to achieve and maintain 75% by 2023-2024 while concurrently increasing the number of people with a learning disability on GP registers. In addition, there will be a renewed focus on ensuring AHCs result in a Health Action Plan, with a 100% concordance rate set for 2022/23.

11.3 A positive practice example: The thumbs up audit 21/22

11.3.1 During 2018 we developed the 'Thumbs Up' to Good Health Award in conjunction with Speak Out, an independent advocacy service. The award is a quality kite mark scheme.

11.3.2 In 2021/22 the first audit was completed against the standards outlined below.

Criteria
1. Has a HAP been produced?
2. Has the HAP template been used?
3. Is a copy saved on the patient's record?
4. Is a copy given to the patient?
5. Is simple language used?
6. Are the actions on Health Action Plan clear?
7. Is it clear who is going to complete each action?
8. If any, is there evidence that actions allocated to GP have been actioned?
9. Are any referrals identified in the Annual Health Check recorded in the HAP?
10. Reasonable adjustments necessary for the delivery of the agreed follow-up actions are recorded and communicated to relevant personnel and agencies (e.g. in referral letters)
11. People have been given easy read information about any recommendations for healthy lifestyles / conditions / tests etc'

11.3.3 The following results were collected from the audit:

Criteria	Total number of HAPs that criteria was applied to	Yes	%	No	%	N/A	%
1. Has a HAP been produced?	99	62	**62.63**	37	**37.37**	0	
2. Has the HAP template been used?	62	53	**85.48**	9	**14.52**	0	
3. Is a copy saved on the patient's record?	62	59	**95.16**	3	**4.84**	0	
4. Is a copy given to the patient?	62	45	**72.58**	17	**27.42**	0	
5. Is simple language used?	62	21	**33.87**	41	**66.13**	0	
6. Are the actions on Health Action Plan clear?	62	56	**90.32**	4	**6.45**	2	**3.23**
7. Is it clear who is going to complete each action?	62	28	**45.16**	32	**51.61**	2	**3.23**
8. If any, is there evidence that actions allocated to GP have been actioned?	62	38	**61.29**	4	**6.45**	20	**32.26**
9. Any needed referrals identified in the Annual Health Check are they recorded in the HAP?	62	30	**48.39**	2	**3.23**	30	**48.3871**
10. Reasonable adjustments necessary for the delivery of the agreed follow-up actions are recorded and communicated to relevant personnel and agencies (e.g. in referral letters)	62	32	**51.61**	11	**17.74**	19	**30.65**
11. People have been given easy read information about any recommendations for healthy lifestyles / conditions / tests etc.	62	24	**38.71**	16	**25.81**	22	**35.48**

11.3.4 The most common actions taken as a result of an annual health check were:

- Further support regarding weight management identified and offered
- Medication review needed
- Blood tests needed
- Referral to podiatry

11.3.5 The following areas of good practice were identified:

- Learning disability champions/ leads in all practices
- Follow up after discharge form hospital.
- Robust medication reviews systems
- Reasonably adjusted appointment times, locations, and lengths

11.3.6 The following areas were identified for improvement or more support:

- The recording of reasonable adjustments
- More easy read information
- Better awareness of specialist teams
- Training in coding and templates
- Training on how to produce a good HAP
- Follow up when a person is not brought or does not respond to invites
- Ensuring feedback from people with a learning disability and their families and carers
- Including people with learning disabilities in patient reference groups

11.3.7 This audit is the consolidation of a longer project and the data that it's produced will feed into quality improvements for the delivery of AHCs across Sussex.

11.4 Action from learning: the role of cancer screening

11.4.1 During this reporting period there have been two deaths in Sussex from cancers where the person was eligible for screening but declined. These have been shared with the Sussex cancer screening interface manager to inform future work.

11.4.2 An awareness campaign has been developed to promote the undertaking of faecal immunochemical test (FIT) and to increase awareness that bowel cancer affects comparatively younger people with learning disability.

11.4.3 A film is being produced jointly with those with a learning disability to promote the importance of screening.

11.4.4 Learning disability health facilitation teams are working with screening services to ensure the availability of reasonable adjustments and accessible information is promoted for all appointments. Teams are also ensuring flags are used appropriately to ensure people with a learning disability, autism or both receive the right support for appointments.

11.5 Action from learning: Local priorities for delivery in 2021/2022 based on the learning from reviews locally and nationally

11.5.1 Sussex continues to increase the rates of annual health checks for people with learning disabilities, and the 'Thumb's Up' campaign supports the focus on quality reviews and subsequent health action plans.

11.5.2 Working with wider Population health and Core 20 plus 5 systems to ensure system wide focus on the health inequalities experienced by people with a learning disability.

11.5.3 Working with primary care medication optimisation teams on the principles of STOMP will be included in medication reviews and annual health checks.

11.5.4 Continue the delivery of 'Stop Look Care' training to social care to ensure the tool becomes embedded; an evaluation will then follow. The booklet that accompanies the training will be revised to ensure learning from LeDeR is integrated, e.g. postural management and constipation.

11.5.5 Evaluating the pilot for the dynamic support register for physical health and clear outcome pathways, including public health and social prescribing.

11.5.6 Continued work with AHSN to embed RESTORE 2 mini, including in their 'deteriorating patient' safety work-stream including the development of training that is suitable for family, carers, PAs and those with a learning disability.

11.5.7 Sussex will continue to look to develop innovative ways of delivering annual health checks for autistic people. Pilot health checks for autistic people and delivery though secondary care will be co-produced with autistic people.

11.5.8 Sussex will continue to provide training and support to health and social care to ensure reasonable adjustments are understood and requested to improve access to universal services such as screening.

11.5.9 Clear pathways will be developed across Sussex for people with learning disabilities who have respiratory needs requiring specialist care.

11.6 Action from learning: evaluating the impact

11.6.1 Learning from LeDeR and subsequent action plans will be presented to the Sussex Learning Disabilities and Autism Board and LDA Health Inequalities Steering Group. This will ensure all parts of the system commit to understanding the needs of those with learning disabilities to improve access to good health care.

11.6.2 The LeDeR Governance Group now routinely reports to the Sussex LDA Board and Shadow Board, which is a board made up of people with learning disabilities and autistic people. This group acts as the reference group for learning from LeDeR with biannual workshops to co-produce service improvements.

11.6.3 The impact of Stop Look Care and Restore 2-mini will be evaluated jointly with partners in 2022/23 to be reported in the next annual report.

11.6.4 People with a learning disability, autistic people, family carers and providers views will be sought to determine whether they have experience improvement the health care they received over the last two years.

12 Conclusion

12.1 LeDeR in Sussex continues to play a pivotal role in both identifying and addressing the health inequalities experienced by people with a learning disability and through its expansion this year to include autistic people. This report highlights a range of good practice across Sussex. However, the continued reporting of premature deaths, shows the enduring need for the LeDeR Programme to support further development of good practice across Sussex as outlined within our LeDeR Health inequality strategy.

12.2 We know that people with a learning disability and autistic people from minority ethnic communities face additional health inequalities. LeDeR in Sussex is committed to identifying and addressing these additional inequalities.

12.3 It is pleasing to note the system-wide increased recognition and commitment to addressing the health inequalities experienced by people with learning disabilities and autistic people. This has enabled the development of strong links between the Learning Disability and Autism Health Inequalities Steering Group and Sussex population health and strategic health inequalities work.

12.4 Meaningful involvement of people with learning disabilities, autistic people, and their families/ carers in service improvement continues to develop and strengthen, with strong links to the Sussex Learning Disability and Autism Shadow board, local self-advocacy groups and place-based Learning Disability Partnership boards and Autism Partnership boards.

12.5 The national LeDeR policy has supported the change in focus from performance to sustained quality improvements with a number of deliverables achieved including the funding of a LeDeR review team and required updates to the governance processes.

12.6 Despite the continued pressures experienced by individuals, families, services and systems by the Covid-19 pandemic, we are in a strong position entering the next reporting cycle, with a newly recruited LeDeR team and a co-produced plan for how best to support the changes to the programme, most notably with the inclusion of autistic people.

12.7 Sussex also continues to be proud of, and indebted to, the participation of our families and experts by experience in the LeDeR programme

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Report to:	**East Sussex Health and Wellbeing Board**
Date of meeting:	**19 July 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) stop receiving updates of the East Sussex Outbreak Control Plan

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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 March meeting, 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 minor updates on accuracy and removing the previous free testing provision provided by the Department of Health and Social Care (DHSC).

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 Given the 'Living with COVID-19' guidance and the withdrawal of key national support for COVID-19, the Board is recommended to no longer receive updates on the Outbreak Control Plan unless there are substantial changes advised nationally.

DARRELL GALE

Director of Public Health

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Background Documents: Outbreak Control Plan

eastsussex.gov.uk

East Sussex County Council

East Sussex Outbreak Control Plan – COVID-19

July 2022

Version 6.0

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
6.0	Quarterly refresh for the Health and Wellbeing Board sign-off. Approved by the Department Management Team. All sections updated and all partners consulted for comments.	08 Jul 22
5.0	Quarterly refresh for the Department Management Team sign-off. All sections updated and all partners consulted for comments.	30 Jun 22
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	27 Oct 20

Version		Date
	that the local escalation framework was no longer relevant and so was shown with strike out font.	
2.4	East Sussex Outbreak Control Plan – COVID-19 whole plan refresh, including new escalation framework approved by the Health and Wellbeing Board and published to website.	17 Sep 20
2.3	East Sussex Outbreak Control Plan – COVID-19 and published as part of Health and Wellbeing Board papers.	9 Sep 20
2.0	East Sussex Outbreak Control Plan – COVID-19 approved by the Health and Wellbeing Board.	14 Jul 20
2.2	Appendix B removed and Appendix C moved to Appendix B on website publication.	2 Jul 20
2.1	Minor corrections and amendments to the website publication.	1 Jul 20
2.0	Final version prepared by Rob Tolfree, Tracey Houston and Emma King based on comments received by partners. Approved by Becky Shaw, Chief Executive ESCC, and Darrell Gale, Director of Public Health ESCC and published as part of Health and Wellbeing Board papers	30 Jun 20
1.3	Second draft prepared by Rob Tolfree based on comments received. Version 1.3 sent for comments to: Chief Executives of Districts and Boroughs and Environmental Health leads; Sussex Resilience Forum; Police; Emergency Planning; Communities, Environment and Transport; Children's; Adult Social Care; ESHT; CCG; SCFT; SPFT; Health Watch; Public Health England; RSI; Communications; HMP Lewes; HSE.	23 Jun 20
1.2	First draft by Rob Tolfree. Relevant sections of Version 1.2 sent for comments to Environmental Health for each District and Borough, Sussex Resilience Forum, Police, Emergency Planning, Children's, Adult Social Care, Communities Environment and Transport, Health Watch, CCG, ESHT, SCFT; SPFT, Public Health England, Rough Sleeper Initiative, Communications, HMP Lewes, Legal.	17 Jun 20
1.1	Structure and outline approved by Darrell Gale, Director of Public Health ESCC.	15 Jun 20

Contents

List of figures

Glossary

CCA	Civil Contingencies Act
CCG	Clinical Commissioning Group
DHSC	Department of Health and Social Care
DPH	Director of Public Health
EHO	Environmental Health Officer
ESCC	East Sussex County Council
FS	Field Services
HPT	Health Protection Team
ESHT	East Sussex Healthcare Trust
GRT	Gypsy and Roma Travellers
HMP	Her Majesty's Prison
iCERT	Integrated Common Exposure Report Tool
ICS	Integrated Care System
ICN	Integrated Care Network
IMT	Incident Management Team
IPC	Infection, Prevention, Control
ITS	Integrated Tracing System
LA	Local Authority
LCS	Locally Commissioned Service

LHRP	Local Health Resilience Partnership
LTLA	Lower Tier Local Authority
OCT	Outbreak Control Team
OIRR	Outbreak Investigation and Rapid Response
ONS	Office for National Statistics
MoJ	Ministry of Justice
MHCLG	Ministry of Housing, Communities and Local Government
MTU	Mobile Testing Unit
NHS BSA	NHS Business Services Authority
NHSE	NHS England
PHE	Public Health England
PPE	Personal Protective Equipment
RSI	Rough Sleepier Initiative
SCFT	Sussex Community Foundation Trust
SECAmb	South East Coast Ambulance
SID	Sussex Integrated Dataset
SOP	Standard Operating Procedure
SPFT	Sussex Partnership Foundation Trust
SCG	Strategic Coordinating Group
SRF	Sussex Resilience Forum
TCG	Tactical Coordinating Group
UKHSA	United Kingdom Health Security Agency
UTLA	Upper Tier Local Authority
VCSE	Voluntary, Community and Social Enterprise
WHO	World Health Organisation

1. Introduction

1.1. Background

On the 31st December 2019 the World Health Organisation (WHO) were notified about a cluster of pneumonia of unknown cause. This was identified as a coronavirus on the 12th January and later named COVID-19. The WHO subsequently declared an Emergency of International Concern on the 30th January, and on the 11th March the WHO declared that COVID-19 was a pandemic following sustained global transmission.

In the UK, the first two cases of COVID-19 were confirmed on 31st January 2020, and there has been substantial transmission across the UK. This has resulted in various degrees of social distancing measures advised nationally to interrupt transmission and limit spread.

On the 28th May 2020 the national NHS Test and Trace service was officially launched. This new service provides the framework for people who have COVID-19 symptoms to access a test, and follows up confirmed cases to identify, assess and give advice to them and any of their close contacts. Further details are provided in the Outbreak Investigation section.

Infectious diseases require a coordinated, multi-agency response to ensure that where possible cases are prevented, and in the event of a potential outbreak the cause is investigated, control measures are put in place, appropriate advice is communicated, and that ultimately health is protected. Following the launch of the NHS Test and Trace service, Upper Tier Local Authorities were asked to develop local Outbreak Control Plans by the end of June 2020. This was accompanied by Upper Tier Local Authorities being awarded a grant to support local outbreak prevention and response, including funding activity of partners in Districts and Boroughs in relation to COVID-19.

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

A plan was laid out to exit lockdown

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

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

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

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

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

16 August 2021: people who are double 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. High transmissibility indicates that stringent control measures, such as active surveillance, physical distancing, early quarantine, and contact tracing, are needed to control viral spread.
Incubation period	After the initial exposure, patients typically develop symptoms within 5-6 days (incubation period) although about 20% of patients remain asymptomatic throughout infection. Transmission is maximal in the first week of illness. Symptomatic and pre-symptomatic transmission (1-2 days before symptom onset), is thought to play a greater role in the spread of SARS-CoV-2 than asymptomatic transmission.
Symptoms	In adults, the clinical picture varies widely. A significant proportion of individuals are likely to have mild symptoms and may be asymptomatic at the time of diagnosis. Symptoms are commonly reported as a new onset of cough and fever but may include headache, loss of smell, nasal obstruction, lethargy, myalgia (aching muscles), rhinorrhoea (runny nose), taste dysfunction, sore throat, diarrhoea, vomiting and confusion; fever may not be reported in all symptomatic individuals. Patients may also be asymptomatic. Progression of disease, multiple organ failure and death will occur in some individuals. NICE (December 2020 Overview | COVID-19 rapid guideline: managing the long-term effects of COVID-19 | Guidance | NICE), uses the following clinical definitions for the initial illness and long COVID at different times: • Acute COVID-19: signs and symptoms of COVID-19 for up to 4 weeks. • Ongoing symptomatic COVID-19: signs and symptoms of COVID-19 from 4 to 12 weeks. • Post-COVID-19 syndrome: signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis.
Risk factors and high-risk groups	Severe infection is associated with increasing age, being male, and having long-term conditions such as diabetes, cancer, and severe asthma.

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

1.3. Aim

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

1.4. Objectives

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

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

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

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

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

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

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

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

1.5. Existing plans and guidance

There are a range of local, regional, and national plans and documents that this plan will need to align with and be based on:

- East Sussex County Council (ESCC) Emergency Response Plan (2017)
- East Sussex County Council Pandemic Influenza Business Continuity Supplement (2020)
- Kent, Surrey, and Sussex Public Health England Outbreak/Incident Control Plan (2014, updated 2020)
- Joint Health Protection Incident and Outbreak Control Plan, Kent Surrey, and Sussex Local Health Resilience Partnerships (2020)
- Local Agreement between the Local Environmental Health Services of Surrey, East Sussex, West Sussex and Brighton and Hove, and Public Health England South East Horsham Health Protection Team (2019)
- Public Health England (UKHSA) Communicable Disease Outbreak Management: Operational Guidance (2013)
- UKHSA Infectious Diseases Strategy 2020 – 2025 (2019)
- SOP UKHSA-LA Joint Management of COVID-19 Outbreaks in the SE of England (2020)
- Sussex Local Health Resilience Partnership (LHRP) Memorandum of Understanding: Responsibilities for the Mobilisation of Health Resources to Support the Response to Health Protection Outbreaks/Incidents in Sussex (2019)
- Sussex Resilience Forum Pandemic Influenza Plan (2020)
- Sussex Resilience Forum, Sussex Emergency Response and Recovery Plan (2019)

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

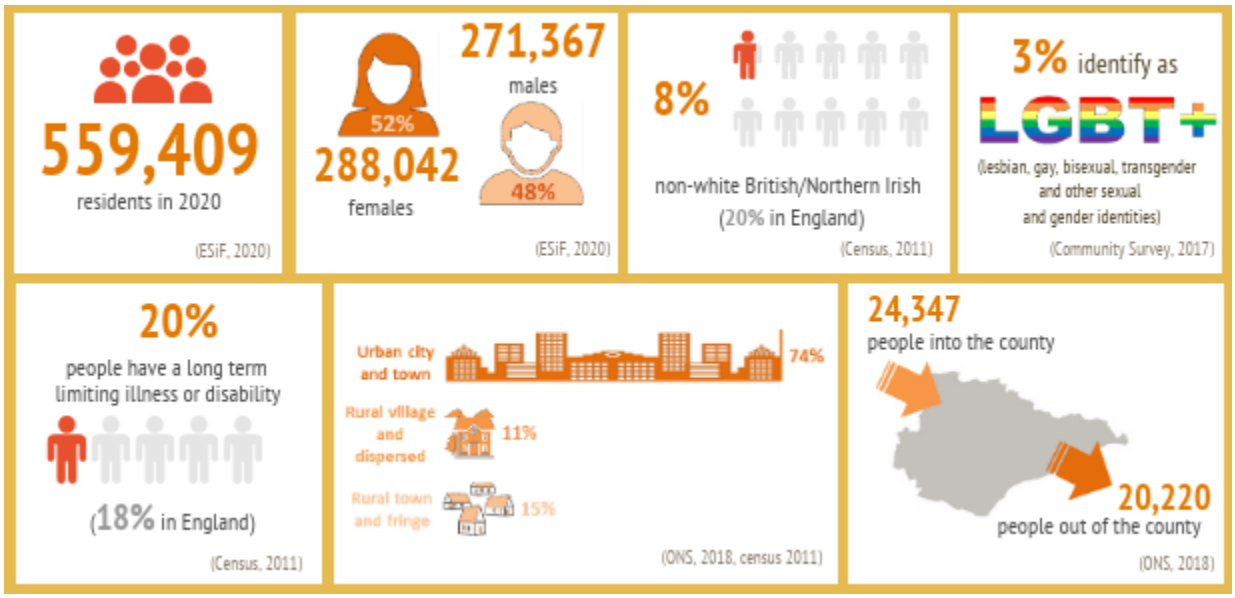
Any local outbreak plan is reliant on central government support as there are many interdependencies between a local system that can prevent and respond to outbreaks, and guidance produced at a national level.

1.6. East Sussex overview

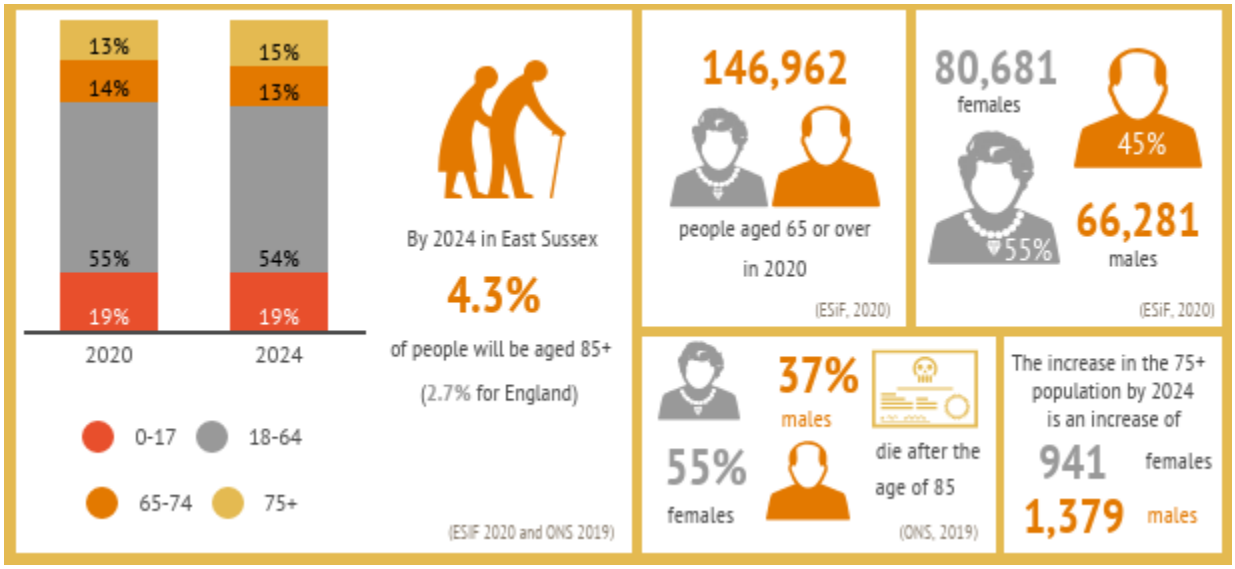
This section provides an overview of high-risk populations and where these populations are within the county. As well as an introduction to some of the high-risk settings. Further details and data underpinning this is available from East Sussex Joint Strategic Needs Assessment (JSNA) website eastsussexjsna.org.uk

Over half a million people live in East Sussex. It is a mixture of urban and rural areas with a large elderly population, particularly in some of its coastal towns. There are stark inequalities within the county with some areas having significantly worse health, as well as significant differences across the determinants of health.

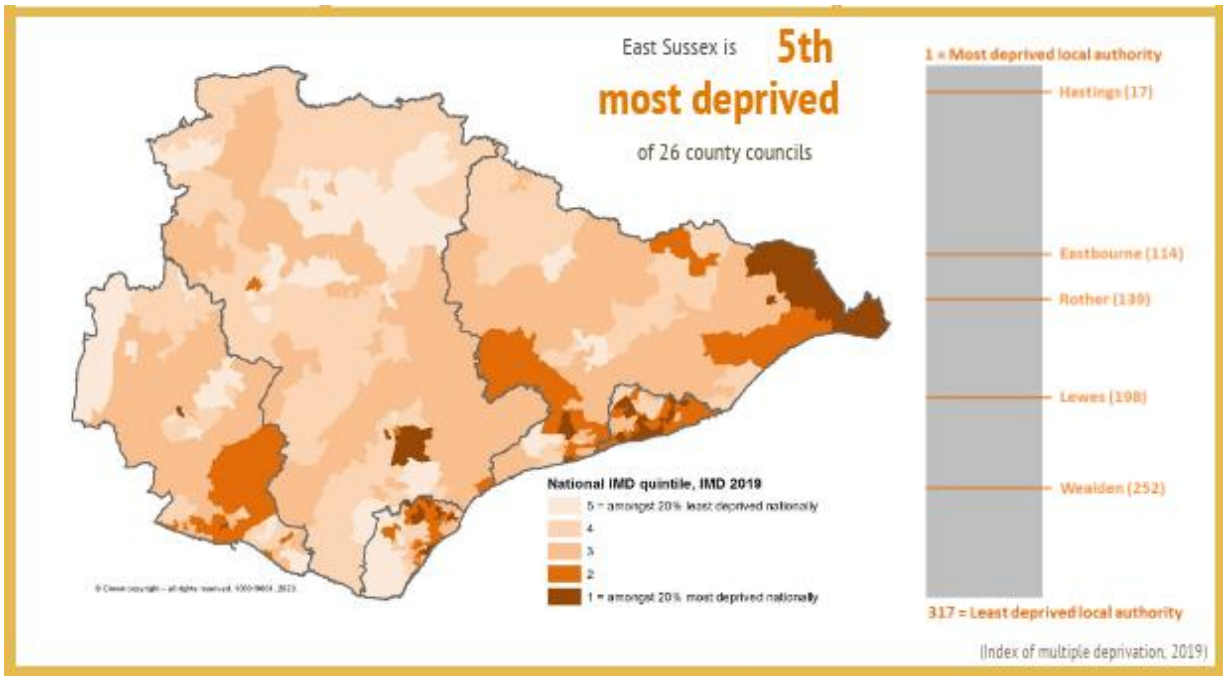
The East Sussex Community Survey identifies that nearly three quarters of people have a strong sense of secure identity and sense of belonging, and over three quarters are more than satisfied with their local area. People are also engaged and willing to support each other with half of those responding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



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



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



1.7. East Sussex health and care landscape

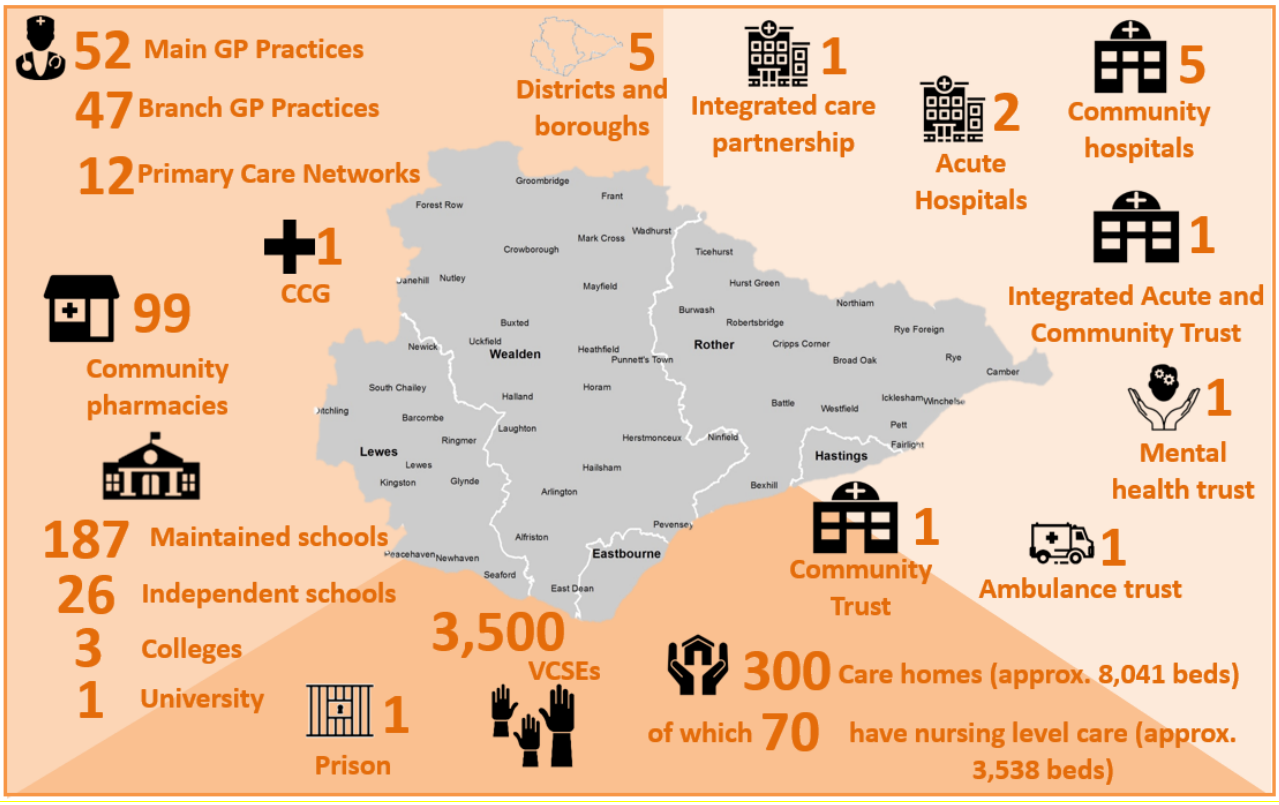
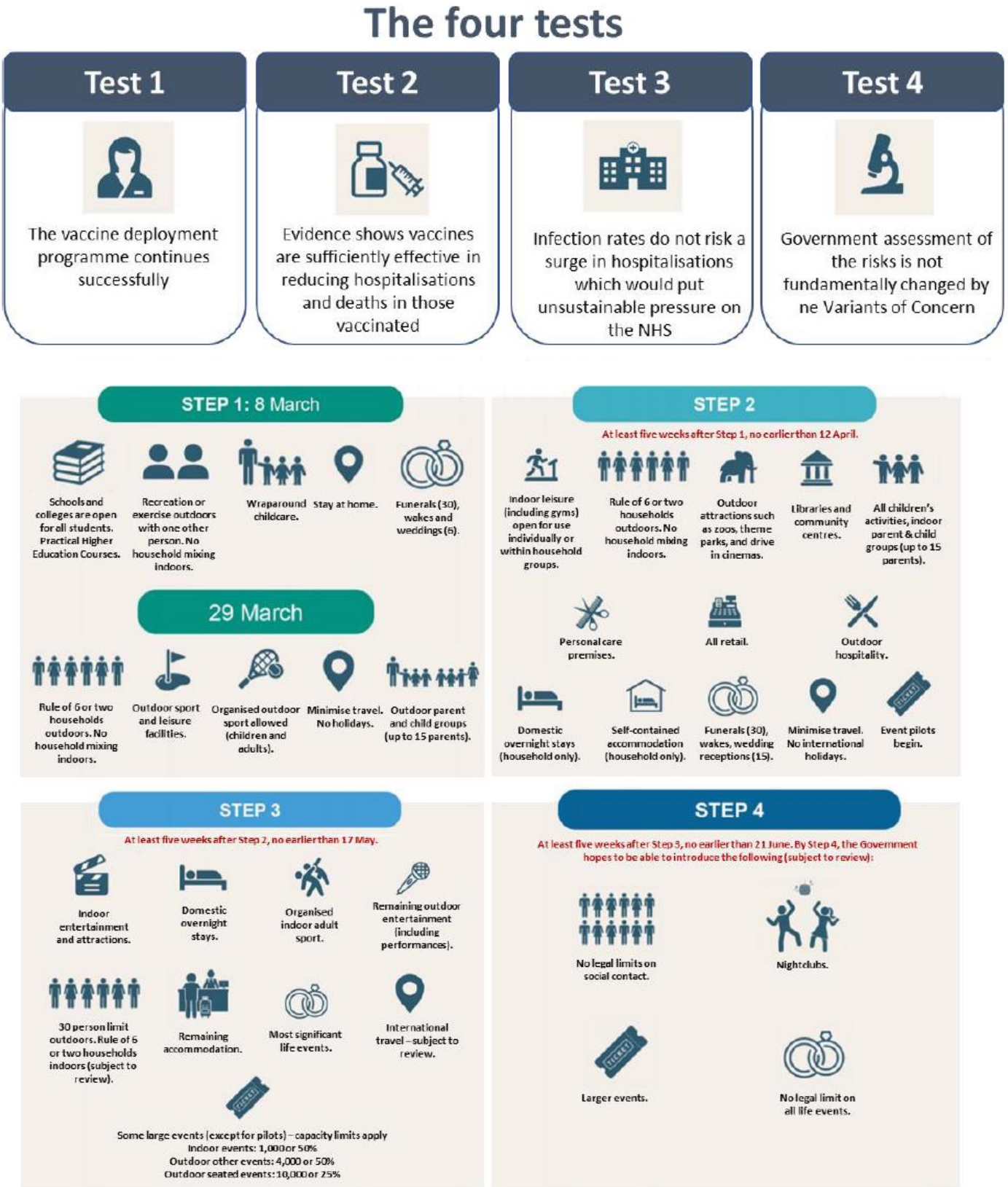


Figure 1: The Governments [COVID-19 RESPONSE − SPRING 2021] included a new four-step plan to ease England's lockdown which aimed to see all legal limits on social contact lifted by 21 June, if strict conditions were met. The easing of lockdown requires four tests on vaccines, infection rates and new 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.

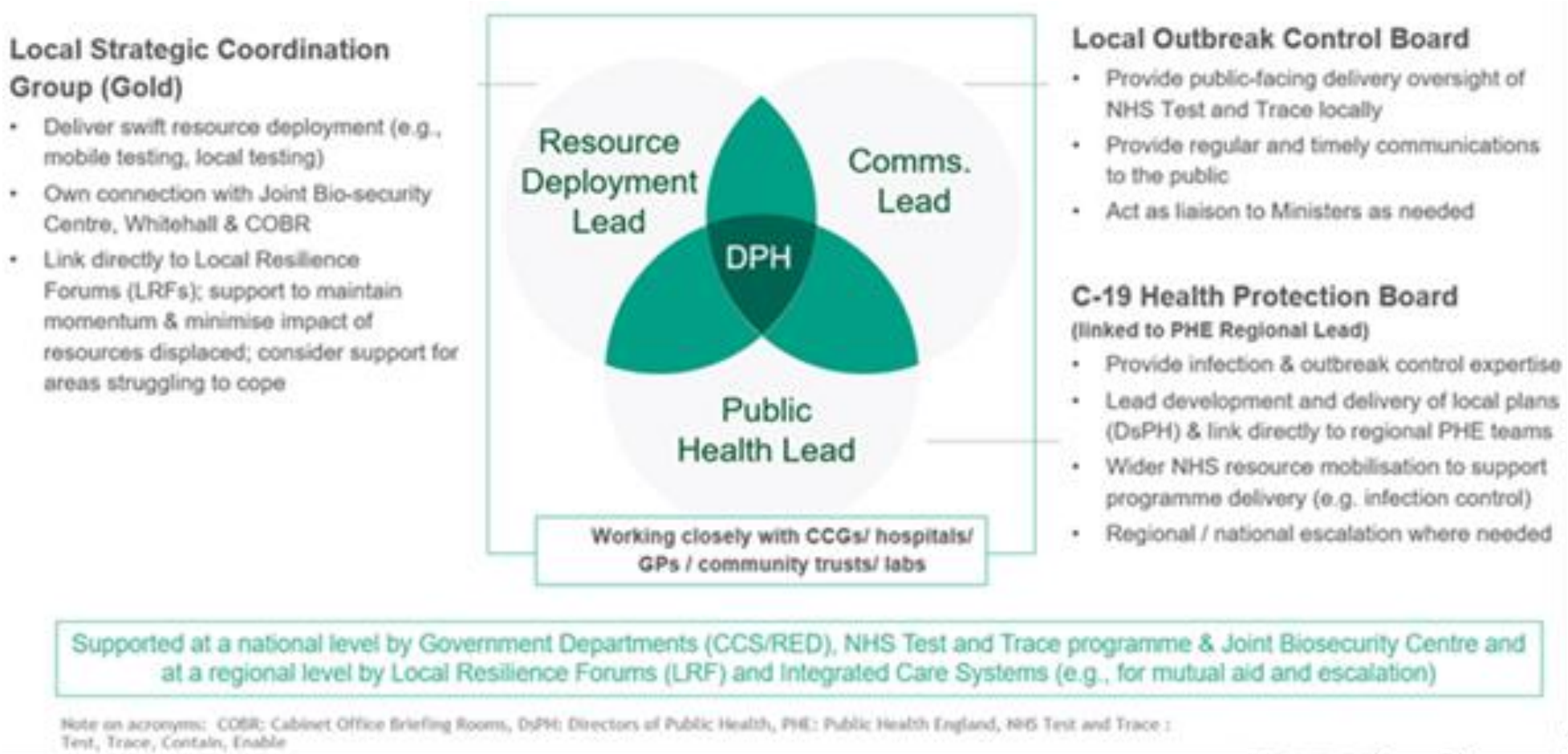
The Sussex Resilience Forum (SRF) will support local health protection arrangements working with the Health Protection Board and Local Outbreak Engagement Board directly through the Strategic Co-ordinating Group (SCG) or if in place the Strategic Recovery Group (RCG), Tactical Co-ordinating Group (TCG),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

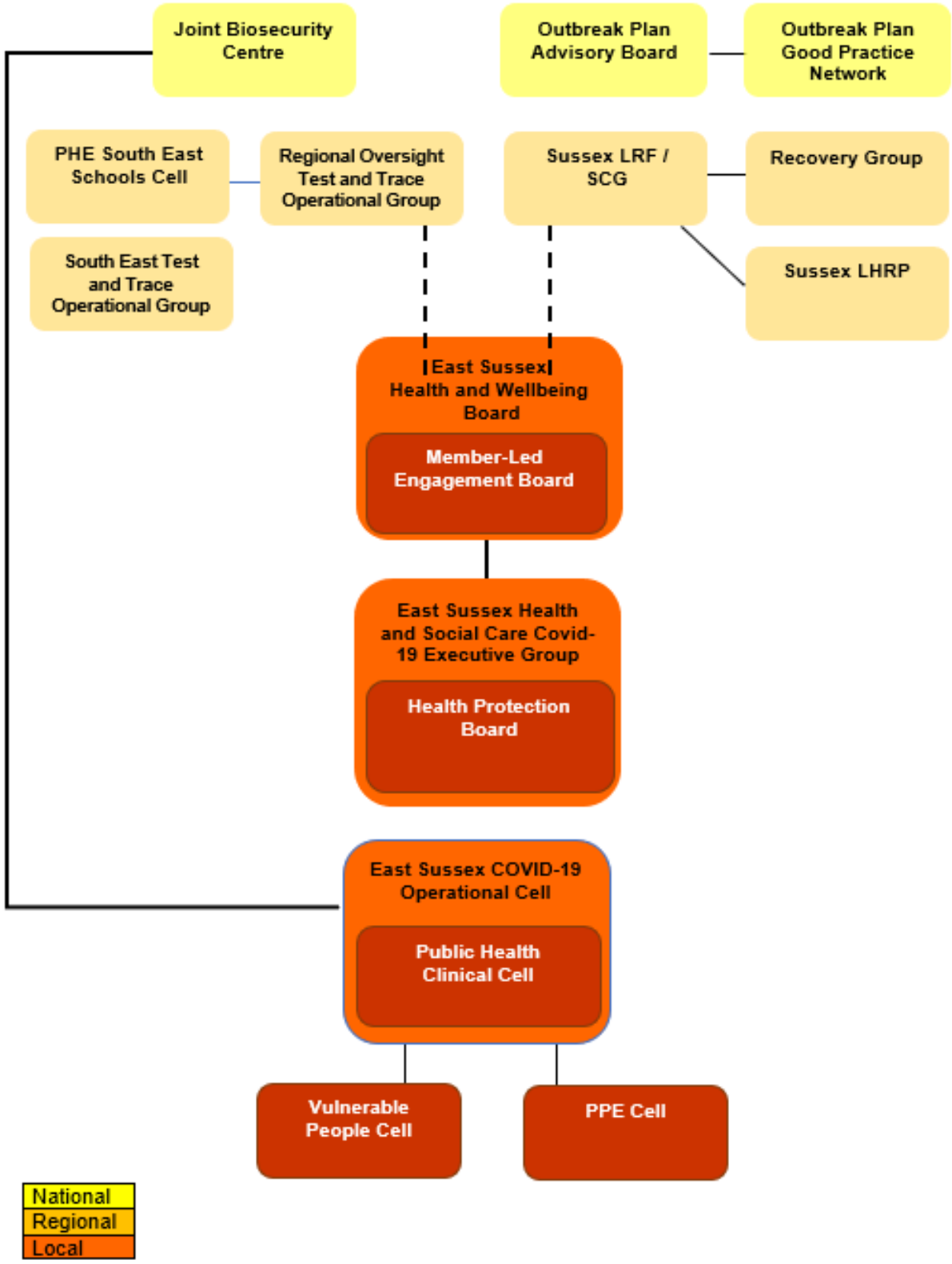
Health Protection Team - Surrey and Sussex Health Protection Team (South East)

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 were given. These expired on the 24 March 2022 and statutory guidance was withdrawn.

Nearly all legal restrictions relating to COVID-19 under the Coronavirus Act in England have been abolished (as of 27 January 2022). 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 ended on 31January 2022.

The legal requirement to self-isolate if you test positive for COVID-19 ended on 24 March 2022.

Very few provisions of the Coronavirus Act 2020 remain in force. The specific powers granted to local authorities have expired and have not been renewed.

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 7/6/2022 ~~28/10/21~~), Coronavirus (COVID-19) notices (last updated 14/2/2022) issued by the Secretary of State for Health and Social Care under the Health Service (Control of Patient Information) Regulations 2002, , 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.

If no further notices are received from the Secretary of State for Health and Social Care, these four notices will expire on 30 June 2022.

- 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.

The specific powers given to local authorities to enforce COVID-19 regulations expired 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	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. 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. 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 In the case of late TENs, the Police or Environmental Health can object with no right for the organiser to appeal.
Declaring a gathering of more than 6 illegal when an event permission is to be requested via a Premises License	Prevent- *For use at any point in escalation framework (as decision depends on CV19 RA quality etc)*	Environmental Health or Public Health representative at a SAG		Organisers for events of up to 499 people and of less than 5 days duration can hold events via a standard Temporary Event Notice (TEN), which provides District and Borough council's ten working days' notice of the planned event. The Police/Environmental Health may object within three working days on one of four grounds public safety, crime and disorder, protection of nuisance, protection of children. There are no public health groups on which to refuse permission.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. 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. 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	Prevent- *For use at any point in*	Environmental Health	**Health and Safety at Work Act 1974**, and	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

[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.

complying with COVID-19 guidelines[3]	*escalation framework*.		with reference to **sector specific COVID guidelines**	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. 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.
Shutting a business/premises following intelligence of an outbreak where action wasn't taken voluntarily	Control- *For use at any point in escalation framework*.	Environmental Health	**Health and Safety at Work Act 1974**, and with reference to **sector specific COVID guidelines**	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.
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.

[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.

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. 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.

4.3. 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 a range of data being produced relating to COVID-19 and datasets expanded as the response to the pandemic developed. Some datasets are in the public domain, others are, and will remain, confidential and restricted. Some have scaled back e.g. Test and Trace, as the pandemic has evolved into a new phase.

At a local level Public Health, local authority and NHS staff seek 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 UK Health Security Agency and the NHS; we need to be vigilant of change such as increasing number of cases or hospital admissions; we need to produce clear summaries to support staff tackling outbreaks; and we need to support the transparency and accountability of decisions taken.

Much of this work will be coordinated Sussex wide, through the Sussex Covid-19 Data and Modelling Group, whilst ensuring a local East Sussex focus.

Objective 1: Staff in local authorities will secure access to the range of data available, for this we will:	▪ Have a clear understanding of the data flows, such as Test and Trace data and information from the UK Health Security Agency, and raise concerns where information is not forthcoming. ▪ Work with local and regional partners to gain access/develop further data feeds which will inform outbreak control measures (such as UK Health Security Agency and local environmental health teams) ▪ Ensure the Sussex Integrated Dataset (SID), an anonymised linked record level dataset, is developed to support this workstream; in relation to COVID-19 this will help to understand infection rates in specific areas and groups and in the longer term understand the recovery and on-going support needs of people affected.
Objective 2: Using the range of data, we will be highly vigilant (“proactive surveillance”) in monitoring change:	▪ There will be proactive surveillance by reviewing a broad range of indicators which may provide an early warning of outbreaks or possible community transmission ▪ We will have, and further develop, our understanding of high-risk places, locations, and communities

Objective 3: Staff tackling outbreaks will have access to robust and concise information and be supported in their use of data; this will include:	▪ Information relating to the local response to outbreaks (e.g., care homes or schools), including providing an understanding and quantifying the numbers involved and the areas/settings impacted ▪ Help to identify similar settings of concern ▪ Modelling possible scenarios. ▪ A daily 'Common exposure report' is received from UKHSA. This identifies locations where multiple cases have been where they potentially exposed. This report is reviewed and cascaded to Environmental Health Teams who triangulate this information with their local intelligence and follow up as required. ▪ A bespoke database developed locally is being used to collate all information on recent cases. This database combines lab case data with NHS Test and Trace case data and enables a detailed daily review of cases and situations to identify settings on concern, clusters, and outbreaks. Following daily review there are a range of associated actions to make relevant partners aware and ensure situations are followed up as required, this includes notifying UK-HSA, local Environmental Health teams, NHS England, local healthcare providers, as well as reciprocal arrangements with neighbouring local authority public health teams for settings out of area involving our residents.
Objective 4: We will seek to maximise the transparency of local decisions:	▪ There will be consistent reporting to each local authority Outbreak Engagement Board and support where possible wider dissemination working with local Communication teams ▪ Provide data to the public in a clear and transparent way, and demonstrate how this information is used, to inform local decisions. ▪ Clearly note the sources of data and which datasets are, and are not, in the public domain.

6.2. Data arrangements currently in place

Data to support this plan is sourced from a range of data sources, including UKHSA national and regional teams, the new Office for Health Improvement and Disparities within the Department of Health and Social Care, the local UKHSA Health Protection Team, NHS Digital, NHS England/Improvement, the Office of National Statistics (ONS), the Care Quality Commission (CQC) the Sussex local registry offices and many local health and care partners such as CCGs and NHS trusts.

UKHSA are providing to local authorities record level datasets including postcode in relation to testing and cases.

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 was available from the Council's website during the pandemic and this can be resurrected if we need to communicate data and messaging to our partners and the public should cases increase significantly again. More detailed data are scrutinised routinely by the local authority public health team, with further investigations and actions agreed.
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.

6.3. 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.

6.4. 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

The testing infrastructure has been dismantled through the living with covid plan and therefore removal of regional and local testing sites and mobile testing units has occurred. Online ordering of lateral flow tests is available for a limited number of the population and the Sussex central booking team is still functioning to assist testing in those who qualify but are unable to carry this out themselves.

7.1. 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.

7.2. Testing pathways currently in place

From 1 April 2022, free PCR and lateral flow testing will end for most people. Free COVID-19 tests will still be available to certain groups of people, such as those at serious risk of illness from COVID and NHS staff caring directly for patients.

Who is eligible for free COVID-19 tests?

Government guidance currently includes the following groups as eligible for free tests:

- Hospital patients where a test is required for their care
- NHS staff and staff working in NHS equivalent healthcare services
- Adult social care staff in care homes, homecare organisations, extra care and supported living settings, adult day care centres, shared lives carers and social workers.
- Care home residents and those in extra care and supported living settings
- Hospice staff and patients
- Prison and detention centre staff and detainees
- Immigration removal centre staff and detainees

Where to buy COVID-19 tests

If you are not eligible for free COVID-19 tests, lateral flow and PCR tests will be widely available to buy from supermarkets and pharmacies.

COVID-19 symptoms or positive tests

If you have COVID-19 symptoms or have tested positive, current advice is to self isolate for 5 days, or until your symptoms subside.

7.3. Testing in care

Symptom-free testing for care homes

See the GOV.UK website for details of testing in care homes.

Testing for personal assistants

Find out more about testing and order testing kits at GOV.UK.

7.4. 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 June 2021 has been developed which will remain a live document as learning from wider areas. The plan describes how resources will be mobilised. Further updates of the plan will occur when the central continguency plan from UKHSA is produced.

7.5. 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 month:

- 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
- Communicating key prevention messages i.e., hand washing, face coverings, self-isolation, and social distancing

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.

7.6. Self-isolation

Self-isolation is a key action for reducing COVID-19 transmission; it is still recommended that you self-isolate for 5 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.

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 prioritised the most at risk from covid. This was cohorts 1-9 which has been completed.
- Phase 2 protected those next most at risk from serious illness, death or hospitalisation descending by age group.
- Phase 3 has started in Autumn 2021 and offered the COVID-19 booster and Flu vaccines, the continued Evergreen offer and school's immunisation of the 12 – 15-year-olds.
- COVID-19 boosters: due to the arrival of the fast-spreading Omicron variant in Winter 2021, third COVID-19 booster vaccines were offered to all aged 18 and over. This later also included 16- and 17-year-olds, and at-risk 12–15-year-olds.
- Spring Booster Programme: started in March 2022 and offered a fourth COVID-19 booster to people aged 75 and over, people who live in a care home for older people, or people aged 12 and over who have a weakened immune system.
- Healthy 5–11-year-olds: commenced in April 2022 following JCVI guidance.

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.

For further details on the COVID-19 vaccination programme and priority groups, please click this link: JCVI statement on the adult COVID-19 booster vaccination programme and the Omicron variant: 7 January 2022 - 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 2020, 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.

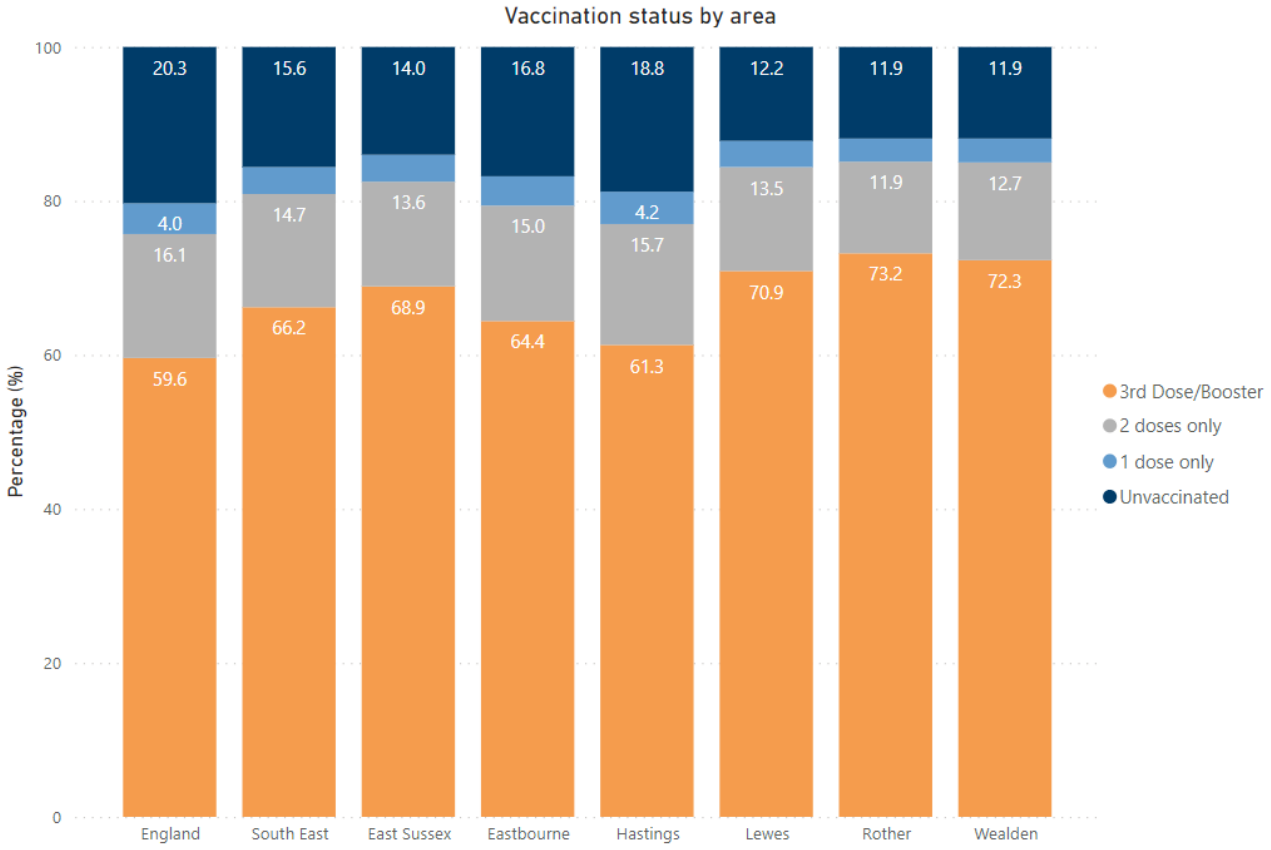
Core frontline health and social care staff and patients aged 80 and above who were already attending hospital as an outpatient, and those who are being discharged home

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 20th June 2022



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

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.

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.

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.

Local outbreak scenarios and triggers:
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: Working Safely during Coronavirus guidance
How to find your local health protection team: Health Protection Team
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 gather insights on outbreaks and multiple case of COVID-19 linked to tourism, local events, and tourist attractions.

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:

Guidance is in place for control of Covid 19 at Reducing the spread of respiratory infections, including COVID-19, in the workplace - GOV.UK (www.gov.uk)

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.

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:

ESCC to ensure continued communication with partner agencies on Covid 19 status within East Sussex, using available data.

Links to additional information:
Reducing the spread of respiratory infections, including COVID-19, in the workplace - GOV.UK (www.gov.uk)
Coronavirus (COVID-19): guidance and support - GOV.UK (www.gov.uk)

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 2021 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.

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.

A pan Sussex plan to increase vaccine uptake by this population is underway in line with the announcement on the 11th March 2021 which enabled access alongside those with LTCs.

What else will need to be put in place:

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 Primary Care Hub**
- **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:

- 52 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 Primary Care Hub – General practices are now returning to normal working practices and all practices should now have their doors open again. Primary Care has put in place measures to manage any outbreaks of COVID-19.

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.

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. This remains in place to support practices if they have staff who need to work from home due to covid-19.

Practices were supported to apply 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 at risk and ethnic minorities staff. Additional Locally Commissioned Services enabled 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 July 21 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, inbox when aware of staffing issues due to covid-19 impact on ability to run the practice.

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
- 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).

Links to additional information:

11.13. Mental Health and Community Trusts

Objective:

The objective is to prevent COVID-19, to closely monitor any cases of COVID-19 linked to exposure within Mental Health and Community Trusts, ensuring that any outbreaks are managed quickly and efficiently

Context:

There is one Mental Health Trust operating in East Sussex

- Sussex Partnership Foundation Trust (SPFT) with sites, including clinics, day centres and supported accommodation for people with mental illness and /or learning disabilities at several locations across East Sussex https://www.sussexpartnership.nhs.uk/east-sussex including:
    - **Supported accommodation:** Acorn House, Eastbourne, BN21 2NW; Mayfield Court, Eastbourne, BN21 2BZ
    - In **Health Centres**: Battle, TN33 0DF; Bexhill, TN40 2DZ; Peacehaven, BN10 8NF
    - **Wellbeing Centres**: Lewes, BN7 1RL; Bexhill, TN39 3LB; Eastbourne, BN21 1DG
    - **Assessment and Treatment Centres:** Avenida Lodge, Eastbourne, BN21 3UY; Horder Healthcare, Seaford, BN25 1SS; Hillrise, Newhaven BN9 9HH.
    - On **Hospital sites:** Crowborough Hospital, TN6 1NY; Orchard House, Victoria Hospital Site, Lewes, BN7 1PF; Uckfield Community Hospital, Uckfield, TN22 5AW (Millwood Unit, Beechwood Unit); Conquest Hospital, TN37 7PT (Woodlands)
    - Amberstone, Hailsham, BN27 4HU
    - Bellbrook Centre, Uckfield, TN22 1QL
    - Braybrooke House, Hastings, TN24 1LY
    - Highmore, Hailsham, BN27 3DY
    - Cavendish House, Hastings, TN34 3AA
    - St Anne's Centre, St Leonards-on-Sea, TN37 7PT
    - St Mary's House, Eastbourne, BN21 3UU
    - Hellingly, BN27 4ER (The Firs, Southview Low Secure Unit, Woodside),

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

- Sussex Community Foundation Trust (SCFT)

What's already in place:

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

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

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

11.14. Transport locations

Objective:

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

Context:

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

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

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

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

What's already in place:

International travel and domestic aviation

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

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

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

12.2. Appendix B: Data integration tasks

12.3. Appendix C: Standards for managing an outbreak

Appendix A: Outbreak Control Team standard documents

South East OCT/IMT Terms of Reference

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

Suggested terms of reference:

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

South East OCT/IMT COVID-19 AGENDA

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

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

OCT/IMT Membership – Attendees and apologies

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

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

South East OCT/IMT COVID-19 MINUTES

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

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

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

Decision Log

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

Action Log

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

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Appendix B: Data integration tasks

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

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

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

Appendix C: Standards for managing an outbreak

The standards for managing outbreaks are contained in the Communicable Disease Outbreak Management – Operational guidance (2014) and include the following steps:

Outbreak recognition	Initial investigation to clarify the nature of the outbreak begun within 24 hours
	Immediate risk assessment undertaken and recorded following receipt of initial information
Outbreak declaration	Decision made and recorded at the end of the initial investigation regarding outbreak declaration and convening of outbreak control team
Outbreak Control Team (OCT)	OCT held as soon as possible and within three working days of decision to convene
	All agencies/disciplines involved in investigation and control represented at OCT meeting
	Roles and responsibilities of OCT members agreed and recorded
	Lead organisation with accountability for outbreak management agree and recorded
Outbreak investigation and control	Control measures documented with clear timescales for implementation and responsibility
	Case definition agreed and recorded
	Descriptive epidemiology undertaken and reviewed at OCT. To include number of cases in line with case definition; epidemic curve; description of key characteristics including gender, geographic spread, pertinent risk factors; severity; hypothesis generated
	Review risk assessment 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

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East Sussex Health and Wellbeing Board Work Programme

Date of Meeting	Report
29 September 2022	East Sussex Health and Social Care Programme - update report
	Pharmaceutical Needs Assessment
	Safeguarding Adults Board (SAB) Annual Report 2020-21
	2022/23 Better Care Fund (BCF) Plans* (date to be confirmed)
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
	2022/23 Better Care Fund (BCF) Plans* (date to be confirmed)
7 March 2023	East Sussex Health and Social Care Programme - update report
July 2023	East Sussex Health and Social Care Programme - update report
	Healthwatch Annual Report
	Director of Public Health Annual report
	Sussex learning from lives and deaths (LeDeR) 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
