eastsussex.gov.uk

East Sussex County Council

East Sussex Outbreak Control Plan – COVID-19

July 2020

Version 2.3

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:

- October 2020
- January 2021
- April 2021

Version		Date
2.3	Whole plan refresh, including new escalation framework	4th September 2020
2.2	Appendix B removed and Appendix C moved to Appendix B.	2nd July 2020
2.1	Minor corrections and amendments	1st July 2020
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.	30th June 2020
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 June 2020
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	17th June 2020
1.1	Structure and outline approved by Darrell Gale, Director of Public Health ESCC	15th June 2020

Contents page

List Figures

Glossary

Section 1 - Introduction

Section 2 - Escalation Framework and Governance

Section 3 - Legal context

Section 4 - Outbreak investigation

Section 5 - Communications and Engagement

Section 6 - Data Integration

Section 7 - Testing

Section 8 - Supporting Vulnerable People

Section 9 - Prevention

Section 10 - Outbreak investigation: High Risk Places, Locations and Communities

Section 11 - Appendices

List of figures

Figure 1: Confirmed cases of COVID-19 per 100,000 population by upper tier Local Authority in England

Figure 2: Confirmed cases of COVID-19 per 100,000 population by lower tier Local Authority in England

Figure 3: COVID-19 cumulative crude case rate 100,000 population by lower tier authority, South East Specimen Date: 2020-06-27

Figure 4: Escalation Framework

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

Figure 6: East Sussex Outbreak Control Plan Governance

Figure 7: NHS Test and Trace – Three Tiers

Figure 8: What is contact tracing (PHE)

Glossary

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

Introduction

Background

On the 31st December 2019 the World Health Organisation (WHO) were notified about a cluster of pneumonia of unknown cause. This was identified as a coronavirus on the 12th January and later named COVID-19. The WHO subsequently announced 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 substantial transmission across the UK. This has resulted in various degrees of social distancing measures advised nationally in order to interrupt transmission and limit spread.

On the 28th May the national NHS Test and Trace service was officially launched. This new service provides the framework for people who have COVID-19 symptoms to access a test, and follows up confirmed cases to identify, assess and give advice to them and any of their close contacts. Further details are provided in the Outbreak Investigation section.

Infectious diseases require a coordinated, multi-agency response to ensure that where possible cases are prevented, and in the event of a potential outbreak the cause is investigated, control measures are put in place, appropriate advice is communicated, and that ultimately health is protected. Following the launch of the NHS Test and Trace service, Upper Tier Local Authorities were asked to develop local Outbreak Control Plans by the end of June 2020. This was accompanied by Upper Tier Local Authorities being awarded a grant to support local outbreak prevention and response, including funding activity of partners in Districts and Boroughs in relation to COVID-19.

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

Aim

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

Objectives

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

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

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

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

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

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

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

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

Existing plans and guidance

There are a range of local, regional and national plans and documents that this plan will need to align with and be based on:

- East Sussex County Council (ESCC) Emergency Response Plan (2017)
- East Sussex County Council Pandemic Influenza Business Continuity Supplement (2020)
- Kent, Surrey and Sussex Public Health England Outbreak/Incident Control Plan (2014, updated 2020)
- Joint Health Protection Incident and Outbreak Control Plan, Kent Surrey and Sussex Local Health Resilience Partnerships (2020)
- Local Agreement between the Local Environmental Health Services of Surrey, East Sussex, West Sussex and Brighton and Hove, and Public Health England South East Horsham Health Protection Team (2019)
- Public Health England (PHE) Communicable Disease Outbreak Management: Operational Guidance (2013)
- PHE Infectious Diseases Strategy 2020 – 2025 (2019)
- SOP PHE-LA Joint Management of COVID-19 Outbreaks in the SE of England (2020)
- Sussex Local Health Resilience Partnership (LHRP) Memorandum of Understanding: Responsibilities for the Mobilisation of Health Resources to Support the Response to Health Protection Outbreaks/Incidents in Sussex (2019)
- Sussex Resilience Forum Pandemic Influenza Plan (2020)
- Sussex Resilience Forum, Sussex Emergency Response and Recovery Plan (2019)

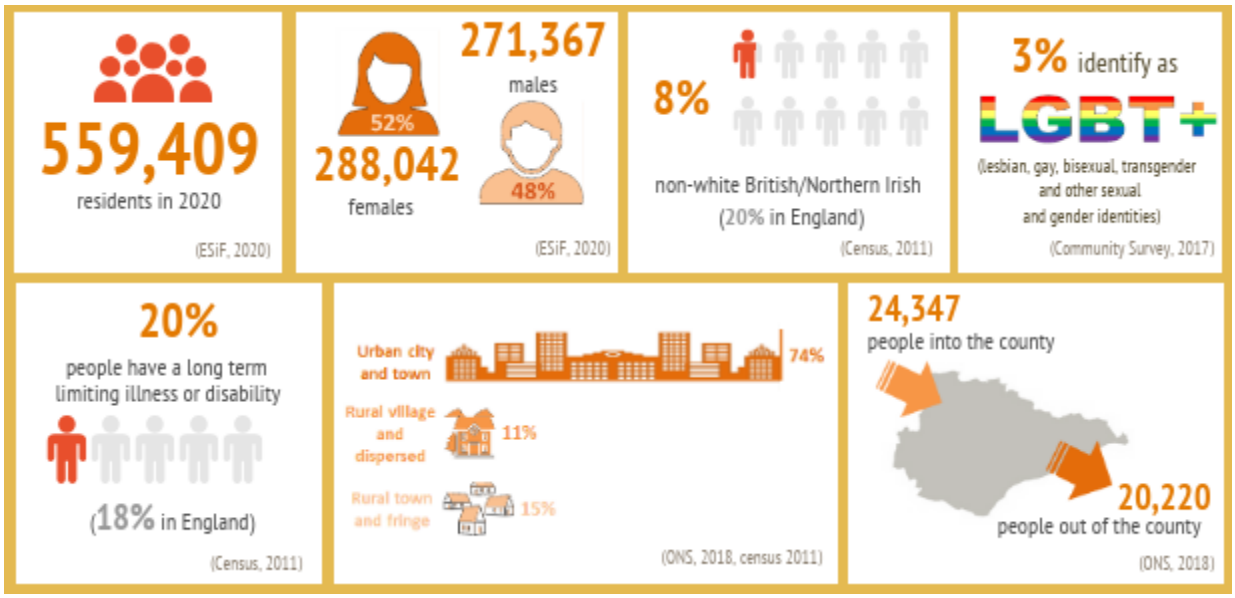
There are also numerous organisational plans that individual agencies will use, covering scenarios such as emergency planning, infectious diseases and outbreak management. Although these are not listed here, they are important context.

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

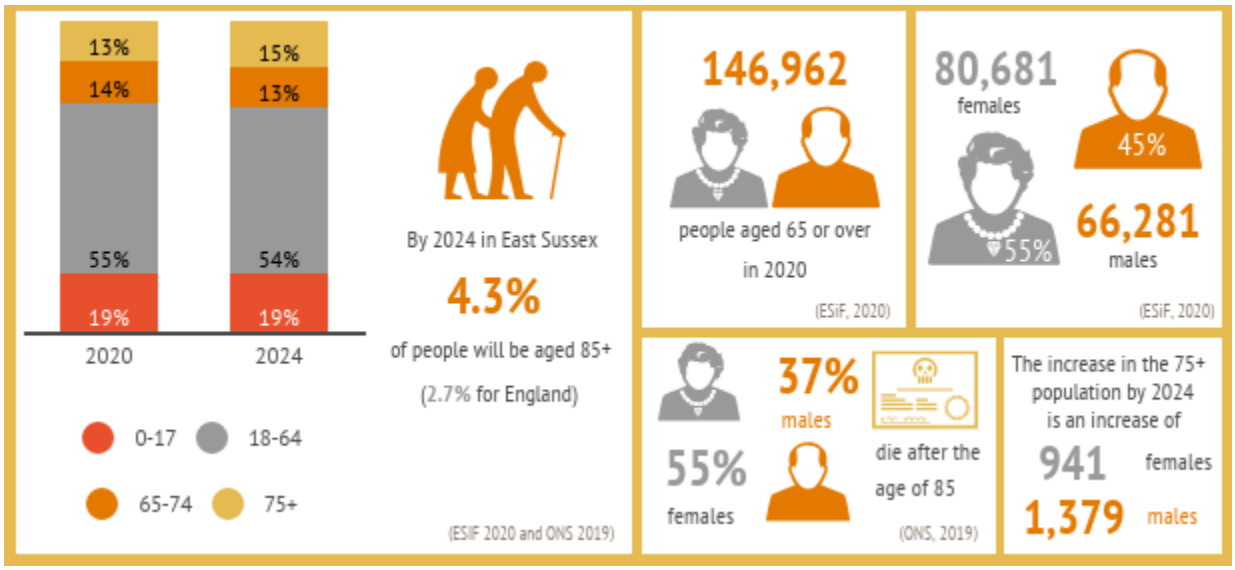
East Sussex overview

Over half a million people live in East Sussex. It is a mixture of urban and rural areas with a large elderly population, particularly in some of its coastal towns. There are stark inequalities within the county with some areas having significantly worse health, as well as significant differences across the determinants of health.

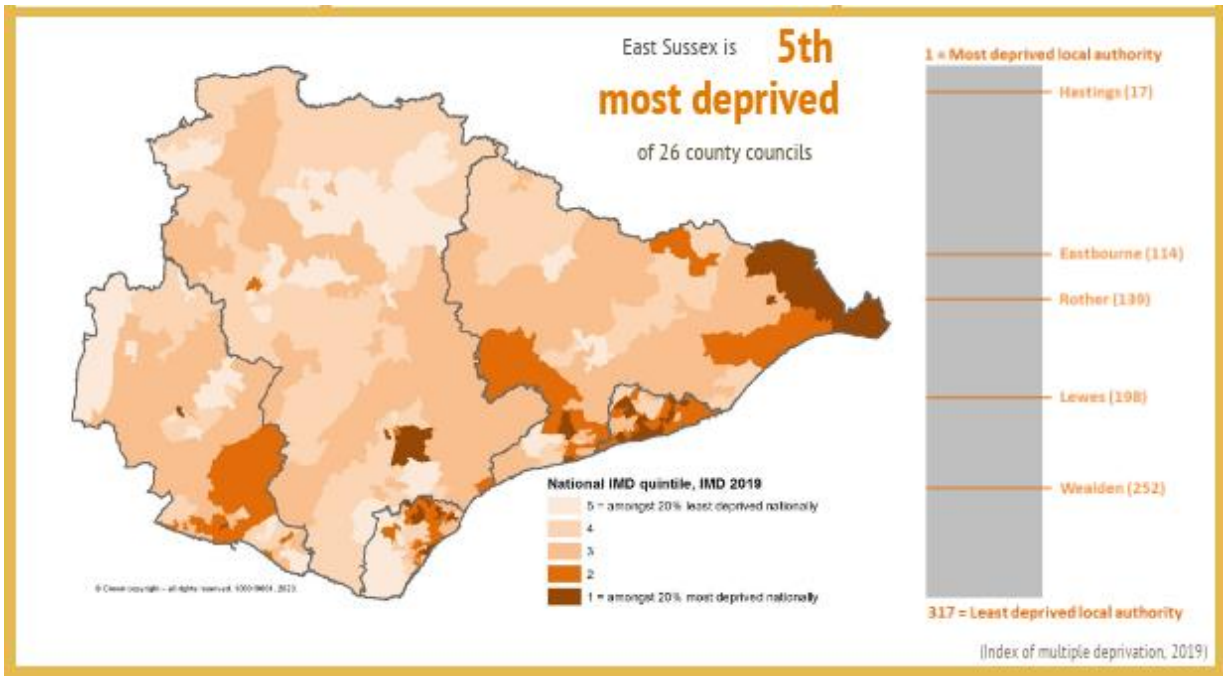
The East Sussex Community Survey identifies that nearly three quarters of people have a strong sense of secure identity and sense of belonging, and over three quarters are more than satisfied with their local area. People are also engaged and willing to support each other with half of those responding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



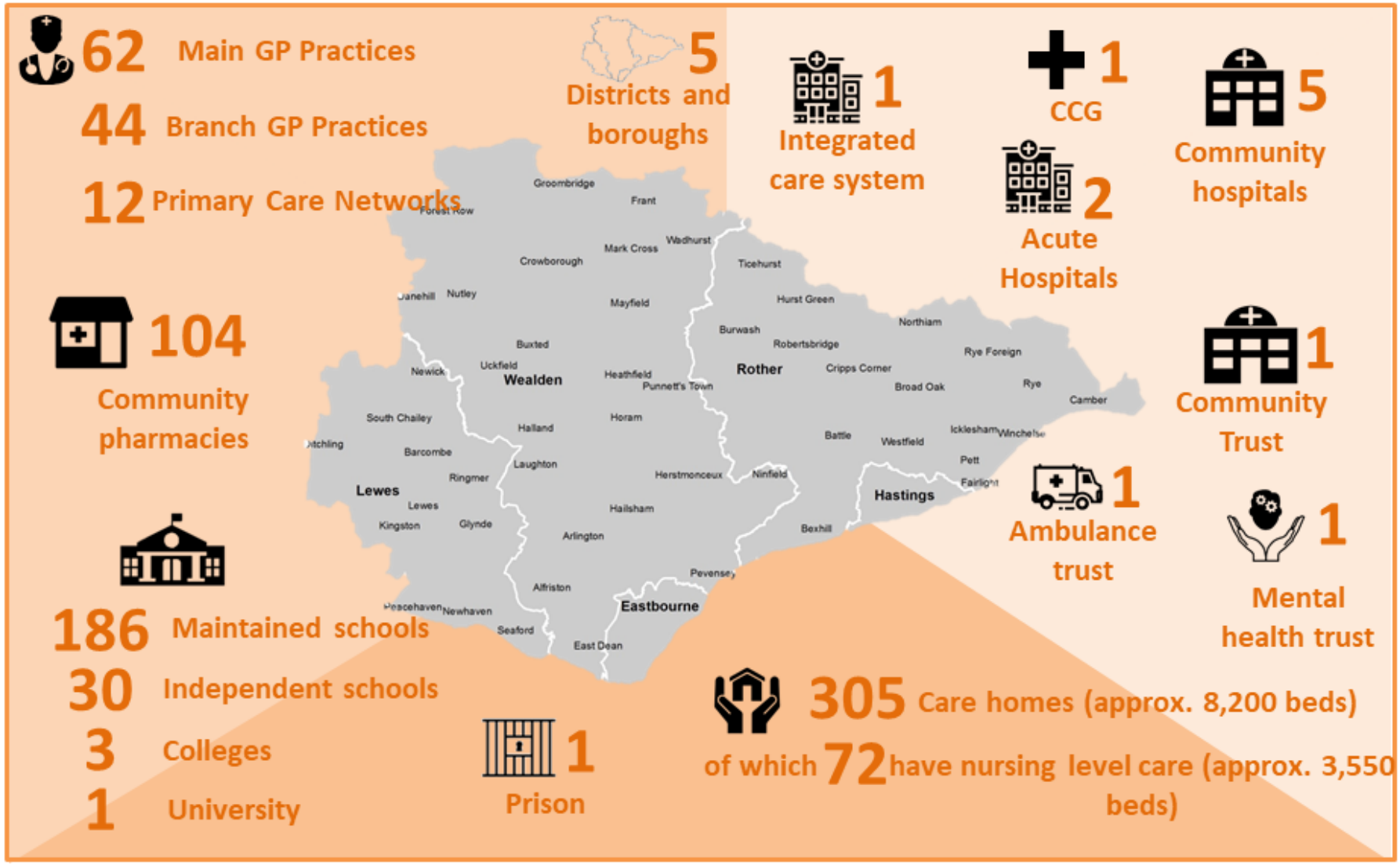
The over 65s now present a quarter of the county's population and are projected to make up nearly a third of all people by 2035. The fastest rate of growth will be seen in the 85 and over group. Those aged 85 and over are the largest users of health and social services.



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



East Sussex health and care landscape



COVID-19 Epidemiology

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

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

As of 27th August 2020, East Sussex was ranked 131st out of 149 upper tier local authorities (with 1 having the highest rate of COVID-19 infections, and 149 having the lowest). The map below shows confirmed COVID-19 cases displayed by lower tier local authority with the lighter colour reflecting a lower rate.

*Figure 1: Confirmed cases of COVID-19 per 100,000 population by upper tier Local Authority in England (*Source: National COVID-19 surveillance reports at GOV.UK, published 21st August)

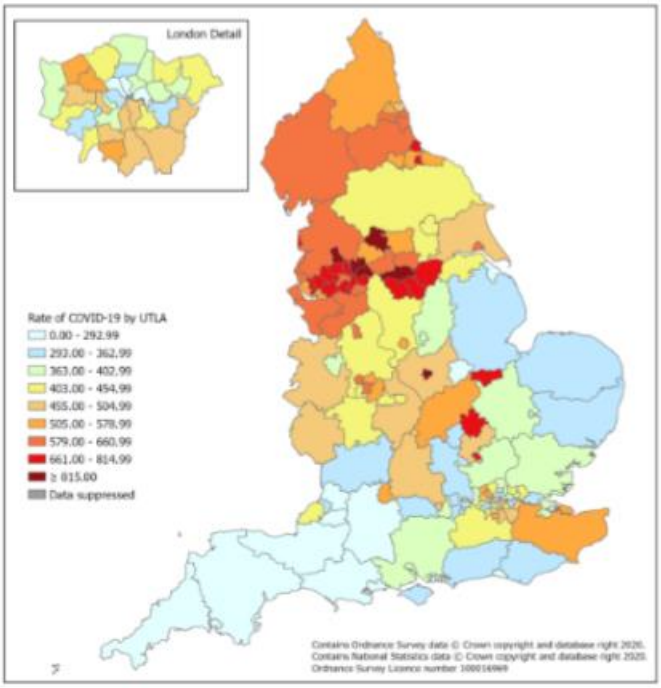
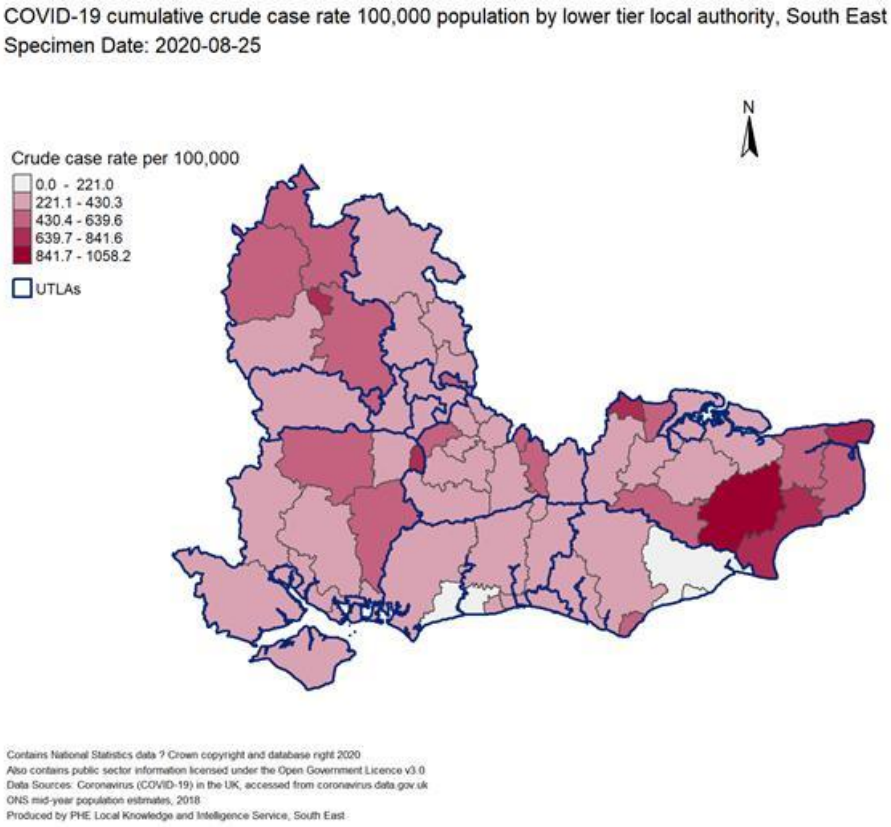


*Figure 2: Confirmed cases of COVID-19 per 100,000 population by lower tier Local Authority in England (*Source: Public Health England, produced 27th August)



Testing data shows that there has been a consistently lower rate of COVID-19 in East Sussex, West Sussex, and Brighton, compared to the neighbouring authorities. Data from Districts and Boroughs within East Sussex also reveals variation. The following table shows the rate of COVID-19 for each of the 5 Districts and Boroughs with Eastbourne having the highest rate and Hastings the lowest rate.

Figure 3: COVID-19 cumulative crude case rate 100,000 population by lower tier authority, South East Specimen Date: 2020-06-27

	COVID-19 rate per 100,000	Local Authority rank (1 highest)
East Sussex	303	131/149
Eastbourne	446	143/315
Hastings	158	309/315
Lewes	381	204/315
Rother	208	297/315
Wealden	302	259/315

Hastings is worthy of particular attention as it is currently ranked 309 lowest out of 315 Lower Tier Local Authorities. This is particularly striking in the context of Hastings being linked to Ashford in Kent which has had one of the highest rates of COVID-19 cases in the country, as well as Hastings having high levels of deprivation – a factor usually associated with poorer health. More work is needed to understand this variation and the underlying protective characteristics, as well as the need for a more complete picture of all confirmed COVID-19 cases. There is work underway with the University of Sussex to understand whether there are particular protective factors at play in Hastings, and also to explore whether these same factors may hamper or support the area through reset and recovery.

Escalation Framework and Governance

Escalation Framework

Public Health teams across Sussex have agreed an overall aligned escalation framework. This describes four stages of escalation:

- **Outbreak prevention and containment**. This is the baseline stage whilst COVID-19 is a risk to the community. It is characterised by cases or outbreaks being managed within existing mechanisms, early warning metrics being within expected limits, and no wider concerns.
- **Raised local alertness**. This is the first stage of escalation, where early warning measures suggest need for raised local alertness, or there are outbreaks in complex settings. At this stage the affected community will not be asked to do anything different to elsewhere, but actions will include undertaking a retrospective investigation, increasing testing capacity, and doing targeted public communications.
- **Raised local concern**. The next stage of escalation will be triggered when there is sustained concern about early warning indicators and an increasing trend in new cases. At this point the affected community will be asked to take different action to people elsewhere, for example to work from home where possible and avoiding contact with other households. Additional measures could include enhanced business inspection regimes, further increasing local testing capacity, and protecting vulnerable people.
- **National oversight**. The final stage of escalation will involve national oversight where additional measures are required to control the spread of COVID-19. This could include restricting travel or movement, closing some businesses, and limiting years or closing schools.

	Outbreak prevention and containment	Raised local alertness	Raised local concern	National oversight
Potential triggers include	Early Warning indicators are stable/improving or not presenting a cause for concern. Cases and outbreaks managed within existing mechanisms No identified additional concerns about specific vulnerable or under-served communities.	Analysis of the early warning indicators suggests the need for raise local alertness At least one outbreak in a complex setting that is not managed within routine outbreak control arrangements e.g. due to high numbers of contacts, high media interest etc. Specific concerns / outbreaks in vulnerable communities (e.g. Black, Asian and Minority Ethnic Communities).	Sustained concern regarding early warning Indicators and increasing trend in overall numbers of cases in an area. Multiple outbreaks in complex settings, potentially combined with community spread.	Central Govt Watchlist is published weekly highlighting local authorities of greatest concern, within one of three categories: Area of Concern; Area requiring Enhanced Support; Area requiring Intervention. The latter includes situations where either ESCC requests national intervention, resource prioritisation is required by Ministers as local systems cannot meet need (eg PPE; staff), or Local capabilities and controls are exceeded.
`Event Determination	Review of Early Warning Indicators and all other available data by ES Public Health and discussed at daily PH COVID call) East Sussex COVID-19 Operational cell (weekly)	Escalation by the Director of Public Health (DPH) and discussed at weekly ESCC COVID-19 Health Protection Operational cell. If threshold met in-between the weekly ESCC Operational Cell, then escalation by DPH in consultation with, at a minimum, Environmental Health and Public Health England. Consideration given to consultation with SRF and other agencies depending on the specific circumstances.	Escalation to raised local concern by DPH, following consultation with: - ESCC COVID-19 Strategic Group - East Sussex Health Protection Board (weekly). - Sussex Resilience Forum (SRF), including whether any Sussex wide/neighbouring LRF action; mutual aid; coordination with government - Public Health England, and District / Borough	Secretary of State for Health and Social Care, at the Local Action Committee, drawing on advice from the CMO, NHS Test and Trace, Joint Biosecurity Centre and PHE.
Notifications & Communication	Weekly COVID-19 surveillance report sent to partners	• ESCC Health Protection Board • ESCC COVID-19 Tactical Group • ESCC COVID-19 Strategic Group • NHS Silver • Sussex ICS Monitoring Group • Member briefing • SRF • Weekly COVID-19 surveillance report sent to partners Consideration to notify neighbouring areas	• ESCC Operational Cell • ESCC COVID-19 Tactical Group • ESCC Health and Wellbeing Board • NHS Silver • Sussex ICS Monitoring Group. • SRF. Consideration given to need for Tactical Coordinating Group. • Formal briefing to members and local MPs Consideration to notify neighbouring areas	As for *Raised Local Concern*, with Frequent briefings to members and local MPs, and assurance to Government as required. Daily briefings with the media.
Potential Actions (each level describes additional actions)	• Ongoing implementation of Outbreak Control Plan • Individual cases / routine outbreaks usually with support as required. • Comms focus on prevention and preparing reactive statements as required of managed outbreaks. • Ongoing preventative and reactive support to businesses and events to ensure they are COVID-secure	• PHE establish Outbreak Control Team (OCT) for specific outbreak(s) • Formal local investigation including retrospective audit into potential community spread, (Regional PHE or local) • Multi-agency discussion with Public Health, Environmental Health, PHE, CCG, ESHT, Emergency Planning and Comms • Development of proactive and reactive comms increases. • Targeted community communications emphasizing the standard COVID-19 messages, as per COMS plan. • Increasing testing capacity • Consideration given to enhanced business inspection regime	• Outbreak Engagement Board reviews and comments on effectiveness of active public communication and engagement. • Multiple OCTs led by PHE with support from relevant agencies • Specialist support from PHE Field Epidemiology Service. • Public communication to request local changes in behaviour, e.g. home working; avoid public spaces; enhanced social distancing etc • Consider measures to protect vulnerable members of the affected community, e.g. restricting visits to care homes • Additional stakeholder COMS • Further targeted testing capacity • Enhanced business inspection regime	**Area of concern:** ESCC leads with support from PHE, NHS Test and Trace, and JBC. Potential actions: targeted testing; enhanced comms; specialist epidemiological analysis. **Area of enhanced support:** Increased national support and oversight including resources. Potential actions: widespread testing; local restrictions; detailed engagement & comms. **Area of intervention:** Decision making referred to national level. Potential actions: • Extensive comms and community engagement • Expanded testing inc asymptomatic • Closing some businesses, venues, public areas • Limiting years or closing schools • Restricting travel or movement • Bespoke measures for shielding population
De-escalation	Sustained period - DPH to consider moving to business as usual	DPH & ESCC Operational Cell	DPH & Health Protection Board	Nationally determined

Figure 4 – East Sussex escalation framework

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.

East Sussex COVID-19 Operational Cell

The East Sussex COVID-19 Operational Cell is chaired by the Director of Public Health and sits under the direction of the Health Protection Board. This is a multi-agency group that brings together and interprets information from the Test and Trace service, the Joint Biosecurity Centre, and other sources of intelligence in order to understand what current transmission of COVID-19 across East Sussex, and any supplementary investigation or control measures needed in addition to those already being discharged by other parts of the system.

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

As described in the Escalation Framework section on the previous page, the Operational Cell will be the forum where the Director of Public Health will discuss if an area needs to move to raised local alertness.

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 receives 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.

As described in the Escalation Framework, the Health Protection Board is notified if there is escalation to ‘raised local alertness’ and is consulted if an area is proposed to move to ‘raised local concern’.

.

The Engagement Board

The Engagement Board is a new function to ensure that there is political and democratic accountability for outbreak investigation and response. In East Sussex, the Engagement Board will draw on the established Health and Wellbeing Board (as suggested by the existing guidance) and be a new core function. This Outbreak Control Plan is approved by the Engagement Board. As described in the Escalation Framework, the engagement board will be stood up virtually and at pace in the event of an area escalating to 'raised local concern'. The role of the engagement board will include reviewing and commenting on the effectiveness of public communications and engagement.

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. There is one Local Resilience Forum covering Sussex, called the Sussex Resilience Forum (SRF).

The 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 potentially needed, for example in the event of a substantial and complex outbreak, where numerous 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.

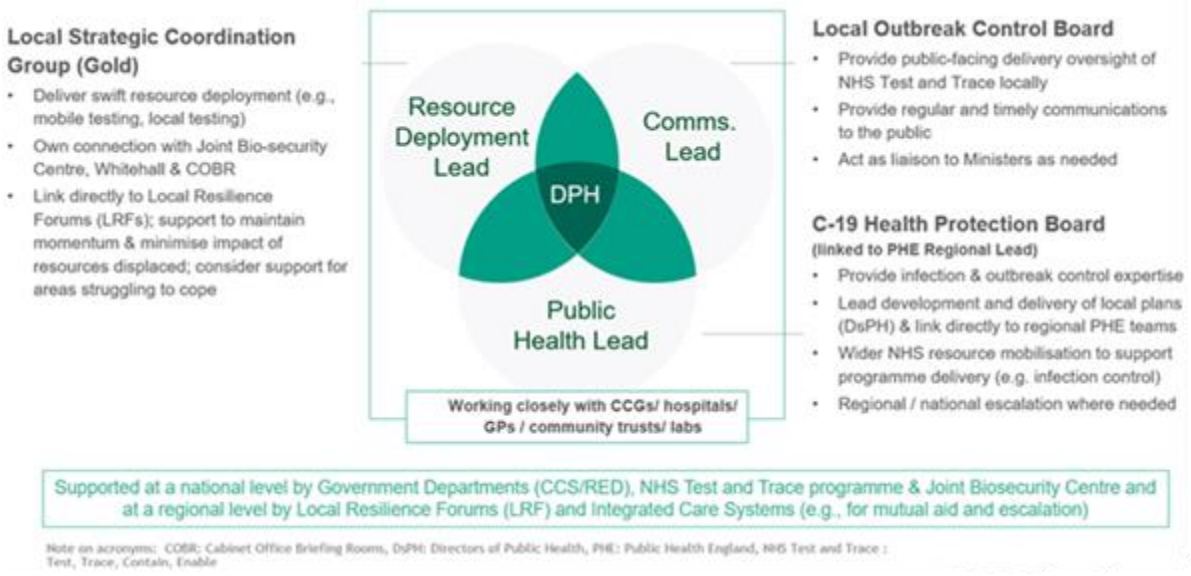
The SRF will be sent the weekly East Sussex COVID-19 surveillance report and will be notified of any change in escalation level. Consideration will be given to whether there is any requirement for the SRF to be consulted as part of a change to 'raised local alertness'. The SRF will be consulted as part of any consideration to move an area to 'raised local concern'.

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 the test and Trace and testing. The SRF structure will be expected to manage the deployment of broader resources and local testing capacity to rapidly test people in the event of a local outbreak.

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



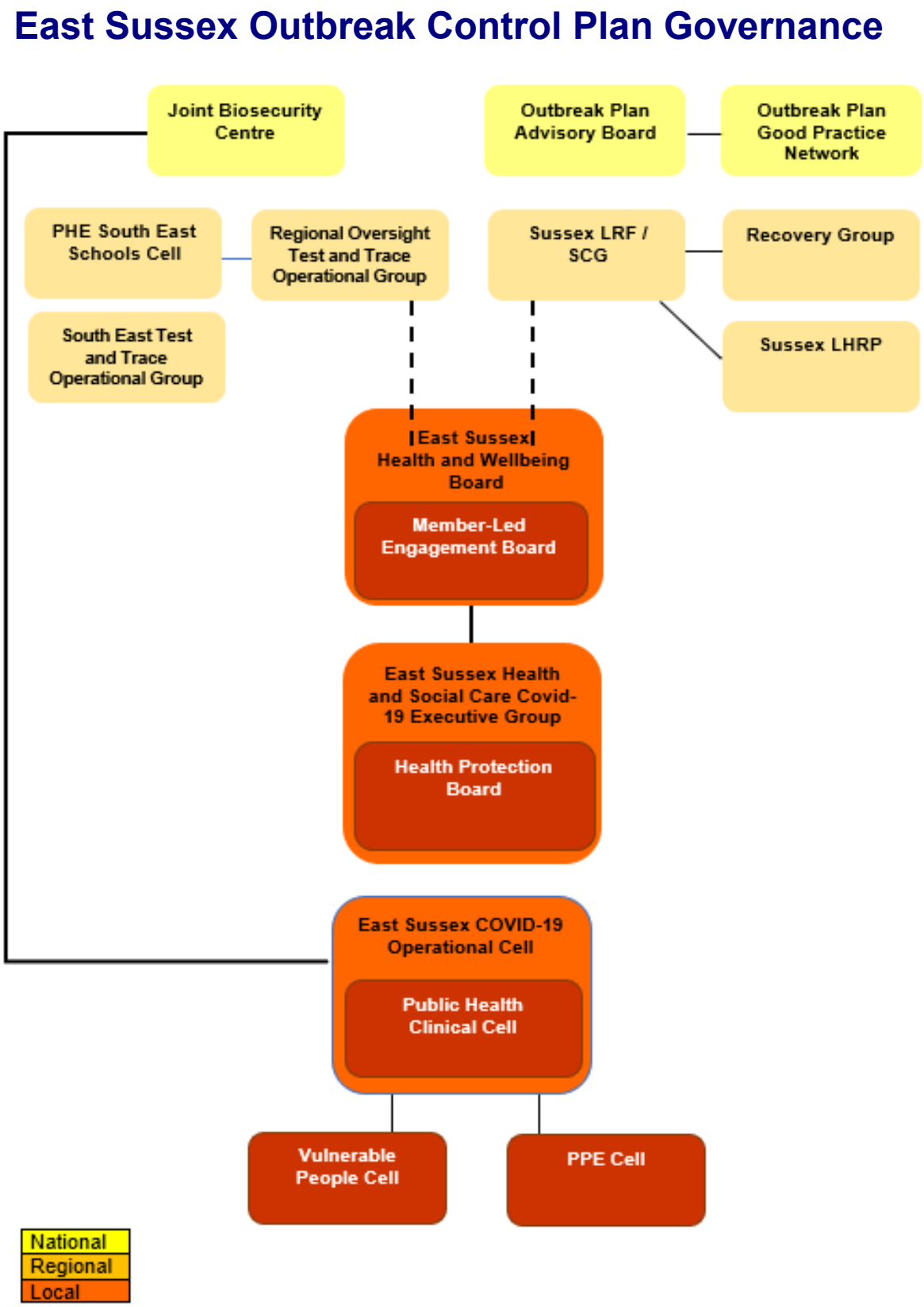
Other joint working across Sussex and beyond

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

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

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.

Figure 6 - East Sussex Outbreak Control Plan Governance



Legal context

The legal framework for managing outbreaks of communicable or infectious disease which present a risk to the health of the public requiring urgent investigation and management sits with:

- Public Health England under the Health and Social Care Act 2012
- Directors of Public Health under the Health and Social Care Act 2012
- Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984 and suite of Health Protection Regulations 2010 as amended
- NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist in the management of outbreaks under the Health and Social Care Act 2012
- other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004

A communicable disease can also be notifiable i.e. a disease with significant public health implications, typically a highly infectious disease, for which the diagnosing clinician has a statutory responsibility to notify the correct body or person.

Specific legislation to assist in the control of outbreaks is detailed below. An Outbreak Control Team could request the organisation vested with powers take specific actions, but the final decision lies with the relevant organisation.

Coronavirus Act 2020

Under the Coronavirus Act, The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020 as amended set out the restrictions as to what is and is not permitted, which when taken together with both statutory and non- statutory guidance create the situation of lockdown. Any easing of lockdown comes from amending or lifting these national Regulations and/or updating guidance. The powers of the Police to enforce lockdown also flow from these national Regulations.

Any localised lockdown would require further Regulations that are designed to be implemented locally. Currently there are no such Regulations. The Joint Biosecurity Centre (JBC) will be issuing further information about how local movement restrictions may need to be increased if infection rates increase again. On 29 June 2020 local action or a localised lockdown was announced in Leicester. There will need to be consideration of how measures are to be implemented locally if contained in guidance that follows this.

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 with a request to co-operate for health protection purposes to prevent, protect against, control or provide 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.

Health and Safety at work

Local authority public health teams and the Health and Safety Executive have responsibilities for the enforcement of employers' health and safety obligations as contained in the Health and Safety at Work Act 1974 (as amended) and associated regulations. The following guidance addresses how the general obligations in law apply to Covid-19

Working safely during coronavirus (COVID-19): Guidance to help employers, employees and the self-employed understand how to work safely during the coronavirus pandemic

Social distancing, keeping businesses open and in-work activities during the coronavirus outbreak

Local Authority policy framework

The following policies and plans written prior to the outbreak of COVID-19 are also being utilised by the local authority ("LA")'s Emergency Planning and Adult Social Care and Health departments in planning for the potential impact on the County:

- Emergency Response Plan (including Business Continuity Arrangements) Part 1 (dated 29th August 2017
- Emergency Response Plan (including Business Continuity Arrangements) Part 2 (dated 29th August 2017)
- Business Continuity Policy (dated June 2018)
- Pandemic Influenza Business Continuity Supplement (dated July 2019)

Data Sharing

In addition to the Data Protection Act 2018, the intention is to encourage a proactive approach to sharing information between local responders, in line with the following framework:

- instructions and guidance issued by the Secretary of State;
- the following four (as at 27/8/20) notices issued by the Secretary of State for Health and Social Care under the Health Service Control of Patient Information Regulations 2002 requiring data to be shared (between healthcare organisations and local authorities) for the purposes of the emergency response to Covid-19 which are now to remain in force until at least March 2021:
    i. Coronavirus (COVID-19): notice under regulation 3(4) of the Health Service Control of Patient Information Regulations 2002 – general;

ii. Coronavirus (COVID-19): notice under regulation 3(4) of the Health Service Control of Patient Information Regulations 2002 – NHSE, NHSI;

iii. Coronavirus (COVID-19): notice under regulation 3(4) of the Health Service Control of Patient Information Regulations 2002 – Biobank; and

iv. Coronavirus (COVID-19): notice under regulation 3(4) of the Health Service Control of Patient Information Regulations 2002 – NHS Digital;

- such further notices issued by the Secretary of State for Health and Social Care under the Health Service Control of Patient Information Regulations 2002 requiring data to be shared (between healthcare organisations and local authorities) for the purposes of the emergency response to Covid-19;
- statements and guidance issued by the Information Commissioner in relation to data sharing and COVID-19; and
- the data sharing permissions provided for by the Civil Contingencies Act 2004 and the Contingency Planning Regulations.

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

The following table describes the various measures currently available to different agencies, who the designated lead would be, and the enabling legislation.

Type of measure	Prevent/ Control	Lead	Enabling legislation	Description of use
Taking action against a business/premises permitted to be open but not complying with COVID-19 guidelines[1]	Prevent *For use at any point in escalation framework.*	Environmental Health	**Health and Safety at Work Act 1974**, and with reference to **sector specific COVID guidelines** In extremis: **The Health Protection (Coronavirus Restrictions) No 3 Regulations**	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, serving an improvement notice to require risk assessment. HSE have cautioned against the serving of deferred provision notices and prohibition notices as you would in usual circumstances, based on the relatively low level of risk to an average individual in contracting CV-19. However, the decision to serve deferred provision/prohibition notices will be up to each Lower Tier Local Authority in accordance with their own enforcement policy and with regards to each specific situation. Where a business refuses to comply, Regs 3 could be used to issue a directive to close the business.
Taking action against a business/premises NOT permitted to be open	Prevent *For use at any point in escalation framework.*	Environmental Health / Trading standards (depending on sector)	**The Health Protection (Coronavirus Restrictions) No 2 Regulations** (SI 684)	For sectors that are not yet permitted to be operating (as at 01/09 this includes nightclubs, dance halls and sexual entertainment venues), a prohibition notice can be served.
Shutting a business/premises following intelligence of an outbreak where action wasn't taken voluntarily	Control *For use at any point in escalation framework.*	Environmental Health	**Health and Safety at Work Act 1974**, and with reference to **sector specific COVID guidelines** In extremis: **The Health Protection (Coronavirus Restrictions) No 3 Regulations**	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, serving an improvement notice to require risk assessment. The decision to serve deferred provision/prohibition notices will be up to each Lower Tier Local Authority in accordance with their own enforcement policy and with regards to each specific situation. Where a business refuses to comply, Regs 3 could be used to issue a directive to close the business.

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

Closing an outdoor public space	Prevent *Only to be considered in areas with 'raised local concern/national concern'.*	Director of Public Health (in partnership with relevant LTLA)	**The Health Protection (Coronavirus Restrictions) No 3 Regulations**	The DPH may make a direction to close an outdoor public space where three conditions can be met in relation to responding to a "serious and imminent" threat to public health, necessity and proportionality. However, it may be difficult to justify taking this action as there appears to be little evidence in increased transmission from crowded, outdoor spaces (e.g. Brighton or Bournemouth beaches). The potential difficulty of enforcing the closure of an outdoor public space should be considered when taking this decision.
Directing an individual to undertake specified health measures	Prevent/ Control *For use at any point in escalation framework.*	Any local authority authorised officer specifically 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 so Courts may be reluctant to grant the order. Additionally, this is a time intensive process and so may not be appropriate due to the length of the infectious period of CV-19.
Declaring a gathering of more than 30 illegal	Prevent *For use at any point in escalation framework (as decision depends on CV19 RA quality etc)*	Environmental Health or Public Health representative at a SAG	**The Licensing Act 2003** and **the Health Protection (Coronavirus Restrictions) No 2 Regulations**[2] (SI 684) In extremis: **The Health Protection (Coronavirus Restrictions) No 3 Regulations**	Organisers[3] can request permission to hold an event for over 30 people via a Premises license, or a standard Temporary Event Notice (TEN)[4]. The process for these two routes differ, but there are no specific public health grounds on which to refuse permission in either route under the Licensing Act 2003. However, the No 2 regs require a CV-19 risk assessment and demonstration that all reasonable measures have been taken to limit the risk of transmission of COVID-19. If the risk assessment is not deemed 'suitable and sufficient,' permission can be refused 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 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, the organiser will be engaged with to defer/cancel the event. Where the organiser refuses, the DPH may make a direction under the No 3 regs to prohibit the event, where the three conditions can be met in relation to responding to a "serious and imminent" threat to public health, necessity and proportionality. Once a Direction has been made delegated LA Officers can issue "prohibition Notices" to close individual premises.

[2] Where there are employees working at the event, the Health and Safety Act 1974 can also be used.

[3] Events of over 30 people organised by individuals are illegal, as per the No 2 regs and this is enforceable by the Police.

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

Outbreak investigation

Principles

There are well established principles of outbreak investigation and management. The Communicable Disease Outbreak Management - Operational guidance (2014), produced by Public Health England, outlines the national approach to investigating, managing and controlling outbreaks.

Whilst the principles of outbreak management are common to all types of infectious disease, some of the specific steps are dependent on how an infection is transmitted. As COVID-19 is a respiratory infection, with the route of transmission being respiratory droplets, contact tracing plays a vital role in interrupting transmission. Contact tracing requires the identification of people who have had close contact with a confirmed case, and an assessment of how much contact and when that contact occurred. This is used to determine whether someone is classified as a close contact, and the appropriate corresponding advice (including isolation advice, testing and follow-up). The following page describes the principles of contact tracing related to COVID-19.

The definition of an outbreak of COVID-19 below, provides examples of when action is triggered in relation to cases (adapted from PHE definition):

- an incident in which two or more people experiencing COVID-19 are linked in time or place
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred
- a single case of COVID-19 in a high-risk setting.

Test and trace

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

There are three tiers to NHS Test and Trace:

- Tier 3 is a newly formed national structure for COVID-19 that contains approximately 18,000 call handlers. They will work alongside a website and digital service to give advice to confirmed cases in East Sussex and their close contacts. Any cases fulfilling certain national criteria will be escalated to Tier 2.
- Tier 2 is a newly formed national structure for COVID-19 that contains approximately 3,000 dedicated professional contact tracing staff who have clinical and/or contact tracing experience. This tier will deal with East Sussex cases and situations that are not routine. Any cases/situations that are complex will be escalated to Tier 1.
- Tier 1 is the Health Protection Team, the existing team within Public Health England (PHE), who have the statutory responsibility for leading outbreaks. Tier 1 will be responsible for leading outbreak in complex situations such as cases in care homes, schools etc. Where PHE determine that an Outbreak Control Team (OCT) is required

(see OCT later in this section) this will involve relevant agencies to support the investigation and control measures

NHS Test and Trace is accessed on-line at https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works. On registration with the service, people are asked to provide contact details so that results and advice can be provided by email, text or phone. For those with hearing impairment they can provide next of kin or friend details, and parent/guardian details for children.

Across Sussex, the outbreak reporting process is available at https://www.eastsussex.gov.uk/community/emergencyplanningandcommunitysafety/coronavirus/outbreak-control-plan/

Figure 7: NHS Test and Trace – Three Tiers

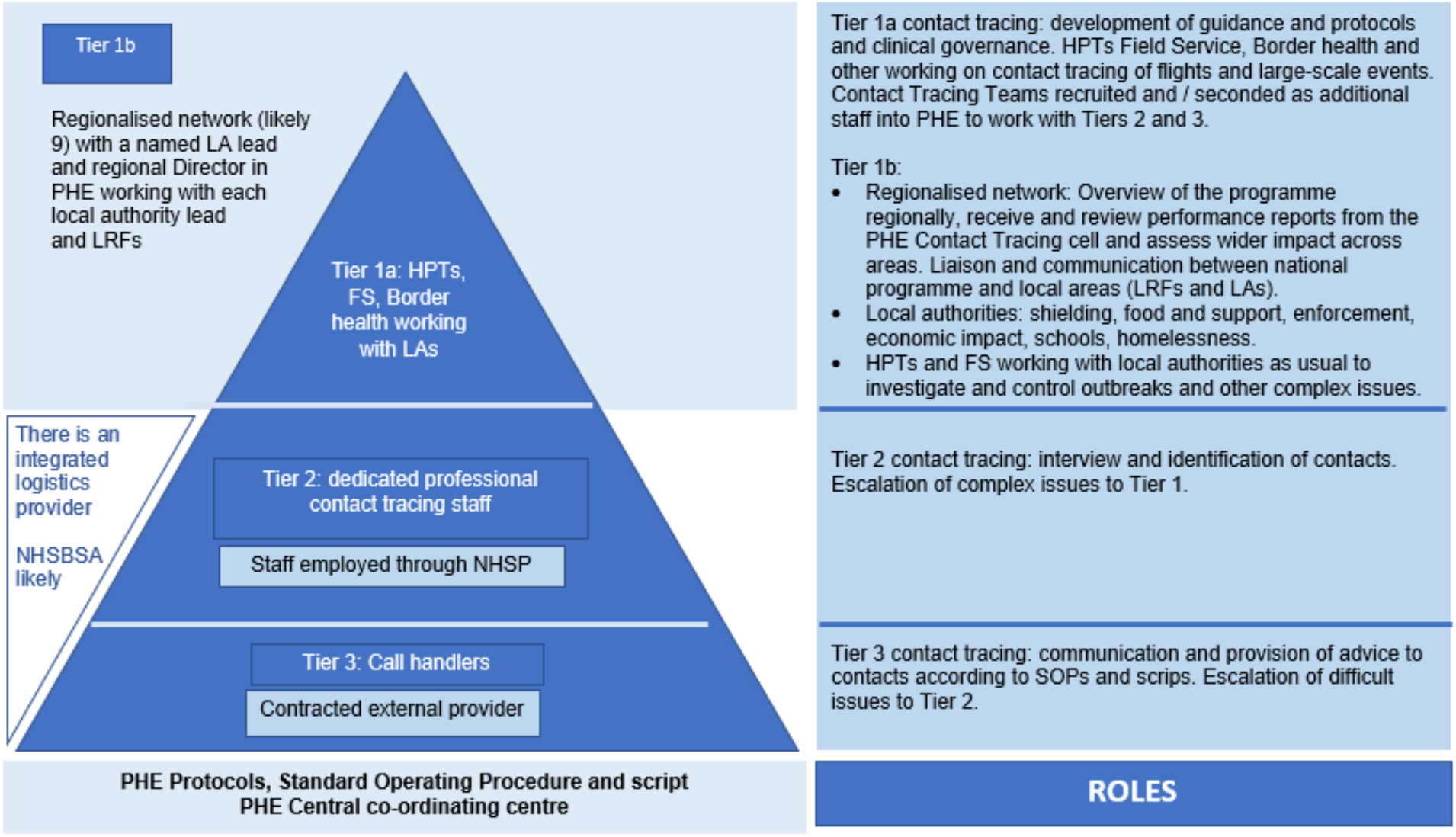
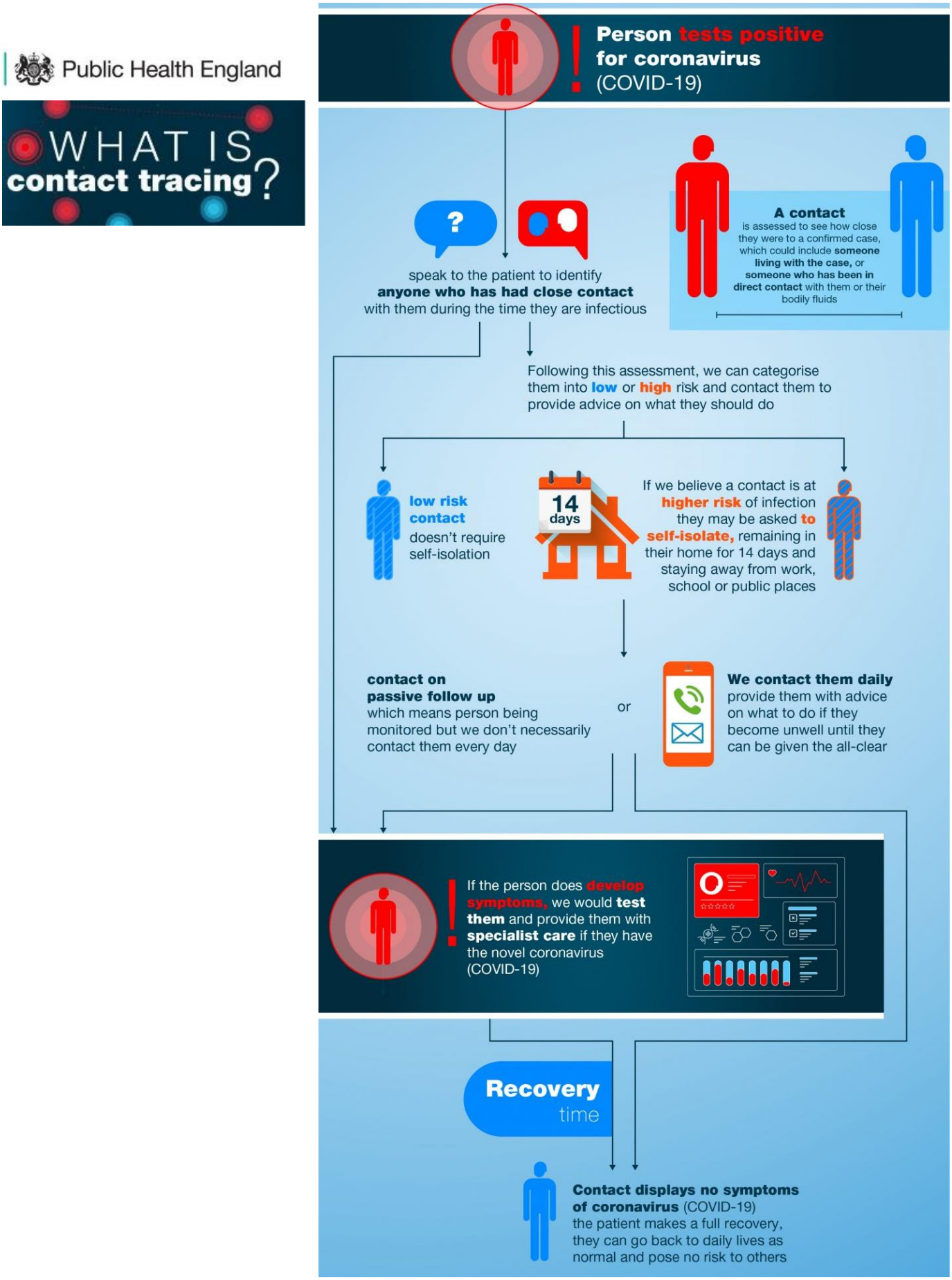


Figure 8: What is contact tracing (PHE)



Outbreak Control Teams

As described in the Communicable Disease Outbreak Management - Operational guidance (2014), an Outbreak Control Team should be potentially convened in response to an outbreak where a multi-agency response is required. This is usually declared by a Consultant in Communicable Disease Control (CCDC) or Consultant in Health Protection (CHP) from Public Health England and is normally chaired by the CCDC / CHP or a Consultant Epidemiologist. Meeting 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 Office from the relevant District / Borough Council
- Field Services, Public Health England
- Communications.

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 Public Health England – Local Authority Joint Management of COVID-19 Outbreaks in the SE of England provides further detail on how outbreaks will be managed.

Sussex Resilience Forum

The Sussex Resilience Forum (SRF) has an important role across Sussex in coordinating agencies, supporting joint communications, and identifying lessons learned. There are a range of scenarios where the SRF may be needed, for example in the event of a substantial outbreak or where outbreaks are occurring across borders. The involvement of the SRF will be considered as part of the initial outbreak investigation as well as during the OCT. Further detail about the SRF is detailed in the Escalation Framework and Governance section.

Communications and Engagement

Priorities for Communications and Engagement

- To secure public trust in outbreak planning and response
- To ensure communication networks and systems are in place to rapidly warn and inform all residents of necessary restrictions in the event of any local outbreaks
- To increase public understanding of evolving national and local guidance on health protection. Emphasise our collective responsibility for restricting the virus.
- To work effectively with partners across Sussex while recognising different parts of the county will at times have differing approaches.

Communications and engagement plan

We have developed a communications and engagement plan for East Sussex which sets out the approach to communicating with residents, businesses, partners, members and staff on local protection planning and activity. This supports the approach set out in this Outbreak Control Plan and sits within the governance framework identified. In particular, the level and scope of our communications activity aligns with the escalation framework for East Sussex. The communications plan specifies how and when ESCC's communications team would initiate a communications cell to work with partner organisations if infections rise in East Sussex (including in cross-border outbreaks).

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

The communication and engagement plan also outlines how specific groups will be reached using online platforms, including how residents can be targeted by their locality (home or work) and /or their profession. It includes particular thinking on how we will reach at-risk or potentially marginalised groups, including the Black and Minority Ethnic (BAME) community, shielded groups, the homeless and people with impaired vision or hearing.

To deliver messaging effectively, the communications team will work with the Operational Cell as well as monitor Government advice to provide real-time updates on the Test and Trace service and signpost people to the correct Government sources to gain information.

Data Integration

Data objectives

To combat the pandemic at a local level, it is vital that there is access to timely and robust data; including data relating to testing, the number of cases, local outbreaks in places such as schools, hospitals and care homes, hospital use and deaths.

There are an increasing range of data being produced relating to COVID-19 and datasets have expanded as the response to the pandemic has developed. Some datasets are in the public domain, others are, and will remain, confidential and restricted.

At a local level Public Health, local authority and NHS staff are seeking to maximise the use of available data to ensure a quick, targeted and transparent response. To do this we need to ensure that we have good access to data being produced including by the Joint Biosecurity Centre and 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 newly established Joint Biosecurity Centre, and raise concerns where information is not forthcoming; ▪ Work with local and regional partners to gain access/develop further data feeds which will inform outbreak control measures (such as Public Health England, Environmental Health) ▪ Ensure the Sussex Integrated Dataset (SID), an anonymised linked record level dataset, is developed to support this workstream; in relation to COVD-19 this will help to understand infection rates in specific areas and groups and in the longer term understand the recovery and on-going support needs of people affected.
Objective 2: Using the range of data, we will be highly vigilant (“proactive surveillance”) in monitoring change:	▪ There will be proactive surveillance by reviewing a broad range of indicators which may provide an early warning of outbreaks or possible community transmission ▪ We will have, and further develop, our understanding of high-risk places, locations and communities

Objective 3: Staff tackling outbreaks will have access to robust and concise information and be supported in their use of data; this will include:	▪ Information relating to the local response to outbreaks (e.g. care homes or schools), including providing an understanding and quantifying the numbers involved and the areas/settings impacted ▪ Help to identify similar settings of concern ▪ Modelling possible scenarios.
Objective 4: We will seek to maximise the transparency of local decisions:	▪ There will be consistent reporting to each local authority Outbreak Engagement Board and support where possible wider dissemination working with local Communication teams ▪ Provide data to the public in a clear and transparent way, and demonstrate how this information is used, to inform local decisions. ▪ Clearly note the sources of data and which datasets are, and are not, in the public domain.

Data arrangements currently in place

Data to support this plan is sourced from a range of data sources, including Public Health England national and regional teams, the local PHE Health Protection Team, NHS Digital, NHS England/Improvement, the Office of National Statistics (ONS), the Care Quality Commission (CQC) the Sussex local registry offices and many local health and care partners such as CCGs and NHS trusts.

Public Health England are now providing to local authorities record level datasets including postcode in relation to cases and contacts from the national Test and Trace system.

Of particular relevance for this plan is daily reporting by PHE on outbreaks in care homes, schools and prisons and the hospital onset COVID-19 reporting by trusts to NHS England.

These data are managed by the East Sussex Public Health Intelligence team at the council in collaboration with other local, Sussex-wide and regional partners.

A public facing weekly surveillance update for East Sussex is available from the councils website.

More detailed data are scrutinised on a daily basis by the local authority public health team, with further investigations and actions agreed at the end of each session.

Data are shared and discussed weekly at the Operational Cell with further investigations and actions agreed at the end of each session.

Across Sussex there is a COVID-19 Data and Modelling Group, which reports to the Local Health Resilience Partnership (LHRP). This was established in March 2020 as a response to the pandemic and is comprised of staff from Public Health Intelligence teams, CCGs, the Sussex ICS, Sussex Partnership NHS Foundation Trust, Adult Social Care and the University of Sussex. The group's focus has been around modelling the pandemic, for example modelling hospital activity and deaths.

It has developed a Sussex-wide dashboard to support partners in maintaining a proactive view of indicators that will help provide early warning when indicators are increasing across Sussex that require further investigation and action. The group is also coordinating efforts to ensure that evidence of inequalities is collected and analysed.

Data arrangements that need to be set up

It is anticipated that the following arrangements will need to be set up:

- Extend the role of the Sussex Data and Modelling Group to oversee the data integration work.
- Improve flow and integration datasets, particularly from test and trace which is subject to weekly and sometimes daily changes in how it is provided and what it contains.
- Improved insight reports to support the various governance structures.

Data sharing and Data security

Given the challenge of tackling this pandemic, all agencies will assume they are required to adopt a proactive approach to sharing information by default, in line with the Instructions of the Secretary of State, the Statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act.

The Secretary of State has issued four notices under the Health Service Control of Patient Information Regulations 2002 requiring the following organisations to process information: NHS Digital, NHS England and Improvement, health organisations, arm's length bodies, local authorities, GPs. These notices require that data is shared for purposes of coronavirus (COVID-19) and give health organisations and local authorities the security and confidence to share the data they need to respond to coronavirus (COVID-19).

The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply. Under the Civil Contingencies Act 2004 (CCA) and the Contingency Planning Regulations, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required for those responders to fulfil their duties under the CCA.

Testing

Testing provision

There is a regional testing site (RTS) centre at Gatwick Airport and a locally commissioned satellite testing centre at Bexhill. The previous RTS at the AMEX stadium in Brighton closed on 24th August and currently plans are being explored to for a new site, likely to be in West Sussex.

Mobile Testing Units (MTUs) are being used across the county with deployment being prioritised via the LRF and the regional testing cell. These are customised vans which are available to stop in a location for 1-3 days to test local residents. These are accessed by car or on foot and require a booked appointment. Sodexo have been commissioned by DHSC to lead operational delivery of MTUs. There are additional MTUs which can be deployed if outbreaks occur.

Local Testing Sites (LTS) are small, localised test sites that are set up in high density, urban areas under the direction of the DPH. LTS are meant to serve potentially more vulnerable people who may only be able to access a test site by walking locally, or require a more in-depth and guided approach in taking a test. They are designed to be walk-through sites, active for an ideally 3+ months. DHSC give approval for the specific site location, finalise contracts for the leases and appoint a contractor to oversee the site build, setup and preparation. Currently work is underway to identify suitable locations to set up LTS in Eastbourne and Hastings and potentially Bexhill.

The Sussex Central Booking Team is an additional resource put in place to assist organisations with the administration of testing. The team can advise on testing criteria, assist with booking on the national website and book community testing where appropriate.

Testing pathways currently in place

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

- Symptomatic residents can apply via the NHS website, or by telephoning 119, to either be tested at a testing site, mobile testing unit, or receive a home testing kit.
- Essential workers can be referred individually via the Sussex Central Booking Team or via the GOV.uk site (some are eligible for asymptomatic testing)
- Regular testing (retesting) for care homes in England commenced roll out from 6 July – this involves care homes testing staff weekly and residents every 28 days. Care homes can request whole-home testing for all residents (irrespective of symptoms) and asymptomatic staff via the Care Home Portal. Currently only care homes caring for over 65s and those with dementia are eligible for retesting. All other adult care homes registered with CQC will be able to register for regular testing from 31 August.

- Acute hospital patients and staff (including those who are asymptomatic, where indicated by clinical need) can be tested in the hospital setting. Staff testing may take place as part of an outbreak, otherwise staff will go through central bookings or national portals to arrange testing.

- Outbreak testing – At the point of notification the Health Protection Team at Public Health England will arrange testing of symptomatic individuals where appropriate, in order to inform outbreak management in various settings including care homes, prisons and hostels. This will be arranged through the central booking team. If there are more than two symptomatic individuals the home will be risk assessed and whole care home testing undertaken, those who are negative will be tested on day 4-7 then 6 weeks after the symptomatic patient the home will be tested then return to the pillar 2 testing regime.

- Other individuals that require symptomatic or asymptomatic testing and are unable to access it through other routes can get tested by contacting Sussex Central Booking Team, for example to facilitate placements of children or vulnerable adults in care settings such as foster care, supported accommodation, care homes or for new domiciliary care referrals. This testing is currently delivered by Assisted Swabbing teams from the Sussex Community Foundation Trust and East Sussex Healthcare Trust.

- Antibody Testing – As of the 3rd August all NHS staff have been offered antibody testing and clinics continue to allow access. Testing has been rolled out to community pharmacists and dentists. Currently social workers and other key council staff have been offered testing by East Sussex Healthcare NHS trust and Sussex Community Foundation Trust. From the week commencing 10th August care home and domiciliary staff were offered and started testing in East Sussex through East Sussex Healthcare NHS trust. Further options such as GPs providing testing are being explored for care homes staff.

Current issues in testing

Recently National lab processing capacity has been exceeded leading to restrictions being placed on the number of testing slots that residents can access via the Gov.uk site. Allocation of testing capacity is being based on areas of greatest need, prioritising areas of high prevalence and actions determined by the Directors of Public Health in outbreak areas to support their local testing strategies. In addition, priority is being given to testing in adult social care and regular whole home retesting. The impact of this issue is potential delay of testing for symptomatic residents and some asymptomatic essential workers.

In addition to the above there are several other issues that being discussed related to gaps in testing or changes in provision that are required. These include:

- Home testing availability for clients who require testing before admission to a care home or residential setting, or before new domiciliary care is put in place, who aren't symptomatic. This is currently carried out by assisted testing teams or couriers, but home testing kits would be more appropriate.
- Home testing availability for those who won't meet the online ID check or don't have an email address, for example those experiencing homelessness. This testing currently needs to be carried out by the assisted testing team.

- Where necessary, there is need to set up targeted testing with BAME communities including asymptomatic testing in high risk settings

Ongoing Testing Requirements

Ongoing testing requirements will need an integrated flexible model, to ensure no community is disadvantaged and to ensure all the national requirements and local needs are met. A commissioning support document and business case is being prepared for Sussex to guide the development of this model.

The model should include:

Mass testing which can be delivered through:

Drive Thru whether static sites as stated above, national and local centres or using the Mobile Testing Unit. (These increasingly will take walk-ins as well as those driving-through)

Walk in Local Testing Sites

Home Testing Kits delivered through the national portals. Access and delivery of this may change with time and local ownership has been indicated regionally.

University and schools access to testing – likely to be delivered through pillar 2

Niche-testing for those who need support:

Supported through the central booking team directing people to the service most appropriate for the individual or group.

This could be through a national/Drive Thru or to a local service

Local services could be a mixed model of:

Locally delivery and pick up of swabs for self-swabbing whether to individuals or group (home, organisation, community) as required by public health, safeguarding teams or as appropriate.

Undertaking of swabs which require an assistant. A trained individual would need to be involved to actually undertake the swabs.

A modified walk-in set up for larger numbers, this may be supported by the MTU if the national model is able to change. This may be within a town centre, village, industrial estate, factory, university etc where an outbreak is occurring to get larger numbers in a contain area.

For care homes/other environments where outbreak support and management is required, testing in response to PHE or it may need individuals to be trained to enable them to undertake whole home swabbing. This may be linked to other support that will be provided in these settings.

National guidance on on-going requirements for testing will need to be considered including point of care testing and flu/Covid-19 all in one test.

Vulnerable People

Supporting vulnerable people arrangements currently in place East Sussex are multi-agency and cross-sector in nature. East Sussex County Council has led on support provided to the Shielded Group, with the District and Borough Councils in partnership with local VCSE have provided the local Community Hub response. Support has been available through the Hubs for those who for any reason are without a local support network, are isolated, struggling to cope, anxious, unwell, require information, advice and guidance or cannot get medicine, food or other essential supplies. The whole effort has been a collaborative, resident focused response.

Largely the East Sussex response can be described as meeting the requirements for three groups of individuals:

- Extremely clinically vulnerable people who are shielding, this has been led by ESCC.
- 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 convened by ESCC Vulnerable People's Group.
- 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 support has been offered to:

- Approximately 22,000 people currently shielded – contact has been made with both those that have registered for support through the central government Extremely Vulnerable Person (EVP) service and those that haven't registered.
- Approximately 4,500 people in community settings known to statutory services and identified as potentially vulnerable and contacted by operational teams.
- Approximately 5,000 people who have chosen to contact a Community Hub.
- An unknown number of people who have accessed support directly from their local communities, friends or VCSE.

ESCC has provided centralised coordination of support to those in the clinically vulnerable groups who were advised to shield. Those identified by a GP or clinician as being in the extremely clinically vulnerable group were encouraged to register with the national shielding service to access a weekly free food parcel, medicine delivery or assistance from the NHS volunteers. ESCC worked closely with the National Shielding Service to locally manage any additional needs such as welfare, wellbeing, social contact or care and support requirements.

Over 60 tonnes of food were provided by ESCC, equating to 10,00 food boxes, to the Shielded Group. This was an internally led logistical operation requiring over 140 staff redeployed from non-priority areas of work. Close to 2000 calls were taken from Shielded Group individuals seeking support. In preparation for any local outbreak/second wave an external provider has been commissioned to undertake this element of ESCC's response.

Welfare calls were made to all those 22,000 advised to shield. Where contact couldn't be made letters were sent, and welfare visits to those that couldn't be contacted at all have been carried out by East Sussex Fire and Rescue Service, along with the British Red Cross. Advice provided over the phone has been followed up with written advice. Additionally, leaflet drops across the County have augmented specific communications.

Calls have been made by a range of redeployed staff within ESCC and directly commissioned services. Many of these staff have now returned to their substantive posts following the suspension of the Shielding Operation. Current provision is therefore reactive and provided through Health and Social Care Connect.

Across East Sussex, local authorities and health partners commission and 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.

Changes in national guidance since the most recent government announcement on 22nd June 2020 outlined a phased relaxation of shielding advice, and ultimately led to the current pause in support. East Sussex County Council will continue to work with key partners to support shielded residents as appropriate.

Current Support Arrangements

The Government has paused the centralised support to the Shielded Group as at the start of August. East Sussex has therefore also paused elements of the its support – most notably the food distribution service. However, support arrangements are still available:

- Community Hub provision continues in each District and Borough. As demand has fallen to circa 25 calls per week, provision has generally been taken into existing contact centre provision and is being used as business as usual. Regular demand monitoring is still occurring, and any significant increase would require a review of arrangements.
- Health and Social Care Connect has taken on responsibility at a County level for advising previously shielding people. Additional capacity is being recruited into Health and Social Care Connect to support this and prepare for a second wave.
- Recognising that food security has been a key issue during the initial lockdown investment has been agreed to:
    - Support to 15 foodbanks across the County through £270k of funding
    - Develop food partnerships in each District and Borough
    - Provide £100k of additional funding to groups help those accessing food banks
    - Fund Citizens Advice to provide fuel vouchers
- The East Sussex Vulnerable People Group has evolved to become a network to provide ongoing coordination on specific issues.

Future support requirements

East Sussex County Council is in the process of reviewing its response to the first lock down and support available to vulnerable, particularly the shielded group to identify areas for improvement. Extensive work is underway evaluating data from the first lockdown to understand the changes in demand experienced.

Ongoing monitoring of systems to support vulnerable people the Shielded Group also continues to assess:

- The patterns in demand for food, medicine and support.
- Any amendments required to the contracted food and supplies provision, including the balance of urgent same day demand with scheduled home delivery.
- How best to sustain the Community Hubs to meet demand generated by a second wave.
- Consider how to embed the principles and approach into the longer-term prevention model to support health and social care systems.

Future provision will need to be able to flex, acknowledging that this may fluctuate in scale and geographical distribution at any given time based on the number of outbreaks and specific setting type:

- Quarantine and individual self-isolation where there are no support arrangements available
- Local lock downs in specific geographic areas
- A more generalised support for a second wave.

Where people do need support, in the form of food or prescription delivery, existing support mechanisms should be able to meet this demand. We understand that three questions have been included in the NHS Test and Trace questionnaires for people to self-identify as vulnerable or that they, or someone they care for, may need support. This information will be provided to NHS Business Services Authority (BSA) who will text people with the relevant local authority helpline details and provide links to websites that allow them to find the numbers of their local support helplines. Where people can't be contacted by phone or email, then Tier 2 contact tracers will visit. A list of people will not be provided directly to local authorities daily, as the preferred option of local government colleagues was to use communication from NHS BSA.

A mechanism for including people who have requested support via the helpline while they self-isolate as a result of Test and Trace, will need to be included in the food and medicines support scheme, where it is identified that they have no other means to get help. As people will be self-isolating for a short period of time (either 7 or 14 days), most people will be able to cope without support, however where support is required it will need to be timely, and flexible to support a cohort of people that will be constantly changing. Data thus far indicates demand is not significant.

The challenges for supporting newly isolating residents will include:

- Clear communication as to how to access support and what support is available.
- The unknown demand for urgent food and medical supplies that may fluctuate in scale at any given time based on the number of outbreaks and specific setting type.
- The reduced volunteer pool as many volunteers have returned to work and life as usual.

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 distance guidelines, to be vigilant to symptoms of COVID-19 (a new continuous cough, fever, or loss of taste or smell) and test and self-isolate if they appear, through adherence to risk assessed safe working advice as detailed in the COVID-19 secure guidance, and to ensure the public regularly clean hands and surfaces. All organisations across East Sussex have an important role to play in promoting these messages and ensuring the guidance and advice is shared and followed.

East Sussex County Council is working closely with District and Borough Councils to ensure that businesses are aware of and operating within COVID-19 secure guidance. District Councils, through their Environmental Health function have a key role in supporting residents to limit their exposure to COVID-19 infections and thereby to prevent the spread of infection, along with Trading Standards and the Health and Safety Executive. This has included a particular focus on specific settings of higher risk, for example letters have been sent to pubs across East Sussex detailing appropriate advice, and other high-risk settings have been proactively identified and risk assessed.

There are systems in place to ensure that local intelligence on settings and businesses not operating in a COVID-19 secure way is fed back to the relevant agency to enable follow up and review of current practices.

Communication with the public is key to preventing outbreaks, more of which is detailed in the Communications section, and all agencies have an important role in communicating with and supporting the public to ensure this is followed, including Health and Social Care, the police, Education, Upper and Lower Tier Authorities, the Sussex Resilience Forum, and at a national level. This includes messaging and nudge strategies to support the public to maintain social distancing, guidance on face masks where they are required, vigilance of symptoms, and reminding the public about hand hygiene.

All local health and care organisations are working to ensure that patients and staff are protected from COVID-19 and that testing of patients prior to discharge is in place. There needs to be continued campaigns and support for essential workers and other residents to self-isolate alongside promptly access testing on experiencing COVID-19 symptoms.

Outbreak investigation

High Risk Places, Locations and Communities

The following section details the specific issues and considerations for specific high-risk places, locations and communities across East Sussex, and is structured in the following way:

Care homes

Children's homes

Schools

Prisons and other places of detention

Workplaces

Faith settings

Tourist attractions and travel accommodation

Black and Minority Ethnic (BAME) Communities

Gypsy, Roma and Travellers (GRT) and Van Dwellers

Homeless

Acute

Primary Care

Mental Health and Community Trusts

Transport Locations

Care Homes

Objective
The objective is to prevent COVID-19 cases occurring in the first place, and to reduce and eliminate new cases of COVID-19 and deaths from COVID-19 in Care Homes in Sussex.

Context:
There are 305 CQC registered care homes in Sussex. They are all independent sector run homes except an intermediate care centre with nursing and two Learning Disability respite services which are run by East Sussex County Council.

What's already in place:
All partners within Sussex LRF Community Care Settings Cell, Testing Cell, Health and care, Logistics and Recovery groups have worked closely with Sussex Care Association to implement a package of measures to support care homes, including:

- Provision of Personal Protective Equipment (PPE) supplies based on a prioritisation framework that prioritises health and social care overnight settings
- Infection Prevention and Control (IPC) training offer to all care homes delivered by Sussex trainers/super trainers, from Sussex CCG ICNs and Consultant ICNs from an independent provider. Training included of the use of PPE and practical test swabbing

Testing -

- Symptomatic staff (as essential workers) can be referred to the national testing programme, using the self-referral portal National Testing website- Employer Portal https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested; or for testing at a regional site, mobile testing unit or to receive a home testing kit, via the Sussex Central Booking Team sxccg.covidtestingreferrals@nhs.net; National testing sites are at (Gatwick, AMEX), Local testing sites are at Bexhill and Brighton AMEX stadium.
- Symptomatic residents are tested by PHE upon initial notification of an outbreak
- Whole home testing can be requested via the national Care Home Portal, for residents (irrespective of symptoms) and asymptomatic staff in all adult or via registered care homes. This whole home testing is prioritised at national level to those homes with an outbreak, those with 50 beds or more, and those identified by Directors of Public Health.

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

Clinical support is support is being offered by the Sussex CCG ICNs for the 1st 48hrs from the notification of an outbreak by the local HPT from PHE. The ESCC clinical cell picks up the support after 48hrs or on escalation from the CCG ICNs. A weekly IMT is held with stake holders where homes of concern are discussed, actions agreed, and outcomes are confirmed.

What else will need to be put in place:

Commissioned community testing arrangements for:

- Asymptomatic residents being admitted to a care home from the community
- Residents in their own home receiving new domiciliary care/ moving into supported accommodation
- Testing new symptomatic residents in care homes after the initial outbreak, where necessary
- Assisted testing where care homes are unable to test residents themselves.

A local protocol for care home staff/residents being identified via Test and Trace will be developed to consider/address the potential impact on the workforce.

Local outbreak scenarios and triggers:

PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT).

In the event of an OCT being required, additional members for the OCT will include;

- Representative of the specific setting
- Assistant Director of Operations, ESCC
- Assistant Director of Strategy, Commissioning and Supply Management

All outbreaks in care homes irrespective of complexity are initially risk assessed by PHE where provisional support and advice is given. All care homes are then followed up by the CCG's Infection Control Team. All outbreaks in care homes are then discussed at the weekly Incident Management Team meeting to ensure no additional support is required. Furthermore, any other East Sussex care homes where there are potential COVID-19 related concerns are also raised at this meeting.

Resource capabilities and capacity implications:

Staffing

- Additional IPC training and support for care homes with outbreaks
- Ongoing provision of PPE until care homes can source PPE through normal supply routes or the PPE Portal for small care homes (less than 24 beds) PPERequest@eastsussex.gov.uk

Links to additional information:

Adult Social Care guidance can be found at;
How to work safely in care homes
Management of exposed healthcare workers and patients in hospital settings
Personal protective equipment (PPE) – resource for care workers
Coronavirus (COVID-19): adult social care guidance
https://www.gov.uk/apply-coronavirus-test-care-home

Children's Homes

Objective

The objective is to prevent COVID-19 cases occurring in the first place, to identify cases and reduce the risk of transmission of COVID-19 in local authority children's homes and residential schools in East Sussex, as well as the wider independent/private and semi-independent sector.

Context:

In East Sussex there are:

- 3 East Sussex County Council Children's Community Homes
- 2 ESCC Learning Disabilities Children's Homes
- 1 ESCC Secure Children's Home
- 25+ Private Children's Homes and Residential Schools within the County

The rest of the market is independent/private, and semi-independent providers for children aged 16+.

What's already in place:

Partners within the Sussex LRF Community Care Settings Cell and Testing Cell have worked to put in place measures to support Children's Homes and Special Schools in East Sussex, including:

- Provision of Personal Protective Equipment (PPE) supplies based on a prioritisation framework that prioritises health and social care overnight settings
- Testing -
  - Symptomatic staff (as essential workers) can access testing through Gov.uk or via the Sussex Central Booking Team. Asymptomatic staff can also be tested through this route on an individual basis.
  - Symptomatic children are identified for testing when PHE receive initial notification of an outbreak
- Staffing continuity has been provided for Children's Homes

What else will need to be put in place:

We need to develop an ESCC SOP which incorporates established processes and procedures to ensure children's homes and special schools' staff, parents, East Sussex County Council, and healthcare colleagues are aware of how to access testing for symptomatic children and how to respond to an outbreak.

We need to ensure that future testing provision is readily accessible for children's setting in the form of both 'whole home testing' where required and support with testing individual children in settings.

Local outbreak scenarios and triggers:

PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT).

In addition to the core OCT members, additional members would potentially include the two residential Operations Managers, for either Lansdowne and the open homes or for the disability homes.

Resource capabilities and capacity implications:

Staffing

- Ongoing IPC training and support for Children's Homes with outbreaks
- Ongoing provision of PPE until Children's Homes can source PPE through normal supply routes or the PPE Portal for small Children's Homes (less than 24 beds)

Links to additional information:

- Coronavirus (COVID-19): guidance on isolation for residential educational settings
- Coronavirus (COVID-19): guidance for children's social care services

Schools

INCLUDING:

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

Objective:

The objective is to enable all educational settings in East Sussex to open fully, to prevent COVID-19 cases occurring in the first place, and to identify cases and reduce the risk of transmission of COVID-19.

Context:

In East Sussex there are:

- 503 early years' providers, made up of 194 nurseries/pre-schools, 227 childminders, 25 standalone holiday playschemes/out of school clubs, 41 schools with nurseries, (maintained/academies), 13 independent school nurseries
- 186 schools - 149 primary schools, 3 all-through schools, 23 secondary schools, 10 special schools and one alternative provision
- One further education college, one sixth form college and one land-based college
- 67,502 number of learners on roll across primary, secondary and special.
-

What's already in place:

A virtual task group 'Keeping Schools Open' was established to oversee the support for schools, colleges and early years settings during this period and to ensure that provision is offered in line with the government's guidance. The group consists of staff from across Children's Services and other key teams across East Sussex County Council – school transport, catering and cleaning contract managers. The group quickly put in place key measures:

- a Daily Message Board to schools, colleges and settings providing updates to national and local guidance, and key information from the range of Council services that work with schools
- information and guidance provided on the Czone website
- clear mechanisms for schools, colleges and settings to communicate with the Council with any queries
- risk assessment templates for schools and settings
- contingency plan guidance for schools and settings
- advice and information on dealing with suspected or confirmed cases.

Most schools, and many early years settings in the county were open to some pupils throughout the pandemic and all have their own procedures in place to reduce risks to staff and pupils.

A model document has been made available to schools to support them in achieving the objectives of contingency planning as outlined in Section 5 of the DfE's 'Guidance for full opening: schools'. This includes the following elements,

Section A – Ensuring school is prepared for a potential outbreak
A1: Organisation and staffing
A2: Curriculum planning
Section B – Responding once a local outbreak has been confirmed by PHE
B1: Managing the remote curriculum
B3: Health and Safety

B4: Safeguarding

As part of the local authority duty for safeguarding children, and supporting schools to safeguard vulnerable children and young people (0-25) during the COVID-19 school closures a virtual group was set up to agree and implement a process to do this, to ensure:

- the assessment and management of risk for vulnerable children during COVID-19 school closures
- improved systems for sharing information and utilising resources to monitor at-risk children during school closures
- identification of barriers to vulnerable children attending school and working together to resolve these so that schools can prioritise the right children to attend.

East Sussex County Council's Public Health Department organised several online training sessions specifically for education settings on COVID-19 infection prevention and control (IPC). This training was delivered by Infection Prevention Solutions (IPS).

The local authority continues to support schools and settings for full opening from September. A range of information and advice is available on the East Sussex County Council's "We Are Ready" web pages.

What else will need to be put in place:

East Sussex County Council's Children's Services and Public Health departments will be jointing hosting, in partnership with Public Health England, four webinars at the start of the academic year for education settings. These will focus on what schools must do in the event of a suspected or confirmed case/outbreak, to include key IPC measures.

Clear information, advice and support is available for schools, settings and colleges on dealing with suspected and confirmed cases of covid-19.

Schools will need to ensure that they reflect the Tiered approach to lockdown arrangements within their contingency plans, so that they are able to operate under each of the four scenarios. This includes arrangements for a rota system for secondary schools should Tier 2 restrictions be needed.

Local outbreak scenarios and triggers:

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

1) Confirmed or Suspected Cases in a School

The existing protocols remain the same and begin with the school making contact with their local PHE Health Protection Team for risk assessment and advice.

PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT). An OCT may be required for a complex outbreak such as:

- there has been a death at the school/college
- there are a large number of vulnerable children
- there are a high number of cases
- the outbreak has been ongoing despite usual control measures
- there are concerns on the safe running of the school
- there are other factors that require multi-agency coordination and decision making.

In addition to the core OCT members, an OCT related to an educational setting would also include a lead within the children's department, the consultant in public health with

responsibility for children, and a representative from the specific setting(s), and a representative from HR.

Testing is available for individuals through GOV.uk or through community testing routes if required.

2) Evidence of Community Spread Requiring National Oversight

In this scenario, the Council will follow the requirements of Annex 3 of the 'COVID-19 contain framework: a guide for local decision-makers'. This describes tiers of national restriction for education and childcare.

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

Links to additional information:
Guidance on opening schools to more pupils

Prisons and other prescribed places of detention

Objective:

The objective is to prevent COVID-19 cases occurring in the first place, and to identify new cases and prevent onward transmission and deaths from COVID-19 in prisons and places of detention in East Sussex.

Context:

There is one closed adult (18+) prison located in East Sussex:

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

There is also one secure children's home

- **Lansdowne House** – capacity 7 young people of either gender aged 13 – 17 years old. The client group comprises of young people who have displayed serious and extreme behaviours which have resulted in them needing to be placed in a secure children's home for their own protection or protection of others in the community.

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

What's already in place:

Prisons are currently in level 4 lockdown until further national guidance on recovery planning is issued, with prison visits expected to be re-instated soon, as well as reinstating some health services where risk assessment allows. Prison staffing is returning to stable. Prisons follow infection prevention and control procedures which are working well across the South East.

Established PHE procedures are in place to manage outbreaks in prisons and other prescribed places of detention, linking with Health and Justice teams in PHE and NHSE, and HMPPS Health and Social Care. Currently there is a low incidence of COVID-19 in prisons across the SE.

While there is no specific guidance for testing in prisons, the SE Region is currently following the testing regime for care homes organised by PHE as part of the initial risk assessment for symptomatic prisoners/staff.

What else will need to be put in place:

Under a joint initiative between NHSE Health and Justice team and the Ministry of Justice (MoJ), 30 prisons are being selected nationally to undertake mass testing of both staff and prisoners imminently; HMP Lewes is a confirmed site as part of this pilot and planning is underway to implement.

Hospitals are requiring prisoners (and staff escorting them) coming to hospitals for treatment/operations etc to test negative prior to hospital admission. There is no testing facility within prisons (or national guidance) for this to occur for asymptomatic prisoners or staff (who hospitals are also asking to self-isolate for 14 days beforehand escorting

prisoners); this issue is being experienced nationally and has been escalated. There may be the potential for the ICS to arrange local testing for Sussex prisoners and escorting staff requiring hospital treatment or release to care homes.
Local outbreak scenarios and triggers: PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT). There are a wide range of stakeholders that are involved in prison OCTs over and above the core membership and this would follow the current prison outbreak guidance and be determined by PHE.
Resource capabilities and capacity implications: Staffing – prison officers and healthcare staff. Staff levels currently fine.
Links to additional information: **Covid-19 specific:** COVID-19: prisons and other prescribed places of detention guidance **Prison Outbreak Plan:** Multi-agency contingency plan for the management of outbreaks of communicable diseases or other health protection incidents in prisons and other places of detention in England, 2016

Workplaces

INCLUDING:

- COUNCIL OWNED PREMISES – OFFICES/DEPOTS, LIBRARIES, LEISURE CENTRES, DAY CENTRES ETC.
- PRIVATE COMMERCIAL PREMISES - RETAIL, OFFICES, LEISURE AND HOSPITALITY SERVICES (CLUBS, GYMS, HAIRDRESSERS/BARBERS, BEAUTICIANS, PUBS, RESTAURANTS, HOTELS, CAMPSITES ETC), INDOOR EVENT VENUES (CONFERENCE CENTRES, THEATRES, CINEMAS ETC), OUTDOOR EVENT VENUES (RACECOURSES, SPORT VENUES ETC), MANUFACTURING AND PROCESSING SITES, CONSTRUCTION SITES, FORESTRY, FARMING AND FISHING PREMISES.
- CRITICAL INFRASTRUCTURE SITES

Objective:

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

Context:

East Sussex has approximately 22,895 businesses. A higher proportion of businesses in East Sussex are micro (0-9 employees) than nationally[i] at 90.4%. There are fewer businesses in East Sussex that fall within the small (10-49 employees), medium (50-249 employees) and large (250+ employees) categories than nationally. The largest sectors within the county are construction; wholesale, retail and motors; and professional, scientific and technical.

There are 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.

The NHS Test and Trace service does not change the current existing guidance that individuals should be working from home wherever possible. Workplaces where social distancing can be properly followed are deemed to be low risk. Sector specific

Government guidance gives details of reducing the risk when full social distancing is not possible.

- The NHS Test and Trace service supplements the risk mitigation measures taken by employers by identifying people who have had close recent contact with someone who has tested positive for COVID-19 and advising them to self-isolate, where necessary. Employers should ensure employees with COVID 19 symptoms self-isolate and seek testing as soon as possible. Employers should support workers who need to self-isolate and must not ask them to attend the workplace. Workers will be told to isolate because they have COVID-19 symptoms and are awaiting a test result
- have tested positive for COVID-19
- are a member of the same household as someone who has symptoms or has tested positive for COVID-19
- have been in close recent contact with someone who has tested positive and received a notification to self-isolate from NHS Test and Trace.

If there is more than one case of COVID-19 in the workplace, employers should contact the local health protection team to report the suspected outbreak. 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.

What else will need to be put in place:

We need to develop:

- A communications plan on how to provide national guidance on preventing outbreaks in workplaces and accessing testing, to the business sector – with consideration given to hard-to-reach businesses. This will require multi-organisation collaboration to get messages out as widely as possible, including D&Bs (who have responsibility for business rates), Chambers, FSB etc.
- An ESCC Standard Operating Procedure on supporting the business sector when an outbreak in the workplace has been identified and control measures need to be implemented
- Consideration given to engaging proactively with higher risk industries such as food manufacture, abattoirs, meat processing, fisheries, fishing fleets, wholesale markets, agricultural markets

Local outbreak scenarios and triggers:

If multiple cases of COVID-19 (suspected or confirmed) occur in a workplace, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT).

In addition to the core OCT membership, attendance would also potentially include a representative from the specific setting in question and their associated HR / occupational health.

Resource capabilities and capacity implications:

Staffing

- to develop communications plan and SOPs,
- to visit/contact non-compliant workplaces as part of prevention work
- to visit/contact workplaces with outbreaks to advise/enforce on control measures.

Links to additional information: More detail is at: NHS test and trace: workplace guidance and Working Safely during Coronavirus guidance Further work and financial support information can be found here COVID-19 early outbreak management: Action cards How to find your local health protection team: Health Protection Team Sussex COVID-19 Toolkit: considerations for restarting your business safely Eastbourne Hospitality Association: Covid Ready scheme

Faith Settings

Objective:

The objective is to prevent COVID-19 cases occurring in the first place, to closely monitor any cases of COVID-19 linked to faith settings and ensure that any outbreaks are managed quickly and efficiently.

Context:

There are approximately 250 places of worship in East Sussex

What's already in place:

There is currently no specific guidance for faith settings. When faith settings reopen, it is expected that national guidance will be provided on social distancing measures, hand and respiratory hygiene, cleaning, and ensuring those with symptoms self-isolate for 7 days and get tested for COVID-19.

What else will need to be put in place:

We need to develop:

- A communications plan to work with the faith sector when national guidance on preventing outbreaks in faith settings has been published
- A SOP on supporting the faith sector when an outbreak in a faith setting has been identified and control measures need to be implemented

Local outbreak scenarios and triggers:

If multiple cases of COVID-19 (suspected or confirmed) occur in a faith setting, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT). 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 develop communications plan and SOPs,
- to visit/contact non-compliant faith settings as part of prevention work
- to visit/contact faith settings with outbreaks to advise/enforce on control measures

Links to additional information:

COVID-19: guidance for the safe use of places of worship during the pandemic

Tourist attractions and travel accommodation

Objective:

The objective is to closely monitor any cases of COVID-19 linked to tourism, ensuring that attractions and accommodation are COVID-secure, cases are prevented, and that any outbreaks are managed quickly and efficiently.

Context:

East Sussex is a significant tourist destination, with a substantial number of particularly small to medium sized tourist attractions. Accompanying these attractions are a range of different accommodation businesses, including traditional hotels and bed and breakfast establishments, and camping and caravan sites.

What's already in place:

There is currently no specific guidance for tourist attractions, but the principles of the existing workplace guidance all apply to these settings.

Environmental Health colleagues are providing advice and support to tourist attractions to ensure that when they open they are following COVID-secure principles, although many of these settings are still closed to the public.

The following guidance applies to accommodation providers: https://www.gov.uk/guidance/covid-19-advice-for-accommodation-providers and they are currently required to be closed for tourism related matters, and the existing cleaning and social distancing guidelines apply where they remain open for specific groups.

What else will need to be put in place:

We need to develop:

- A communications plan to work with the tourism sector when national guidance on preventing outbreaks in tourist settings is produced
- To develop SOPs aligned to the Joint Biosecurity Centre's action cards

Local outbreak scenarios and triggers:

If multiple cases of COVID-19 (suspected or confirmed) occur in a tourist attraction or travel accommodation setting, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT).

Environmental Health have established relationships with tourist attractions and travel accommodation businesses and will be able to bring additional detailed knowledge of the specific setting. The OCT in addition to the core membership would also include a representative from the specific setting.

Resource capabilities and capacity implications:

Staffing

- to develop communications plan and SOPs,

- to visit/contact non-compliant tourist / accommodation settings as part of prevention work
- to visit/contact tourist / accommodation settings with outbreaks to advise/enforce on control measures

Links to additional information:
https://www.gov.uk/guidance/covid-19-advice-for-accommodation-providers
https://www.gov.uk/coronavirus/business-support
https://www.hse.gov.uk/simple-health-safety/risk/index.htm
https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19

Black Asian and Minority Ethnic (BAME) Communities

Objective:

The objective is to ensure approaches to reduce and eliminate new cases of COVID-19 across the county reach all BAME workforce, population groups and communities, and to ensure that inequalities in COVID outcomes are reduced.

Context:

The ONS national population survey 2019 showed that approximately 2% of the overall East Sussex population over 18 described themselves as Asian, 1% as Black, and 1% as Mixed. Within East Sussex, around 6% of the population of Hastings and Eastbourne are BAME, compared to 3% elsewhere in East Sussex.

A third of the NHS community and secondary care workforce are from BAME communities, with almost 50% of the medical and dental staff from BAME groups. Most recent staff survey 4.7% of ESCC staff recorded themselves as BAME (with 7.5% not answering).

What's already in place:

As part of the regional NHS-E/I response to the high number of deaths amongst BAME groups, local partners are participating in two workstreams:

- reducing COVID-19 illness and mortality amongst BAME health and care workers, building on the Workforce Race Equality programme already under way
- reducing illness and mortality in the general population, led by the Sussex ICS Equality and Diversity Clinical Lead

The Sussex Health and Care Partnership BAME COVID-19 disparity programme is addressing the disproportionate impact of COVID-19 on people from BAME backgrounds. The programme has two work streams:

Workforce programme – focused on BAME health and care staff across Sussex and working with the Director of Workforce and OD NHS England and NHS Improvement South East, to ensure risk assessment templates are updated in the light of emerging evidence e.g. about pregnancy risks in BAME women.

Population programme - BAME and Vulnerable group Locally Commissioned Service (LCS) – a two-part voluntary LCS delivered through GP surgeries which has had 98% uptake from GP practices across Sussex, and BAME residents who are registered with a non-participating practice, are covered by neighbouring practices. The Sussex LCS was recognised by NHSE in their WRES programme board papers as an exemplar case study.

Part A – Proactive and protective BAME specific activities

- Identify BAME patients from practice list who might benefit from specific interventions to reduce their risk of COVID-19 related mortality and offer check with health professional;

- Improve communication and engagement with local BAME communities, working with BAME community and voluntary sector and improving diversity of PPGs in recognition of the diverse range of people covered by the term BAME.
- Improve communication directly to patients via text messaging cascade

Part B – Reactive care to vulnerable individuals

- Offer a supportive monitoring protocol for patients in vulnerable groups who develop COVID-19.

The programme includes community research and engagement and looking for alternative appropriate methods to ensure information reaches these communities. ESCC have developed a 'COVID-19 model risk assessment' which can be used to support employees in the workplace and includes BAME background as well as age and gender.

Testing data

The national testing website records ethnic group as part of the process for registering for a test, and this data is now shared with public health intelligence teams. Overall since March 23% of tests for East Sussex residents do not include ethnicity data. Completeness of recording has fluctuated over time. 8% of tests in East Sussex were for people of BAME which is higher than the 4% of the population recorded as BAME.

What else will need to be put in place:

PH are working with colleagues across the East Sussex system to better understand the impact of COVID on our BAME population which will further inform action plans. It will be important as a vaccine for COVID is developed to understand factors which influence vaccine uptake in different groups.

We will need to work with those running the national test and trace programme to develop and implement communications using local relationships. including the ICS to ensure our local BAME and population understand the key messages, and targeted messages can be sent where appropriate or in the event of local outbreaks.

Resource capabilities and capacity implications:

Staffing

- Develop communications and work with the local BAME population and communities through ESCC COVID disparities plan and the BAME LCS Steering group.

Work with CCG and GP Practices to establish text message targeted alert system.

Links to additional information:

PHE report https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes

Gypsy, Roma and Travellers (GRT) and Van Dwellers

Objective:

The objective is to prevent COVID-19 cases occurring in the first place, and to identify new cases and prevent onward transmission and deaths from COVID-19 in the GRT community in East Sussex.

Context:
East Sussex County Council work in partnership with District & Borough housing teams to provide GRT sites in East Sussex. Any issues with van dwellers are not a GRT issue and are therefore dealt with by District & Borough Councils.

What's already in place:

The East Sussex County Council Traveller Liaison Team work in partnership with local District & Borough Councils and have been in regular contact with GRT and Van Dwellers across East Sussex. Any emerging needs are signposted to the appropriate District or Borough Council, health provider or Social Services. Where GRT encampments are on East Sussex land, these are dealt with on a case by case basis taking into account community impact, anti-behaviour and Traveller needs.

During Covid-19 a risk assessment process for new admissions to our sites has been developed by the Traveller Liaison Team.

What else will need to be put in place:
Disposable gloves, alcohol gel sanitiser and wipes have been supplied and kept in the Transit Site office should they be required.

Local outbreak scenarios and triggers:

If there is one or more suspected or confirmed COVID-19 case within a GRT or Van dweller community the PHE Health Protection Team are contacted.

If multiple cases of COVID-19 (suspected or confirmed) occur in a GRT or Van dweller community, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an IMT (Incident Management Team). Additional membership over and above the core group would potentially include the relevant housing team within the District or Borough, the ESCC GRT lead.

If a local outbreak were to occur any encampment would continue to be assessed with recognition of the community impact and current welfare needs within the group. ESCC will continue to work with the relevant District and Borough's alongside Sussex Police to manage encampments in East Sussex.

Additional issues to be considered include costs arising from risk assessment process and from purchasing additional PPE

Resource capabilities and capacity implications:

The ESCC transit site does not have full capacity due to the social distancing measures required to keep residents safe. This may have an impact on our ability to provide transit facilities if its reduced capacity were exceeded. Exceptions to this would be if the spaces taken on site were of the same family group. ESCC will coordinate with Brighton and Hove County Council and West Sussex County Council in order to provide available transit availability across Sussex. Transit availability across Sussex stands at 41 pitches, but all of these pitches will not be able to be utilised depending on the ability to socially distance residents on site.

Homeless community

Objective:

The objective is to prevent COVID-19 cases within the homeless community, to closely monitor any new cases of COVID-19 and ensure that any outbreaks are managed quickly and efficiently.

Context:

Due to the COVID-19 Pandemic, MHCLG asked local authorities to provide self-isolating accommodation for the homeless population. In East Sussex since the 18th March 188single homeless people have been housed in emergency accommodation, with most sites hosting several people. Of these, 110 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.

What's already in place:

PHE locally have an outbreak management plan for use in sites of multiple occupancy such as hotels and Bed and Breakfasts, which includes a screening and monitoring proforma used by housing managers across East Sussex to support in identifying and escalating any news suspected cases of COVID-19. All former rough sleepers placed in temporary accommodation across East Sussex have been triaged by the Rough Sleeper Initiative. Details have been shared with commissioned GP federations. PHE will arrange testing of symptomatic individuals in hostels when first notified of a case and will risk assess and consider testing additional cases on a case-by-case basis.

All temporary accommodation units have been given training materials on COVID-19 and daily verbal checks that they undertake. In addition, the local authorities have dedicated teams of support workers (RSI Housing First, Rapid Rehousing Officers, Home Works) who undertake regular wellbeing checks. Informal contact and support is also happening through organisations such as Warming up the Homeless.

There is an East Sussex Homelessness cell with an associated action plan, and East Sussex CCG has commissioned a Care and Protect service for all rough sleepers being accommodated in response to COVID-19 which commenced on the 9th June.

Latest PHE guidance states that where possible people living in hostels/ hotels who have symptoms or test positive should have access to self-contained accommodation. Where this is not possible, they can be cohorted though avoiding any individuals who met the criteria for shielding.

What else will need to be put in place:

PHE will consider the severity and spread of the outbreak, current control measures, the

wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT). An OCT may be required for current emergency accommodation sites due to:

- The clinical vulnerability of the homeless population
- Borough and district housing managers recognised the need for 'former rough sleepers' to be provided with mobiles during Covid-19 lockdown. There may be the need to look at mobile provision amongst wider homeless placements in order to ensure the Test and Trace App alert service can be fully delivered.
- Resistance to engage with services by some of the homeless population

This does pose an issue regarding sharing confidential health information with housing managers. Similarly, there is a risk that in smaller accommodation sites, informing other residents about a positive case may result in the positive case being identified. There is also a need to consider accommodation options for those who have tested positive but do not have a place to isolate.

As we start to prepare for recovery and transition those in emergency accommodation into longer term housing, there is a need for testing to be extended to those who are asymptomatic and those who are ineligible for home testing due to required ID checks. The district and borough councils are currently working with ESCC and the CCG to submit the next 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 might be 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.

Local outbreak scenarios and triggers:

If multiple cases of COVID-19 (suspected or confirmed) occur in a homeless community, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT). 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.

Resource capabilities and capacity implications:

To ensure that there is a thorough system of contact tracing for positive patients, there needs to be a strong system of identifying those who are symptomatic in the first place – this is not possible with the current staff capacity.

Links to additional information:

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

MHCLG/ PHE Guidance for homeless people in shared accommodation and hotels/ hostels 7 August 2020
https://www.gov.uk/government/publications/covid-19-guidance-on-services-for-people-experiencing-rough-sleeping?utm_source=5a049bbf-de8b-4995-929c-63b6826a838e&utm_medium=email&utm_campaign=govuk-notifications&utm_content=daily

Acute

Objective:

The objective is to prevent COVID-19 cases, to closely monitor any new cases of COVID-19 linked to exposure within acute hospitals, and to ensure that any outbreaks are managed quickly and efficiently to minimise spread of infection.

Context:

There is one combined acute and community hospital trust in East Sussex with two main acute hospital sites

- East Sussex Healthcare NHS Trust (ESHT)
    - Eastbourne District General Hospital, Eastbourne
    - The Conquest Hospital Hastings

ESHT also runs Hospital sites at Bexhill & Rye and runs a number of other smaller community sites as well as the provision of community health services in clinics and people's homes across East Sussex.

ESHT provides healthcare for the majority of the East Sussex population, however, a proportion of the population living in the west and the north of the county attend hospitals out of county, in Brighton or Kent. In addition, there are five community hospitals run by Sussex Community Foundation Trust, who provide community health care in the west of the county, Brighton and West Sussex.

What's already in place:

ESHT has a COVID-19 Response plan and processes in place to undertake outbreak management, including Outbreak control teams which are led by the Trust, with support from PHE

- ESHT continues to use its Trust policies, procedures and guidelines for all infection control outbreaks
- Patient management is via the Infection Control Team.
- Staff management is via Occupational Health
- The Trust has its own internal processes in response to all PHE Guidelines and its COVID-19 response methodology is cascaded via Trust wide communications
- The Trust is undertaking antigen and antibody testing – staff with potential as having COVID-19 are screened via swabbing
- ESHT currently has a good PPE supply chain
- Routine staff testing for COVID-19 being implemented alongside routine activity
- Test & Trace: ESHT undertakes contact tracing of all patients and staff following identification of a positive COVID-19 case. These processes are being revised to take account of the NHS Test and Trace system.

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. There will also be reporting on staff absence due to NHS Test and Trace and the impact on the service.

These procedures will be developed further as needed between Local Authority, PHE and ESHT infection prevention team**.** ESCC PH, PHE and CCG representatives are invited to the monthly Trust Infection Prevention and Control Group meeting which reviews the Trusts' annual programme of infection prevention work, Regulation 12, and Health Care Associated Infections (HCAI). HCAI reports now include COVID-19 outbreaks and Infection Control self-assessment assurance. They also receive the minutes of these meetings.

Local outbreak scenarios and triggers:

If multiple cases of COVID-19 (suspected or confirmed) are linked to exposure within the hospital, the Trust will consider the severity and spread of the outbreak, current control measures, the wider context and will routinely convene an ICT if they suspect an outbreak within their hospital. PHE, the CCG and the Local Authority Public Health team are included as required.

Resource capabilities and capacity implications:
TBC – none raised to date.

Links to additional information:
The ESHT website provides information for patients and visitors on the main measures implemented to reduce the spread of COVID-19. ESHT staff can access full policies on intranet.

Kent Surrey Sussex outbreak incident control plan:
https://www.eastsussex.gov.uk/community/emergencyplanningandcommunitysafety/coronavirus/outbreak-control-plan/

Primary Care

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

Objective:

The objective is to prevent COVID-19 cases, to closely monitor any cases of COVID-19 linked to exposure within Primary Care settings, ensuring that any outbreaks are managed quickly and efficiently.

Context:

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

What's already in place:

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

General Practices and Walk-in Centres - As part of the COVID-19 response, Primary Care have put in place measures to manage any outbreaks of COVID-19. In line with the 31 July 2020 letter from NHS England about the third phase of NHS response to COVID-19 Practices are changing how they deliver their services by providing more face to face appointments whilst continuing to utilise other methods of supporting the population such as online consultation, as part of restoring services and activity to usual levels where clinically appropriate.

These sites are fully prepped with PPE for staff. Appropriate level cleaning services are in place and deep cleaning takes place at these sites if any site appears to have an issue with an outbreak. If there are outbreaks, then staff and patients who have been in contact in the surgery can be traced and tested and staff are able to self-isolate if appropriate.

The CCG has supplied practices with laptops and cameras to undertake remote working and commissioned ZOHO so practices can log into clinical systems from home. They have instigated a website across all practices (and undertaking training on the website). Footfall which allows patients to remote access into the practice by use of the website and ask questions and apply for prescriptions etc via the website.

Practices have been supported in applying through the COVID-19 fund for cleaning, PPE and other areas such as spit guards and Perspex screens to support and mitigate against any potential outbreaks.

Each practice has been contacted to undertake a risk assessment for their at risk and BAME staff.

Community Pharmacy - commissioned service for delivery of medicines in place and funded until end of July to support shielded patients, and access to volunteer hubs to support delivery of medicines.

What else will need to be put in place:

General Practice and Walk in Centres - To develop clear local pathways for local outbreak management

Practices to notify PCN delivery manager when aware of COVID positive cases in their practice (to support the effective management of COVID-19 outbreaks there will be some changes to existing reporting processes and development of standard ways of responding to these outbreaks, using high level flowcharts which can be adapted for local use). There will also be reporting on staff absence due to NHS Test and Trace and the impact on the service.

General Practices and Walk-in Centres

- Antibody testing for staff and patients
- Review access to PPE via Clipper as at present only one pack of PPE is allowed for each order regardless of the size of the practice and taking into account the increased number of patients doing Face to Face appointments with clinical staff in GP practices
- Further work being undertaken on supporting BAME communities
- Potential for additional PPE – FP3 facemasks to support clinical staff from BAME communities

Community Pharmacy

- Access to medicines & pharmacy services - all pharmacies to remain open during any local restrictions to provide access to medicines
- Access to local volunteer hubs for pharmacies in the event of a local restrictions for support to in collection / pick-up of medicines for those that are shielded and others
- Funding to support a locally commissioned service for delivery of medicines (in the event of the national pandemic pharmacy delivery service having ended)
- Consider prioritisation of pharmacy staff within key services e.g. school places, access to other essential services

Local outbreak scenarios and triggers:
If multiple cases of COVID-19 (suspected or confirmed) are linked to exposure within a Primary Care setting, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the NHS and Local Authority the need for an Outbreak Control Team (OCT).

Resource capabilities and capacity implications:
General Practices and Walk-in Centres – General Practices and Walk-in Centres Practice are in receipt of resource funding from the CCG who are liaising with NHSE for reimbursement

Community Pharmacy

- To co-ordinate with commissioner (NHSE&I) through national contractual arrangements to understand local impact and scope and ability to stand up previous flexibilities
- Impact of local measures of other providers on pharmacies to be assessed, mitigated or funded e.g. displaced patients from local hospitals, GP surgeries and others

Links to additional information:

Mental Health and Community Trusts

Objective:
The objective is to prevent COVID-19, to closely monitor any cases of COVID-19 linked to exposure within Mental Health and Community Trusts, ensuring that any outbreaks are managed quickly and efficiently

Context:
There is one Mental Health Trust operating in East Sussex

- Sussex Partnership Foundation Trust (SPFT) with sites, including clinics, day centres and supported accommodation for people with mental illness and /or learning disabilities at a number of locations across East Sussex https://www.sussexpartnership.nhs.uk/east-sussex including :
    - **Supported accommodation:** Acorn House, Eastbourne, BN21 2NW; Mayfield Court, Eastbourne, BN21 2BZ
    - In **Health Centres**: Battle, TN33 0DF; Bexhill, TN40 2DZ; Peacehaven, BN10 8NF
    - **Wellbeing Centres**: Lewes, BN7 1RL; Bexhill, TN39 3LB; Eastbourne, BN21 1DG
    - **Assessment and Treatment Centres:** Avenida Lodge, Eastbourne, BN21 3UY; Horder Healthcare, Seaford, BN25 1SS; Hillrise, Newhaven BN9 9HH.
    - On **Hospital sites:** Crowborough Hospital, TN6 1NY; Orchard House, Victoria Hospital Site, Lewes, BN7 1PF; Uckfield Community Hospital, Uckfield, TN22 5AW (Millwood Unit, Beechwood Unit); Conquest Hospital, TN37 7PT (Woodlands)
    - Amberstone, Hailsham, BN27 4HU
    - Bellbrook Centre, Uckfield, TN22 1QL
    - Braybrooke House, Hastings, TN24 1LY
    - Highmore, Hailsham, BN27 3DY
    - Cavendish House, Hastings, TN34 3AA
    - St Anne's Centre, St Leonards-on-Sea, TN37 7PT
    - St Mary's House, Eastbourne, BN21 3UU
    - Hellingly, BN27 4ER (The Firs, Southview Low Secure Unit, Woodside),

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

- Sussex Community Foundation Trust (SCFT)

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

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

What else will need to be put in place:

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

Transport locations

Objective:

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

Context:

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

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

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

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

What's already in place:

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

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

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

- on board a vessel (ferry) which has departed from or is to dock in England; in the airport building and throughout their flight to and from their destination.

Environmental Health have arrangements in place with Newhaven for managing infectious diseases, including COVID-19.

Public transport networks including bus and rail are following guidance on social distancing, cleaning and wider infection prevention control. Similar guidance, specific to students attending educational establishments who use public transport and dedicated school transport, is also being followed.

Rail passengers are now required to wear a face covering whilst within rail stations, including on platforms, and on trains. Likewise, bus passengers are now required to wear face coverings on buses and contained transport hubs.

What else will need to be put in place:

Provision of support for symptomatic visitors needing access to food and medical supplies during 14 days self-isolation period.

Local outbreak scenarios and triggers:

For UK residents, self-isolating in normal place of residence is unlikely to result in outbreaks.

For visitors, self-isolation in commercial accommodation such as hotels etc has the potential to result in outbreaks in commercial premises.

If there is evidence of a potential outbreak linked to a transport location, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT). 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 on entering the UK
Guidance for those using transport or working in the transport industry
Guidance for passengers on public transport in the UK
Guidance on Covid-19 travel corridors
Guidance for transport operators:
https://www.gov.uk/government/publications/coronavirus-covid-19-safer-transport-guidance-for-operators
Guidance for transport to school Autumn Term 2020:
https://www.gov.uk/government/publications/transport-to-school-and-other-places-of-education-autumn-term-2020/transport-to-school-and-other-places-of-education-autumn-term-2020

Appendices

Appendix A: Data integration tasks

Appendix B: Standards for managing an outbreak

Appendix A

Data integration tasks

Action (Sussex Wide)	Date	Lead Officer	Internal /External partners involved
• Expand role of the Sussex Covid Data and Modelling Group to include data integration to support Local Outbreak Control Plans at a Sussex and UTLA level. • Readjusting plans to reflect what the JBC will provide to local areas.			Sussex wide Data and Modelling Group (membership above)
• Complete work on early warning indicators for subsequent waves of the pandemic, and modelling of these waves based upon the assumptions published by SAGE and working.			Data and Modelling Group, University of Sussex (modelling)
• Map and secure regular automated dataflows from a variety of organisations to provide the intelligence to support our system. This includes but is not limited to data from the national testing programme, the community testing programme (SECAMB/Mobile Testing Units (MTU)), and the national contact tracing programme PHE, HPT, NHS. ***Note:*** *It is currently unclear whether the national JBC will provide a single source of data. This includes data to provide evidence of inequalities and high-risk groups.*			Sussex wide Data and Modelling Group (membership above) Local data group for vulnerable groups cell

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

• 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 B

Standards for managing an outbreak

The standards for managing outbreaks are contained in the Communicable Disease Outbreak Management – Operational guidance (2014) and include the following steps:

Outbreak recognition	Initial investigation to clarify the nature of the outbreak begun within 24 hours
	Immediate risk assessment undertaken and recorded following receipt of initial information
Outbreak declaration	Decision made and recorded at the end of the initial investigation regarding outbreak declaration and convening of outbreak control team
Outbreak Control Team (OCT)	OCT held as soon as possible and within three working days of decision to convene
	All agencies/disciplines involved in investigation and control represented at OCT meeting
	Roles and responsibilities of OCT members agreed and recorded
	Lead organisation with accountability for outbreak management agree and recorded
Outbreak investigation and control	Control measures documented with clear timescales for implementation and responsibility
	Case definition agreed and recorded
	Descriptive epidemiology undertaken and reviewed at OCT. To include: number of cases in line with case definition; epidemic curve; description of key characteristics including gender, geographic spread, pertinent risk factors; severity; hypothesis generated
	Review risk assessment in light of evidence gathered
	Analytical study considered and rationale for decision recorded
	Investigation protocol prepared if an analytical study is undertaken
Communications	Communications strategy agreed at first OCT meeting and reviewed throughout the investigation
	Absolute clarity about the outbreak lead at all times with appropriate handover consistent with handover standards
End of outbreak	Final outbreak report completed within 12 weeks of the formal closure of the outbreak
	Report recommendations and lessons learnt reviewed within 12 months after formal closure of the outbreak

[i] Business Enterprises by size of Business. East Sussex in Figures, 2019