



East Sussex Outbreak Control Plan – COVID-19

June 2020

Version 2.0

Version Control

Timeline for review: This plan will remain a live, iterative document. It will be revised as new national guidance and evidence is produced and where lessons are learned locally or elsewhere. It will also be reviewed at the following three-month intervals:

- October 2020
- January 2021
- April 2021

Version		Date
2.0	<p>Final version prepared by Rob Tolfree, Tracey Houston and Emma King based on comments received by partners.</p> <p>Approved by Becky Shaw, Chief Executive ESCC, and Darrell Gale, Director of Public Health ESCC.</p>	30 th June 2020
1.3	<p>Second draft prepared by Rob Tolfree based on comments received.</p> <p>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</p>	23 June 2020
1.2	<p>First draft by Rob Tolfree.</p> <p>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</p>	17 th June 2020
1.1	<p>Structure and outline approved by Darrell Gale, Director of Public Health ESCC</p>	15 th June 2020

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Glossary

BAME	Black and 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 Sleeper 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

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 declared an Emergency of International Concern on the 30th January, and on the 11th March the WHO declared that COVID-19 was a pandemic following sustained global transmission.

In the UK, the first two cases of COVID-19 were confirmed on 31st January 2020, and there has been substantial transmission across the UK. This has resulted in various degrees of social distancing measures advised nationally in order to interrupt transmission and limit spread.

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

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

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

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 [as detailed in section 2], and secondly, that plans are centred around the following themes:

1. **Care homes and schools.** Planning for local outbreaks in care homes and schools
2. **High risk places, settings and communities.** Identifying and planning how to manage other high-risk places, locations and communities of interest
3. **Testing.** Identifying methods for local testing to ensure a swift response that is accessible to the entire population.
4. **Contact Tracing.** Assessing local and regional contact tracing and infection control capability in complex settings.
5. **Integrated data.** Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook
6. **Supporting vulnerable people.** Supporting vulnerable local people to get help to self-isolate and ensuring services meet the needs of diverse communities.
7. **Governance.** Establishing governance structures led by existing Covid-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

Existing plans and guidance

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

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

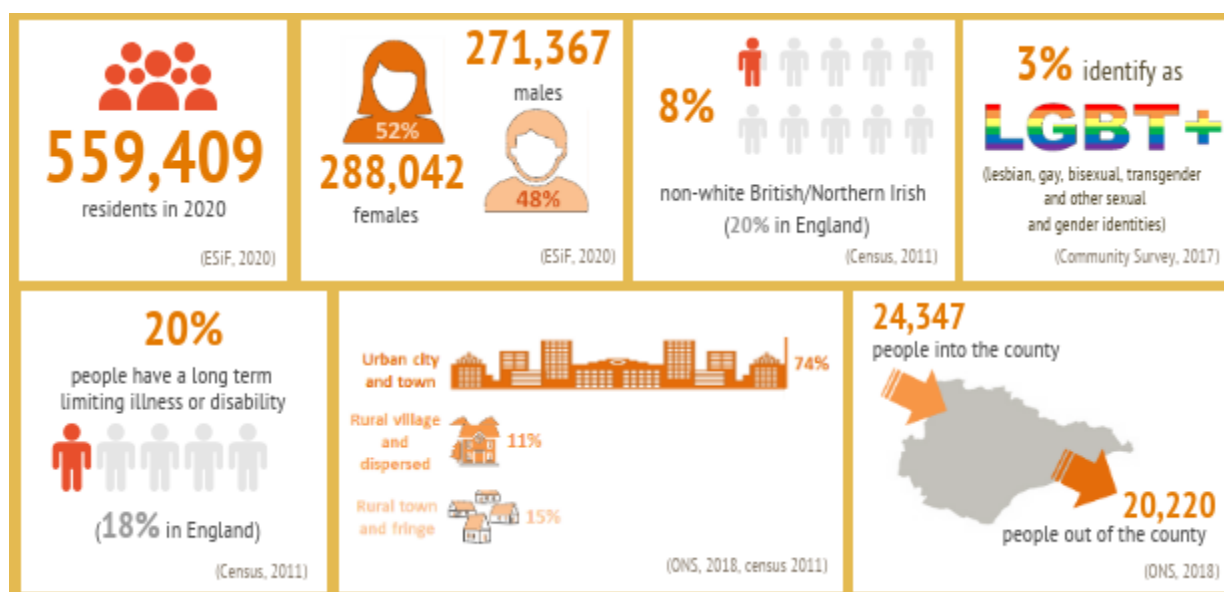
There are also numerous organisational plans that individual agencies will use, covering scenarios such as emergency planning, infectious diseases and outbreak management. Although these are not listed here they are important context.

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

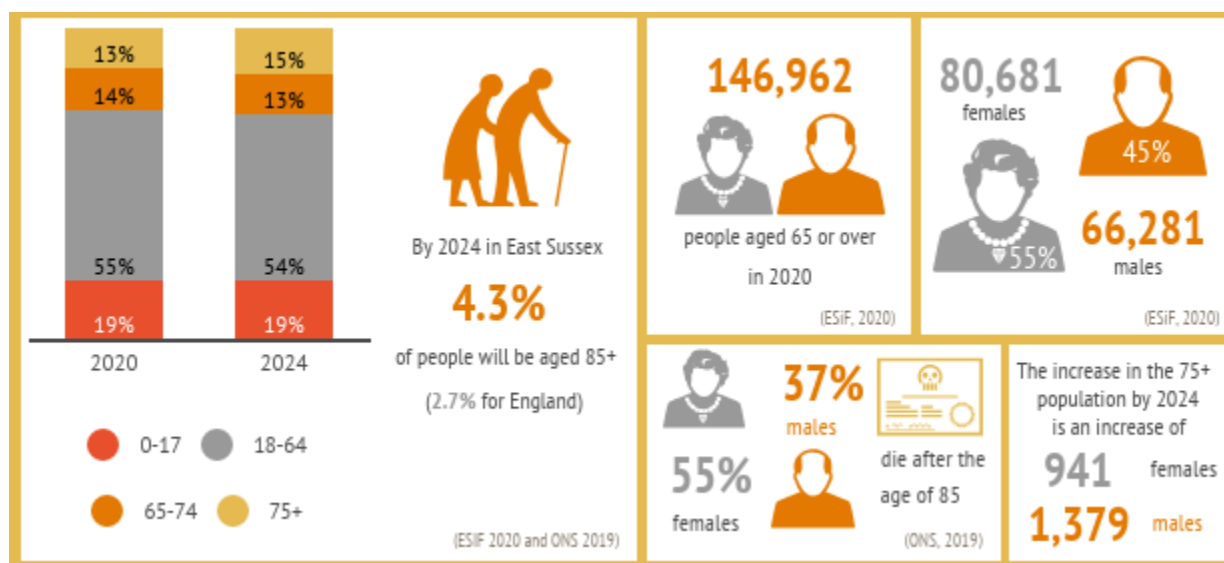
East Sussex overview

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.

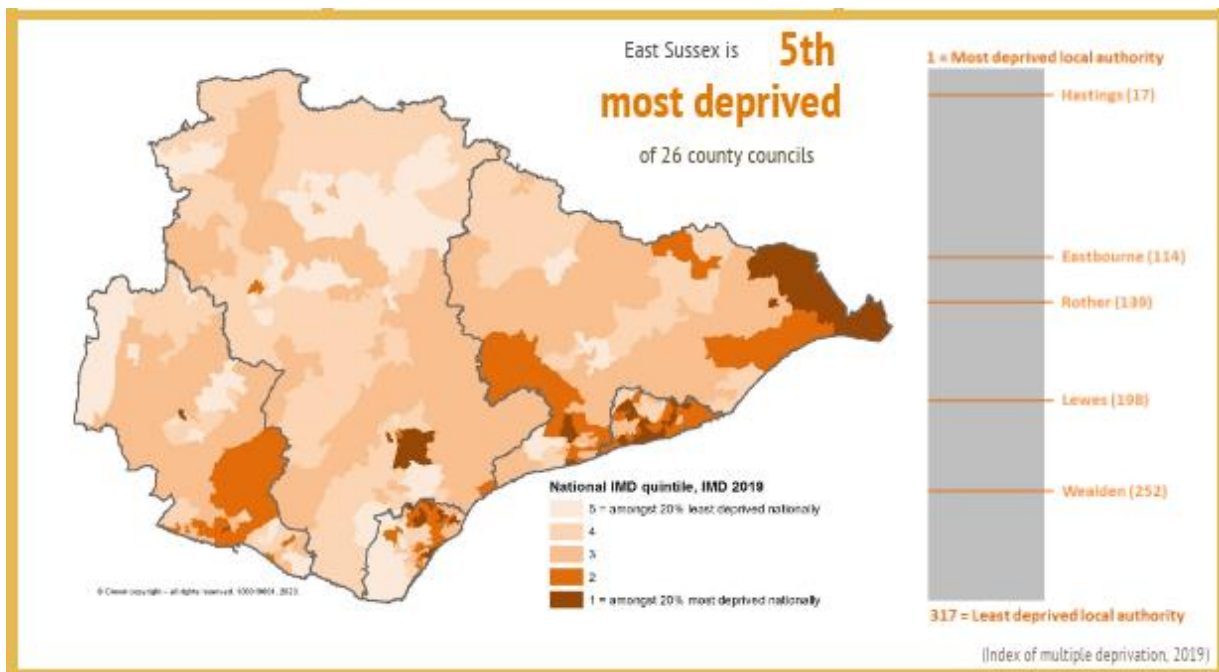
The East Sussex Community Survey identifies that nearly three quarters of people have a strong sense of secure identity and sense of belonging, and over three quarters are more that satisfied with their local area. People are also engaged and willing to support each other with half of those responding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



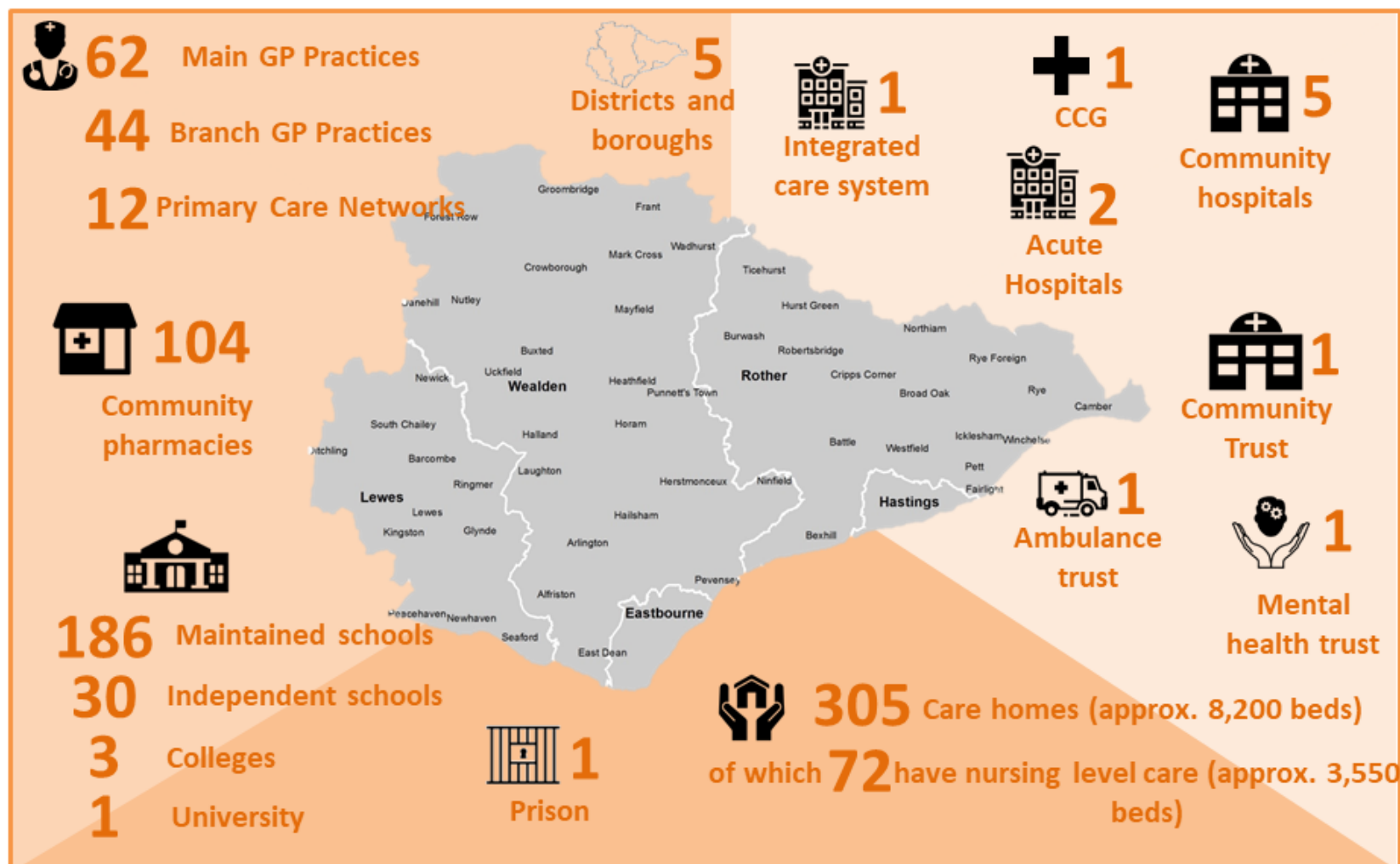
The over 65s now present a quarter of the country's population and are projected to make up nearly a third of all people by 2035. The fastest rate of growth will be seen in the 85 and over group. Those aged 85 and over are the largest users of health and social services.



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



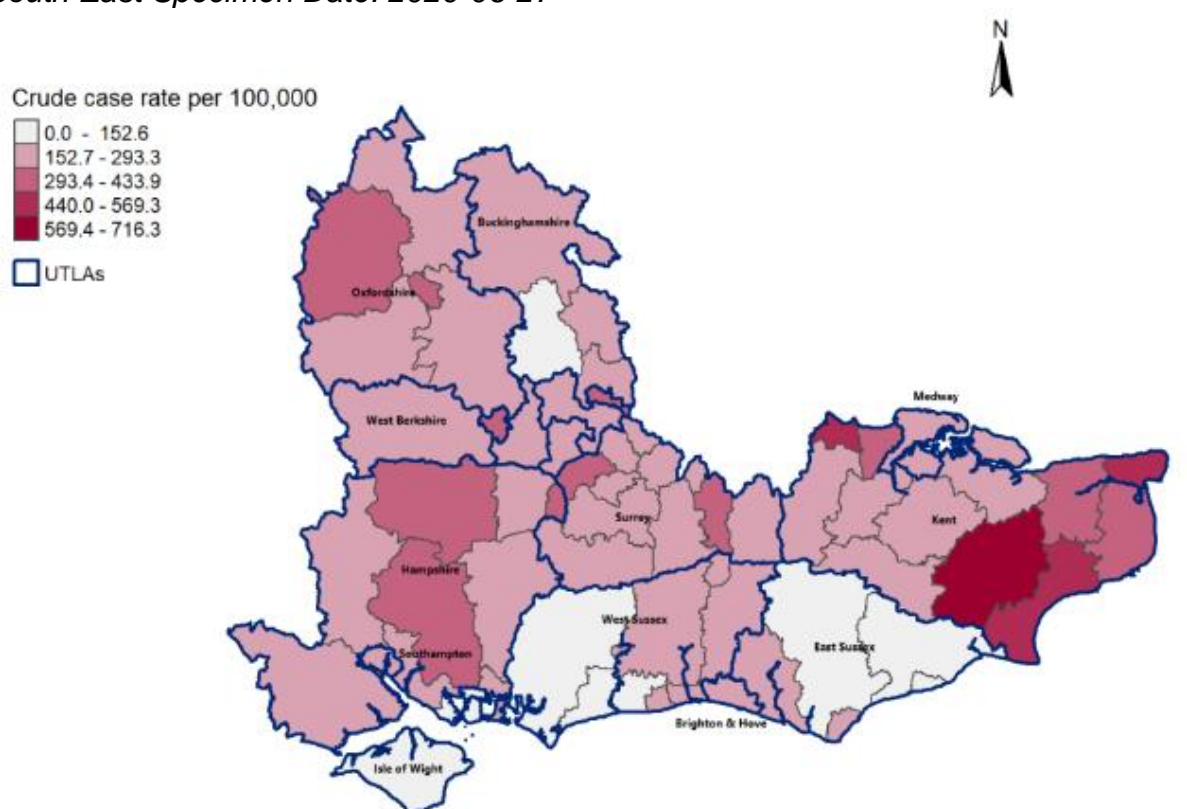
COVID-19 Epidemiology

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. However, this is only based on published 'pillar 1' testing – which are confirmed tests conducted through the NHS and Public Health England, and does not yet include 'pillar 2' testing - confirmed cases resulting from postal tests and testing sites run by the DHSC. In order to have a complete understanding of COVID-19 epidemiology local authorities need to have access to historical and current pillar 2 data so this can be interpreted locally. The analysis contained within this section is only able to be based on published pillar 1 testing, and is therefore only part of the total picture and interpretation needs to be treated with caution. This section will be updated with the remaining testing data when this is published nationally, or permission is given to publish locally.

As of 27th June 2020 East Sussex was ranked 141st 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 pillar 1 COVID-19 cases displayed by lower tier local authority with the lighter colour reflecting a lower rate.

Figure 1 COVID-19 cumulative crude case rate 100,000 population by lower tier authority, South East Specimen Date: 2020-06-27



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Data Sources: Coronavirus (COVID-19) in the UK, accessed from coronavirus.data.gov.uk
ONS mid-year population estimates, 2018
Produced by PHE Local Knowledge and Intelligence Service, South East

Pillar 1 testing shows that there has been a consistently lower rate of COVID-19 in East Sussex, West Sussex, and Brighton, compared to the neighbouring authorities. The rate of COVID-19 from pillar 1 within East Sussex also reveals variation. The following table shows the rate of COVID-19 for each of the 5 Districts and Boroughs with Lewes having the highest rate and Hastings the lowest rate.

Figure 2: 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
East Sussex	140.5
Eastbourne	159.0
Hastings	62.5
Lewes	211.2
Rother	113.9
Wealden	144.2

Hastings is worthy of particular attention as it is currently ranked 314 lowest out of 316 Lower Tier Local Authorities from Pillar 1 testing. This is particularly striking in the context of Hastings being linked to Ashford in Kent which has had a much higher rate of pillar 1 cases, 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.

Local Governance

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 two new structures that have been required as part of the development of this Local Outbreak Control Plan:

- Local Authority COVID-19 Member-Led Engagement Board (The Engagement Board)
- Director of Public Health COVID-19 Health Protection Board (The Health Protection Board)

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. Further details of how this function will be discharged will be developed separately.

The Health Protection Board

The Health Protection Board will be a new function that will sit within the existing C-19 East Sussex Executive that meets weekly. Further details of how this function will be discharged will be developed separately.

East Sussex COVID-19 Operational Cell

A further part of the East Sussex Outbreak Plan will be the East Sussex COVID-19 Operational Cell which will sit under the direction of the Engagement and Health Protection Board functions. This will be 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 is the current transmission of COVID-19, and any supplementary investigation or control measures needed in addition to those already being discharged by other parts of the system. This group will build on the work undertaken by the Public Health clinical cell that has worked to interpret guidance for use by local services. Membership will vary according to particular areas of focus, but will include (and not be limited to) Health, Environmental Health, Trading Standards, Public Health England, Environmental Health, Local Authority Public Health, Police and Emergency Planning.

Sussex Resilience Forum

Local Resilience Forums are multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others. These agencies are known as Category 1 Responders, as defined by the Civil Contingencies Act.

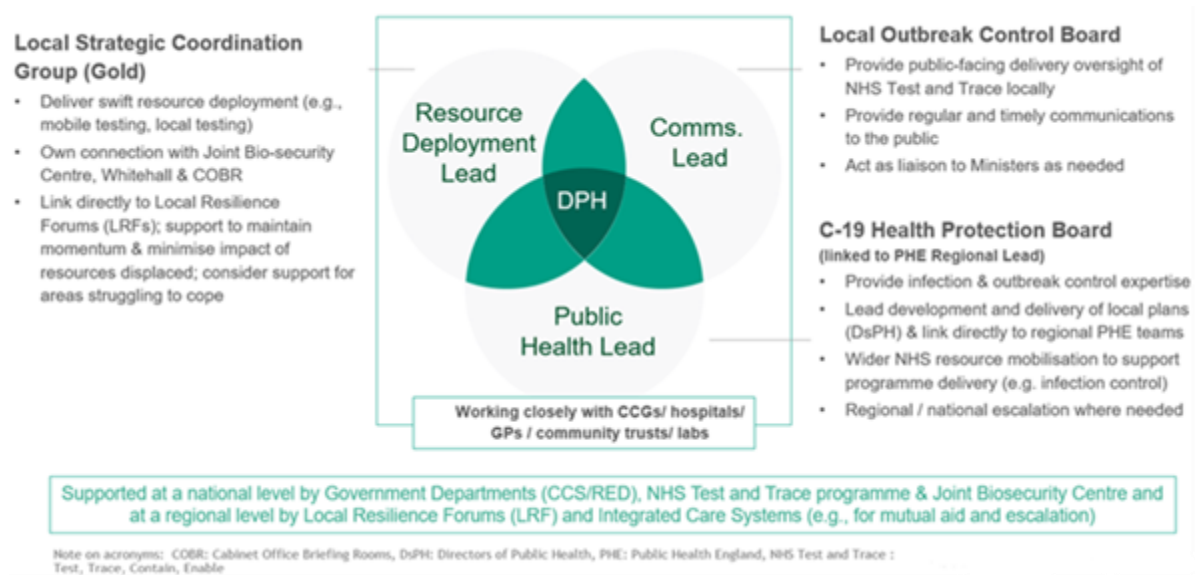
The Sussex Resilience Forum has an important role across Sussex in coordinating agencies, supporting joint communications, and identifying lessons learned. There are a range of scenarios where the Forum will be needed, for example in the event of a substantial outbreak or where multiple outbreaks are occurring at the same time. This will be considered as part of the initial outbreak investigation as well as during the Outbreak Control Team.

The Sussex Resilience Forum (SRF) will support local health protection arrangements working with 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 LRF 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 3: Links between C-19 Health Protection Board, Local Outbreak Control Board (Health and Wellbeing Board) Sussex Resilience Forum



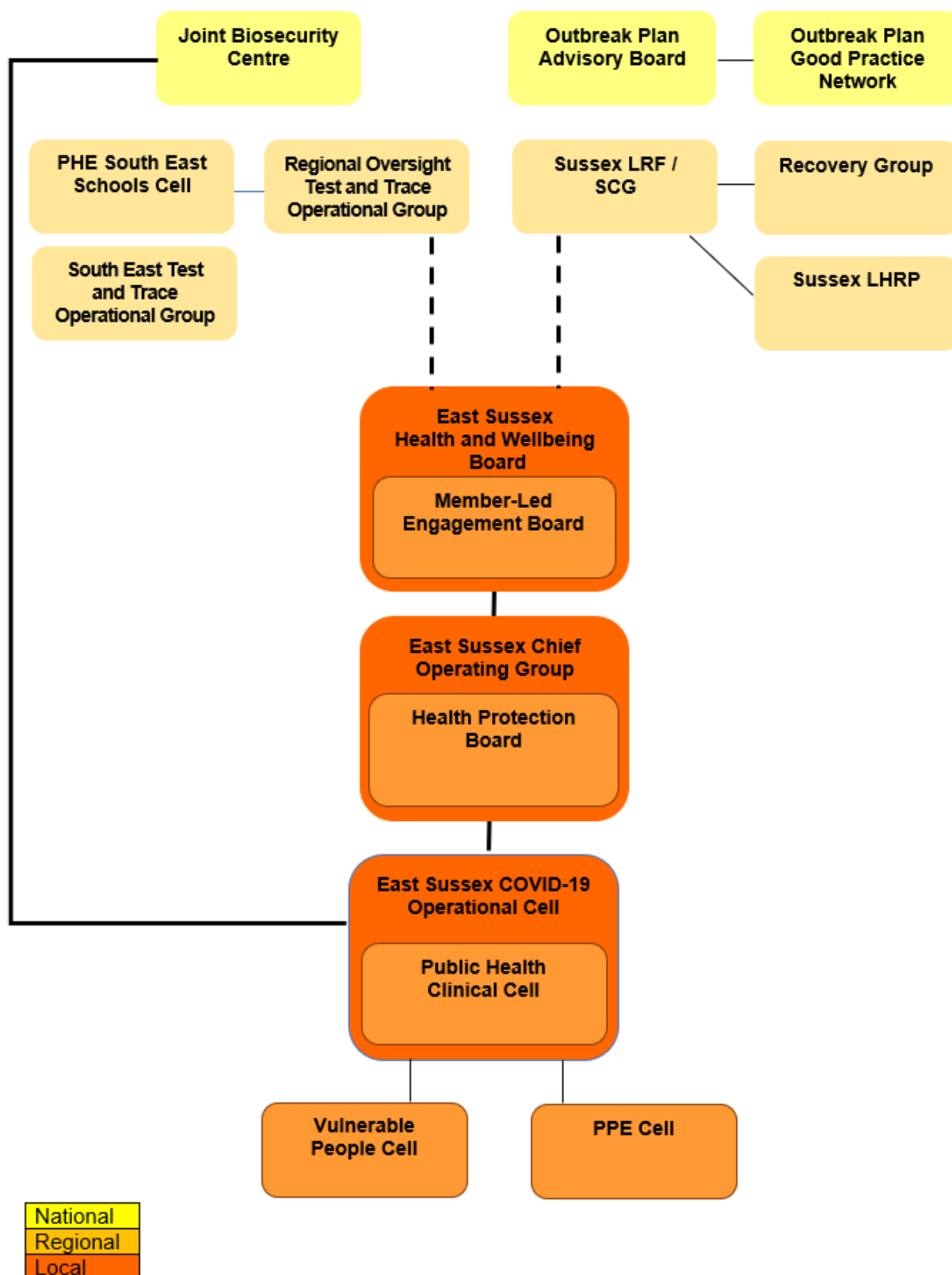
Other joint working across Sussex and beyond

Given COVID-19 knows no administrative boundaries, it is obviously 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 4 - 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. There will also need to be consideration of how measures are to be implemented locally if contained in guidance.

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 as a means to reduce the risk of Covid-19 infection in limited circumstances.

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 24/6/20) 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:
 - a. Coronavirus (COVID-19): notice under regulation 3(4) of the Health Service Control of Patient Information Regulations 2002 – general;
 - b. Coronavirus (COVID-19): notice under regulation 3(4) of the Health Service Control of Patient Information Regulations 2002 – NHSE, NHSI;
 - c. Coronavirus (COVID-19): notice under regulation 3(4) of the Health Service Control of Patient Information Regulations 2002 – Biobank; and
 - d. 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.

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 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 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 detailed:



Sussex COVID-19
outbreak reporting

Figure 5: NHS Test and Trace – Three Tiers

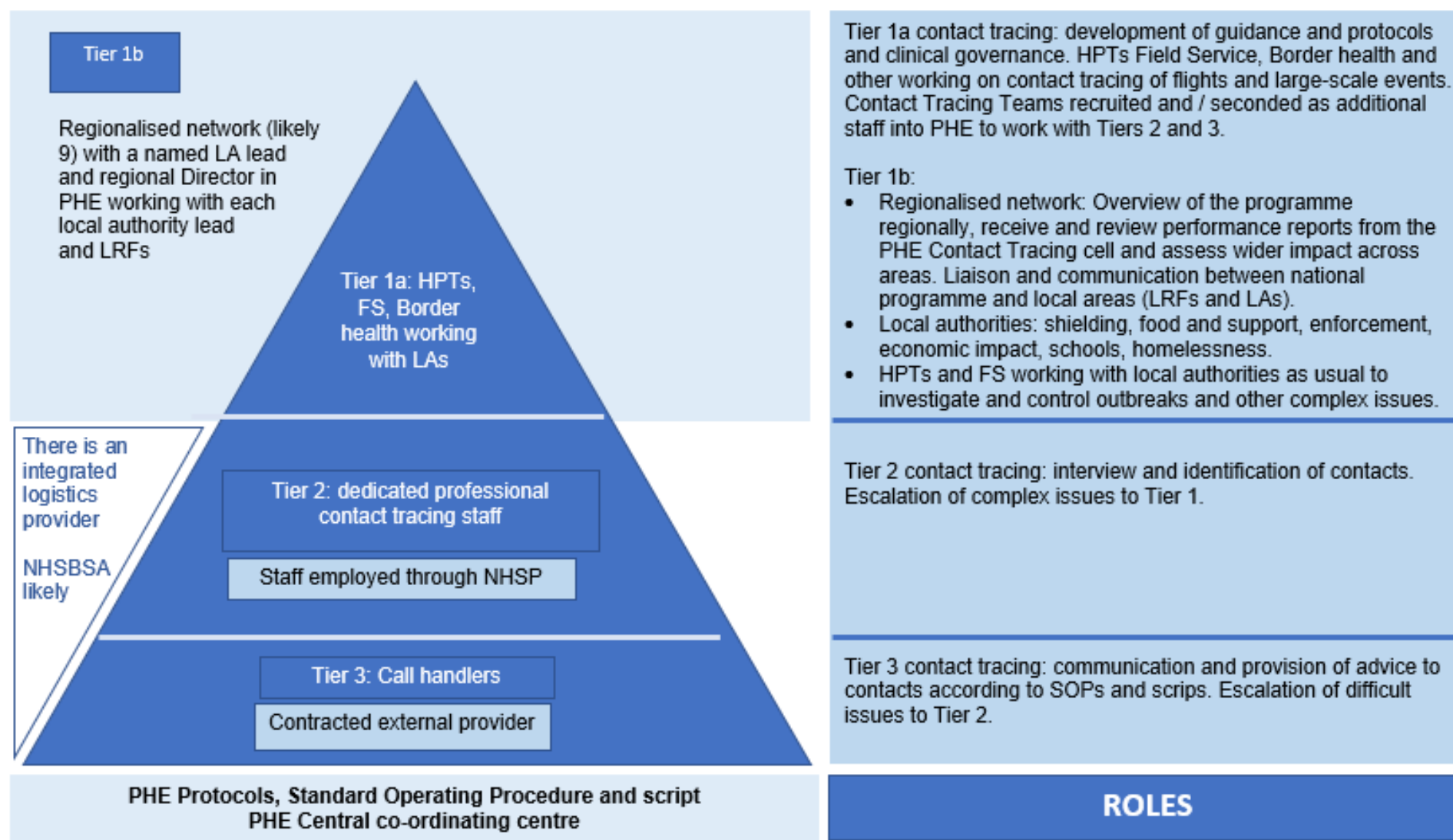
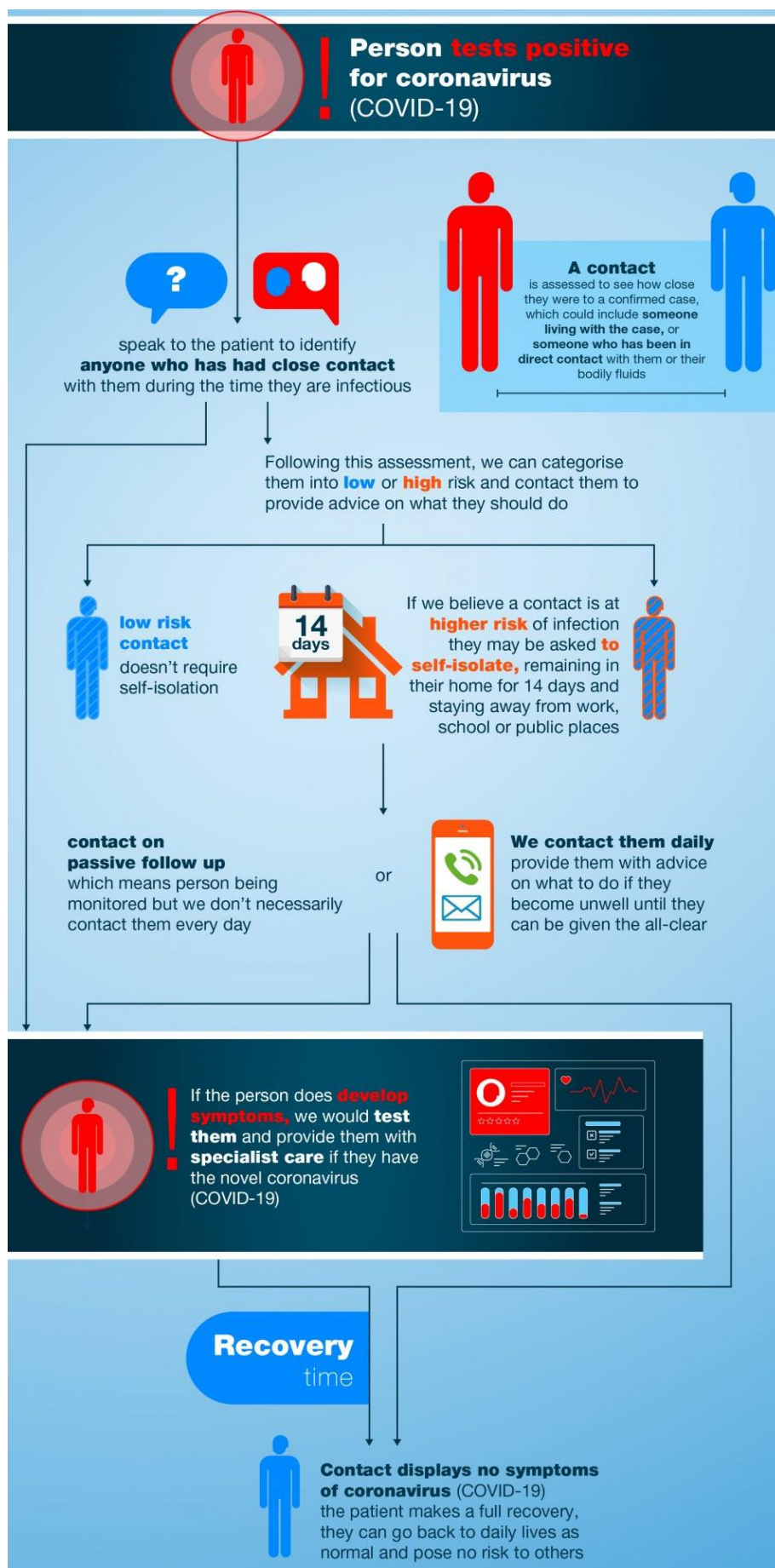


Figure 6: What is contact tracing (PHE)



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. Meetings are normally held virtually, and minutes of the meeting and all associated public health actions are recorded on HPZone (Public Health England's infectious diseases database).

OCTs are a well-established process that existed prior to COVID-19. Members of this time-limited group will 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.

Local Resilience Forum

The Local Resilience Forum (LRF) has an important role across Sussex in coordinating agencies, supporting joint communications, and identifying lessons learned. There are a range of scenarios where the LRF will be needed, for example in the event of a substantial outbreak or where multiple outbreaks are occurring at the same time. The involvement of the LRF will be considered as part of the initial outbreak investigation as well as during the OCT. Planning exercises could be run to model scenarios and responses to understand roles and responsibilities in different outbreak settings.

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
- To work effectively with partners across Sussex while recognising different parts of the county will at times have differing approaches.

Developing a communications and engagement plan

We will complete 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 will support the approach of the local outbreak strategy set out by the Operational Cell and sit within the governance framework identified.

Co-ordination with neighbouring local authorities in the LRF will help to align both communications planning and communications activity in the event of local outbreaks and possibly assist in co-ordinating 'cross-border' outbreaks.

The communications approach will include 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 will also outline 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 will be particularly important to consider 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

THIS IS BEING DRAFTED BEFORE THE WORK OF THE JOINT BIOSECURITY CENTRE BEING ESTABLISHED AND CLARITY OF DATA FLOWS HAS BEEN RECEIVED AND WILL NEED TO BE REVISED IN LIGHT OF THIS

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 focus.

<p>Objective 1:</p> <p>Staff in local authorities will secure access to the range of data available, for this we will:</p>	<ul style="list-style-type: none">▪ 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 COVID-19 this will help to understand infection rates in specific areas and groups and in the longer term understand the recovery and on-going support needs of people affected.
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<p>Objective 2:</p> <p>Using the range of data, we will be highly vigilant (“proactive surveillance”) in monitoring change:</p>	<ul style="list-style-type: none"> ▪ 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
<p>Objective 3:</p> <p>Staff tackling outbreaks will have access to robust and concise information and be supported in their use of data; this will include:</p>	<ul style="list-style-type: none"> ▪ 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.
<p>Objective 4:</p> <p>We will seek to maximise the transparency of local decisions:</p>	<ul style="list-style-type: none"> ▪ 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

Existing arrangements for being notified by the PHE Local Health Protection Team (PHE HPT) about individuals with positive COVID-19 tests will remain in place. 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 is currently (June 2020) developing a series of early warning indicators which are being developed into a shared tool used to alert when indicators are increasing across Sussex and for each council and require further investigation. The group is also coordinating efforts to ensure that evidence of inequalities is collected and analysed.

Data to support this plan is sourced from a range of data sources, including PHE HPTs, the Office of National Statistics (ONS), the Sussex local registry offices, local health and care partners, national COVID-19 reporting, Public Health England daily and weekly reporting (including Test and Trace reports provided to local authorities) and the Care Quality Commission. Public Health England have confirmed, subject to the correct data sharing protocols being in place, that Local Authority Public Health teams can receive record level datasets including postcode (with other identifiers removed).

Of 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.

The three Sussex Public Health teams also receive the Contact Tracing Upper Tier Local Authorities (UTLA) report daily, the Contact Tracing Epi report (weekly), and will receive the Contact Tracing quality and monitoring report (weekly).

Links to the national Joint Biosecurity Centre (JBC) have yet to be made.

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.
- 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 (swambulance/Mobile Testing Units (MTU)), and the national contact tracing programme. It is currently unclear whether the national JBC will provide a single source of data.
- Agree information sharing protocols.
- Develop 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 are two regional testing centres at Gatwick Airport and Brighton Amex Stadium, and two locally commissioned satellite testing centres at Bognor and Bexhill. The Bexhill site is now on the national portal with a go live date for Bognor requested.

Mobile Testing Units (MTUs) 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. Deployment of the MTUs is coordinated by the local authority and the military, with partners, based on local need. There are additional MTUs which can be deployed if outbreaks occur.

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

Testing pathways currently in place

There are a number of different ways that testing can be access 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)
- Care homes can request whole-home testing for all residents (irrespective of symptoms) and asymptomatic staff via the [Care Home Portal](#)
- Acute hospital patients and staff (including those who are asymptomatic, where indicated by clinical need) can be tested in the hospital setting
- 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.

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.

Current issues in testing

There are a number of issues that being discussed related to gaps in testing or changes in provision that are required. For example:

- Future availability of 'assisted' community testing following the withdrawal of the SECamb service.

- 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.
- 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.
- Ongoing testing of symptomatic residents in care homes. After the initial outbreak testing, and if whole home testing had already been completed, new symptomatic residents would need to have a test ordered for them which presents administrative problems.
- National guidance is expected on testing for asymptomatic NHS staff. This is not currently implemented.

Future Testing Requirements

Future testing requirements will require an integrated flexible model to ensure all the national requirements and local needs are met, and that provision can be flexed up and down as required. A commissioning support document is being prepared for Sussex to guide the development of this model.

The model is likely to include:

- 'Standard' testing which can be delivered through:
 - Testing sites whether national and local centres or using the MTUs. The locally commissioned satellite sites will require ongoing funding.
 - Home Testing Kits delivered through the national portals. Access and delivery of this may change with time and local ownership has been indicated regionally.
- 'Specialised' testing for outbreaks, special settings and vulnerable people:
 - This is likely to be supported through the Sussex Central Booking Team who will direct people to the service most appropriate for the individual or group.
 - 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)
 - Community testing by a health professional who would do the swabbing in the setting
 - A modified walk-in set up for larger numbers; for example a MTU could set up within a town centre, workplace, school etc where an outbreak is occurring to test the whole setting if required.

These models are dependent on available pathology laboratory capacity and consumables, and requires commissioning. Clarity is still required nationally on funding sources.

Antibody Testing

Antibody testing is currently being implemented across Sussex for NHS staff, with all staff to be offered testing by 10th July. Testing will then be available to frontline social care staff within local authorities, dependent on capacity for phlebotomy within organisations.

Supporting Vulnerable People

Support for Vulnerable People

The Sussex Resilience Forum has established a Vulnerable People Cell that looks to take an overview of support to vulnerable people across Sussex. East Sussex County Council has a Vulnerable People's Group that coordinates support offered to different vulnerable groups in the county.

The multi-agency Community Hub Steering Group provides oversight of arrangements for supporting people isolating in their own homes, or who are in a vulnerable group in another setting, and who have no other means of support.

The support offered to the shielded group is the provision of food and medicines and/or befriending calls as required. This response is co-ordinated at county level.

Five Community Hubs have been established, one in each District and Borough, these are led by the District and Borough Councils in partnership with the VCSE. Support from the Hubs is usually provided by local volunteers and varies in its focus.

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 ASC identified as potentially vulnerable and contacted by operational teams.
- Approximately 5,000 people who have chosen to contact a Community Hub.

Future support requirements

It is anticipated that most people will be able to self-isolate for the maximum two-week period without any support.

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), this support will need to be timely, and flexible to support a cohort of people that will be constantly changing.

A data sharing protocol will be needed to allow data to be shared as necessary and in a format that is usable.

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 return to work and life as usual.
- Model what level of demand current processes and resources could cope with, and the level of demand that would begin to strain the system.

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.

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](#)

[Transport](#)

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 and actions agreed and outcomes are confirmed. The clinical lead in identified GP practices for each care home are invited to attend the IMT meeting.

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

<p>INCLUDING:</p> <ul style="list-style-type: none"> ❖ PRIMARY AND SECONDARY, EARLY YEARS SETTINGS, UNIVERSITIES/COLLEGES & SPECIAL SCHOOLS
<p>Objective:</p> <p>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.</p>
<p>Context:</p> <p>In East Sussex there are:</p> <ul style="list-style-type: none"> • 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
<p>What's already in place:</p> <p>A virtual task group 'Keeping Schools Open' was established to oversee the support for schools during this period and to ensure that provision is offered in line with the government's guidance. The group consists of staff from across SLES, Children's Services and other key teams across ESCC – school transport, catering and cleaning contract managers. The group quickly put in place two key measures</p> <ol style="list-style-type: none"> 1) A Daily Message Board containing information to schools including: <ul style="list-style-type: none"> • updates to new guidance from the DfE • a 'Frequently Asked Questions' (FAQ) document responding to questions schools were asking us • guidance from the LA about how schools should be offering provision and information from a range of other services covering aspects such as transport to schools, provision of free school meals, school cleaning contracts, Schools ICT, HR. <p>This continues to be sent to schools every day at 3pm. Information and guidance is also being provided to schools on the Czone website.</p> 2) A Google form questionnaire for schools to submit daily returns to ensure that the local authority had information quickly about which schools were planning to open, and the numbers of pupils attending each day. Schools now submit attendance data via the DfE online portal and daily attendance reports are produced by DRIM. This data is used to help inform support the LA provides to schools. <p>As part of the LA 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:</p>

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

Most schools have been operating throughout the pandemic and have their own procedures in place to reduce risks to staff and pupils.

The Local Authority continues to support schools as they extend their provision to other year groups and specific COVID-19 risk assessments are being done to implement national guidance on effective protective measures such as social distancing, cleaning, and infection prevention and control.

What else will need to be put in place:

East Sussex County Council's Public Health Department are providing free online training specific to schools and education settings for COVID-19 infection prevention and control (IPC). The training is being delivered by Infection Prevention Solutions (IPS).

The LA will support schools and other out of school settings to manage and deliver summer holiday provision, in line with government guidance.

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). 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.

Resource capabilities and capacity implications:

Staffing and workforce planning dependent on further government guidance on more pupils returning to schools and summer holiday provision.

Links to additional information:

[Guidance on opening schools to more pupils](#)

Prisons and other prescribed places of detention

<p>Objective:</p> <p>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.</p>
<p>Context:</p> <p>There is one closed adult (18+) prison located in East Sussex:</p> <ul style="list-style-type: none">• HMP Lewes – male prison, current op cap 560, category B (including remand) prison located in Lewes in East Sussex <p>There is also one secure children's home</p> <ul style="list-style-type: none">• 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. <p><i>Note that Lansdowne SCH will be covered in the earlier children's care home section.</i></p>
<p>What's already in place:</p> <p>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.</p> <p>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.</p> <p>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.</p>
<p>What else will need to be put in place:</p> <p>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.</p> <p>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</p>

<p>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.</p>
<p>Local outbreak scenarios and triggers:</p> <p>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).</p> <p>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.</p>
<p>Resource capabilities and capacity implications:</p> <p>Staffing – prison officers and healthcare staff. Staff levels currently fine.</p>
<p>Links to additional information:</p> <p>Covid-19 specific: COVID-19: prisons and other prescribed places of detention guidance</p> <p>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</p>

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 nationallyⁱ at 90.4%. There are fewer businesses in East Sussex that fall within the small (10-49 employees), medium (50-249 employees) and large (250+ employees) categories than nationally. The largest sectors within the county are construction; wholesale, retail and motors; and professional, scientific and technical.

There are a number of critical infrastructure sites across the county, where staffing levels need to be maintained, including:

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

What's already in place:

The key principles for workplaces are ensuring they take a preventative approach to keep their environment COVID-secure and to support them to undertake risk assessments. A number of agencies are involved in supporting businesses both proactively and reactively including Environmental Health, Trading Standards, and the Health and Safety Executive.

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. Employers should ensure employees with COVID 19 symptoms self-isolate and seek testing. 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.

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](#)

Sussex COVID-19 Toolkit: [considerations for restarting your business safely](#)

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: <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• 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

<p>Objective:</p> <p>The objective is to closely monitor any cases of COVID-19 linked to tourism, ensuring that attractions and accommodation are COVID-secure and cases are prevented, and that any outbreaks are managed quickly and efficiently.</p>
<p>Context:</p> <p>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.</p>
<p>What's already in place:</p> <p>There is currently no specific guidance for tourist attractions, but the principles of the existing work place guidance all apply to these settings.</p> <p>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.</p> <p>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.</p>
<p>What else will need to be put in place:</p> <p>We need to develop:</p> <ul style="list-style-type: none">• 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
<p>Local outbreak scenarios and triggers:</p> <p>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).</p> <p>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.</p>
<p>Resource capabilities and capacity implications:</p> <p>Staffing</p> <ul style="list-style-type: none">• 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:

1. **Workforce programme** – focused on BAME health and care staff across Sussex.
2. **Population programme** - BAME and Vulnerable group LCS – delivered through GP surgeries

Part A – Proactive and reflective BAME specific activities

- Identify BAME patients from practice list who might benefit from specific interventions to reduce their risk of Covid-19 related mortality;
- Improve communication and engagement with local BAME communities, working with BAME community and voluntary sector and improving diversity of PPGs.

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 for example.

What else will need to be put in place:

The national testing website records ethnic group as part of the process for registering for a test, but to date, we have not received any ethnicity data related to testing. Given the lack of reporting of ethnicity on nationally collected pillar 2 testing, local pillar 2 testing is not currently collecting this data either.

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.

We will need to work with those running the test and trace programme to develop and implement communications using local relationships, to ensure our local BAME and population understand the key messages.

Resource capabilities and capacity implications:

Staffing

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

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

<p>Objective:</p> <p>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.</p>
<p>Context:</p> <p>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.</p>
<p>What's already in place:</p> <p>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.</p> <p>During Covid-19 a risk assessment process for new admissions to our sites has been developed by the Traveller Liaison Team.</p>
<p>What else will need to be put in place:</p> <p>Disposable gloves, alcohol gel sanitiser and wipes have been supplied and kept in the Transit Site office should they be required.</p>
<p>Local outbreak scenarios and triggers:</p> <p>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.</p> <p>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.</p> <p>Additional issues to be considered include costs arising from risk assessment process and from purchasing additional PPE</p>
<p>Resource capabilities and capacity implications:</p> <p>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.</p>

Homeless community

<p>Objective:</p> <p>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.</p>
<p>Context:</p> <p>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 173 single homeless people have been housed in emergency accommodation, with most sites hosting several people.</p> <p>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.</p>
<p>What's already in place:</p> <p>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.</p> <p>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.</p> <p>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.</p>
<p>What else will need to be put in place:</p> <p>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:</p> <ul style="list-style-type: none">• 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. In addition, the county is working with the DHSC on an extended testing programme.

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'](#)

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 response methodology is cascaded via Trust wide communications
- The Trust is undertaking antigen and antibody testing – staff with potential as having COVID are screened via swabbing
- ESHT currently has a good PPE supply chain
- Routine staff testing for COVID being implemented alongside routine activity
- Test & Trace: ESHT undertakes contact tracing of all patients and staff following identification of a positive COVID 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 and PHE and CCG representatives are invited to the monthly Trust Infection Prevention and Control Group meetings as standard. They also receive the minutes of these meetings. Outbreaks are a standing agenda item.

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. They will invite PHE and the Local Authority as required.

Resource capabilities and capacity implications:

TBC

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



KSS

outbreak-incident con

Primary Care

<p>INCLUDING:</p> <ul style="list-style-type: none">❖ GENERAL PRACTICES AND WALK-IN CENTRES❖ COMMUNITY PHARMACY❖ DENTISTS❖ OPTOMETRY
<p>Objective:</p> <p>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.</p>
<p>Context:</p> <p>In East Sussex there are:</p> <ul style="list-style-type: none">• 62 General Practices• 108 Community Pharmacies• 150 Dentists• 54 Opticians
<p>What's already in place:</p> <p>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.</p> <p>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. Primary Care practices in each ICP area have set up "Hot Sites" for those patients with COVID-19 to be seen and treated.</p> <p>These sites are fully prepped with PPE for staff, with areas outside of the building where patients can have tests undertaken if appropriate.</p> <p>Appropriate level cleaning service in place and deep cleaning takes place at these sites if any of the 'cold sites' appear 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.</p> <p>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.</p> <p>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.</p>

<p>Each practice has been contacted to undertake a risk assessment for their at risk and BAME staff.</p> <p>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.</p>
<p>What else will need to be put in place:</p> <p>General Practice and Walk in Centres - To develop clear local pathways for local outbreak management</p> <p>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.</p> <p>General Practices and Walk-in Centres</p> <ul style="list-style-type: none"> • 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 <p>Community Pharmacy</p> <ul style="list-style-type: none"> • 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
<p>Local outbreak scenarios and triggers:</p> <p>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).</p>
<p>Resource capabilities and capacity implications:</p> <p>General Practices and Walk-in Centres – Awaiting COVID-19 resource fund from NHSE</p>

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

<p>Objective:</p> <p>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</p>
<p>Context:</p> <p>There is one Mental Health Trust operating in East Sussex</p> <ul style="list-style-type: none"> • Sussex Partnership Foundation Trust (SPFT) <p>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.</p> <ul style="list-style-type: none"> • Sussex Community Foundation Trust (SCFT)
<p>What's already in place:</p> <p>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.</p> <p>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.</p>
<p>What else will need to be put in place:</p> <p>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.</p>
<p>Local outbreak scenarios and triggers:</p> <p>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).</p>
<p>Resource capabilities and capacity implications:</p> <p>None identified</p>
<p>Links to additional information:</p> <p>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</p>

Transport locations

<p>Objective:</p> <p>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.</p>
<p>Context:</p> <p>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.</p> <p>Within East Sussex there are 45 train stations and 23 coach 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.</p>
<p>What's already in place:</p> <p>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 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.</p> <p>Environmental Health have arrangements in place with Newhaven for managing infectious diseases, including COVID-19.</p> <p>Public transport networks including bus coach and rail networks are following guidance on social distancing, cleaning and wider infection prevention control.</p>
<p>What else will need to be put in place:</p> <p>Provision of support for symptomatic visitors needing access to food and medical supplies during 14 days self-isolation period.</p>
<p>Local outbreak scenarios and triggers:</p> <p>For UK residents, self-isolating in normal place of residence is unlikely to result in outbreaks.</p> <p>For visitors, self-isolation in commercial accommodation such as hotels etc has the potential to result in outbreaks in commercial premises.</p>

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](#)

Appendices

[Appendix A: Data integration tasks](#)

[Appendix B: Standard Operating Procedures: Joint Management of COVID-19 Outbreaks in the SE of England](#)

[Appendix C: Standards for managing an outbreak](#)

Data integration tasks

Action (Sussex Wide)	Date	Lead Officer	Internal /External partners involved
<ul style="list-style-type: none"> 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)
<ul style="list-style-type: none"> 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)
<ul style="list-style-type: none"> 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. <p>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.</p>			<p>Sussex wide Data and Modelling Group (membership above)</p> <p>Local data group for vulnerable groups cell</p>

Action (East Sussex)	Date	Lead Officer	Internal /External partners involved
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • Work closely with the local HPT, lead PH Consultant to establish systems to identify and examine outbreaks. 		GE	East Sussex CC
<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Communities at higher risk of infection and the impact of COVID ○ Specific settings and events at a local level <p>Note: it is anticipated that named contacts should, at least, include Environmental Health staff, and community development/engagement.</p>		GE/RT	East Sussex CC

Standard Operating Procedures Public Health England and Local Authorities

Joint Management of COVID-19 Outbreaks in the SE of England

(based on a model developed in the East of England for care home outbreaks)

Date developed 11/06/20

Review date 11/07/20

Overview

This proposed Standard Operating Procedure (SOP) has been drafted initially by PHE SE as a framework for each Local Authority (LA) Director of Public Health to use. This provides a suggested framework for working across PHE SE, public health structures in LAs, Clinical Commissioning Groups (CCGs) and other relevant organisations for dealing with COVID-19 outbreaks in a variety of settings. This SOP will support the effective delivery of local COVID “outbreak” plans by defining the specific roles and responsibilities of individual arrangements in responding to outbreaks.

Full document



20200611 PHESE LA
SOP OUTBREAKS.pdf

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](#)