



East Sussex Outbreak Control Plan – COVID-19

October 2020

Version 2.6

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 and April 2021.

Version		Date
2.6	East Sussex Outbreak Control Plan – COVID-19 published as part of Health and Wellbeing Board papers (meeting scheduled for 8 December 2020).	8 Dec 20
2.5	Government published a set of new local COVID alert levels: Medium, High and Very High, also known as Tiers 1, 2 and 3 on 12/10/20. The three alert levels are accompanied with a graduated scale of measures related to social distancing, rules for businesses and care home visiting. Some detail related to the three levels has already been published and is available at https://www.gov.uk/guidance/local-covid-alert-levels-what-you-need-to-know . The new government alert levels and tiers meant that the local escalation framework was no longer relevant and so was shown with strike out font.	27 Oct 20
2.4	East Sussex Outbreak Control Plan – COVID-19 whole plan refresh, including new escalation framework approved by the Health and Wellbeing Board and published to website	17 Sep 20
2.3	East Sussex Outbreak Control Plan – COVID-19 and published as part of Health and Wellbeing Board papers	9 Sep 20
2.0	East Sussex Outbreak Control Plan – COVID-19 approved by the Health and Wellbeing Board.	14 Jul 20
2.2	Appendix B removed and Appendix C moved to Appendix B on website publication	2 Jul 2020
2.1	Minor corrections and amendments to the website publication	1 Jul 20
2.0	Final version prepared by Rob Tolfree, Tracey Houston and Emma King based on comments received by partners. Approved by Becky Shaw, Chief Executive ESCC, and Darrell Gale, Director of Public Health ESCC and published as part of Health and Wellbeing Board papers	30 Jun 20
1.3	Second draft prepared by Rob Tolfree based on comments received. Version 1.3 sent for comments to: Chief Executives of Districts and Boroughs and Environmental Health leads; Sussex Resilience Forum; Police; Emergency Planning; Communities,	23 Jun 20

Version		Date
	Environment and Transport; Children's; Adult Social Care; ESHT; CCG; SCFT; SPFT; Health Watch; Public Health England; RSI; Communications; HMP Lewes; HSE	
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 Jun 20
1.1	Structure and outline approved by Darrell Gale, Director of Public Health ESCC	15 Jun 20

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Glossary

BAME	Black and Asian, Minority Ethnic
CCA	Civil Contingencies Act
CCG	Clinical Commissioning Group
DHSC	Department of Health and Social Care
DPH	Director of Public Health
EHO	Environmental Health Officer
ESCC	East Sussex County Council
FS	Field Services
HPT	Health Protection Team
ESHT	East Sussex Healthcare Trust
GRT	Gypsy and Roma Travellers
HMP	Her Majesty's Prison
ICS	Integrated Care System
ICN	Integrated Care Network
IMT	Incident Management Team
IPC	Infection, Prevention, Control
LA	Local Authority
LCS	Locally Commissioned Service
LHRP	Local Health Resilience Partnership
OCT	Outbreak Control Team
ONS	Office for National Statistics
MoJ	Ministry of Justice
MHCLG	Ministry of Housing, Communities and Local Government
MTU	Mobile Testing Unit
NHS BSA	NHS Business Services Authority
NHSE	NHS England
PHE	Public Health England
PPE	Personal Protective Equipment
RSI	Rough 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
WHO	World Health Organisation

Introduction

Background

On the 31st December 2019 the World Health Organisation (WHO) were notified about a cluster of pneumonia of unknown cause. This was identified as a coronavirus on the 12th January and later named COVID-19. The WHO subsequently 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)

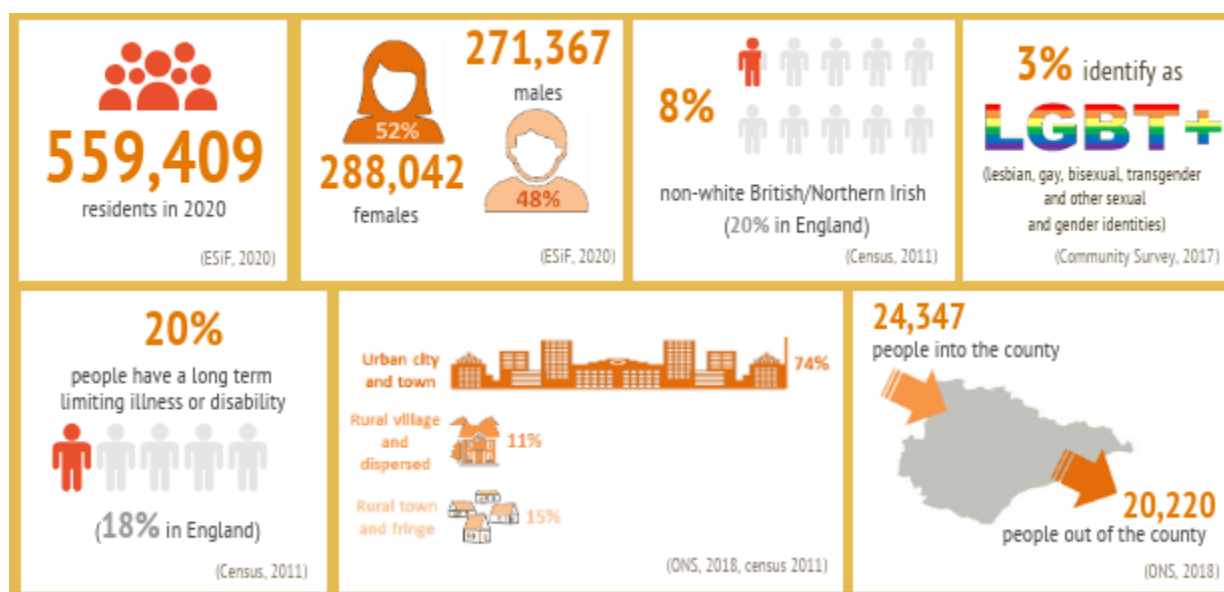
There are also numerous organisational plans that individual agencies will use, covering scenarios such as emergency planning, infectious diseases and outbreak management. Although these are not listed here they are important context.

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.

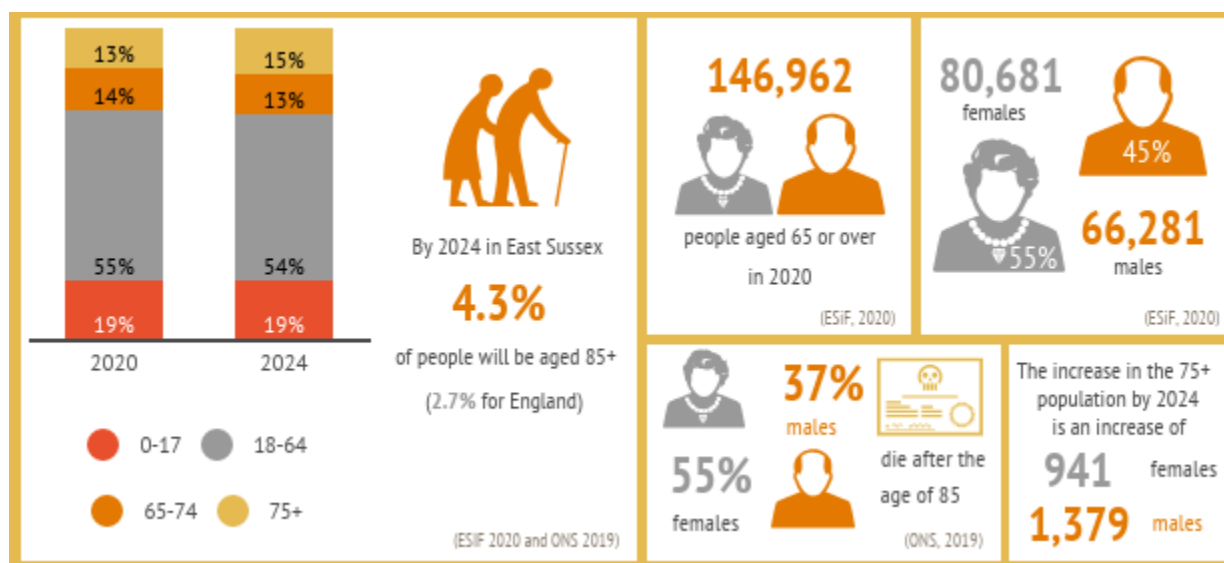
East Sussex overview

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.

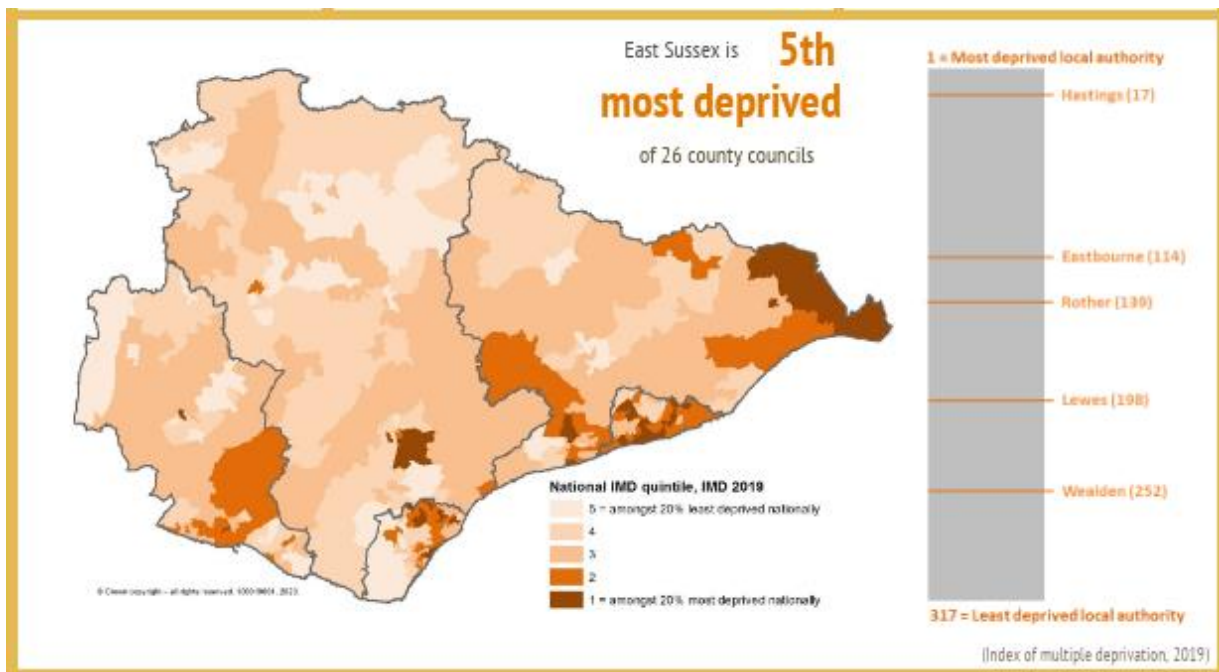
The East Sussex Community Survey identifies that nearly three quarters of people have a strong sense of secure identity and sense of belonging, and over three quarters are more than satisfied with their local area. People are also engaged and willing to support each other with half of those responding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



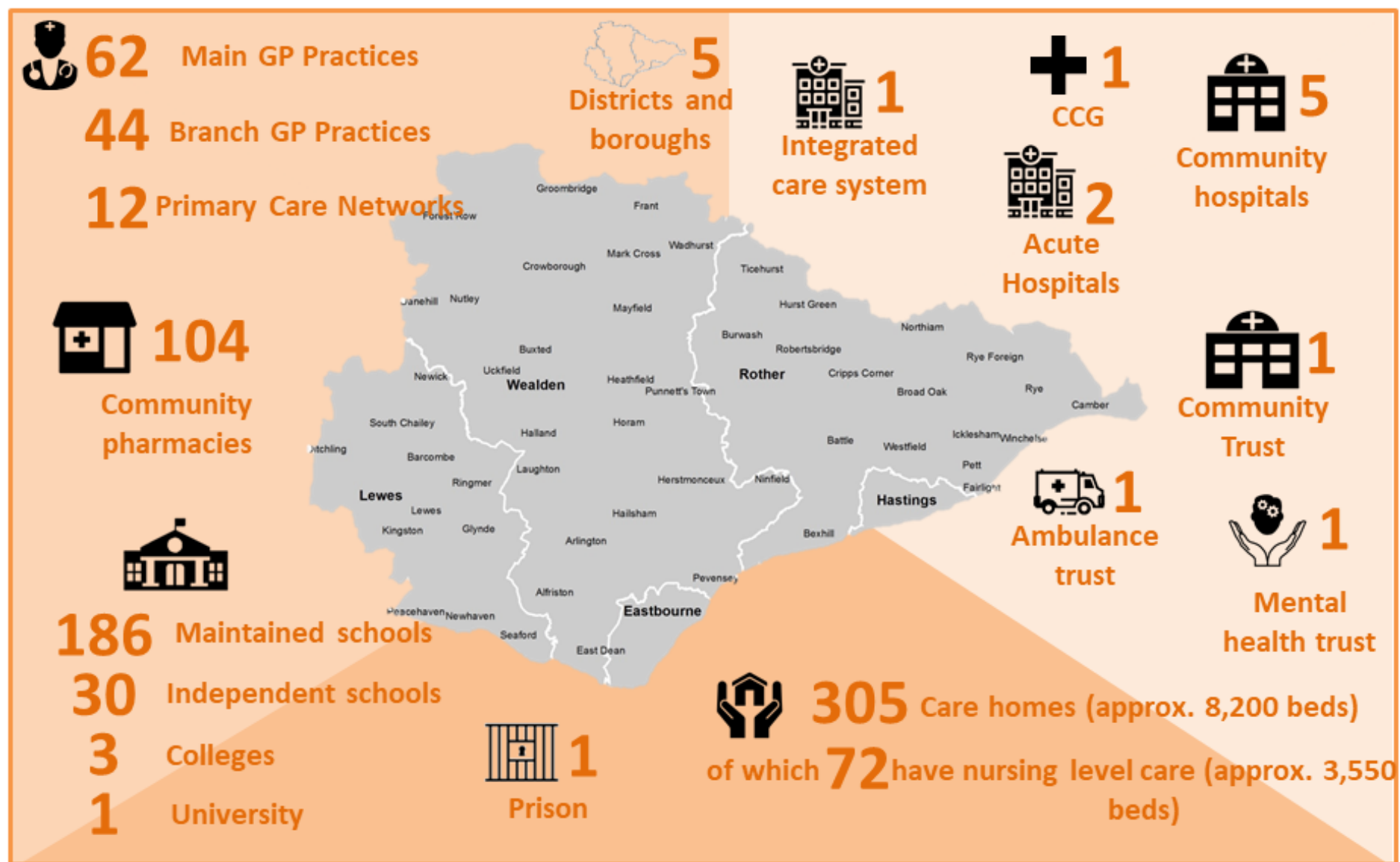
The over 65s now present a quarter of the county's population and are projected to make up nearly a third of all people by 2035. The fastest rate of growth will be seen in the 85 and over group. Those aged 85 and over are the largest users of health and social services.



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



East Sussex health and care landscape



COVID-19 Epidemiology

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

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

As of 11th November 2020, East Sussex was ranked 145th out of 149 upper tier local authorities (with 1 having the highest rate of COVID-19 infections, and 149 having the lowest). The map below shows all confirmed COVID-19 cases since the beginning of the pandemic, displayed by lower tier local authority with the lighter colour reflecting a lower rate.

Figure 1: Total confirmed cases of COVID-19 per 100,000 population by upper tier Local Authority in England (Source: Data from [National Dashboard](#) published 12th November, map produced by West Sussex)

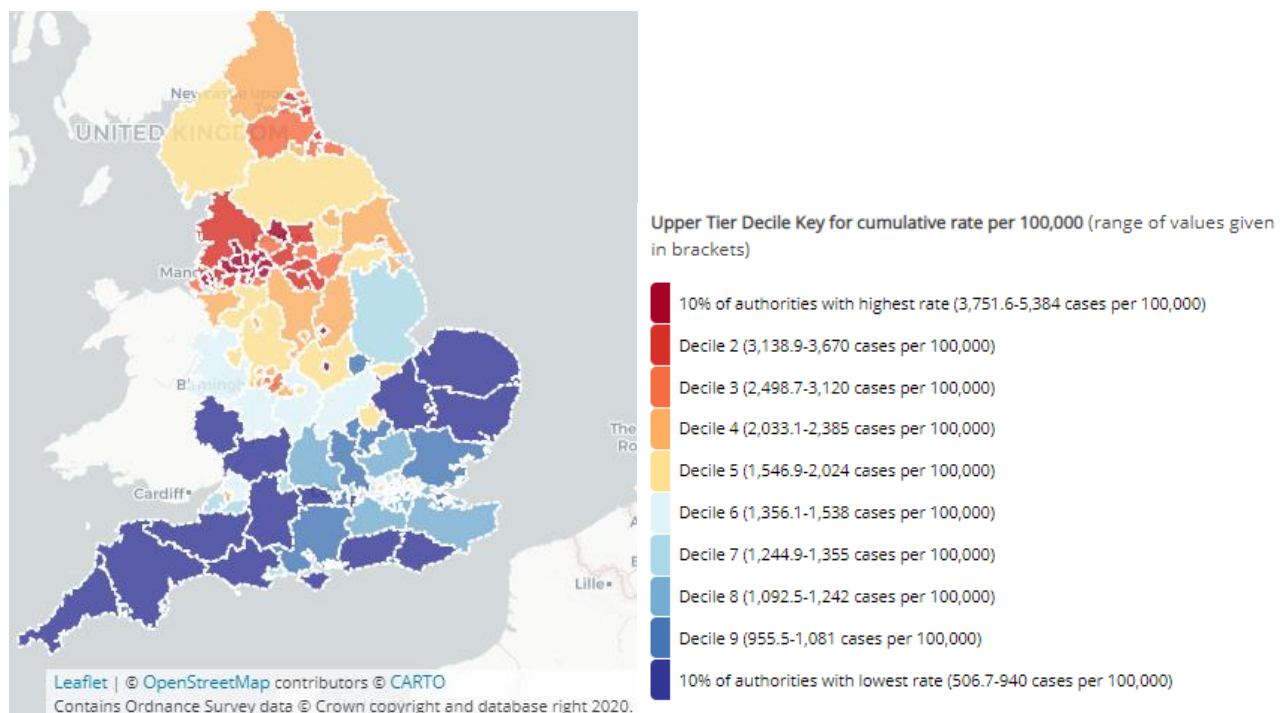
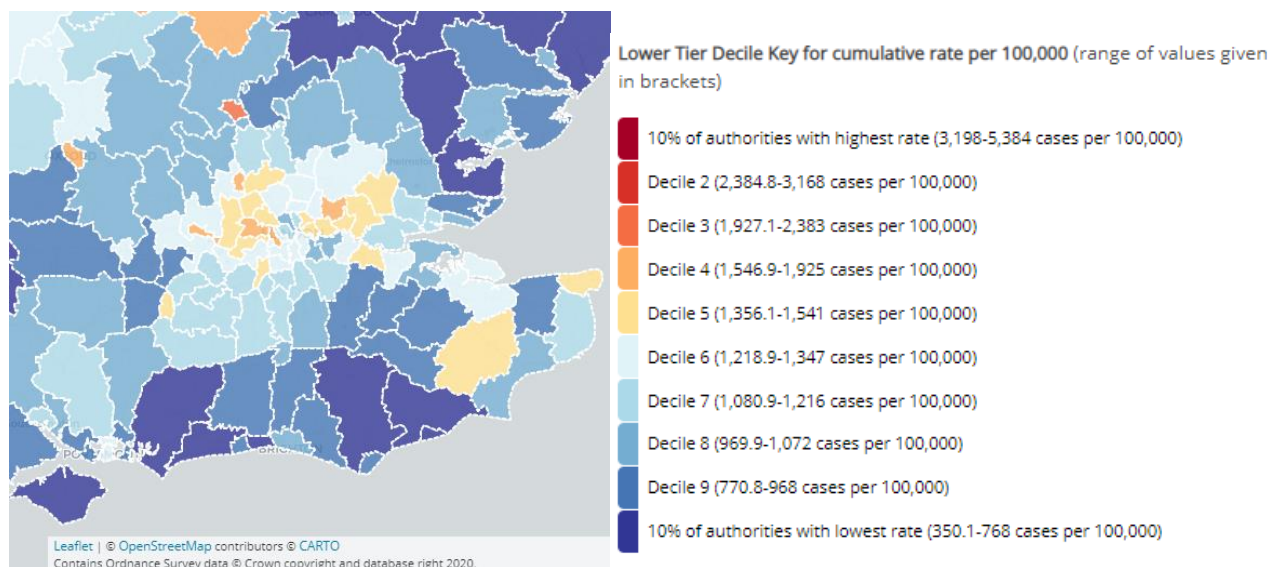


Figure 2: All confirmed cases of COVID-19 per 100,000 population by lower tier Local Authority in the South East (Source: Data from [National Dashboard](#) published 12th November, [map produced by West Sussex](#))



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

Figure 3: COVID-19 cumulative crude case rate 100,000 population by lower tier authority in East Sussex, data to 10th November 2020

	COVID-19 rate per 100,000	Local Authority rank (1 highest)
East Sussex	692	145/149
Eastbourne	907	264/315
Hastings	500	313/315
Lewes	771	283/315
Rother	514	310/315
Wealden	721	291/315

Hastings is worthy of particular attention as it is currently ranked 313 out of 315 Lower Tier Local Authorities. This is particularly striking in the context of Hastings being linked to Ashford in Kent which has had one of the highest rates of COVID-19 cases in the country, as well as Hastings having high levels of deprivation – a factor usually associated with poorer health. More work is needed to understand this variation and the underlying protective characteristics, as well as the need for a more complete picture of all confirmed COVID-19 cases. There is work underway with the University of Sussex to understand whether there are particular protective factors at play in Hastings, and also to explore whether these same factors may hamper or support the area through reset and recovery.

Escalation Framework and Governance

The following table describes the new local COVID alert levels published by the government in October 2020, and the different actions and interventions required at each level. However, these were subsequently replaced by new national restrictions from the 5th November. It is anticipated once national restrictions are eased that the tiers will resume again. For more information see the national guidance <https://www.gov.uk/guidance/local-covid-alert-levels-what-you-need-to-know>.

Local COVID Alert Level	MEDIUM – Tier 1 (National restrictions apply)	HIGH – Tier 2 (Additional restrictions)	VERY HIGH – Tier 3 (Tighter restrictions apply)
Intelligence and triggers	Daily review of COVID-19 data by Public Health team, presented weekly at multi-agency Operational Cell. National restrictions apply to all areas of England	Daily review of COVID-19 data by Public Health team. Detailed surveillance in the specific area to inform health protection measures, including expertise from Field Epidemiology. Data show increasing trend with high infection in an area and/or high/increasing positivity rate. Any thresholds determined by the government will be added. National watchlist published weekly	Daily review of COVID-19 data by Public Health team. Enhanced surveillance in the specific area to inform health protection measures, supported by national resources. COVID-19 rates causing concern with very high rates (e.g. positivity, older / at risk, growth rate, hospital admissions). National watchlist published weekly.
Notifications (partners) –	East Sussex COVID-19 weekly surveillance report shared with partners (Thursdays)	<ul style="list-style-type: none"> • Notification sent to partners, including cross border • ESCC Operational Cell and Health Protection Board • ESCC COVID-19 Tactical Group and Strategic Group • ESCC Health and Wellbeing Board • NHS Silver • Sussex ICS Monitoring Group • Formal briefing to members and MPs • SRF – Consideration for multi-agency response 	As for <i>Tier 2</i> , with Frequent briefings to members and local MPs, and assurance to Government as required. Daily briefings with the media.

Local COVID Alert Level	MEDIUM – Tier 1 (National restrictions apply)	HIGH – Tier 2 (Additional restrictions)	VERY HIGH – Tier 3 (Tighter restrictions apply)
Comms and Engagement (public)	Communications based on the COMS plan, including: Prevention, symptom recognition, and testing messages; action to take if symptomatic; reactive statements for outbreaks	General high communications geo-targeted via multiple channels focusing on: <ul style="list-style-type: none"> new alert level and household and travel restrictions Prevention, symptom recognition, testing, and action to take if symptomatic raising awareness of local population/affected communities of increasing infection rates proactive statements as required for outbreaks 	Extensive widespread engagement and communications with affected areas/communities and shared with relevant neighbours to explain the restrictions and the geographical area for the restrictions, including in relevant languages.
Outbreak Control	Ongoing implementation of the Local Outbreak Control Plan, with cases / outbreaks, managed as detailed in section 10, including through convening OCTs as required. SRF notified if any outbreaks require coordinated response.	Consideration to Incident Management Team (IMT) for affected area, with support from relevant agencies to investigate potential reasons for transmission and to identify/implement actions to reduce infection rates. SRF notified if any outbreaks require coordinated response.	Government and local authorities agree additional measures above the baseline set in Local COVID Alert Level VERY HIGH. Increased national support for: local test and trace; local enforcement funding; military assistance; job support scheme
Testing	DPH works with DHSC and LRF Testing Cell to support whole care home testing, arrangements for local testing centres and MTU deployment	Increasing testing capacity via MTU deployment to targeted specific areas/communities	Significant increased widespread testing including MTU deployment Expanded testing of symptomatic and asymptomatic persons for affected area including MTU deployment
Welfare Support	Welfare support continues to known vulnerable residents Welfare support is unlikely to be necessary for clinically extremely vulnerable group (Shielding)	Welfare support continues to known vulnerable residents Welfare support is unlikely to be necessary for clinically extremely vulnerable group (Shielding)	Welfare support continues to known vulnerable residents. Welfare provision may be needed for individuals in clinically extremely vulnerable group (Shielding). CMO may advise more restrictive formal shielding measures. Welfare provision may be needed a higher number of individuals.
Care Homes	Visiting supported as per guidance unless PHE give specific advice.	DPH notifies care homes that they must close to all external visitors other than in exceptional circumstances, such as end of life	DPH notifies care homes that they must close to all external visitors other than in exceptional circumstances, e.g. end of life

Local COVID Alert Level	MEDIUM – Tier 1 (National restrictions apply)	HIGH – Tier 2 (Additional restrictions)	VERY HIGH – Tier 3 (Tighter restrictions apply)
Education and Childcare	Education and childcare fully open to all. Children's groups permitted	Education and childcare open. Children's groups permitted. Childcare bubbles for U 14s permitted in private homes/gardens Decision on implementation of 'tiers of restrictions for education and childcare' (Contain Framework) agreed with national partners. https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers#annex-3-tiers-of-national-restriction	Education and childcare open. Children's groups permitted. Childcare bubbles for U14s permitted in private homes/gardens Decision on implementation of 'tiers of restrictions for education and childcare' (Contain Framework) agreed by national partners. https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers#annex-3-tiers-of-national-restriction
Prevent and Enforce	Police adopt 'engage, encourage, educate, enforce' for individuals to follow COVID guidance. Environmental Health, Licensing Teams and Trading Standards advise and monitor businesses/ events to ensure COVID safe practices. Consider use of local powers to prevent and manage spread. Consideration to COVID-19 marshals to be deployed by Districts/Boroughs	Police approach of engage, encourage, educate, enforce – for individuals to follow COVID guidance. Environmental Health, Licensing Teams and Trading Standards advise and monitor businesses/ events to ensure COVID safe practices. Consider use of local powers to prevent and manage spread. Enhanced support/enforcement to ensure businesses implementing COVID secure measures	As for Tier 2, but in addition Government consults with Local Authorities to agree additional measures such as restrictions and/or closures within hospitality, indoor and outdoor entertainment and tourist attractions and venues, leisure centres and gyms, public buildings, close personal care/close contact services Enhanced support/enforcement to ensure businesses implementing COVID secure measures and enforcement of national regulations

Governance overview

As detailed in one of the four principles of good practice, this Local Outbreak Control Plan needs to sit within the context of existing health protection and emergency planning structures.

There are three new structures to oversee COVID-19 across East Sussex:

- East Sussex COVID-19 Operational Cell
- Health Protection Board
- The Engagement Board

Each of these groups will be discussed in turn, before describing the involvement of the Sussex Resilience Forum and the escalation framework.

East Sussex COVID-19 Operational Cell

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

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

As described in the Escalation Framework section (SECTION X), The Operational Cell will be the forum where the Director of Public Health will discuss if an area needs to move to raised local alertness.

The Health Protection Board

The Health Protection Board is a new function of the East Sussex Health and Social Care COVID-19 Executive Group that meets weekly. The Health Protection Board review the weekly surveillance report and Operational Cell risk log, and reviews and agrees any additional actions required. Membership includes local Public Health, Adult Social Care, the Integrated Care System, the CCG, and ESHT.

As described in the Escalation Framework section (SECTION 2), the Health Protection Board is notified if there is escalation to 'raised local alertness', and is consulted if an area is proposed to move to 'raised local concern'.

The Engagement Board

The Engagement Board is a new function to ensure that there is political and democratic accountability for outbreak investigation and response. In East Sussex, the Engagement Board will draw on the established Health and Wellbeing Board (as suggested by the existing guidance) and be a new core function. This Outbreak Control Plan is approved by the Engagement Board. As described in the escalation framework section (SECTION 2), the engagement board will be stood up virtually and at pace in the event of an area escalating to 'raised local concern'. The role of the engagement board will include reviewing and commenting on the effectiveness of public communications and engagement.

Sussex Resilience Forum

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

The Sussex Resilience Forum (SRF) has an important role across Sussex in coordinating agencies, supporting joint communications, and identifying lessons learned. There are a range of scenarios where the SRF will be needed, for example in the event of a substantial outbreak, where multiple outbreaks are occurring at the same time, or where there are issues spanning borders. The need for Sussex Resilience Forum involvement will be considered at all stages of emerging outbreak investigation and control.

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

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

- Multi-agency Information Cell
- Logistics and Supply Chain Cell
- Test and Trace Support
- Testing logistics
- Vulnerability and Wellbeing Cell.

The Logistics and Supply Chain Cell will include the support to operations for the test and Trace and testing. The SRF structure will be expected to manage the deployment of broader resources and local testing capacity to rapidly test people in the event of a local outbreak.

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



Other joint working across Sussex and beyond

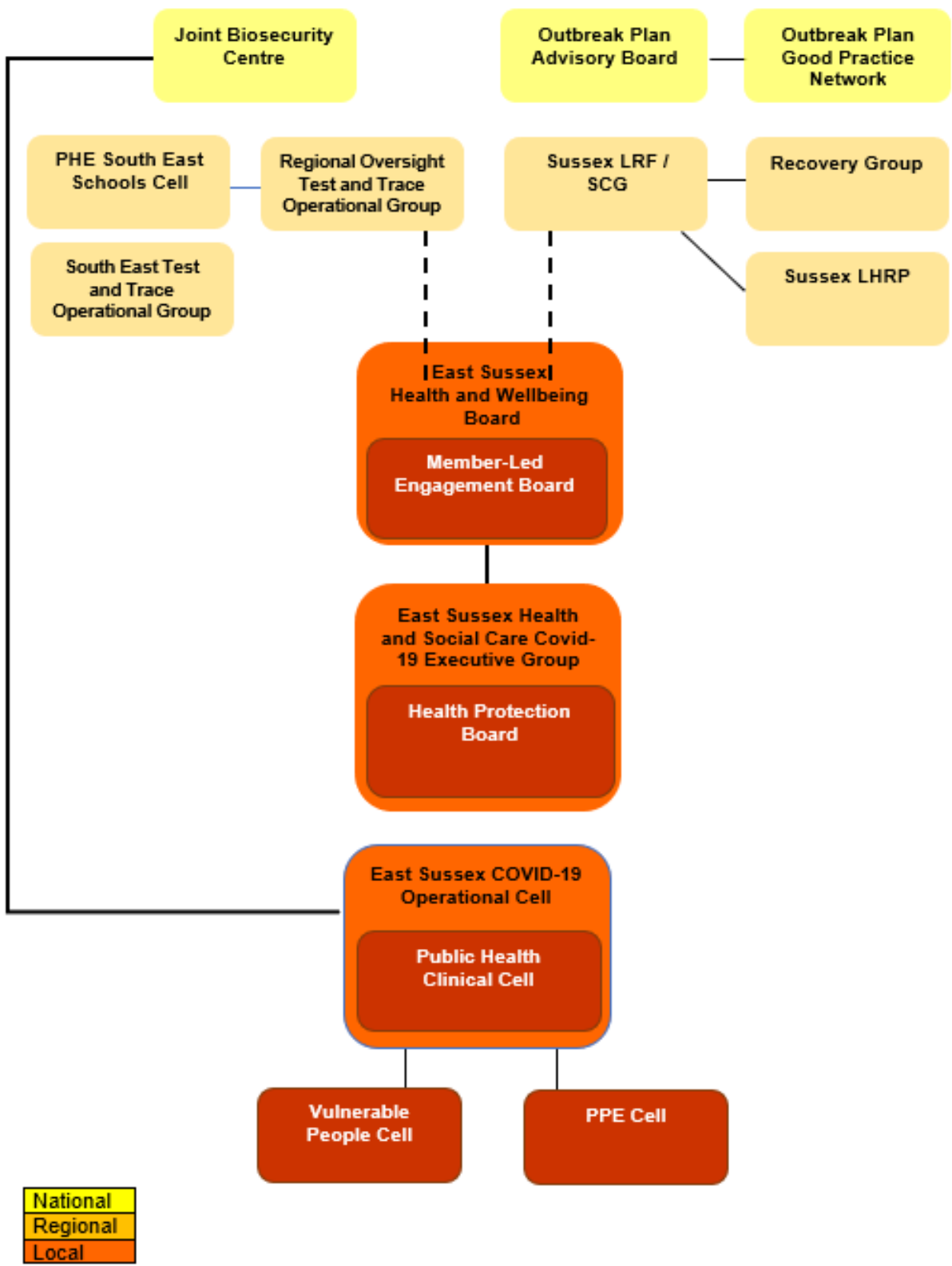
It is vital that work to tackle the pandemic is conducted as seamlessly as possible across different geographies and organisations. For this reason, sections within the Plan relating to data, testing and complex contact tracing have been jointly developed with Brighton & Hove and West Sussex County Councils'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

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

There are strong operational and strategic links across the Public Health Teams including regular meetings between Directors of Public Health in relation to the Covid-19 response. In relation to data strong local and regional links have been developed, including a weekly South East Health Public Health Intelligence meeting led by Public Health England, bi-lateral working between authorities on specific issues and cross-organisational working and data sharing agreements established at speed on specific datasets. In East Sussex, this also includes working with Kent who share a border.

East Sussex Outbreak Control Plan Governance

Figure 6 - East Sussex Outbreak Control Plan Governance



Legal context

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

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

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

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

Coronavirus Act 2020

Under the Coronavirus Act, The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020 as amended, most recently on 5 November 2020, 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. The lockdown which is due to end on 2 December 2020 supersedes many of the measures contained in Figure 7 below.

Health Protection Regulations 2010 as amended

The powers contained in the suite of Health Protection Regulations 2010 as amended, sit with District and Borough Environmental Health teams.

The Health Protection (Local Authority Powers) Regulations 2010 allow a local authority to serve notice on any person or group of persons with a request that they refrain from doing anything for the purpose of preventing, protect against, control or providing a public health response to the spread of infection which could present significant harm to human health. There is no offence attached to non-compliance with this request for co-operation.

The Health Protection (Part 2A Orders) Regulations 2010 allow a local authority to apply to a magistrates' court for an order requiring a person to undertake specified health measures for a maximum period of 28 days. These Orders are a last resort mechanism, requiring specific criteria to be met and are resource intensive. These Orders were not

designed for the purpose of enforcing 'localised' lockdowns, so it is possible that there may be a reluctance by the Courts to make these Orders for this purpose. Non statutory guidance from government indicates that they should be considered as a means to reduce the risk of Covid-19 infection in limited circumstances.

Health and Safety at work

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

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

[Social distancing, keeping businesses open and in-work activities during the coronavirus outbreak](#)

Local Authority policy framework

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

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

Data Sharing

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

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

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

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

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

The following table (figure 7), describes the various measures currently available to different agencies, who the designated lead would be, and the enabling legislation.

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

Type of measure	Prevent/ Control	Lead	Enabling legislation	Description of use
Declaring a gathering of more than 6 illegal when event is to be held via a Temporary Event Notice	Prevent- <i>For use at any point in escalation framework (as decision depends on CV19 RA quality etc)</i>	Environmental Health	<p>The Licensing Act 2003 and The Health Protection (Coronavirus, Local COVID 19 Alert Level) (Medium) (England) Regulations 2020 ¹ (SI 684)</p> <p>In extremis: The Health Protection (Coronavirus Restrictions) No 3 Regulations</p>	<p>Organisers² for events of up to 499 people and of less than 5 days duration can hold events via a standard Temporary Event Notice (TEN)³, which provides District and Borough council's ten working days' notice of the planned event.</p> <p>The Police/Environmental Health may object within three working days on one of four grounds public safety, crime and disorder, protection of nuisance, protection of children. There are no public health grounds on which to refuse permission. However, the No 2 regulations require a CV-19 risk assessment and demonstration that all reasonable measures have been taken to limit the risk of transmission of COVID-19 for events held in public open space. If the risk assessment is not deemed 'suitable and sufficient,' permission can be refused (with no hearing necessary) and the organiser and Police Prevent Inspector would be notified that the event is illegal.</p> <p>In a case where the CV-19 risk assessment is not satisfactory and the above procedure cannot be used (e.g. if the event was planned on private land) or in a case where the CV-19 risk assessment is satisfactory, but there are serious concerns regarding the incidence rate in that area or in the incidence rate in the area of the people attending the event, we may feel the event should not go ahead on public health grounds, and would aim to engage with the organiser on this. If the organiser refused to delay or cancel, the Local Authority may make a direction under the number 3 regulations to prohibit the event, where the three conditions can be met in relation to responding to a "serious and imminent" threat to public health, necessity and proportionality. Once a Direction has been made delegated Local Authority Officers can issue "prohibition Notices" to close individual premises.</p> <p>In the case of late TENs, the Police or Environmental Health can object with no right for the organiser to appeal.</p>

¹ Where there are employees working at the event, the Health and Safety Act 1974 can also be used.

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

³ In the case of late TENs, the Police or Environmental Health can object with no right for the organiser to appeal.

Type of measure	Prevent/ Control	Lead	Enabling legislation	Description of use
Declaring a gathering of more than 6 illegal when an event permission is to be requested via a Premises License	Prevent- <i>For use at any point in escalation framework (as decision depends on CV19 RA quality etc)</i>	Environmental Health or Public Health representative at a SAG	<p>The Licensing Act 2003 and The Health Protection (Coronavirus, Local COVID 19 Alert Level) (Medium) (England) Regulations 2020</p> <p>In extremis: The Health Protection (Coronavirus Restrictions) No 3 Regulations</p>	<p>Organisers for events of 500 people or over 5 days must hold a premises licence which may include a condition requiring approval of an event management plan by a Safety Advisory Group. Under this, there are unlikely to be specific public health grounds on which to refuse permission. However, the Health Protection (Coronavirus) regulations require a CV-19 risk assessment and demonstration that all reasonable measures have been taken to limit the risk of transmission of COVID-19 for events in a public outdoor space and permission can be refused if the risk assessment is unsatisfactory. This is completed by the District or Borough and there is no obligation upon them to share that risk assessment. The organiser and Police Prevent Inspector would be notified that the event is illegal. However, the event would be unlikely to be illegal if it was taking place on premises that were part of the business of the premises licence holder or a visitor attraction.</p> <p>In a case where the CV-19 risk assessment is not satisfactory but permission cannot be refused due to the planned location of the event or in a case where the CV-19 risk assessment is satisfactory, but there are serious concerns regarding the incidence rate in that area or in the incidence rate in the area of the people attending the event, public health may believe the event should not go ahead on public health grounds, and would aim to engage with the organiser on this. If the organiser refused to delay or cancel, the Local Authority may make a Direction under the No 3 regs to prohibit the event, where the three conditions can be met in relation to responding to a “serious and imminent” threat to public health, necessity and proportionality. Once a Direction has been made delegated Trading Standards officers can issue “prohibition Notices” to close individual premises.</p>

Type of measure	Prevent/ Control	Lead	Enabling legislation	Description of use
Taking action against a business/premises permitted to be open but not complying with COVID-19 guidelines ⁴	Prevent- <i>For use at any point in escalation framework.</i>	Environmental Health	Health and Safety at Work Act 1974 , and with reference to sector specific COVID guidelines	Action taken depends on the severity of the concern and strength of the evidence (following the hierarchy of control). This may include engagement with the business via a visit/call/letter or serving an improvement notice to require a risk assessment.
			The Health Protection (Coronavirus, Collection of Contact Details etc and Related Requirements) Regulations 2020	The Health and Safety Executive have previously cautioned their inspectors against the serving of deferred provision notices and prohibition notices, on their judgement that there is a relatively low level of risk to an average employee in contracting CV-19. However, the decision to serve deferred prohibition/prohibition notices will be up to each Lower Tier Local Authority H&S Inspector in accordance with their own enforcement policy, professional judgement and with regards to each specific situation.
			The Health Protection (Coronavirus, Restrictions) (Obligations of Hospitality Undertakings) (England) Regulations 2020	In hospitality, new regs issued on 18/09, requires the hospitality sector to take all reasonable measures to ensure adherence to the rule of 6 and social distancing whilst on business premises. This legislation also gives enforcement powers to Local Authorities in cases of non-compliance. In the hospitality sector when serving food or drink on premises, leisure and tourism services, close physical contact services and services provided in community centres, there is a requirement to collect contact information and display a Government QR code to enable customers to use the NHS Test and Trace App to record their visit. It is a criminal offence to breach these Regulations and Local Authorities can issue a fixed penalty notice of £500 for the first offence if paid within 14 days. It can be up to a maximum of £4000 for repeat offenders.
			In extremis: The Health Protection (Coronavirus Restrictions) No 3 Regulations	Where a business repeatedly refuses to comply, the No 3 regulations can also be used to issue a directive to close the business under Regulations 3.

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

Type of measure	Prevent/ Control	Lead	Enabling legislation	Description of use
Shutting a business/premises following intelligence of an outbreak where action wasn't taken voluntarily	Control- <i>For use at any point in escalation framework.</i>	Environmental Health	Health and Safety at Work Act 1974 , and with reference to sector specific COVID guidelines In extremis: The Health Protection (Coronavirus Restrictions) No 3 Regulations	Action taken depends on the severity of the concern and strength of the evidence (following the hierarchy of control). This may include engagement with the business via a visit/call/letter and serving an improvement notice to require risk assessment. The decision to serve deferred prohibition/prohibition notices will be up to each Lower Tier Local Authority H&S Inspector in accordance with their own enforcement policy, professional judgement and with regards to each specific situation. Where a business refuses to comply, the number 3 Regulations could be used to issue a directive to close the business.
Closing an outdoor public space	Prevent- <i>Only to be considered in areas with 'raised local concern/national concern'.</i>	Director of Public Health (in partnership with relevant LTLA)	The Health Protection (Coronavirus Restrictions) No 3 Regulations	The Local Authority may make a Direction to close an outdoor public space where three conditions can be met in relation to responding to a "serious and imminent" threat to public health, necessity and proportionality. However, it may be difficult to justify taking this action as there appears to be little evidence in increased transmission from crowded, outdoor spaces (e.g. Brighton or Bournemouth beaches). The potential difficulty of enforcing the closure of an outdoor public space should be considered when taking this decision.
Taking action against a business/premises NOT permitted to be open	Prevent- <i>For use at any point in escalation framework.</i>	Environmental Health / Trading standards (depending on sector)	The Health Protection (Coronavirus Restrictions) No 2 Regulations (SI 684)	For sectors that are not yet permitted to be operating (as at 01/09 this includes nightclubs, dance halls and sexual entertainment venues), a prohibition notice can be served.
Directing an individual to undertake specified health measures	Prevent/ Control- <i>For use at any point in escalation framework.</i>	Any local authority authorised officer designated to carry out this role under delegated powers	The Health Protection (Part 2A Orders) Regulations 2010	Following service of a notice to co-operate, a Local Authority can apply to a magistrates' court for an order requiring a person to undertake specified health measures for a maximum period of 28 days. Very strong evidence would be required to support the use of this. These Orders are a last resort mechanism, requiring specific criteria to be met and are resource intensive. They were not designed to enforce compliance with COVID-19 measures and this is a time intensive process and so may not be appropriate due to the length of the infectious period of CV-19.
Take action against an individual contravening a requirement within the Self-Isolation Regulations (without reasonable excuse)	Control- <i>For use at any point in escalation framework.</i>	Local Authority designated officer	The Health Protection (Coronavirus, Restrictions) (Self-Isolation) (England) Regulations 2020	Under the Self Isolation Regulations, an authorised person is able to direct individuals who should be self-isolating to return to the place where they are self-isolating or remove that person to the place they are self-isolating, where this is considered necessary and proportionate. Fixed penalty notices can also be issued to individuals reasonably believed to have committed an offence under these regulations.

Outbreak investigation

Principles

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

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

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

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

Test and trace

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

There are three tiers to NHS Test and Trace:

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

From November 2020 East Sussex County Council will be supporting contact tracing where an individual has tested positive but the NHS Test and Trace system has not been successful in making contact with them. This locally supported contact tracing aims to improve the proportion of people successfully followed up.

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

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

If a positive case is identified in a business, setting, or organisation, then the relevant guidance should be followed, as detailed in section 10.

Figure 8: NHS Test and Trace – Three Tiers

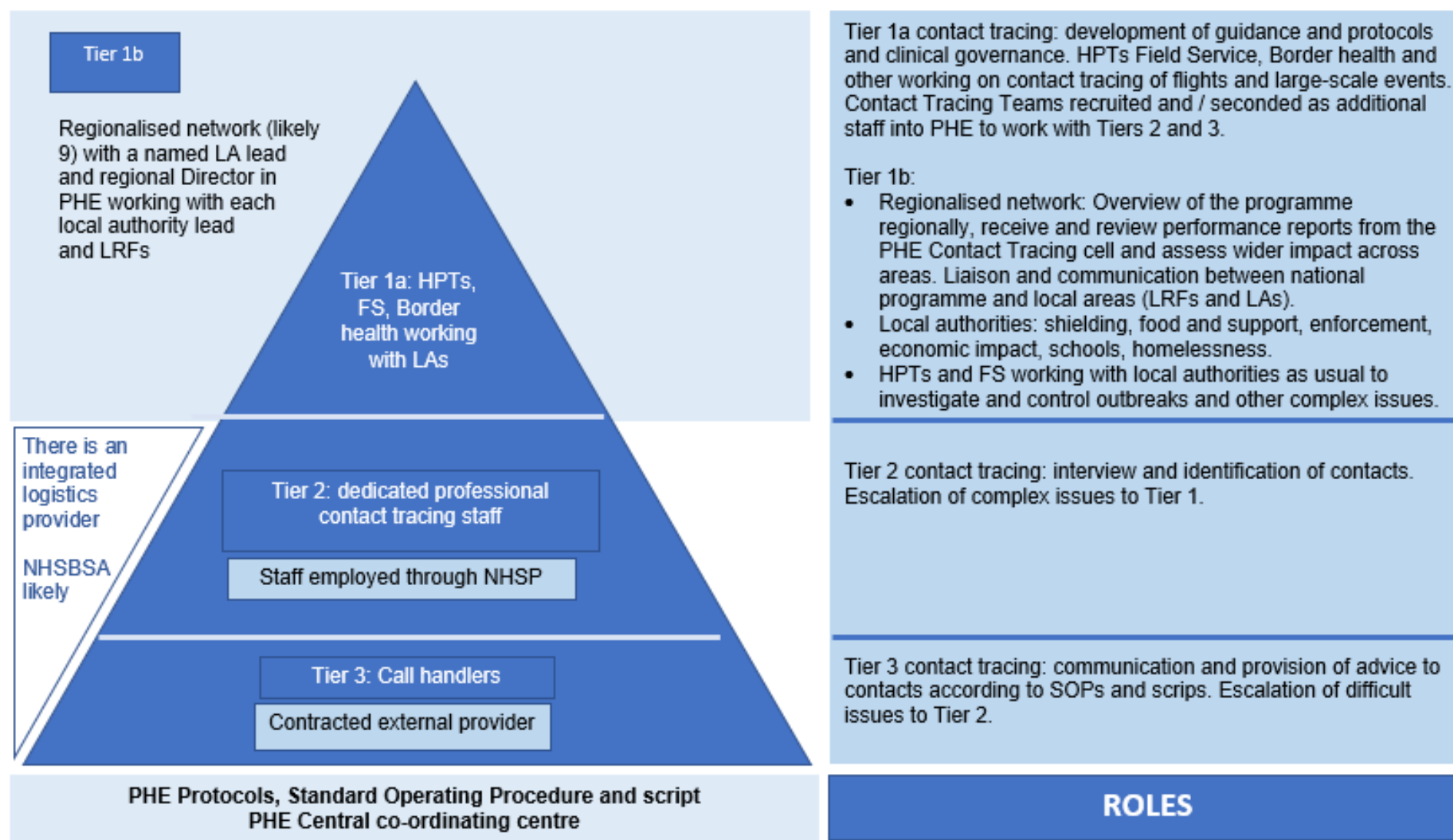
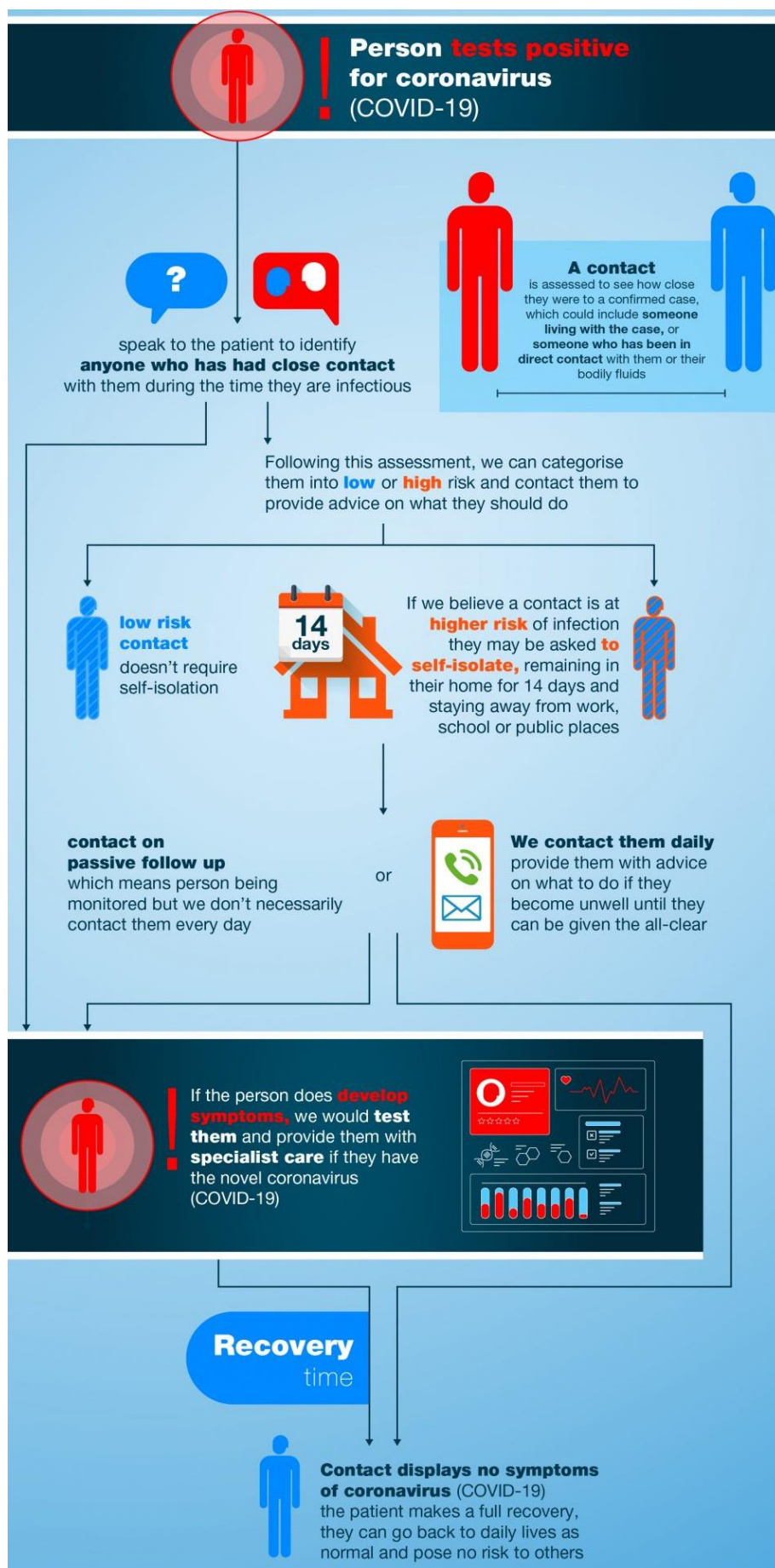


Figure 9: What is contact tracing (PHE)



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.
- Infection Control representative from the Clinical Commissioning Group

Other members will be dependent on the scale of the outbreak and the specific setting. Where relevant these potential members have been listed under the specific High Risk Places, Locations and Communities section. This could include representatives from Health, the police, the voluntary sector.

Appendix A sets out the standard documents to be used including (a) Terms of Reference, (b) Agenda and (c) Minutes.

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

Sussex Resilience Forum

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

Communications and Engagement

Priorities for Communications and Engagement

- To secure public trust in outbreak planning and response
- To ensure communication networks and systems are in place to rapidly warn and inform all residents of necessary restrictions in the event of any local outbreaks
- To increase public understanding of evolving national and local guidance on health protection. Emphasise our collective responsibility for restricting the virus.
- Ensure all partners in East Sussex (and more widely when relevant) are kept informed of, and involved in, developments in engagement and communication. Work effectively with partners across Sussex while recognising different parts of the county will at times have differing approaches.

Communications and engagement plan

We have developed a communications and engagement plan for East Sussex which sets out the approach to communicating with residents, businesses, partners, members and staff on local protection planning and activity. This supports the approach set out in this Outbreak Control Plan and sits within the governance framework identified. In particular, the level and scope of our communications activity aligns with East Sussex's place within the national tier system of alert. The communications plan specifies how ESCC's communications team would immediately notify and work with partner organisations if a move to a higher tier is under consideration for East Sussex.

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

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

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

The communications and engagement plan is shared with all local partners when each new version is published and is also available on Resilience Direct.

Data Integration

Data objectives

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

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

At a local level Public Health, local authority and NHS staff are seeking to maximise the use of available data to ensure a quick, targeted and transparent response. To do this we need to ensure that we have good access to data being produced including by the Joint Biosecurity Centre and NHS; we need to be vigilant of change such as increasing number of cases or hospital admissions; we need to produce clear summaries to support staff tackling outbreaks; and we need to support the transparency and accountability of decisions taken.

Much of this work will be coordinated Sussex wide, through the Sussex Covid-19 Data and Modelling Group, whilst ensuring a local East Sussex focus.

<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.
<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

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

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

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

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

A public facing [weekly surveillance update](#) for East Sussex is available from the councils website.

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

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

Across Sussex there is a COVID-19 Data and Modelling Group, which reports to the Sussex Monitoring Group. This was established in March 2020 as a response to the pandemic and is comprised of staff from Public Health Intelligence teams, CCGs, the Sussex ICS, Sussex Partnership NHS Foundation Trust, Adult Social Care and the

University of Sussex. The group's focus has been around modelling the pandemic, for example modelling hospital activity and deaths.

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

Data arrangements that need to be further developed

It is anticipated that the following developments will continue:

- Improve flow and integration datasets, particularly from test and trace which is subject to weekly and sometimes daily changes in how it is provided and what it contains.
- Improved insight reports to support the various governance structures.

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 a regional testing sites (RTS) centre at Gatwick Airport and Plumpton Racecourse and at local testing sites at Bexhill, Eastbourne and Hastings.

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

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

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

Types of Tests

Polymerase Chain Reaction (PCR) tests

- throat and/or nose swab to directly detect the presence of an antigen

Serology Antibody Tests

- blood tests to tell who has been infected and may be immune

Lateral Flow Tests (using Lateral Flow Devices – LFDs)

- A swab of the nose or throat, to detect the presence of an antigen
- A paper-based test device, results displayed within 15 to 30 minutes.

Testing pathways currently in place

There are a number of different ways that testing can be accessed for Sussex residents:

- Symptomatic residents can apply via the [NHS website](#), or by telephoning 119, to either be tested at a testing site, mobile testing unit, or receive a home testing kit.
- Essential workers can be referred individually via the Sussex Central Booking Team or via the [GOV.uk site](#) (some are eligible for asymptomatic testing).
- Regular testing (retesting) for care homes in England commenced roll out from 6 July – this involves care homes testing staff weekly and residents every 28 days. Care homes can request whole-home testing for all residents (irrespective of symptoms) and

asymptomatic staff via the [Care Home Portal](#). Currently only care homes caring for over 65s and those with dementia are eligible for retesting.

- Acute hospital patients and staff (including those who are asymptomatic, where indicated by clinical need) can be tested in the hospital setting. Staff testing may take place as part of an outbreak, otherwise staff will go through central bookings or national portals to arrange testing.
- Outbreak testing – At the point of notification the Health Protection Team at Public Health England will arrange testing of symptomatic individuals where appropriate, in order to inform outbreak management in various settings including care homes, prisons and hostels. This will be arranged through the central booking team. If there is more than one symptomatic or confirmed individual, the home will be risk assessed and whole care home testing undertaken, those who are negative will be tested on day 4-7 then 90 days after the symptomatic patient the home will be tested then return to the pillar 2 testing regime. Staff who have tested negative will continue throughout to have weekly testing.
- Other individuals that require symptomatic or asymptomatic testing (in very special circumstance) and are unable to access it through other routes can get tested by contacting Sussex Central Booking Team, for example to facilitate placements of children or vulnerable adults in care settings such as foster care, supported accommodation, care homes or for new domiciliary care referrals. This testing is currently delivered by Assisted Swabbing teams from the Sussex Community Foundation Trust and East Sussex Healthcare Trust.
- Antibody Testing – As of the 3rd November all NHS staff and social care staff have been offered antibody testing and clinics continue to allow access. Testing has been rolled out to community pharmacists and dentists.

Current issues in testing

The recent issue, seen nationally, with lab processing capacity being exceeded has now been resolved and testing capacity is no longer being restricted to areas of high prevalence. However, if demand were to outstrip availability again testing would have to be prioritised.

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

- Consideration of access to testing for extra care and supported living settings. A one-off offer of testing of all staff and residents has been undertaken. However, there is no weekly testing at present for staff (including domiciliary carers) or residents.
- Home testing availability for those who won't meet the online ID check or don't have an email address, for example those experiencing homelessness. This testing currently needs to be carried out by the community assisted testing team, although work is being done to rectify this situation.
- Where necessary, there is need to set up targeted testing with BAME communities including asymptomatic testing in high risk settings
- Lateral Flow Devices (LTD) which can be self-administered swab tests are being explored as further opportunities to increase access to testing. These are being mass tested in Liverpool.

Vulnerable People

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

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

- Circa 21,000 Clinically Extremely Vulnerable people (CEV's) who shielded during the March-August lockdown and who are currently advised to take additional precautions, and for whom additional support is available.
- Approximately 4,500 vulnerable people known to statutory services and those locally identified as requiring support e.g. the homeless, those in substance misuse treatment and those who need safeguarding such as children and vulnerable adults. This work has been led by different agencies.
- Other vulnerable people (not at increased risk due to medical reasons) who are at risk due to a change in circumstances, or the impact of the restrictions put in place through social isolation, worsening mental or physical health. This support has been led through the Community Hubs. To date over 6,000 people have contacted Community Hubs for support.

Current support available

ESCC is providing centralised coordination of support to those in the clinically vulnerable groups. Those identified by a GP or clinician as being in the extremely clinically vulnerable group have been written to by Government and advised to avoid unnecessary contact and stay at home as much as possible. Support is available through registration with the National Shielding Service. ESCC is working closely with local partners to deliver the support required. Unlike in the first lockdown food boxes are not being delivered by central Government.

Support⁵ being offered to the CEV includes:

- Pro-active calls are being undertaken to CEV individuals (circa 21k). Prioritisation is based on those who were receiving a food box at the end of July, those most recently added as CEV, age and other additional vulnerabilities.
- Health and Social Care Connect is available for CEV individuals to contact. Additional capacity has been recruited to.
- A food delivery contract has been procured and where appropriate food box delivery is available to residents. This is only available as a last resort and where all other avenues have been exhausted.

⁵ Information on all support available can be found at

<https://www.eastsussex.gov.uk/community/emergencyplanningandcommunitysafety/coronavirus/>

Advice for CEV individuals requiring support is based upon:

- In the first instance seeking assistance from trusted family, friends and neighbours with basic support such as help you with shopping, getting medicines and other essentials.
- Seeking assistance from NHS Volunteer Responders - 0808 196 3646 or by visiting the website: [NHS Volunteer Responders](#)
- **Register on GOV.UK.** The national government won't be providing food boxes this time. However, registration using a new online service gets access to priority supermarket deliveries. Registration is through <https://www.gov.uk/coronavirus-shielding-support>
- **Pharmacy delivery.** If this isn't available through friends, family and neighbours or NHS Volunteers CEV's can inform their local pharmacy who will arrange delivery. The pharmacy will arrange this free of charge. The [NHS Find a Pharmacy Service](#) lists all pharmacies nearby.
- **Contact Health and Social Care Connect.** If residents need help to register on GOV.UK for a supermarket slot, or if no other sources of help are available. [Health and Social Care Connect](#) by emailing hsc@eastsussex.gov.uk or call 0345 60 80 191 (open 8am to 8pm 7 days a week including bank holidays).

Across East Sussex, local authorities and health partners commission and work closely with Community and Voluntary Organisations to provide services to vulnerable people. Working in partnership with the voluntary sector has proactively adapted, to continue to deliver services, utilising new approaches, addressing the specific needs resulting from COVID-19 which are ever more complex and varied as circumstances evolve.

Community Hubs

For residents who need support but aren't CEV the Community Hubs in each District and Borough are available. Community Hubs are here to help people affected by the pandemic who have no one else to turn to. Community Hubs⁶ are a partnership between the voluntary sector, health service, County Council and District and Borough Councils in East Sussex. Hubs can help residents with things like:

- supporting with options to help you get food and essentials
- organising volunteers to help with shopping for food or essentials, or collecting prescriptions
- putting residents in touch with a local organisations or groups who can help with the impact of coronavirus
- referring to local befriending services to combat isolation.

Additional Support

Recognising that food security has been a key issue during the initial lockdown investment has been agreed to:

- Support to 15 foodbanks across the County through £270k of funding

⁶ More information is available at

<https://www.eastsussex.gov.uk/community/emergencyplanningandcommunitysafety/coronavirus/coronavirus-community-support/>

- Develop food partnerships in each District and Borough
- Provide £100k of additional funding to groups help those accessing food banks
- Fund Citizens Advice to provide fuel vouchers

COVID Winter Grant

The Government has provided a Winter Grant to support children and families with costs such as food and fuel. ESCC is working with partners to agree a scheme to distribute this funding.

Prevention

The most effective way to minimise outbreaks of COVID-19 is to focus on prevention. This includes promoting and supporting all parts of East Sussex to follow social distance guidelines, to be vigilant to symptoms of COVID-19 (a new continuous cough, fever, or loss of taste or smell) and test and self-isolate if they appear, through adherence to risk assessed safe working advice as detailed in the [COVID-19 secure guidance](#), and to ensure the public regularly clean hands and surfaces. All organisations across East Sussex have an important role to play in promoting these messages and ensuring the guidance and advice is shared and followed.

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

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

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

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

Outbreak investigation

High Risk Places, Locations and Communities

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

[Care homes](#)

[Children's homes](#)

[Schools](#)

[Prisons and other places of detention](#)

[Workplaces](#)

[Faith settings](#)

[Tourist attractions and travel accommodation](#)

[Black and Minority Ethnic \(BAME\) Communities](#)

[Gypsy, Roma and Travellers \(GRT\) and Van Dwellers](#)

[Homeless](#)

[Acute](#)

[Primary Care](#)

[Mental Health and Community Trusts](#)

[Transport Locations](#)

Care Homes

Objective <p>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.</p>
Context: <p>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.</p>
What's already in place: <p>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:</p> <ul style="list-style-type: none">• 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 - <ul style="list-style-type: none">• 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. <p>ESCC Adult Social Care Market Support Team supports registered providers in terms of day to day management challenges; workforce; training and CQC related matters.</p> <p>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.</p>

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). This will usually be chaired by PHE but if there is limited capacity this may be chaired by the Local Authority Public Health team.

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

Resource capabilities and capacity implications:**Staffing**

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

Links to additional information:

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

<p>INCLUDING:</p> <p>PRIMARY AND SECONDARY, EARLY YEARS SETTINGS, UNIVERSITIES/COLLEGES & SPECIAL SCHOOLS</p>
<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, colleges and early years settings during this period and to ensure that provision is offered in line with the government's guidance. The group consists of staff from across Children's Services and other key teams across East Sussex County Council – school transport, catering and cleaning contract managers. The group quickly put in place key measures:</p> <ul style="list-style-type: none"> • a Daily Message Board to schools, colleges and settings providing updates to national and local guidance, and key information from the range of Council services that work with schools • information and guidance provided on the Czone website • clear mechanisms for schools, colleges and settings to communicate with the Council with any queries • risk assessment templates for schools and settings • contingency plan guidance for schools and settings • advice and information on dealing with suspected or confirmed cases. <p>A model document has been made available to schools to support them in achieving the objectives of contingency planning as outlined in Section 5 of the DfE's 'Guidance for full opening: schools'. This includes the following elements,</p> <p>Section A – Ensuring school is prepared for a potential outbreak Section B – Responding once a local outbreak has been confirmed by PHE</p> <p>Schools also have access to a comprehensive 'Schools Resources Pack' developed by PHE South East to help them respond to cases occurring in pupils and staff. This is updated when there are changes to new national guidance.</p>

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

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

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

A further series of four webinars jointly organised and delivered by Children's Services, Public Health England and Public Health, ran at the start of the academic year for early years, primary, secondary and special school education settings. These focused on what schools must do in the event of a suspected or confirmed case/outbreak and general IPC measures.

The local authority continues to support schools following the full opening in September. A range of information and advice is available on the East Sussex County Council's ["We Are Ready"](#) web pages.

Public health and Children's Services have jointly developed systems for monitoring cases occurring in education settings and regularly review the need for multi-agency 'outbreak control teams' for larger and more complex scenarios.

What else will need to be put in place:

There may be a need to review local authority support to schools as the pandemic progresses.

Local outbreak scenarios and triggers:

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

1) Confirmed or Suspected Cases in a School

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

PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT). This will usually be chaired by PHE but if there is limited capacity this may be chaired by the Local Authority Public Health team. An OCT may be required for a complex outbreak such as:

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

In addition to the core OCT members, an OCT related to an educational setting would also include a lead within the children's department, the consultant in public health with responsibility for children, and a representative from the specific setting(s), and a representative from HR.

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

2) National Oversight

In this scenario, the Council will follow national restrictions in place at the time or adopt the Tired approach set out in the [Contain Framework](#).

Resource capabilities and capacity implications:

Staffing and workforce planning dependent on further government guidance.

Links to additional information:

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

Prisons and other prescribed places of detention

<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). This will usually be chaired by PHE but if there is limited capacity this may be chaired by the Local Authority Public Health team.</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 locally in supporting businesses both proactively and reactively including Environmental Health, Trading Standards, and the Health and Safety Executive. Sector specific guidance for working safely during coronavirus is available on the www.gov.uk website, along with the 5 steps for working safely that all employers should take.

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

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

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

- have COVID-19 symptoms and are awaiting a test result
- have tested positive for COVID-19
- are a member of the same household as someone who has symptoms or has tested positive for COVID-19
- have been in close recent contact with someone who has tested positive and received a notification to self-isolate from NHS Test and Trace.

It is a legal requirement for employers to not knowingly allow an employee who has been told to self-isolate to come into work or work anywhere other than their own home for the duration of their self-isolation period. Failure to do so could result in a fine starting from £1,000. Employers (and the self-employed) must continue to ensure the health, safety and welfare of their employees. They also have similar obligations in respect of other people, for example agency workers, contractors, volunteers, customers, suppliers and other visitors.

Venues in hospitality, the tourism and leisure industry, close contact services, community centres and village halls must:

- ask at least one member of every party of customers or visitors (up to 6 people) to provide their name and contact details
- keep a record of all staff working on their premises and shift times on a given day and their contact details
- keep these records of customers, visitors and staff for 21 days and provide data to NHS Test and Trace if requested
- display an official NHS QR code poster so that customers and visitors can 'check in' using this option as an alternative to providing their contact details

adhere to General Data Protection Regulations (GDPR) If there is more than one case of COVID-19 in the workplace, employers should contact the local health protection team to report the suspected outbreak. The health protection team will:

- undertake a risk assessment
- provide public health advice
- where necessary, establish a multi-agency incident management team to manage the outbreak

Early outbreak management action cards provide instructions to anyone responsible for a business or organisation on what to do in the event of one or more confirmed cases of coronavirus in their organisation.

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). This will usually be chaired by PHE but if there is limited capacity this may be chaired by the Local Authority Public Health team.

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

Resource capabilities and capacity implications:

Staffing

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

Links to additional information:

More detail is at: [NHS test and trace: workplace guidance](#) and [Working Safely during Coronavirus guidance](#)

Further work and financial support information can be found [here](#)

COVID-19 early outbreak management: [Action cards](#)

How to find your local health protection team: [Health Protection Team](#)

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

Eastbourne Hospitality Association: [Covid Ready scheme](#)

Faith Settings

Objective: The objective is to prevent COVID-19 cases occurring in the first place, to closely monitor any cases of COVID-19 linked to faith settings and ensure that any outbreaks are managed quickly and efficiently.
Context: There are approximately 250 places of worship in East Sussex
What's already in place: There is currently no specific guidance for faith settings. When faith settings reopen, it is expected that national guidance will be provided on social distancing measures, hand and respiratory hygiene, cleaning, and ensuring those with symptoms self-isolate for 7 days and get tested for COVID-19.
What else will need to be put in place: We need to develop: <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). This will usually be chaired by PHE but if there is limited capacity this may be chaired by the Local Authority Public Health team. In addition to the core OCT membership, additional members will potentially include a representative from the overall organisation, as well as a representative from the specific setting(s)
Resource capabilities and capacity implications: Staffing <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, Events and Travel accommodation

Objective:

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

Context:

East Sussex is a significant tourist destination and there are a substantial number of particularly small to medium sized tourist attractions.

In addition there are a range of small and larger scale events, for example, pop up mini markets, festivals and marathons (figure 7 on page 26 sets out the legislation that applies to each type of event).

There are also a range of different accommodation businesses, including traditional hotels and bed and breakfast establishments, and camping and caravan sites.

What's already in place:

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

There is specific [Visitor Economy Guidance](#) which states that event spaces, including in conference centres and exhibition halls, can be used for reasons permitted by law, including for business events of up to 30 where reasonably necessary, for education and training purposes where reasonably necessary, or to provide socially beneficial public services such as Nightingale hospitals or food banks. Conference centres and exhibition halls should remain closed for conferences, exhibitions, trade shows, private dining or banqueting events. There is also detailed guidance for [accommodation providers](#) and [heritage locations](#).

The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020 ("the Regulations") make provision for a local authority (County Councils and London Borough Councils) to give Directions relating to premises, events and public outdoor places in its area. The regulations expire on 17 January 2021. The Regulations include powers for the County Council to make a Direction to:

- restrict access to, or close, individual premises (which could include a pub, restaurant, shop, factory etc.)
- prohibit a specified event or events of a specified description from taking place (events could include garden shows, festivals, marathons, hospitality attractions, fairgrounds etc.)
- restrict access to, or close, a specific public outdoor place in its' area or public outdoor places in its' area of a specified description (which could include parks, public toilets, stadiums etc.)

Figure 7 on page 26 sets out the specific legislation that applies to each of the above points. The Sussex wide Local Authority Resilience Partnership and East Sussex sub-

group works to share learning and guidance applicable to businesses, events and tourist attractions.
<p>What else will need to be put in place:</p> <p>Continue to develop learning and understanding of methods of transmission and likely compliance with COVID secure measures. This will help inform any potential restrictions that are imposed to ensure they are robust but not excessive to requirements.</p>
<p>Local outbreak scenarios and triggers:</p> <p>If multiple cases of COVID-19 (suspected or confirmed) occur, 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). This will usually be chaired by PHE but if there is limited capacity this may be chaired by the Local Authority Public Health team.</p> <p>Environmental Health have established relationships with event organisers, tourist attractions and travel accommodation businesses and will be able to bring additional detailed knowledge of the specific setting. The OCT in addition to the core membership would also include a representative from the specific setting.</p>
<p>Resource capabilities and capacity implications:</p> <p>Staffing</p> <ul style="list-style-type: none"> • to ensure continued communications through existing groups • to visit/contact non-compliant tourist / accommodation settings as part of prevention work • to visit/contact tourist / accommodation settings and event organisers where an outbreak has been identified to advise/enforce on control measures
<p>Links to additional information:</p> <p>https://www.gov.uk/guidance/covid-19-advice-for-accommodation-providers https://www.gov.uk/coronavirus/business-support https://www.hse.gov.uk/simple-health-safety/risk/index.htm https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19 https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/the-visitor-economy</p>

Black Asian and Minority Ethnic (BAME) Communities

Objective:

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

Context:

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

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

What's already in place:

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

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

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

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

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

Part A – Proactive and protective BAME specific activities

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

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

Part B – Reactive care to vulnerable individuals

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

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

Testing data

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

What else will need to be put in place:

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

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

Resource capabilities and capacity implications:

Staffing

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

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

Links to additional information:

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

Gypsy, Roma and Travellers (GRT) and Van Dwellers

<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). This will usually be chaired by PHE but if there is limited capacity this may be chaired by the Local Authority Public Health team. Additional membership over and above the core group would potentially include the relevant housing team within the District or Borough, the ESCC GRT lead.</p> <p>If a local outbreak were to occur any encampment would continue to be assessed with recognition of the community impact and current welfare needs within the group. ESCC will continue to work with the relevant District and Borough's alongside Sussex Police to manage encampments in East Sussex.</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>

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

Homeless community

Objective:

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

Context:

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

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

Winter night shelters are not able to operate in the way that they usually would do and so an alternative provision has been put in place.

What's already in place:

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

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

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

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

The winter night shelter alternative provision has been put in place. This consists of a unit of accommodation in Eastbourne and one in Hastings. This is available to provide placements for those people who are still sleeping rough (i.e. they did not take up the offer of accommodation under 'everybody in' or their accommodation placement was not successful. Night security is provided as well as MDT support during the day and evening. Those placed are able to access the accommodation through the day as well as over-night. It is intended that these services will completely replace 'winter night shelter provision' enabling entrenched rough sleepers to be safely accommodated over the cold winter months, in a Covid-secure way, with MDT input provided to them. Currently the accommodation and support will be in place until April 2021.

What else will need to be put in place:

PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT). An OCT may be required for current emergency accommodation sites due to:

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

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

As we start to prepare for recovery and transition those in emergency accommodation into longer term housing, there is a need for testing to be extended to those who are asymptomatic and those who are ineligible for home testing due to required ID checks. The district and borough councils are currently working with ESCC and the CCG to submit the next bid for national funding to support 'move on' accommodation. This consists both of revenue funding and also capital funding. In relation to capital funding some of this might be used to acquire new properties for the councils to use as 'supported move on accommodation'. This will help to free up temporary and emergency accommodation for use with new clients coming forward as homeless.

Local outbreak scenarios and triggers:

If multiple cases of COVID-19 (suspected or confirmed) occur in a homeless community, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT). This will usually be chaired by PHE but if there is limited capacity this may be chaired by the Local Authority Public Health team. If an OCT is required, additional members required to support this OCT over and above the core group would potentially include the Rough Sleeping Initiative Coordinator, the CCG homeless lead, the Consultant in Public Health with lead for homelessness, and any organisation that has a relationship with the community affected.

Resource capabilities and capacity implications:

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

Links to additional information:

[Letter from Minister Luke Hall to local authorities asking to 'bring everyone in'](#)

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

Acute

Objective:

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

Context:

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

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

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

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

What's already in place:

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

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

What else will need to be put in place:

To support the effective management of COVID-19 outbreaks there will be some changes to existing reporting processes and development of standard ways of responding to these outbreaks, using high level flowcharts which can be adapted for local use. There will also be reporting on staff absence due to NHS Test and Trace and the impact on the service.

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

Local outbreak scenarios and triggers:

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

Resource capabilities and capacity implications:

TBC – none raised to date.

Links to additional information:

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

Kent Surrey Sussex outbreak incident control plan:

<https://www.eastsussex.gov.uk/community/emergencyplanningandcommunitysafety/coronavirus/outbreak-control-plan/>

Primary Care

INCLUDING:

- ❖ **GENERAL PRACTICES AND WALK-IN CENTRES**
- ❖ COMMUNITY PHARMACY
- ❖ DENTISTS
- ❖ OPTOMETRY

Objective:

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

Context:

In East Sussex there are:

- 63 General Practices
- 104 Community Pharmacies
- 150 Dentists
- 54 Opticians

What's already in place:

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

General Practices and Walk-in Centres - As part of the COVID-19 response, Primary Care have put in place measures to manage any outbreaks of COVID-19. In line with the 31 July 2020 letter from NHS England about the third phase of NHS response to COVID-19 Practices are changing how they deliver their services by ensuring face to face appointments for patients who need them, whilst continuing to utilise other methods of supporting the population such as online consultations. This is part of a CCG programme to restore services and activity to usual levels where clinically appropriate.

All practices have access to national PPE portal from which they can access the necessary equipment. Appropriate level cleaning services are in place and deep cleaning takes place at these sites if any site appears to have an issue with an outbreak. If there are outbreaks, then staff and patients who have been in contact in the surgery can be traced and tested and staff self-isolate if appropriate.

At the beginning of the pandemic practices were provided with additional IMT equipment to undertake remote working and given the functionality to log into clinical systems from home. *They have instigated a website across all practices (and undertaking training on the website). Footfall which allows patients to remote access into the practice by use of the website and ask questions and apply for prescriptions etc via the website. [is this just prescribing? Not sure to what we're referring here]*

Practices have been supported in applying through the COVID-19 fund for cleaning, equipment, and alterations to their buildings to support and mitigate against any potential outbreaks.

Each practice has been encouraged to undertake a risk assessment for their at risk and BAME staff. Additional Locally Commissioned Services enable practices to offer additional support to Care Homes, shielded, and BAME patients during the first wave of the pandemic.

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

What else will need to be put in place:

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

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

General Practices and Walk-in Centres

- Antibody testing for staff and patients [**see above – national PPE portal is in place**]
- Further work being undertaken on supporting BAME communities

Community Pharmacy

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

Local outbreak scenarios and triggers:

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

Resource capabilities and capacity implications:

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

Community Pharmacy

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

Links to additional information:

Mental Health and Community Trusts

Objective:

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

Context:

There is one Mental Health Trust operating in East Sussex

- Sussex Partnership Foundation Trust (SPFT) with sites, including clinics, day centres and supported accommodation for people with mental illness and /or learning disabilities at a number of locations across East Sussex

<https://www.sussexpartnership.nhs.uk/east-sussex> including :

- **Supported accommodation:** Acorn House, Eastbourne, BN21 2NW; Mayfield Court, Eastbourne, BN21 2BZ
- **In Health Centres:** Battle, TN33 0DF; Bexhill, TN40 2DZ; Peacehaven, BN10 8NF
- **Wellbeing Centres:** Lewes, BN7 1RL; Bexhill, TN39 3LB; Eastbourne, BN21 1DG
- **Assessment and Treatment Centres:** Avenida Lodge, Eastbourne, BN21 3UY; Horder Healthcare, Seaford, BN25 1SS; Hillrise, Newhaven BN9 9HH.
- **On Hospital sites:** Crowborough Hospital, TN6 1NY; Orchard House, Victoria Hospital Site, Lewes, BN7 1PF; Uckfield Community Hospital, Uckfield, TN22 5AW (Millwood Unit, Beechwood Unit); Conquest Hospital, TN37 7PT (Woodlands)
- Amberstone, Hailsham, BN27 4HU
- Bellbrook Centre, Uckfield, TN22 1QL
- Braybrooke House, Hastings, TN24 1LY
- Highmore, Hailsham, BN27 3DY
- Cavendish House, Hastings, TN34 3AA
- St Anne's Centre, St Leonards-on-Sea, TN37 7PT
- St Mary's House, Eastbourne, BN21 3UU
- Hellingly, BN27 4ER (The Firs, Southview Low Secure Unit, Woodside),

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

- Sussex Community Foundation Trust (SCFT)

What's already in place:

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

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

<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> <p>○</p>

Transport locations

Objective:

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

Context:

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

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

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

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

What's already in place:

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

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

As of 5 November further restrictions were put in place whereby people in England were advised to stay at home and avoid travel in the UK or overseas unless for work, education or other legally permitted reasons. If travel is necessary, the advice is that people should look to reduce the number of journeys if possible.

<p>To help control the virus where travel is still necessary, passengers are now required to wear a face covering (with some age, health and equality exemptions) when:</p> <ul style="list-style-type: none"> on board a vessel (ferry) which has departed from, or is to dock in England; in the airport building and throughout their flight to and from their destination. <p>Environmental Health have arrangements in place with Newhaven for managing infectious diseases, including COVID-19.</p> <p>Public transport networks including bus and rail are following guidance on social distancing, cleaning and wider infection prevention control. Similar guidance, specific to students attending educational establishments who use public transport and dedicated school transport, is also being followed.</p> <p>Rail passengers are now required to wear a face covering whilst within rail stations, including on platforms, in food and retail units within larger stations except when sitting down to consume food/drink (as of 24 September) and on trains. Likewise bus passengers are now required to wear face coverings on buses and contained transport hubs.</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. For visitors, self-isolation in commercial accommodation such as hotels etc has the potential to result in outbreaks in commercial premises.</p> <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). This will usually be chaired by PHE but if there is limited capacity this may be chaired by the Local Authority Public Health team. If an OCT is required then attendance in addition to the core membership would also potentially include representatives from the transport company including any managers of specific sites.</p>
<p>Resource capabilities and capacity implications:</p> <p>Provision of support for visitors needing access to food and medical supplies.</p>
<p>Links to additional information:</p> <p>Guidance: entering the UK and using transport or working in the transport industry, passengers on public transport in the UK, Covid-19 travel corridors.</p> <p>Guidance for transport operators: https://www.gov.uk/government/publications/coronavirus-covid-19-safer-transport-guidance-for-operators</p> <p>Guidance for transport to school Autumn Term 2020: https://www.gov.uk/government/publications/transport-to-school-and-other-places-of-education-autumn-term-2020/transport-to-school-and-other-places-of-education-autumn-term-2020</p>

Appendices

[Appendix A: Outbreak Control Team standard documents](#)

[Appendix B: Data integration tasks](#)

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

Outbreak Control Team standard documents

South East OCT/IMT Terms of Reference

The terms of reference should be agreed upon at the first meeting and recorded accordingly.

Suggested terms of reference:

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

South East OCT/IMT COVID-19 AGENDA

Outbreak/Incident location:

HP Zone No:

Date & Time:

Conference details: Usually virtual by skype/teams

Item:	Item:
1	Introductions and apologies
2	First meeting – agree chair and TOR Minutes of previous meeting
3	Review of information currently available <ul style="list-style-type: none">• Contact tracing (case and close contact numbers)• COVID secure measures (setting/community)
4	Current risk assessment
5	Further investigations/controls needed <ul style="list-style-type: none">• Contact tracing• COVID secure measures (setting/community)• Testing including MTU deployment
6	Communications <ul style="list-style-type: none">• Agree lead communications teams for:<ul style="list-style-type: none">- Public / media and wider communications- COVID secure measures at setting (if applicable)- Contact Tracing at setting (if applicable)- Health partners- LRF partners and local politicians• Identify communications needed for:<ul style="list-style-type: none">- public / media / high risk settings (if applicable)- setting / staff / affected persons etc- health partners e.g. GPs, hospitals etc- LRF partners and local politicians• Identify translation needs
7	Capacity Issues – including out of hours challenges
8	Review and record key decisions (including closure of outbreak/incident when appropriate)
9	Review, record and set timeframes for key actions
10	AOB
11	Date and time of next meeting

OCT/IMT Membership – Attendees and apologies

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

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

South East OCT/IMT COVID-19 MINUTES

Outbreak/Incident location:

HPZone No:

Date & Time:

Chair:

Minute Taker:

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

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

Decision Log

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

Action Log

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

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>
<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

Action (Sussex Wide)	Date	Lead Officer	Internal /External partners involved
<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: <i>it is anticipated that named contacts should, at least, include Environmental Health staff, and community development / engagement.</i></p>		GE/RT	East Sussex CC

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