

Report to: Cabinet
Date of meeting: 20 April 2021
By: Chief Executive
Title: Coronavirus Update
Purpose: To provide a further update on the measures the Council has taken in response to the coronavirus pandemic.

RECOMMENDATION

Cabinet is recommended to note the report.

1 Background

1.1 Since the last Coronavirus update report to Cabinet in November, staff across the Council have continued to deliver a huge amount of work to support the ongoing national and local response to the pandemic. We have continued to adapt services to meet the challenging situation over the winter and we have maintained our focus on looking after the most vulnerable people and preventing Covid-19 transmission wherever possible.

1.2 Since November, the Council has responded to increasing case rates, including the emergence of new variants of Covid-19, the tightening of restrictions locally and subsequent national lockdown, and the second period of schools being closed to most pupils. Although some frontline staff have worked from office bases or directly with clients throughout the pandemic where this has been essential to maintain services, many staff have now been working from home for a year in order to help contain the spread of the virus and to prioritise the use of buildings for essential purposes.

1.3 We undertook our service and financial planning for 2021/22 in the new context. Through our well-established Reconciling Policy, Performance and Resources process we integrated planning for the recovery from Covid-19 with our understanding of other trends and pressures to form an integrated view of future service needs set out in our Council Plan and financial plans for the coming year. Our planning recognises that the changes we have made and the economic upheaval brought about by the pandemic will have profound and potentially permanent impacts on our services and finances.

1.4 We are continuing to monitor closely all the additional costs we have incurred as a result of the decisions we have made in order to respond to the pandemic. Whilst the Government has made additional funding available to reflect the additional costs to local authorities in 2020/21, with some continuing into 2021/22, we will need to continue to lobby strongly for longer-term, sustainable funding to continue to meet residents' needs and to support recovery, particularly in relation to adult social care. We will continue to emphasise the potential for the pandemic and accompanying economic disruption to increase demand for local services in future, and the need for a funding settlement for local government that reflects that in the next Spending Review.

1.5 Members have received regular briefings on the work the Council is undertaking to help tackle the Covid-19 pandemic and progress has been reported through the quarterly monitoring process as well as specific reports to Cabinet. This report provides an update on the latest position to the end of March. Full details of the changes to our services continue to be available on our website.

This report covers:

2. Covid-19 in East Sussex	11. Waste Recycling Sites
3. Vaccination	12. Highways and Transport
4. Outbreak planning/test and trace	13. Active travel programme
5. Adult Social Care	14. Business Services
6. Children's Services	15. Member Meetings and election planning
7. PPE	16. Communications
8. Practical support to residents who are shielding or vulnerable	17. Financial Implications
9. Trading Standards	18. Economy
10. Libraries	19. Roadmap, recovery and next steps

2 Covid-19 in East Sussex

2.1 Until November 2020, East Sussex had a consistently lower rate of Covid-19 compared to England. However, the second wave of infection, from November 2020 to January 2021, had a much greater impact on East Sussex. Whereas previously we were in the lowest 10% for our cumulative cases since the start of the pandemic, the increase in cases recently means that we are now only in the bottom third for our cumulative cases. As of 28 March 2021, East Sussex is currently ranked 112 out of 149 local authorities for our total rate of cases since the start of the pandemic (where 1 has the highest rate of infection and 149 the lowest).

2.2 This second wave of infection was associated with the spread of a new variant which has been shown to be much more transmissible. Kent initially saw a sharp increase in cases, followed by a sharp rise from east to west within East Sussex. At various points during December and January, the Districts and Boroughs had some of the highest weekly rates of infection in the country. During December, Hastings was ranked as high as 8th nationally out of the 315 lower tier local authorities for the weekly rate of infection, followed closely by Eastbourne which ranked as high as 10th in January. The next highest was Rother which ranked as high as 29th, whereas Wealden and Lewes were ranked, at their highest, 80th and 89th in December and January respectively. This led to East Sussex being put into the top tier (Tier 4) of restrictions, followed by national restrictions again being imposed.

2.3 The table below provides an overview of latest weekly data that shows how East Sussex as a whole and the five District and Borough areas compare with each other and against the South East and England: the seven-day rate per 100,000 for East Sussex (20) is well below the rate for England (56) and the South East (34). All District and Borough areas have seen a significant reduction in rates of infection. All Upper Tier and Lower Tier Authorities are ranked, with 1 being the Authority with the highest weekly rate of confirmed cases.

Hastings, Rother and Wealden sit near the bottom of all Lower Tier Authorities for current weekly rates of infection. Eastbourne and Lewes have both shown a week-on-week increase in rates of infection, Eastbourne sits at position 143 and Lewes at 245 of 315 Lower Tier Authorities.

Confirmed cases between 17 March and 23 March 2021, as at 28 March 2021

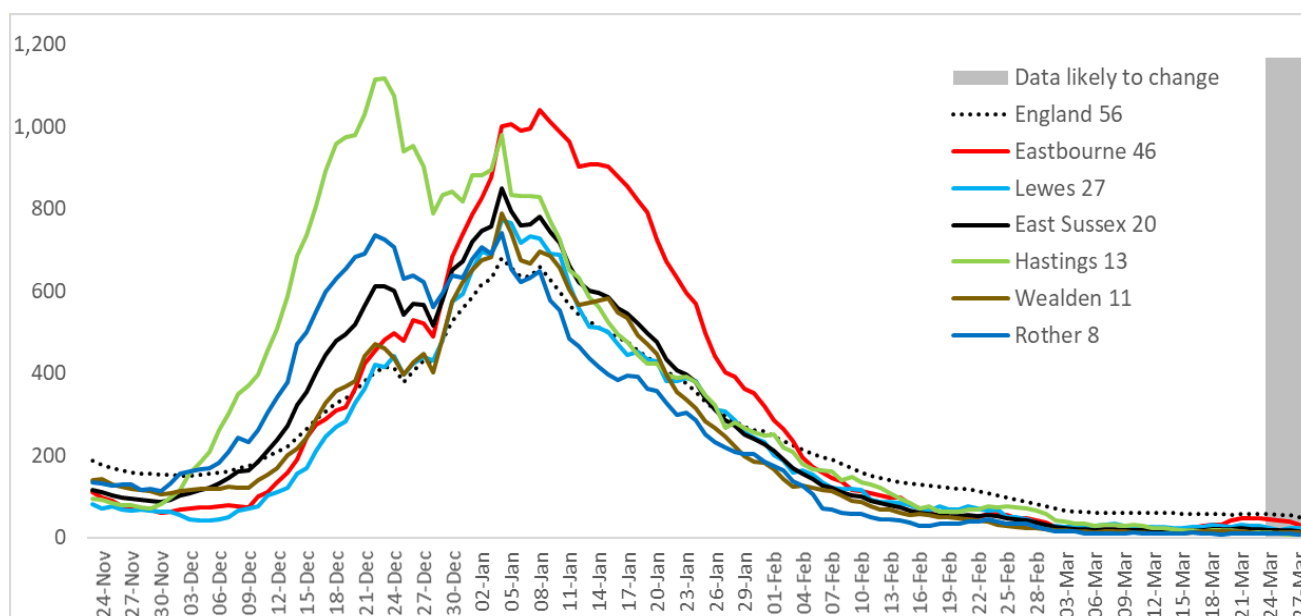
Area	Cases	Rate per 100,000	LA rank*	% change from previous week
England	31,513	56		-2%
South East	3,147	34		-4%
East Sussex	113	20	143/149	+16%
Eastbourne	48	46	143/315	+109%
Hastings	12	13	302/315	-29%
Lewes	28	27	245/315	+12%
Rother	8	8	313/315	-27%
Wealden	17	11	307/315	-19%

*There are 149 Upper Tier and 315 Lower Tier Authorities. 1 denotes the highest rate.

Source: <https://coronavirus.data.gov.uk>

The chart below provides a comparison of the rate of Covid-19 over time. Hastings (in green) experienced a first peak during December and a subsequent peak in early January. Since then the rate has declined in line with most other areas. Eastbourne (in red) experienced a later peak and a slower decline. All areas within East Sussex are now below the England rate.

Seven-day rolling average cases per 100,000 population of all confirmed cases up to 27/3/2021 (as at 28/3/2021) in East Sussex by lower tier local authority. The grey section shows incomplete data which is liable to change.



Source: <https://coronavirus.data.gov.uk>

2.4 To the week ending 5 March 2021, the ONS reports that there have been 1732 deaths that mention Covid-19 on the death certificate in East Sussex. During the first wave (the period covering 21 March 2020 to 3 September 2020), there were 385 deaths (22% of the total number of East Sussex Covid-19 deaths) and during the second wave (17 October 2020 to 5 March 2021), there were 1339 (77%). This is not a picture that is mirrored when looking at deaths nationally with the second wave peak being just 7.5% higher than the first.

2.5 The *crude* rate for East Sussex Covid-19 deaths (covering the whole pandemic period) is 311 per 100,000 population compared with 229 per 100,000 for England. The impact of these deaths was not shared proportionately across the five districts and boroughs within East Sussex with it being widely reported that Hastings ranked lowest in the

country for *crude* death rate per 100,000 following the first wave, whilst Lewes was 64th highest. During the second wave, all East Sussex District and Boroughs recorded *crude* death rates above the national average, with Rother also having the third highest rate in the country when considering all Covid-19 deaths over the entire pandemic period.

2.6 However, these rates do not consider the aging population that resides within East Sussex. When comparing the latest *age standardised* data (for the period March 2020 to February 2021) the age standardised rate for East Sussex is 182 which is lower than the England rate of 203. Most Districts and Boroughs in East Sussex have lower or similar rates compared to England except for Hastings which has a rate of 232 (higher than England).

	Age Standardised Death Rates (March 2020 to February 2021)	
	Rate	LA rank*
England	203	
East Sussex	182	103/149
Eastbourne	190	163/313
Hastings	232	105/313
Lewes	161	213/313
Rother	203	141/313
Wealden	157	222/313

* Ranks are out of 149 upper tier local authorities and 313 lower tier local authorities as presented in the ONS age standardised data (note 313 is used here and 315 elsewhere in the report as the ONS deaths data only includes 313 lower tier authorities due to merging of some authorities). 1 denotes the highest rate.

Source: <https://www.ons.gov.uk/>

2.7 Public Health continually monitors the situation in consultation with the National Health Service (NHS) and District and Borough partners, the Police, Trading Standards, Emergency Planning and Public Health England. This includes reviewing recent cases, identifying areas that may not be Covid-19-secure, and proactively supporting businesses and other settings to prevent cases and limit the spread of potential outbreaks. On a weekly basis, this involves key partners understanding the latest Covid-19 infections and agreeing the local operational response.

3 Vaccinations

3.1 The NHS has responsibility for the delivery and monitoring of the Covid-19 mass vaccination programme which commenced in early December 2020. Sussex was selected as one of the first tranches, with the first local hospital hub to deliver the vaccine being the Royal Sussex County Hospital (RSCH). Vaccinations began from this hub on 9 December 2020.

3.2 The vaccination programme in East Sussex has since expanded to include:

- Two Hospital hubs (Eastbourne District General Hospital and Conquest Hospital);
- Thirteen GP-led vaccination services (three in Eastbourne; one in Hastings; one in Lewes; two in Rother and six in Wealden);
- Three larger vaccination centers (Eastbourne: Welcome Building; Ore: Laycock Pharmacy; Ticehurst: Ticehurst Pharmacy); and
- Vaccine services in care homes and people's own homes if they cannot attend a vaccination site. (This comprises twelve services led by Primary Care Networks and one roving service for residents who are housebound, led by South Downs Healthcare Federation Trust.)

3.3 To date, the local vaccine programme has met the targets for Priority Cohorts 1 to 4 who were to be vaccinated by 15 February. Priority Group 6 has been the recent focus to

ensure those aged 65 to 69 years and those clinically vulnerable have been offered vaccines. All of those 65 years and over have also received vaccination appointments for their second vaccine, three months after the receipt of the first dose. From week commencing the 1 March 2021, those aged 60 to 65 years are being invited to receive a vaccine. It is the national ambition to vaccinate all adults over the age of 18 years by the end of July 2021.

3.4 Work is being undertaken to ensure the removal of any potential barriers to people who have not taken up the offer of a vaccine. Identified actions include: focused communications; mobile/roaming vaccination services and localised partnership working to identify reasons why some have not taken up the offer of a vaccine and a coordinated approach to target these people in line with respective needs. An action plan has been developed, with a particular emphasis on Hastings which is currently the area in the county with the lowest uptake, in partnership with the NHS Clinical Commissioning Group (CCG), Hastings Borough Council, Primary Care Network and the voluntary sector.

3.5 A vaccine champion programme is also being coordinated at pan-Sussex level to help the NHS in Sussex communicate the benefits of the Covid-19 vaccine and dispel myths relating to the vaccine. Local champions have been sought from the following groups:

- Ethnically diverse communities, including Gypsies, Roma and Travellers;
- Faith groups and communities;
- Older people;
- People with physical and sensory disabilities;
- People living in rural communities;
- Carers and parent carers; and
- People who live in Eastbourne, Hastings, Newhaven and Peacehaven.

3.6 Adult Social Care staff continue to work closely with national and local NHS Vaccination Programme colleagues to ensure the best possible identification of eligible staff and residents and to promote vaccine uptake for those included in Priority Cohorts 1 and 2 which include residents in a care home for older adults and their carers, all those 80 years of age and over and frontline health and social care workers. This work included the identification of approximately 21,000 care workers in private and voluntary sector care homes, domiciliary care agencies, the County Council's own Adult Social Care and Children's Services Departments and a broad spectrum of 'non-regulated' frontline social care, health and other eligible workers. The County Council is continuing to work closely with the NHS on increasing vaccination take-up in workforce groups where take-up is lower.

3.7 The Council has also provided data to the national vaccination programme in relation to 22,470 unpaid carers known to the authority and key local voluntary organisations supporting carers so that they can be contacted with information on how to book a vaccination.

4 Outbreak Planning/Test and Trace

4.1 The East Sussex Local Outbreak Control Plan is regularly updated as guidance changes and lessons are learned and formal updates are approved by the Health and Wellbeing Board. The third version was approved in February 2021. Since then, further national guidance has been issued on updating the plans, including additional sections on variants of concern, surge testing and vaccination. There was also a request for all Outbreak Control Plans to be submitted for review by Public Health England and the Department of Health and Social Care (DHSC) by 12 March and we are currently awaiting feedback on our submission.

4.2 Test and trace activities have seen a significant increase in the role of local authorities including the formation and development of Local Tracing Partnership (LTPs). Currently people with symptoms of coronavirus can access a test through the national website. Results are provided by the national team, however if cases can't be contacted within four hours, LTP processes commence the tracing activity.

4.3 The successful trace rate of national "failed to trace" cases which are passed onto the LTP is 69% (as at 15 March 2021). The total national trace rate for East Sussex is 82%. This is similar to our neighbours with West Sussex achieving 83%, Brighton, 80%, and Kent, 79%. The addition of house calls has resulted in a 25% increase in contacting previously untraceable individuals who had Covid-19. It is likely that that the local authorities will continue to be given further responsibilities for contact tracing over time.

4.4 Covid-19 testing provision has rapidly expanded over recent months. For those with symptoms, Polymerase Chain Reaction (PCR) testing is available at regional drive-through testing sites at Gatwick Airport, Plumpton Racecourse and Bexhill, which also offers a walk-in service. There are also local walk-in testing sites in Eastbourne, Hastings, Crowborough and Hailsham. Mobile Testing Units (MTUs) continue to be used across the county, setting up in locations for one to three days to test local residents. There are a number of sites used by the MTUs including Lewes, Heathfield, Newhaven and Uckfield. All sites offering symptomatic testing require a booked appointment which can be made via the national booking site or by dialling 119. There are additional MTUs which can be deployed if outbreaks occur.

4.5 Several DHSC led programmes of asymptomatic testing have now been introduced, using both PCR and Lateral Flow Tests (LFT). LFTs provide a rapid result within 30 minutes and are important as they help to find cases in people who may have no symptoms but are still infectious and can give the virus to others. Those participating in regular DHSC led asymptomatic testing programmes include care home staff and residents, NHS staff, social care staff, hospice staff, extra care and supported living staff, prison staff, school teachers, early years and day centre staff.

4.6 As part of the Government's Roadmap out of national restrictions, local authorities have been supported to introduce asymptomatic community testing for anyone who cannot work from home and who is not covered by another testing programme. A pan-Sussex Community Testing Programme has been established, offering rapid LFTs across East Sussex, West Sussex and Brighton & Hove. A total of 18 community pharmacies across East Sussex are currently participating in this programme with more expected to join in future weeks. In addition to the supervised Community Testing Programme, the County Council is also proactively engaging with DHSC to enable the collection of home testing kits from sites across the county, as part of the National Community Collect programme.

4.7 There remains a legal requirement for people to self-isolate when they test positive for Covid-19 or are instructed to by NHS Test and Trace. New fines have been brought in to enforce the requirement. People on lower incomes who cannot work from home and have lost income as a result of being asked to self-isolate will receive a payment of £500, administered via District and Borough Councils.

5 Adult Social Care

5.1 Last year, the Government established an Adult Social Care (ASC) Taskforce to oversee delivery of support to the social care sector in its response to Covid-19; and of the DHSC Action Plan. The final report of the Taskforce, published in late September 2020, included 52 recommendations for Government, local authorities, the NHS and others within the health and social care system.

5.2 The Taskforce recommendations informed the Government's Covid-19 ASC Winter Plan, also published in September 2020, setting out its ambitions for and challenges facing the social care sector over winter. The plan outlined actions the DHSC is taking and actions local systems (councils, the NHS and Voluntary and Community Sector) should take to ensure that high-quality, safe and timely care is provided to everyone who needs it, whilst protecting people who need care, their carers and the social care workforce from Covid-19.

5.3 Our response to the Government's Covid-19 ASC Winter Plan was submitted to the Minister for Care on 30 October, to provide assurance that we had plans in place for the winter covering all the elements set out in the Government's Plan. It covers the plans we have in place across the full range of pandemic-related work, including testing, local contact tracing and Outbreak Control, Flu vaccinations, Care Homes Support (including capacity and workforce), Infection Prevention and Control, the Infection Control Fund and support for Shielding and Clinically Extremely Vulnerable (CEV) people. It also incorporates core business such as Social Work and Social Care practice, including safeguarding, the ethical framework for social care and our integration work with NHS partners around hospital discharge, and support to care homes, linking with our joint Winter Plan with the NHS which also took account of the impacts of the pandemic.

5.4 The Government also requested all councils complete a care market sustainability self-assessment to provide the Minister for Care with assurance that care markets were sustainable through the winter period. Alongside this, the County Council has continued to engage and emphasise the need for a sustainable funding settlement for social care, that reflects the scale of investment made in the NHS, and the need to limit Government reporting to free-up fundamental capacity to deliver.

5.5 £588m was provided nationally for the NHS to support people needing additional follow-on care after they have been discharged from hospital. From 1 September 2020 to 31 March 2021, under the Hospital Discharge Scheme 2, the NHS has funded up to the first six weeks of support following hospital discharge, during which time assessments are carried out to determine ongoing care and funding arrangements.

5.6 Work has also taken place to ensure the assessment and appropriate care to support those people moving on from the initial Covid-19 Hospital Discharge Scheme 1. Close system working between ASC and the CCG Continuing Healthcare Team has meant that over 1,000 patients discharged from hospital between March and September 2020, have been appropriately assessed and reviewed, and placed onto their long term pathways and funding streams, ahead of the target completion date of 31 March 2021.

5.7 The Government has recently announced a further £594m nationally to continue the Hospital Discharge Scheme from 1 April so that patients can continue to leave hospital as quickly and safely as possible, with the right community or at-home support, releasing acute capacity to deliver the restoration and recovery phase of the pandemic. Hospital Discharge Scheme 3 will fund up to the first six weeks of care after discharge from an NHS setting from April to June 2021 and up to the first four weeks from July to September 2021.

5.8 ASC continues to work in close partnership with East Sussex Healthcare NHS Trust (ESHT), and the other Acute Trusts that support East Sussex residents, to support the timely discharge of patients from hospital into care homes. Maintaining staffing levels whilst staff are self-isolating; supporting residents to self-isolate (especially residents with dementia); adhering to testing and infection, prevention and control requirements; and facilitating safe visiting arrangements for families and carers all continue to be challenges for care homes.

5.9 ASC continues to support care providers through the provision of up-to-date information and guidance through the regular provider e-bulletin which is circulated to approximately 1200 recipients. In partnership with the East Sussex CCG, ASC and Public Health run weekly care home meetings with provider representatives. These online meetings provide care homes with the opportunity to discuss current issues with health and social care partners, including GP and clinical leads. In addition, the weekly Incident Management Team meetings agree the health and social care system support and response required for care homes where Covid-19 outbreaks have occurred, or where other more general infection, prevention and control support is needed.

5.10 The East Sussex Care Homes Resilience Plan, published in May 2020, has been reviewed and refreshed. It is being delivered by the East Sussex Care Homes Group which has representation from all key stakeholders including the East Sussex Registered Care Association and Healthwatch.

5.11 Throughout the Covid-19 spike from November 2020 to February 2021, ASC and ESHT were significantly challenged, especially over the Christmas and New Year period. At the height (12 January 2021), there were 359 Covid-19 positive patients across the two acute hospitals in East Sussex. This, in turn, impacted on patient flow from hospitals into the community. Care providers struggled with a reduced workforce because of staff testing positive or shielding. Maintaining staffing levels was difficult for all partners but especially within ESHT and our local care providers.

5.12 The ASC and Health system continued to work in partnership to support the timely discharge of patients from hospital into care homes. In December 2020, a major incident was declared by the Sussex Resilience Forum (SRF) and the system escalation status moved to Operational Pressures Escalation Level (OPEL) 4 (the highest level), due to the pressure within the health and social care system continuing to escalate, leaving organisations challenged to deliver comprehensive care. Operational Executive calls were held four times a day, seven days a week with the opportunity to discuss current issues and how, as a system, we could both manage and react appropriately to ease pressure across both ASC and Health.

5.13 During this period, the following measures were introduced within the Department's Directly Provided Services for Older People to support patient flow across the wider system:

- Milton Grange Intermediate Care unit in Eastbourne, provided a dedicated red unit for Covid-19-positive and Covid-19-exposed patients from hospital;
- Firwood House, also in Eastbourne was also temporarily reopened and staffed by the NHS to provide an additional step-down facility for and Covid-19-positive and Covid-19-exposed patients;
- the Joint Community Rehabilitation Team (JCR) flexed their eligibility criteria by reducing the offer of lower level rehabilitation and increasing capacity to provide direct support to adults at home who were discharged from hospital as Covid-19-positive;
- the Department's Hospital Social Work Team continued to work alongside our ESHT colleagues, both within the Hospital Discharge Hub or joining virtual ward rounds to help facilitate hospital timely discharge of patients who were 'medically ready;' and
- Directly Provided Day Services for both Older People and Learning Disabilities adapted their offer to vulnerable adults in the community by providing outreach support whilst day services were closed.

5.14 The Department has also continued to provide support to keep vulnerable adults safe within our communities. Many staff have, by necessity, have continued to work in offices and operational buildings, others have continued to provide support remotely, and face-to-

face Safeguarding, Care Act and Mental Health Act Assessments have continued within our communities, using appropriate infection control measures. Our Community Safety Services including Victim Support, the Domestic Violence and Abuse Support Service and the Refuges have also all remained fully operational throughout the period.

5.15 Despite there being a reduction in contact with the department at the start of the initial lockdown in March 2020, there are now an increasing number of contacts being received through Health and Social Care Connect (HSCC) for both general enquiries and the reporting of safeguarding issues. In total, this has increased by 15.8% from December 2020 to January 2021. Whilst overall contact levels remain lower than in previous years, the introduction of vaccinations, community testing and an overall increase in public confidence as we gradually ease out of lockdown is being demonstrated through increase of contact into HSCC.

Care Homes

5.16 The challenges faced by care homes have been significant and varied, ranging from the challenge of PPE provision during the first wave; managing significant outbreaks of Covid-19 amongst residents and staff; management of the rigorous and intrusive testing regime on vulnerable people; maintaining all the necessary infection prevention and control measures with depleted staffing numbers and having to support residents, care staff and families through loss and bereavement. There are numerous examples of where care home staff went above and beyond their roles to support the residents in their care, including living on-site at care homes during the first and second waves, unable to see their own families for several weeks. Equally, the immediate and long-term impact on residents who have been unable to see their loved ones for prolonged periods cannot be underestimated.

5.17 The department has supported a range of care homes with the provision of: temporary staff; meals; deep cleaning; infection prevention and control guidance; psychological wellbeing support for staff; regular information bulletins; weekly virtual huddles where current issues are discussed with local clinicians.

5.18 *Discharge to Assess* bed capacity to support the flow of patients being discharged from hospital has been increased during the pandemic from 37 during a normal winter to a maximum of 141 beds, including commissioning an entire care home, Bexhill Care Centre, to provide additional beds. This is in addition to commissioning large blocks of home care hours to support the flow of patients who are able to return home immediately after their acute hospital stay.

5.19 At the peak of the second wave, over 100 care homes (out of a total of 308) were closed to admissions due to Covid-19 outbreaks. Two family-run care homes closed permanently during the pandemic. These home closures inevitably had a significant impact on the residents, staff and owners who lived and worked there. The tragic loss of life during Covid-19 has left many homes with high levels of vacancies. The financial stability of the care home sector over the coming year is an area of national concern and the long-term impact of this remains to be seen.

5.20 In recent weeks, the number of Covid-19 outbreaks in care homes has significantly reduced. In January, the weekly Incident Management Team meeting would review in the region of 35 care homes reporting outbreaks; this has now reduced to 0 to 3 homes, per week. The roll out of the vaccination programme and routine testing regimes in care settings has had a significant impact on the levels of Covid-19 outbreaks and exposures. In the week commencing 22 March, there were 8 confirmed cases of Covid-19 in an East Sussex care home setting, compared to 853 week commencing 4 January.

Home Care

5.21 ASC has experienced an increase in homecare placements in the region of 15% during the 12 months of Covid-19, which is a reflection of an increase in the use of a 'Home First' approach to hospital discharges (providing patients with support at home or intermediate care) combined with a reduction in the number of care homes able to accept new admissions as a result of Covid-19 outbreaks.

5.22 As a result of furlough and unemployment in other sectors, recruitment to home care roles has increased significantly and the home care market has been able to meet the increased demand. The block hour arrangement with three of the County Council's lead providers, which is usually limited to short term busy periods, has also been in place throughout the pandemic to help facilitate timely hospital discharge of those patients who are medically ready and able to return home.

5.23 The increased levels of Covid-19 across the home care workforce in mid-January meant that business continuity arrangements were put in place across the whole sector for three weeks. Although substantive care requirements continued to be met, new placements were challenging during that period.

Day services

5.24 At the start of lockdown in March 2020, most independent sector day services suspended use of their facilities. There has inevitably been a negative impact on carers, in particular carers who care for people living with dementia or high care needs, leading to an increase in demands on the carer with no respite for a prolonged amount of time and no, or very limited, access to alternative means of support due to the virus restrictions. This has caused significant strain, isolation and anxiety.

5.25 Since March 2020, a number of resilience payments have been made to day Services in order to maintain the current market capacity. In addition to the resilience payments, a payment of £5,000 was made to each day service provider supporting ASC funded clients, as part of the Infection Control Fund, at a total cost of £245,000. Where resilience payments have been made, providers have been asked to support clients in other ways where possible while their centres remained closed.

5.26 Providers developed robust Covid-safe risk assessments with help and guidance from Public Health and worked closely with ASC operational teams to identify the clients most in need and at risk. Alternative provided support has included: regular telephone calls; virtual contact; sending out resource packs; visiting clients in their gardens or supporting them on socially distanced walks. Some providers have now started to support clients with tasks in their home and to provide carer respite where this has been appropriate, until such time as they can fully support them in the day service again. The pandemic has prompted a *Day Service Provider Network* to be established; this has enabled sharing best practice and enabled services to remain Covid-19 safe.

Carers services

5.27 During the pandemic Care for the Carers, the Carers Centre for East Sussex, has been offering one-to-one information, advice and support by phone, text, email and Facebook. Support groups moved to online and telephone support including counselling being provided by telephone. They also launched a new service called 'Keeping in touch' with phone calls made by volunteers. The Centre held their annual conference virtually during July with keynote speakers and a range of workshops.

5.28 Young carers and their families have been well supported with good communication with schools during lockdown. IMAGO, a commissioned, social action charity which works

with young carers, have noted an increase in family engagement through the use of digital technology, with social media playing a key part. The Young Carers budget was used to fund devices to support schoolwork and digital inclusion.

5.29 The Association of Carers (AoC) suspended all volunteer home-based respite but continued to provide weekly phone calls to carers and/or the cared for person from their volunteers. They also provided 'remote' visits via FaceTime which particularly supported people living with dementia who were unable to engage over the phone. By being able to recognise the volunteer's face the cared for person was able to participate in a way they couldn't over the phone. AoC are exploring this approach with other carers/cared for persons.

Mental Health

5.30 The pandemic, and measures put in place to stop it spreading, risks impacting on people's mental health in two distinct ways. Early studies indicate that it has already affected those with pre-existing mental health conditions. Additionally, it is apparent that prolonged social isolation and quarantine can potentially harm people's mental and emotional wellbeing. In this context a comprehensive review of the impact of loneliness and social isolation in East Sussex will shortly commence and will benefit from a Reference Group drawn from Members of the People Scrutiny Committee.

5.31 Local mental health services have assisted in community programmes such as providing mental health knowledge for Community Hubs and supporting telephone calls to the shielded groups. Providers risk assessed their buildings so that services for one-to-one sessions with those people with the higher needs could be opened, including the Personality Disorder Service and Crisis Café Service.

5.32 An NHS commissioned service, the *Dementia Post Diagnostic Support Service* (DPDSS), delivered by the ASC Carers Breaks and Engagement Team, is the main point of contact and support to people diagnosed with dementia and their carers in East Sussex. Throughout the first wave of the pandemic, the service redirected its focus to providing telephone support and regular welfare checks to clients known to the service. Informed by comprehensive risk assessment and following all national guidance, the service continues to provide face-to-face support to clients as and when needed.

6 Children's Services

Schools

6.1 Since the full return to education on 8 March 2021, attendance figures for individual schools and settings have slowly increased week by week as parent and carer confidence grows with schools and the national public health picture. The average daily attendance as a percentage of registered pupils was as follows during March:

w/c Monday 8 March	67.3% (E. Sussex), 60.8% (National)
w/c Monday 15 March	73.4 % (E. Sussex) 68.2% (National)
w/c Monday 22 March	75.5 % (E. Sussex) 67.5% (National)

6.2 The figures for East Sussex are based on the total expected cohort and are impacted by the varying rate of schools making returns. In the week beginning 22 March, the percentage of schools not making a return in East Sussex was between 13.4 – 22.5% compared to 23.5-28.4% nationally. The higher percentage of schools not returning, the greater impact on the figures. Secondary schools had a phased return to the classroom in line with government policy.

Support for schools during lockdown

6.3 The focus of the Standards and Learning Effectiveness Service (SLES) during this academic year from September 2020, has been on:

- close liaison with schools and early years to maintain provision for keyworker and vulnerable pupils during periods of lockdown and support full reopening;
- increased support for schools, through the Primary and Secondary Boards, to support the delivery of high quality remote education;
- increased support for vulnerable pupils, including safeguarding and ensuring attendance;
- working closely with schools and Public Health to support asymptomatic Covid-19 testing and provide clear communications for families;
- planning, preparation and support for schools where 'bubbles' close due to positive cases;
- ongoing co-ordination of services for schools across catering, transport and cleaning;
- managing the impact of Covid-19 on early years providers and ensuring that we maintain sufficient places for the future; and
- supporting young people into education, employment and training during a period of rising unemployment and economic downturn that will disproportionately impact 18-24-year olds

6.4 The twice weekly Message Board has been updated regularly with the latest guidance regarding necessary actions to take when schools are informed of a confirmed or suspected case of Covid-19. Schools have also been provided, through the Message Board, with regularly updated model risk assessments and contingency plans which they have used to inform their own plans for reopening safely.

6.5 Over the course of the academic year, the Primary Board has focused on a number of areas to address the impacts of Covid. Primary schools were able to bid for funding to develop reading to ensure that all pupils continue to make good progress. Funding was allocated, based on pupil premium numbers, to Education Improvement Partnerships (including a contribution from Hastings Opportunity Area) to support Year 6 pupils, where there was most need, to be ready to start secondary education. Leadership development was supported through 'Stepping into Leadership' and subject leader networks were developed across the curriculum. A coaching programme was offered to all headteachers.

6.6 Since the start of this academic year, members of the Secondary Board and the headteachers in their Area Groups have continued to collaborate closely. There is an ongoing focus on maximising the opportunities presented by new ways of working – on-site and online learning; high quality teaching; recognising and supporting students' achievements and needs; and clear evidence of improved engagement with 'hard to reach' families. The Board also has in progress a specific project focused on disadvantage and all schools are working to support these students and those with special educational needs and/or disability.

6.7 The Primary and Secondary Boards are also working together to support schools with the transition for Year 6 pupils into Year 7, looking at opportunities for transition activities in the summer term and improved data sharing. Further discussion is taking place to support the transition of Year 11 students into Post-16 provision.

6.8 The number of Electively Home Educated (EHE) children remains high. Despite 182 EHE pupils being returned to school rolls between 1 September 2020 and 2 March 2021, EHE numbers are currently 1217. The team is also working with an additional 279 children where the family has indicated a desire to electively home educate but the child is still on

the roll of a school. The team has been increased by four EHE Officers in recognition of the historic year on year rise in EHE numbers and the significant additional pressure related to Covid-19.

Skills, Education, Training and Employment

6.9 The Careers Hub has developed digital programmes and resources to ensure that East Sussex students do not miss out on encounters with employers and further and higher education providers.

6.10 In response to schools having to cancel their face-to-face options evenings the Careers Hub launched 'What's Next Sussex?', a virtual post-16 options evening. Parents/carers and students were able to see live and pre-recorded content and put live chat questions to over 50 post-16 education and apprenticeship providers and employers. At least 10,500 people accessed the event.

6.11 The Open Doors workplace visits programme has adapted to a digital format with seven videos created with employers. The package includes a lesson plan, virtual tour and a task set by the employer.

6.12 For Year 10 students who have been unable to attend physical work experience placements, the Careers Hub and Work Experience team have developed a flexible Virtual Work Experience (VWEX) programme. The programme is comprised of 21 lessons focusing on employability skills. Students have also been able to interact directly with employers and careers advisers through a virtual question and answer panel.

6.13 The Careers Hub YouTube channel continues to grow, with over 70 videos for schools, including a 'Meet an Apprentice' series, 'Apprenticeship Application Tips' and 'How to be Successful in Virtual Interviews'.

Early Years Sector Providers

6.14 Providers across the whole sector have been working hard to sustain their businesses since the country first went into lockdown in March 2020. Whilst providers have remained open during the most recent lockdown, lower numbers of parents accessing fee-paying places has impacted their income.

6.15 In April 2020 East Sussex had only 40% of its early years provision open, reflecting the national trend. By September 2020 90% of early years providers were open. Since March 2021 100% of the sector in East Sussex has been open, providing funded childcare places for 7,688 two, three and four year olds.

6.16 Over the last year a range of actions have been undertaken to support both early years providers and families. These included:

- confirming the council would continue to pay Early Years Education Entitlement (EYEE) grant to all providers that remained open or closed due to Covid-19 in the summer and autumn 2020 funding periods;
- providing a brokering service to support families of vulnerable/keyworker children who need childcare provision;
- ensuring identified vulnerable children were supported in their childcare place; and
- providing regular and targeted communication, advice and information to early years providers.

6.17 From September 2020, the council continued to provide additional financial support to early years providers where the expected level of funding for two, three and four year olds was lower than their autumn 2019 return. This financial support also included help towards the deficit between 2020 and 2019 non-funded hours accessed by children claiming

the early years entitlement. The council has provided some additional financial support in 2021 to all providers, to assist with the additional costs of obtaining PPE and stricter cleaning regimes.

6.18 When the third lockdown began in January 2021, all Early Years providers were expected to remain open. Those providers that remained open to all children received 100% of their expected EYEE funding. Those who partially closed only received funding for those children in attendance. Due to a lower number of children accessing early years provision, especially in school run settings during January to March 2021, East Sussex has had to record fewer children on the Early Years Census return to the Department for Education.

Vulnerable Groups

6.19 From 30 March 2020 to the end of July 2020 the Council set up a Vulnerable Children Risk Assessment Group (VC-RAG) to monitor vulnerable pupils and support their access to learning and safety. For a final, high risk, cohort of pupils who did not return to school in September 2020 the process also ran from 7 September to 9 October 2020. Information was collated in relation to vulnerable groups and was linked to a core attendance recovery offer from Education Support, Behaviour and Attendance Service (ESBAS) for every primary, secondary and special school who submitted a return. 91% of primaries, 58% of secondaries and 100% of special schools engaged with this process.

6.20 In early January 2021, SLES Safeguarding Team worked with the Inclusion and Special Educational Needs and Disability (ISEND) team to inform all schools of revised safeguarding guidance. The Council did not organise a further county-wide VC-RAG as we were mindful of the intense pressures on schools and aimed to minimise workloads. In addition, evidence since March 2020 demonstrated that most schools have excellent systems in place for remote safeguarding and can work positively with partner agencies. The SLES Safeguarding Team revised and updated guidance on schools' responsibilities in relation to remote safeguarding and offered support to schools in implementing this guidance on a request basis

6.21 From 8 March 2021, following a further national lockdown, schools have now fully reopened to all pupils. Government guidance promotes a supportive approach to secure the attendance of pupils. The Council has encouraged and supported this approach and we will consider initiating legal intervention where appropriate after the Easter break.

Wellbeing and Mental Health

6.22 From January to March 2021 during the school closures for most children, the Mental Health Support Teams (MHSTs) in East Sussex continued to offer interventions to children and young people who had been referred to the service. Some children and young people were able to access these interventions in person, where they were attending school as the child of a key worker or as a vulnerable child. All other children and young people who were accessing remote learning were offered online sessions.

6.23 Although referrals to the service declined during the 2021 lockdown, our overall contacts with children and young people increased, from 175 in Dec 2020 to 219 by February 2021 half-term. This helped to reduce our waiting lists for the service across all three teams.

6.24 The main reasons for referrals throughout the lockdown were anxiety and low mood/depression. Referrals for girls outnumbered referrals for boys by approximately 2:1. MHST evaluation of this data is at an early stage but will inform future work with schools and other services.

6.25 A number of measures have been put in place by the ISEND team to support emotional wellbeing and mental health.

- The Educational Psychology Service (EPS) has offered a telephone helpline that enables parents/carers to access support for managing the emotional wellbeing and home learning of their children during lockdown. To date, the EPS has received over 100 calls, often focused on supporting children and young people with autism and/or anxiety.
- A confidential telephone service was made available for members of staff in leadership roles in East Sussex schools throughout the Covid-19 pandemic. Some senior leaders have attended virtual group supervision sessions for mental health leads. The EPS created a set of short bite-sized recorded wellbeing webinars for senior leaders in schools.
- The Schools Mental Health and Emotional Wellbeing Adviser has maintained regular communications to schools via School Message Board and Virtual School Bag to promote Mental Health and Emotional Wellbeing toolkits, online resources and training/support.
- The first cohort of 32 schools (nine secondary, 22 primary and the Virtual School) now have an accredited Emotional Literacy Support Assistant (ELSA) who has completed their training and is receiving group supervision led by an educational psychologist. A second cohort is running from January to July 2021, having been postponed due to Covid-19, with 13 secondary and 19 primary school ELSAs. Positive feedback has been received on training, supervision and impact in schools.

6.26 The mental health drop-in service for young people aged 14–25, delivered via i-Rock, moved to a fully online offer. Support is delivered via a combination of subject specific webinars such as ‘coping with anxiety’ and via individual sessions for young people. Both methods of delivery have proved extremely popular with the webinars receiving hundreds of views from families and professionals.

6.27 Staff across a number of services have collaborated to ensure that information on how to respond to mental health and emotional wellbeing issues has been extended and refreshed. Versions are available on the Council’s website for young people, parents/carers, GPs and other professionals.

Youth Cabinet ‘Stay’ Campaign

6.28 The Youth Cabinet developed a campaign to support young people through the pandemic. The campaign, ‘Stay informed, Stay well, Stay sunny and Stay safe’ was used to share information, advice and guidance via their social media channels about issues relating to school, health, work, families, leisure and having fun. The Youth Cabinet also organised and hosted a webinar about the return to school anxiety pupils were facing which was shared with schools and relevant managers.

6.29 The Youth Cabinet continues to highlight issues raised by young people during lockdown and the school closures, specifically concerns about changes to exams and teaching and learning formats, and concerns about accessing emotional wellbeing and mental health support for low level concerns they might have.

6.30 Despite lockdown, the Youth Cabinet has continued to meet virtually almost each week, to work on their two campaigns: ‘Protecting the Environment’ and ‘Tackling Domestic Abuse and Violence Against Women and Girls’. Their campaigns during the Covid-19 period are focussing on digital information sharing and using their social media outlets.

Home to School Transport

6.31 The Transport Team is continuing to manage revised arrangements to support travel to school/colleges and other essential bus journeys according to national guidance issued in 2020, including working with operators to ensure sufficient provision on the network of bus services used by young people travelling to schools/colleges in East Sussex and to other neighbouring authorities.

6.32 The County Council has been allocated up to £1.1m by the Department for Education (DfE) to assist in securing additional transport capacity until the end of the April school term. The position beyond then will be kept under review by the DfE, based on the social distancing guidance in operation for public transport.

Children's Early Help and Social Care

6.33 The new integrated 0-19 Early Help Service was launched on 1 April 2020 just as lockdown began. We review a suite of performance indicators weekly to keep an overview of what is happening in terms of contacts with children's services teams.

Front Door contacts

6.34 Both the Single Point of Advice (SPOA) and the Multi-Agency Safeguarding Hub (MASH) teams have had a physical presence in the hub offices since the pandemic began. We saw an initial reduction in activity in the front door teams during the first lockdown. To ensure that children remained safe, the social work teams risk assessed all the vulnerable children on their caseloads. The teams also worked with colleagues in schools and SLES to maintain oversight of a larger group of children. Referrals from the Police to the social work teams were at higher levels during the first lockdown and referrals from schools were at much lower levels. With the return of schools in September 2020, the number of contacts to the SPoA increased to near pre-lockdown levels. From 6 January 2020 to 22 March 2020 the average was 246 per week. The average in the Autumn term, 3 September to 19 December, was 252. The number of contacts from schools increased to near pre-lockdown levels.

6.35 With the new lockdown and the closure of schools in January 2021 the average number of contacts to the SPOA dropped to 206. Since the opening of schools on 8 March this has increased to 248 which is in line with pre Covid-19 levels. Whilst there has been an increase in contacts from schools there has been a reduction in contacts from GPs. There has been a significant increase in the number of contacts for children with emotional wellbeing/mental health difficulties. The number of SPOA contacts resulting in a Child and Adolescent Mental Health Service (CAMHS) referral increased from 299 at Q1 to 600 at Q3.

6.36 A number of Health Visitors who work within the Council's integrated Early Help service were redeployed into acute hospital settings during the first lockdown and the remaining community services were redesigned into a hub-based approach as a result. This was not repeated in subsequent lockdowns. Health Visiting staff continued to deliver the Health Child Programme throughout, completing more than 85 % of all mandatory visits. Family Keyworkers have continued to deliver support to families in a range of ways, using apps and on-line technical solutions where visits couldn't be completed safely.

6.37 The Youth Service continued to operate a limited and targeted service both virtually and face to face throughout. They also created an 'edge of care' service, providing more than 130 individual face to face sessions for the most vulnerable young people to prevent them coming into the care system.

6.38 The Youth Offending Team has continued to both support young people and to service the local Youth Courts effectively.

6.39 Although referrals into the social work teams have remained broadly stable overall, proportions have seen an adjustment as the schools re-opened. Police referrals have decreased and referrals from schools have increased once more. We have maintained contact for Children on Child in Need (CIN) plans at more than 85% throughout. For children subject to Child Protection plans contact levels have been even higher at an average of 95%. Social work staff resumed an expectation of face to face visiting in September 2020.

Children on Child Protection (CP) Plans

6.40 The numbers of children subject to CP plans reduced from a rate of 59.9 (637 children) at the end of September to 51.6 (548 children) at the end of December. The reduction was a result of targeted work on safe reduction in the quarter. During the last lockdown there was a rise in numbers through the first school half term of 2021 to a rate of 53.0 (564 children). Targeted work continues to focus on a safe reduction in the number of plans now more children are in school. As at 8 March the number of children on CP Plan had reduced to a rate of 51.0 (542).

6.41 Although numbers have stayed manageable, in common with the wider national picture, the families being worked with are more complex. The adults presented with a range of issues including mental health, substance misuse and domestic violence. This is in line with the national picture. For some families the challenges have resulted in requests for the children to enter care or in the need to intervene via legal proceedings. Again, in line with the wider national picture we have seen more injuries to very young children.

6.42 The numbers of Looked After Children (LAC) have remained broadly stable with the number of care proceedings initiated since April 2020 remaining below 85 sets and within expected levels. The small increases in our LAC population that we have seen are connected to the ongoing commitment to take Unaccompanied Asylum Seeking Children (UASC) either via the National Transfer Scheme or who present spontaneously in East Sussex. Taking UASC during the pandemic has been a particular challenge given the need to ensure isolation for them. The Contact Service has continued to provide contact for children in the care system to see their birth families, using mostly a wide variety of creative virtual methods initially such as video diaries, story reading over Skype etc and then resuming face to face sessions where this could be delivered safely. The service has prioritised physical contact for parents and babies and contact as part of the assessment during care proceedings. Some children have found virtual contact sessions much easier to cope with.

Residential Units

6.43 The five children's homes and Lansdowne Secure Unit have remained open throughout, although residential respite support for disabled children had to be severely curtailed and the number of visitors to all the buildings strictly limited. Several of the homes have experienced Covid-19 outbreaks since the lockdowns began, with a number of staff and some children testing positive. We managed this via strict infection control measures. All of the homes have used personal protective equipment and additional hygiene measures to keep children and staff safe.

7 Personal Protective Equipment (PPE)

7.1 Emergency PPE provision via the Sussex Resilience Forum (SRF) ceased on 18 September 2020. The County Council issued over 1.1 million items of SRF-sourced stock to the local health and care system over six months from April 2020. Care Quality Commission registered providers are now able to access PPE through the Government's PPE portal but an emergency provision pathway via the County Council remains in place for providers experiencing supply difficulties.

7.2 The County Council now holds considerable PPE stock available to council services. Over 2 million items of Council stock have been issued to date. Confidence exists that County Council procurement plans can meet future demand based on existing modelling.

7.3 Following a decision by DHSC to offer PPE to non-resident unpaid carers, a process was put in place for the County Council to provide this. Since this went live at the beginning of February 2021 a total of 74 requests have been received for access to PPE and provision of supplies has been made available to all.

7.4 Additionally, all Direct Payment users have been able to apply for a grant of £300 from the Infection Control Fund for the purchase of PPE. To date, 544 Direct Payment clients have been supported.

8 Practical support to residents who are shielding or vulnerable

8.1 The Government advised Clinically Extremely Vulnerable (CEV) people to stop shielding from 1 April, as virus infection rates continue to fall. In line with the national Roadmap, those on the shielded patient list will be subject to the national restrictions alongside the rest of the population but are also advised to take extra precautions to keep themselves safe from Covid-19. The County Council continues to coordinate the support offer to CEV people, in line with the Government's Shielding Framework. This includes ensuring all CEV people are contacted, their support needs are identified, and they are directed to local support networks to meet those needs.

8.2 Community Hubs continue to offer a local point of contact and support for all vulnerable people struggling to cope with the effects of the pandemic. Contact arrangements are still in place in each District and Borough Council and have been absorbed into existing contact centre arrangements. Current call volumes are low, at around 20 per week across East Sussex.

8.3 The definition of people considered CEV has broadened over the past three months as part of the new Risk Model, defined by the Government. Originally, there were 21,672 CEV people registered; a further 5,431 (under 70 years old) and 11,066 (over 70 years old and those under 70 in formal care settings) were added on 15 and 22 February respectively. A CEV Steering Group is established to ensure the CEV cohort is appropriately assisted.

8.4 ASC and Public Health have implemented support to residents required to self-isolate in East Sussex in line with national guidance. The basic support offer is broadly similar to that which is currently offered to CEV individuals (albeit shorter term and potentially more urgent) and covers:

- assisting people with access to food;
- befriending and wellbeing services;
- mental health support; and
- delivery of prescriptions.

8.5 In addition to support offered to CEV and other vulnerable people, a contact strategy specific to ASC clients and carers not contacted through other routes has been devised to offer reassurance and signposting to local support during the current lockdown. We also take the opportunity to share key messages on the Covid-19 vaccination programme, and to collect email addresses for future contacts. 11,000 ASC clients and carers have been contacted to date.

9 Trading Standards

9.1 Both District and Borough Councils (via Environmental Health) and ESCC (via Trading Standards) have been designated by the Secretary of State to enforce emergency regulations regarding business premises closures and other restrictions within their areas. Trading Standards and Environmental Health across East and West Sussex have put in place a Memorandum of Understanding (MOU) to avoid any unnecessary duplication of effort, together with close liaison with Sussex Police who have an enforcement role with individuals. A single point of contact within each service has been established to ensure that wherever complaints are received they are quickly routed to the correct service without needing to re-signpost the person making the complaint. Most recently, during the third national lockdown, Trading Standards has led on business closures. Whilst compliance has generally been high, the service has taken formal enforcement action against a few businesses persistently attempting to operate in breach of restriction. The service is now engaged with partners to plan for the relaxation of restrictions as part of the Government's Roadmap.

9.2 Since March 2020, Trading Standards has received almost 1000 enquiries relating to Covid-19 and has dealt with each in line with the protocols outlined above. They have issued five Prohibition Notices and three Fixed Penalty Notices (£4,000 in total). This action has been taken against barbers, gyms and a car wash.

9.3 Trading Standards has continued its existing investigations and animal health intervention work throughout lockdown, using remote contacts and interviewing as far as is possible. Food sampling and inspection work and has been completed, including investigations into ongoing allergen labelling concerns. We have also been engaged with Government, Port Health Authority and Newhaven Port concerning preparations for inspection obligations as a result of exiting the European Union. The service has inevitably needed to reprioritise work to ensure sufficient capacity for both business as usual and Covid-19 related work but has used the weekly tasking process to allocate resources accordingly.

10 Libraries

10.1 All ESCC libraries are operating under national lockdown restrictions. Currently, customers can reserve books or use our Select and Collect service and pick them up from the front entrance of their nearest library. Throughout lockdown this has been a popular service offer with customers. Our eLibrary services, featuring a wealth of newspapers, magazines, books and audiobooks, have also been extremely popular and our users have grown across these channels.

10.2 The library service has ensured that computers are available for essential use for those customers that need them for services such as universal credit and internet banking. We continue to ensure that our Family Learning and other adult learning courses are being delivered successfully online.

10.3 We expect to reopen all our 17 libraries in April, in line with Government guidance, which will mean that browsing can be resumed and also non-essential use of PCs. We will then work in accordance with national guidance, bringing back previous services and also developing others to support the community throughout the recovery phase.

11 Household Waste Recycling Sites (HWRS)

11.1 Over the course of the winter and until the end of February 2021 there has been no disruption to services at HWRS, transfer stations and treatment facilities.

11.2 The end of the cold weather in mid-February coincided with school half term and saw high demand at the HWRS. Demand escalated again following Government announcements around lifting of restrictions and the return to schools. As a result, a regular traffic management presence was reintroduced at five HWRS w/c 1 March to mitigate safety and operational concerns at Maresfield, Mountfield and Hastings. This will be maintained into April but will be withdrawn if there is no longer a requirement for it; support has already been temporarily suspended at Maresfield.

11.3 The current priority is to manage existing high levels of demand and prepare HWRS for increased visitor numbers over the spring peak season. Sites will continue to operate with reduced capacity because of social distancing, but it is hoped that public demand will not be as high as last year because the HWRS network has remained open during recent lockdowns. Mitigations being taken include:

- Vans will continue to be restricted to Tuesdays, Thursdays and Saturdays;
- Trailers will continue to be temporarily banned;
- Traffic disruption at HWRS is being closely monitored and traffic management will be reviewed and introduced as necessary to mitigate the impact of traffic queues.
- ESCC waste team and Veolia continue to review and increase the number of parking bays where possible;
- A communications campaign focusing on essential travel, managing expectations around queuing, site rules and respect for frontline staff; and
- Reuse shops will remain closed until at 12 April when non-essential retail is expected to be permitted to reopen.

12 Highways and Transport

12.1 Work has continued on highway maintenance and the Highways Service has continued to provide a near normal service, whilst maintaining safe distancing and ensuring the safety of the workforce and public. As we emerge from winter the capital programme of works will commence in April as normal. All other routine maintenance will continue as normal with grass cutting commencing at the end of March.

12.2 Maintenance of the county's public rights of way, bridges and structures has also continued throughout lockdown and again capital programmes will commence shortly.

13 Active travel programme

13.1 We received confirmation of our tranche 2 allocation from the Government's Active Travel programme in November 2020. The funding is focused on improving existing footways and cycleways in the county alongside initiatives to encourage greater levels of walking and cycling to schools and in local communities.

13.2 The School Streets element of the programme started on 15 March and will run as a trial at six schools across the county for a period of six weeks either side of the Easter school holidays. This involves temporarily restricting access for non-essential traffic on the street outside of the school. The road will be open to families on foot, bike or scooter at drop off and pick up times, giving everyone the space they need to get to school and move around their local environment safely.

13.3 We are currently working with East Sussex Highways to programme the delivery of the capital element of the £1.82m package of improvements with the vast majority being delivered in 2021/22. In programming the works, we also need to take into account that we are required to advise the Department for Transport on the outcomes of the consultation on schemes, and how public feedback has influenced the proposed measures, prior to starting

to construction. All measures will be delivered by the end of June 2022 in accordance with the tranche 2 funding requirements.

14 Business Services

14.1 The Business Services Department has continued to support staff to effectively deliver services remotely (where possible) to reduce the risk of coronavirus spread, as well as ensure the safety of those teams who cannot work from home. Across the Council we have seen improvements in productivity due to modernised processes and increased flexibility of working. We are now reflecting on our experiences over the past year and are reviewing how we might work in future to maximise the benefits we have experienced. The corporate steer is that a large-scale return to the office will not happen before September 2021, and we are utilising this time to explore and trial different options for the workplace to support a hybrid working model.

14.2 We continue to share approaches through the SPACES partnership on the management of workplaces and as well as seeking opportunities for collaborative working and sharing learning as we develop our future ways of working.

14.3 Over the past year we have enhanced our wellbeing support for staff and guidance for managers and we continue to develop more targeted virtual training and interactive support sessions for our staff and managers to operate in a remote environment. Further training and support will be developed for working in a hybrid way to support staff once new ways of working are embedded.

14.4 In response to the increased level of remote and digital working we have increased our focus and monitoring on cyber security and maintain strong and active engagement with the National Cyber Security Centre and our local warning advice and reporting group.

15 Member Meetings and election planning

15.1 Member meetings have continued to be held remotely via Microsoft Teams and the public continues to be able to view meetings via our existing webcasting site. The Government has indicated that temporary legislation permitting Members to attend meetings virtually will not be extended beyond its expiry date of 7 May 2021, although views are being sought from local authorities on the longer term future of virtual meetings through a call for evidence which the Council will respond to. There remains uncertainty about arrangements from May onwards however, as ongoing legal action supported by national representative bodies including the Local Government Association is seeking confirmation that virtual meetings could continue lawfully under existing legislation. This action recognises the significant practical challenges faced by local authorities in holding physical meetings while social distancing requirements remain in place, as well as the ongoing benefits of being able to hold meetings virtually where this is considered appropriate locally. The outcome is expected by the end of April.

15.2 Given the uncertainty, we are making provision for future meetings, including the annual Council meeting in May, to be held physically if required with appropriate Covid safety measures in place which reflect recently updated national guidance. We have also installed hybrid meeting equipment in the Council Chamber which can facilitate a level of remote attendance where this is permitted and agreed.

15.3 Additional Covid safety measures are also being put in place as part of planning for the County Council election on 6 May. We have been supporting the District and Borough Councils, who administer the election on behalf of the County Council, to address challenges related to the pandemic context such as securing appropriate venues and the

extra staff required. Planning is also underway for a comprehensive induction programme for Members elected in May, the initial stages of which will take place largely virtually.

16 Communicating with partners and residents

16.1 We have built dedicated support and information pages on our website and kept them updated to help businesses, residents and partners get the latest information on the position in East Sussex. These pages have been viewed more than 645,000 times. We have made extensive use of social media, video and traditional media to keep people informed. This has included joint public videos with hospital doctors, nurses and GPs, and advertising (both digital and traditional) targeted to parts of the county with rising infection rates. We have sent regular email bulletins to residents, Members, MPs, partners and staff. We have conducted several surveys and other research projects with residents (to get the views of more than 11,000 people). We work closely with District and Borough Councils to get information to residents, especially about Community Hubs. Special efforts have been made to reach people from potentially marginalised groups, including people of Black, Asian and Minority Ethnic background and those with severe existing health conditions. This is especially important as we support the NHS to increase the uptake of vaccination in East Sussex.

17 Financial Implications of Covid-19

17.1 The quarter 3 monitoring report presented to Cabinet in March 2021 reflected the impact of Covid-19 pressures on services and the Council overall. Given current circumstances, finance reporting has been split into Planned Budgets/Business as Usual (non-Covid-19) and Covid-19 related items. The **non-Covid-19 related** total forecast an overspend of £1.7m on service budgets, details of which can be found in the quarter 3 monitoring report. The details of **Covid-19 related** pressures in each department are also set out and estimate a total forecast overspend of £27.6m revenue and £2.8m capital. This was against known general Covid-19 grant funding of £32.7m received in Tranches 1 to 4 plus £1.6m for the first round of the Sales, Fees & Charges Compensation Scheme (SFC); set out in the table below.

Tranche 1	£16.3m
Tranche 2	£9.8m
Tranche 3	£3.6m
Tranche 4	£3.0m
SFC Round 1	£1.6m
Total	£34.3m

17.2 The Council submitted a second claim under the SFC Compensation Scheme covering the period Aug-Nov 2020, totalling £1.7m. This has been approved by the Ministry of Housing, Communities and Local Government (MHCLG) and was paid on 31 March 2021. The Round 3 claim will be due in April 2021 and will include a year-end reconciliation based on final outturn.

17.3 Beyond broader Covid-19 grant funding, more specific support has been received, and this has been fully allocated to service departments in line with the terms and conditions of the grant funding. These include:

Infection Control Fund - phases 1 & 2	£19.1m
Contain Outbreak Management Fund / Additional Surge Payments	£13.2m
Infection Control Rapid Test Fund	£2.6m
Test and Trace Service	£2.5m
Winter Grant Scheme and extension	£2.1m
Workforce Capacity Fund	£1.3m
Additional Dedicated Home to School and College Transport Funding	£1.1m
Practical Support for those Self-Isolating (Mar to June 2021)	£0.1m
Emergency Assistance Grant for Food and Essential Supplies	£0.6m
Bus Service Support Grant	£0.4m
Support for Clinically Extremely Vulnerable (CEV)	£0.3m
Travel Demand Management	£0.2m
Wellbeing for Education Return	£0.1m
Emergency Active Travel Grant - tranches 1 & 2	£2.4m

17.4 Where permitted under grant terms and conditions, unapplied funding will be carried forward for use against the continued pressures of the ongoing pandemic in 2021/22. As reported at quarter 3, this includes the estimated £4.0m of general Covid-19 grant funding, with the final amount to be determined based on the final outturn position.

17.5 Services are working to finalise 2020/21 Covid-19 pressures in their areas in order to determine final outturn. Work is also ongoing with our Districts and Boroughs to understand the impact of the loss of income they are experiencing with regard to Council Tax and Business Rates. As a precepting authority, ESCC will not bear the burden of this loss until it materialises through the Collection Fund.

17.6 Monitoring of Covid-19 pressures will continue into 2021/22 and the Government has announced funding for next year, with the impact on the County Council as follows:

Covid-19 general funding	£11.1m
Sales, Fees & Charges Compensation Scheme - claims will be required for the first quarter of 2021/22	Tbc
£341m national allocation to support ASC with costs of infection prevention control and testing	Tbc
Local Council Tax Support Scheme	£4.7m
Contain Outbreak Management Fund / Additional Surge Payments	£2.9m
Local Tax Income Guarantee - will be based on outturn	Tbc

17.7 The updated Medium Term Financial Plan (MTFP) for 2021/22 to 2023/24, approved by Council in February 2021, presents a balanced position for 2021/22, with an aggregate deficit of £14.4m to 2023/4. It assumes, for financial planning purposes, business as usual service provision from 1 April 2021; any ongoing Covid-19 cost pressures or income losses will be managed and reported through the normal quarterly monitoring process.

Medium Term Financial Plan	2021/22 £m	2022/23 £m	2023/24 £m	Total £m
Deficit / (Surplus)	0.000	7.071	7.377	14.448

18 Economy

18.1 In April 2020 ESCC co-ordinated the development of an Economy Recovery Plan (“East Sussex Reset”) with partners to provide a clear focus for the economy recovery effort. It is important to note that this is not a plan for the County Council, it is a plan for Team East Sussex (TES), the county’s de-facto Growth Board, and partners to take forward. The plan is complementary and supportive of other activities being progressed at a local level, including climate change and health and wellbeing initiatives.

18.2 A total of approximately £87.85m is being invested into East Sussex as a result of the plan. This is a combination of £53.47m newly secured monies and a further £34.38m aligned from ongoing funding committed or already secured from external sources to support the survival, reset, recovery and growth of businesses in East Sussex. This is up substantially from the initial £45m investment identified.

18.3 A summary of key achievements can be found at on the ESCC website eastsussex.gov.uk/media/17529/item-8a-stakeholder-reports.pdf and an updated version of the full Action Plan can be found under “Partner Updates” at eastsussex.gov.uk/business/eastsussex/selep/tes/eserp/

18.4 The Growth Hub, brought in-house in April 2020, has been the front-line support for business owners helping them to understand and access the range of support available. The impact of Covid-19 as expressed by business owners has evolved as successive restrictions on trade have been implemented in response to the pandemic. The most common concerns are finance and employment. Some smaller businesses, particularly those without premises, have been unable to access any or all the financial support made available by Government. These businesses have now exhausted savings, personal credit options or have no further assets to sell and may be unsure that they will survive long enough to re-open at the end of the lockdown. The Job Retention scheme has allowed vital employees to be retained and is generally viewed as a success. Businesses are now planning for the future and, in many cases, do not believe that they will be able to support previous numbers of staff. Serious consideration is being given to reduction in staff numbers and redundancies.

18.5 In terms of enquiries, the Hospitality/Leisure sector has had most engagement with the Growth Hub, followed by the Retail, Business Services and Manufacturing sectors. Over 200 enquiries have been received from outside East Sussex. More businesses in Wealden have contacted the Growth Hub than elsewhere, followed equally by Lewes and Eastbourne, then Hastings and Rother. Businesses making contact are, unsurprisingly, predominantly micro businesses (1-5 employees).

19 Roadmap, recovery and next steps

19.1 The scope of this report reflects the wide ranging and very significant role played by this Council and its services in supporting our residents, communities and businesses through the second peak of the pandemic in recent months. As case rates have declined and the NHS vaccination programme continues to roll out, our focus is shifting to supporting the national exit from lockdown, local recovery and reopening, and dealing with the longer-term impacts of Covid-19 on local people.

19.2 In February, the Prime Minister announced the Government's Roadmap for exiting lockdown. This includes a series of steps with provisional dates for relaxation of restrictions, which are subject to review based on case rates, pressures on health services and the progress of the vaccination programme, amongst other factors.

19.3 We are undertaking ongoing work, in conjunction with our partners, to prepare services to adjust to the stages of lockdown relaxation, and to support communities and businesses with reopening and recovery. Although welcome, the end of lockdown and return to a level of normality will bring new challenges and highlight longer term shifts in behaviour and needs that we will need to respond to.

19.4 The ongoing impact of the pandemic and recovery from it will become clearer over the coming months. Its effects will not be linear or even across our services and communities and the most vulnerable will continue to need our support. We will continue to focus on delivery against our priorities which have been reviewed and adjusted in light of Covid-19 and other pressures. Our evolving assessment of needs will feed into our ongoing planning and monitoring through Reconciling Policy, Performance and Resources.

19.5 We will also ensure that we harness the opportunities to create a positive legacy from the experience of the last year. The pandemic has necessitated new ways of working and has given rise to new and strengthened partnerships. It has shown the strengths in our communities as well as the vulnerabilities and there is much we can learn and build on for the future.

BECKY SHAW
Chief Executive