

# West Sussex Local Outbreak Control Plan v1.2

## Appendices

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# Complex settings and high-risk places, locations and communities

## Appendix 1.1 Care Homes (Adults)

<p><b>Objective</b></p> <p>The objective is to prevent, reduce and eliminate new cases of COVID-19 and deaths from COVID-19 in Care Homes.</p>
<p><b>Context:</b></p> <p>There are 356 CQC registered care homes in West Sussex, including:</p> <ul style="list-style-type: none"><li>• 240 of these are considered older peoples' care homes, of which 2 are run by WSCC</li><li>• 116 of these are considered specialist LD/MH/PD services, of which 5 are run by WSCC and 1 service is run by Surrey and Borders Partnership NHS Foundation Trust.<ul style="list-style-type: none"><li>○ Of those, 97 are registered with a CQC service user band of "Learning disabilities or autistic spectrum disorder".</li></ul></li></ul> <p>The rest of the market is independent/private.</p>
<p><b>What's already in place:</b></p> <p>The West Sussex CCG &amp; LA Care Homes Group aligned directly with the Sussex-wide group meets weekly to co-ordinate the response to care homes and escalate local issues as required to the Sussex-wide group, Gold command or national teams. It aims to deliver a consistent approach to supporting care homes from all local Health and Social Care organisations and identify risks, issues and mitigations at a local level.</p> <p>WSCC Contracts Team have supported by being a conduit for providers to email or call with COVID related issues, be that requests for PPE, funding, staffing issues, notifying of an outbreak. The team log the issues and either respond directly by calling the provider or emailing.</p> <p>The Care and Business Support team contact providers on a daily basis, according to intelligence (from health, social care colleagues, quality pathway, NECS tracker or as a follow up to Incident Management Meeting). They offer support, resources, coach, mentor and signpost and request service input from health or social care teams e.g. the CCG Infection Control team. Crucially they have supported provider with accessing emergency PPE by talking with the providers understanding current stock levels, any indicative dates for deliveries and where there is an imminent risk of running out complete a request and submit to the LRF.</p> <p>WSCC Contracts team issue a daily provider newsletter to all care providers on West Sussex, those registered with CQC and those who aren't e.g. Supported Living and Extra Care. The newsletter provides a round up and included government advice, updates from Skills for Care and CQC, Infection Control advice, shared messages on initiatives that providers should be aware of and what they need to do i.e. the NECS tracker, National Testing Portal, shares local information such as enhanced GP support and where local pop up test sites are; the letter also provides a contact email and telephone line for providers to contact.</p> <p>The team has also created an online provider zone for COVID, within our <a href="#">Connect to Support</a> site with tiles focussed to support providers with <a href="#">Infection Control - PPE</a> , <a href="#">COVID19 Testing</a> , <a href="#">Guidance and Business Support</a> and a <a href="#">Resource Pack</a>. In addition we have deployed additional resource to respond to emails and calls generated by COVID, this resource will also direct queries to BAU team to support providers.</p>

WSSC have led two care provider forums during COVID and have attended three Care Association led Care Managers meetings during this period to respond to questions and brief on areas of interest to providers. One of these meetings was also attended by the Cabinet Member for Health and Social Care and Executive Director of Adults & Health.

WSSC has also supported commissioned providers with additional funding and more recently issued grants to care homes in respect of the Adult Social Care Infection Control Grant.

*Testing:*

- Swab Testing is now available to anyone with symptoms, including social care workers across Sussex.
- Symptomatic staff can be referred to either the national testing programme or Sussex Central Booking Centre for testing at a regional site, mobile testing unit or to receive a home testing kit.
- There are Drive Thru testing sites in Gatwick, Amex Stadium Brighton, Bexhill and Bognor
- Symptomatic residents are tested by PHE Surrey and Sussex HPT upon initial notification of an outbreak
- Following initial tests on residents with symptoms, further testing for all residents, with or without symptoms, and working staff can be accessed via the DHSC care home testing request portal

*PPE supply:*

Care homes should source Personal Protective Equipment (PPE) through usual supply chain route, however, there are PPE dedicated Supply Channel recommended suppliers if care home's regular suppliers are unable to provide stock. If a care home is not able to obtain the required PPE from the recommended suppliers, WSSC may be able to support with a limited emergency supply of stock from the Local Resilience Forum (LRF). LRF stock is only available if the care home:

- is unable to source stocks from the above or other suppliers;
- PPE stocks are at a critical level; and
- needs emergency supplies of PPE

Currently PHE provides the West Sussex DPH/Public Health team with daily outbreak report or contact WSSC Public Health by phone if deemed serious and urgent to require urgent action or an OCT.

**What else will need to be put in place:**

Testing arrangements for individuals prior to a new care home admission or transfer to another care setting (excluding hospital) currently are arranged as one of the niche groups, booked via Central booking undertaken by SECAMB. From 28th June this service will cease and WSSC have requested WSFR to provide Minibuses and Drivers and SCFT will continue until end of June. There is not a national testing route for these people.

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).

**Resource capabilities and capacity implications:**

- Staffing implications in event of outbreak and/or need for staff to isolate.

- Potential need to isolate residents/staff in alternative provision.
- Increased demand for PPE.
- Additional IPC training and support for care homes with outbreak

**Links to additional information:**

Adult Social Care guidance can be found at

<https://www.gov.uk/government/collections/coronavirus-covid-19-social-care-guidance> and  
<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes>

West Sussex Connect to support: <https://www.westsussexconnecttosupport.org/provider-zone/>

## Appendix 1.2 - Children's Care Homes

**Objective:**

The objective is to enable all children's residential care homes in West Sussex to continue to operate fully and to identify and eliminate all cases of COVID-19.

**Context:**

There are currently 29 Registered Children's Homes within West Sussex. Of these, 5 are operated directly by the LA, (2 currently not in operation), and the other 24 are independent provision, operating within the private sector.

The homes provide services to a range of needs. Some very specialised, and some more generic. The responses will vary according to the extent on the needs of the residents, e.g. disability, risk of exploitation.

**What's already in place:**

All homes have remained open throughout the current pandemic. Homes have submitted business continuity plans to WSCC, and these are regularly updated. Homes are also sent any updates from NHS England, Ofsted etc when they issue revised guidance in respect of COVID-19.

The business continuity plans provided by the home include a range of risk assessments and responses in respect of varying COVID-19 related events.

All homes are asked to complete a COVID-19 QA form, which highlights any issues and concerns. These are reviewed by Children's Commissioning Team.

All homes have details of how to report any positive occurrences.

**What else will need to be put in place:**

A further circulation of the QA COVID-19 response form to ensure all providers have the necessary guidance, and planning in place.

**Local outbreak scenarios and triggers:**

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

- there has been a death at the home
- there are a number of vulnerable children
- there are a 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.

The OCT membership will be jointly agreed by the PHE and WSCC Public Health and will include relevant key partners such as D&Bs, NHS.

HPT will also provide Registered Managers with suggested letter to send to identified contacts advising 14-day isolation, although household contacts of contacts will not need to self-isolate. In addition, HPT will discuss how homes are implementing social distancing and infection, prevention and control (IPC) measures, and provide advice as required

**Resource capabilities and capacity implications:**

- Staffing implications in event of outbreak and/or need for staff to isolate.
- Potential need to isolate child/staff in alternative provision
- Increased demand for PPE within internal provision.
- Any reduction in capacity is likely to lead to significant difficulty in placing children close to home, and increased costs.
- Increased activity with Placement Team and Commissioning Team to provide response and alternative accommodation.

**Links to additional information:**

<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people>

<https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance>

<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-isolation-for-residential-educational-settings/coronavirus-covid-19-guidance-on-isolation-for-residential-educational-settings>

## Appendix 1.3 – Schools and educational settings including early years

<p><b>Including:</b> <i>Early years settings, primary and secondary schools, special schools, universities/colleges</i></p>
<p><b>Objective:</b> The objective is to enable all educational settings in West Sussex to open fully and to identify and eliminate all cases of COVID-19.</p>
<p><b>Context:</b> In West Sussex local authority there are:</p> <ul style="list-style-type: none"><li>• 48 children and family centres (including 5 linked sites)</li><li>• 4 local authority-maintained nursery schools</li><li>• 591 childminders,</li><li>• 241 pre-schools</li><li>• 188 day nurseries</li><li>• 228 primary schools including:</li><li>• 21 infant schools</li><li>• 12 local authority-maintained nursery classes on school sites</li><li>• 37 secondary schools</li><li>• 3 all-through schools</li><li>• 25 special schools</li><li>• 31 independent schools (providing education for children across the age range)</li><li>• 1 pupil referral unit across 6 sites and 1 hospital unit</li><li>• 3 FE colleges</li><li>• 1 university</li></ul>
<p><b>What’s currently in place:</b></p> <p><i>Early Years and schools</i></p> <p>Most schools have been operating throughout the pandemic to meet the needs of prescribed groups and have their own procedures in place to reduce risks to staff and pupils. Specific COVID-19 risk assessments are conducted by schools to implement national guidance on effective protective measures such as social distancing, cleaning, and infection prevention and control. All schools are actively planning for a return to full opening in September.</p> <p>Most early years providers have been open throughout the pandemic to support the children of critical workers and vulnerable children. Since June, early years providers have been able to open for all children where possible. Early years settings are following government guidance and carrying out their own risk assessments to minimise the risk of the spread of COVID-19.</p> <p>PHE Health Protection Team (HPT) developed SOP for managing cases and outbreaks of COVID-19 in a) childminding settings b) nurseries and c) school and educational settings (including SEND schools, residential and boarding schools). A SOP for universities is in the process of being developed.</p> <p>The SOP provide details on actions for childminders, nurseries, schools, the HPT and Local Authorities in the event of cases of COVID19 or an outbreak. PHE have also produced proactive communications to schools about how to respond to single or multiple cases in the first instance.</p>

Each setting is required to notify the HPT if they have either:

- Any suspected or confirmed case(s) of COVID-19 among students or staff in the early years setting/school/college within 14 days or;
- An overall increase in sickness absence reporting where parents report illness with suspected COVID-19 (but where no tests have been done or results are available)

It is important to note that the local HPT is, **at the current time**, advising schools in the South East to notify them even if they have only one suspected or confirmed case, rather than wait until an outbreak occurs, in order for IPC advice to be provided. At the present time it is not clear whether this will continue and whether this will apply to Universities, but it is thought unlikely that Universities will be aware of all cases due to the non-specific nature of symptoms.

Currently PHE provides the West Sussex DPH/Public Health team with a daily outbreak report or contact WSCC Public Health by phone if deemed serious and urgent requiring action or an OCT. A weekly schools report outlining new and cumulative data on outbreaks in schools and nurseries is also sent to the DPH.

On receipt of information of to [ESWelfareGroup@westsussex.gov.uk](mailto:ESWelfareGroup@westsussex.gov.uk) the WSCC Education Cell will ensure that colleagues in Public Health are aware of the situation and will contact the school to offer any support required. In addition, the cell will ensure that West Sussex Communications Team are aware to enable them to assist the school accordingly.

WSCC Public Health host a twice weekly early years, schools and university sub-cell meeting of the public health functional group to bring together professionals from early years, schools, the university, public health, health protection and communications.

Infection Prevention and Control training is being offered to all settings.

**What else will need to be put in place:**

The communications approach prior to any outbreak would be clear key messaging across all County Council and local partner channels, i.e. district and borough and NHS communication platforms. The West Sussex Local Outbreak Engagement Board will play a key role in public facing communications and engagements, to strengthen national and local messages.

Communications are being developed between WSCC, the university and the HPT to ensure that all students receive prevention messages and instructions on how to deal with suspected and confirmed cases.

SE HPT are developing a specific SOP for Universities to address the issues raised by the return of students in September; it is difficult to create effective bubbles for students. Accommodation cannot be allocated to groups in order to reduce mixing, students often mix in many different learning groups, increasing potential for transmission. Many students do not have transport and may find it difficult to access testing. These issues will make it relatively difficult to deal with potential outbreaks within the university community. Many students will also be living in Houses of Multiple Occupancy based within communities which may be impacted by outbreaks.

**Local outbreak scenarios and triggers:**

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

- there has been a death at the setting/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 educational establishment or early years setting
- there are other factors that require multi-agency coordination and decision making.

The OCT membership will be jointly agreed by PHE and WSCC Public Health and will include relevant key partners

HPT will also provide template letters and discuss how the setting is implementing social distancing and infection, prevention and control (IPC) measures, and provide advice as required.

#### **Resource capabilities and capacity implications:**

##### Staffing

- developing local SOP
- Visiting/contacting educational settings with outbreaks to advise/enforce on control measures

##### Communications:

- A robust communications plan working closely with district and boroughs, health partners, voluntary and community sector to reach residents
- Infection and prevention control capacity

#### **Links to additional information:**

Guidance on full opening of schools

<https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools>

Guidance on opening schools to more pupils

<https://www.gov.uk/government/publications/covid-19-school-closures/guidance-for-schools-about-temporarily-closing>

Guidance on Health protection in schools and other childcare facilities

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

Guidance on implementing protective measures in education and childcare settings

<https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings>

Guidance: [Actions for early years and childcare providers during the coronavirus \(COVID-19\) outbreak](#)

Guidance: [Safe working in education, childcare and children's social care settings](#)

[Planning guide for early years and childcare settings](#)

## Appendix 1.4 - Out Of School Childcare settings

<b>Including:</b> <i>Breakfast Clubs, After School Clubs and Holiday Playschemes</i>
<b>Objective:</b> The objective is to enable all childcare settings in West Sussex to open fully and to identify and eliminate all cases of COVID-19.
<b>Context:</b> In West Sussex local authority there are: <ul style="list-style-type: none"><li>• 71 Breakfast Clubs</li><li>• 156 After School Clubs</li><li>• 85 Holiday Playschemes</li></ul>
<b>What's currently in place:</b> Most childcare settings have been operating throughout the pandemic to meet the needs of prescribed groups and have their own procedures in place to reduce risks to staff and pupils. Specific COVID-19 risk assessments are conducted by settings to implement national guidance on effective protective measures such as social distancing, cleaning, and infection prevention and control.  PHE Health Protection Team (HPT) developed SOP for managing cases and outbreaks of COVID-19 in: a) childminding settings b) nurseries and c) school and educational settings (including SEND schools, residential and boarding schools and universities), which provides details on actions for providers, HPT and Local Authorities in the event of cases of COVID19 or outbreak in a setting.  As per guidance, if a child or staff develops symptom or tests positive, they should self-isolate for 10 days. As part of the national test and trace programme, if other cases are detected within the class or group or in the wider setting, PHE SE HPT will conduct a rapid investigation and will advise on the most appropriate action to take.  Currently PHE provides the West Sussex DPH/Public Health team with daily outbreak report.  On receipt of information of to <a href="mailto:ESWelfareGroup@westsussex.gov.uk">ESWelfareGroup@westsussex.gov.uk</a> the WSCC Education Cell will ensure that colleagues in Public Health are aware of the situation and will contact the setting to offer any support required. In addition, the cell will ensure that West Sussex Communications Team are aware to enable them to assist the setting accordingly.  WSCC host a twice weekly early years and childcare and schools sub-cell meeting of the public health functional group to bring together professionals from early years and childcare, schools, public health, health protection and communications.  Infection Prevention and Control training is being offered to schools and early years and childcare settings.
<b>What else will need to be put in place:</b> The communications approach prior to any outbreak would be clear key messaging across all County Council and local partner channels. The West Sussex Local Outbreak Engagement Board will play a key role in public facing communications and engagements, to strengthen national and local messages.
<b>Local outbreak scenarios and triggers:</b>

PHE HPT 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), as outlined in section 1.5 of the plan.

HPT will also discuss how settings are implementing social distancing and infection, prevention and control (IPC) measures, and provide advice as required

**Resource capabilities and capacity implications:**

Staffing

- Visiting/contacting childcare settings with outbreaks to advise/enforce on control measures

Communications:

- A robust communications plan
- Infection and prevention control capacity

**Links to additional information:**

Guidance on Actions for early years and childcare providers

[Actions for early years and childcare providers during the coronavirus outbreak](#) (Includes links to other relevant Gov.UK guidance)

Guidance on protective measures for out of school settings

[Protective measures for holiday or after-school clubs and other out-of-school settings for children during the coronavirus \(COVID-19\) outbreak](#)

Guidance for parents and carers accessing out of school settings

[Guidance for parents and carers of children attending out-of-school settings during the coronavirus \(COVID-19\) outbreak](#)

Guidance on Health protection in schools and other childcare facilities

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

Guidance on implementing protective measures in education and childcare settings

<https://www.gov.uk/government/publications/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings/coronavirus-covid-19-implementing-protective-measures-in-education-and-childcare-settings>

## Appendix 1.5 - Black Asian Minority Ethnic Groups

### Objective:

The objective is to prevent, reduce and eliminate new cases of COVID-19 and deaths amongst the BAME population groups in West Sussex.

### Context:

Data from the 2011 census shows that approximately 89% of the West Sussex population is of White British ethnicity, which is higher than the average for the South East and England. The largest ethnic group in West Sussex is “White: Other white” comprising 4% of the total population. The next highest groups are Asian/Asian British, predominantly: Indian (1.2%), Pakistani (0.6%) and Bangladeshi (0.3%) with 1.4% Chinese or ‘Other’<sup>1</sup>. The Black, Asian and Minority Ethnic (BAME) population are broadly younger than the general population with the largest proportion being of working age. A total of 21 languages are spoken by at least 500 people in West Sussex, with Polish the most widely spoken.

The BAME population is higher in some areas of West Sussex than others. In Crawley 27.9% of the population were from BAME groups in 2011, and 13% of residents in Crawley do not use English as their main language. Concentrated minority ethnic populations are more likely to live in deprived areas of West Sussex, and in Crawley 39.8% of homeless households are from BAME backgrounds.

Individuals from BAME groups are more likely to work in occupations with a higher risk of COVID-19 exposure. They are more likely to use public transportation to travel to their essential work<sup>2</sup>. The health and social care workforce is particularly well represented by BAME groups: Indians account for 14% of doctors and Black Africans make up 7% of the nursing workforce<sup>2</sup>.

### What’s already in place:

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

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

#### Part A – Proactive and reflective BAME specific activities

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

#### 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.

West Sussex County Council and Crawley Borough Council are working together to respond to inequalities in the impact of coronavirus in Crawley, including engaging with the voluntary sector and local faith communities. A task force has been established with local stakeholders, and has

<sup>1</sup> West Sussex County Council Black, Asian and Minority Ethnic Communities in West Sussex, 2016  
<https://jsna.westsussex.gov.uk/assets/core/Black-Asian-and-Minority-Ethnic-Communities-Needs-Assessment-2016.pdf>

<sup>2</sup> PHE (June 2020): Beyond the data: Understanding the impact of COVID-19 on BAME groups

prioritised work on employment, and developing a strategic approach to communications in Crawley.

A communications strategy has been developed for BAME communities in Crawley, with input from a group of representatives of community organisations and faith communities. Key messages are: hand washing; social distancing; face coverings; and test and trace.

Communications activities delivered so far include:

- [Keep West Sussex Safe](#) campaign webpage available in main community languages: Arabic, Creole, Gujarati, Polish, Portuguese, Punjabi, Romanian, Tamil and Urdu.
- WSCC testing information page is also being translated into main community languages.
- Keep Crawley Safe posters in main languages, distributed via community contacts.
- Social media advertising targeted in Crawley, specifically in areas where cases have been diagnosed – using preferred language from app settings where translations available.
- Online and print media articles in local media reinforcing Keep West Sussex Safe messages.
- Externally-produced infographics in a wide range of languages are being tested with Crawley stakeholders.
- Community contacts are sharing resources and messages widely in print and electronically.

**What else will need to be put in place:**

The Crawley task force and group of representatives of community organisations and faith communities will be key in developing and sharing messages and resources with BAME communities in Crawley. Communication of key COVID-19 prevention messages is being rolled out, and this will be developed with additional elements including:

- Ensuring access to detailed information on the response to an outbreak is available in relevant languages if needed.
- Ensuring direct link with community hub offer of support.
- Wider prevention campaign to reduce risk of co-morbidities associated with worse outcomes from COVID-19 infection.

The PHE national review on impact of COVID-19 on BAME groups made several recommendations for adaptations, including<sup>2</sup>:

- comprehensive and good quality ethnicity data collection and recording as part of routine NHS and social care data collection systems
- Supporting community participatory research and engagement
- target culturally competent health promotion and disease prevention programmes
- development of culturally competent COVID-19 education and prevention campaigns, working in partnership with local BAME and faith communities to reinforce individual and household risk reduction strategies
- developing culturally competent occupational risk assessment tools that can be employed in a variety of occupational settings and used to reduce the risk of employee's exposure to and acquisition of COVID-19

**Local outbreak scenarios and triggers:**

Outbreaks may occur in places or institutions (including workplaces) involving a higher number of people from BAME groups. The response to these will need to be informed by awareness of BAME health issues, culturally competent and involve communication and engagement with relevant local BAME communities.

Identifying an outbreak in a BAME community is dependent on receiving relevant information from PHE, including ethnicity of positive cases and information on potential links between cases e.g. extended family, place of worship, workplace or neighbourhood.

**Resource capabilities and capacity implications:**

Staffing

- Developing a local SOP
- Develop communications and work with the local BAME communities

**Links to additional information:**

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

PHE - Beyond the data: Understanding the impact of COVID-19 on BAME groups  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/892376/COVID\\_stakeholder\\_engagement\\_synthesis\\_beyond\\_the\\_data.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf)

## Appendix 1.6 – Homeless communities

### **Objective:**

The objective is to closely monitor any cases of COVID-19 amongst the homeless community, ensuring 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 West Sussex, hotels, Bed and Breakfast establishments and a holiday camp have been the main stay of emergency accommodation provided for this use. At the height of the emergency 246 single homeless people were housed in emergency accommodation in West Sussex.

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 resistance to engage with services, by some of the homeless population.

### **What's already in place:**

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.

#### West Sussex LA Homeless Plan

The West Sussex COVID Response Group, Homelessness & Rough Sleeping (which includes WSCC and all the District Councils) will continue to meet to provide a pan Sussex forum to strategically drive and co-ordinate the reformation and recovery plans for services that support their homeless population. There are two phases to the work:

- The immediate focus is to support those housed in hotels during the COVID-19 emergency phase to move to more stable longer-term placements, and
- Providing the necessary support to maximise the chances of these placements to be sustained.

The second phase of work for the group will build on the strengths of the multiagency working that has developed during the COVID-19 emergency, and through this work to continue to enhance the support offer to the homeless and rough sleeper group.

Currently PHE provides the West Sussex DPH/Public Health team with daily outbreak report or contact WSCC Public Health by phone if deemed serious and urgent to require urgent action or an OCT.

### **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 WSCC 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
- The need for a rapid response from district and boroughs (housing managers), particularly as the homeless population are unlikely to have access to mobile phones for the Test and Trace App alert service
- 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. Testing will be available for all symptomatic staff and residents

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. Several landlords have been resistant to house people without a negative COVID-19 test, which adds further difficulty to the task of finding appropriate accommodation for this population.

**Local outbreak scenarios and triggers:**

PHE HPT have an SOP for the management of COVID-19 outbreaks in residential settings housing the homeless and/ or asylum seekers, which lays out the processes in the event of an outbreak. If one or more suspected or confirmed cases of COVID-19 among residents in residential settings housing the homeless PHE HPT will be notified. 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).

**Resource capabilities and capacity implications:**

There are limited resources available to support the monitoring of COVID-19 symptoms and potential contact tracing support amongst the homeless population.

Staffing –

- Developing local SOP
- The limited members of staff – 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
- The local COVID 19 Response Group – Homelessness and Rough Sleeping has identified that a dedicated formal offer of asymptomatic testing for this cohort could be beneficial, so that housing workers can request a test when move on is being planned, and should a landlord not accept a person without a negative result.
- Further work is needed to understand what the offer will be should people be symptomatic and need to isolate for 7/14 days, and/or for powers under Schedule 21 of the Coronavirus Act 2020.
- West Sussex does not have a homeless centre identified where people could self isolate. Use of temporary accommodation for these purposes is limited.

**Links to additional information:**

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



## Appendix 1.7 - Gypsy, Traveller and Roma communities

<p><b>Objective:</b> To prevent, reduce and eliminate the spread of COVID-19 infection amongst Gypsy, Traveller and Roma (GTR) communities</p>
<p><b>Context:</b></p> <p>There are 9 Gypsy, Traveller and Roma sites managed by WSCC: Easthampnett Caravan Park, Chichester- 23 plots Westbourne Caravan Park, Westbourne - 17 plots Ryebank Caravan Park, Yapton -12 plots Withy Patch Caravan Park, Lancing -12 plots Adversane Caravan Park, Billingshurst -12 plots Cousins Copse Caravan Park, Horsham - 12 plots Horsgate Caravan Park, Haywards Heath - 3 plots Fairplace Hill Caravan Site, Burgess Hill - 10 plots Walstead Caravan Site, Haywards Heath - 4 plots</p> <p>In addition, 2 sites are managed by District and Borough Councils: Bedelands Caravan Park, Burgess Hill managed by Mid Sussex DC Small Dole Caravan Site, Henfield managed by Horsham DC</p> <p>1 WSCC managed transit site in Chichester (9 plots with a maximum stay of 3 months) Currently there is one unauthorised site in West Sussex that is being monitored by WSCC. Each plot on site has their own facilities i.e. shower toilet etc. There are no shared facilities</p>
<p><b>What's already in place:</b></p> <p>Each of the sites has WSCC site manager. WSCC staff visit the sites each week and are the point of contact for the delivery of any messages or issues. On each visit they make contact with residents who are on site. WSCC has a list of site residents with contact details for the majority of the residents. Each plot on site has their own hygiene facilities such as shower, toilet. During COVID-19 pandemic the transit site was closed (will be opened as government guidance changes) and WSCC are monitoring and checking in on the unauthorised site.</p> <p>WSCC will continue to support residents. In addition, residents also have access community hub support if required.</p>
<p><b>What else will need to be put in place:</b></p> <p>Need to develop a local SOP for preventing and managing outbreaks in GRT communities and sites.</p> <p>Communications and engagement with Gypsy, Traveller and Roma communities about Test and Trace, advice to self-isolate, and outbreak planning and response. Other elements that will need to be put in place include:</p> <ul style="list-style-type: none"><li>• Engaging proactively with GRT communities to develop relevant messaging on test and trace, and outbreak plans.</li><li>• Ensuring access to information on Test and Trace and the response to an outbreak is available in relevant languages.</li></ul>
<p><b>Local outbreak scenarios and triggers:</b></p> <p>NHS Test and Trace tier 3 and tier 2 will likely identify sites where there is a potential outbreak.</p>

In the event of an outbreak, PHE Surrey and Sussex HPT are responsible for co-ordinating outbreak management, working closely with the Public Health team at WSCC. Outbreak management will also include close working with key partners such as district and borough Environmental Health Teams, CCG, Local NHS Trusts, and WSCC colleagues to facilitate a timely and proportionate outbreak response.

**Resource capabilities and capacity implications:**

Staffing

- Developing a local SOP
- Visiting sites
- Communication and engagement

**Links to additional information:**

Letter from Minister of State Stephen Greenhalgh

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/882564/COVID-19 - mitigating impacts on gypsy traveller communities.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/882564/COVID-19_-_mitigating_impacts_on_gypsy_traveller_communities.pdf)

## Appendix 1.8 - Faith settings/ Places of worship

<p><b>Objective:</b> The objective is to closely monitor any cases of COVID-19 linked to faith settings, ensuring that any outbreaks are managed quickly and efficiently</p>
<p><b>Context:</b> Data on religion are collected infrequently and the census (where the question was voluntary) remains the most comprehensive source. 66% of people stated they had a religious belief in West Sussex (lower than England - 68%). Crawley had a higher percentage of people who stated their religion as Hindu (5%) or Muslim (7.5%).</p>
<p><b>What's already in place:</b> Currently, places of worship are allowed to open for individual and group worship, with certain restrictions and guidance set out in <a href="#">COVID-19: guidance for the safe use of places of worship during the pandemic</a>. Gatherings of more than 30 people are permitted for communal worship, where the capacity of the place of worship allows, taking into account the need for social distancing. Wedding ceremonies, funerals and other life cycle ceremonies should have no more than 30 people present. Guidance on social distancing, hand washing, cleaning and self-isolation and testing still apply, and measures should be taken to ensure books, objects and resources are not touched or shared.</p> <p>Infection control training for places of worship has been made available, with one webinar already delivered and another session planned.</p>
<p><b>What else will need to be put in place:</b> We need to:</p> <ul style="list-style-type: none"><li>• Proactively engage faith community leaders and groups in outbreak planning and develop plans for places of worship with them.</li><li>• develop local SOP (in line with national guidance) to advice and support the faith sector</li><li>• Communication plan for Test and Trace</li></ul>
<p><b>Local outbreak scenarios and triggers:</b> 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). Cleaning of the faith settings, where an outbreak is detected, will be guided by government guidance on cleaning non-clinical settings and advice from PHE HPT and Environmental Health teams. A local SOP will be developed to clarify roles and responsibilities. This includes identifying who will be responsible for declaring them ready for use, where necessary.</p>
<p><b>Resource capabilities and capacity implications:</b> Staffing</p> <ul style="list-style-type: none"><li>• Developing a local SOP</li><li>• Communications and engagement,</li><li>• to visit/contact faith settings as part of prevention work; and Environmental Health officer visit/contact faith settings with outbreaks to advise/enforce on control measures</li></ul>
<p><b>Links to additional information:</b> <a href="http://www.gov.uk">www.gov.uk</a> - <a href="#">Guidance for the safe use of places of worship during the pandemic</a></p> <p>Resources – PHE/NHS Action Cards <a href="https://coronavirusresources.phe.gov.uk/reporting-an-outbreak/resources/">https://coronavirusresources.phe.gov.uk/reporting-an-outbreak/resources/</a></p>

## Appendix 1.9 - Workplaces

### Including:

- *Council owned premises* – offices/depots, libraries, leisure centres, day centres
- *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, meat packing plants, slaughter-houses, *agriculture and farming (including seasonal farm workers)*
- *Critical national infrastructure sites including military bases*

### Objective:

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

### Context:

West Sussex has a variety of workplace settings made up of private, voluntary and public sectors and these include manufacturing, construction; wholesale and retail trade; agriculture and farming; repair of motor vehicles and motorcycles; transportation and storage; accommodation and food service activities; information and communication; financial and insurance; real estate activities; professional, scientific and technical activities; administrative and support service activities; public administration and defence; human health and social work activities; arts, entertainment, recreation, including tourism & other sectors.

There are 96 sites in West Sussex involved in the storage, preparation, processing and packaging of meat, fish and dairy.

### What's already in place:

Certain types of businesses and venues are currently closed to members of the public as per government's guidance. The NHS test and trace service does not change the existing guidance about working from home wherever possible.

As per government guidance, employers should:

- Conduct a COVID-19 risk assessment
- Develop cleaning, handwashing and hygiene procedures
- Help people to work from home
- Maintain 2m social distancing, where possible
- Where people cannot be 2m apart, manage transmission risk

Sector specific Government guidance give details of reducing the risk including when 2meter social distancing is not possible. The NHS test and trace service supplements the risk mitigation measures taken by employers by identifying people who have had close recent contact with someone who has tested positive for COVID-19 and advising them to self-isolate. Employers should ensure symptomatic individuals should self-isolate and access testing in line with government advice.

If there is more than one case of COVID-19 associated with a workplace, employers should contact PHE Surrey and Sussex HPT to report the suspected outbreak. Currently PHE provides the West Sussex DPH/Public Health team with daily outbreak report or contact WSCC Public Health by phone if deemed serious and urgent to require urgent action or an OCT.

### Business closure regulations

Business closure regulations are enforced by both Trading Standards Officers at County Council and Environmental Health Officers at District and Boroughs. To ensure consistency of approach and avoid duplication of effort there is a pan-Sussex agreement that has been put in place in between the Trading Standards Services and Environmental health Services across Sussex as to which premises type each Service is responsible for under the closure regulations. There is currently a weekly liaison meeting, which Sussex Police also attend.

**What else will need to be put in place:**

We need to develop:

- A communications plan on preventing outbreaks in workplaces and accessing testing, including communicating with staff to provide warning and advice on how to mitigate risk of infection
- A local SOP on supporting the business sector when an outbreak in the workplace has been identified and control measures need to be implemented. This should also cover accommodation provided by the employer for their workforce.

**Local outbreak scenarios and triggers:**

PHE developed SOP for workplaces which outlines the process in the event of an outbreak. If there is more than one case of COVID-19 associated with a workplace within 14 days, PHE HPT will consider the severity, uncertainty, spread, control measures of the outbreak, and the wider context and will jointly consider with the WSCC Public health team the need for an Outbreak Control Team (OCT). The OCT will lead the public health response and investigations, maintain the risk assessment and ensure appropriate control measures are in place.

Cleaning of workplaces, where an outbreak is detected, will be guided by government guidance on cleaning non-clinical settings and advice from PHE HPT, and Environmental Health teams, as required. This includes identifying who will be responsible for declaring them ready for use, where required.

**Resource capabilities and capacity implications:**

Staffing

- to develop communications plan and WSCC SOPs,
- to visit/contact 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 [https://www.gov.uk/guidance/nhs-test-and-trace-workplace-guidance?utm\\_source=3ad1e505-7776-4963-b366-f718239cf904&utm\\_medium=email&utm\\_campaign=govuk-notifications&utm\\_content=immediate](https://www.gov.uk/guidance/nhs-test-and-trace-workplace-guidance?utm_source=3ad1e505-7776-4963-b366-f718239cf904&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate) and

<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19>

## Appendix 1.10 – Prisons and other prescribed places of detention (PPD)

**Objective:** The objective is to reduce and eliminate new cases of COVID-19 and deaths from COVID-19 in prisons and places of detention in West Sussex

**Context:** There is one adult (18+) prisons and two Immigration Removal Centres located in West Sussex:

### Prison

- **HMP Ford** – male prison, approx. 521 capacity; category D (including remand prisoners) **Category D - open prisons** These prisons have minimal security and allow eligible prisoners to spend most of their day away from the prison on licence to carry out work, education or for other resettlement purposes. Open prisons only house prisoners that have been risk-assessed and deemed suitable for open conditions.  
<https://prisonjobs.blog.gov.uk/your-a-d-guide-on-prison-categories/>

### Immigration Removal Centres

- **Tinsley House** is a United Kingdom Immigration Removal Centre, where individuals are held while awaiting decisions on their asylum claim or considered for deportation from the UK for various reasons. It is located on Perimeter Road South of Gatwick Airport in Gatwick, West Sussex.
- **Brook House** Immigration Removal Centre is a privately managed detention centre, operated by Serco on behalf of Home Office. The facility is situated in the grounds of Gatwick Airport, Crawley, West Sussex

### What's already in place: Prisons

Prisons are currently in lockdown until further national guidance on recovery planning is issued, and prison visits are temporarily suspended. Prisons follow infection prevention and control procedures and wherever possible, social distancing and hand-washing guidance should be principles must be maintained in prisons as in the community. 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.

All PPDs should have a plan in place identifying an appropriate place to isolate patients with symptoms, preferably with input from an infection control specialist.

HPTs will contact PHE's [National Health and Justice Team](#) and [Centre Health and Justice leads](#) in response to cases in prisons and PPDs. The HPT and the National Health and Justice Team will decide whether to declare a formal incident and respond accordingly. This will support efforts across organisations to achieve infection prevention and control following the [national contingency plan for outbreaks in PPD](#).

### What's in place: Immigration Removal Centres (IRCs)

IRCs will follow National Home Office Guidance: **Guidance for immigration removal centres (IRCs) and residential short-term holding facilities (RSTHFs) during the COVID-19 pandemic**.

<https://www.gov.uk/government/publications/coronavirus-covid-19-immigration-removal-centres> and **PHE Guidance COVID-19: prisons and other prescribed places of detention guidance** <https://www.gov.uk/government/publications/covid-19-prisons-and-other-prescribed-places-of-detention-guidance/covid-19-prisons-and-other-prescribed-places-of-detention-guidance>

Testing is already available for symptomatic staff, but to support capacity and maintain effective public health measures a greater testing capability will be needed – for example, consideration is

being given to testing and clinical oversight of new receptions and symptomatic prisoners, plus contact tracing where outbreaks occur.

**What else will need to be put in place:**

PHE are currently developing SOP outlining the processes in the event of a single case or an outbreak in complex settings such as prisons and IRC.

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 possible site; while not in West Sussex, many prisoners from the county reside there.

Hospitals are requiring prisoners (and staff escorting them) coming to hospitals for treatment/operations etc to test negative prior to hospital admission. There is no testing facility within prisons (or national guidance) for this to occur for asymptomatic prisoners or staff (who hospitals are also asking to self-isolate for 14 days beforehand escorting prisoners); this issue is being experienced nationally and has been escalated. There may be the potential for the ICS to arrange local testing for Sussex prisoners and escorting staff requiring hospital treatment or release to care homes.

**Local outbreak scenarios and triggers:**

PHE HPTs will contact PHE's National Health and Justice Team and Centre Health and Justice leads in response to cases in prisons and PPDs. The HPT and the National Health and Justice Team will decide whether to declare a formal incident and respond accordingly. This will support efforts across organisations to achieve infection prevention and control following the [national contingency plan for outbreaks in PPD](#).

Depending on the outcome of the risk assessment, PHE HPT and local authority may activate the outbreak control plans and setting up an OCT, where appropriate. This will include institutional setting manager or representative. The OCT will lead the public health response and ensure appropriate measure in place.

**Resource capabilities and capacity implications:**

Staffing – prison officers and healthcare staff. Staff levels currently fine.

**Links to additional information:**

**Covid-19 specific:**

<https://www.gov.uk/government/publications/covid-19-prisons-and-other-prescribed-places-of-detention-guidance/covid-19-prisons-and-other-prescribed-places-of-detention-guidance>

**Prison Outbreak Plan:**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/585671/multi\\_agency\\_prison\\_outbreak\\_plan.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585671/multi_agency_prison_outbreak_plan.pdf)

**COVID-19: National Framework for Prison Regimes and Services -**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/889689/prisons-national-framework.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/889689/prisons-national-framework.pdf)

## Appendix 1.11 - Hospitals

### Objective:

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

### Context:

There are five acute hospitals within West Sussex:

- Western Sussex NHS Foundation Trust (WSHT)
  - St Richard's Hospital – Chichester
  - Worthing General Hospital -Worthing
  - Southland's Hospital - Shoreham
- Brighton & Sussex University Hospitals NHS Trust (BSUH)
  - Princess Royal Hospital (PRH)– Haywards Heath
- Queen Victoria Foundation NHS trust (QVH) – East Grinstead

West Sussex residents also access services from neighbouring LAs, particularly Surrey and Sussex Healthcare NHS Trust (SASH) and Royal Surrey County Hospital Trust (RSCH)

### What's already in place:

Each hospital has an Outbreak Control Plan and processes to undertake outbreak management, including OCTs which are led by the individual Trust, with support from PHE.

#### WSHT

- Follow National Guidance
- Have a director of Infection Prevention Control (DIPC)
- Have IPC Practitioners
- Follow trust policies and procedures and guidelines to manage all infection control outbreaks
- Have Internal Command and Control structure in place
- PHE Contact tracing cell reports staff cases to the Trust Occupational Health team and patient cases to the Trust's Infection Prevention and Control (IPC) teams
- Cohorting and isolation arrangements in place

#### BSUH (PRH)

- Follow National Guidance
- Have a director of Infection Prevention Control (DIPC)
- Have IPC Practitioners
- Follow trust policies and procedures and guidelines to manage all infection control outbreaks
- Have Internal Command and Control structure in place
- PHE Contact tracing cell reports staff cases to the Trust Occupational Health team and patient cases to the Trust's Infection Prevention and Control (IPC) teams
- Cohorting and isolation arrangements in place

#### QVH

- Follow National Guidance
- Have a director of Infection Prevention Control (DIPC)
- Have IPC Practitioners
- Follow trust policies and procedures and guidelines to manage all infection control outbreaks
- Have Internal Command and Control structure in place



- PHE Contact tracing cell reports staff cases to the Trust Occupational Health team and patient cases to the Trust's Infection Prevention and Control (IPC) teams
- Cohorting and isolation arrangements in place

**SASH**

- Follow national guidance
- Follow trust policies and procedures and guidelines to manage all infection control outbreaks
- Trust wide strategical and tactical meetings take place with Incident Command Centre to support COVID-19 response
- PPE hub managing all PPE supply and distribution. Escalation where required
- Patients contact tracing managed via Infection Control team
- Staff contact tracing managed via Occupational Health (drive through staff testing in place with staff antibody testing started w/c 8<sup>th</sup> June.)
- Ward closure and restricted visiting instigated as part of outbreak management.

**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 Test and Trace and the impact on the service.

**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 jointly consider with PHE the need for an Outbreak Control Team (OCT).

**Resource capabilities and capacity implications:**

- 24 hr surveillance via (in hrs) IPC team and out of hours Microbiology on-call and onsite CSNP (Bronze response team) who will escalate to tactical command (Senior Support Manager) and Strategic (Gold command) as appropriate

Test & Trace – the impact of sudden loss of groups of staff

**Links to additional information:**

Trust websites for full COVID-19 policies, procedures and related documents

## Appendix 1.12 - Primary care/community healthcare settings

<p>Including:</p> <ul style="list-style-type: none"><li>• General practices and walk-in centres</li><li>• community pharmacy</li><li>• dentists</li><li>• optometry</li></ul>
<p><b>Objective:</b></p> <p>The objective is to closely monitor any cases of COVID-19 linked to exposure within Primary Care settings, ensuring that any outbreaks are managed quickly and efficiently.</p>
<p><b>Context:</b></p> <p>In West Sussex there are:</p> <ul style="list-style-type: none"><li>• 93 General Practices</li><li>• 157 Community Pharmacies</li></ul>
<p><b>What's already in place:</b></p> <p>Employers should continue to follow government guidance on social distancing, PPE for healthcare workers, handwashing and support self-isolation as part of Test and Trace. In the event of a COVID-19 outbreak, primary care settings should continue to follow existing Public Health England guidance on defining and managing communicable disease outbreaks.</p> <p><b>General Practices and Walk-in Centres</b> - As part of the COVID-19 response, Primary Care have put in place measures to manage any outbreaks of COVID-19. Primary Care practices in each ICP area established "Hot Sites" in discrete sites; or altered existing GP premises to provide "Hot Zones" for those patients with COVID-19 to be seen and treated. These are fully prepped with PPE for staff in order to assess and treat any patient with suspected or confirmed COVID-19. Full infection control measures are in place at these sites and in addition, if any of the 'cold sites' appear to have an issue with an outbreak, the CCG has signposted GPs to services from a cleaning company that GPs can access in order to undertake a deep clean. If there are outbreaks, then staff and patients who have been in contact in the surgery can be traced and tested and staff are able to self-isolate if appropriate. A review of this "hot hub" provision is currently underway within each PCN in order to develop a local solution for each area that allows for the safe management of COVID-19 patients and with the ability to scale up again if necessary.</p> <p>The CCG has worked with practices to secure them with PPE prior to LRF and Clipper being made available to practices.</p> <p>In order to mitigate against outbreaks, the CCG has supplied practices with the IT equipment to undertake remote working and video consultation where appropriate and to minimise the need for face to face appointments.</p> <p>Practices have been supported in applying through the COVID-19 fund for cleaning, PPE and other areas such as spit guards and Perspex screens to support and mitigate against any potential outbreaks.</p> <p>Each practice has been contacted to undertake a risk assessment for their at risk and BAME staff in order to support BAME staff.</p> <p>CCG are working with practices to agree and put in place the right social distancing measures and equipment to support the return to face to face appointments.</p> <p><b>Community Pharmacy</b> - 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. Testing for pharmacy staff, as essential workers, is available as per government guidance</p> <p>Various dispensations and options for closed door working and the flexible provision of hours or services are in place in accordance with the emergency provisions of the NHS (Pharmaceutical and Local Pharmaceutical Service) Regulations 2013 and contractors must update their NHS 111 Directory of Services (DoS) entry and NHS website pharmacy profile as appropriate.</p>

National bodies have worked with Public Health England (PHE) to send free of charge packs of PPE to pharmacies in mid-March. Community pharmacy staff in England can access free testing for COVID-19, via the DHSC national testing service.

Contractors have received funding to install screens on medicines counters, wherever this is possible.

National guidance has been issued to help community pharmacy teams safely handle returned unwanted medicines during the pandemic, including advice for patients on how best to do this. More Sussex community pharmacies are commissioned to stock a wider range of End of Life Care medications, so that patients have prompt access to these medicines during the pharmacy's regular core and supplementary hours.

**What else will need to be put in place:**

**General Practice and Walk in Centres** - 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 Test and Trace and the impact on the service.

**General Practices and Walk-in Centres**

- Antibody testing for staff will indicate past exposure to the virus and inform future decision making
- Review access to PPE via Clipper. At present only one pack of PPE is allowed for each order regardless of the size of the practice, and taking into account the increased number of patients doing Face to Face appointments with clinical staff in GP practices
- Further work being undertaken on supporting BAME communities
- Potential for additional PPE – FP3 facemasks to support clinical staff from BAME communities
- 

**Community Pharmacy**

- Access to medicines & pharmacy services - all pharmacies to remain open during any local restrictions to provide access to medicines
- Access to local volunteer hubs for pharmacies in the event of a local restrictions for support to in collection / pick-up of medicines for those that are shielded and others
- Funding to support a locally commissioned service for delivery of medicines (in the event of the national pandemic pharmacy delivery service having ended)
- Consider prioritisation of pharmacy staff within key services e.g. school places, access to other essential services
- New national guidance for wearing of face masks in community pharmacies is expected, until such guidance is issued, community pharmacy contractors are asked to consider whether to follow the guidance issued to hospital staff in non-clinical situations, as well as the advice for visitors to wear face coverings

**Dental practices and optometry:** work to include outbreak control arrangement for dental and optometry practices

**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). The OCT will include key partners, to agree further control measures, consider communications messages and mitigate wider consequences.

**Resource capabilities and capacity implications:**

**General Practices and Walk-in Centres –**

**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
- Operational capacity might be impacted on due to staff self isolating

**Links to additional information:**

**Community pharmacy - PSNC's [COVID-19 hub](#) contains links to information, guidance and resources on the COVID-19 coronavirus pandemic for community pharmacy contractors and their teams.**

**Government guidance: Coronavirus (COVID-19): getting tested**

<https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested>

## Appendix 1.13 – Mental Health and Community Trusts

### Objective:

The objective is 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 West Sussex:

- Sussex Partnership Foundation Trust (SPFT), which includes the following sites
  - Oaklands Centre for Acute Care
  - Connolly House (Inc South Lodge)
  - Meadowfield Hospital
  - Salvington Lodge

There is one Community Trust operating in West Sussex:

- Sussex Community Foundation Trust (SCFT), which includes the following sites
  - Arundel and District Hospital
  - Bognor War memorial Hospital
  - Crawley Hospital
  - Horsham Hospital
  - The Kleinwort Centre
  - Midhurst Community Hospital
  - Salvington Lodge
  - Zachary Merton Hospital
  - Broadfield Health centre
  - Burgess Hill Centre
  - Central Clinic Worthing
  - Children’s Continuing Care Worthing
  - Durrington Health Centre
  - East Grinstead Health Centre
  - Glebelands
  - Hassocks Health centre
  - Lancing Health centre
  - Nightingale Primary care centre
  - Shoreham Health centre
  - Vale Primary Care Centre

### What’s already in place:

Employers should continue to follow government guidance on social distancing, PPE for healthcare workers, handwashing and support self-isolation as part of Test and Trace.

In the event of a COVID-19 outbreak, NHS organisations continue to follow existing Public Health England guidance on defining and managing communicable disease outbreaks. SCFT and SPFT would manage their own in-house contact tracing. PHE would refer staff to their Occupational Health team and patients to their Infection Prevention Control team when identifying positive cases through Test and Trace.

**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. Infection Prevention Control 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.

**Sussex Community 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 Infection Prevention Control Assurance Framework supported by a specialist IPC team.

SPFT and SCFT are both members of West Sussex covid19 response structures including CCG Silver and Gold, Care homes cells and Care homes Incident Management Team.

SPFT and SCFT are both active members in the response to supporting care homes.

**What else will need to be put in place:**

To support the effective management of COVID-19 outbreaks existing reporting processes and standard ways of responding to these outbreaks will be utilised using agreed mechanisms including out of hours. Reporting on staff absence due to Test and Trace and the impact on the service is also in place. Data and intelligence sharing at place based levels will be required.

**Local outbreak scenarios and triggers:**

If multiple cases of COVID-19 (suspected or confirmed) are linked to exposure within a Mental Health or Community Trust, the Trust will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with PHE and WSCC the need for an Outbreak Control Team (OCT).

**Resource capabilities and capacity implications:**

None identified

**Links to additional information:**

**Sussex Partnership Foundation Trust** - website for COVID-19 advice for patients, family and staff.

<https://www.sussexpartnership.nhs.uk/coronavirus-covid-19-what-you-need-know>

Detailed advice for staff including procedures is on intranet.

**Sussex Community Foundation Trust** – website for COVID19 including advice and support

<https://www.sussexcommunity.nhs.uk/>

Detailed advice for staff including procedures is on SCFT intranet.

## Appendix 1.14 - UK Ports of Entry

<p><b>Objective:</b> The objective is to closely monitor any cases of COVID-19 amongst those arriving in the UK ensuring that any outbreaks are managed quickly and efficiently.</p>
<p><b>Context:</b> Gatwick Airport, which is one to the major airports in the UK, and Shoreham Port are international gateways. West Sussex also has some strong links with neighbouring Ports, such as Portsmouth and Southampton, with many residents and visitors passing through county.</p>
<p><b>What's already in place:</b> Passengers and operators (airports, airlines, travel companies, other service providers) should continue to follow government guidance on preventing and reducing the spread of COVID-19, including conducting risk assessments, social distancing, PPE (where required), handwashing and self-isolation (where appropriate). Operators are also responsible for clear health and safety communications with workers and passengers at the appropriate points in their journey.</p> <p>PHE Health Protection Teams have local arrangements with Port Health Authorities for both Heathrow and Gatwick Airports to manage symptomatic cases of infectious diseases arriving at these Ports of Entry. From 8 June, new rules were introduced for those travelling to the UK (residents and visitors) which requires them to complete a Passenger Locator Form (they will receive a receipt to prove completion of the form to UK Border Force) and to self-isolate for the first 14 days. PHE will have access to these forms (held by the Home Office) for rapid contact tracing purposes. 20% of airline passengers will be contacted at random, on behalf of PHE, to monitor compliance with self-isolation rules and will inform the Police of those that fail to comply.</p>
<p><b>What else will need to be put in place:</b> Provision of support for symptomatic visitors needing access to food and medical supplies during 14 days self-isolation period. West Sussex Community Hub provides support for UK residents who self-isolating.</p>
<p><b>Local outbreak scenarios and triggers:</b> For visitors, self-isolation in commercial accommodation such as hotels etc has the potential to result in outbreaks in commercial premises. PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT).</p>
<p><b>Resource capabilities and capacity implications:</b> Provision of support for visitors needing access to food and medical supplies.</p>
<p><b>Links to additional information:</b> Guidance on entering the UK can be found at <a href="https://www.gov.uk/uk-border-control">https://www.gov.uk/uk-border-control</a>  <a href="https://www.gov.uk/government/publications/covid-19-shipping-and-sea-ports-guidance/guidance-for-shipping-and-sea-ports-on-coronavirus-covid-19">https://www.gov.uk/government/publications/covid-19-shipping-and-sea-ports-guidance/guidance-for-shipping-and-sea-ports-on-coronavirus-covid-19</a></p> <p><b>Guidance: Coronavirus (COVID-19): safer aviation guidance for operators</b> <a href="https://www.gov.uk/guidance/coronavirus-covid-19-safer-aviation-guidance-for-operators">https://www.gov.uk/guidance/coronavirus-covid-19-safer-aviation-guidance-for-operators</a></p>

## *Appendix 1.15- Tourist Attractions and Travel Accommodation*

<p><b>Objectives:</b></p> <p>The objectives are to protect employees, visitors and customers, while restarting the local tourism economy; to closely monitor any cases of COVID-19 linked to tourism and travel accommodation; to ensure that any outbreaks are managed quickly and efficiently.</p>
<p><b>Context:</b></p> <p>West Sussex is easy to access from London and the surrounding areas, both for day trips and longer visits, and has many tourist attractions including:</p> <ul style="list-style-type: none"><li>• Beaches</li><li>• National Trust parks, gardens and houses</li><li>• South Downs National Park</li><li>• Entertainment resorts</li><li>• Large private estates hosting a range of events</li><li>• Racecourses</li><li>• Wine Estates</li></ul> <p>Accompanying these attractions are a range of accommodation businesses including hotels, bed and breakfasts, self-catering accommodation, and caravan and camping sites.</p>
<p><b>What's already in place:</b></p> <p>Government guidance on the visitor economy gives details on managing customers, visitors and contractors, which is aimed at business owners, operators and workers in hotels and other guest accommodation, indoor and outdoor attractions, and business events and consumer shows.</p> <p>WSSC Public Health and District and Borough Environmental Health teams work together to provide advice and support to tourist attractions and travel accommodation providers to ensure that they are following guidelines to prevent the spread of COVID-19 in their settings.</p>
<p><b>What else will need to be put in place:</b></p> <p>We need to develop:</p> <ul style="list-style-type: none"><li>• A communications plan to work with the tourism sector when national guidance on preventing outbreaks in tourist settings is produced</li><li>• SOPs aligned to PHE/NHS Test and Trace and Joint Biosecurity action cards</li></ul>
<p><b>Local outbreak scenarios and triggers:</b></p> <p>If multiple cases of COVID-19 (suspected or confirmed) occur in a tourist attraction or travel accommodation setting, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT).</p> <p>Environmental Health have established relationships with tourist attractions and travel accommodation businesses and will be able to bring additional detailed knowledge of the specific settings. The OCT in addition to the core membership would also include a representative from the specific setting.</p>
<p><b>Resource capabilities and capacity implications:</b></p> <p>Staffing</p> <ul style="list-style-type: none"><li>• to develop communications plan and SOPs,</li><li>• to visit/contact non-compliant tourist / accommodation settings as part of prevention work</li></ul>



- to visit/contact tourist / accommodation settings with outbreaks to advise/enforce on control measures

**Links to additional information and resources:**

<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/the-visitor-economy>

<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://coronavirusresources.phe.gov.uk/reporting-an-outbreak/resources/>

## Local Boards – Terms of Reference

### *Appendix 2.1 – COVID-19 Health Protection Board Terms of Reference Final*

## WEST SUSSEX COVID-19 HEALTH PROTECTION BOARD

### TERMS OF REFERENCE

#### Purpose

The COVID-19 Health Protection Board is responsible for strategic oversight of health protection regarding COVID-19 in West Sussex, including prevention, surveillance, planning and response, to ensure they meet the needs of the population.

The Board will be supported by and work in collaboration with West Sussex Gold command emergency planning forum. The response will be delivered at different levels and by different organisations, however these will need to be brought together at local authority level under the leadership of the Director of Public Health to optimise tailored place-based response. In addition to the place-based approach overseen by the Board the levels will include:

- **National** - a National Outbreak Control Plans Advisory Board will be established to draw on expertise from across local government and ensure the national Test and Trace programme builds on local capability, and to share best practice and inform future programme development.
- **Regional** - Co-ordination required on a regional level will be provided through the Local Resilience Forum and Integrated Care System arrangements
- **Local** - Working with the Local Outbreak Engagement Board and West Sussex District and Borough Councils, and NHS to ensure a place-based focus to local health protection.

#### Objectives

The Board will:

- Be responsible for the ongoing development and delivery of the Local COVID-19 Outbreak Control Plan, this will include:
  - How prevention and response to local outbreaks in settings such as care homes and educational settings will be addressed
  - Identification of other areas, communities or settings considered to present risk
  - Liaison with Sussex Testing Cell to identify methods for local testing to ensure a swift response that is accessible to the entire population.
  - Assessing contact tracing and infection control capability and capacity in local and in particular complex, settings and identifying and escalating requirements
  - Ensuring local services can support vulnerable people to self-isolate
  - Ensuring clear communications between the Board and Outbreak Control Teams, where convened.
- Make recommendations to relevant public bodies and agencies for allocation of resources to support the effective delivery of the Plan

- Receive and act on data and intelligence, including epidemiology and Early Warning indicators, provided from sources including the Sussex COVID-19 Data and Modelling Cell, Public Health England, NHS Test and Trace and the national Joint Biosecurity Centre (JBC)
- Overseeing arrangements for all agencies working with local communities and services to make the NHS Test and Trace programme as effective as possible
- Advise on community engagement, including with vulnerable and/or high-risk communities
- Advise on communications strategy for the Local Outbreak Control Plan, especially for the member led Local Outbreak Engagement Board
- Approve implementation measures (or make recommendations to other bodies where appropriate) that will prevent virus transmission, for example those contained within the JBC guidance
- Monitor the response to local outbreaks and ensure learning informs future practice
- Make recommendations for the wider COVID-19 response and policy agenda
- Identify, monitor and escalate risks and issues as appropriate (to the relevant forum or agency with responsibility)
- Ensure the West Sussex COVID-19 Outbreak Control Plan and its delivery meet the public sector equality duty and prioritise meeting the needs of the most vulnerable and those most at risk

## Accountability

The Board will be accountable to West Sussex SMG Gold Command in its role as overseeing the local authority response at local level.

It will also have reporting relationships to:

- Member led Local Outbreak Engagement Board
- Health and Wellbeing Board
- West Sussex Health and Care Silver
- Regional and National forums when required

Where appropriate the Board will liaise with:

- Health Protection Boards in East Sussex and Brighton & Hove on cross boundary issues
- the Sussex Resilience Forum and Sussex Integrated Care System on Sussex level issues.

## Meetings

Meetings will be held monthly but with extraordinary meetings convened if required

Meetings are not open to the public

An agenda and papers will be circulated at least 2 working days before the meeting

Conflicts of interest must be declared by any member of the Board

Specific invitations to persons in other roles may be made where warranted by the business of the meeting.

## Membership

### ***West Sussex County Council***

- Director of Public Health (Chair)
- Director of Adult and Health (DASS) (Co-Chair)
- Public Health consultant(s) (Nominated deputy co-chair)

- Health Protection Lead
- Public Health Emergencies and Resilience Advisor
- Principal Manager, Public Health and Social Research Unit
- Communications and engagement
- Trading standards
- Directorate leads/representatives for:
  - Governance and Law (as required)
  - Adult social care
  - Communities team
  - Children, skills and Learning

#### **Districts and Boroughs**

- Environmental Health Officers or Communities representative from each of the District and Boroughs (Adur; Arun; Chichester; Crawley; Horsham; Mid-Sussex; Worthing)

#### **Public Health England**

PHE South East Consultant in Health Protection or Health Protection Practitioner

#### **West Sussex CCG**

- CCG representative
- GP lead

#### **Other NHS**

- Infection, Prevention & Control *leads as required* WSHT; SPFT; SCFT, PRH (BSUH), QVH

#### **Sussex Resilience Forum/Testing Cell**

- COVID-19 System Response Deputy Director (oversight of testing services)

**Sussex Police representative** (as required)

**SECamb representative** (as required)

A defined post-holder will act as ‘Secretariat’ to the Group – **to be agreed**.

Specific invitations to persons in other roles may be made where warranted by the business of the meeting.

## **Quoracy**

There will be least six representatives, one of whom will be the Chair or Co-chair or nominated deputy and at least one representative from the District and Borough councils.

## **Substitution arrangements**

In the event that a substitute is required, each core member of the Board should nominate a person with sufficient authority to speak for their organisations and make decisions within their own organisations. Notice of substitution should be given to the Secretariat of the Board at least one working day in advance.

## **Review**

Terms of reference will be reviewed on a bi-monthly basis

Reviewed 3.08.20 – V2: updated quoracy and added substitution arrangements.

## *Appendix 2.2 - Local Outbreak Engagement Board Terms of Reference*

**Note:** These ToRs will be finalised following the first meeting of the LOEB, which is currently being organised

# **West Sussex Local Outbreak Engagement Board**

## **Terms of Reference**

### **1. Context**

- 1.1 The NHS Test and Trace service is part of the national COVID-19 recovery strategy. It is aimed at controlling the COVID-19 rate of reproduction (R), reducing the spread of infection and saving lives.
- 1.2 This strategy requires local authorities to work with partners to build on existing health protection plans to put in place measures to identify and contain outbreaks and protect the public's health.
- 1.3 The strategy requires a public-facing board led by elected members to provide representative oversight and influence and to communicate openly with the public. This is the West Sussex Local Outbreak Engagement Board (LOEB).
- 1.4 This board is a sub-group of the West Sussex Health and Wellbeing Board.

### **2. Purpose**

The board will oversee the local delivery of the primary objectives of the government strategy to reduce the spread of infection and save lives, providing political ownership and public-facing engagement and communication for outbreak response.

### **3. Role and Responsibilities**

- 3.1 The West Sussex Local Outbreak Engagement Board will be responsible for:
  - 3.1.1 Sign-off of the West Sussex COVID-19 Local Outbreak Control Plan and ongoing development of the plan jointly with the West Sussex Covid-19 Health Protection Board (C19 HPB);
  - 3.1.2 Representative and political oversight of outbreak responses in West Sussex, outlined in the West Sussex COVID-19 Local Outbreak Control Plan and implemented primarily via the local COVID-19 Health Protection Board (C19 HPB);
  - 3.1.3 Oversight of arrangements for resource allocation relating to the delivery of Test and Trace in West Sussex;
  - 3.1.4 Direction and leadership for community engagement for outbreak response;
  - 3.1.5 Approving the public-facing communications for outbreak response and
  - 3.1.6 Approving recommendations as may be needed from the West Sussex COVID-19 Health Protection Board.

## 4. Accountability

- 4.1 The board will be accountable to the West Sussex Health and Wellbeing Board, as a sub-group of the board, providing formal updates at its' quarterly public meetings.
- 4.1.1 The West Sussex COVID-19 Health Protection Board will report to the board.
- 4.1.2 Where appropriate, the board will liaise with:
  - WSCC Cabinet
  - WSCC Strategic Management Group (Gold Command)
  - Health and Social Care Executive Partnership Board
  - West Sussex Health and Care Silver Command

## 5. Principles

- 5.1 The systems leadership model that members of the West Sussex Health and Wellbeing Board follow describes how board members will work together. Board members will follow this same approach, and will:
  - 5.1.1 Tell the West Sussex story: shared vision and outcomes, consistent messages based on data, sharing, disseminating and championing learning and evidence, listening and acting upon residents' voices.
  - 5.1.2 Be accountable to residents: focusing on West Sussex as a place, shared ownership of decisions in an open and transparent way, following through on agreements and commitments.
  - 5.1.3 Work across organisational boundaries: Using combined influence to achieve outcomes, cooperation and collaboration not competition, population focus versus organisational focus, and making connections.
  - 5.1.4 Develop a preventative ethos: changing the culture towards prevention, promoting personal responsibility for health and wellbeing, challenging inequalities.
  - 5.1.5 Innovate and improve: collectively using resources and assets effectively, fairly and sustainably, focusing on the process of continual improvement, applying 'thinking differently' approaches, and embracing new ideas/new ways of working, driving social innovation and new ways to use community assets.

## 6. Chairman

- 6.1 The Chairman of the West Sussex Health and Wellbeing Board will be the Chairman of the West Sussex Local Outbreak Engagement Board.
- 6.2 A deputy chair will be nominated at the first meeting.

## 7. Membership

- 7.1 The Board membership will be as follows:
  - West Sussex County Council
  - Cabinet Members whose portfolio responsibilities include:
    - Community Development
    - Health and Adults Services
    - Children and Families

*Note: The relevant Senior Advisor may attend in place of the Cabinet Member*

Directors with Commissioning responsibility for:

- Public Health
- Adults Services
- Children's Services

Head of Communications and Engagement

#### West Sussex District and Borough Councils

Three representatives, elected members or council officers, from different district and borough councils from the north and south of the county (representing both urban and rural areas) nominated by the districts and boroughs.

#### West Sussex Clinical Commissioning Group

One representative

#### Healthwatch

One representative

- 7.2 Board members are able to nominate a deputy (as agreed by the chairman) who can attend and vote in their absence but must have delegated authority to make decisions.

### **8. Quorum**

- 8.1 There will be at least four representatives, one of whom will be the chairman or deputy chair.

### **9. Decision-making**

- 9.1 The decisions will be made by consensus. Members will ensure that any decisions taken are with appropriate authority from their organisation.
- 9.2 Any member can make a proposition or propose an amendment to a proposed resolution if backed by a seconder. Votes will be taken if consensus is not reached. Voting will be by a show of hands or as any virtual meeting arrangement requires.

### **10. Board Support**

- 10.1 West Sussex County Council Democratic services team are responsible for distribution of the agenda and reports, recording minutes, maintaining the actions tracker and the organisation of the meetings.
- 10.2 The West Sussex County Council Public Health Directorate are responsible for the board forward plan, developing the agenda and support for board members to fulfil their role.

### **11. Meeting**

- 11.1 The board will meet on \_\_\_\_\_, then the week beginning \_\_\_\_\_. Meetings will be bi-monthly, with extraordinary meetings convened if required. The frequency of the meetings will be kept under review.
- 11.2 Meetings are not open to the public.
- 11.3 Meetings will be held virtually and, when feasible at venues across West Sussex as agreed by the board.

11.4 An agenda and papers will be circulated at least 2 working days before the meeting.

11.5 Conflicts of interest must be declared by any member of the group.

## **12. Review of Terms of Reference**

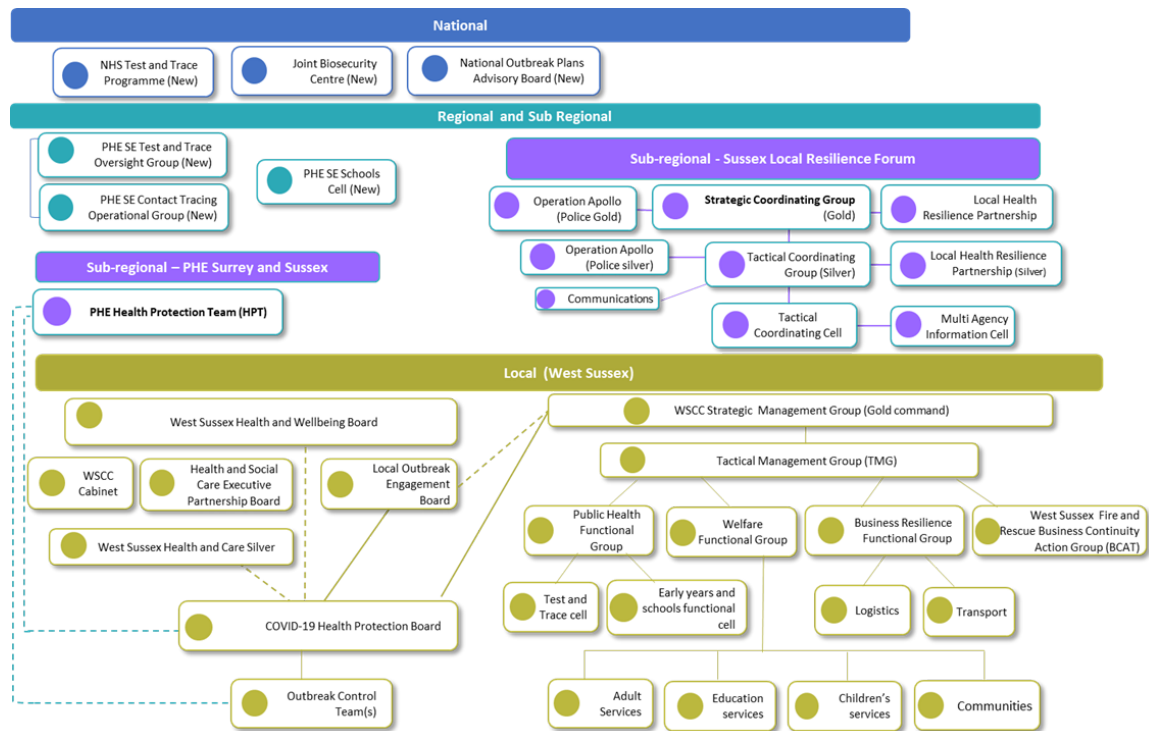
12.1 These terms of reference will be formally reviewed by the board by mutual agreement of its members on a quarterly basis. Reviews will be undertaken to reflect any significant changes in circumstances as they arise. These terms of reference, together with any amendments, will be signed off by the board members.

## **13. Governance**

See structure below



# West Sussex COVID-19 Test and Trace – Governance Overview



## Appendix 3 - Local Authority powers

### **Local Authority powers to deal with disease outbreak control**

Principal source of powers: **Public Health (Control of Disease) Act 1984** (as amended). Lead local authority for functions – District Councils acting through Environmental Health. A useful practical guide is available [here](#).

The Act 1984 gives health protection powers to local authorities to protect public health, which can be used without approval from a court. It also gives powers to magistrates' courts to authorise additional steps by authorities. The exercise of these powers should be based on evidence of an infection or contamination that presents a significant risk to health or risk of the infection spreading to others and that the action is required to remove or reduce the risk.

Three sets of regulations provide the procedures for exercising these powers:

1. **Health Protection (Notification) Regulations 2010** provide the system of notification relating to notifiable diseases and related controls
2. **Health Protection (Local Authority Powers) Regulations 2010** cover the powers of local authorities for protecting the public from infection or contamination by issuing requests or requirements for action
3. **Health Protection (Part 2A Orders) Regulations 2010** cover the applications by local authorities to obtain an order from a magistrate to impose additional restrictions or requirements to protect public health when the standard powers are not considered sufficient.

#### **1. Health Protection (Notification) Regulations 2010**

The Local Authority may receive notice of the occurrence of a notifiable disease or other notable contamination or infection. In response the authority may issue notifications to raise awareness and describe actions or proposals for managing the spread of infection. The notification may be used in combination with other powers set out below or with powers to enter and inspect relevant premises by notice or after seeking a warrant from a magistrate.

The powers are also used to notify other relevant agencies in other areas.

#### **2. Health Protection (Local Authority Powers) Regulations 2010**

The local authority is able to request or require action to be taken to prevent, protect against or control a significant risk to human health. The actions include

- A requirement to compel a person to act (which the Authority may enforce)
- A request to ask a person to comply. If the person refuses, the local authority must go to court to seek an order of enforcement.

The specific powers comprise the following:

- Require that a child is kept away from school (reg 2)
- Require a head teacher to provide contact details of pupils attending their school (reg 3)

- Request the disinfection or decontamination of premises or articles (regs 3-7)
- Request individuals or groups to cooperate for health protection purposes (reg 8)
- Require restricted contact with or require the relocation of a dead body or co-operation by the person in control of it for health protection purposes (regs 9-11)

Where a person is not willing to cooperate with a request (e.g. to self-isolate), the local authority can apply to a magistrate for an order to enforce the action

### **3. The Health Protection (Part 2A Orders) Regulations 2010**

A local authority may apply to a magistrate for an order imposing restrictions or requirements on:

- A person
- A thing
- A body
- Human remains, or
- Premises.

Where a magistrate is satisfied that the criteria are met they can issue an order to protect against infection or contamination that presents a risk of significant harm to health. These powers may be exercised instead of or as well as the powers available under 2. above.

## **4. Considerations and approach**

### **Children and schools**

The power to require a child (under 18 years of age) to be kept away from school must be based on evidence that:

- The child is or may be infected or contaminated
- the infection or contamination is one which presents or could present significant harm to human health
- there is a risk that the child might infect or contaminate others
- it is necessary to keep the child away from school in order to remove or reduce that risk; and
- keeping the child away from school is a proportionate response to the risk to others presented by the child

### **School track and trace**

Local Authorities have power to require provision of details of children attending school to assist the tracking and control of infection. By serving notice on a head teacher of a school in its area, a local authority may require that head teacher provide it with a list of the names, addresses and contact telephone numbers for all the pupils of that school, or such group of pupils attending that school as it may specify. A local authority may only serve such a notice where it is satisfied that:

- a person who is or has recently been on the school's premises is or may be infected or contaminated
- the infection or contamination is one which presents or could present significant harm to human health
- there is a risk that the person may have infected or contaminated pupils at the school
- it is necessary to have the list in order to contact those pupils with a view to ascertaining whether they are or may be infected or contaminated; and
- requiring the list, and contacting those who may be infected or is a proportionate response to the risk presented by that person

### **Requesting co-operation from individuals, groups or businesses**

By serving notice on them, a local authority may request any person or group of persons to do, or refrain from doing, anything for the purpose of preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection or contamination which presents or could present significant harm to human health. The notice must provide contact details for an officer of the local authority who is able to discuss the notice.

The local authority may offer compensation or expenses in connection with its request.

There is no list or definition to limit the scope of requests that may be made provided it can be seen as a reasonable and proportionate request to address the identified risk.

### **Control of bodies**

A local authority may serve on a person having charge or control of the premises in which a dead body is located a notice prohibiting any person from having contact with the body. That person must arrange for a copy of the notice to be displayed near the body without delay. Similar powers can also prevent people entering a room in which a dead body is located. The power may be used when:

- a dead body is or may be infected or contaminated
- the infection or contamination is one which presents or could present significant harm to human health
- there is a risk that the body might infect or contaminate people
- it is necessary to restrict contact with the body in order to remove or reduce that risk; and
- prohibiting any person from having contact with the body is a proportionate response to the risk presented.

### **Using Powers and Part 2A orders**

#### **Content of order and provisions**

'Thing' includes animals, plant material and inanimate objects. It can also mean a body or human remains.

'Premises' includes any place, land, vehicles, train, vessel or aircraft,

and any tent or movable structure. It can also refer to an offshore installation.

A Part 2A Order can be expressed in conditional terms - that the action is only to be taken if certain things happen or fail to happen. An order might refer to stages - that certain articles are to be decontaminated, but in the event that this fails that additional action is taken including destruction.

A Part 2A Order should contain a power of entry if this is needed to effect the order.

Where necessary, an order can apply to more than one person, thing or premises, or to a group of people, or things, or premises.

### **Compensation and charges**

A Magistrate can require payment of compensation or expenses in connection with the measures specified in a Part 2A Order such as to cover financial loss as a result of an order.

In some cases, where the local authority needs to take action as a result of a Part 2A Order, the authority may make a charge.

### **Length and expiry of orders**

A Part 2A Order must specify the period for which it is to apply. The maximum period of effect of any order relating to a person is 28 days from the date of the order. If the problem has not been resolved when the order expires the magistrate can extend the period of the order up to a further 28 days if the order relates to a person.

### **Notification**

Whenever an application is made for a Part 2A Order (person, thing, body or premises) the local authority must provide a written report to PHE as soon as practicable, and within 10 days of the application being granted, dismissed, withdrawn, varied, or revoked

### **Business closures – Coronavirus specific**

The **Health Protection (Coronavirus, Restrictions) (England) Regulations 2020** contain provisions including relating to the forced closure of certain businesses and premises connected with breaches of the lockdown restrictions (regulations 4 and 5). These are only available to enable the enforcement of lockdown regulations NOT guidance on levels of eased lockdown.

Local authorities can give designated officers powers of enforcement under these Regulations, but only in respect of the rules forcing the closure of premises and businesses and not in relation to any other provisions:

The additional powers to direct or control persons, set out in Regulation 8, are only available to the police – a request can be made of the police to exercise these additional powers. They include removing people to their homes where they are in breach of the movement and gathering restrictions (regulations 6 and 7). The Secretary of State can give others authority to exercise this power but has not done so.

## Appendix 4: COVID-19 Contain Framework Briefing

### COVID-19 Contain Framework – Public Health Directorate

#### Summary

- The Department for Health and Social Care published the [national COVID-19 Contain Framework: a guide for local decision makers](#) on Friday, 17<sup>th</sup> July 2020.
- **The Framework sets out how national and local partners will work with the public at a local level to prevent, contain and manage outbreaks.**
- Successful management of local outbreaks is a core element of NHS Test and Trace's ambition to break the chains of COVID-19 transmission to enable people to return to and maintain a more normal way of life.
- This framework supports local decision-makers by clarifying their responsibilities and empowering them to take preventative action and make strong decisions locally, supported by mechanisms that safeguard key national assets and interests.

#### Accountability

- Ministers are accountable nationally for setting this framework and for oversight and intervention where necessary.
- **Locally, Directors of Public Health (DPH) are accountable for controlling local outbreaks, working with Public Health England (PHE) and local health protection boards,** supported with resource deployment by local 'gold' structures led by council chief executives, and local boards to communicate and engage with communities led by council leaders.

#### Principles

##### **Six principles support effective implementation of an integrated national and local system:**

- The primary responsibility is to make the public safe
- Build on public health expertise and use a systems approach
- Be open with data and insight so everyone can protect themselves and others
- Build consensus between decision-makers to secure trust, confidence and consent
- Follow well-established emergency management principles
- Consider equality, economic, social and health-related impacts of decisions

#### Local Outbreak Plans

- **Unitary metropolitan councils and county councils ('Upper Tier Local Authorities' (UTLAs)) are leading local outbreak planning, within a national framework, and with the support of the NHS Test and Trace service, PHE and other government departments.**
- In 2 tier areas, like West Sussex, county councils are working closely with district and borough councils who have responsibility for environmental health.
- Each UTLA has a local outbreak plan setting out how partners should work together to implement the plans and take a preventative approach.

#### Powers

- **Wherever possible, actions to address outbreaks of COVID-19 will be undertaken in partnership with local communities, on the basis of informed engagement and consent.**
- UTLAs will have powers to close individual premises, public outdoor places and prevent specific events. This means that UTLAs will no longer have to make representations to a magistrate in order to close premises. Premises which form part of essential infrastructure will not be in scope of these powers. A non-exhaustive list of the types of categories of infrastructure will be set out in government guidance.

## Appendix 5 - Equality monitoring report

Protected characteristic and issues to consider in relation to COVID-19	Planned and proposed action
<b>Age</b>	
<ul style="list-style-type: none"> <li>• Older people are more likely to develop serious ill health and are more likely to have complex co-morbidities which place them at greater risk of complications and death from COVID-19</li> <li>• a larger proportion of older people, compared to younger age groups, use health and social care services and have been disproportionately affected due to the high numbers of deaths in care homes</li> <li>• Higher numbers of older people are self-isolating or shielding due to clinical conditions which make them more vulnerable.</li> <li>• Some older people will receive support from family and friend carers and/or paid carers who may be asked to self-isolate.</li> <li>• Older people living at home may experience social isolation as a result of COVID-19 response</li> <li>• People who are living alone are more likely to need support with food and essentials if they are asked to self-isolate.</li> <li>• Children not going to school due to COVID-19 response could increase the risk of safeguarding issues</li> </ul>	<ul style="list-style-type: none"> <li>• Care homes have been included in the LOCP as high risk places, with details of preventing and managing outbreaks</li> <li>• Support for vulnerable people, including the elderly has been included in the plan. The plan also highlights the arrangements in place through the West Sussex Community Hub offer of support, including social contact, particularly for people who receive help from a carer.</li> <li>• Schools and children’s care homes have been identified as high risk and complex settings and outbreak prevention and management set out to mitigate the risk of an outbreak</li> </ul>
<b>Disability</b>	
<ul style="list-style-type: none"> <li>• Some people with a disability will receive support from family and friend carers and/or paid carers who may be asked to self-isolate due to COVID-19.</li> <li>• Some people with a disability may be shielding due to clinical conditions which makes them more vulnerable.</li> <li>• CQC reports that more disabled people with learning disabilities have died during the COVID-19 crisis compared with same period last year.</li> <li>• People with some long-term conditions (which would be classed as a disability under the Equality Act 2010) are more likely to develop serious ill health if they contract COVID-19</li> <li>• Reduced regular or non-COVID-19 related services may mean that disabled people,</li> </ul>	<ul style="list-style-type: none"> <li>• Communication plan will use various channels and formats that are accessible to communicate with residents about COVID-19 and Test and Trace</li> <li>• The plan includes arrangements to support the vulnerable via links with community hub offer particularly for people who require support from a carers or other types of support.</li> <li>• Care homes and accommodation for people with learning disabilities are considered complex and high-risk settings and the LOCP sets out prevention and management of outbreaks to mitigate risk and impact of outbreaks.</li> <li>• Access to testing for symptomatic residents includes Mobile Testing Units and home testing kits to improve access to testing for residents</li> </ul>

<p>who are likely to use health and social care services are disproportionately affected</p> <ul style="list-style-type: none"> <li>• Some disabled people, including those with mental health conditions and learning disabilities are more likely to be in complex settings</li> <li>• COVID-19 response, particularly shielding, self isolation and social distancing might increase mental health problems</li> </ul>	<ul style="list-style-type: none"> <li>• There is also need to ensure information, including on mental health support is communicated when people are asked to self-isolate.</li> </ul>
<p><b>Gender reassignment</b></p>	
<ul style="list-style-type: none"> <li>• Trans people are considered to be a marginalised group and might be at risk of being stigmatised. They also have an increased risk of poor mental health which may be exacerbated by COVID-19 response</li> </ul>	<ul style="list-style-type: none"> <li>• Communication plan in development to ensure that messages on test and trace do not exacerbate stigma and discrimination</li> <li>• There is need to ensure information, including on mental health support is communicated when people are asked to self-isolate.</li> </ul>
<p><b>Marriage and civil partnership</b></p>	
<ul style="list-style-type: none"> <li>• No specific issues</li> </ul>	
<p><b>Pregnancy and maternity</b></p>	
<ul style="list-style-type: none"> <li>• Pregnant women are included in the COVID-19 'high risk' groups</li> <li>• Recent research found a high proportion of pregnant women admitted to hospital with COVID-19 from BAME groups (56%)<sup>3</sup></li> <li>• COVID-19 response such as shielding, self-isolating and social distancing might impact on access to care and ability to manage own healthcare and mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Pregnant women are included in the vulnerable group and receive support through community hubs where requested.</li> <li>• Ensure pregnant women have access to NHS guidance on <a href="#">pregnancy and coronavirus</a>, in translation if needed</li> <li>• Access to testing for symptomatic residents includes Mobile Testing Units and home testing kits to improve access to testing for residents as part of Test and Trace</li> </ul>
<p><b>Race/Ethnicity</b></p>	
<ul style="list-style-type: none"> <li>• BAME groups are disproportionally at risk of severe ill health and death due to COVID-19 compared with White ethnic groups.</li> <li>• There have also been a disproportionate number of deaths of BAME staff working in health and social care</li> <li>• The higher numbers of deaths from COVID-19 of people living in deprived areas of England will have a disproportionate impact on BME people who are more likely to live in these areas</li> <li>• People whose first language is not English may have less access to information about</li> </ul>	<ul style="list-style-type: none"> <li>• The LOCP communication and engagement plan is under development. The LOCP highlights the need to engage proactively with BAME communities to develop relevant messaging on test and trace and outbreak plans.</li> <li>• There is need to ensure access to information on test and trace and the response to an outbreak is available in relevant languages, and this has been highlighted in the LOCP</li> <li>• Vulnerable people and individuals requiring support can access this via community hub offer of support.</li> </ul>

<sup>3</sup> Knight, M. et al Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK: national population based cohort study *BMJ* 2020;369:m2107  
<https://www.bmj.com/content/369/bmj.m2107>



<p>COVID-19, which might put them at high risk</p> <ul style="list-style-type: none"> <li>• Some people, such as undocumented migrants, asylum seekers, victims of modern-day slavery and human trafficking may have poor access to services and information about COVID-19.</li> <li>• There is likely to be a higher proportion of people from BAME backgrounds working in high risk occupations.</li> </ul>	<ul style="list-style-type: none"> <li>• There is need to ensure information, including on mental health support is communicated when people are asked to self-isolate.</li> <li>• The LOCP includes high risk populations and complex settings such as asylum seekers. The plan draws on the PHE SOP which provides some guidance on preventing and managing outbreak in some complex and high-risk settings</li> <li>• The LOCP includes outbreak prevention and management in workplaces, and also includes hospitals, care homes and primary care settings. These are some of the workplaces that BAME groups are overrepresented</li> </ul>
<b>Religion or belief</b>	
<ul style="list-style-type: none"> <li>• Places of worship may be high risk for COVID-19 transmission due to people meeting to worship and/or for ceremonies such as funerals.</li> <li>• COVID-19 response relating to funerals and end of life care (i.e. hospital visits to dying patients/relatives) may have a significant impact on certain religions, for example, those who believe in seeing a spiritual or religious leader when they are nearing death</li> </ul> <p><i>N.B. only individual prayer is permitted from 13/06</i></p>	<ul style="list-style-type: none"> <li>• Arrangements for preventing and mitigating outbreaks in faith settings have been included in the plan</li> <li>• There is need to proactively engage faith community leaders and groups in outbreak planning, and develop plans for places of worship with them.</li> </ul>
<b>Sex</b>	
<ul style="list-style-type: none"> <li>• Men are more likely to experience severe COVID-19 symptoms and are at a higher risk of death from COVID-19, compared with females.</li> <li>• Significant increase in domestic abuse during the COVID-19 response disproportionately impacts women and their access to health services</li> <li>• Woman as caregivers may be disproportionately affected by caring responsibilities i.e. informal carers and childcare</li> </ul>	<ul style="list-style-type: none"> <li>• The LOCP includes information on local arrangements to support vulnerable people and those who are self-isolating through community hubs. Community hubs also provide information or signpost individuals to other support</li> <li>• Outbreak monitoring arrangements for care homes, hospitals and other complex/high risk settings have been included. Local SOP will need to be developed to ensure roles and responsibilities are clear to support high risk and complex settings</li> <li>• Communications need ensure information on what to do if you are being abused is available to women, including local support offer and multi-lingual resources</li> </ul>
<b>Sexual orientation</b>	
<ul style="list-style-type: none"> <li>• LGBT people may be at more risk of contracting COVID-19 and face wider</li> </ul>	<ul style="list-style-type: none"> <li>• The plan provides information on local arrangements to support vulnerable people through community hubs</li> </ul>

<p>inequalities which have a negative impact on health<sup>4</sup>.</p> <ul style="list-style-type: none"> <li>• Social isolation may have a greater impact on LGBT people who rely on their external supportive social/advocacy networks</li> <li>• Self-isolation and social distancing may result in increased risk of homophobia or abuse and violence particularly those who are confined in some difficult family situations.</li> </ul>	<ul style="list-style-type: none"> <li>• Community Hubs also signpost sources of support for LGBT people who are asked to self-isolate, local and national services e.g. LGBT Foundation Befriending Service.</li> </ul>
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### Employment status

<ul style="list-style-type: none"> <li>• Rates of death have been higher in certain occupations.</li> <li>• High risk occupations involve face to face contact with people which may lead to local outbreaks.</li> </ul>	<ul style="list-style-type: none"> <li>• The LOCP stresses the need for employers to follow government guidance, including conducting COVID-19 risk assessments, support self-isolation</li> <li>• There is need to involve employers in prevention efforts and developing outbreak response if it is occupation related.</li> <li>• There is need to communicate and engage with employers to ensure that they can utilise opportunities to signpost employees to support via community hub/VSO support</li> <li>• There is need to develop local SOPs setting out arrangements for supporting local workplaces and businesses</li> </ul>
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### Carers/people with caring responsibilities

<ul style="list-style-type: none"> <li>• There has been a significant rise in the number of family and friend carers nationally since the start of the COVID-19 pandemic<sup>5</sup>. 59% of women and 41% of men have started caring for relatives who are older, disabled or living with a physical or mental illness.</li> <li>• Family and friend carers are likely to be caring for a person who may be clinically vulnerable and may be in a very difficult position if asked to self-isolate.</li> </ul>	<ul style="list-style-type: none"> <li>• The plan provides information on local arrangements to support vulnerable people through community hubs</li> <li>• There is need to ensure that carers who self-isolate can get support</li> <li>• Ensure carers have are aware of and have access to Carers Support West Sussex the community hubs and other relevant information e.g. <a href="#">Carers UK coronavirus guidance</a></li> </ul>
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<sup>4</sup> LGBT Foundation Why LGBT people are disproportionately impacted by COVID -19  
<https://lgbt.foundation/coronavirus/impact>

<sup>5</sup> Carers Week 2020 Research Report  
<https://www.carersweek.org/images/CW%202020%20Research%20Report%20WEB.pdf>

## Appendix 6: SOP - PHE-LA Joint Management of COVID-19 Outbreaks in the SE of England

### SOP - PHE-LA Joint Management of COVID-19 Outbreaks in the SE of England

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

**Date developed 03/06/20**

**Review date 03/07/20**

#### Overview

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

This SOP will be kept under review, in line with national guidance and changes in the capacity across the system. It is an outline document intended to be flexible and adaptable for local operation. Outbreaks will be notified directly, as well as through testing data and through local intelligence.

The suggested overarching joint approach to managing complex cases and outbreaks will be

as follows:

- PHE may arrange swabbing and testing for symptomatic individuals when first advised of an outbreak (within a particular setting, or particular cohort), linked in with regional/local arrangements for testing, including Mobile Testing Units.
- PHE will undertake the initial risk assessment and give advice to the setting and the local system on management of the outbreak
- The local system (LA or CCG) will follow-up and support the setting to continue to operate whilst managing the outbreak, including support with infection prevention and control;
- PHE will work collaboratively with LAs both proactively and reactively to ensure two way communication about outbreaks as well as enquiries being managed by the local authorities and wider issues/opportunities, and will continue to give advice on complex situations on request from local systems, including advice on closing and opening care homes to admissions, as well as other settings.
- Local authorities will continue to support individuals who are shielding and may also support those self-isolating if required.

### **Rationale for the joint SOP**

1. To have a joint collaborative and co-ordinated approach to supporting settings including care homes, extra care housing and supported housing, workplaces, schools, nurseries, universities, homeless hostels, faith settings etc. in managing COVID19 outbreaks
2. The aim of this joint approach is to reduce transmission, protect the vulnerable and prevent increased demand on healthcare services.
3. To streamline the follow up of care settings by the LA, CCG and PHE SE Health Protection Team (HPT).
4. To provide consistent advice to settings.
5. To have a single point of contact in PHE and each LA to facilitate communication and follow up.
6. To provide a joint response for outbreak management, providing infection control advice and support for operational issues.
7. To develop and maintain a surveillance and monitoring system for outbreaks for COVID19, aligning with existing databases held by partners (LA and CCGs)
8. To share outbreak information between PHE, LA and CCGs to facilitate appropriate measures.

### **1. Governance and Key Guiding Principles**

2. PHE will fulfil its statutory duty as outlined below by receiving the notification of outbreaks (directly, or through testing data/local intelligence), undertaking the risk assessment and providing public health advice in accordance with national guidance or local SOPs.
3. As per this joint SOP and in line with the statutory roles outlined below, LAs or PHE will conduct follow up of these settings as a shared responsibility with CCGs and fulfil their statutory duty for safeguarding and protecting the health of their population:
4. PHE has responsibility for protecting the health of the population and providing an integrated approach to protecting public health through close working with the NHS, LAs, emergency services, and government agencies. This includes specialist advice and support related to management of outbreaks and incidents of infectious diseases.
5. The health system has a shared responsibility for the management of outbreaks of COVID-19.
6. Under the Care Act 2014, Local Authorities have responsibilities to safeguard adults in its area. LAs responsibilities for adult social care include the provision of support and personal care (as opposed to treatment) to meet needs arising from illness, disability or old age.

7. Under the Health and Social Care Act 2012, Directors of Public Health in upper tier and unitary local authorities have a duty to prepare for and lead the local authority (LA) public health response to incidents that present a threat to the public's health.
8. Under the Health and Social Care Act 2012, CCGs have responsibility to provide services to reasonably meet health needs and power to provide services for prevention, diagnosis and treatment of illness.
9. Medical practitioners have a statutory duty to notify suspected and confirmed cases of notifiable diseases to PHE, under the Health Protection (Notification) Regulations 2010 and the Health Protection (Notification) Regulations 2020. PHE will also work with LAs on communication to specific settings (e.g. care homes, schools, workplaces) to ensure that notification of outbreaks occurs in a timely fashion.
10. Under mutual aid arrangements, this collaborative arrangement creates a shared responsibility between the LAs and PHE in dealing with COVID-19 outbreaks.
11. In practice the LAs and PHE HPT will work closely together to deliver the duty to collaborate as part of a single public health system to deliver effective control and management of COVID-19 outbreaks.

## **PHE HPT Role**

### **1. Risk assessment of Complex Cases and Situations**

- 1.1 On initial notification, the HPT will do the risk assessment
- 1.2 The HPT will give infection control advice (verbal and email) to the individual or organisation to minimise spread of infection.
- 1.3 The HPT will inform the local authority by daily summary by e-mail and by phone if urgent action required.
- 1.4 In complex situations a joint discussion on control measures will take place between LA/CCG lead and PHE. An example indicating poor outbreak control would include sudden high attack rate, increase in deaths or other operational issues. These will be the subject of regular proactive meetings between PHE and local authority public health teams, to discuss outbreaks, local intelligence, alongside enquiries being managed by local authorities, alongside wider issues/opportunities.
- 1.5 An IMT for an incident in the community may be held to support co-ordination of investigation and control measures.

### **2 Swabbing/testing of new outbreaks (notified via all routes)**

- 2.1 Swabbing may be coordinated or advised by PHE in line with current arrangements e.g. A one-off swabbing of residents and staff in a care home will be arranged by the HPT when the outbreak is first reported by the setting.
- 2.2 The results will be provided by the organisation taking the sample.

### 3. **Operational Reporting to Local Systems**

3.1 A daily summary table listing new situations in each Local Authority area will be provided to DsPH to aid operational management.

### 4. **Operational Enquiries**

4.1 Enquiries received by HPT relating to operational issues, such as listed below, will be forwarded to local systems' SPOC.

- i) Sourcing PPE
- ii) Operational issues relating to staff capacity and other support to business
- iii) Removal of dead bodies
- iv) Care provision

### **Local System Role**

Local authorities have been working to support a range of settings (e.g. schools, care homes, workplaces) and communities, both proactively and reactively as part of the overall COVID-19 response. This activity will continue, working closely with PHE. However, the focus of both the proactive and reactive work will need to change, as workplaces and schools open (requiring support with ensuring this is done safely), and as contact tracing programmes are established).

Local authority areas have been asked to develop local COVID "outbreak management plans" by the end of June 2020, which focus on the following themes

1. Care homes and schools – Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response including testing).
2. Identification of high- risk places, locations and communities, e.g. homeless shelters, migrant worker dormitories/accommodation for vulnerable migrants, high-risk workplaces (e.g. meat packing plants, slaughter-houses among others), places of worship, ports and airports. Defining preventative measures and outbreak management strategies.
3. Local Testing Capacity – to prioritise and manage deployment of testing capacity quickly to the places that need it for outbreak management (e.g. NHS, pop-up, mobile testing units etc).
4. Local Contact Tracing – Led by PHE, but for LAs to consider mutual aid and support structures - identifying specific local complex communities of interest and settings. There is a need to develop assumptions to estimate demand, developing options to scale capacity if needed.
5. Data and integration – national and local data integration; links with Joint biosecurity centre work (to include data management planning, data security and data linkages)
6. Vulnerable people – supporting vulnerable people to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc) and ensuring services meet the needs of diverse communities.
7. Local Boards - 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.

The plans will capture the themes above under initial suggested headings (may change) of:

- Roles and responsibilities and Governance Arrangements (to include links with LA and NHS response structures, COVID Health Protection boards and Member-led boards)
- Key principles and protocols for response in different settings to include
  - Proactive preventative response
  - Reactive response (including community support for shielding and to support isolation)
  - Enforcement and Detention
- Testing
- Data/Intelligence
- Financial Plan
- Workforce considerations

Local authorities will:

1. Continue with wider proactive work with particular settings and communities in order to minimise the risk of outbreaks/clusters of cases
2. Work with PHE to support complex cases and outbreak management (in a range of settings/communities) as highlighted in above SOP, looking to mobilise/re-purpose existing capacity within public health, environmental health, trading standards, infection control, education, as well as wider professional workforces as appropriate (school nursing, health visiting, TB nursing and sexual health services, academia).
3. Support swabbing of contacts e.g. school contacts
4. Provide a single point of access for communication with the local authority on matters relating to the reactive response, as well as out of hours contact (through Directors of Public Health and Health protection leads, or other local arrangements as they emerge)
5. Establish regular proactive meetings with “link” PHE colleagues to discuss complex outbreaks, local intelligence, alongside enquiries being managed by local authorities, alongside wider issues/opportunities. This may be at both local and sub-regional footprints
6. Develop local COVID “outbreak” plans rapidly alongside PHE, ensuring appropriate PHE representation on COVID health protection boards/member-led Boards.

Underpinning this work will be a need to consider workforce planning to ensure capacity in the system for delivery of the above.

#### Contact details

Local authority single point of contact xxxxx

Out of hours contact

**Contact details for PHE are xxxxx**

#### Version Control

Version & Date	Amendments	Authors
V1.0 03/06/20	Initial Draft	PHE SE

## Local Outbreak Control Plan appendices version control

Version	Date updated	Changes made to Local outbreak control plan main document	Changes made to LOCP appendices
1	30.06.2020	First version	First version
1.1	19.08.2020	Accessibility updates; new sections on outbreak management (1.5) and on C19 contain framework (3.16);	Accessibility updates, new appendices added (tourism sector, briefing on containment framework); C19 HPB TORs updated to v2
1.2	24.08.2020	No changes	Updated Educational settings appendix and new Out of school services appendix added.