WEST SUSSEX COVID-19 LOCAL OUTBREAK CONTROL PLAN

Version 1.7
October 2021

West Sussex Outbreak Control Plan v1.7

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.
1.3	8.10.2020	No changes	Schools appendix updated; new appendices added for University and Hospices; Terms of refence for the HPB updated
1.4	Jan 2021	Entire plan reviewed and updated as necessary	In progress
1.5	March 2021	New sections added to reflect new guidance for the outbreak control plans	Appendices updated
1.6	April 2021	Updates following feedback from PHE (high risk groups and locations included in context, updates in testing and vaccinations sections	Not updated
1.7	October 2021	Updates throughout to reflect changes in national guidance and the updated Contain Framework	To be published… In the process of being updated

CONTENTS

Glossary

A&E – Accident and Emergency

BAME – Black, Asian, and Minority Ethnic

BSUH – Brighton and Sussex University Hospitals

C19 – COVID-19

CCG – Clinical Commissioning Group

CEHO – Chief Environmental Health Officer

COBR – Cabinet Office Briefing Rooms

CQC – Care Quality Commission

D&B – District and Borough councils

DHSC – Department of Health and Social Care

DPH – Director of Public Health

DsPH – Directors of Public Health

DASS – Director of Adult Social Services

EHT – Environmental Health Teams

HPAG – Health Protection Assurance Group

HPT – Health Protection Team

HWB – Health and Wellbeing Board

ICS – Integrated Care System

JBC – Joint Biosecurity Centre

KSS – Kent Surrey and Sussex

LFT – Lateral Flow Test

LFD – Lateral Flow Device

LA – Local Authority

LOCP - Local Outbreak Control Plan

LOEB - Local Outbreak Engagement Board

LSCC – Logistics and Supply Chain Cell

MAIC – Multi Agency Information Cell

MDT – Multi Disciplinary Team

MOU – Memorandum of Understanding

MTU – Mobile Testing Unit

NHS – National Health Service

NPI – Non-Pharmaceutical Interventions

OCT – Outbreak Control Team

PCN – Primary Care Network

PH – Public Health

PHE – Public Health England

PHEC – Public Health England Centre

PRH – Princess Royal Hospital

QVH – Queen Victoria Hospital

SASH – Sussex and Surrey Healthcare

SCG – Strategic Co-ordination Group

SHCP – Sussex Health and Care Partnership

SE – South East

SECAmb – South East Coast Ambulance Service

SMG – Senior Management Group

SOP – Standard Operating Procedure

SPFT – Susses Partnership Foundation Trust

SRF – Sussex Resilience Forum

T & T – Test and Trace

TCG – Tactical Co-ordination Group

ToR – Terms of Reference

UKHSA – UK Health Security Agency

UTLA – Upper Tier Local Authority

VOC - Variant of Concern

WSCC – West Sussex County Council

WSHT – Western Sussex Hospital Trust

1 INTRODUCTION

1.1 Coronavirus (COVID-19)

Coronavirus disease 2019 (COVID-19) is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The virus was first identified in a cluster of patients with atypical pneumonia in Wuhan, China, in December 2019. Common symptoms include high temperature, persistent dry cough and loss of taste and smell, although a significant number of people have no symptoms. Most people make a full recovery within 12 weeks and many recover after several days or weeks. Exhibiting symptoms for 12 weeks or longer which occurs in a number of cases is termed 'long COVID' [1].

The virus is being monitored both nationally and internationally to identify and control mutations with the potential for increased transmissibility or harm. These mutations are known as 'Variants of Concern' (VOC).

Table 1: Current Variants of Concern (VOC) (as at 20.08.2021)

Variant name	Other names of the variant	Country where variant was first identified	Status
Alpha	VOC-202012-01	England, UK	VOC
Beta	VOC-202012/02	South Africa	VOC
Gamma	VOC-202101-02	Japan (travellers from Brazil)	VOC
Delta	VOC-21APR-02	India	VOC

The Alpha variant includes multiple mutations in the spike protein, resulting in the virus becoming about 50% more infectious. The Beta variant shares the same mutation in the spike protein, and also an additional mutation that may be able to escape the body's antibodies to some extent. [2] The Gamma variant has similar spike protein mutations to the Beta variant. The spread and significance of this variant remains under investigation. The Delta variant was classified as a VOC by PHE on 06 May 2021. The Delta variant is significantly more transmissible than the Alpha variant and is now the dominant strain, found in over 90% of samples tested.

1.2 Local Outbreak Control Plan for West Sussex

This document is the Local Outbreak Control Plan for West Sussex. While it has been published by West Sussex County Council, it outlines how national, regional, and local organisations and responses work together as an interdependent system (see section 5) which is geared up to prevent and contain the spread of COVID-19 (Coronavirus). While the plan does outline changes in the way that the system works together, it has also built on many of the structures and processes that are already in place and working well. The plan outlines a comprehensive framework to support action, but it will require further development and detail as delivery and the response to COVID-19 continues.

This plan was originally published in June 2020 and at the time the Department of Health and Social Care (DHSC) provided two core pieces of guidance relating to the contents of Local Outbreak Control

[1] https://www.ons.gov.uk/news/statementsandletters/theprevalenceoflongcovidsymptomsandcovid19complications
[2] https://publichealthmatters.blog.gov.uk/2021/02/05/what-do-we-know-about-the-new-covid-19-variants/

Plans. Firstly, plans should outline the required governance arrangements [as detailed in Chapter 5], and secondly, plans should cover the following themes:

- Defining monitoring arrangements, identifying potential scenarios, and planning the required responses for local outbreaks in care homes and schools.
- Identifying and planning preventative measures and outbreak management strategies for other high-risk settings, locations, and communities
- Defining how to prioritise and manage deployment methods for local testing to ensure a swift response that is accessible to the entire population.
- Assessing local and regional contact tracing and infection control capability in complex settings with the potential need for mutual aid to increase capacity from other local authorities and/or health and/or government agencies.
- Integrating national and local data and scenario planning through the materials and service provided by the new national Joint Biosecurity Centre.
- Supporting vulnerable local people to self-isolate by:
    - encouraging neighbours to offer support
    - identifying relevant community groups and resources to support them
    - ensuring services meet the needs of diverse communities.
- Establishing governance structures led by existing COVID-19 Health Protection Boards and supported by existing Gold command forums and a new councillor-led Board to communicate with the general public.

Subsequent to publication of the original plan in June 2020, there have been significant developments in the response to COVID-19 which will be covered in this updated document including Local Contact Tracing Partnerships and the vaccination programme.

1.3 Links with other plans

This Local Outbreak Control Plan (LOCP) has built on the following existing health protection plans that were already in place between West Sussex County Council (WSCC), Public Health England (PHE) – now UK Health Security Agency (UKHSA), South East (SE) Surrey and Sussex Health Protection Team (HPT), the seven West Sussex District and Borough Councils, Sussex Health and Care Partnership, and Sussex Local Resilience Forum (LRF):

- Kent, Surrey and Sussex Public Health England Centre (KSS PHEC) Outbreak/Incident Control Plan (2014)
- Joint Health Protection Incident and Outbreak Control Plan, Kent Surrey and Sussex Local Health Resilience Partnerships (2020)
- Local Agreement between the Local Environmental Health Services of Surrey, East Sussex, West Sussex and Brighton and Hove, and Public Health England South East Health Protection Team (2019)
- Sussex Local Health Resilience Partnership (LHRP) Memorandum of Understanding: Responsibilities for the Mobilisation of Health Resources to Support the Response to Health Protection Outbreaks/Incidents in Surrey (2019)
- Sussex Resilience Forum Pandemic Influenza Plan (2020)
- Communicable Disease Outbreak Management: Operational Guidance (2013)
- PHE Infectious Diseases Strategy 2020 – 2025 (2019)
- Standard Operating Procedure PHE & LA Joint Management of COVID-19 Outbreaks in the SE of England (2020)

1.4 Purpose of the Local Outbreak Control Plan

1.4.1 Aims and objectives

The aim of the West Sussex Local Outbreak Control Plan is to protect the public's health by:

- Preventing and containing the transmission of COVID-19
- Ensuring a timely, effective, and coordinated approach to the management and control of COVID-19 in West Sussex
- Instilling and maintaining trust and confidence by ensuring that the West Sussex residents and stakeholders are engaged and well informed.

1.5 Definition of COVID-19 Outbreak

The definition of a COVID-19 outbreak used throughout this plan is:

> "Two or more suspected or confirmed cases of COVID-19 linked in place or time."

1.6 Outbreak Management

Prevention and control of infectious diseases have always been core activities for Public Health and the NHS. Detailed operational guidance and well-established organisational structures, roles and processes already exist to support effective response to infectious disease outbreaks, and this includes COVID-19. The Local Outbreak Control Plan builds on these. The standard framework for managing outbreaks of infectious disease is: [3]

- Outbreak recognition – initial investigation and risk assessment
- Outbreak declaration – decision made regarding declaring an outbreak and convening Outbreak Control Team
- Outbreak Control Team – convened in line with guidance
- Outbreak investigation and control activity including contact tracing
- Communications strategy agreed and delivered
- End of outbreak declared and where necessary final report with recommendations and lessons learnt produced

In the event of a COVID-19 outbreak, South East Health Protection Team (HPT) will make a decision on whether an Outbreak Control Team (OCT) is required guided by a risk assessment. HPT and WSCC will be core members of any OCT for an outbreak in West Sussex. Following joint discussions between HPT and WSCC, partners that should be notified and considered for the purpose of inclusion in the OCT are:

- The District / Borough(s) affected (this is usually through the Environmental Health Team)
- The management of the establishment if contained to one site. (E.g. Headteacher of a school, Manager of a care home, business, or workplace)
- West Sussex Clinical Commissioning Group (CCG)

The OCT will be chaired by a representative of SE Health Protection Team (usually the Consultant in Communicable Disease Control) or a nominated WSCC Public Health consultant, as necessary. The role

[3] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/343723/12_8_2014_CD_Outbreak_Guidance_REandCT_2__2_.pdf

of the OCT is to agree and coordinate the activities involved in the management, investigation, and control of the outbreak. The OCT will:

- Assess the risk to the public's health
- Ensure the cause, vehicle and source(s) of the outbreak are investigated and control measures implemented as soon as possible
- Seek legal advice where required.

Given significant COVID-19 related pressures across the system, it is recognised that there may be outbreaks or positive cases where a full OCT is not required. Where appropriate, WSCC and Districts and Borough Councils will support by providing advice around contact tracing, self-isolation and infection prevention and control measures.

1.6.1 Cross-border outbreaks

If the outbreak crosses Kent, Surrey and Sussex HPT or LA boundaries there will need to be close liaison with neighbouring HPTs, Local Authorities and Local Resilience Forums. Cross-border outbreaks will usually be led by the area where the outbreak is first identified or where the majority of cases reside or where the source/hazard exists. Where the outbreak crosses LA boundaries the relevant DsPH will need to establish and maintain good communication with the neighbouring authority.

1.6.2 End of outbreak

The OCT will decide when the outbreak is over and will make a statement to this effect. Following the outbreak, the OCT can undertake a constructive debrief, identify lessons learnt and produce a final outbreak report, where required.

1.7 Community and enduring transmission

While transmission can be linked to outbreaks in specific settings such as care homes and schools, sustained transmission in the community can also take place including via household members. Although there is need to continue managing and controlling this, it does not require an OCT. Oversight and coordination of activity can take place through COVID-19 governance structures. This would require agreement between PHE and West Sussex County Council and partners.

There are situations in which there may be enduring transmission either across West Sussex, or in particular sectors or geographical areas. To tackle this requires:

- ongoing monitoring and analysis of data (see section 6.6 on Data Integration),
- continued case finding and contact tracing (section 4.2 on Local Tracing Partnerships)
- the strategic and targeted use of testing including asymptomatic testing (see section 6.4.3)
- communications promoting the use of Non-Pharmaceutical Interventions (NPIs) such as hand washing, wearing face coverings, social distancing and ventilation (see sections 7 and 8 on prevention and communications)
- maintaining and increasing vaccination uptake (section 8)

1.8 Moving forward

Following the national roll-out of the Coronavirus vaccine programme and decrease in the number of COVID-19 hospitalisations and deaths, most legal restrictions on both organisations and the public

have been lifted. National Government's COVID-19 response plan for Autumn and Winter 2021 has five priority areas: [4]

- using pharmaceutical interventions to reduce transmission and harms, and improve recovery: vaccines, antivirals and disease modifying therapeutics.
- identifying and isolating positive cases to limit transmission: Test, Trace and Isolate.
- supporting the NHS and social care around managing pressures and recovering services.
- continue to provide evidence-based guidance and communications on safer behaviours and actions that reduce the spread of COVID-19
- pursuing an international approach: increasing global vaccine uptake and border risks.

There is also a contingency plan in place if data suggests that the NHS is going to come under unsustainable pressure (also known as 'Plan B'). This involves:

- communicating clearly and urgently to the public that the level of risk has increased, and with it the need to behave more cautiously.
- introducing mandatory vaccine-only COVID-status certification in certain settings.
- legally mandating face coverings in certain settings.
- considering asking people to work from home if they are able to, for a limited period.

'The COVID-19 Contain Framework: a guide for local decision makers' outlines priority areas for Autumn / Winter 21/22. [5]

1. Continued expectation for everyone with COVID-19 symptoms to self-isolate and take a polymerase chain reaction (PCR) test. Over autumn and winter PCR testing for those with COVID-19 symptoms will continue to be available free of charge.
2. Regular asymptomatic testing to help find cases and break the chains of transmission. It will be focused on those who are not fully vaccinated, those in education, and those in higher-risk settings such as the NHS, social care, and prisons. Public access to lateral flow devices (LFDs) via GOV.UK and pharmacies will continue in the coming months to help manage periods of risk. At a later stage, as the government's response to the virus changes, universal free provision of LFDs will end, and individuals and businesses using the tests will bear the cost.
3. Community testing will continue to support local authorities to focus on disproportionately-impacted and other high-risk groups.
4. The legal requirement to self-isolate for 10 days if an individual tests positive for COVID-19 – and for close contacts who are 18 and over and not fully vaccinated – will remain. There will be practical and financial support to those who are eligible and require assistance to self-isolate. Local authorities will continue to play a critical role in managing financial support by administering and raising awareness of the Test and Trace Support Payment scheme (TTSP).

[4] https://www.gov.uk/government/publications/covid-19-response-autumn-and-winter-plan-2021/covid-19-response-autumn-and-winter-plan-2021

[5] https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers accessed 07.10.21

5. Contact tracing will continue throughout autumn and winter to enable the checking with all positive cases whether they need support to self-isolate and to alert their close contacts. Local authorities will continue to play an essential role in this. We have seen the success of Local Tracing Partnerships (LTPs) that are now the norm with over 300 in operation.
6. Continued encouragement to use the NHS COVID-19 App this winter to help individuals manage risk and make informed decisions.
7. The Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020 ('No.3 Regulations') which give local authorities the power to issue a direction imposing restrictions, requirements or prohibitions in relation to individual premises, events and public outdoor places have been extended until 24 March 2022.
8. National government will continue to support and work with local authorities and local areas facing particular challenges. This includes support for areas with enduring transmission and national support for an enhanced response in areas with particularly challenging disease situations. The government will also continue to provide access to the Education Contingency Framework, which provides guidance on the principles for managing local outbreaks of COVID-19 in all education and childcare settings.

Given both the epidemiology of Coronavirus and national plans and priorities, at a local level there is the requirement for:

- Maintenance of programmes and activities to control and manage COVID-19 even when the incidence rate has greatly reduced
- An assessment of the impact of reduced capacity once national COVID-19 response resource ceases and how system partners can work together to mitigate this
- Continued systemic oversight of both epidemiological data and service activity by those governance bodies with a remit for COVID-19 response and by West Sussex Public Health Team and Surrey and Sussex Health Protection Team
- Business planning for all key organisations covering process and capacity that will support rapid shifts from Business as Usual to COVID-19 control and management where necessary.

2 CONTEXT

2.1 About West Sussex

2.1.1 Geography

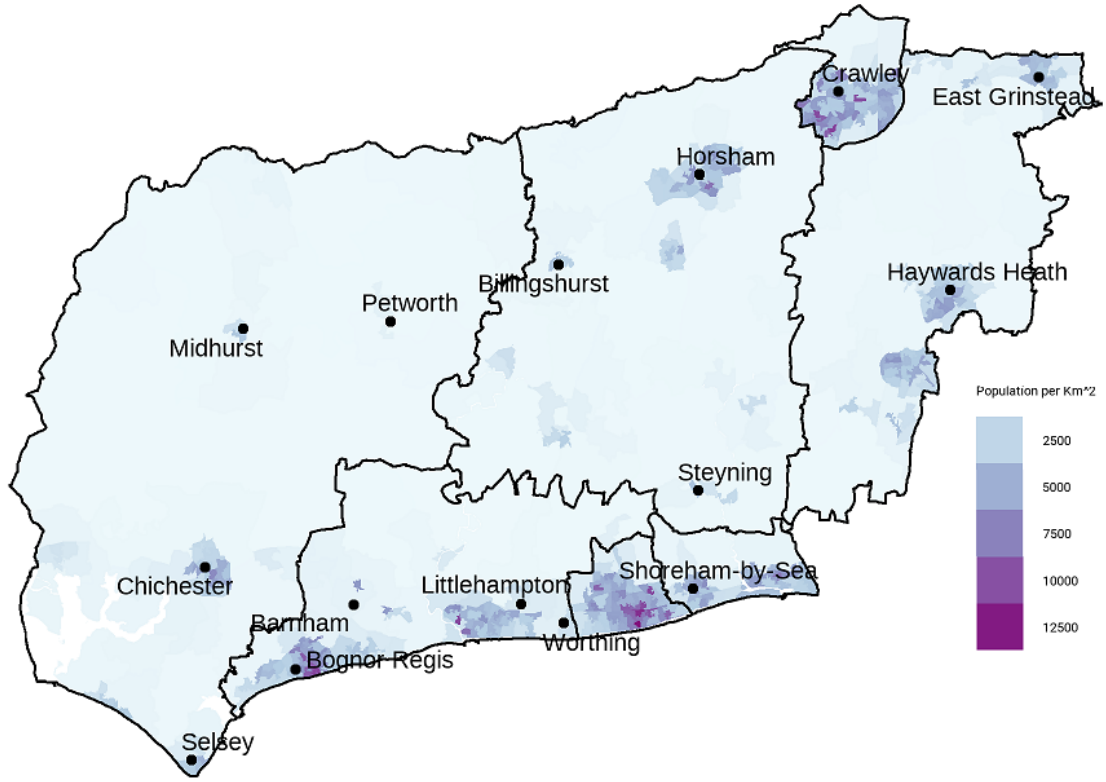
The county covers an area of 768 square miles and is predominantly rural in character but with some large towns. The county is made up of seven districts; Adur; Arun; Chichester; Crawley; Horsham; Mid Sussex and Worthing. The majority of the population lives in the four largest towns: Bognor Regis; Crawley; Horsham; and Worthing. Forty-two percent of the county's resident population, and over half of its businesses are located in rural areas.

The county has numerous seaside resorts, market towns, museums, galleries, theatres, and historic properties which make it a popular destination for tourists and visitors. West Sussex is also home to the South Downs National Park, which runs through the counties of Hampshire, West Sussex, and East Sussex. It is the newest and most populated National Park in the UK, with 112,000 people living there and over 2 million living within 5 kilometres of its boundary.

2.1.2 Population demographics

West Sussex county has an estimated population of 864,000. Overall, the county has an older population compared with England. In 2019, 23% of the population (198,800 people) were aged 65 years or over, compared with 18% nationally. In contrast, below county level, Crawley has a younger population, with less than 14% of the population aged 65+ years and 22% are aged 0-15 years.

Figure 1: West Sussex population



West Sussex is less ethnically diverse compared with England, with the majority (89%) of the population identifying as White British ethnicity, which is higher than the average for the South East and England (80%). The Black Asian Minority Ethnic (BAME) population are broadly younger than the

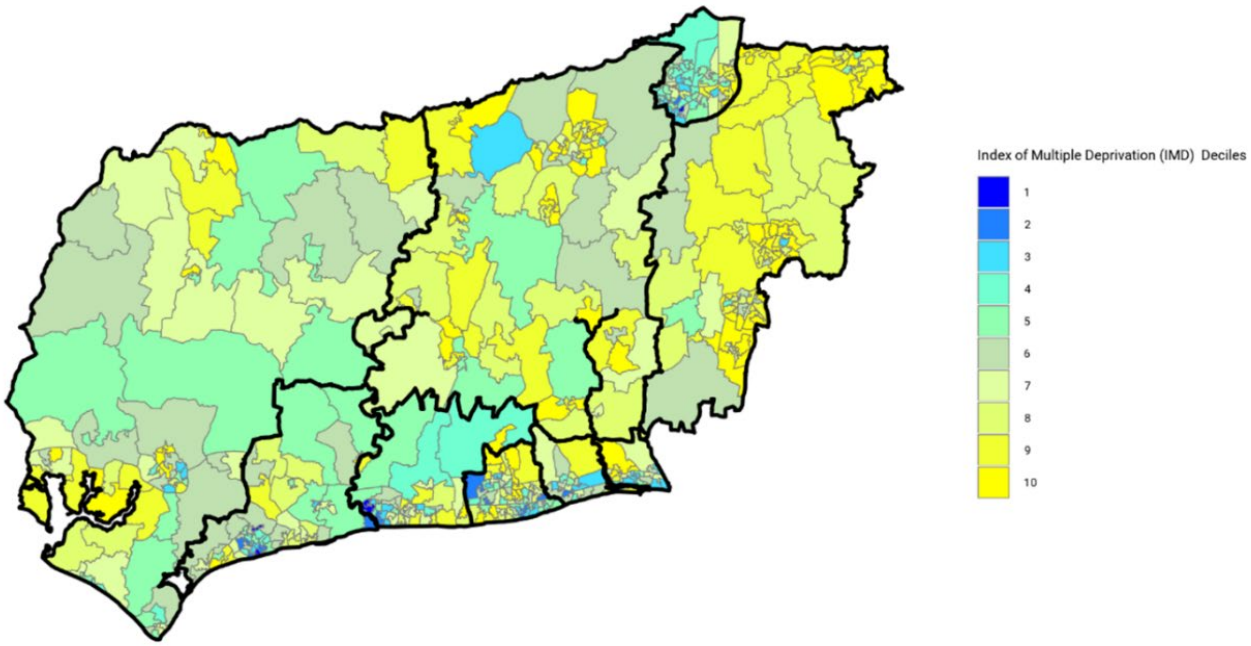
general population with the largest proportion being of working age. A total of 21 languages are spoken by at least 500 people in West Sussex, with Polish the most widely spoken, and approximately 13% of residents in Crawley do not use English as their main language.

2.1.3 Deprivation

West Sussex is one of the least deprived areas in the country; in relation to the Index of Deprivation (2015) the county ranks 131st of 152 upper tier authorities (1 being most deprived, 152 being least deprived). At a neighbourhood level in the 2019 MHCLG Index of Deprivation, areas within three wards in Arun and one ward in Crawley fall within the 10% most deprived areas in England. These wards are Courtwick with Toddington, Marine, and Bersted in Arun and Broadfield South in Crawley. The map below shades the county from bright yellow for the least deprived areas to dark blue for the most deprived areas.

Figure 2: National Index of Multiple Deprivation (IMD) Deciles (2019) in West Sussex

Notes. Deciles: 1 = most deprived (blue), 10 = least deprived (yellow)



2.1.4 Health and social care services

West Sussex has over 325 schools; 93 GP practices grouped into 19 Primary Care Networks (PCN); 155 community pharmacies; 356 CQC registered care homes (majority of which are located in the coastal strip particularly Worthing see Figure 7); NHS Mental Health Trust (Sussex Partnership Foundation Trust) and NHS community trust (Sussex Community NHS Foundation trust (operating from multiple sites)), hospitals with A&E departments at Chichester, Worthing, Haywards Heath, and additional NHS hospital sites across the county. In addition, a proportion of the residents of West Sussex access health services in neighbouring areas including Surrey, Brighton and Hove, Portsmouth, and Southampton.

2.1.5 Distribution of high-risk groups and settings

Certain settings and communities are classed as high risk or complex in terms of the transmission and outcomes of COVID-19 and require a response from specialist health protection teams and leads. These settings and communities, which are located in various geographical areas across West Sussex, include the following (further details are in chapter 6 and appendices):

- *Homeless communities* (see appendix 1.7): homeless shelters and charities that provide support for rough sleepers are located in areas of need across West Sussex, including hubs in Crawley, Worthing, Bognor Regis and Chichester
- *Gypsy, travellers, and Roma communities* (see appendix 1.8): sites are located in Horsham, Chichester, Mid Sussex, Arun, and Adur
- *Workplaces*: large food growing and packing businesses are mainly located in Chichester and Arun (see appendix 1.10)
- *Black, Asian, and Minority Ethnic groups* (see appendix 1.6): There are large BAME population groups in Crawley and along the coastal area in Bognor Regis, Littlehampton and Worthing. In Crawley 27.9% of the population were from BAME groups in 2011

2.1.6 Transport links and ports of entry

There is an extensive public transport system including buses, rail and air travel networks linking the County with other cities and hubs i.e. London, Brighton, Portsmouth, and Southampton. Gatwick Airport is one of the major international gateways. Several road networks link the County and other areas including the A27/M27 providing links to Portsmouth and Southampton and the A23/M23 connecting London with Brighton and providing access to Gatwick Airport. While the towns of West Sussex are generally well connected[6], some rural parts of the county remain underserved and isolated from the main transport networks across the county and the South East. This presents some challenges for those relying on public transport for access.

2.2 Impact of COVID-19

West Sussex County Council Public Health Department monitors COVID-19 related information on a daily basis, and a summary pack is published daily on https://wsx-c19-weekly-supplement.netlify.app/.

[6] WSCC- https://www.westsussex.gov.uk/media/8996/01_about_west_sussex_2019.pdf

3 LEGAL CONTEXT AND MUTUAL AID ARRANGEMENTS

3.1 Key regulations

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

- Public Health England (UK Health Security Agency as of 1.10.2021)[7] under the Health and Social Care Act 2012
- Directors of Public Health under the Health and Social Care Act 2012
- Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- With NHS Clinical Commissioning Groups[8] to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- Other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004

In the context of COVID-19 there is the Coronavirus Act 2020.

This underpinning context gives Local Authorities (Public Health and Environmental Health) and UK Health Security Agency the primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks of communicable disease through the local Health Protection Partnerships (sometimes these are Local Health Resilience Partnerships) and local Memoranda of Understanding. These arrangements are clarified in the 2013 guidance *Health Protection in Local Government*[9].

3.1.1 UK Health Security Agency

As of 1st October, the UK Health Security Agency (UKHSA) will replace Public Health England (PHE), taking over the responsibility for protecting the health of the population from infectious disease and other external health threats. This involves close working with the NHS, LAs, emergency services, and government agencies and includes specialist advice and support related to management of outbreaks and incidents of infectious diseases.

3.1.2 Local Authorities – Social Care and Public Health

Under the Care Act 2014, Local Social Care Authorities have responsibilities to safeguard adults in their area. LA 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.

Under the Health and Social Care Act 2012, Directors of Public Health in County and unitary councils 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.

[7] Public Health England will be replaced by the UK Health Security Agency (UKHSA) from 01.10.2021, therefore after this date, all reference to PHE throughout this outbreak plan will be referring to the UKHSA.

[8] And NHS England in the case of Prisons and custodial institutions

[9] Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

3.1.3 Clinical Commissioning Groups (CCG)

Under the Health and Social Care Act 2012, CCGs have responsibility to provide services to reasonably meet health needs, and the power to arrange for the provision of services for the prevention, diagnosis, and treatment of illness. CCGs also have an IPC (Infection Prevention and Control) oversight and assurance role for those services they commission including NHS trusts.

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. The LA Legal Powers document in Appendix 3 gives further detail.

3.1.4 District and Boroughs

The powers contained in the suite of Health Protection Regulations 2010 as amended, sit with District and Borough Environmental Health teams. Details are set out in Appendix 3.

The Health Protection (Local Authority Powers) Regulations 2010 allow a local authority to serve notice on any person with a request to co-operate for health protection purposes to prevent, protect against, control or provide a public health response to the spread of infection which could present significant harm to human health. There are also powers to require action in relation to school pupils, decontamination of premises and risks from dead bodies. Details in Appendix 3.

The Health Protection (Part 2A Orders) Regulations 2010 allow a local authority to apply to a magistrates' court for an order requiring a person to undertake specified health measures for a maximum period of 28 days (extendable). These Orders, if considered proportionate to the risk available, require specific criteria to be met. Consideration of and preparation of applications for these Orders should be carefully planned to identify specific actions to address evidenced risk and can be escalated in stages or made conditional in order to address any concerns as to their use for localised infection control measures. As potential criminal charges may arise from breach or non-compliance and as compensation for financial impact may be ordered by the court applications for the orders should be used in more serious instances when other measures are not considered viable.

3.1.5 Coronavirus Act 2020

The two key primary legislation relating to Coronavirus and health protection in England are:

- Coronavirus Act 2020
- Public Health (Control of Disease) Act 1984

The Health Protection (Coronavirus Restrictions) (England) Regulations 2020 were a form of secondary legislation made using powers in the Coronavirus Act 2020. They placed restrictions and requirements on individuals, as well as organisations, designed to help slow the spread of coronavirus.
The four main types of coronavirus restriction regulations were:

- Lockdown laws: set various rules connected to movement, gatherings and the operation of high-street businesses.
- Face coverings: required people to wear face coverings in certain public spaces.
- Self-isolation: required those who have tested positive for the coronavirus and their close contacts to self-isolate.
- International quarantine: required those arriving in the UK from specified countries to quarantine.

These laws have now largely been revoked, with the exception of legislation relating to self-isolation of positive cases and not fully or unvaccinated adult close contacts, and international quarantine.
The regulations which grant powers to local authorities to respond to a serious and imminent threat to public health have also been extended and continue to apply until the end of 24 March 2022.

3.2 National COVID-19 alert levels

The Joint Biosecurity Centre (JBC) is responsible for setting the COVID-19 Alert level to communicate the current level of risk at a UK-wide level. The COVID-19 alert level is informed by a range of indicators and a combination of public health data, statistical modelling and studies, and will be kept under constant review. The alert levels are:

- **level 1**: COVID-19 is not known to be present in the UK
- **level 2**: COVID-19 is present in UK, but the number of cases and transmission is low
- **level 3**: a COVID-19 epidemic is in general circulation
- **level 4**: a COVID-19 epidemic is in general circulation; transmission is high or rising exponentially
- **level 5**: as level 4 and there is a material risk of healthcare services being overwhelmed

On 10 May 2021, the UK Chief Medical Officers moved the COVID-19 alert level to level 3. The COVID-19 epidemic is still in general circulation with people catching and spreading the virus every day. The alert level remains at level 3 as of 23.09.21 .It remains important for everyone to continue to follow guidance closely (further details can be found on www.gov.uk)

3.3 Coordination and mutual aid arrangements

The range of agencies, including the police, holding the various powers set out above means there is a need to coordinate actions and planned interventions to make best use of the powers available. Under mutual aid arrangements, collaborative agreements create a shared responsibility between the NHS, LAs and PHE in dealing with COVID-19 outbreaks. Several Mutual Aid Memorandums of Understanding are currently in place, such as the Sussex Local Emergency Planning Group MOU (the Local Authority Resilience Partnership) between the Local Authorities i.e. WSCC, District and Borough Councils. Furthermore, mutual aid arrangements are available by request for example, through Sussex Resilience Forum.

4 TEST, TRACE, AND ISOLATE

In response to the current novel coronavirus (COVID-19) outbreak, which began in late 2019, the UK Government has set out its COVID-19 recovery strategy. A central part of this response is the NHS Test and Trace Service which was launched in May 2020. The primary objective of the Test and Trace Service is to control the COVID-19 rate of reproduction (R), reduce the spread of infection and save lives.

4.1 NHS Test and Trace programme – Contact tracing

Contact tracing is a fundamental part of outbreak control. When a person is tested positive for COVID-19, they are contacted to gather details of places they have visited, and people they have been in contact with. Those who they have been in contact with are risk assessed according to the type and duration of that contact. Those who are classed as 'close contacts' are contacted and provided with advice on what they should do e.g., self-isolate.

PHE have produced a pictorial guide describing Contact Tracing.

4.1.1 NHS Test and Trace Service

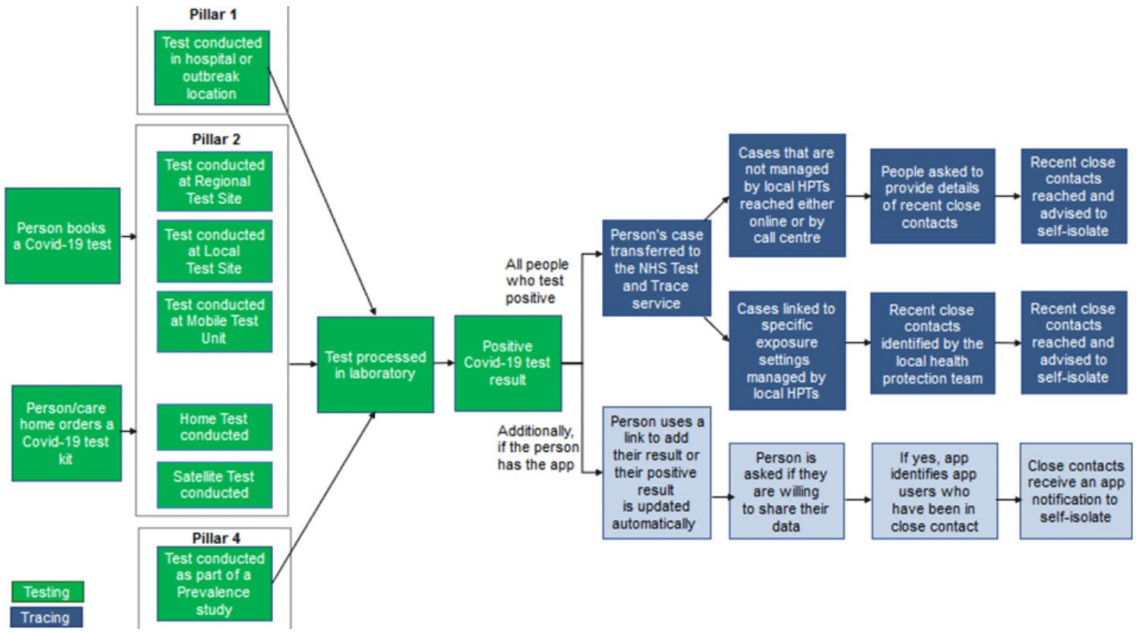
As of 1st October NHS Test and Trace is a programme delivered by UKSHA. The service operates across three tiers.

- **Tier 3** –Initial contact is made with people who have tested positive for COVID-19, to determine who they have been in close contact with in the two days before they became ill and since they have had symptoms. Advice following national standard operating procedures (SOP) and scripts is given to close contacts as appropriate.

- **Tier 2** – Tier two is staffed by healthcare professionals who deal with difficult/more complex cases which have been escalated from Tier 3. Appropriate advice following national guidance is given to cases and their close contacts

- **Tier 1** – PHE Health Protection Teams investigate cases escalated from Tier 2. This includes complex, high risk settings, and communities such as care homes, special schools, prisons/places of detention, healthcare and emergency workers, health care settings; and places where outbreaks are identified e.g. workplaces. Advice following national guidance will be given to cases, their close contacts, and settings/communities as appropriate.

Figure 3. Flowchart showing how people move through NHS Test and Trace



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

4.2 Local tracing partnerships

As part of the NHS Test and Trace business plan local tracing partnerships have been established to support tracking activities. Every upper tier local authority has established local tracing partnerships which allow the use of community-based tracers. The aim is for these community-based teams is to:

- draw on local intelligence,
- focus particularly on vulnerable or harder-to-engage groups, and
- work alongside the national team.

4.2.1 West Sussex – Local Tracing Partnership

The West Sussex Local Tracing Partnership provides additional capacity to the National NHS Test and Trace service by contacting people who have tested positive for COVID-19 that the national team have been unable to reach within 24 hours. It acts to ensure that these individuals are given advice and support as soon as possible and details of their contacts are collected in order to control the COVID-19 rate of reproduction (R), reduce the spread of infection, and save lives.

Local contact tracing involves:

- Contacting individuals across West Sussex who have received a positive COVID-19 test result but were unable to be contacted by the national NHS Test and Trace team within 24 hours or have not completed the online self-service contact tracing questionnaire in that timeframe.
- Providing advice regarding positive test result and requirement to self-isolate
- Collecting details of the individuals' contacts during their infectious period and entering on the national test and trace system for the national team to get in contact with
- Offering additional support as required, including the wide range of help and advice available from the Community Hub service.

The service operates between 8am-8pm Monday to Friday and 9am-5PM at weekends and on public and bank holidays. Contact is made via text message, phone call, email, or letter:

- Text messages will come from COVID TRACE (you cannot reply to these text messages).

- Outbound calls will come from 01243 642153 and inbound calls can be made to this number.
- Children under 18 may be contacted by phone when necessary and may be asked for their parent or guardian's permission to continue the call.
- Emails will be sent from West Sussex County Council Local COVID Tracing Partnership (you cannot reply to these messages).

4.2.2 Future development - Enhanced Contact Tracing

Upper Tier Local Authorities have the option to take on increased responsibility for local contact tracing in the areas below, depending on local case volumes and LTP capacity. This is kept under regular review. No decision has been made by West Sussex County Council at this point in time.

1. **'Local 0'** refers to an option for LTPs to receive cases from the national T&T team immediately (within 1 hour) once the positive test result is entered onto CTAS, instead of after 24 hours of the national T&T team trying to contact the individual. This will result in LTPs dealing with significantly more cases. This approach was piloted by the West Sussex LTP for a few weeks while case volumes were low. The pilot was paused once case volumes increased across the country. There may be scope to revisit the pilot when case volumes reduce, although a new process is being scoped, nationally, which would allow LTPs to select the volume and category of cases they receive on a day-to-day basis.

2. **Isolation Support:** Currently the national T&T team complete three phone calls and send three emails to positive cases during their self-isolation period to check compliance and wellbeing. LTPs taking on these calls would enhance the customer experience offer due to one contact tracing team making all contact. The West Sussex LTP is not taking on this additional programme at the current time.

3. **Tracing Contacts of positive cases:** Currently the LTP model involves only contacting the positive COVID-19 case with their contacts being fed back into the national team for phone follow up. This option would involve tracing (contacting) all contacts identified by a positive COVID-19 case. Phone calls from a local (LTP) number could potentially increase tracing success rates, and local support can be offered where needed. This would lead to a to a significant increase in LTP call volumes. A number of areas have piloted this approach and there is an option to 'opt-in' to this model. West Sussex LTP is not taking on this additional programme of work at the present time.

4.3 Self-isolation

Self-isolation is a key action for reducing COVID-19 transmission.; ten-day self-isolation is a legal requirement for positive cases and for adults who are not fully vaccinated. In practical terms, self-isolation means:

- staying at home
- not going to work, school or public areas
- not using public transport like buses, trains, the tube, or taxis
- avoiding visitors to your home

Effective self-isolation involves staying as far away as possible from other household members, minimising the use of shared areas such as kitchens and living rooms and eating in personal spaces. A face covering or a surgical mask should be worn when spending time in shared areas inside the home.

Employers have an important role to play in supporting self-isolation. There should be clear workplace messaging that employees who become symptomatic should self-isolate immediately. Employers

should provide information and advice to those employees required to self-isolate. West Sussex Environmental Health and Public Health Leads continue to work with employers around supporting self-isolation, both at the level of individual outbreak control and sector led development.

Individuals asked to self-isolate by NHS Test and Trace are eligible for financial support while self-isolating if they are on low income or claiming benefits, unable to work from home, or will lose income from self-isolating. West Sussex County Council is also able to provide support to people who self-isolate (see section 6.7.3).

4.4 COVID-19 variants of concern (VOC)

Variants of Concern (VOC) continue to pose significant risk, particularly given that identifying and determining the extent of the risk posed by a new variant may take some time, during which transmission is possible. Where a VOC is identified as likely to pose a real risk to the vaccination programme or public health, the Government will work with local authorities to take action to address outbreaks. The government is currently developing an enhanced toolkit of measures to address VOC, including surge PCR testing, enhanced contact tracing, communications, and targeted enforcement.

4.4.1 VOCs related to international travel

International travel carries different levels of risk of exportation/importation of SARS-CoV-2 virus, depending on the passenger's country of departure and country of arrival. To control the transmission and spread of COVID-19, particularly mitigate the impact of VOC, the government has rated countries red, amber, green for Coronavirus (an updated list of the country ratings can be found on www.gov.uk). This guidance provides information on the rules that individuals are required to follow on return to the UK, depending on the country they arrive from. Individuals travelling to the UK from red list countries are required to quarantine in one of the dedicated quarantine hotels.

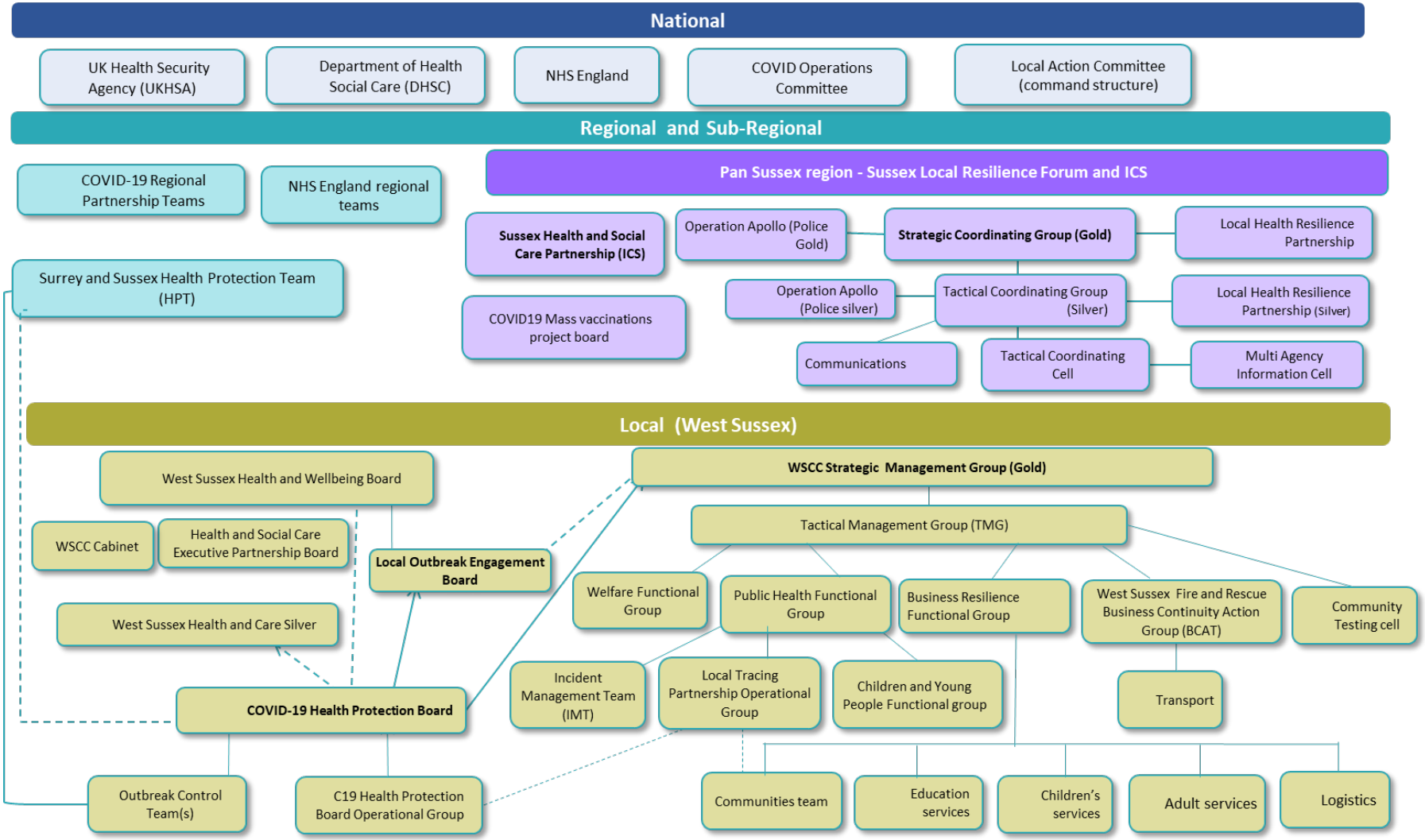
In West Sussex, Gatwick Airport is an international travel hub and travellers coming from red listed countries arriving at Gatwick are therefore required to quarantine in a managed quarantine hotel for 10 days as set out in the Government guidance (www.gov.uk).

4.4.2 Surge testing

Surge testing involves increased testing of people without symptoms of COVID-19. This includes provision of mobile testing units, change in use of local Test Sites, targeting complex settings and door-to-door testing in some areas. There is also the option of enhanced contact tracing in specific locations where a VOC has been identified. The response to VOC through surge testing will be coordinated across the whole Sussex region through the Sussex Resilience Forum (SRF), working in collaboration with local authority partners to ensure that risk and resources are managed, and that response is delivered at pace. The SRF working with Public Health England (PHE), the Department of Health and Social Care (DHSC) and Public Health in the Local Authorities have developed Sussex wide plan for 'surge testing' (part 1 plan) each upper tier Local Authority have developed a localised programme to detect and assess the spread of variants of COVID-19, where necessary, and a localised West Sussex specific operational Surge testing plan (part 2 plan) that complements the SRF Part 1 plan. The programme of testing required will be agreed between the PHE and LA Public Health and agreed by PHE National level and once the strategy is signed off will be passed to the Local Authority for activation through the West Sussex Director of Public Health and implemented where surge testing is required. PCR testing and test kits will be used.

5 GOVERNANCE STRUCTURES AND RESPONSIBILITIES

Figure 4: West Sussex COVID-19 response governance structure overview



5.1 Local, Regional and National Roles and Leadership

Local roles and responsibilities[10]

Local governance of COVID-19 builds on existing practice and structures:

- the DPH has a statutory duty for the COVID-19 Local Outbreak Management Plan; supported by wider local authority teams as necessary
- the local authority chief executive is responsible for the local response, providing strategic leadership and direction, shaping local communications and engagement, and deploying local government resources
- local authorities, through their elected mayors and council leaders, are accountable to their local community for the local response, decisions and spending undertaken
- councillors, as local systems leaders, and local community leaders can facilitate systems relationships and community engagement
- the Civil Contingencies Act 2004 provides that other responders, through the Local Resilience Forum (LRF), have a collective responsibility to plan, prepare and communicate in a multiagency environment
- the local 'Gold' structure provides resource coordination, and links to COVID-19 Regional Partnership Teams and other key Category 1 responders from the local system
- local authorities have legal powers relating to public health which include the ability to impose restrictions on settings and members of the public

Regional roles and responsibilities

The COVID-19 Regional Partnership Teams (RPTs) currently play a pivotal role in connecting the national and local response. RPTs work closely with national teams to support policy and operational co-ordination across UKHSA, NHS England's regional teams, DHSC, and other key government departments.

The COVID-19 RPTs are currently led by the Regional Convenor (NHS Test and Trace), PHE Regional Director, and the regional Joint Biosecurity Centre lead. They work collaboratively bringing their collective capability together to support local areas, working in partnership, as necessary, with local DsPH, chief executives and local authority leaders or elected mayors, and wider system partners:

- Regional Convenor (NHSTT): manages the interface between national policy and operations and local political leaders while ensuring a coordinated approach in engagement activities
- Regional Directors (PHE)/ NHS England Regional Directors of Public Health: currently responsible for the work of the regional HPTs and provides professional Public Health leadership on the response to this pandemic. Responsible for feeding in local intelligence and providing professional public health advice into the government's Local Action Committee command structure. (These roles will sit in the Office for Health Promotion following the implementation of the wider Public Health reforms, continuing to work closely with UKHSA teams)

[10] August 2021 - COVID-19 contain framework: a guide for local decision-makers https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers

- Regional Lead (JBC): provides links to OGDs regionally and nationally, escalating and resolving issues and acts as a Whitehall 'gatekeeper' to funnel communications

RPTs work closely with local authorities and wider local systems to support their response, ensuring they are able to implement their COVID-19 Local Outbreak Management Plans. They provide ongoing oversight and assurance, escalating risks and issues as needed via the national Local Action Committee command structure; providing additional support and escalating requests for surge assistance; as well as identifying good practice for spread and scale.

Each region also has an HPT which includes specialist expertise in communicable disease control, epidemiology, outbreak management and related issues. They have a strong regional focus which enables effective professional working relationships with DsPH and, in partnership with their teams, are an integral part of the expert local response to COVID-19. They provide local DsPH with access to highly specialised public health advice and support, and often lead on complex outbreak investigation and management.

These posts and structures will be subject to some revision in the setting-up of the new UKHSA on 1 October 2021. The range of responsibilities they discharge in relation to the COVID-19 response will be incorporated in UKHSA's operational arrangements.

National roles and responsibilities

On 1 October 2021, NHS Test and Trace (including the Joint Biosecurity Centre), the COVID-19 Managed Quarantine Service, and the health protection functions of Public Health England will join together in a new agency, UKHSA. The UKHSA's immediate priority will be to the lead the UK government's ongoing response to the COVID-19 pandemic, whilst continuing to manage other routine infectious disease and external health threats. UKHSA will work with local authorities, the NHS and other partners, building on the work undertaken by NHS Test and Trace and Public Health England, to ensure a strong and integrated local, regional, and national response in England. The proposed structures will bring together the Regional Health Protection teams within Public Health England and elements of the COVID-19 Regional Partnership Teams into a new UKHSA functional structure, which will continue to work with local systems with shared purpose to:

- take a cross-system view of issues and develop a joint understanding of the local context
- pool and share resources, evidence and data
- engage, inform and involve our communities

UKHSA, NHS England and DHSC will also work with local systems, and the relevant professional and membership bodies, to further develop the plans for the operationalisation of UKHSA and the Office for Health Protection, as they continue to shape the future public health landscape.

5.2 Local Boards

5.2.1 West Sussex COVID-19 Health Protection Board

As part of the Test and Trace Programme, Local Authorities, led by the Directors of Public Health, have been tasked with setting up a COVID-19 Health Protection Board (C19 HPB). In West Sussex, the existing West Sussex Health Protection Assurance Group (HPAG) acts as the C19 HPB, as it is a well-established group with a remit for health protection across the county. The Board is chaired by the Director of Public Health, and additional members have been invited to ensure wider engagement with key partners including District and Borough Environmental Health Officers, as well as current HPAG members such as PHE and NHS (full membership details and Terms of Reference

(ToR) of the C19 HPB can be found in Appendix 2.1) . The West Sussex C19 HPB provides strategic oversight of health protection regarding COVID-19 across the county, including prevention, surveillance, planning and response, to ensure they meet the needs of the population.

The Board is supported by and works in collaboration with WSCC SMG, Gold command. The Board's responsibilities include (further details are included in the ToRs, Appendix 2.1):

- The ongoing development and delivery of the West Sussex Local Outbreak Control Plan
- Making recommendations to relevant public bodies and agencies for the allocation of resources to support the effective delivery of the Plan
- Receiving and acting on data and intelligence
- Overseeing arrangements for all agencies working with local communities and services to make the NHS Test and Trace programme as effective as possible
- Advising on communications strategy for the Local Outbreak Control Plan, especially for the member led Local Outbreak Engagement Board
- Making recommendations for the wider COVID-19 response and policy agenda

5.2.2 Local Outbreak Engagement Board

To support the delivery of the Local Outbreak Control Plans and ensure public engagement, Local Authorities have a responsibility to form Local Outbreak Engagement Boards (LOEB). In West Sussex, the LOEB is a member-led[11] subgroup of the Health and Wellbeing Board and is responsible for providing direction and leadership for community engagement and public facing communications, as the public face of the local response in the event of an outbreak. Terms of Reference, including membership are in Appendix 2.2.

5.3 Sussex Resilience Forum

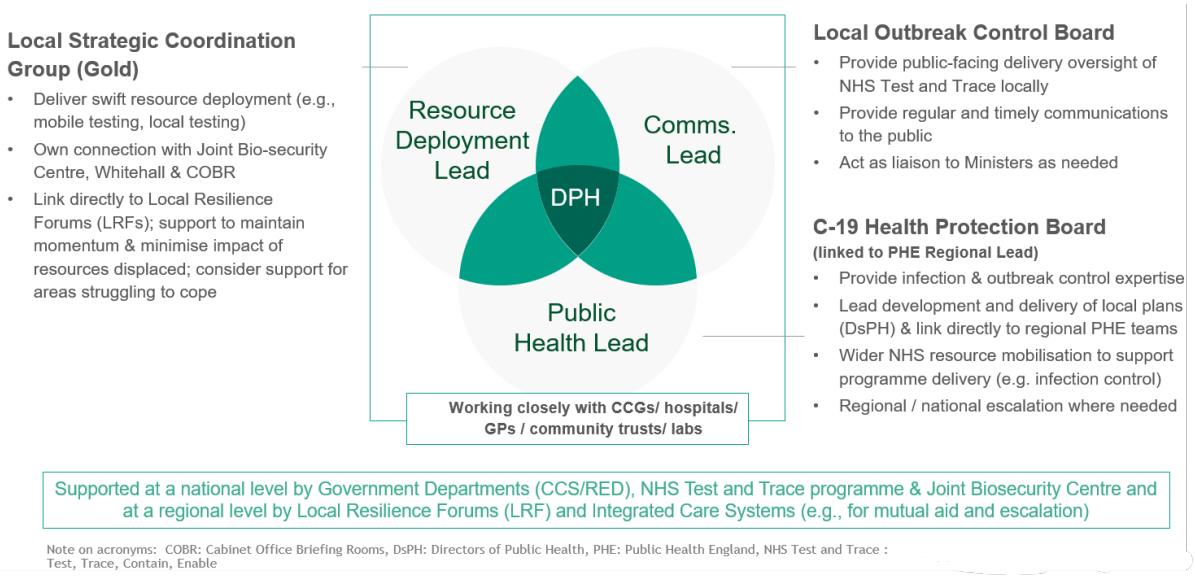
The Sussex Resilience Forum (SRF) will support local health protection arrangements working with C19 HPB and LOEB directly through the Strategic Co-ordinating Group (SCG) or if in place the Strategic Recovery Group (RCG), Tactical Co-ordinating Group (TCG), and the following Cells:

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

The logistics and supply chain cell include the support to operations for the Test and Trace and testing. The LRF structure will be expected to manage the deployment of broader resources and local testing capacity to rapidly test people in the event of a local outbreak. Requests for Sussex Resilience Forum partner support can be activated via the C19 Specific SRF Tactical Coordination Cell (TCC) Escalation Protocol.

[11] Member-led refers to elected members

Figure 5: Links between C19 HPB, LOEB and LRF



5.3.1 Other Pan-Sussex level working

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

Sections within the Plan relating to data integration, and testing capacity have been jointly developed with Brighton and Hove and East Sussex Councils' Public Health Teams, PHE and NHS partners. There are strong operational and strategic links across the Public Health Teams including regular meetings between Directors of Public Health. These arrangements provide benefits in working at scale and in working with organisations operating over a wider geographical footprint (e.g. NHS Trusts), as well as recognising that outbreaks may span more than one Local Authority.

5.4 Resourcing

The Government has made funding available to all Upper Tier Local Authorities to respond to COVID-19 and mitigate against some of the impacts of control measures and manage local outbreaks. Details of funding are available at:

https://www.gov.uk/government/publications/covid-19-emergency-funding-for-local-government

https://www.gov.uk/government/publications/contain-outbreak-management-fund-2020-to-2021

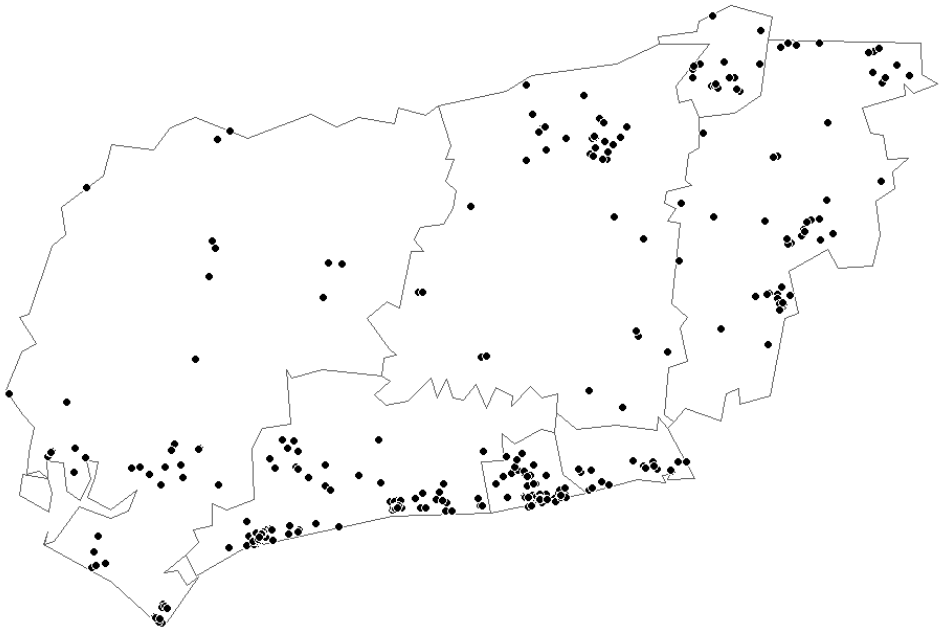
https://www.gov.uk/government/publications/contain-outbreak-management-fund-2021-to-2022

6 LOCAL OUTBREAK CONTROL PLAN KEY THEMES

The Government's guidance identifies key themes which the Local Outbreak Control Plans should cover. These are: Care homes and schools; High risk places, locations, and communities; Local testing capacity; Contact tracing in complex settings; Data integration; Vulnerable people; Local governance.

6.1 Managing outbreaks in care homes

Figure 6: West Sussex adult social care settings (as at 19.04.2021)



Source: CQC data

Table 2: COVID-19 Case and outbreak definition for care homes

Possible case of COVID-19 in the care home:

- Any resident (or staff member) with symptoms of COVID-19 (high temperature, new continuous cough, or loss of or change to the individual's sense of smell or taste), or new onset of influenza like illness or worsening shortness of breath.

Confirmed case of COVID-19:

- Any resident (or staff member *) with a laboratory confirmed diagnosis of COVID-19.
  **Staff member with a positive Lateral Flow Test result, confirmed via PCR test.*

Outbreak:

- An outbreak is defined as two or more confirmed cases of COVID-19 OR clinically suspected cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days

6.1.1 National guidance relating to care homes

Care homes are expected to follow national guidance on COVID-19 how to work safely in care homes, Management of Staff and Exposed Patients or Residents in Health and Social Care setting, Admission and Care of Patients in a Care Home during COVID-19, Visiting Care Home during COVID-19 and Visits out of care homes guidance

6.1.2 Testing in care homes

Whole Home Testing has been in operation across all care home within West Sussex since July 2020. Providers have access to the DHSC online portal to order PCR & LFD tests for their residents or staff regardless of symptoms. Government guidance - Coronavirus (COVID-19) testing in adult care homes outlines the use of routine polymerase chain reaction (PCR) and lateral flow testing (LFT) amongst care home staff and residents and additional testing in outbreak situations. Testing asymptomatic workers helps prevent and control outbreaks. It means those who test positive can be isolated, reducing the number of people who can spread the virus and protecting the most vulnerable. It also helps to build up a strategic understanding of the prevalence of the virus in local areas and the sector as a whole.

Figure 7. Process for complex care home outbreaks or new manager scenario requesting CCG IPC support

Care homes should inform the Surrey and Sussex Health Protection Team (HPT) of a single possible or confirmed case of COVID-19 within the care home. The HPT will provide initial risk assessment and advice upon notification of a positive case by the care home provider. WSCC and NHS partners will help the care home to manage the outbreak through an established incident management process. HPT provides daily outbreak notifications to WSCC and the CCG. Additionally, WSCC

monitors the local care home line-listing data which is considered and reviewed at the Public Health Function Group and, where appropriate, referred to the Incident Management Team (IMT). The Incident Management Meeting is led by WSCC Public Health team to discuss care homes with COVID-19 related concerns identified via WSCC, CCG, PHE, NHS partners or via NHS NECS tracker, PHE outbreak report or WSCC line listings database. The group agree the risk management approach and support that can be offered. Ongoing contact is maintained by the WSCC Care and Business Support team as required. Further details on care home outbreak management are included above and in Appendix 1.1.

6.1.3 Surge testing in the area

In the event that an area is selected for surge testing in the community, care homes in the designated area will be informed and requested to support the surge testing program with residents and staff as appropriate. Additional advice and support will be provided from West Sussex County Council Care and Business support team and Incident Management group.

6.1.4 Care home vaccinations

NHS is responsible for the COVID vaccination rollout to care homes across the county with support from WSCC. COVID vaccine should be offered to older adults in care homes and their carers, with the aim of achieving high uptake as rapidly as possible.

Vaccination of people working or deployed in care homes

From 11 November 2021, anyone working or volunteering in a care home will need to be fully vaccinated against coronavirus (COVID-19), unless exempt. National guidance outlines the details of this new regulations that effects CQC registered care homes regulated to provide accommodation together with nursing or personal care. The IMT have created a working group to explore and engage with the sector to identify any possible business continuity issue this may have post 11th November within care homes provision across West Sussex.

COVID-19 National booster programme

The NHS COVID-19 booster programme (1/9/21) is going to be offered to people with severe immunosuppression as they are more likely to be severely ill if they do catch COVID-19. This will cover some, but not all residents living in care homes for older adults and won't generally cover frontline health and social care workers.

As part of Phase 3 of the NHS COVID Vaccination programme care home staff and residents shall be offered a COVID-19 booster jab; to those already fully vaccinated and a season flu jab as part of winter resilience planning. The date and details of Phase 3 are still to be announce by the Government.

6.1.5 Further advice and PPE for care homes

- WSCC Adult Social Care, with support from Public Health have created a resource to support care providers - an online resource hosted in the Provider Zone of Connect to Support. The site contains specific tiles including infection control, PPE and testing which provides guidance and signposting, in addition a daily provider newsletter is issued to individuals representing care providers in West Sussex.
- The Care and Business Support Team supports Care and Nursing homes with information, guidance, advise and support. The team supports providers during an outbreak with PPE

queries, staffing support, sharing guidance, raising issues and concerns, and informing the West Sussex Newsletter.

- There is a fortnightly briefing webinar for care providers care homes/supported living/extra care/and domically care agencies supported by WSCC Social care, Public Health, and IPC specialists.
- All West Sussex care homes now have access to the PPE portal to directly order the required PPE and ensure stock are adequately maintained.
- WSCC, in partnership with the CCG, are also providing infection prevention and control support to care homes.

6.2 Managing outbreaks in early years, education, and children's social care

6.2.1 Roles and responsibilities

Local authorities, DsPH and HPTs are responsible for managing localised outbreaks and providing support and advice to education and childcare settings. They can also work with regional partnership teams (RPTs) to escalate issues from the local level into the central Local Action Committee command structure. RPTs support local areas in managing outbreaks and provide advice and insights from across the country to the Chief Medical Officer and the Secretary of State for Health and Social Care to inform decision making.

6.2.2 Managing outbreaks

PHE has published the **South East Educational Settings Outbreak Pack** which provides guidance on outbreak management in education and childcare settings. Further details on local arrangements for schools are also included in Appendix 1.3.

Table 3. Definition of outbreak in education settings

Outbreaks in a school, early years or childcare setting are defined as either:

- Two or more confirmed cases of COVID-19 among children, students or staff attending the setting within 14 days of each other 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.)

Currently, the process for managing cases and outbreaks is as follows:

- Schools, social care and early years settings have the option to contact the Department of Education helpline and the University hotline for advice relating to COVID-19 cases.
- The DfE helpline has an escalation process with the Health Protection Teams (HPT) and will notify them of situations meeting their criteria which might require their input.
- Early years settings and schools with outbreaks that meet the PHE criteria for escalation can contact PHE HPT directly.

The thresholds for escalation to HPT continues to change as the situation changes. The DfE's Contingency framework: education and childcare settings sets out the thresholds for consideration of escalation are as follows:

- For special schools, residential/boarding school/holiday camp settings and settings that operate with 20 or fewer children, pupils, students and staff at any one time the threshold is:
    - 2 or more children, pupil, students and staff who are likely to have mixed closely test positive for COVID-19 within a 10-day period
- For other settings:
    - 10% or more of children, pupils, students or staff (approximately) who are likely to have mixed closely test positive for COVID-19 within a 10-day period
    - 5 children, pupil or staff or more who are likely to have mixed closely test positive for COVID-19 within a 10-day period
- If the educational setting is experiencing interest from the media.
- There have been any admissions to hospital or deaths in your students or staff members due to COVID-19.

For complex outbreaks that meet HPT criteria, SE Surrey and Sussex Health Protection Team will undertake the risk assessment to consider the severity and spread of outbreak, current control measures and the wider context. HPT will also provide public health and IPC advice in accordance with national guidance or local guidance (Appendix 1.3).

Locally, where the outbreak does not meet the threshold for HPT input, settings are expected to follow national guidance and where appropriate, WSCC Public Health will advise the setting on IPC, testing and contact tracing. Where this is deemed to be beneficial by the school, and HPT are unable to assist, and where capacity allows, WSCC will offer to carry out an outbreak assessment meeting to gather further information about the outbreak, and a local team will lead an OCT if required.

HPT notify WSCC of any COVID-19 outbreaks in schools/educational and early years or social care settings that they have dealt with. However, the local team has in place systems that collate details of many more outbreaks than are dealt with by HPT.

The local children and young people's cell will ensure the Communications team are aware of any outbreaks where OCTs have occurred and in the absence of an OCT, where there is likely to be media interest.

Monitoring cases and outbreaks

- The local public health team continues to work closely with settings to ensure that they report cases directly to West Sussex County Council, even if they choose not to report single cases to the DfE. This helps the team obtain a more accurate overview of numbers in children and young people's settings. However, the team are currently reviewing whether this is possible given the likely increase in cases that will be seen with the return of schools with fewer mitigation measures whilst rates are high.
- The public health team currently triangulates data from various sources to produce a weekly summary report on cases and outbreaks in all settings i.e., early years and childcare, schools, colleges, the university, and children's social care establishments.

6.2.3 Further advice and information for schools and early years settings

- Department of Education's helpline for schools - 0800 046 8687
- Regular cascades of information, national and regional are provided for schools and early years settings.

6.3 Identifying and managing high risk places, locations, and communities

Due to the presence of certain risk factors and transmission dynamics that are favourable for the spread of the virus, some communities, places, and locations are hotspots or at high risk for the spread COVID-19. These include crowded areas, mass gatherings, religious events, public transport settings, homeless housing and employee shared housing and dormitories, certain workplaces such as meat processing plants, certain professions such as health and social care workers, and communities with poor access to services. Government guidance provides details of actions for specific high-risk settings such as care homes, schools, prisons and other prescribed places of detention, businesses, venues, and transport operators. Details on local arrangements for specific high-risk places, locations and communities are included in the appendices.

West Sussex has strong functional economic relationships with London, Surrey, South Hampshire (including the ports of Portsmouth and Southampton) and Brighton & Hove and provides gateways to international markets through Gatwick Airport and Shoreham Port[12]. It is also a tourist destination with historic coastal resorts, seaside attractions, countryside and market towns and villages. These characteristics may present a challenge in controlling the spread of COVID-19.

In thinking of how geographically targeting of Non-Pharmaceutical Interventions (NPIs) may work at a local level, the experience under lockdown provides some guidance, for example:

- Public places which may be closed or have restricted access such as playground, sports facilities, beaches, parks etc
- Settings that are regulated and/or inspected – this includes care homes, schools, specific businesses which may be subject to regulations/inspections
- In addition to specific locations, there is the issue of mobile "settings" such as transport, deliveries, and events which can be supported and subject to control.

Furthermore, the COVID-19 Contain framework provides guidance on local and national measures for the prevention, containment and management of outbreaks.

6.3.1 Preventative measures and outbreak management strategies

There is a wide range of settings that are considered high risk, care homes and schools have been addressed above. Tier 3 and Tier 2 contact tracing may identify high risk places, locations and communities which need additional support to control the spread of COVID-19.

Where VOC have been identified, surge testing and genomic sequencing might be deployed, as discussed in section 4.4.

As a preventative measure, settings are advised to follow national guidance. The Contain Framework stipulates that, for individual settings where the risks of rapid spread are particularly acute, DsPH, in consultation with setting operators and relevant departments, will be able to advise that social distancing is put in place, if necessary, to control outbreaks. This should be targeted, time limited, and apply to settings characterised by enclosed and vulnerable communities such as prisons, immigration removal centres and homeless shelters.

In the event that there any parallel investigations taking place by any enforcement authority such as Health and Safety Executive (HSE) in relation to the Reporting of Injuries, Diseases and Dangerous

[12] https://www.westsussex.gov.uk/media/11971/economic_growth_plan.pdf

Occurrences Regulations (RIDDOR) a representative of that authority will be invited to join the OCT, where appropriate, to ensure any conflict of roles are managed.

When contacted about a potential outbreak, the HPT will conduct the initial risks assessment and advise the setting on IPC and contact tracing. HPT will also consider the need for an OCT as per process set out in section 1.6 of this plan. Where HPT is not involved but there are concerns or issues regarding the management of the outbreak within a high risk setting, West Sussex Public health (if notified of the outbreak i.e. via PublicHealth@westsussex.gov.uk) will provide advice on IPC and contact tracing, and where required, collect further information about the outbreak through an outbreak assessment meeting. West Sussex public health will work with partners, i.e. District and Borough environmental health teams, to advice and support the setting, where appropriate. West Sussex Public Health will also escalate the outbreak to HPT were necessary.

6.3.2 Addressing enduring transmission

Areas experiencing enduring transmission are those parts of the country or county where the case rate has remained above the national or regional average for a prolonged period. Local Authorities will be supported by the UKHSA to recognise the specific characteristics and drivers of higher transmission rates. Enduring transmission is strongly linked to wider socio-economic challenges, rather than being a short-term outbreak and therefore requires a sustained approach. The Contain framework indicates that local authorities will be offered support measures to implement as part of a localised plan developed with the backing of national and regional teams, depending on the epidemiological context, including:

- access to test capacity and communication support for hyper-local targeted testing
- support to plan and maintain public health workforce capacity for COVID-19 response
- capacity to support workplaces and businesses to be COVID-secure post step 4
- national COVID-19 vaccines programme support to an area's local planning and activities, including supporting uptake of vaccination boosters in autumn

This work will also be underpinned by dedicated data and insight, including evaluation of impact and sharing of 'what works' through a nationally facilitated Enduring Transmission Community of Practice for DsPH and public health teams. Areas will be identified for additional support through analysis of case rate data and local insight from RPTs and the DPH.

Some of the measures to address such areas in West Sussex include:

- Ongoing data surveillance by West Sussex public health (section 6.6)
- Testing, including asymptomatic testing (section 6.4.3)
- Vaccination programme, including promoting vaccine uptake (section 7)
- Supporting people who are self-isolating (section 6.7.3)
- Communicating key prevention messages i.e. hand washing, face coverings, self-isolation, and social distancing (section 10).
- Targeted work in inequalities, including ethnic minorities and those in high-risk occupations such as taxi drivers and health and social care workers.

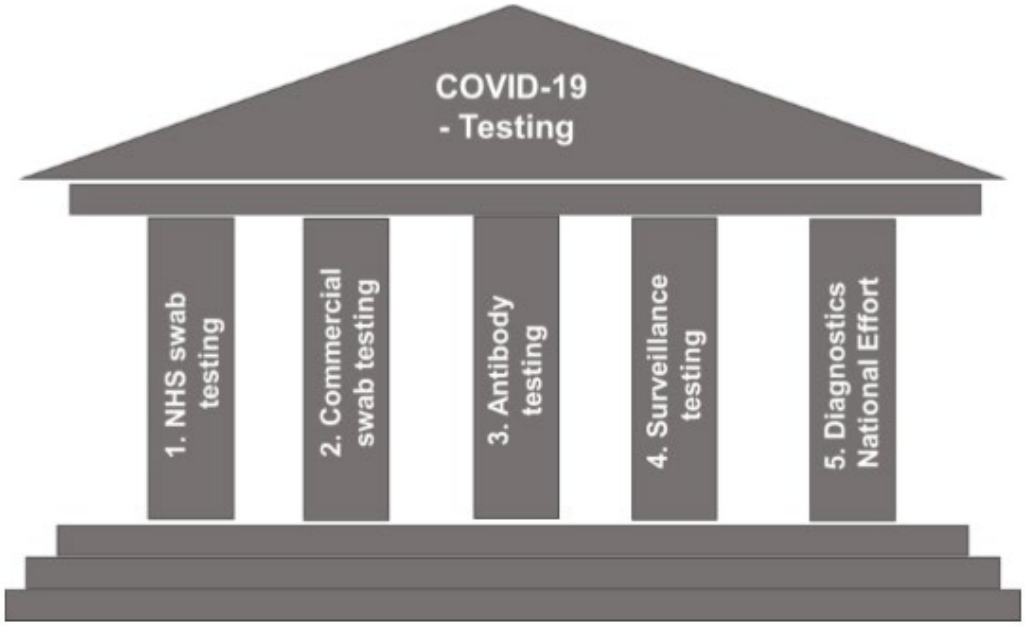
6.4 Local testing capacity – Testing in Sussex

6.4.1 National Testing program

Testing is a key pillar of the Government's strategy to protect the NHS and save lives. The testing strategy has 5 pillars, with a focus on three types of tests:

- Polymerase Chain Reaction (PCR) for people with symptoms to see if they have COVID-19
- Lateral Flow Devises (LFD) tests for Asymptomatic testing, this is to identify people with COVID 19 but are not displaying symptoms so that here is early identification and isolation of positive cases, which is important to breaking the chains of COVID-19 transmission, and
- 'Antibody tests', which test for the presence of antibodies that will demonstrate whether they have had the disease apart from certain trials this can be requested for clinical reasons.

Figure 8. COVID-19 testing pillars



6.4.2 COVID-19 Testing in West Sussex

While responsibility for testing for single COVID-19 cases in the community lies with the national NHS Test and Trace service, there is local oversight of and responsibility for testing in complex / high risk settings and for ensuring local testing capacity in response to increases in cases and outbreaks. Therefore, testing in such complex settings are as per national guidance. The following sets out the processes and testing arrangements and procedures set out in West Sussex in the implementation of the outbreak control plan.

Routine COVID-19 testing in Adult Social Care Settings

Over the last year COVID-19 testing practices and routines have changed considerably in all adult social care settings. PHE has created these quick reference guides on testing available in adult social care setting, which summarises regular routine testing cycles and outbreak control testing for COVID-19. For more details on testing please refer to the relevant guidance:

- Care homes
    - friends and family visitors to care homes
    - professional visiting care homes
- Extra care and supported living settings

- Home care testing: personal assistants or domiciliary care
- Day care centres

COVID-19 Testing Practices by Adult Social Care Settings

The below is a summary of the testing regimen in place for different adult social care settings. Please refer to the relevant guidance for more information, which can be found under the Routine COVID-19 testing in Adult Social Care Settings heading (above).

Adult care homes and hospices

- Routine testing in care homes and hospices involves all **staff members** having a PCR COVID-19 test and lateral flow test (LFT) on day 1, followed by a mid-week LFT.
- Care home **residents** are offered a supervised or assisted PCR test every 4 weeks.
- Care home **visitors and visiting professionals** must either test on arrival prior to entry using a LFT or show evidence in the form or a text or email that they had a negative result performed that day.
- It is important that all care and treatment decision made with people needing support with informed decision are in line with the Mental Capacity Act MCA and DoLS legislation.
    - Please see the Mental Capacity Law and Policy website for further information on this area.

Extra Care and Supported Living for Adults

- The **whole staffing team** are tested weekly using a PCR COVID-19 test at the beginning of the week.
- **Residents** are offered a supervised or assisted PCR test every 4 weeks.

Domiciliary Care Providers

The **home care staff members** are tested weekly using a PCR COVID-19 test toward the end of the week between Thursday and Sunday.

Personal Health Care Assistants

Health care assistants can perform a PCR COVID-19 test and LFT on day 1, followed by a mid-week LFT at home.

Adult Day Centre Services

Weekly PCR testing is available to all staff members (over 18) working in day centres. These PCR tests are home kits provided by the centre to be undertaken at home towards the end of the week.

Experiencing COVID-19 Symptoms

If you are experiencing COVID related symptoms, you should isolate at home and order a PCR test. If you have a positive PCR test result you should continuing isolating at home for ten days from the onset of symptoms. If your test result is negative you can stop isolating immediately, **unless** you are already isolating for another reason e.g. household contact of someone testing positive, contacted by NHS Test & Trace etc.

Additional COVID related guidance:

- COVID-19: management of staff and exposed patients or residents in health and social care settings

Not testing within 90 days

If someone has tested positive with a PCR test, they should not be tested using PCR or LFD for 90 days, unless they develop new symptoms during this time, in which case they should be retested immediately using PCR. This 90-day period is from the initial onset of symptoms or, if asymptomatic when tested, their positive test result.

Additional COVID related guidance:

- COVID-19: management of staff and exposed patients or residents in health and social care settings

Prisons and other complex settings

In the event of an outbreak the initial testing in Prisons and other complex settings is managed by Health Security Agency (HAS) / Public Health England (PHE) through Pillar 1 Clinical Commissioning Group Commissioned Service with Sussex Community NHS Trust. Follow-up testing 5 – 7 day after initial outbreak is carried out through Pillar 2 testing arrangements. There is specific funding for outbreaks in prison service that can be accessed through the Regional DHSC team.

Outbreaks in Community settings

Should extra testing be required in the event of a significant increase in symptomatic residents in an area of West Sussex or an outbreak within a setting requiring whole setting testing other than a VOC / VUI (Covered by surge testing), this will be supported by deployment of a Department of Health and Social Care (DHSC) Mobile Testing Unit (MTU).

Extra testing capacity

The Health Protection Board Operational Group (HPBOP) or an Outbreak Control Team (OCT) if established will decide on the need for any extra testing capacity. An assessment of the existing testing capacity will be made by the HPBOG/OCT, taking into consideration: -

- Locations of any exciting Regional Testing Sites (RTS), MTUs and local testing sites in place.
- What is the estimated numbers of people requiring testing, if known?
- Is there an agreed site for an MTU appropriately near to required area?
- Will this require a new site to be proposed and assessed?

If extra capacity is required Public Health West Sussex County Council, working with partners will identify a new or existing site for siting an MTU which meets the criteria. A Proposal form will require completion and request to the Regional DHSC team raised.

The following features are considered when selecting a site for MTU:

- Parking for 30/40+ cars (smaller car parks for smaller communities can be used)
- Ability to implement a one-way traffic system on site
- Separate entry and exit points for pedestrian testing
- Away from buildings in use by other occupants (no dual access)
- Hard standing for drive in capability (preferably flat)
- Site entry height restriction above 2.8m
- Toilet Facilities that are on or near the site (required in all cases for staff use only)
- Requirement for porta-loos.

However, if the intention is to deliver to a smaller testing population, or a bespoke audience, the MTU is designed with flexibility in mind. DHSC Regional MTU Team will discuss bespoke models on a case-by-case basis. When a site has been agreed for use a request to the DHSC Regional MTU Team will be raised. In addition, Public Health will notify the CCG Lead for testing and the District / Borough where the hosted MTU is being established.

A second option is to direct the public in the community of concern to attend one of the WSCC establishes Asymptomatic Testing Sites (ATS) if one is appropriately located in the area of concern. Ensuring that only asymptomatic people attend.

6.4.3 Asymptomatic testing (other than Surge testing)

Around one in three people who are infected with COVID-19 have no symptoms (meaning they are asymptomatic) and could be spreading the disease without knowing it. The national offer to everyone with rapid lateral Flow Devises (LFD's) for regular twice weekly testing for asymptomatic individuals will enable early identification and isolation of positive cases, which is important to breaking the chains of COVID-19 transmission.

These devices use a well-established technique called immunochromatography to detect the presence of antigens (proteins) in nasal and throat swab samples collected from individuals infected with COVID-19. They do not require a laboratory to process, and results are obtained in 30 minutes. Lateral Flow devices are more sensitive when individuals have high viral loads of SARS-CoV-2 genes, which may indicate a high potential to transmit the virus. LFDs have a high level of accuracy for positive test results; however, they have lower levels of accuracy for negative test results, meaning that if someone receives a negative result, they cannot assume that they are not positive.

Testing with LFDs is an additional tool to reduce transmission of the virus; it is therefore important that all individuals, even those with a negative result using Lateral Flow Device testing, continue to follow government guidance to prevent the spread of COVID-19. Further information on lateral flow antigen testing for people without symptoms can be found in the government guidance.

West Sussex County Council are working with the Department for Health and Social Care (DHSC) and other Sussex partners to implement a pan-Sussex roll out of asymptomatic testing using LFDs.

Rapid-turnaround Lateral Flow Devices (LFD) are being used in a variety of settings, including care and nursing homes, school staff and pupils, places of work, for the purpose of asymptomatic testing.

Community Testing Sites

This Community Testing is available through Local Authorities with the establishment of ATS's at 25 commissioned community pharmacies across West Sussex where appointments can be booked for an assisted test.

Community Collect

This is the service which allows people to collect a pack of LFDs to test twice weekly at home and report the result through an online service.

These test kit pack can be obtained at:-

- 153 nationally commissioned Community pharmacies
- A number of WSCC Libraries (eventually all libraries will provide the service)

To find your nearest Community Collect site go to:-
https://maps.test-and-trace.nhs.uk/findatestcenter.html

- Test kits can also be obtained through an ordering service: via https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests or via 119 phone number

6.4.4 Access to testing for vulnerable and high-risk groups

It is recognised that some individuals or communities might have difficulties accessing testing, for example, homeless people, Gypsy, Roma and Traveller communities, those in deprived and rural areas. To ensure access to testing, the following arrangements are available for symptomatic testing (PCR):

- Home testing kits are available for individuals and these can be requested through the www.gov.uk/get-coronavirus-test site.
- Niche testing or assisted testing service is also available through the Sussex Central booking system where SCFT staff are able to provide assisted testing to those who can't go to testing centres, or cannot self-swab, for example. Niche testing is also available for specific services such as adoption and fostering services and care homes to facilitate discharge where required.
- Individuals with no fixed abode can access testing through their link worker or voluntary organisation such as the homeless housing charities, hostels etc by them contacting the Sussex Central Booking service on behalf of the individual.

6.4.5 Risk and incident management

The management of clinical or serious incidents is detailed in the Community testing SOP that has been developed the whole of Sussex.

Table 2: Sussex Community Testing

Setting	Cohort	Test	Frequency	How to access	Further details	Status
				Community Testing		
Community testing	Asymptomatic residents. Local authorities determine priority cohorts. National ask to offer testing to those who must leave home for work	LFD	To be decided by local authority - likely to be twice weekly where possible	Testing generally available through community testing sites within the local authority Commissioned pharmacies. Models will differ between authorities	Community testing is aimed at asymptomatic individuals; those with symptoms should continue to access testing via existing pillar 2 routes. Local authorities have control over who to target, where testing is offered, hours of operation etc. so programme will differ from area to area. **Confirmatory PCR is currently suspended for community testing**	All SE LAs live
Community Collect points	Asymptomatic residents. National ask to offer LFD testing through RTS/LTS, ATS or online to allow households with pupils to be self-tested	LFD	Twice weekly	Digital portal for individuals to order a home kit or collect by a testing site. Collection from community Pharmacies and some WSCC Libraries Street Collect via the Sussex COVID Support Teams targeted at Under Served groups and Disproportionately Impacted Groups. And work through Charities and organisations supporting these groups	Households with primary school children, secondary school and college age children, including childcare and support bubbles, can test themselves twice every week at home as schools return from Monday 8 March. Households, childcare and support bubbles of primary, secondary and college staff can also be tested. More details to follow up Residents will be able to find their nearest site be visiting https://find-covid-19-rapid-test-sites.maps.test-and-trace.nhs.uk/ **Confirmatory PCR is required**	Live
				Education		

Setting	Cohort	Test	Frequency	How to access	Further details	Status
Universities	Students & Staff	LFD	Twice weekly	The university is responsible for providing testing locations and workforce. Supervised testing on site Regular testing regime for asymptomatic individuals	**Confirmatory PCR is currently suspended for university testing**	Live
Secondary schools	All school staff, including ancillary staff (catering, estates etc)	LFD	Twice weekly with tests 3 to 4 days apart	Supervised testing is performed on site - i.e. the individual tests themselves under trained supervision	Schools are responsible for providing workforce and locations for testing. Tests and PPE are provided by DHSC **Confirmatory PCR is currently suspended for secondary schools**	Live
	Secondary school pupils	LFD	Twice weekly Self-administered home test before travelling into school	All secondary school pupils encouraged to test twice weekly.		
Primary schools	All school staff, including ancillary staff (catering, estates etc)	LFD	Twice weekly	Tests are provided to staff via the school Self-administered home test before travelling into school	No testing is currently offered to primary school pupils **Confirmatory PCR is still required for primary school staff**	Live
Early years private nurseries	Staff	LFD	Twice weekly	Tests are provided to staff via the school Self-administered home test before travelling into school	**Childminders** can still access asymptomatic testing through local community testing programmes, and we are continuing to work closely with colleagues across government and local authorities to secure the most effective approach to asymptomatic testing for childminders.	Live
Children's care homes	Staff & residents	PCR	When symptomatic	DHSC guidance only allows for 10 PCR test kits to be bulk ordered every 21 days	https://www.gov.uk/guidance/coronavirus-covid-19-test-kits-for-childrens-homes	Live
				Adult Social Care		
Adult care homes	All care home staff	LFD and PCR	PCR test and LFD test on day 1, followed by a mid-week LFD	Care homes submit regular orders for LFDs. Staff self-test at home	**Confirmatory PCR is still required for care home staff** https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-adult-social-care-settings	Live
	Care home residents	PCR	Every 4 weeks	PCR testing offered to asymptomatic residents Supervised/assisted tests		
	Care home visitors and visiting professionals	LFD	On arrival prior to entry	Care home to provide tests and site for testing	https://www.gov.uk/government/publications/coronavirus-covid-19-lateral-flow-testing-of-visitors-in-care-homes	
Hospices	Staff	PCR and LFD	PCR test and LFD test on day 1, followed by a mid-week LFD			Live
	Residents	PCR	PCR on entry and every 4 weeks	PCR testing offered to asymptomatic residents Supervised/assisted tests		

Setting	Cohort	Test	Frequency	How to access	Further details	Status
	Visitors and visiting professionals	LFD	Prior to entry	Hospice to provide tests and site or testing		
Extra care & supported living	Asymptomatic staff UTK-testing weekly.	PCR	Every 28 days and you can apply for more test kits after 21 days have elapsed from your previous order being processed.	https://request-onboarding.test-for-coronavirus.service.gov.uk/		Live
	Asymptomatic resident UTK-testing every four weeks					
Domiciliary care	Staff	PCR	Weekly	The organisation can order tests and is responsible for distributing to their workforce.	An organisation is eligible if they are a Care Quality Commission (CQC)-regulated homecare organisation in England providing personal care. This is defined in the CQC data as locations with the primary inspection category 'Community based adult social care services' and providing the service type 'Domiciliary care service'. Organisations that match this criterion but have not been contacted by NHS T&T with info on how to order tests should contact 119. https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-homecare-workers/a-testing-service-for-homecare-workers-in-england Work underway to bring personal assistants and live-in carers into this group.	Live
Day centres	Staff (all workers)	PCR	Weekly	Tests provided by the centre to be taken at home 4 kits supplied to each worker every 28 days Tests to be taken Thursday-Sunday All tests need to be registered online and returned on the same day via a Royal Mail priority post box. Results arrive via email and text	To be eligible services must be for adults over 18 and provided within non-residential care settings that support the health and wellbeing of adults. This includes settings such as: • purpose-built day centres • day centres attached to or part of a care home or supported living • other buildings in communities specifically used for regular adult day care	Live
Personal assistances	Staff	PCR	Twice Weekly	PA's will be able to order a month's supply of test PCR kits every 21 days, delivered to their home address, enabling them to conduct weekly coronavirus testing at home.	More guidance here: https://www.gov.uk/guidance/coronavirus-covid-19-testing-for-personal-assistants	

Setting	Cohort	Test	Frequency	How to access	Further details	Status
Workplace settings	Staff (all workers)	LFD	Twice Weekly	Obtain LFD tests through universal offer and community collect sites		
				Primary Care		
General practice	Symptomatic patients, GP practice staff and household	PCR	Opportunistic	GPs can order stocks of PCR tests to be used with symptomatic patients who present in clinic. These tests will also be available for symptomatic GPs, practice staff and their symptomatic household members to support general practice settings remaining operational. Testing should be self-administered as far as possible This is not compulsory for GP practices to maintain a stock of kits.	https://www.gov.uk/government/publications/covid-19-testing-in-general-practice	Live
NHS	All patient facing NHS staff	LFD	Twice weekly	Self-administered home test		Live
Community Pharmacy	TBC - still at pilot stage, aimed at symptomatic individuals	PCR	Opportunistic	Site gets uploaded to system and can choose to order tests Tests delivered to site, individual responsible for self-swabbing and registering kit Swab returned to pharmacy for collection, results returned to patient		Pilot stage
				Security & Justice		
Prisons	Frontline staff	PCR	Weekly PCR test and LFD test on day 1, followed by a mid-week LFD	Prison responsible for ordering tests and supply testing site		Live
	New prisoner intake	PCR	Day 0/1 and Day 5/6 following arrival of transfer/new reception	Testing provided on site		
	Asymptomatic Reception and Transfer Testing	LFD	Day 0/1 and Day 5/6 following arrival of transfer/new reception	Testing provided on site		
	Residents	LFD	On transfer, release and to court	Testing provided on site	Several pilots underway to evaluate LFD testing of residents **Confirmatory PCR is currently suspended for prison residents**	

6.5 Contact tracing in complex settings

6.5.1 Definition of complex settings

The NHS Test and Trace service Tier 1 will identify and investigate outbreaks in complex settings as set out in the Test and Trace Tier system. PHE Health Protection Team's Standard Operating Procedure (SOP) identified some of the complex settings and high-risk settings for escalation to Tier 1, which include cases:

- Cases living or working in care home/long term care facility or other care facility for those with complex needs
- Cases in Healthcare workers
- Cases in Emergency Services workers
- Cases in Border Force and Immigration officers
- Cases who attended healthcare for non-COVID reasons
- Cases in those living or working in Prison or other places of detention
- Cases in those attending or working in special schools
- Cases in those living in homeless hostels or shelters or refuges and similar residential settings
- Cases attending Day care centres for older/vulnerable people
- Cases with concerns about deductive disclosure
- Cases where contacts can't be identified without disclosure of name to employer or other third party
- Cases or employers unwilling to provide information
- Cases in managed quarantine hotels

6.5.2 Local arrangements

Details of local arrangements in some complex settings are included in appendices. In the event of an outbreak, i.e., 2 or more cases linked in space and time, in a complex setting, the setting is expected to follow national guidance for their specific setting. In addition, where the setting meets the threshold, HPT will support the outbreak control efforts. Where required, West Sussex Public health team, if informed of the outbreak, will work with partners to advise the setting on IPC and contact tracing.

6.6 Data integration

Given COVID-19 knows no administrative boundaries, it is obviously vital that work to tackle the pandemic is conducted as seamlessly as possible across different geographies and organisations.

For this reason, sections relating to pan-Sussex workstreams, including this section on data integration, have been drafted jointly across the three local authorities within the Sussex Health and Care Partnership i.e., Brighton and Hove, East Sussex, and West Sussex councils. In relation to data, strong local and regional links have been developed, including a weekly South East Health Public Health Intelligence meeting led by Public Health England, tri-lateral working between authorities on specific issues and cross-organisational working and data sharing agreements established at speed on specific datasets. We have also worked closely with the University of Sussex, utilising their expertise in developing local modelling.

6.6.1 Data objectives

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

During the pandemic an increasing range of data has been produced Datasets have expanded as the response to the pandemic has developed. Some datasets are in the public domain, others are, and will remain, confidential and restricted.

Much of the work has been coordinated Sussex wide, through the Sussex COVID-19 Data and Modelling Group alongside a local focus within each area:

- **Objective 1:** Staff in local authorities will secure access to the range of data available.
- **Objective 2:** Using the range of data, we will be highly vigilant ("proactive surveillance") in monitoring change.
- **Objective 3:** Staff tackling outbreaks will have access to robust and concise information and be supported in their use of data.
- **Objective 4:** We will seek to maximize the transparency of local decisions

6.6.2 Data arrangements currently in place

- Arrangements for being notified by the PHE Local Health Protection Team (PHE HPT) about individuals with positive COVID-19 tests predated COVID-19 and remain in place.
- Staff in each local authority have access to detailed data on people tested, those who test positive, and locations of specific outbreaks and clusters of cases. Local authority staff also have access to NHS Dashboards on hospital activity and hospital mortality, and CQC data on deaths in care homes.
- To facilitate Sussex-wide working, all three local Directors of Public Health have authorised cross council access to PHE data, this means staff in each of the Sussex local authorities have access to data for East Sussex, West Sussex and Brighton and Hove.
- Across Sussex there is a Covid-19 Data and Modelling Group. This was established in March 2020 as a response to the pandemic and is comprised of staff from the Public Health Intelligence teams, the NHS and the University of Sussex. The group's focus has been around modelling the pandemic at a local level
- Surveillance data are now reported weekly to the Sussex Monitoring Group (SMG) led by the NHS, for this a combined early warning dashboard has been developed.
- Existing arrangements on mortality data will be used to analyse the impact of COVID-19.

6.6.3 Data on wastewater analysis for COVID-19 outbreak control

Wastewater analysis has previously been used to monitor the amount of disease circulating in the human population. Evidence indicates that SARS-CoV-2 RNA is shed in faeces from infected individuals[13], meaning that wastewater testing for SARs-CoV-2 could potentially provide an early warning of a local COVID-19 outbreak. At the time of writing (September 2021) given the persisting

[13] Wade et al. (19.11.20). Wastewater COVID-19 Monitoring in the UK: Summary for SAGE. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/940919/S0908_Wastewater_C19_monitoring_SAGE.pdf

high level of transmission and case rates there has been limited local use of wastewater data, it's value will be reviewed.

6.6.4 Outbreak Investigation and Rapid Response (OIRR)

Outbreak Investigation and Rapid Response (OIRR) using Postcode Coincidence and Common Exposure Reports. This is a systematic process using information collected from cases during contact tracing interviews to identify clusters of cases and activities/settings where transmission may have occurred. This intelligence is combined with local sources of information known to local authority and PHE health protection teams to assess whether further investigation may be needed to determine whether public health actions are required in these settings to prevent further transmission. The 'backwards contact tracing period' refers to information gathered from cases about their activities and events outside the home from 7 days to 3 days prior to symptom onset/test date.

6.6.5 Data arrangements that need to be set up

- Further work is (as of September 2021) required. Local authority public health intelligence teams are still seeking access to more detailed information on the ages, gender, and home postcodes of in-patients with COVID-19, to help understand the progression of infection to hospitalisation. Vaccination status of inpatients would also be sought where available.
- more detailed information on people affected by on-going COVID 19 symptoms and complications ("long-covid")

6.6.6 Data sharing and data security

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

The Secretary of State has issued 4 notices under the Health Service Control of Patient Information Regulations 2002 requiring the following organisations to process information: NHS Digital, NHS England and Improvement, health organisations, arm's length bodies, local authorities, GPs. These notices require that data is shared for purposes of coronavirus (COVID-19) and give health organisations and local authorities the security and confidence to share the data they need to respond to coronavirus (COVID-19). These can be found here https://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information

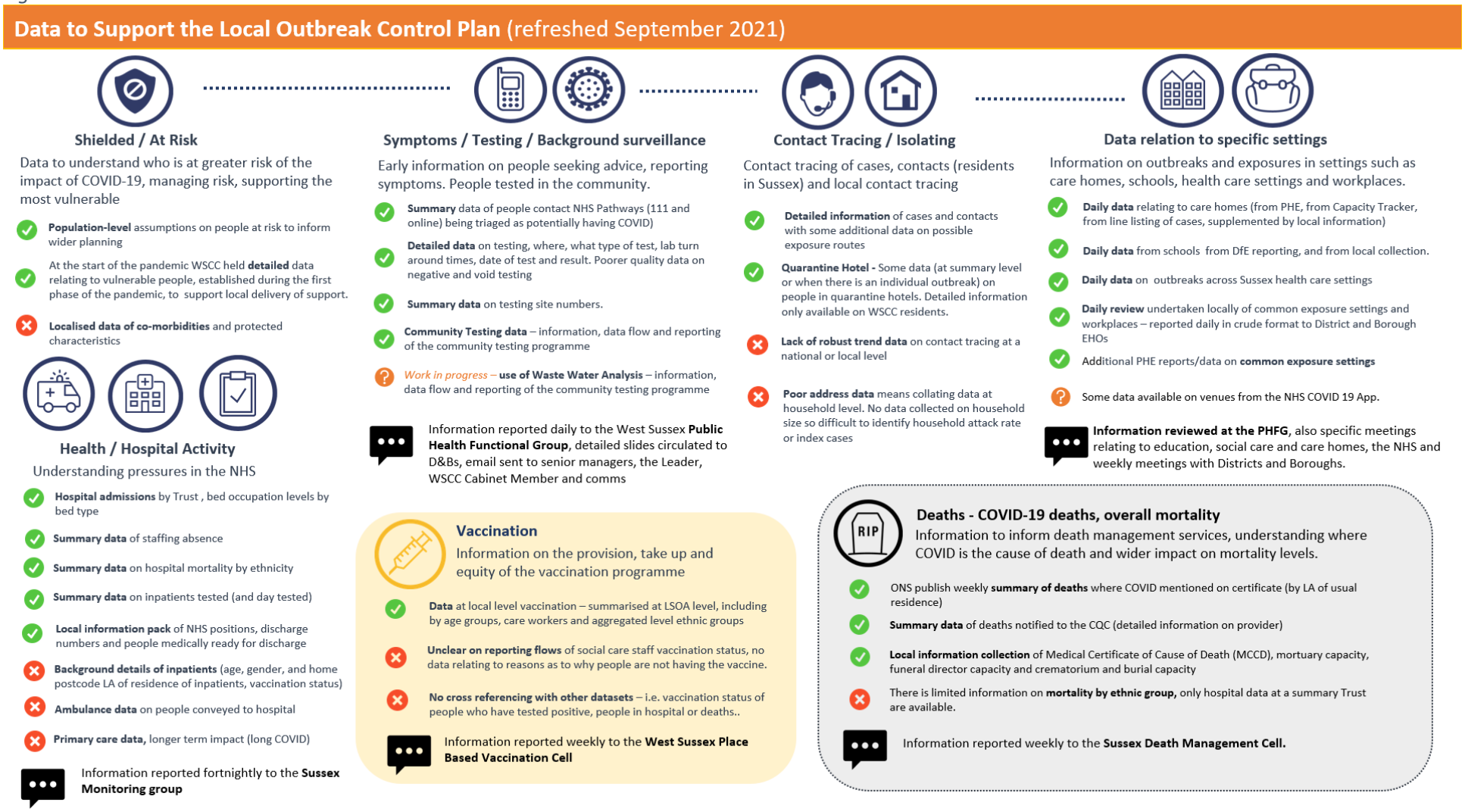
The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply. Under the Civil Contingencies Act 2004 (CCA) and the Contingency Planning Regulations, Category 1 and 2 responders have a duty to share information with other Category 1 and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

Table 4:Data integration tasks - September

Action (Sussex Wide)	Lead Officer	Internal /External partners involved
• **Maintain role of the Sussex Covid Data and Modelling Group to include data integration to support Local Outbreak Control Plans at a Sussex and UTLA level.**	WSCC Principal manager, Public Health Research unit	Sussex wide Data and Modelling Group (membership above)
• **Modelling possible subsequent waves of the pandemic, based upon the assumptions published by SAGE, and working.**	WSCC Principal manager, Public Health Research unit	Data and Modelling Group, University of Sussex (modelling)
• **Secure regular automated dataflows from a variety of organisations to provide the intelligence to support our system, including data on testing, outbreaks, hospital activity and deaths.**	WSCC Principal manager, Public Health Research unit	Sussex wide Data and Modelling Group (membership above)
Action (Individual LA)		
• **Work with District and Borough councils to widen the access to and sharing of data relating to local outbreaks, settings, and events.** • **Respond to queries from named contacts within each District and Borough councils specifically in relation to:** ○ **Communities at higher risk of infection and the impact of COVID** ○ **Specific settings and events at a local level**	WSCC Principal manager, Public Health Research unit	West Sussex CC and District and Boroughs
• **Provide updates as requested to senior managers and local Members, and report to the PH Functional Cell and respond to external requests for information.**	WSCC Principal manager, Public Health Research unit	West Sussex CC
• **Work closely with the local HPT, lead PH Consultant to establish systems to identify and examine outbreaks.**	WSCC Principal manager, Public Health Research unit	West Sussex CC

6.6.7 Data Sources to Support the LOCP

Figure 9. Data sources



6.7 Supporting vulnerable people

6.7.1 Supporting vulnerable people arrangements

West Sussex County Council, in partnership with district and borough councils, launched Community Hubs in March 2020 across the county offering assistance to those who need additional help and support due to the impact of COVID-19. This includes those who for any reason are without a local support network, alone, struggling to cope, worried, unwell, need information, advice and guidance or cannot get medicine, food, or other essential supplies.

During the national lockdown and local tier restrictions, the Community Hub response at county level has been complemented by a raft of local support mechanisms operating at district and borough level, involving their D&B staff, voluntary and community organisations and neighbourhood activity. Largely the West Sussex response can be described as meeting the requirements for 3 groups of individuals who were classed as:

- Extremely clinically vulnerable people requiring shielding (as per national guidance)
- Clinically vulnerable people (over 70s, people with specific medical conditions and pregnant women) and those locally identified as requiring support e.g. known to WSCC, District & Boroughs or health partners such as the homeless, and those who need safeguarding such as children and vulnerable adults.
- Other vulnerable people (not at increased risk due to medical reasons) who are at risk due to a change in circumstances, or the impact of the restrictions put in place through social isolation, worsening mental or physical health, risk of violence.

The range of support offered via the Community Hub has grown as it developed and includes contract arrangements for the provision of food and basic supplies and outbound check-in calls to 'keep in touch' with those shielding (where advised) who are already known to health & social care services, or who have made contact via the Community Hub. This has enabled a regular check-in to identify any change in circumstances, practical information, and advice (e.g., digital coaching to facilitate online access) or an onward referral to voluntary, community or partner organisation. The Community Hub has worked collaboratively with PAT's across the county to support our customers to receive information, support, and signposting in a timely way.

Across West Sussex, local authorities and health partners continue to commission and work closely with Community and Voluntary Organisations to provide services to vulnerable people. Working in partnership with the voluntary sector has proactively adapted to continue to deliver services, utilising new approaches (e.g., digital), addressing the specific needs resulting from COVID-19 which are ever more complex and varied as circumstances evolve. Working together, all partner organisations are collaborating to ensure that vulnerable people and those who find themselves temporarily in need of support can get the help they require.

6.7.2 Shielding and the Community Hub

The Community Hub continues to provide support seven days a week from 8am to 8pm Monday-Friday, 9am-5pm weekends and bank holidays. Residents who require help as a result of COVID-19

can access the support by calling 033 022 27980 or by completing the online I need support form. The Hub is supporting residents by:

- Meeting immediate needs for food/essential supplies
- Signposting to a variety of organisations, District and Borough Councils and businesses in their local area for longer term support
- Supporting residents with COVID-19 related queries and directing to current guidance from central government regarding isolating.

The Community Hub also supports residents with a wide range of needs and circumstances including:

- Those who have recently been discharged from hospital or residents required to isolate due to an upcoming appointment
- Individuals identified and advised to isolate by the NHS Test and Trace service
- Those who have been affected financially by COVID-19 and are suffering hardship
- Are unable to access food and essential supplies.

As per current government guidance, shielding for 'Clinically Extremely Vulnerable' people has now ended (as at 20.09.2021). The government will continue to assess the situation and the risks posed by COVID-19 and based on clinical advice, will respond accordingly to keep the most vulnerable safe. Central government have sent a letter to all individual on the Shielded Patient List informing them of these changes. WSCC and partners will continue to follow government guidance and support residents need.

Residents can find answers to their questions on the West Sussex County Council website, which details some Frequently Asked Questions and a page that provides details of support during the pandemic and suppliers that are offering local delivery of various goods and groceries. Residents have also been contacting the Community Hub for support with transport to their vaccination appointments and the Community Hub are connecting them with Community Transport Sussex.

6.7.3 Supporting those who are self-isolating

PHE confirmed that three questions have been included in the NHS Test and Trace questionnaires for people to self-identify as vulnerable or that they may need support. This information is provided to NHS Business Services Authority (BSA) who will then text people with the relevant local authority helpline details and provide links to websites that allow them to find the numbers of their local support helplines. The West Sussex Community Hub provides support and information relating to other issues such as financial support whilst self-isolating.

The food and medicines support scheme include people who have requested support via the helpline while they self-isolate as a result of NHS Test and Trace advice, where it is identified that they have no other means to get help. As people will be self-isolating for a short period of time (10 days), this support needs to be timely, and flexible to support a cohort of people that is constantly changing. The Hub will continue to meet this support offer.

6.7.4 Ongoing monitoring of systems to support vulnerable people

The Community Hub will continue to follow current government guidance as it changes to ensure that vulnerable people are supported during potential lockdowns and/or tier restrictions. The Hub will also continue to assess:

- The patterns in demand for food, medicine, and support, acknowledging that this may fluctuate in scale and geographical distribution at any given time based on the number of outbreaks and specific setting type
- The resource requirements to maintain the Community Hub offer, including the urgent critical need response, proactive outbound contact and regular 'keeping in touch' calls when required
- Any amendments required to the contracted food and supplies provision, including the balance of urgent same day demand with scheduled home delivery.
- How best to sustain the Community Hub to meet demand and consider how to embed the principles and approach into the longer-term prevention model to support health and social care systems.

7 PREVENTION

Reducing mortality and morbidity and preventing the transmission of COVID 19 requires a whole systems approach, addressing various levels at population, community, and individual levels (below).

Working with local communities, local organisations, such as local authorities, NHS, businesses, and voluntary sector all play a key role in promoting prevention measures.

It is important that outbreak activity in West Sussex is focussed on prevention as well as response, and there are two aspects to this. Firstly, organisations and individuals should aim to prevent infection from COVID-19 through activities and actions in line with government guidance such as:

- social distancing
- cleaning, handwashing, and hygiene procedures
- face coverings and PPE use
- COVID-19 risk assessment
- ventilation
- encouraging COVID-19 vaccine uptake

Secondly, action should take place to reduce exposure to behavioural risk factors which increase the risk of diseases associated with poorer COVID-19 outcomes such as diabetes and cardiovascular disease. The appendices include further information on prevention of COVID-19 spread in high risk and complex settings such as prevention in workplaces, BAME population, homeless housing. Furthermore, district and borough councils have drafted their own COVID-19 prevention plans which contain tailored approaches to preventing the spread of COVID-19 within their localities.

8 COVID-19 VACCINATION PROGRAMME

8.1 Overview

The NHS begun a mass vaccination program from early December 2020 using the Pfizer-BioNTech vaccine, and the AstraZeneca Oxford vaccine, the first ones to be approved for use against Coronavirus in the UK. Fifty initial tranche 1 sites were identified, making this the start of the biggest vaccination programme in history. Sussex was selected as one of these first tranches, with the first hospital hub to deliver the vaccine being the Royal Sussex County Hospital (RSCH). Vaccinations began from this hub on December the 9th 2020.

8.1.1 Governance of the COVID-19 Mass Vaccination Project in Sussex

The COVID-19 Mass Vaccination Project Board reports to the Quality and Safety Group for monitoring and assurance purposes and is accountable to the Sussex Health and Care Partnership (SHCP) Executive Board. The Project Board and members of the Project Team are working in collaboration with all Sussex Health and Care Partnership (SHCP) partners and wider stakeholders through the Sussex Resilience Forum. The Clinical Leadership Group provides senior clinical oversight, risk management and advice as required.

8.1.2 About the COVID-19 vaccines

Any coronavirus vaccine that is approved for supply within the UK national vaccination program must go through all the clinical trials and safety checks all other licensed medicines go through. The MHRA (Medicines and Healthcare products Regulatory Agency) follows international standards of safety. The four approved vaccines in the UK by Pfizer-BioNTech, Oxford - AstraZeneca (AZ), Moderna and Janssen have met strict standards of safety, quality and effectiveness set out by the independent MHRA. The vaccines work by triggering the body's natural production of antibodies and stimulates immune cells to protect against COVID-19-19 disease. For Pfizer-BioNTech, Moderna and AstraZeneca vaccines, a 2-dose vaccine schedule is advised. The Janssen vaccine requires only a single dose.

Pfizer-BioNTech vaccine

The first COVID-19 vaccine approved for use in the UK was developed by Pfizer-BioNTech, early December 2020. COVID-19 mRNA Vaccine BNT162b2 is a vaccine used for active immunisation to prevent COVID-19 disease caused by SARS-CoV-2 virus. COVID-19 mRNA Vaccine BNT162b2 will be given to people aged 16 and over in a phased approach, commencing with the most vulnerable and frontline health and social care staff. On the 4th June the MRHA approved the use of the Pfizer- BioNTech vaccine for use in 12–15-year-olds.

There are complexities in the delivery of the vaccine due to vaccine needing to be kept at -70C before being thawed and it can only be moved 4 times within the cold chain before being used.

Oxford – AstraZeneca (AZ) vaccine

The Oxford – AstraZeneca (AZ) vaccine was approved for use on the 30th of December 2020. Unlike the Pfizer vaccine this can be stored in a standard fridge making it easier to deliver at GP practices and care homes. Evidence shows that the vaccines can provide immunity within 2-3 weeks after the first dose.

Moderna (Also known as Spikevax)

The Moderna vaccine was approved for use in adults over the age of 18 on the 8th of January 2021. Like to the Pfizer- BioNTech vaccine, Moderna also uses mRNA to elicit an immune response. On 17 August 2021 the Moderna vaccine was also approved for use in 12–17-year-olds.

Janssen

The Janssen vaccine was approved for use in adults over the age of 18 on 28 May 2021. The single dose Janssen vaccine has been shown to be 67% effective in preventing COVID-19 and 85% effective in preventing severe disease or hospitalisation. The vaccine can be stored at fridge temperatures, between 2 and 8, making it ideal for distribution to care homes and other locations across the UK.

Possible side effects:

Like all vaccines, COVID-19 vaccines can cause side effects, although not everybody gets them. Most side effects are mild or moderate and go away within a few days of appearing. If side-effects such as pain and/or fever are troublesome, they can be treated by medicines for pain and fever such as paracetamol. Side effects can include pain at injection site, tiredness, headaches, fever and muscle and joint pain.

It has been shown that people who have severe allergies can have a bad reaction to the vaccines, therefore it is recommended until more is known about this, people with severe allergies do not receive the vaccines.

8.2 COVID-19 Vaccination Program

The aim of the COVID-19 vaccination programme is to protect those who are at most risk from serious illness or death from COVID-19. The vaccination programme needs high uptake - at least 70% to be effective. It is not known currently if the vaccine stops transmission of COVID-19, but it is known that it stops people getting it, and also reduces the severe illness, therefore the vaccine has is a game changer in terms of hospital admissions and mortality from COVID-19.

Details on the how long the protection from the COVID-19 vaccinations will last is currently unknown. It could be similar to the flu vaccination that needs to be administered regularly/yearly. Evidence is still being gathered on this.

8.2.1 Vaccine prioritisation

The Joint Committee on Vaccination and Immunisation (JCVI) advises that the first priorities for the COVID-19 vaccination programme should be the prevention of mortality and the maintenance of the health and social care systems. As the risk of mortality from COVID-19 increases with age, prioritisation is primarily based on age. The order of priority for each group in the population corresponds with data on the number of individuals who would need to be vaccinated to prevent one death, estimated from UK data obtained from March to June 2020. This priority list is as follows:

Phase 1:

1. residents in a care home for older adults and their carers
2. all those 80 years of age and over and frontline health and social care workers
3. all those 75 years of age and over
4. all those 70 years of age and over and clinically extremely vulnerable individual

5. all those 65 years of age and over
6. all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
7. all those 60 years of age and over
8. all those 55 years of age and over
9. all those 50 years of age and over

It is estimated that taken together, these groups represent around 99% of preventable mortality from COVID-19. People aged 80 and over as well as care home workers were the first to receive the jab, along with NHS workers who are at higher risk.

Phase 2

The next phase of the programme, phase 2, which aims to further reduce mortality, morbidity and hospitalisations from COVID-19, is age-based starting with the oldest adults first and proceeding in the following order (further details can be found on GOV.UK:

1. all those aged 40 to 49 years
2. all those aged 30 to 39 years
3. all those aged 18 to 29 years

In July 2021 the Joint Committee on Vaccines and Immunisation (JCVI) recommended that 12- to 15-year-olds at an increased risk of COVID-19 or live with someone who is immunocompromised should be offered 2 doses of the Pfizer-BioNTech vaccine. In August 2021 the JVCI advised that 16- and 17-year-olds in England should be offered a COVID-19 vaccination by the 23rd of August. In September ministers extended the offer of one dose of Pfizer-BioNTech to all 'healthy' 12–15-year-olds via the schools immunisation service.

The UK vaccination programme has taken an evergreen approach, meaning that anyone who is eligible for a COVID-19 vaccine can come forward for to be vaccinated.

Phase 3 booster programme

In June 2021, the JCVI issued interim guidance on the potential COVID-19 booster vaccine programme winter 2021 to 2022. The guidance notes the COVID-19 booster vaccine should begin in September 2021, with the aim of maximising protection for those who are most vulnerable to serious COVID-19 ahead of the winter months. As Influenza vaccines are also delivered in the autumn months, the JCVI considers that, where possible, a synergistic approach to the delivery of COVID-19 and influenza vaccination could support the delivery and maximise uptake of both vaccines. The proposed programme will be delivered in 2 stages:

Stage 1 – offering a third dose of COVID-19 booster vaccine and annual influenza vaccine as soon as possible from September 2021 to:

- adults aged 16 years and over who are immunosuppressed
- those living in residential care homes for older adults
- all adults aged 70 years or over
- adults aged 16 years and over who are considered clinically extremely vulnerable
- frontline health and social care workers

Stage 2 – offering a third dose of COVID-19 booster vaccine as soon as practicable after Stage 1, with equal emphasis on deployment of the influenza vaccine where eligible to:

- all adults aged 50 years and over
- adults aged 16 to 49 years who are in an influenza or COVID-19 at-risk group (refer to the Green Book for details of at-risk groups)
- adult household contacts of immunosuppressed individuals

Further details can be found on GOV.UK.

8.3 Sussex COVID-19 vaccination programme

Sussex Integrated Care System received its first delivery of the Pfizer/BioNTech vaccine on 8 December, via the Royal Sussex County Hospital (RSCH) (a designated Tranche 1 Hospital Hub). The vaccination programme has expanded as more vaccines becomes available. This will include:

- hospital hubs
- GP-led vaccination services
- larger vaccination centers
- vaccine service in care homes and people's own homes if they cannot attend a vaccination site.
- Vaccine pop ups and walk in clinics

Further details can be found at the Sussex Health and Care Partnership COVID-19 Vaccination programme website.

The NHS in Sussex commenced with their vaccination programme from the 9th of December 2020, at the Royal Sussex County Hospital (RSCH) in Brighton, the first site ready to administer the vaccine. Other hospital sites and GP practices have come on board in a phased approach, with other vaccination centres being made available across the area to ensure equitable access for local people. The Brighton Centre has been delivering vaccinations since January 25th, 2021.

Core frontline health and social care staff and patients aged 80 and above who were already attending hospital as an outpatient, and those who are being discharged home after a hospital stay, were the first to receive the vaccine. Work with care home employers was undertaken to identify staff who could attend an appointment at a local hospital hub. And as slots for health and care staff became available, eligible people were contacted by their employer.

Sussex Community NHS Foundation Trust have been leading the work to recruit and train more staff - both clinical and non-clinical - so that the NHS in Sussex can deliver this unprecedented immunisation programme without impacting on other vital services. People are contacted by either the local NHS or their GP when it is their turn for the vaccine. It is essential that people take up the offer to ensure protection for our communities against COVID-19.

8.3.1 Outcomes of the Sussex Vaccination Programme

To date the local vaccine programme has met the targets by offering all adults over the age of 18 at least one dose of a COVID-19 vaccination by 31st July 2021. The Sussex system is continuing to deliver vaccines to all adults from cohorts 1-12 to ensure maximum uptake in the population. The programme has also offered all eligible children age 12-17 a first dose of COVID -19 vaccine. The programme continues to offer an evergreen approach, meaning that all eligible individuals can come forward to be vaccinated regardless of when they were initially invited.

8.3.2 Measures to improve vaccine uptake locally

To ensure the removal of barriers to people who have not taken up the offer of a vaccine, work is being taken forward led by an Inequalities Cell that sits under the Vaccine Programme Board. Identified actions include- focused communications, mobile/roaming vaccination services and localised partnership working to identify insight into reasons why some have not taken up the offer of a vaccine and to have a coordinated approach to target these people in line with respective needs.

West Sussex County Council has worked with key partners to develop a localised plan aimed at targeting those who have not had their vaccine. A range of interventions have been put into place to focus vaccination delivery in the areas and groups of people where uptake has been lower. This includes:

- Targeted vaccines being administered for some of the homeless people through a roving vaccination service,
- Using targeted communications and mobile vaccination units to target those who are not registered with a GP,
- Working with faith groups and community leaders to gain insight as to why some people across different ethnic minorities and religious groups have not wished to have a vaccine and then offering flexible vaccine clinic times,
- Pop in vaccination clinics have been made available in areas where uptake has been low,
- Webinars have been held with some of the care homes where staff uptake has been low and flexible communications has been sent out to some of our vulnerable people to try to encourage then to have a vaccine.

9 WEST SUSSEX COVID-19 COMMUNICATIONS STRATEGY

9.1 Overview

Note: This is a summary version of the full WSCC COVID-19 Public Health communications strategy for the period July 2021 to March 2022.

Our Public Health COVID-19 communications will encompass:

- supporting our communities through the next stages of the pandemic, in line with our council priorities, notably keeping people safe from vulnerable situations
- helping sustain healthy, prosperous communities in West Sussex as we recover
- encouraging positive behaviours that build more resilient communities for the long term.

9.2 Key message groups and narrative

9.2.1 General

- The cautious lifting of COVID-19 restrictions put a greater emphasis on individual, collective and corporate responsibilities for us to protect and support each other as we learn to live with the virus in West Sussex.
- The number of COVID-19 cases may rise in West Sussex, but the success of the vaccination programme has reduced the risk of people becoming seriously ill.
- COVID-19 hasn't gone away just yet and this is not a return to normal. Some risks remain, particularly to some of the most vulnerable in our communities.
- The success of the vaccination programme has paved the way for the safe and gradual lifting of restrictions. But no vaccine is 100% effective and, like all viruses, COVID-19 can mutate.
- Let's continue to be cautious, be kind and be safe as we protect each other, learn to live with the virus and keep West Sussex safe.
- There are many simple, basic and sensible things we can all choose to do to keep ourselves and each other safe, many of which have become second nature to us through the pandemic.

9.2.2 Basic health protection measures

- Wear a face covering, especially in crowded areas such as busy public transport and shops.
- Wash your hands regularly.
- Give each other space, minimising the number of people you meet and time you spend together.
- Letting in fresh air, even for a small amount of time, can reduce chances of the virus spreading.
- These remain sensible and proportionate ways to reduce the risk to yourself and those you love.

9.2.3 Vaccinations

- Vaccinations are the best protection against COVID-19. They have proven to reduce the chances of us getting seriously ill and are the key to returning to life without restrictions.
- Get both your vaccinations as soon as you can.
- Attend your appointments to get greater protection.

9.2.4 Testing

- Testing regularly if you don't have symptoms is an important means of identifying whether you might be passing the virus on to others without knowing.
- Test twice a week ideally, and isolate if you test positive.
- If you develop COVID-19 symptoms (even if they're mild), isolate immediately and book a test. It's important now more than ever we do all we can to prevent the spread.
- Practical and financial support is available if you need to self-isolate.

9.2.5 Support

- The pandemic has impacted on our mental health and it can feel stressful when things are changing. *[promote links to mental health / suicide prevention support services]*
- The pandemic has been difficult for many and there may be new challenges now that restrictions have been lifted. *[links to support services]*
- Has COVID-19 left you worried about money? *[links to financial support services]*

9.2.6 Community cohesion

- Some people will welcome the lifting of restrictions and that's ok. Others will be more cautious and anxious, and that is understandable too.
- Let's be kind and considerate and support one another by doing as much as we can to keep West Sussex safe.

9.2.7 The future

- COVID-19 will be with us for some time. Learning to live with the virus means we will have to adapt and change some of our day-to-day behaviours.
- We've learned much from the pandemic and our understanding of how best to deal with it continues to grow. As measures like wearing face coverings, vaccination and working from home have become more acceptable, there are opportunities to change our behaviours in a way that will help us protect one another, become more resilient to viruses such as flu, and become healthier as a community.

10 EQUALITY MONITORING

10.1 Equalities duty

Under the Equality Act 2010, public bodies are subject to the public sector equality duty which requires them, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not[14].

Table 5. The equality duty covers the following nine protected characteristics:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual Orientation

Additional factors which should be considered include employment status, family and friend carers, and people who have recently experienced homelessness or rough sleeping (most of whom are currently accommodated).

10.1.1 Equalities related COVID-19 risk factors

Evidence has shown that people with some protected characteristics are also at increased risk of infection and/or death from COVID-19, alongside other risk factors[15]. The risk factors identified are outlined below:

- **Age** – the risk of COVID-19 related deaths and severe illness increases with age, with older adults at highest risk. Research findings also indicate that young adults reporting worse mental health and wellbeing due to the COVID-10 pandemic, compared to middle and older aged adults[16]
- **Gender** – risk of dying is higher in males than females
- **Deprivation** - People who live in deprived areas have higher diagnosis rates and death rates than those living in less deprived areas – especially among people of working age.
- **Ethnicity** – Risk of dying higher in BAME groups than in White ethnic groups (highest in Black Bangladeshi ethnicity, but also people of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity). Data on wave 2 of the pandemic in the UK (1st September 2020 to 31st January 2021) shows a significant impact on people reporting Bangladeshi and Pakistani ethnicity

[14] https://www.equalityhumanrights.com/en/advice-and-guidance/your-rights-under-equality-act-2010
[15] PHE. August 2020. Disparities in the risk and outcomes of COVID-19
[16] PHE. Dec 2020. Research and analysis Age Spotlight

- **Occupation** - working as security guards, taxi drivers and chauffeurs, bus and coach drivers, chefs, sales and retail assistants, lower skilled workers in construction and processing plants, and men and women working in social care, nursing auxiliaries and assistants had significantly high rates of death from COVID-19.
- **Inclusion health** – increased deaths among people born outside the UK and Ireland and higher diagnosis rate among rough sleepers.
- **Living in a care home** - there have been 2.3 times the number of deaths in care homes than expected – from COVID-19 and other causes.
- **Co-morbidities** – diabetes, hypertensive diseases, chronic kidney disease, chronic obstructive pulmonary disease, and dementia; an increased risk of adverse outcomes in obese or morbidly obese people.

10.2 Protected characteristics in West Sussex

Figure 10. Overview of protected characteristics in West Sussex

10.2.1 Local arrangements

Details on local arrangements relating to outbreak management are included in the Appendices and the equality monitoring report in Appendix 4. The Sussex Black, Asian and Minority Ethnic (BAME) COVID-19 disparity programme addressing the disproportionate impact of COVID-19 on people from BAME backgrounds has been incorporated into the Sussex Health and Care Partnership Health Inequalities Programme. Some of the key recommendation being taken forward for the programme include:

- Improving ethnicity recording across all organisations
- Cultural competency training for staff
- Improving health and digital literacy
- Better access to translation/interpreting services
- Culturally relevant communications and engagement

Delivery of the recommendations will support outbreak control and COVID vaccine uptake, for example local community champions including champions from minority ethnic backgrounds are involved in sharing relevant vaccine messages with their communities. Data on vaccine uptake by ethnicity has been used to inform delivery of the vaccine, with for example pop up vaccine hubs at Crawley mosques and local employers with higher numbers of East European workers.

WSCC and Crawley Borough Council are also working together to respond to inequalities in the impact of coronavirus in Crawley, including engaging with the voluntary sector and local faith communities. Initiatives include the Community Ambassador group, commissioning the Putting Communities First grant programme which supports community groups to improve health and wellbeing, and commissioning Citizens Advice in West Sussex to deliver a money advice service for people from a BAME background in Crawley.

Other District and Borough Councils are also taking action to engage with BAME communities locally – for example Mid Sussex District Council and Citizens Advice in West Sussex have recently launched Mid Sussex Community Champions – a network of volunteer community champions from EU, BAME groups, who share up to date information about COVID-19 with their communities. A similar community champions group have been established by Arun District Council, with a focus on engaging with people from East European backgrounds.

Communications and engagement about test and trace, advice to self-isolate, and outbreak planning and response is coordinated with these wider programmes, which provide an important network for informing the development of relevant communications resources and sharing information.

10.3 Addressing health inequalities in West Sussex

COVID-19 has exposed and amplified the inequalities that were already in place prior to the pandemic, with those in our more deprived communities experiencing worse health outcomes and mortality from COVID-19. In addition, there is the economic harm caused by containment measures, lockdowns, tier systems, social isolation measures that will all contribute to further damage health and wellbeing and widen health inequalities.

The NHS health service have been placed under extreme pressure having to cope with the impact of the pandemic, which has meant that mainstream services such as- non-urgent operations, screening

and immunisations, have had to be limited, which will further enhance inequalities and service inequities. Therefore, there is a critical need to address these inequalities across West Sussex.

To respond to this, the Sussex Health and Care partnership (SHCP) is leading a program aimed at reducing health inequalities through strong partnership working across the Sussex system at place (East and West Sussex and Brighton and Hove), and community /neighbourhood levels. The SHCP Health Inequalities Programme has developed an '**Addressing Health Inequalities**' implementation plan that is based on strategic guidance, evidence of what works and local need. The program will focus on identifying health inequalities across the county, working with other agencies to prioritise and target action using evidence-based interventions, co-designing solutions with communities and monitoring outcomes and impact. This programme aims to enable people to live more years in good health and reduce the gap in life expectancy and healthy life expectancy between people living in the most and least disadvantaged communities of Sussex. Whilst the program aims to improve the health of everyone, it has a greater focus on those facing the greatest need and worst health outcomes.

The SHCP's Population Health and Prevention Board will provide assurance for the program which will align with and add value to place based outcomes, priorities and targeted actions.

11 APPENDICES

High risk and complex settings	
Appendix 1.1	Care homes (Adults)
Appendix 1.2	Children's Care homes
Appendix 1.3	Schools and educational settings
Appendix 1.4	Black Asian Minority Ethnic Groups
Appendix 1.5	Homeless communities
Appendix 1.6	Gypsy, travellers, and Roma communities
Appendix 1.7	Faith Settings/places of worship
Appendix 1.8	Other workplaces
Appendix 1.9	Prisons and other prescribed places of detention
Appendix 1.10	Hospitals
Appendix 1.11	Primary care
Appendix 1.12	Mental health and community trusts
Appendix 1.13	Hospices
Appendix 1.14	UK Ports of Entry
Appendix 1.15	Tourist attractions and travel accommodation
Local Boards Terms of Reference	
Appendix 2.1	COVID-19 Health Protection Board Terms of Reference
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Other appendices	
Appendix 3	Local Authority Powers
Appendix 4	COVID-19 Contain Framework briefing
Appendix 5	Equality monitoring report
Appendix 6	PHE-LA SOP