

## **RUSTINGTON PARISH COUNCIL**

### **EMERGENCY PLANNING COMMITTEE**

**MINUTES:** of the Meeting held on 15 August 2022

**PRESENT:** Councillors Mrs C Broomfield, M Broomfield and J Ceiriog-Hughes

**In attendance:** Councillor Ms M Revell, Mrs C Ward (Clerk of the Council) and Ms R Costan (Deputy Clerk)

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#### **1/22        ELECTION OF CHAIRMAN**

It was proposed that Councillor Ceiriog-Hughes be elected Chairman of the Committee for the ensuing year.

The Committee RESOLVED that Councillor Ceiriog-Hughes be elected Chairman for the ensuing year.

#### **2/22        ELECTION OF VICE-CHAIRMAN**

It was proposed that Councillor Broomfield be elected Vice-Chairman of the Committee for the ensuing year.

The Committee RESOLVED that Councillor Broomfield be elected Vice-Chairman for the ensuing year.

#### **3/22        APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Mrs Callaghan (previously approved Leave of Absence), Mrs Cooper (Personal Commitment), Mrs Gregory (Indisposition), Grevett (Personal), Street (Holiday) and Tyler (Personal Commitment). These apologies were accepted by the Committee.

#### **4/22        DECLARATIONS OF INTEREST**

There were no declarations of interest recorded by Members.

#### **5/22        MINUTES**

The Minutes of the Meeting held on 17 August 2021 were signed by the Chairman as a correct record.

#### **6/22        REVIEW OF EMERGENCY PLAN**

The Clerk referred to Minute 6/21 and said that she had previously circulated the enhanced Plan that had been updated to include a number of proposed amendments/additions. She said that the Plan also included the West Sussex Covid-19 Local Outbreak Control Plan as Annex K, together with the Draft Arun District Council Emergency Winter Management Plan.

Following a further detailed discussion, during which the Clerk made reference to the recent Incident Information received from the West Sussex County Council's Resilience and Emergencies Team regarding the ongoing Heat-Health Alert from the Met Office, the Committee AGREED that subject to the aforementioned amendments/additions, no further revisions needed to be made to the Emergency Plan at the present time. It was also AGREED that as soon as the Arun District Council's Emergency Winter Management Plan had been approved, this would replace the Draft Plan.

A copy of the amended Plan is attached and forms a part of these Minutes.

It was also RECOMMENDED that the next review of the Plan should take place in six months' time.

**DATE OF NEXT MEETING**

It was AGREED that the next Meeting should be held in February 2023 on a date to be agreed by the Council when it approved its Meeting Dates for 2023 later in the year.

**Chairman:** ..... **Date:** .....



# **RUSTINGTON PARISH COUNCIL**

## **EMERGENCY PLAN**



**AUGUST 2022**



**QUALITY  
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**QUALITY  
PARISH  
COUNCIL**

<b>Section</b>	<b>Contents</b>	<b>Page</b>
	Introduction	2
	Aim	2
	Objectives	2
	Activation Procedure	2
	Emergency Planning Committee	3 - 5
	Key Information	6
	Plan Maintenance	6
<b>Annex</b>		
<b>A</b>	Emergency Action Check List / Logging Sheet	7 - 8
<b>B</b>	Key Contacts List	9 - 11
<b>C</b>	Risk Assessments	12 - 13
<b>D</b>	Community Capacity & Resources	13 - 14
<b>E</b>	Householders Self Help - Household Emergency Plan	14 - 18
<b>F</b>	Communications	19 - 20
<b>G</b>	Maps of the Community & Floor Plans of The Woodlands Centre, Youth Centre and Samuel Wickens Centre	21, 84 - 87
<b>H</b>	Plan Distribution	21
<b>I</b>	Draft Emergency Meeting Agenda	22 - 23
<b>J</b>	Parish Council Winter Management Plan, with District Council Winter Management Plan and County Council Winter Service Plan	24 - 82
<b>K</b>	West Sussex Covid-19 Local Outbreak Control Plan	Separate Document
<b>R1</b>	Restricted Key Contacts List & Materials List	82
<b>R2</b>	Vulnerable People List (Restricted/Protect)	83

## Introduction

An emergency/major incident is any event or circumstance (happening with or without warning) that causes or threatens death or injury, disruption to the community, or damage to property or to the environment on such a scale that the effect cannot be dealt with by the emergency services, District and County Councils and other organisations, as part of their normal day-to-day activities.

Although there is no statutory responsibilities for Parish Councils and communities to plan for, respond to, or recover from emergencies, it is good practice to identify hazards and make simple plans on how they could respond to them.

## Aim

To increase resilience within the local community through developing a robust co-ordinated approach that compliments the plans of responding agencies.

## Objectives

- Identify the risks to the community and relevant response actions
- Identify vulnerable people / groups in the community
- Identify capacity and resources in the community available to assist during an emergency
- Provide key contact details for the Parish Council's Emergency Planning Committee, Key Community Resources, the Emergency Services, District and County Councils

## Activation Procedure

A guideline activation procedure can be found in **Annex A**. This procedure details the call out order, communicating of information to the community and logging of actions.

## Emergency Planning Committee

The Emergency Planning Committee coordinates the Parish Council's response to any emergency situation that may develop. This includes, but is not limited to ensuring that vulnerable people are cared for, promoting self help to householders, etc. It is also responsible for keeping the plan up to date. In the event of the Plan being triggered the following have agreed to be part of the Emergency Team:

Role	Name	Tel	Mobile	Address
Chairman	Cllr J Ceiriog-Hughes		07709 245 357	Migin 49 Oakcroft Gardens Littlehampton BN17 6LT
Vice-Chairman	Cllr M Broomfield	01903 786420		34 Woodlands Avenue Rustington BN16 3HB
Clerk	Carole Ward	01903 731322	07752 493 539	[REDACTED]
Committee Member	Cllr Mrs C Broomfield	01903 786420	[REDACTED]	34 Woodlands Avenue Rustington BN16 3HB
Committee Member	Cllr Mrs K Callaghan	[REDACTED]		[REDACTED]
Committee Member	Cllr Mrs A Cooper		07753 573 838	27 Bushby Avenue Rustington BN16 2BY
Committee Member	Cllr Mrs P Gregory	01903 772769	[REDACTED]	18 Broadmark Lane Rustington BN16 2HJ
Committee Member	Cllr R Grevett	01903 776780		Mill House 3 Overstrand Avenue Rustington BN16 2JS
Committee Member	Cllr J Street	01903 786420		34 Woodlands Avenue Rustington BN16 3HB
Committee Member	Cllr G Tyler	01903 856950		Pebble Beach 44 Broadmark Lane Rustington BN16 2JA
Deputy Clerk	Rosie Costan		07752 493 539	34 Woodlands Avenue Rustington BN16 3HB

## Meeting Venue

The Emergency Planning Committee will usually need to meet during an emergency and agree what is to be done. The following locations have been identified:

Venue		How to access
The Woodlands Centre		The Clerk and Deputy Clerk are key holders. If the emergency prevents their attendance contact should be made with Keith Anscombe, the Council's Security Contractor.
The Samuel Wickens Centre		As Above

### **The Emergency Planning Committee Chairman and Clerk of the Council should:**

- ✚ Oversee the completion and updating of the Emergency Plan.
- ✚ Ensure that the Plan is regularly reviewed and updated.
- ✚ Report annually to the Community detailing if the Plan has been activated and highlighting any membership changes to the Emergency Planning Committee.
- ✚ Act as a focal point for the community in the response to an emergency
- ✚ Act as the main contact point with Emergency Services and the District and County Councils and ensure that two-way communication is maintained.
- ✚ Ensure that the appropriate authorities and individuals are notified.
- ✚ Communicate important messages to the community.
- ✚ Activate resources as required.

Tasks should be delegated to Committee Members as appropriate. The Clerk of the Council should ensure that all Committee Members are engaged in the planning and response processes.

### **All Members of the Emergency Planning Committee should:**

- ✚ Reside in the community.
- ✚ Have good local knowledge.
- ✚ Be able to activate the support of the community and speak on behalf of the community.
- ✚ Ensure that the vulnerable are provided with additional assurances during an emergency.
- ✚ Ensure that communications are maintained within the community and with the Emergency Services/District and County Councils.
- ✚ Ensure that Confidentiality is maintained where necessary.
- ✚ Maintain an action log, with reasons recorded of why action taken, in the event of an emergency.
- ✚ Create a 'grab bag' containing the plan and any appropriate clothing / equipment which may be required.
- ✚ Have sufficient knowledge of the plan to act as Chairman/ Clerk of the Council in their absence.

The Committee Chairman and other Members should support the Clerk of the Council in carrying out their role.



## Key Information

The Annexes of this plan provide areas to record key information to plan for and use in the event of an emergency.

- Annex A – Emergency Action Check List & Template Logging Sheet
- Annex B – Key Contact list (Publicly available)
- Annex C – Risk Assessments (Identifying risks to the Community)
- Annex D – Community Capacity & Resources
- Annex E – Family Emergency Plan
- Annex F – Communications
- Annex G – Maps of the Community
- Annex H – Plan Distribution

### Restricted Distribution

- Annex R1 – Key Contacts (Not for general distribution)
- Annex R2 – Vulnerable Groups within the Community.

## Plan Maintenance

The Emergency Planning Committee should meet to discuss the community's resilience on a six-monthly basis.



A full review of the Plan by the Emergency Planning Committee should be carried out annually to ensure that the contact numbers are still correct. When issuing updated pages of the Plan it is important to ensure the removed pages are returned as this will help ensure that all the Plans are correctly updated.

## Annex A – Emergency Action Check List

Action		Complete
1	Dial <b>999</b> and ensure the emergency services are aware of the emergency and follow any advice given.	
2	Gather as much information about the situation as possible: <ul style="list-style-type: none"> <li>• Location of emergency</li> <li>• Type of incident</li> <li>• Number of people/properties involved</li> <li>• Type of support which might be needed</li> <li>• Make contact with any of the responding organisations at the scene.</li> </ul>	
3	Any Member of the Parish Council/Emergency Committee might be notified of an incident by the Local Authority or residents. They should lead the initial incident response and also contact the Clerk/Deputy Clerk asap to activate the Emergency Plan.	
4	Contact and inform other Members of the Emergency Planning Committee, the District and/or County Council.	
5	Begin recording details on the Log Sheet overleaf including: <ul style="list-style-type: none"> <li>• Any decisions you have made and why.</li> <li>• Actions taken.</li> <li>• Who you spoke to and what you said. (Including contact numbers)</li> <li>• Any information received.</li> </ul>	
6	If necessary, call a Committee Meeting, but ensure the venue is safe and people can get there safely	
7	Arrange for key contacts identified in Annex B to be made available as necessary	
8	Tell the community that the Emergency Team is active. Communicate warning information messages. Publicise the key telephone number to contact during the Emergency	
9	Make sure you take notes and record actions from the Meeting. If a decision is reached to activate the Emergency Plan ensure that Steps 1 - 8 above are carried out.	

**Under no circumstances should you put yourself or others at risk to fulfil these tasks.**

## Logging Sheet

It is important to record all information during an emergency. Completing a logging sheet is an easy way to ensure information is not lost. It can also help support / justify any decisions made or actions taken.

Date	Time	Information / Decision / Action	Initials

## Annex B – Key Contacts List

E.g. Emergency Services, Health Organisations, Town / Parish / District / County Councils, Water Company, Gas, Doctors, Highways, Environment Agency, Schools etc.

Service / Name	Telephone Number	Website	Additional Information
Emergency Services: For Emergencies dial '999'			
Sussex Police	101 – non emergency  Or 999	<a href="http://www.sussex.police.uk/contact-us">www.sussex.police.uk/ contact-us</a>	Protection of Life
Fire & Rescue Service	999  Station HQ 01243 786211	<a href="http://www.westsussex.gov.uk/fire">www.westsussex.gov.uk/fi re</a>	Rescue of people trapped by fire, wreckage or debris.
Ambulance Service - South East Coast Ambulance Service	0300 1230999  Or 999 NHS 111	<a href="http://www.secamb.nhs.uk">www.secamb.nhs.uk</a>	Medical treatment & medical evacuation
British Transport Police (London South)	0800 40 50 40  Or 999	<a href="http://www.btp.police.uk">www.btp.police.uk</a>	
Coast Guard	999	<a href="http://www.mcga.gov.uk">www.mcga.gov.uk</a>	Sea search & Rescue Operations
Local Authorities			
West Sussex County Council	01243 777100	<a href="http://www.westsussex.gov.uk">www.westsussex.gov.uk</a>	
Community Hub	033 022 27980.		9am-5pm 7 Days per week
Arun District Council	01903 737500  01903 737922	Switchboard - 24 hrs  Emergency Planning Officer  <a href="http://www.arun.gov.uk">www.arun.gov.uk</a>	
Rustington Parish Council	01903 786420  07752 493539	<a href="http://www.rustingtonpc.org">www.rustingtonpc.org</a>	

Littlehampton Town Council	01903 732063	<a href="http://littlehampton-tc.gov.uk">Littlehampton Town Council (littlehampton-tc.gov.uk)</a>	
East Preston Parish Council	01903 770050	<a href="http://www.eastpreston-pc.gov.uk">www.eastpreston-pc.gov.uk</a>	
Angmering Parish Council	01903 772124	<a href="http://www.angmering-pc.gov.uk/">www.angmering-pc.gov.uk/</a>	
Utilities			
Gas	0800 111 999	Emergency number	
Electricity – UK Power Networks	105 (National Number)	Emergency number 24 hours/7 days 0800 3163 105 <a href="http://www.ukpowernetworks.co.uk">www.ukpowernetworks.co.uk</a>	
Water & Wastewater problems	0330 303 0368	Southern Water <a href="http://www.southernwater.co.uk">www.southernwater.co.uk</a>	

Service / Name	Telephone Number	Website	Additional Information
Governmental Departments			
DirectGov		<a href="http://www.gov.uk">www.gov.uk</a>	Information on public services
Cabinet Office	020 7276 1234	<a href="http://www.gov.uk/government/organisations/cabinet-office">www.gov.uk/government/organisations/cabinet-office</a>	Link to civil contingencies
Voluntary Organisations			
British Red Cross	0344 871 11 11	<a href="http://www.redcross.org.uk">www.redcross.org.uk</a>	
Age UK	01903 731800 0800 0191310 0800 6781602	<a href="http://www.ageuk.org.uk/westsussex/brightonhove">www.ageuk.org.uk/westsussex/brightonhove</a>	Will assist in identifying vulnerable elderly within the community
St Johns Ambulance	03700 10 49 50	<a href="http://www.sja.org.uk">www.sja.org.uk</a>	
RSPCA	0300 1234 999 Cruelty Line	<a href="http://www.rspca.org.uk">www.rspca.org.uk</a>	Animal Protection
Cruse	0808 808 1677 Daytime helpline	<a href="http://www.cruse.org.uk">www.cruse.org.uk</a>	Bereavement Care

The Samaritans	116 123	<a href="http://www.samaritans.org">www.samaritans.org</a>	confidential non-judgmental emotional support
Turning Tides	01903 680740 Ext: 239 01903 680745	<a href="http://www.turning-tides.org.uk">www.turning-tides.org.uk</a>	Homelessness support
Other Essential Numbers			
West Sussex County Council Highways Dept.	01243 642105	<a href="http://www.westsussex.gov.uk">www.westsussex.gov.uk</a>	
Environment Agency Floodline	0345 988 1188 (24 Hours)	<a href="http://Check_for_flooding_in_England_-_GOV.UK_(check_for_flooding.service.gov.uk)">Check for flooding in England - GOV.UK (check-for-flooding.service.gov.uk)</a>	
NHS Choices	111	<a href="http://www.nhs.uk/conditions">www.nhs.uk/conditions</a>	
Doctors Surgeries:	01903 850900	The Coppice, Herne Lane	Joint telephone service with Angmering Medical Centre
	01903 777000	Westcourt, 12 The Street	
	01903 785152	Willow Green, Station Road	
Georgian Gardens Community Primary School	Headteacher 01903 771555	Guildford Road	
Rustington Community Primary School	Headteacher 01903 785271	North Lane	
Summerlea Community Primary School	Headteacher 01903 856783	Windsor Drive	

## Annex C – Risk Assessments

When assessing the risks in the community the likelihood and the impact of the event should be considered. Many of the risks will be planned for at a national / Regional / County or District level. Therefore the risk assessments should consider how the community could respond to ensure the community's safety / wellbeing.

Risk / Hazard	Possible Actions
Sustained Loss of Critical Utilities - Gas, Electricity, Water	<ul style="list-style-type: none"> <li>• Communication of updates with residents as they are received - See <b>Annex F</b></li> <li>• Opening and offer of Rest Centre to residents affected if required</li> <li>• Assist with road closures, traffic management if appropriate e.g. burst water main.</li> <li>• Encouragement of residents to have a Home Emergency Plan prior to any emergency</li> </ul>
Severe Weather – Ice & Snow	<ul style="list-style-type: none"> <li>• Link to ADC and WSCC Winter Management Plans - See Annex J</li> <li>• Enact RPC Winter Management Plan</li> <li>• Communication of updates with residents as they are received - See <b>Annex F</b></li> <li>• Encourage residents to check on neighbours</li> <li>• Opening and offer of Rest Centre to residents affected if required</li> <li>• Assist with road closures, traffic management if appropriate e.g. road blocked by snow.</li> <li>• Encouragement of residents to have a Home Emergency Plan prior to any emergency</li> </ul>
Severe Weather – Heat Waves	<ul style="list-style-type: none"> <li>• Communication of updates with residents as they are received - See <b>Annex F</b></li> <li>• Liaise with schools, GP Surgeries etc to establish whether there are key messages to be shared with residents</li> <li>• Encourage residents to check on neighbours</li> <li>• Encouragement of residents to have a Home Emergency Plan prior to any emergency</li> </ul>
Severe Weather– Flash Flooding	<ul style="list-style-type: none"> <li>• Communication of updates with residents as they are received - See <b>Annex F</b></li> <li>• Opening and offer of Rest Centre to residents affected if required</li> <li>• Contact WSCC Fire Service for assistance</li> <li>• Assist with road closures, traffic management if appropriate</li> <li>• If key service is affected e.g. a school – contact to advise to hold back children/staff from leaving/arriving</li> <li>• Encouragement of residents to have a Home Emergency Plan prior to any emergency</li> </ul>

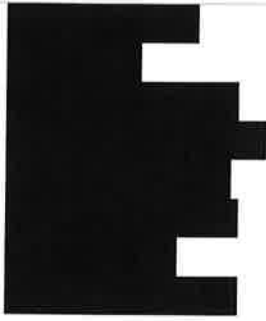




Covid-19 - Local Outbreak	<ul style="list-style-type: none"> <li>• Refer to the West Sussex Covid-19 Local Outbreak Control Plan - Prevention and Containment of the Spread of Covid-19 - See <b>Annex K</b></li> <li>• Communication of updates with residents as they are received - See <b>Annex F</b></li> <li>• Make contact with the WSCC Community Hub</li> <li>• Assist Voluntary Services where required</li> </ul>
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## Annex D – Community Capacity & Resources

Key resources available to support the local community should be listed here.  
E.g. Community Centre, Defibrillators.

Resource	Contact / Key Holder	Conditions of use	Emergency Contact Number
The Woodlands Centre 34 Woodlands Avenue	Rustington Parish Council 01903 786420 07752 493539	In the event of a local emergency	07752 493539
Rustington Youth Centre 34 Woodlands Avenue	Rustington Parish Council 01903 786420 07752 493539	In the event of a local emergency	07752 493539
Samuel Wickens Centre Broadmark Lane Car park	Rustington Parish Council 01903 788479 07752 493539	In the event of a local emergency	07752 493539
Georgian Gardens Community Primary School Guildford Road	Headteacher 01903 771555	In the event of a local emergency	
Rustington Community Primary School, North Lane	Headteacher 01903 785271	In the event of a local emergency	
Summerlea Community Primary School, Windsor Drive	Headteacher 01903 856783	In the event of a local emergency	
Rustington Library, Claigmar Road	01903 785857	In the event of a local emergency	



St Peter & St Paul Parish Church Hall, The Street	01903 850509	In the event of a local emergency	
Methodist Church Hall, Claigmar Road	01903 776900	In the event of a local emergency	
Rustington Guide Hall		In the event of a local emergency	
Rustington Scouts Hall, Church Road		In the event of a local emergency	
Zachary Merton Hospital, Glenville Road	01903 858100 (24 Hours)	In the event of a local emergency	01903 858100 (24 Hours)

**DEFIBRILLATORS** are available for Public use at:

All are affixed to the external walls

- Churchill Car Park Public Toilets (behind Iceland and The Factory Shop)
- The Georgi Fin Micropub, Woodlands Avenue
- Rustington Scout Hall, Church Road
- The southern end of Sea Avenue (affixed to a resident's garden wall)
- Beach Shelter (Junction of Sea Road/Sea Lane and facing away from the sea)
- Princess Marina House, Broadmark Lane/Beach, Pavilion Terrace building (facing sea)
- The Samuel Wicken Centre, Broadmark Lane Carpark, Broadmark Lane
- The Woodlands Centre, Woodlands Recreation Ground, Woodlands Avenue

Further DEFIBRILLATORS can also be accessed from inside

- The Village Memorial Hall at The Woodlands Centre
- Rustington Sports and Social Club, Jubilee Avenue (Woodlands Recreation Ground)

## **Annex E – Householders Self Help**

Further copies of the Household Emergency Plan can be downloaded from the following government website and distributed to families in the Parish: [www.ready.gov/make-a-plan](http://www.ready.gov/make-a-plan)



## HOUSEHOLD EMERGENCY PLAN



**Emergencies can affect the county  
with little or no notice.**

Being prepared can help reduce the effects on your life and your loved ones; reduce the need for support from others and enable you to support the vulnerable in your community.

Disruption to essential services such as water, gas and electricity, regional and national travel and telecommunications are all ways an emergency can affect our everyday lives.

**A crisis happens when we least expect it.**

**GO IN. STAY IN. TUNE IN.**



[www.westsussex.gov.uk/emergency](http://www.westsussex.gov.uk/emergency)



If you are not involved in an emergency but are close by or believe you may be in danger, in most cases the advice is:

**GO IN. STAY IN. TUNE IN.**

Station	Frequency	Website
BBC Sussex	104.8 & 95.3 FM	<a href="http://www.bbc.co.uk/bbcsussex">www.bbc.co.uk/bbcsussex</a>
Heart	97.5 & 96.7 FM	<a href="http://www.heart.co.uk/sussex">www.heart.co.uk/sussex</a>
<del>Spirit FM 96.6</del>	<del>102.3 &amp; 106.6</del>	<del><a href="http://www.spiritfm.net">www.spiritfm.net</a></del>

## Creating an emergency box/bag

Be prepared. Creating an emergency grab bag will help locate essential equipment quickly in an emergency. For ideas on what to include in your grab bag visit our website page entitled "What you can do to prepare for an emergency". Some suggested items are:

Torch and spare batteries	tick	First Aid kit	tick
Battery powered radio and spare batteries	<input type="checkbox"/>	List of useful contact numbers	<input type="checkbox"/>
Candles / matches	<input type="checkbox"/>	Toiletries	<input type="checkbox"/>
Copy of this plan	<input type="checkbox"/>		

In case you are unable to leave the house it is suggested you should have:

Bottled water	tick
Ready to eat food (tinned)	<input type="checkbox"/>
Bottle/tin opener	<input type="checkbox"/>

In case you are stuck in your car it is suggested you should have:

Blankets	tick
Torch and spare batteries	<input type="checkbox"/>

## Location of where emergency box/bag is kept

The Rustington Parish Council Grab Bag is located in the Clerk's Office at the Council Offices, 34 Woodlands Avenue

## List of current medication

Medication name	Dose	When taken	Who takes it

Once completed it would be advised to laminate and then store in a safe



**Complete the following sections and keep it in a safe place  
where all in your household can easily access it**

**Household contact details**

Name

Mobile

Work

If you are evacuated is  
there somewhere we can  
go? Friends or family?

Name

Mobile

Work

If you can't contact each  
other, where should you  
meet /or who should you  
leave a message with?

Name

Mobile

Work

Who will be responsible  
for picking up the  
children from school?  
(if applicable.)

**Emergency telephone numbers**

Emergency services

**999**

NHS out-of-hours

**111**

Police non-urgent

**101**

Local Police Station

Power cut

**105**

Local authority

Doctor

School

Other

**Important documentation and information**

Insurance company name

Insurance phone number

Home insurance

Policy number

Other (Please list)

place, e.g. upstairs (if available) and provide a copy to family or friends.

## Have you turned off the following? Who is responsible?

	tick	Where are these utilities located at your property?
Gas	<input type="checkbox"/>	
Electricity	<input type="checkbox"/>	
Water	<input type="checkbox"/>	

If you are in a position where you are able to offer help to your community start by checking that your neighbours are alright.

Name	Address	Telephone	Mobile

## Useful websites

West Sussex County Council  
[www.westsussex.gov.uk](http://www.westsussex.gov.uk)

East Sussex County Council  
[www.eastsussex.gov.uk](http://www.eastsussex.gov.uk)

Environment Agency  
[www.environment-agency.gov.uk](http://www.environment-agency.gov.uk)

BBC Sussex  
[www.bbc.co.uk/sussex](http://www.bbc.co.uk/sussex)

National Flood Forum  
[www.floodforum.org.uk](http://www.floodforum.org.uk)

Sussex Resilience Forum  
[www.sussexemergency.info](http://www.sussexemergency.info)

## Other useful information

## Annex F - Communications

Providing accurate information is essential during an emergency. Methods available will differ depending upon the type of incident, therefore alternatives should be considered.

E.g. Notice Boards, Local Meeting, Community Leaflets, Telephone Cascade System, Door Knocking.

Method	Location (If applicable)	Contact / Responsibility	Additional Information
RPC Website	<a href="http://www.rustingtonpc.org">www.rustingtonpc.org</a>	Rustington Parish Council	
RPC Facebook Page	@rustingtonpc	Rustington Parish Council	
Rustington Museum Facebook Page	@rustingtonmuseum	Rustington Parish Council	
Rustington Village	@RustingtonVillage	Rustington Parish Council	
Local Meetings	Woodlands Centre, 34 Woodlands Ave	Rustington Parish Council	
Information Centre and Museum	Samuel Wickens Centre, Broadmark Lane Car Park	Rustington Parish Council	
Notice Board	Woodlands Centre	Rustington Parish Council	
Notice Board	Churchill Court	Rustington Parish Council	
Notice Board	Station Road	Rustington Parish Council	
Notice Board	Guildford Road	Rustington Parish Council	
Text System - Schools	Station Road, Angmering [REDACTED]	Angmering School	
Text System - Schools	Hill Road, Littlehampton [REDACTED]	Littlehampton Academy	
Text System - Schools	Guildford Road [REDACTED]	Georgian Gardens Primary School	
Text System - Schools	North Lane [REDACTED]	Rustington Primary School	
Text System - Schools	Windsor Drive [REDACTED]	Summerlea Primary School	

Key information such as road or school closures are usually reported on local radio. List all relevant local radio stations in the box provided below.

Station	Phone Number	Website
BBC Sussex (Based Brighton)	01273 320400	<a href="http://www.bbc.co.uk/bbcsussex">http://www.bbc.co.uk/bbcsussex</a>
Heart Sussex (Based Brighton)	0345 481 1111	<a href="http://www.heart.co.uk/sussex">www.heart.co.uk/sussex</a>
More Radio FM (Based Worthing)	033 33 446 226	<a href="http://www.moreradio.online">www.moreradio.online</a>
V2 Radio (Based Chichester)	01243 963962 (office) 01243 963960 (studio)	<a href="http://www.v2radio.co.uk/">www.v2radio.co.uk/</a>
Wave FM (Based Fareham Hampshire)	01489 481050	<a href="http://www.planetradio.co.uk/wave-105">www.planetradio.co.uk/wave-105</a>
Heart Hampshire (Based Hampshire)	0345 481 1111	<a href="http://www.heart.co.uk/southcoast">www.heart.co.uk/southcoast</a>

## Annex G - Maps of the Community

Maps of the community are attached highlighting the location of the Woodlands Centre and the Samuel Wickens Centre  
(See Village Map and Street Index - Page 87)

## Annex H - Plan Distribution

The spaces below will allow you to keep track of all copies of the Plan that you have distributed. This will also help you when you are updating your Plan to ensure that all old copies have been destroyed and replaced with the latest version.

Organisation	Contact details	Number issued
Rustington Parish Council	01903 786420	
Samuel Wickens Centre	01903 788479	
Arun District Council	01903 737500	
West Sussex County Council	01243 777100	
Georgian Gardens Community Primary School	Headteacher 01903 771555	
Rustington Community Primary School	Headteacher 01903 785271	
Summerlea Community Primary School	Headteacher 01903 856783	
Rustington Library	01903 785857	
Rustington Residents Association	Chairman: Peter Cavell [REDACTED]	
St Peter and St Paul Parish Church	Send to Church Office 01903 850509	
Rustington Methodist Church	[REDACTED]	
Rustington Girl Guides	Joan Salmon [REDACTED]	
1 <sup>st</sup> Rustington Scout Group	Dan Lecuyer [REDACTED]	
Zachary Merton Hospital	01903 858100 (24 Hours)	



## Annex I - Draft Emergency Meeting Agenda

<b><u>Proposed Emergency Meeting Agenda</u></b>													
Date:													
Time:													
Location:													
Attendees:													
1. What is the current situation:													
Location (full details of address):													
Description of Incident:													
Any threat to life:		Yes	No	If yes, contact the emergency services immediately on 999									
No of <b>people</b> affected by incident:		Adults		Children	<b>List all known Hazardous substances below (e.g. gas cylinders, hazardous chemicals, snakes, etc.)</b>								
Of these how many are <b>vulnerable</b> ?		Adults		Children									
What <b>resources</b> do we need?		<b>Food</b>	Yes	No	<b>Blankets</b>	Y e s	N o	<b>Shelter</b>	Yes	No	<b>Off-road vehicles</b>	Yes	No
		<b>Other</b>	Yes	No	<b>List additional resources needed</b>								



## Annex J – RUSTINGTON PARISH COUNCIL

### 2022/2023 WINTER MANAGEMENT PLAN

#### 1. Co-ordinators of local resources during adverse weather conditions:-

<p>Mrs Carole Ward Clerk of the Council</p> <p>Rosie Costan Deputy Clerk of the Council</p> <p>Rustington Parish Council Council Offices 34 Woodlands Avenue Rustington BN16 3HB</p> <p>Tel: 01903 786420 Mob: 07752 493539</p> <p>Email: <a href="mailto:caroleward@rustingtonpc.org">caroleward@rustingtonpc.org</a> <a href="mailto:rosiecostan@rustingtonpc.org">rosiecostan@rustingtonpc.org</a></p>	<p>Mr Jim Burch Leisure and Amenities Officer</p> <p>Rustington Parish Council Council Offices 34 Woodlands Avenue Rustington BN16 3HB</p> <p>Tel: 01903 786420 Mob: [REDACTED]</p> <p>Email: <a href="mailto:jimburch@rustingtonpc.org">jimburch@rustingtonpc.org</a></p>	<p>Cllr Mrs Alison Cooper Chairman</p> <p>Rustington Parish Council Council Offices 34 Woodlands Avenue Rustington BN16 3HB</p> <p>Tel: 01903 786420</p> <p>Email: <a href="mailto:alisoncooper@rustingtonpc.org">alisoncooper@rustingtonpc.org</a></p>
---	--	---

#### 2. Volunteers and Contractors to assist with any snow/ice clearance:-

<p>Mr Courtenay Luscombe Ferring Nurseries Littlehampton Road (A259) Ferring BN12 6PN</p> <p>Tel: 01903 241122 Mob: [REDACTED]</p> <p>Email: <a href="mailto:office@ferringnurseries.co.uk">office@ferringnurseries.co.uk</a></p>	<p>Mr Philip Twine Sigma Plumbing [REDACTED] [REDACTED]</p>
---	---

### 3. Areas to be cleared by Council Personnel and Contractors:-

External Areas - Public Toilets - Churchill Parade, Broadmark Lane and The Woodlands Centre
External Area - Entrances to Council Offices and The Woodlands Centre
Car Park and Footpaths around Recreation Ground, The Woodlands Centre
External Area - Entrances to The Samuel Wickens Centre and Paved Area of Garden.

### 4. Point of Contact for West Sussex County Council and Arun District Council:-

Winter Service Duty Manager West Sussex County Council  Tel: 01243 642105 Mob:  Email: Highways.southern@westsussex.gov.uk	Emergency Planning Officer Arun District Council  Tel: 01903 737922  Email: <a href="mailto:Michael.Rowland@arun.gov.uk">Michael.Rowland@arun.gov.uk</a>  Duty Stand By Officer: 07733 125727  24 Hour Emergency Numbers:-  Tel: 01903 737500 (24 hr switchboard)
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### 5. Arun District Council Winter Management Plan (incorporating West Sussex County Council Winter Service Policy) attached

**[THIS ARUN DISTRICT COUNCIL EMERGENCY PLANNING WINTER MANAGEMENT PLAN 2022/2023 IS CURRENTLY BEING REVIEWED - COPY TO BE ATTACHED AT LATER DATE AND WILL FORM PAGES 26-63]**

**ARUN DISTRICT COUNCIL EMERGENCY PLAN  
WILL BE INSERTED HERE**

# **West Sussex County Council Highways, Transport & Planning Winter Service Policy 2021/2022**



## **Balfour Beatty**

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**Working in partnership**

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This is West Sussex County Council's Winter Service Policy for 2021/2022 and should be read in conjunction with the Operational Contractor's Winter Service Documents.

Prepared by: B. Whiffin  
R. Denby

Highway Operations Manager (Eastern Plus)  
Senior Highway Inspector

## Contents

<b>West Sussex County Council Highways, Transport &amp; Planning Winter Service Policy 2021/2022</b>	<b>1</b>
1. Introduction	4
1.1. The purpose of the Policy	4
1.2. The County Council's Legal Duties and Powers for Winter Service	4
2. Winter Service Policy	5
2.1. The Aim of Winter Service	5
2.2. Winter Service – Overview	5
2.3. The Winter Service Network	6
2.4. Winter Resilient Network	6
2.5. Priorities for Maintaining Safety and Traffic Flow during Extreme Weather Events	7
2.6. Contingency Planning	7
2.7. Road Closures	7
3. Precautionary Salting	7
3.1. The Objective of Precautionary Salting	7
3.2. Decision Process	8
3.3. Salt Spreading – Rates of Spread	8
3.4. Instructions to undertake Salting Operations	8
4. Salting and Ploughing in Snow	9
4.1. Communications	9
4.2. Salting and Snow Ploughing	9
4.3. Short Term Snow Events and Emergencies	9
4.4. Snow Clearance	10
4.5. Checking the Network for Damage	10
4.6. Monitoring Service Delivery	10
5. Best Practicable Service	11
5.1. Monitoring Effectiveness and Quality	11
5.2. Winter Preparedness	11
ANNEX A	12
Criteria for Inclusion in the Winter Service Network	12
ANNEX B	13
Action Decision Guidance	13
Confidence in the Forecast	13
Timing of Salting Runs	13
Residual Salt	13
Impact on Normal Working Hours	13
Salting Decision Matrix	14

Notes .....	15
ANNEX C .....	16
ANNEX D .....	17
Winter Service Network .....	17
ANNEX E .....	18
Resilient Winter Network .....	18



## 1. Introduction

### 1.1. The purpose of the Policy

The policy has four key purposes:

- To explain the County Council's Winter Service Duties and Powers.
- To explain how these are achieved.
- To ensure all staff and contractors involved in Winter Service understand their roles and responsibilities in delivering value for money to West Sussex residents.
- To inform anyone not normally involved or new to Winter Service.

### 1.2. The County Council's Legal Duties and Powers for Winter Service

The Highways Act 1980 sets out the main duties of Highway Authorities in England and Wales. In particular, section 41 imposes a duty to maintain highways maintainable at public expense. The County Council, as a Highway Authority (West Sussex Highways), has a duty to maintain the public highway in West Sussex. This does not include the A23 and A27 trunk roads or the M23. These are the responsibility of National Highways.

Section 58 provides for a defence against action relating to alleged failure to maintain on grounds that the authority has taken such care as in all the circumstances was reasonably required to secure that the part of the highway in question was not dangerous for traffic.

The statutory basis for Winter Service in England and Wales is addressed through section 41(1A) of the Highways Act 1980. This states, *"In particular, a highway authority are under a duty to ensure, so far as is reasonably practicable, that safe passage along a highway is not endangered by snow or ice."*

Section 150 of the Highways Act 1980 also imposes a duty upon authorities to remove any obstruction of the highway resulting from 'accumulation of snow...'.

In addition, the Traffic Management Act 2004 placed a network management duty on all local traffic authorities in England. It requires authorities to do all that is reasonably practicable to manage the network effectively to keep traffic moving. In meeting the duty, authorities should establish contingency plan for dealing promptly and effectively with unplanned events, such as unforeseen weather conditions, as far as is reasonably practicable.

Recommendations and advice for meeting obligations are given in the Road Liaison Group document, *"Well Managed Highway Infrastructure – A Code of Practice"*. This states, *'Given the scale of financial and other resources involved in delivering the Winter Service, it is not considered reasonable either to:*

- *Provide the service on all parts of the network; and*
- *Ensure carriageways, footways and cycle routes are kept free of ice or snow at all times, even on the treated parts of the network.'*

## 2. Winter Service Policy

### 2.1. The Aim of Winter Service

Authorities should adopt a Policy for Winter Service in accordance with the Code of Practice 'Well Managed Highway infrastructure', which supports wider objectives for transport, integration, accessibility, and network management. When formulating the Policy, issues considered included:

- Network resilience
- Treatment of facilities for public transport users;
- Treatment of facilities for road users;
- Treatment of facilities for walking and cycling;
- Treatment for transport interchanges;
- Treatment for promoted facilities such as community or leisure centres;
- Extent of priority for emergency services;
- Extent of priority for key public services and critical infrastructure;
- Extent of priority for vulnerable users;
- Resilience of Winter Service resources; and
- Other local circumstances.

### 2.2. Winter Service – Overview

Careful planning will result in a more resilient Winter Service and reduce the risk in the delivery of the Service during normal and severe winter conditions. It also ensures that the Service is delivered in the most efficient way. This includes the management of salt stocks and resources such as fuel, plant, and labour.

It is the policy of West Sussex County Council, via the Operational Contractor, to provide a service that:

1. Salts a network of identified carriageways (The Winter Service Network) to assist in the prevention of ice forming or snow accumulating.
2. In exceptional circumstances, spot salt other roads, selected footways, and cycleways to assist in the removal of the winter hazard when deemed necessary and where resources allow.
3. Maintain, so far as is reasonably practicable, safety and traffic flows during snowfall by salting and ploughing the Winter Resilient Network. The Winter Resilient Network is a smaller than the Winter Service Network and is based on defined priorities for treatment in the event of heavy snowfall. Generally, dual carriageways and multi-lane roads will be driven and treated in the nearside lane only.
4. Following snowfall, restore normality on a priority basis to its carriageways, footways, and cycleways as soon as possible.
5. The Winter Service Operational Period in West Sussex is from 1<sup>st</sup> October to 30<sup>th</sup> April. Outside this period extraordinary winter events are dealt with via normal contract procedures.



### 2.3. The Winter Service Network

The Winter Service Network consists of roads where precautionary salting is carried out to assist in the prevention of the formation of ice or snow accumulation. Annex 'A' details the criteria for inclusion.

In exceptional circumstances, the Head of Local Highway Operations, Winter Service Manager or nominated officer, may instruct the Operational Contractor to undertake 'spot salting' of areas in response to local conditions where resources allow. Any decision to undertake 'spot salting' will be recorded and passed immediately to the Operational Contractor.

Given the scale of financial and other resources involved in delivering the Winter Service, it is not considered reasonable either to:

- Provide the service on all parts of the network; and
- Ensure carriageways, footways and cycle routes are kept free of ice or snow at all times, even on the treated parts of the network.
- Positively respond to all ad-hoc requests to spot salt locations not included on the Winter Service Network.

### 2.4. Winter Resilient Network

As part of contingency planning West Sussex County Council has defined a minimum winter network called the Winter Resilient Network.

The Winter Resilient Network is the extent of the Winter Service Network that will be treated and/or ploughed in the event of heavy snowfall. Generally, dual carriageways and multilane roads will be driven and treated in the nearside lane only.

The Winter Resilient Network includes:

- Major Road Network, made up of 'A' and 'B' class carriageways;
- Access to emergency services;
- Access to hospitals, especially those with A&E;
- Principle public transport hubs;
- Key train stations;
- Bus depots and garages;
- Main bus routes
- Key infrastructure, including ports, water treatment works, electric generation sites etc.; and
- Connectivity between major communities;

It must be reiterated that given the scale of financial and other resources involved in delivering the Winter Service, it is not considered reasonable either to:

1. Provide the service on all parts of the network; and
2. Ensure carriageways, footways and cycleways are kept free of ice or snow at all times, even on treated parts of the network.
3. Positively respond to all ad-hoc requests to spot salt locations not included on the Winter Service Network.



## 2.5. Priorities for Maintaining Safety and Traffic Flow during Extreme Weather Events

Keeping the highway safe and passable during extreme weather events is a dynamic situation that requires the Head of Local Highway Operations, Winter Service Manager or nominated officer to constantly monitor and to ensure resources are mobilised in order to respond to changing circumstances. In extreme conditions, when even driving a gritting lorry is considered hazardous, salting operations may be temporarily suspended until conditions improve.

## 2.6. Contingency Planning

The Winter Service Network is salted on a precautionary basis whenever temperatures are predicted to fall to a level where ice may form. In the event of heavy snowfall or other external issues impacting normal operations the following contingency plan may be invoked:

In the event of heavy snowfall, treatment may be reduced to the Winter Resilient Network

In the extreme event that weather and limited staff availability (for example due to Covid-19 outbreaks) then a decision may need to be made to reduce the area treated to key carriageways.

The trigger point for reducing salting operations to the Winter Resilient Network may vary depending on the severity of prevailing conditions at the time.

## 2.7. Road Closures

Under certain circumstances road closures may be required for public safety. The County Council Local Highway Operations service and the Traffic Manager, Street Works Team, will work with the Police when considering such closure in situations such as:

- Roads become impassable
- Road conditions become excessively hazardous; and
- Closing them would facilitate better overall achievement of Winter Service objectives.

Section 64 of the Road Traffic Regulations Act 1984 grants the Police power to impose restrictions on the movement of traffic. Under more difficult conditions, Sussex Police may be requested to hold back certain vehicles while ploughing and/or salting takes place.

In all instances of road closures, the Head of Local Highway Operations, Winter Service Manager or nominated officer, will be responsible for arranging the provision and deployment of appropriate diversionary signing to facilitate minimum disruption to traffic flow as far as reasonably practicable.

## 3. Precautionary Salting

### 3.1. The Objective of Precautionary Salting

Precautionary salting is undertaken in order to:

- Assist in the prevention of moisture turning to ice
- Assist in the prevention of heavy deposits of Hoar Frost turning to ice; and
- Assist in the prevention of the accumulation of snow and to help facilitate its subsequent removal on agreed routes.

### 3.2. Decision Process

A weather forecast is provided to the County Council and Operational Contractor at mid-day every day. The Operational Contractor, in conjunction with the Head of Local Highway Operations, Winter Service Manager or nominated officer, is then responsible for the decision whether to undertake precautionary salting of the Winter Service Network or to place personnel on standby. Guidance is issued to decision makers and is contained in Annex B of this document.

If the weather information systems are non-operational and the temperature is seen to be falling, the Responsible Officer should notify the Head of Local Highway Operations, Winter Service Manager or nominated officer and instigate treatment based on experience and local knowledge. Where rain is forecast the decision to salt should be delayed as long as reasonably possible; however, where there are specific forecasts of 'freezing rain' salting should be undertaken even on dry roads or during rain.

The Operational Contractor's Responsible Officer shall record all daily decisions, and amendments, via the County Council's forecasting provider, Metdesk. The 'Decision Board' is shown in Annex C. The completed document is then emailed to appropriate persons listed on the Distribution List. Metdesk retains every decision on file for future reference.

### 3.3. Salt Spreading – Rates of Spread

Recommended Spread Rates – dry salting (grams per meter<sup>2</sup>)

Road surface temperature (RST) when frost/ice is predicted	Dry/damp road	Wet road
At or above 1.0°C	8	8
-1.1°C to -2.0°C	8	8
-2.1°C to -3.0°C	8	13
-3.1°C to -4.0°C	9	17
-4.1°C to -5.0°C	11	21
-5.1°C to -7.0°C	15	30
-7.1°C to -10.0°C	20	40
-10.1°C to -15.0°C	28	56

### 3.4. Instructions to undertake Salting Operations

During the Winter Service Operational Period, instructions to undertake salting operations, or to initiate standby procedures, should be issued by the Operational Contractor's Responsible Person before 1500 hours daily. In the event of 'No Action Required', this instruction should also be recorded and issued.

Subsequent changes to the instructions should be issued using the same procedure.



Following treatment, the next working day the Operational Contractor is required to send a copy of data for each treated route to the Head of Local Highway Operations, Winter Service Manager or nominated person to include:

- Date and time of salting operation;
- Spread rate used;
- Vehicle registration and name of driver;
- Amount of salt used;
- Time salting operation commenced;
- Time salting operation finished; and
- Any notes, observations (e.g., diversion routes followed, untreated sections, blast treated sections etc.).

The Operational Contractor is also required to update the electronic salt stock volumes after each treatment event, so that the stock levels can be monitored and additional stock ordered to ensure service continuity.

#### **4. Salting and Ploughing in Snow**

##### **4.1. Communications**

The treatment decision throughout the season will be forwarded to officers internally, and will be made available to the public via the County Council social media platforms.

During periods of snow, communications are key for the effective deployment of appropriate resources. Information should be gathered from a variety of sources including the emergency services and Operational Contractor, to include:

- The depth of settling snow;
- The location and extent of drifting snow; and
- Road closures and other restrictions on movement caused by obstructions such as abandoned vehicles etc.

During periods of heavy snowfall, the County Press Officer will remain the point of contact for the media. The Customer Service Centre should be kept informed of any developments in order to deal with initial enquiries from members of the public.

##### **4.2. Salting and Snow Ploughing**

In snow conditions the typical rate of salt spread is 20 to 40 grams per metre<sup>2</sup>. The actual spread rate will depend on the severity of snowfall and the ambient temperature.

Simultaneous ploughing and salting should commence when snow reaches a depth of 75cm to 100cm (3 to 4 inches).

Ploughing may be required in lighter snowfall where there is a potential risk of drifting or other localised obstructions.

##### **4.3. Short Term Snow Events and Emergencies**

In severe snow events the Director of Highways, Transport and Planning (the Director), or Head of Local Highway Operations, may decide it is necessary to open the Emergency Control Room at County Hall, Chichester, a Highway Depot or virtually by Microsoft Teams, when there is a need to re-distribute resources across the County or when network availability is greatly reduced.



Short term snow events may not be severe or be expected to last for periods long enough to require the use of the Emergency Control Centre.

When deciding to reduce the network to the Winter Resilient Network, the Director may decide to prepare the Emergency Control Room as the base from which Winter Service operations may be controlled. The Director will be responsible for liaison with the Emergencies and Resilience under these circumstances. Liaison with the Customer Service Centre throughout the operational phase will also be required.

The Director will remain responsible for the overall operation of the Emergency Control Room. Assistance will be provided by members of the Local Highways Operations staff, during normal working hours, and at other times as directed by the Director throughout the period of the emergency.

In the event of the scale of the emergency escalating so as to affect other County Council services, overall responsibility may devolve to the County Emergency Planning Officer.

#### **4.4. Snow Clearance**

The objective is to keep as much of the highway network open and safe as is reasonably possible. Where conditions mean it is not possible to keep all of the network open, resources will be focused where they will be of most benefit. This will incorporate a minimum network known as the Winter Resilient Network.

Where conditions are such that resources available through the Operational Contractor are insufficient to deal effectively with lying snow, the Head of Local Highway Operations, Winter Service Manager or nominated officer, may call on and co-ordinate additional resources from Borough and District Councils, Supply Chain partners, Parish/Town Councils, local farmers, and other contractors as appropriate.

#### **4.5. Checking the Network for Damage**

The Head of Local Highway Operations, Winter Service Manager or nominated officer, are responsible, so far as it reasonably practicable, for planning that highway-maintained drains are clear to help clear water from thawing snow.

During severe weather conditions grit that has been deposited on the highway may be construed as litter under the terms of the Environmental Protection Act 1990. However, spreading salt and grit is considered a legitimate and reasonable duty of the Highway Authority and therefore is not actionable under the terms of the Act. The responsibility to clear these materials therefore rests with District or Borough Councils as part of their street cleansing duties.

Roads shall be regularly checked for frost heave or other damage. In the event of frost heave, arrangements should be made to close the affected roads to heavy traffic in order to prevent further damage until repairs are completed.

#### **4.6. Monitoring Service Delivery**

The Head of Local Highway Operations, Winter Service Manager or nominated officer, is responsible communicating requirements for continuous salting, to the Director.

During prolonged periods of snow or when the severity of the weather necessitates or is likely to necessitate, continuous salting, the Head of Local Highways Operations, Winter



Service Manager or nominated officer, should report conditions on the highway to the Director as follows:

- On request;
- Where temperatures have, or are likely to fall, below freezing for 48 hours or more;
- By 09.30 hours when snow has fallen or settled overnight;
- Weather reports and forecasts; and
- Any other pertinent information.

These details will enable the Director to make informed judgements when deciding whether to reduce essential operations to the Resilient Winter Network.

## 5. Best Practicable Service

### 5.1. Monitoring Effectiveness and Quality

Prior to the commencement of the Winter Service Period, salting operations are checked and all routes are driven to ensure there are no issues and timings are within acceptable levels. This is known as Operation Snowflake.

During the Winter Service Period, a range of Key Performance Indicators are recorded and monitored to ensure operations are running correctly. This will ensure the aims of this Policy are being achieved.

### 5.2. Winter Preparedness

To prepare for winter:

- Salting routes are planned to minimise wasted travel and ensure response time targets may be met;
- Salt barns at our three depots help to reduce salt loss by keeping stock dry which enables more effective spreading; and
- We fill salt bins before the start of the Winter Service Period, these are managed locally under Local Parish & Town Council's Winter Management Plans.
- Where requested we provide salt for District & Borough councils who may, subject to resources, salt high footfall areas such as shopping precincts during icy conditions.

There is a process of annual review of the winter service

We work with neighbouring to share best practice and consider requirements for mutual aid in the event of significant disruption to service.

Some Local Parish and Town Councils operate "Local Winter Management Plans". These include things such as:

- Monitoring salt bin levels; and
- Requesting and use of bulk bags of salt for local use.
- Localised salting by volunteers
- Agreement with local farmers to assist where significant snowfall requires clearing (5cm deep), and/or on request from the County Council.



## ANNEX A

### Criteria for Inclusion in the Winter Service Network

The National Code of Practice requires authorities to formally approve and adopt policies and priorities for Winter Service, which are coherent with wider objectives for transport, integration, accessibility, and network management. This includes strategies for public transport, walking, cycling and the wider strategic objectives of the Council.

Issues that have been considered include:

- Network resilience
- Treatment of facilities for public transport users;
- Treatment of facilities for road users;
- Treatment of facilities for walking and cycling;
- Treatment for transport interchanges;
- Treatment for promoted facilities such as community or leisure centres;
- Extent of priority for emergency services;
- Extent of priority for key public services and critical infrastructure;
- Extent of priority for vulnerable users;
- Resilience of Winter Service resources; and
- Other local circumstances.

In West Sussex the Winter Service Network includes:

- Major Road Network, made up of 'A' and 'B' class carriageways;
- Advisory Lorry routes;
- Access to emergency services;
- Access to hospitals, especially those with A&E;
- Transport hubs;
- Key train stations;
- Bus depots and garages;
- Busy bus routes
- Key infrastructure, including ports, water treatment works, electric generation sites etc.; and
- Access roads connecting communities.

## ANNEX B

### Action Decision Guidance

The following guidance is issued to assist the Decision Makers and other nominated decision makers.

These matters should be considered wherever possible but not at the expense of safety. All decisions require continuous monitoring, recording and review.

### Confidence in the Forecast

The forecast of hazards are given a 'confidence' rating. 'High' and 'Moderate' ratings should generally result in planned salting while 'Low' confidence should normally result in 'Standby'. Reassessments should be considered as appropriate.

Reassessment is made by using ICECAST and other forecast information.

### Timing of Salting Runs

Hazards, other than snow, predicted to occur before midnight should ordinarily result in salting being undertaken in the evening. Wherever possible this will be undertaken after the evening peak traffic flow but must be completed before the predicted onset of the hazard, even if this means salting during peak traffic flow.

Hazards, other than snow, predicted to occur after midnight should normally result in salting in the early morning, however, salting must be completed before the predicted onset of the hazard.

Salting for snow should be timed for completion just before its onset.

Salting should be delayed until any forecast rain has ceased unless rain is predicted during periods of freezing.

### Residual Salt

The Decision Maker may take account of the presence of residual salt in making their decision.

### Impact on Normal Working Hours

The Decision Maker will be aware that timing affects an operative's availability for normal work under the Working Time Directive. In general disruption will be negligible if salting is carried out at 1800 hours.

## Salting Decision Matrix

Salting Decision Matrix	Road Surface Temperature – may fall below freezing	Road Surface Temperature – expected to fall below freezing	Road Surface Temperature – expected to fall below freezing	Road Surface Temperature – expected to fall below freezing	Road Surface Temperature – expected to fall below freezing	Road Surface Temperature – expected to fall below freezing
Predicted Road Condition	<u>No</u> Rain, Hoar Frost, Fog	<u>No</u> Rain, Hoar Frost, Fog	<u>Possible</u> Rain, Hoar Frost, Fog	<u>Expected</u> Hoar Frost, Fog	<u>Expected</u> Rain before Freezing	<u>Expected</u> Rain during Freezing
Wet	Salt before frost	Salt before frost	Salt before frost	Salt before frost	Salt after rain stops (see note C)	Salt before frost (see note D)
Wet Patches	Salt wet patches before frost (see note A)	Salt wet patches before frost (see note A)	Salt before frost	Salt wet patches before frost (see note B)	Salt after rain stops (see note C)	Salt before frost (see note D)
Dry	No action (see note A)	No action (see note A)	Supervisor to make decision based on latest data and local knowledge, crews standby in depots awaiting instructions	Salt before frost (see note B)	Salt after rain stops (see note C)	Salt before frost (see note D)
Pre-salted within last 24 hours with no rain since	No action (see note A)	No action (see note A)	Supervisor to make decision based on latest data and local knowledge, crews standby in depots awaiting instructions	Supervisor to make decision based on latest data and local knowledge (see note A)	Salt after rain stops (see note C)	Salt before frost or Supervisor to make decision based on latest data and local knowledge, crews standby in depots awaiting instructions (see note D)

## Notes

- A. Possibility of water running across carriageways washing off previously deposited salt, e.g. from fields. Monitor and consider salting at other times e.g. evenings and mornings.
- B. Hoarfrost may result in considerable deposits of frost, generally in early morning. Salt deposited prior to onset may be dispersed and thus become non-effective. Ideally treat just as hoarfrost is forming but it is recognised this is not always possible. May require salting on a dry road prior to, and as close as possible to, the expected onset of the condition. Where hoarfrost is forecast at other times then timing of salting operations may need to be adjusted accordingly.
- C. If, under these conditions, rain has not ceased by early morning then crews should be called out and action initiated as the rain ceases.
- D. This is a most serious condition as rain will freeze on contact with running surfaces and full pre-treatment is required even on dry roads. Close and continuous monitoring is required throughout the danger period.
- E. Weather warnings are often qualified by altitude. Different actions may be required from various depots.

ANNEX C

New Decision Board

Author

Induction Number

Client

Duty Officer

Posting

Print

Action on

Forward

Forward

Forward

Forward

Action Type

Application Rate

Route Type

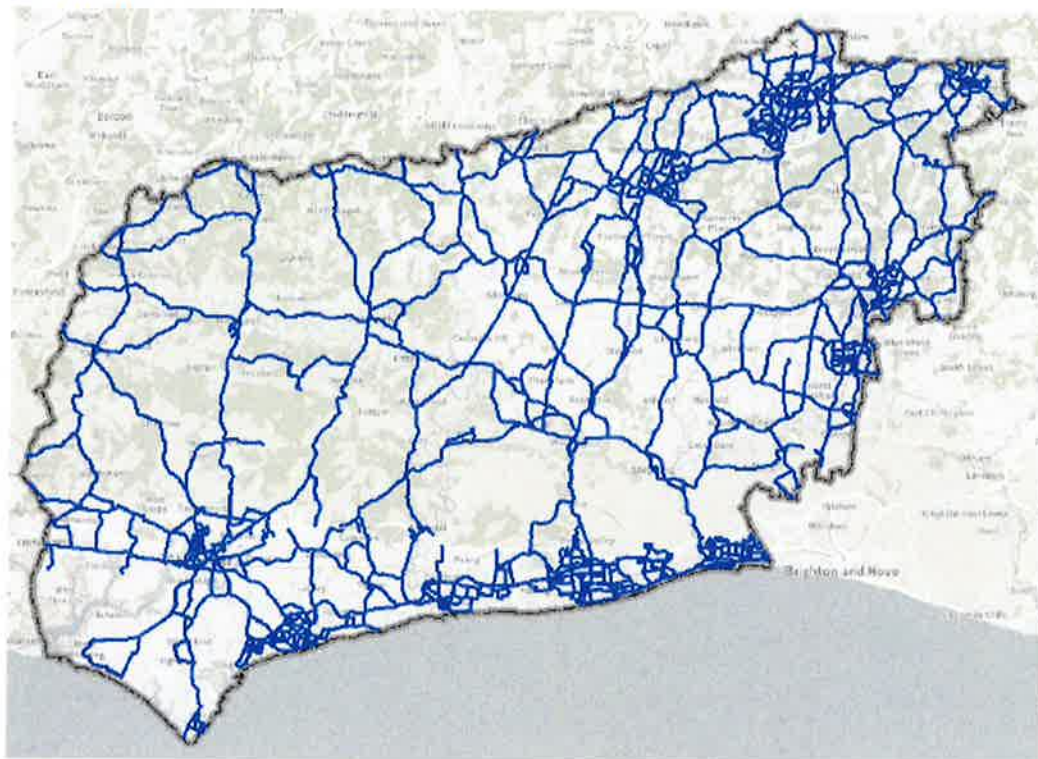
Name	Min RST	Date/Time	Application Rate	Start Time	Route Type	Vehicle Reg
Chassis 1000	1.0					
Chassis 1000	1.0					
Chassis 1000	1.0					

Comment



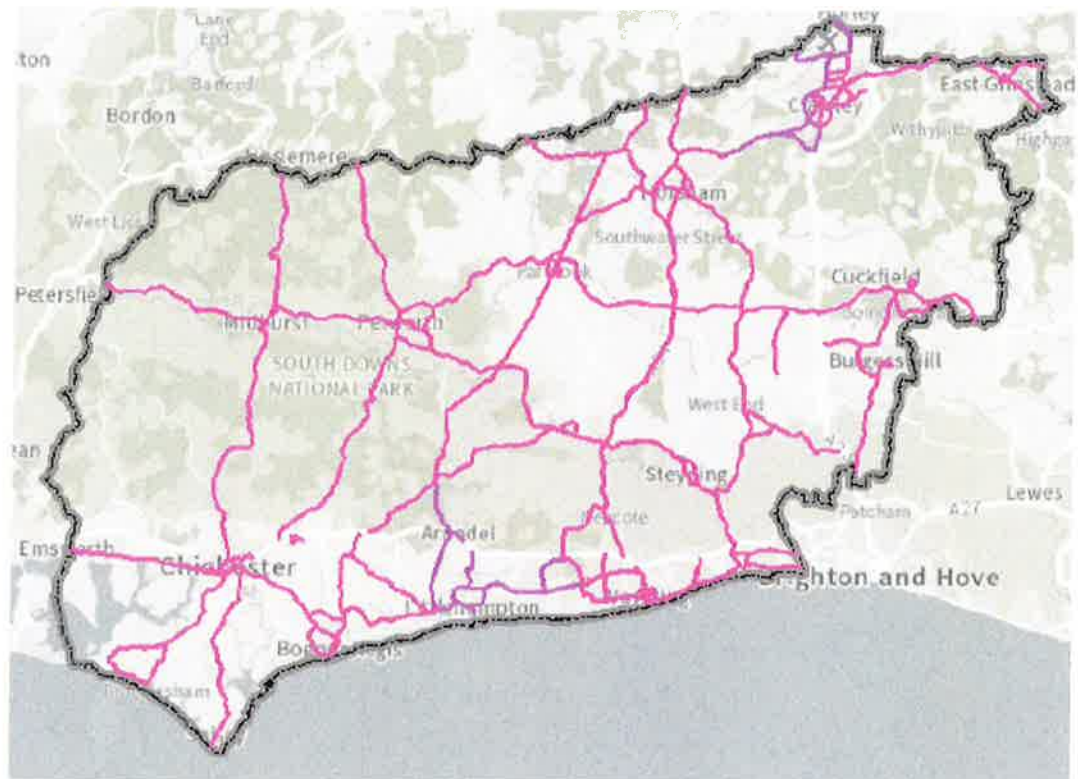
## ANNEX D

### Winter Service Network



## ANNEX E

### Resilient Winter Network



## Annex R1 - Restricted Key Contacts

Service / Name	Telephone Number	Address	Additional Information
Keith Anscombe	07900 411078		Security Contractor

### Restricted

The list below will help you keep track of whom you have issued any restricted material too. This will also assist you should any data protection issue arises as you will know exactly where and who has the access to any restricted/sensitive information that needs to be protected.

Organisation	Contact details	Number issued
		R1



## **Annex R2 - Vulnerable Groups within the Community (Restricted – Personal Information)**

Vulnerable people lists are constantly changing and therefore it would not be viable for Communities to permanently hold a list. Emergencies can also make people vulnerable who are not normally and therefore any details should be collated following a major incident. Information should be passed on to the emergency services and welfare agencies as a priority. The Community list should be secondary.

The Parish Council will not hold personal information regarding vulnerable members of the Community. The Parish Council will instead liaise with Voluntary and Statutory Agencies who provide support services to vulnerable individuals to offer its support as required.

Primarily this would be the:

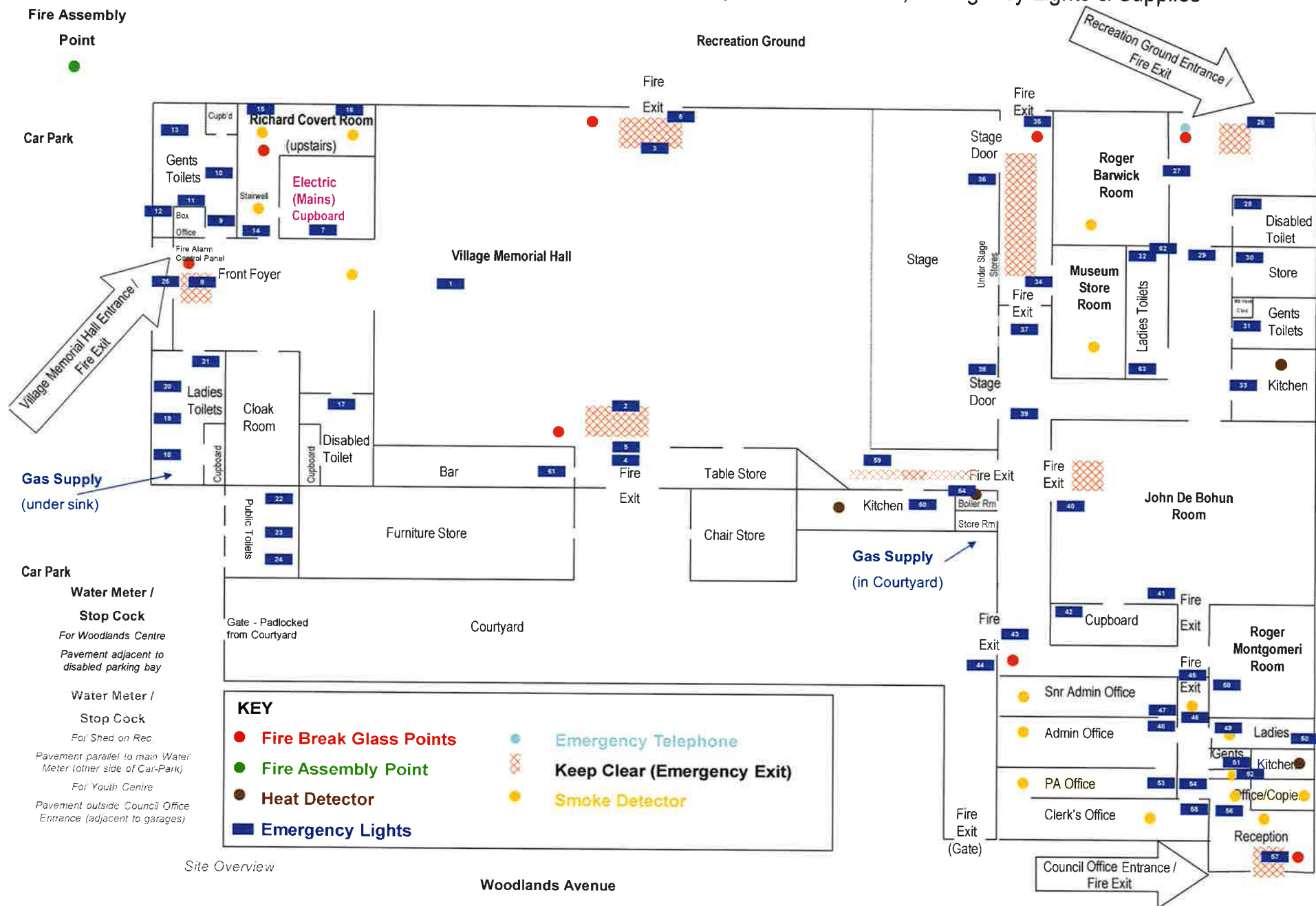
West Sussex County Council Community Hub - 0330 2227980

Age UK West Sussex - 01903 731800

West Sussex MIND - 01903 277000

# THE WOODLANDS CENTRE, WOODLANDS AVENUE, RUSTINGTON

Location of Fire Exits, Break Glass Points, Heat Detectors, Smoke Detectors, Emergency Lights & Supplies

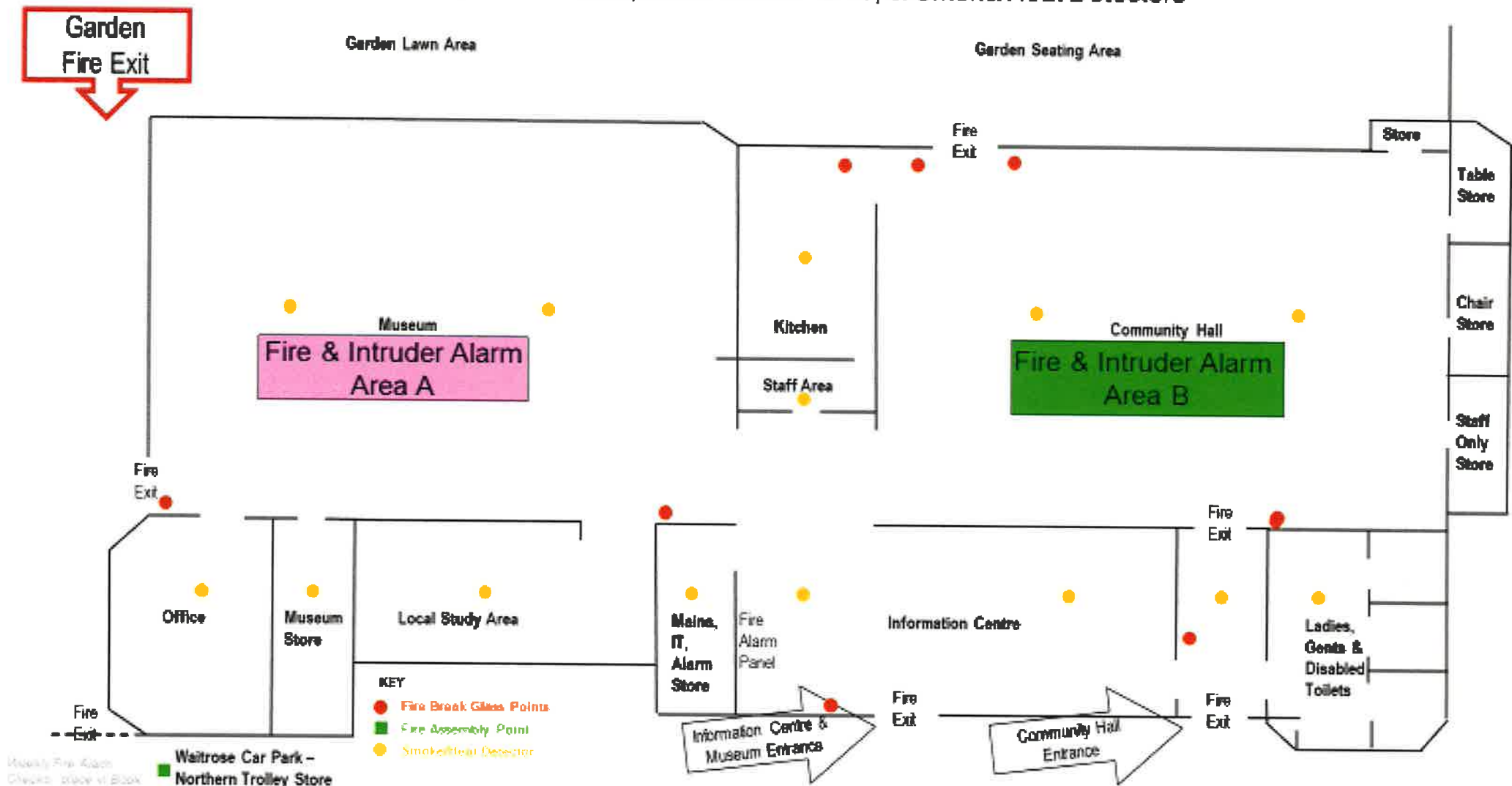


Location of Fire Exits, Break Glass Points & Emergency Supplies, Heat Detectors & Smoke Detectors

48

# THE SAMUEL WICKENS CENTRE, BROADMARK LANE, RUSTINGTON

Location of Fire Exits, Break Glass Points, & Smoke/Heat Detectors



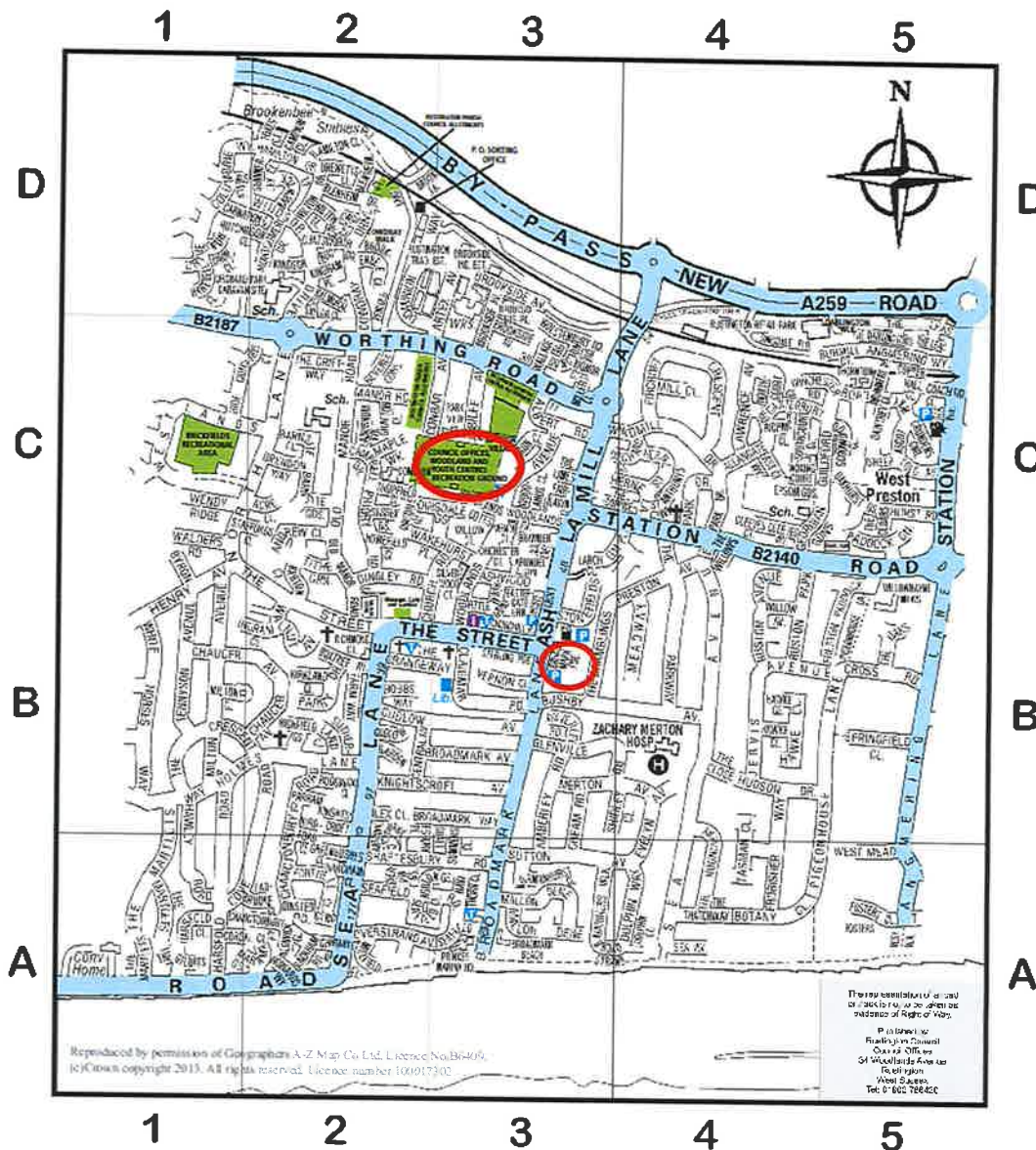




## MAP REFERENCE

<b>A2</b> Abbotswood Walk	<b>C5</b> Crundens Corner	<b>B2/B3</b> Knightscroft Avenue	<b>C4</b> St. Anthony's Way
<b>C2</b> Acne Close	<b>B2</b> Cutlow Avenue	<b>B1</b> Knightscroft Close	<b>A4/B4</b> Sea Avenue
<b>C3</b> Albert Road	<b>B1</b> Cutlow Garden		<b>A2</b> Sea Lane
<b>A4</b> Aldwick Close			<b>A2</b> Sea Road
<b>C3</b> Allange Drive	<b>C5</b> Darlington Walk	<b>C2</b> Laburnum Walk	<b>A2</b> Seafeld Close
<b>B3</b> Amberley Road	<b>C5</b> Darlington, The	<b>A2</b> Ladbrooke Close	<b>A2</b> Seafeld Road
<b>C2</b> Andrew Close	<b>C5</b> Dawsey Close	<b>C3</b> Larch Close	<b>A2</b> Seaview Gardens
<b>B5</b> Angmering Lane	<b>C2</b> Dingley Road	<b>C5</b> Lawrence Avenue	<b>C4</b> School - Georgian Gardens
<b>C5</b> Angmering Way	<b>C2/C3</b> Dinsdale Gardens	<b>C3</b> Leas, The	<b>C1</b> Community Primary School - Russington
<b>D3</b> Arxex Avenue	<b>A4</b> Dolphin Way	<b>B3</b> Limes, The	<b>C1</b> Community Primary School - Summerlee
<b>C3</b> Arun Close	<b>D1</b> Dominion Way	<b>B3</b> Library & Information Service	<b>D2</b> Community Primary School - Summerlee
<b>C5</b> Arundel Garden	<b>C3</b> Donnington Place		<b>A2</b> Shaftesbury Court
<b>C5</b> Ascot Way	<b>D1</b> Drewetts Close/Drive		<b>A2</b> Shaftesbury Place
<b>B3</b> Ash Lane	<b>C2</b> Drifway, The		<b>C5</b> Shaftesbury Road
<b>A1/A2</b> Ashton Gardens	<b>C3</b> Duncun Road		<b>A2</b> Sheep Fold Avenue
<b>C3</b> Ashwood Drive			<b>B3</b> Shirley Close
			<b>C3</b> Shopfield Close
<b>D2</b> Balmoral Close	<b>C4</b> East Court Way		<b>C5</b> Southcourt Close
<b>C2</b> Barntate Close	<b>B3</b> Essingate Green		<b>B5</b> Springfield Close
<b>C2</b> Barntate Gardens	<b>D1</b> Ellis Close		<b>C1</b> Staffords Close
<b>D1</b> Barwick Close	<b>C5/C4</b> Elm Place		<b>C1</b> Station Road
<b>C3</b> Bramble Square	<b>B4</b> Evelyn Avenue		<b>B3</b> Stonefields
<b>B3</b> Brambling, The	<b>C4</b> Epsom Gardens		<b>B3</b> Summers Close
<b>C3</b> Beverley Gardens			<b>D2</b> Summerlee Close
<b>C3</b> Bignor Close	<b>C4</b> Furlawn		<b>C2</b> Sussex Gardens
<b>A2</b> Binstead Close	<b>B2</b> Furn Way		<b>B2</b> Sutherland Close
<b>D2</b> Blenheim Close	<b>C4</b> Farnock Crescent		<b>A3</b> Sutton Avenue
<b>D2</b> Blenheim Drive	<b>A3</b> Firsleworth Garden		
<b>A4</b> Botany Close	<b>B1</b> Foxwell Close		
<b>B2</b> Box Tree Avenue	<b>A3</b> Fosses Close		
<b>C2</b> Brendon Way	<b>D1</b> Foxes Close		
<b>A3</b> Broad Strand	<b>A4</b> Frobbather Way		
<b>B3</b> Broadmark Avenue			
<b>A3/B3</b> Broadmark Lane	<b>C5</b> Georgian Gardens		
<b>D2</b> Brook Lane	<b>A1</b> Gilberts, The		
<b>D2</b> Brookline Close	<b>B3</b> Glenville Road		
<b>D3/C3</b> Brookside Avenue	<b>C5</b> Goodwood Close		
<b>D2</b> Buckingham Place	<b>C2</b> Grafton Close		
<b>C5</b> Burn & Court	<b>B2</b> Grange Way, The		
<b>C3</b> Bushby Avenue	<b>A2</b> Green Bushes Close		
<b>C1</b> Byron Road	<b>C5</b> Guildford Road		
	<b>D1/2</b> Hamilton Close/Drive		
<b>C2</b> Campbell Drive	<b>A2</b> Hardham Close		
<b>C2</b> Campion Close	<b>A1</b> Hardsfield Close		
<b>C4</b> Canterbury Road	<b>B4</b> Hawks Close		
<b>C5</b> Cedars, The	<b>A1/B1</b> Hawley Road		
<b>B2</b> Central Avenue	<b>A3</b> Hawthorn Close		
<b>A2</b> Chancery Road	<b>B1</b> Henry Avenue		
<b>D2</b> Chatsworth Close	<b>C4</b> Herne Gardens		
<b>D2</b> Chatsworth Drive	<b>C4</b> Herne Lane		
<b>B1</b> Chaucer Avenue	<b>A2/B2</b> Heron's Court Close		
<b>B3</b> Cheam Road	<b>C1</b> Hide Gardens		
<b>C3</b> Chichester Court	<b>B2</b> Highfield Gardens		
<b>C3</b> Church Farm Estate	<b>B2</b> Hobbs Way		
<b>B2</b> Church Road	<b>B1/B2</b> Holmes Lane		
<b>B3</b> Clagmar Road	<b>C2</b> Holmfield Close		
<b>C4</b> Cleaves Way	<b>A2</b> Howards Way		
<b>C5</b> Coach House Close	<b>B4</b> Hudson Drive		
<b>C4</b> Close, The	<b>D1</b> Hutchinson Close		
<b>C2/C3</b> Conbar Avenue	<b>C2</b> Hurst Road		
<b>C5</b> Copper Hall Close			
<b>A2</b> Coppetts Wood	<b>B2</b> Ilex Close		
<b>C3/4</b> Coppice, The	<b>B2</b> Ingram Close		
<b>A1</b> Cordal Close	<b>B3</b> Information Centre		
<b>A1/A3</b> Cove Road			
<b>D2</b> Cowdray Close	<b>B4</b> Jarvis Avenue		
<b>D2</b> Cowdray Drive	<b>C3</b> Jubilee Avenue		
<b>D2</b> Cowdray Walk			
<b>C2</b> Crescent, The			
<b>B5</b> Cross Road			
	<b>D2</b> Kingham Place		
	<b>B2</b> Kirford Close		
	<b>B2</b> Kirland Close		
	<b>C5</b> Kirland Hall		
	<b>A2</b> Rackham Road		
	<b>C5</b> Railway Station		
	<b>C3</b> Recreation Ground & Youth Centre		
	<b>C3</b> Rawson Villas		
	<b>C3</b> Richmond Close		
	<b>A4</b> Roundway, The		
	<b>B2</b> Rudgwick Close		
	<b>B4</b> Russon Avenue		
	<b>B4</b> Russon Park		
	<b>C5</b> Russon Hall		
	<b>A4</b> Tasman Close		
	<b>D2</b> Taylor Close		
	<b>B1</b> Tenyson Avenue		
	<b>A4</b> Thatchway, The		
	<b>C2</b> Take Green		
	<b>B3</b> Vernon Close		
	<b>C3</b> Walhurst Place		
	<b>C1</b> Walters Road		
	<b>C3</b> Wallace Road		
	<b>B2</b> Walnut Avenue		
	<b>B3</b> Waverley Road		
	<b>A1</b> Wendy Ridge		
	<b>C5</b> West Mead		
	<b>C1</b> Westlands		
	<b>B3</b> White Croft		
	<b>B1</b> White Horses Way		
	<b>B4</b> Willow Avenue		
	<b>C4</b> Willows, The		
	<b>D2</b> Wilton Close		
	<b>D2</b> Wilton Drive		
	<b>C5</b> Winchester Road		
	<b>C4</b> Windmill Drive		
	<b>D2</b> Windsor Close		
	<b>D2</b> Windsor Drive		
	<b>C3</b> Wolstenbury Road		
	<b>C3</b> Woodland Centre, The		
	<b>C3</b> Woodlands Avenue		
	<b>C3</b> Woodlands Close		
	<b>C2/C3</b> Worthing Road		
	<b>SA</b> West Walk		
	<b>C3</b> Youth Centre		
	<b>B4</b> Zachary Merton Community Hospital		

Public Toilets  
Information Centre





# 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 reference 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

<b>1</b>	<b>INTRODUCTION .....</b>	<b>5</b>
1.1	CORONAVIRUS (COVID-19) .....	5
1.2	LOCAL OUTBREAK CONTROL PLAN FOR WEST SUSSEX .....	5
1.3	LINKS WITH OTHER PLANS .....	6
1.4	PURPOSE OF THE LOCAL OUTBREAK CONTROL PLAN .....	7
1.5	DEFINITION OF COVID-19 OUTBREAK .....	7
1.6	OUTBREAK MANAGEMENT .....	7
1.7	COMMUNITY AND ENDURING TRANSMISSION .....	8
1.8	MOVING FORWARD .....	8
<b>2</b>	<b>CONTEXT .....</b>	<b>11</b>
2.1	ABOUT WEST SUSSEX .....	11
2.2	IMPACT OF COVID-19 .....	13
<b>3</b>	<b>LEGAL CONTEXT AND MUTUAL AID ARRANGEMENTS .....</b>	<b>14</b>
3.1	KEY REGULATIONS .....	14
3.2	NATIONAL COVID-19 ALERT LEVELS .....	16
3.3	COORDINATION AND MUTUAL AID ARRANGEMENTS .....	16
<b>4</b>	<b>TEST, TRACE, AND ISOLATE .....</b>	<b>17</b>
4.1	NHS TEST AND TRACE PROGRAMME – CONTACT TRACING .....	17
4.2	LOCAL TRACING PARTNERSHIPS .....	18
4.3	SELF-ISOLATION .....	19
4.4	COVID-19 VARIANTS OF CONCERN (VOC) .....	20
<b>5</b>	<b>GOVERNANCE STRUCTURES AND RESPONSIBILITIES .....</b>	<b>21</b>
5.1	LOCAL, REGIONAL AND NATIONAL ROLES AND LEADERSHIP .....	22
5.2	LOCAL BOARDS .....	23
5.3	SUSSEX RESILIENCE FORUM .....	24
5.4	RESOURCING .....	25
<b>6</b>	<b>LOCAL OUTBREAK CONTROL PLAN KEY THEMES .....</b>	<b>26</b>
6.1	MANAGING OUTBREAKS IN CARE HOMES .....	26
6.2	MANAGING OUTBREAKS IN EARLY YEARS, EDUCATION, AND CHILDREN’S SOCIAL CARE .....	29
6.3	IDENTIFYING AND MANAGING HIGH RISK PLACES, LOCATIONS, AND COMMUNITIES .....	31
6.4	LOCAL TESTING CAPACITY - TESTING IN SUSSEX .....	33
6.5	CONTACT TRACING IN COMPLEX SETTINGS .....	41
6.6	DATA INTEGRATION .....	41
6.7	SUPPORTING VULNERABLE PEOPLE .....	46
<b>7</b>	<b>PREVENTION .....</b>	<b>49</b>
<b>8</b>	<b>COVID-19 VACCINATION PROGRAMME .....</b>	<b>50</b>
8.1	OVERVIEW .....	50
8.2	COVID-19 VACCINATION PROGRAM .....	51
8.3	SUSSEX COVID-19 VACCINATION PROGRAMME .....	53
<b>9</b>	<b>WEST SUSSEX COVID-19 COMMUNICATIONS STRATEGY .....</b>	<b>55</b>
9.1	OVERVIEW .....	55
9.2	KEY MESSAGE GROUPS AND NARRATIVE .....	55
<b>10</b>	<b>EQUALITY MONITORING .....</b>	<b>57</b>



10.1	EQUALITIES DUTY .....	57
10.2	PROTECTED CHARACTERISTICS IN WEST SUSSEX.....	58
10.3	ADDRESSING HEALTH INEQUALITIES IN WEST SUSSEX.....	59
<b>11</b>	<b>APPENDICES .....</b>	<b>61</b>

## Glossary

A&E – Accident and Emergency	MOU – Memorandum of Understanding
BAME – Black, Asian, and Minority Ethnic	MTU – Mobile Testing Unit
BSUH – Brighton and Sussex University Hospitals	NHS – National Health Service
C19 – COVID-19	NPI – Non-Pharmaceutical Interventions
CCG – Clinical Commissioning Group	OCT – Outbreak Control Team
CEHO – Chief Environmental Health Officer	PCN – Primary Care Network
COBR – Cabinet Office Briefing Rooms	PH – Public Health
CQC – Care Quality Commission	PHE – Public Health England
D&B – District and Borough councils	PHEC – Public Health England Centre
DHSC – Department of Health and Social Care	PRH – Princess Royal Hospital
DPH – Director of Public Health	QVH – Queen Victoria Hospital
DsPH – Directors of Public Health	SASH – Sussex and Surrey Healthcare
DASS – Director of Adult Social Services	SCG – Strategic Co-ordination Group
EHT – Environmental Health Teams	SHCP – Sussex Health and Care Partnership
HPAG – Health Protection Assurance Group	SE – South East
HPT – Health Protection Team	SECamb – South East Coast Ambulance Service
HWB – Health and Wellbeing Board	SMG – Senior Management Group
ICS – Integrated Care System	SOP – Standard Operating Procedure
JBC – Joint Biosecurity Centre	SPFT – Sussex Partnership Foundation Trust
KSS – Kent Surrey and Sussex	SRF – Sussex Resilience Forum
LFT – Lateral Flow Test	T & T – Test and Trace
LFD – Lateral Flow Device	TCG – Tactical Co-ordination Group
LA – Local Authority	ToR – Terms of Reference
LOCP – Local Outbreak Control Plan	UKHSA – UK Health Security Agency
LOEB – Local Outbreak Engagement Board	UTLA – Upper Tier Local Authority
LSCC – Logistics and Supply Chain Cell	VOC – Variant of Concern
MAIC – Multi Agency Information Cell	WSCC – West Sussex County Council
MDT – Multi Disciplinary Team	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' <sup>1</sup>.

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. <sup>2</sup> 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

<sup>1</sup><https://www.ons.gov.uk/news/statementsandletters/theprevalenceoflongcovidssymptomsandcovid19complications>

<sup>2</sup> <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:<sup>3</sup>

- 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

---

<sup>3</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/343723/12\\_8\\_2014\\_CD\\_Outbreak\\_Guidance\\_REandCT\\_2\\_2\\_.pdf](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: <sup>4</sup>

- 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. <sup>5</sup>

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).

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<sup>4</sup> <https://www.gov.uk/government/publications/covid-19-response-autumn-and-winter-plan-2021/covid-19-response-autumn-and-winter-plan-2021>

<sup>5</sup> <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

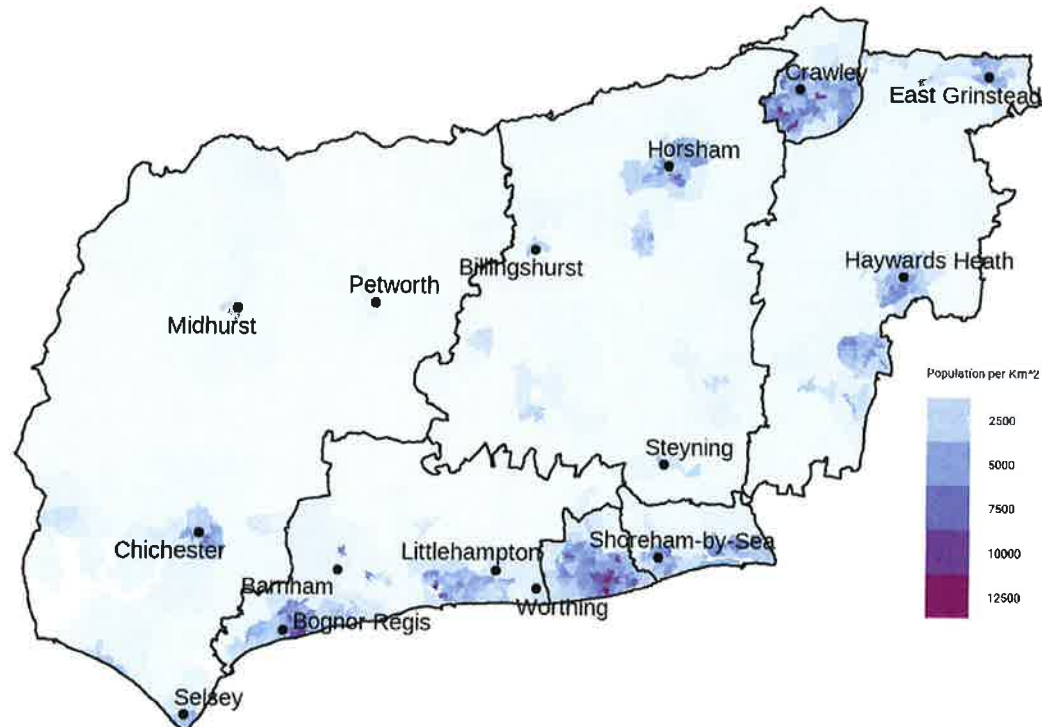
The county covers an area of 768 square miles and is predominantly rural in character but with some large towns. The county is made up of seven districts; Adur; Arun; Chichester; Crawley; Horsham; Mid Sussex and Worthing. The majority of the population lives in the four largest towns: Bognor Regis; Crawley; 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

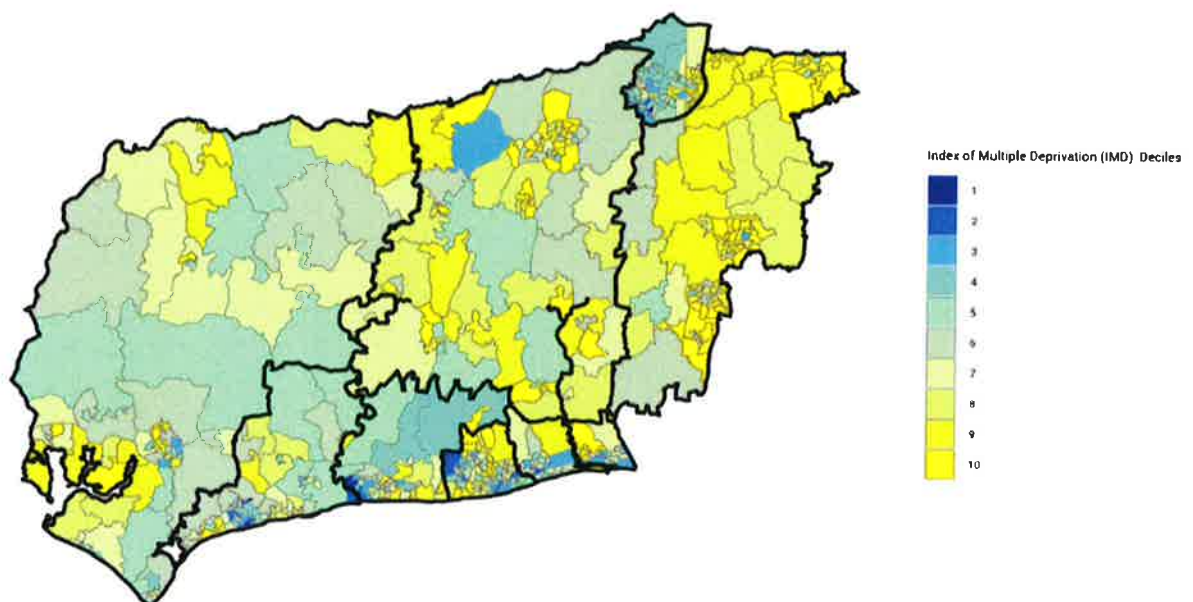
general population with the largest proportion being of working age. A total of 21 languages are spoken by at least 500 people in West Sussex, with Polish the most widely spoken, and approximately 13% of residents in Crawley do not use English as their main language.

### 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<sup>6</sup>, 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/>.

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<sup>6</sup> WSCC- [https://www.westsussex.gov.uk/media/8996/01\\_about\\_west\\_sussex\\_2019.pdf](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)<sup>7</sup> 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<sup>8</sup> 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*<sup>9</sup>.

#### 3.1.1 UK Health Security Agency

As of 1<sup>st</sup> 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.

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<sup>7</sup> 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.

<sup>8</sup> And NHS England in the case of Prisons and custodial institutions

<sup>9</sup> 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](http://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.

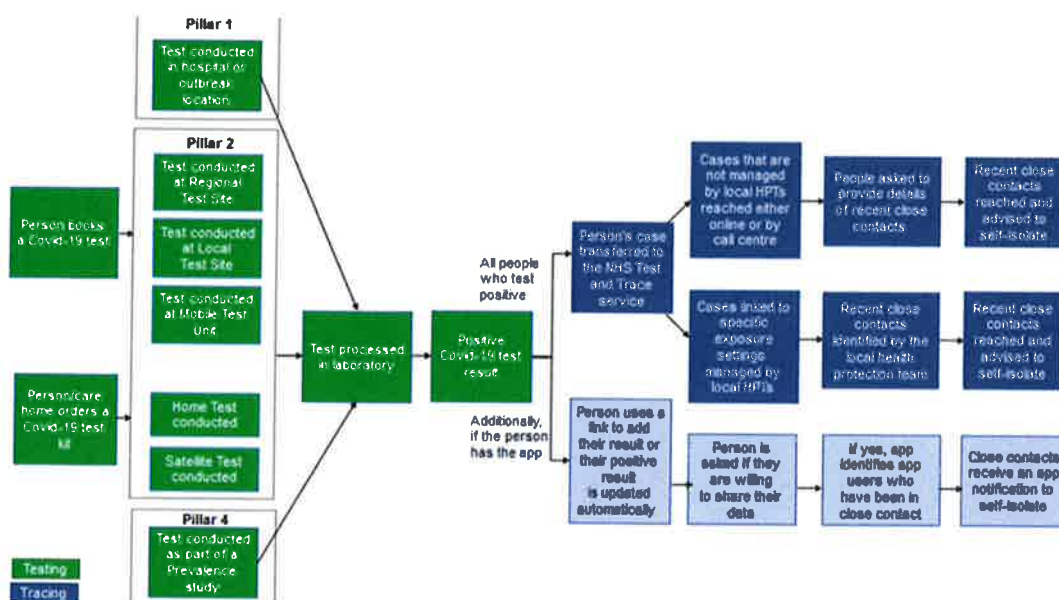
PHE have produced a pictorial guide describing [Contact Tracing](#).

#### 4.1.1 NHS Test and Trace Service

As of 1<sup>st</sup> 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 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](http://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](http://www.gov.uk) ([www.gov.uk](http://www.gov.uk)).

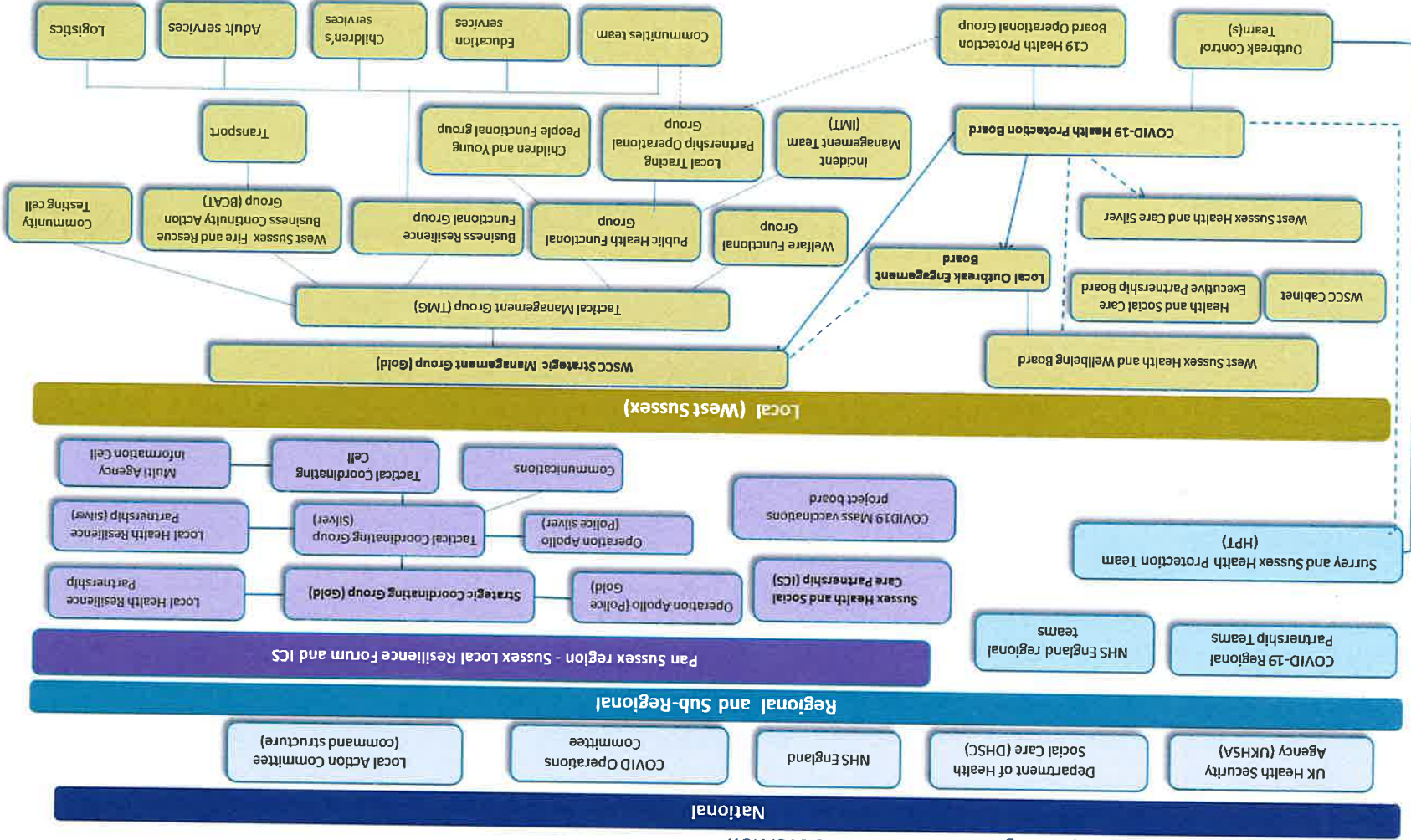
### **4.4.2 Surge testing**

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<sup>10</sup>*

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 RPTs 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)

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<sup>10</sup> 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 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<sup>11</sup> 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.

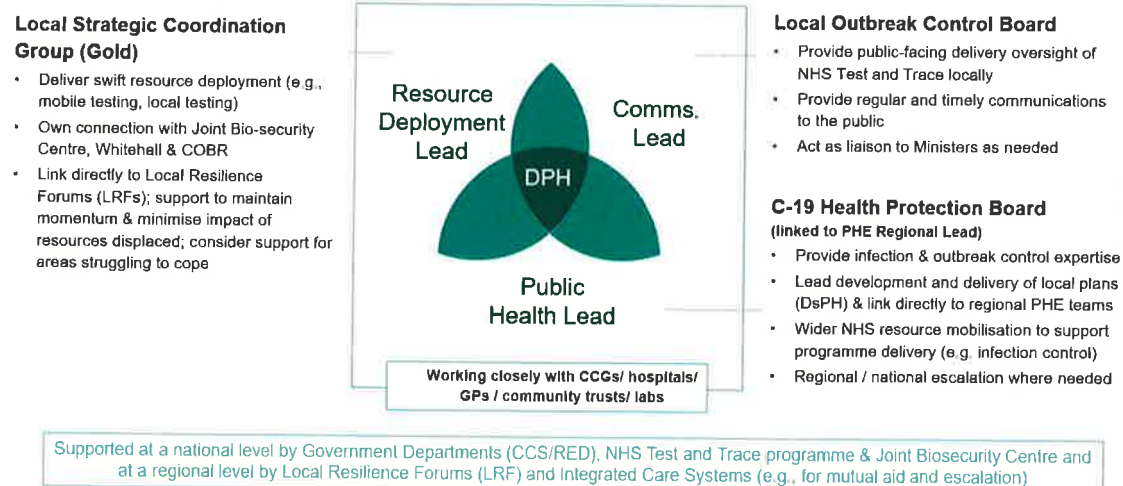
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<sup>11</sup> Member-led refers to elected members



Figure 5: Links between C19 HPB, LOEB and LRF

### Three critical local roles in outbreak planning, alongside community leadership



Note on acronyms: COBR: Cabinet Office Briefing Rooms, DsPH: Directors of Public Health, PHE: Public Health England, NHS Test and Trace: Test, Trace, Contain, Enable

#### 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>

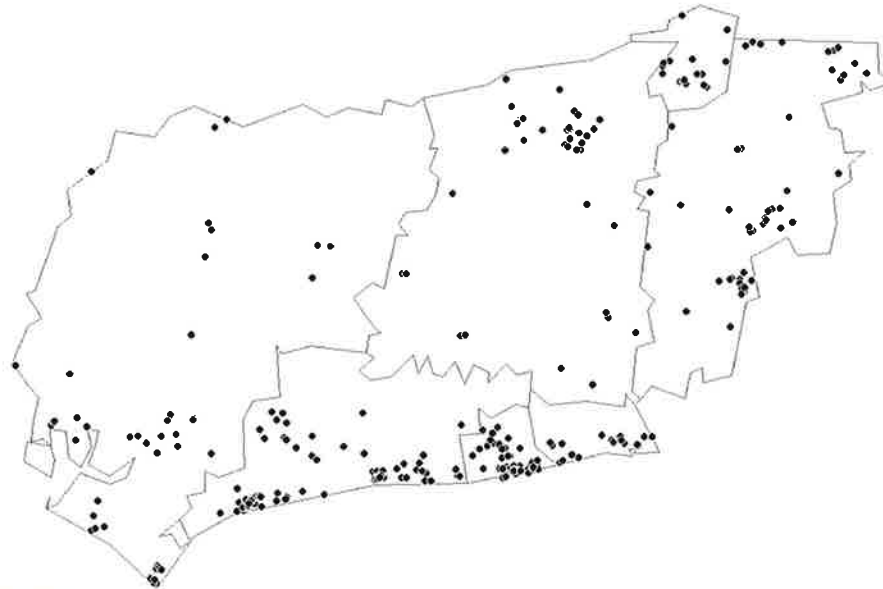


## 6 LOCAL OUTBREAK CONTROL PLAN KEY THEMES

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

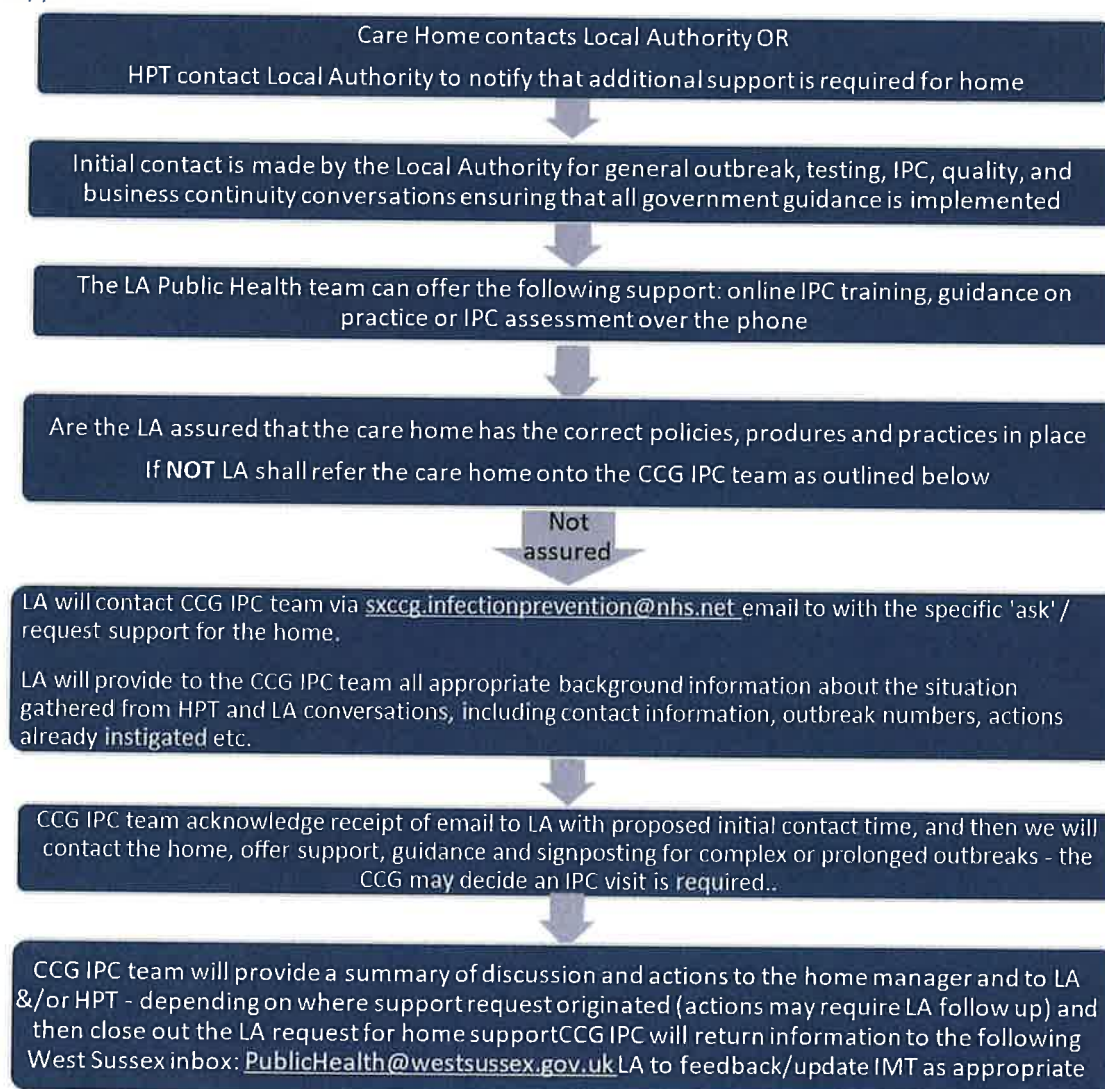
#### 6.1.1 National guidance relating to care homes

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 domiciliary 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<sup>12</sup>. 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

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<sup>12</sup> [https://www.westsussex.gov.uk/media/11971/economic\\_growth\\_plan.pdf](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](mailto: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 where 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.

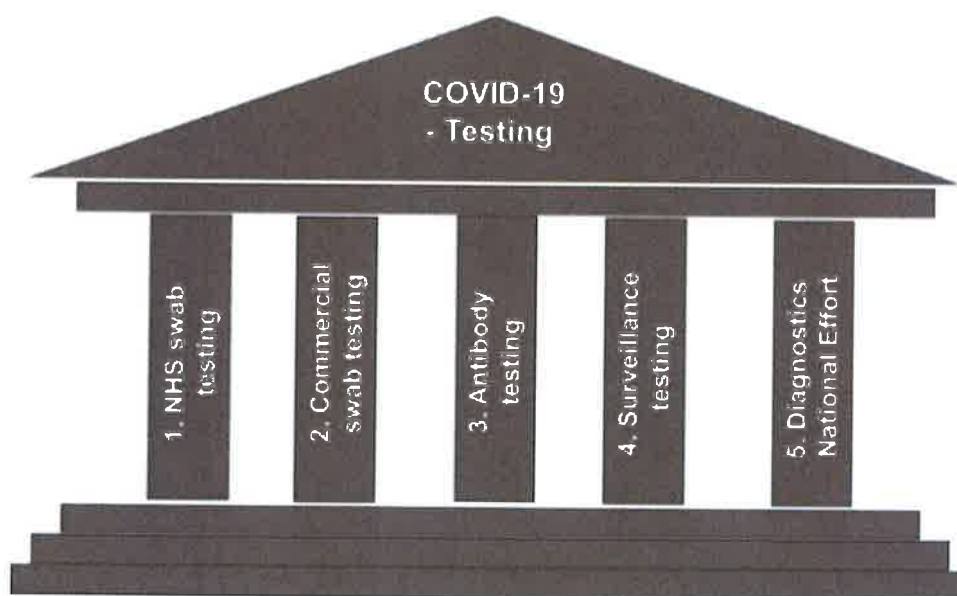
## 6.4 Local testing capacity - Testing in Sussex

### 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 Devices (LFD) tests for Asymptomatic testing, this is to identify people with COVID 19 but are not displaying symptoms so that there 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 of a text or email that they had a negative result performed that day.
- It is important that all care and treatment decisions 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 continue [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 existing 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 Devices (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](https://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.  <b>Confirmatory PCR is currently suspended for community testing</b>	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 by visiting <a href="https://find-covid-19-rapid-test-sites.maps.test-and-trace.nhs.uk/">https://find-covid-19-rapid-test-sites.maps.test-and-trace.nhs.uk/</a>  <b>Confirmatory PCR is required</b>	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	<a href="https://www.gov.uk/guidance/coronavirus-covid-19-test-kits-for-childrens-homes">https://www.gov.uk/guidance/coronavirus-covid-19-test-kits-for-childrens-homes</a>	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  <a href="https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-adult-social-care-settings">https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-adult-social-care-settings</a>	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	<a href="https://www.gov.uk/government/publications/coronavirus-covid-19-lateral-flow-testing-of-visitors-in-care-homes">https://www.gov.uk/government/publications/coronavirus-covid-19-lateral-flow-testing-of-visitors-in-care-homes</a>	
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.	<a href="https://request-onboarding.test-for-coronavirus.service.gov.uk/">https://request-onboarding.test-for-coronavirus.service.gov.uk/</a>		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. <a href="https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-homecare-workers/a-testing-service-for-homecare-workers-in-england">https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-homecare-workers/a-testing-service-for-homecare-workers-in-england</a> 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: <ul style="list-style-type: none"> <li>• purpose-built day centres</li> <li>• day centres attached to or part of a care home or supported living</li> <li>• other buildings in communities specifically used for regular adult day care</li> </ul>	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: <a href="https://www.gov.uk/guidance/coronavirus-covid-19-testing-for-personal-assistants">https://www.gov.uk/guidance/coronavirus-covid-19-testing-for-personal-assistants</a>	

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	<p>GPs can order stocks of PCR tests to be used with symptomatic patients who present in clinic.</p> <p>These tests will also be available for symptomatic GPs, practice staff and their symptomatic household members to support general practice settings remaining operational.</p> <p>Testing should be self-administered as far as possible</p> <p>This is not compulsory for GP practices to maintain a stock of kits.</p>	<a href="https://www.gov.uk/government/publications/covid-19-testing-in-general-practice">https://www.gov.uk/government/publications/covid-19-testing-in-general-practice</a>	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	<p>Site gets uploaded to system and can choose to order tests</p> <p>Tests delivered to site, individual responsible for self-swabbing and registering kit</p> <p>Swab returned to pharmacy for collection, results returned to patient</p>		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	<p>Several pilots underway to evaluate LFD testing of residents</p> <p>Confirmatory PCR is currently suspended for prison residents</p>	



## 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<sup>13</sup>, 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

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<sup>13</sup> 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](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
<ul style="list-style-type: none"> <li>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.</li> </ul>	WSCC Principal manager, Public Health Research unit	Sussex wide Data and Modelling Group (membership above)
<ul style="list-style-type: none"> <li>Modelling possible subsequent waves of the pandemic, based upon the assumptions published by SAGE, and working.</li> </ul>	WSCC Principal manager, Public Health Research unit	Data and Modelling Group, University of Sussex (modelling)
<ul style="list-style-type: none"> <li>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.</li> </ul>	WSCC Principal manager, Public Health Research unit	Sussex wide Data and Modelling Group (membership above)
<b>Action (Individual LA)</b>		
<ul style="list-style-type: none"> <li>Work with District and Borough councils to widen the access to and sharing of data relating to local outbreaks, settings, and events.</li> <li>Respond to queries from named contacts within each District and Borough councils specifically in relation to:               <ul style="list-style-type: none"> <li>Communities at higher risk of infection and the impact of COVID</li> <li>Specific settings and events at a local level</li> </ul> </li> </ul>	WSCC Principal manager, Public Health Research unit	West Sussex CC and District and Boroughs
<ul style="list-style-type: none"> <li>Provide updates as requested to senior managers and local Members, and report to the PH Functional Cell and respond to external requests for information.</li> </ul>	WSCC Principal manager, Public Health Research unit	West Sussex CC
<ul style="list-style-type: none"> <li>Work closely with the local HPT, lead PH Consultant to establish systems to identify and examine outbreaks.</li> </ul>	WSCC Principal manager, Public Health Research unit	West Sussex CC

## 6.6.7 Data Sources to Support the LOCP

Figure 9. Data sources

### Data to Support the Local Outbreak Control Plan (refreshed September 2021)





## **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.

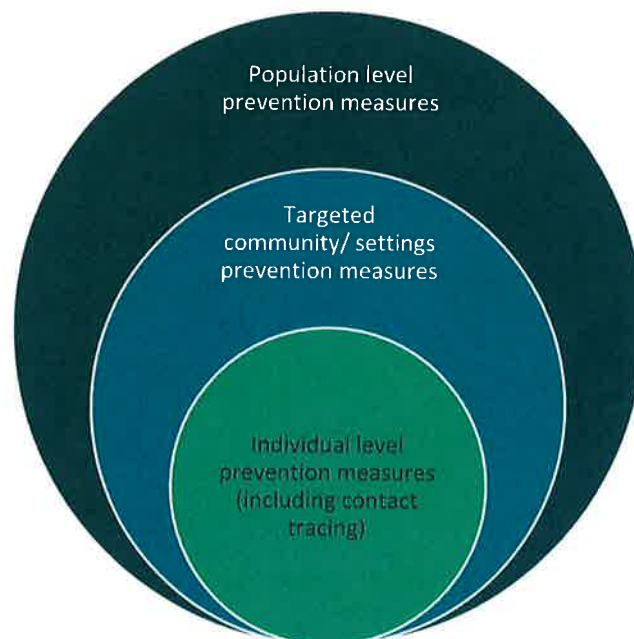
### 6.7.4 Ongoing monitoring of systems to support vulnerable people

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 began 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 9<sup>th</sup> 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 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 4<sup>th</sup> 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 30<sup>th</sup> 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 8<sup>th</sup> 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](https://www.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 JCVI advised that 16- and 17-year-olds in England should be offered a COVID-19 vaccination by the 23<sup>rd</sup> 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](https://www.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 9<sup>th</sup> 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 25<sup>th</sup>, 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 31<sup>st</sup> 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 them 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<sup>14</sup>.

*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<sup>15</sup>. 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<sup>16</sup>
- **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

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<sup>14</sup> <https://www.equalityhumanrights.com/en/advice-and-guidance/your-rights-under-equality-act-2010>

<sup>15</sup> PHE. August 2020. [Disparities in the risk and outcomes of COVID-19](#)

<sup>16</sup> 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

<p><b>Age</b></p> <p>Overall, West Sussex has an older population compared with England. In 2018, 23% of the population (195,500 people) were aged 65 years or over, compared with 18% nationally. A notable exception below county level is Crawley, where less than 14% of the population is 65+ years and 22% are aged 0-15 years.</p> <p> Sources: ONS Mid Year Estimates, and small area estimates. Estimates are updated annually.</p>	<p><b>Sex</b></p> <p>51% of the West Sussex population is female, reflecting the longer life expectancy of women. In the older age groups the gap is greater, with 55% of 65+ year-olds and 63% of 85+ year-olds being female.</p> <p> Sources: ONS Mid Year Estimates, and small area estimates. Estimates are updated annually.</p>	<p><b>Disability</b></p> <p>Under the Act, a person has a disability if they have physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. There is a strong relationship with age. Using data from a national survey, this equates to 21% of the total population, ranging from 3% of 0-4 year-olds to 60% of people aged 80+ years.</p> <p> Sources: Nationally - Family Resources Survey (FRS). Locally refer to the West Sussex JSNA for more detailed information.</p>
<p><b>Race</b> includes ethnic or national origins, colour or nationality</p> <p>Data are collected across organisations and services, although completion is often poor. Population level data are available from the Census. In 2011, 89% of the county population were White British, higher than England (80%). Crawley is, again, notably different from the rest of the county, with 72% White British and 5.2% and 4.3% from Indian and Pakistani backgrounds respectively.</p> <p> Sources: Various at service provision level. ONS / Census for population level data</p>	<p><b>Religion and belief</b> includes lack of belief</p> <p>Data on religion are collected infrequently and the census (where the question was voluntary) remains the most comprehensive source. 66% of people stated they had a religious belief in West Sussex (lower than England - 68%). Crawley had a higher percentage of people who stated their religion as Hindu (5%) or Muslim (7.5%)</p> <p> Sources: Census, infrequent collection mainly via national surveys</p>	<p><b>Sexual Orientation</b></p> <p>Data are collected infrequently, usually as part of national surveys such as the Annual Population Survey. Nationally (in 2016) ONS estimated that 2.5% of the UK population aged 16 or above identified as lesbian, gay, bisexual or 'other'. Using this assumption, this represents 17,500 people aged 6+ in West Sussex</p> <p> Sources: Assumptions from Annual Population Survey, national research</p>
<p><b>Gender re-assignment</b></p> <p>There is an absence of reliable data at a national or local level relating to the number of people who have/are seeking gender re-assignment or identify with a different gender than they were assigned at birth. <u>Nationally</u> the Government have stated a tentative estimate of 200,000 to 500,000 people broadly described as transgender.</p> <p> Sources: National research</p>	<p><b>Marriage and civil partnerships</b></p> <p>Data are published regularly by the ONS, using data collected from Registrars, but this information is not broken down into sub-national areas. The Census 2011 described the marital/civil partnership status of residents. In West Sussex, 51% of people aged 16+ were married or in civil relationships, 29% single, 10% divorced, 8% widowed, and 2% separated.</p> <p> Sources: Registration data. Census for sub national information</p>	<p><b>Maternity</b></p> <p>Various data are available but often at NHS maternity system level, NHS provider level, or relating to births as opposed to mothers or maternities. In West Sussex, in 2018, there were 8,540 births, 38 of which were to mothers aged 18 years or under.</p> <p> Sources: Maternity Services Data Set, ONS Births data</p>

### 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

<b>High risk and complex settings</b>	
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
<b>Local Boards Terms of Reference</b>	
Appendix 2.1	COVID-19 Health Protection Board Terms of Reference
Appendix 2.2	Local Outbreak Engagement Board Terms of Reference
<b>Other appendices</b>	
Appendix 3	Local Authority Powers
Appendix 4	COVID-19 Contain Framework briefing
Appendix 5	Equality monitoring report
Appendix 6	PHE-LA SOP