

West Sussex County Council Covid-19 briefing 20 October 2020

Priority issues

- a) Local Outbreak Management (para 1 - 14)
- b) Delivering support for those who are required to self-isolate (para 15 – 17)
- c) Schools reopening - update (para 18 - 25)
- d) Care Homes update (para 26 – 38)

Priority issues

a) Local Outbreak Management

West Sussex Data

Recorded Cases

1. In the 14 days between 23 September and 6 October 509 people tested positive for Covid-19. This is 115% higher than the number testing positive during the previous 14-day period (10 September to 23 September).

| | 10 - 23 Sept | 11 -24 Sept | 12 - 25 Sept | 13 -26 Sept | 14 -27 Sept | 15 -28 Sept | 16 - 29 Sept |
|----------------------------|-------------------------|------------------------------|------------------------------|--------------------------------|--------------------------------|--------------------------------|-------------------------------|
| West Sussex recorded cases | 237 | 250 | 277 | 279 | 302 | 321 | 336 |
| | 17 - 30 Sept | 18 Sept-1 Oct | 19 Sept-2 Oct | 20 Sept - 3 Oct | 21 Sept - 4 Oct | 22 Sept - 5 Oct | 23 Sept -6 Oct |
| West Sussex recorded cases | 360 | 383 | 397 | 430 | 472 | 503 | 509 |

2. The seven-day incidence rate varies among the districts and boroughs of West Sussex. Over the period 30 September to 6 October, Arun demonstrated the lowest rate at 23.0 per 100,000 population, and Horsham had the highest rate with 50.1 per 100,000 population.
3. The overall West Sussex seven-day incidence rate was 34.0 per 100,000 population.

| District | Number of new cases between 30th September and 6th October | 7 day incidence rate per 100,000 population |
|--------------------|---|--|
| Adur | 16 | 24.9 |
| Arun | 37 | 23.0 |
| Chichester | 34 | 28.1 |
| Crawley | 42 | 37.4 |
| Horsham | 72 | 50.1 |
| Mid Sussex | 62 | 41.1 |
| Worthing | 31 | 28.0 |
| West Sussex | 294 | 34.0 |

4. The latest published seven-day incidence rate for England (published 8 October 2020) was **117.5 per 100,000** population, and covers the period 27 September to 3 October 2020. All districts in West Sussex have an incidence rate below that of England.
5. Of the people testing positive for Covid-19 over the seven-day period, 68% were aged under 40, and 11% were aged over 60. Young adults showed the highest age-specific incidence rate during this period.

| Age group | Number of new cases between 30th September and 6th October | Percentage of total new cases | Age-specific incidence rate per 100,000 population |
|------------------|---|--------------------------------------|---|
| 0-9 | 8 | 3% | 8.1 |
| 10-19 | 92 | 31% | 98.3 |
| 20-29 | 64 | 22% | 77.4 |
| 30-39 | 35 | 12% | 34.6 |
| 40-49 | 26 | 9% | 23.2 |
| 50-59 | 36 | 12% | 29.0 |
| 60-69 | 9 | 3% | 8.8 |
| 70-79 | 12 | 4% | 13.2 |
| 80+ | 12 | 4% | 20.5 |
| All ages | 294 | 100% | 34.0 |

6. The seven-day incidence rate for those aged 18 to 24 years was 247.0 per 100,000 population.

Laboratory Capacity in Sussex

7. The Leader of the Council and Cabinet Member for Adults and Health wrote to the Secretary of State for Health and Social Care at the end of September 2020 to raise their concerns regarding the lack of Covid-19 laboratory capacity and the significant impact on the Council's ability to track, control and contain the spread of coronavirus within the county.
8. There remain challenges with laboratory capacity in Sussex, however, it is slowly increasing, and the Department of Health and Social Care (DHSC) has advised the Council that it has increased laboratory capacity by 10%.
9. The Council is also aware of the DHSC's plans to provide further local laboratory capacity, which the Council is supportive of.

West Sussex Covid-19 Local Outbreak Control Plan Escalation framework – Alert Levels in West Sussex

10. The West Sussex Covid-19 Health Protection Board agreed to move West Sussex to a level of 'Raised local alertness' (Yellow alert level) on 16 September 2020 due to emerging evidence of increasing trend at community/area level suggesting potential community spread of Covid-19.

11. The decision to move to this level was informed by the West Sussex Covid-19 Local Outbreak Control Plan Escalation Framework. The purpose of this Framework is to outline how the organisations involved in the delivery of the West Sussex Covid-19 Local Outbreak Control Plan respond to increasing numbers/rates of Covid-19 cases and to define the triggers for moving to different levels of the Framework.
12. The Framework has four increasing levels, which are presented as a traffic light system:
- Green (Outbreak prevention and containment)
 - Yellow (Raised local alertness)
 - Amber (Raised local concern)
 - Red (National oversight)
13. The Yellow alert level means that there is an increase in Covid-19 cases, and to slow the virus residents should continue to practice social distancing, wear face coverings where advised, limit contact between households and follow the 'rule of six'. The County Council will carry out targeted communications, campaigns and social media to support people in making extra efforts to reduce their risk.
14. The alert level is [published on the Council's website alongside the Local Outbreak Control Plan and weekly data report. The Interim Director of Public Health and his team monitor COVID-19 data on a daily basis, assessing any impact on the alert level for the county.](#)

b) Delivering support for those who are required to self-isolate

15. The changes to self-isolation announced on Sunday 20 September introduce a number of new measures to assist in controlling the spread of coronavirus within our communities and to help protect the health and care system. These will come into effect on Monday 28 September 2020 alongside the legal duty to self-isolate.
16. Included in this raft of measures is a new Test and Trace Support Payment of a £500 lump sum payment for those on low incomes to support them if they cannot work during their self-isolation period. There are several criteria that must be met for this benefits-linked eligibility with the scheme due to run until 31 January 2021. A discretionary funding allocation is being made available for local authorities to help those who require corresponding financial support to the Test and Trace Support Payment to self-isolate but do not meet all of the eligibility criteria.
17. The Community Hub is working with district and borough councils as these new mechanisms for the verification of eligibility and payment processes are established to meet the implementation date of Monday 12 October. The Council's joint working approach seeks to ensure that urgent practical support can be provided for those in immediate need ahead of receipt of their payment. This will be essential given the ability for backdated claims to be made. A close partnership aims to minimise the risk that those experiencing

hardship and who are unable to access critical food and supplies but not eligible for the £500 benefits-linked payment don't fall between gaps in processes.

c) Schools reopening – update

18. All schools opened at the beginning of the autumn term with strong risk assessments and plans in place to ensure that the return was managed safely. The situation remains fluid in relation to the number of positive cases among children and staff, and also on the number of children with symptoms but unconfirmed.
19. Attendance in schools has been consistently above the national average and this is also reflected in the proportion of children with Education, Health and Care Plans (EHCPs) attending school and also the proportion of children with a social worker. Data is submitted by schools to the Department for Education (DfE) on a daily basis and the proportion of West Sussex schools submitting their data runs at 74% which is above the national average.
20. On the 5 October 2020, the attendance for all pupils, in all fully or partially opened schools, is at 93.5%, the highest this term, and higher than the corresponding day last week, 92.2%. This compares to a national average attendance of 89%. West Sussex attendance is currently 4.5% higher and, over time, has been consistently above average.
21. For those pupils with an EHCP, in all fully or partially opened schools, attendance is currently at 86.8%, which is an increase on the previous week. Compared to 84.6% nationally has a positive difference of 1.2%. The rolling 7-day average for EHCP pupils is at 86.3%, similar to the last few days. For pupils, in all fully or partially opened schools, with a social worker, attendance has generally mirrored the national rise and fall but has, in general, been consistently above the national average over time.
22. Confirmation of confirmed cases of Covid-19 reach the Council through different routes and occasionally dates of notifications and the details of confirmed cases require amendment. In some cases, an individual with Covid-19 may not have attended the setting during infection, although such cases are included in the data below.

Confirmed case headlines up to Friday 2 October 2020

- 10 confirmed cases in early years and childcare settings (7 staff, 2 child, 1 parent who attended setting)
- 15 confirmed cases in primary schools (3 staff, 11 children including at 1 boarding school, 1 unknown)
- 18 confirmed cases at secondary schools (9 staff, 7 children, 2 unknown, including 2 boarding schools)
- 3 confirmed cases at a special school (2 staff, 1 child)
- 5 confirmed cases at FE colleges (4 students, 1 unknown)
- 2 confirmed cases University (2 students)

Outbreaks

- 1 outbreak within a nursery in Horsham on 18 September (3 members of staff)
- 1 outbreak within a secondary school from 28 September (3 staff members connected, plus a fourth confirmed unconnected staff member)

Closures

- 1 full closure within Special School in on 2 October due to safeguarding staff to child ratio (1 confirmed case and 20 isolating within staff). Four separate learning bubbles closed.

| Name of venue | Date of notification | Staff or Child/Student | District/Borough | Bubble Closure |
|---------------------------|-----------------------------|-------------------------------|-------------------------|-----------------------|
| Vale primary | 14 September 2020 | Child | Worthing | Y |
| Escots Primary | 16 September 2020 | Child | Mid Sussex | Y x 2 |
| Felpham Community College | 24 September 2020 | Child | Arun | Y |
| Littlegreen Academy | 05 October | child | Chichester | Whole School |

Home to school transport

23. In the first few weeks of term school transport has worked well. The Council's pre-planning and work with schools and parents during August and early September has identified and dealt with the majority of the capacity and access issues across the county. Using government support funding we have put additional buses running into various schools around the county to ensure there is sufficient capacity on public bus services. We are currently exploring a small number of routes linked to areas where public transport is crowded. Due to the need to ensure as much social distancing as possible, our Special Educational Needs and Disabilities (SEND) transport has had to withdraw concessionary transport which has been provided in a few cases for parents who do not qualify but where we have had surplus seats in existing transport. These spare seats are no longer available and for the few children who have been affected, parents are now organising their own arrangements.

Local lockdown

24. While our aim is to ensure schools remain open, every school will also have a plan for the possibility of a local or national lockdown, partial closure of a school owing to an outbreak in a 'bubble', 'class' or 'year group', and how they will ensure continuity of an education service should such scenarios occur.

25. We are assured our school leaders and governors, whilst operating with the national and local guidance we have provided, have been supported to take and make the very best decisions on behalf of children and families in their community, and will continue to work closely with us to achieve this safely and securely from September.

d) Care Homes - update

Care homes

26. There are 235 care homes for older people in West Sussex. The care homes provide around 8,608 beds. A third of these are commissioned by the County Council with the remainder commissioned through other local authorities, health or funded directly by residents.

27. The issue still causing the most concern for care providers is testing. More care homes are closing to admission and visitors where they are concerned that the virus could spread from the community, this could impact on the ability of the health and social care system to discharge those medically fit for discharge.

28. The Government published the [Adult social care: COVID-19 Winter Plan 2020-21](#) which includes updated information for local authorities and care providers, including expectations on day care, respite, Personal Protective Equipment (PPE) provision and visiting; the latter adds that care providers should supervise visits and limit visitors to one or two regular visits per person.

Hospital capacity

29. Hospital discharge hubs and a combined placement team continue to operate, as well as working with the Clinical Commissioning Group to secure appropriate levels of domiciliary care, care/nursing home beds and voluntary services to support effective discharge. Acute hospitals are now facing increasing pressures with rising numbers of Covid-19 positive cases- symptomatic and asymptomatic – and the challenges with managing these on the wards. Hospitals are also being expected to deliver against the national restoration plans including for cancer treatments.

Adult Social Care winter plan

30. On Friday 18 September the Government published the policy paper [Adult social care: our COVID-19 winter plan 2020-2021](#). This references and builds on previous guidance and policy set out in the Social Care Action Plan (May 2020) and Hospital Discharge Guidance (August 2020).

31. The winter plan has been reviewed and the key issues for the local authority are set out below.

32. The Government's 3 overarching priorities for adult social care are:

- ensuring everyone who needs care or support can get high-quality, timely and safe care throughout the autumn and winter period
- protecting people who need care, support or safeguards, the social care workforce, and carers from infections including Covid-19
- making sure that people who need care, support or safeguards remain connected to essential services and their loved ones whilst protecting individuals from infections including Covid-19

Actions for local authorities and NHS organisations

33. For key actions for local authorities, it should be noted that this relates to both self-funded care providers and local authority commissioned services within the authority.

34. Key actions for local authorities and NHS organisations to take:

- local authorities and NHS organisations should continue to put co-production at the heart of decision-making, involving people who receive health and care services, their families, and carers
- local authorities and NHS organisations should continue to recognise the importance of including care provider representatives in local decision-making fora, ensuring they are involved throughout
- local authorities must put in place their own winter plans, building on existing planning, including local outbreak plans, in the context of planning for the end of the transition period, and write to the DHSC to confirm they have done this by 31 October 2020. These winter plans should incorporate the recommendations set out in this document. NHS and voluntary and community sector organisations should be involved in the development of the plans where possible
- local authorities and NHS organisations should continue to address inequalities locally, involving people with lived experience wherever possible, and consider these issues throughout the implementation of this winter plan
- local authorities must distribute funding made available through the extension of the Infection Control Fund to the sector as quickly as possible, and report on how funding is being used, in line with the grant conditions
- local authorities must continue to implement relevant guidance and promote guidance to all social care providers, making clear what it means for them
- local systems should continue to take appropriate actions to treat and investigate cases of Covid-19, including those set out in the contain framework and Covid-19 testing strategy. This includes hospitals continuing to test people on discharge to a care home and Public Health England local health protection teams continuing to arrange for testing of whole care homes with outbreaks of the virus
- local authorities should ensure, as far as possible, that care providers carry out testing as set out in the testing strategy and, together with NHS organisations, provide local support for testing in adult social care if needed
- local authorities should provide free PPE to care providers ineligible for the PPE portal, when required (including for personal assistants), either

through their Local Resilience Forum (if it is continuing to distribute PPE) or directly until March 2021

- local authorities and NHS organisations should work together, along with care providers and voluntary and community sector organisations, to encourage those who are eligible for a free flu vaccine to access one
- local authorities should work with social care services to re-open safely, in particular, day services or respite services. Where people who use those services can no longer access them in a way that meets their needs, local authorities should work with them to identify alternative arrangements
- local authorities and NHS organisations should continue to work with providers to provide appropriate primary and community care at home and in care homes, to prevent avoidable admissions, support safe and timely discharge from hospitals, and to resume Continuing Healthcare assessments at speed
- local authority directors of public health should give a regular assessment of whether visiting care homes is likely to be appropriate within their local authority, or within local wards, taking into account the wider risk environment and immediately move to stop visiting if an area becomes an 'area of intervention', except in exceptional circumstances such as end of life

35. Key to the delivery of the plan is the recurring message about joint work between the County Council and health and other partners, both strategically and operationally. It will be critical that funds available for hospital discharge pathways is used efficiently and effectively and planned jointly with, as the winter plan states clearly, the Council acting as lead commissioner. The governance of the joint commissioning arrangements is being worked through to ensure that it is clear and captured within a formal agreement between the Clinical Commissioning Group and the Council.

36. Alongside the delivery of the core elements of the plan, the Government is also seeking assurance as to the resilience of local plans and a submission is due by the end of October which will need to be developed in partnership with a range of stakeholders.

37. There will also need to be commitment from the Council to engage in the Service Continuity and Care Market Review in the autumn. This aims to understand the robustness of the plans local authorities have in place, and what additional support may be needed, to secure sufficient, sustainable and suitable capacity over winter, and maintain continuity of provision.

Next steps

38. The County Council will consider the implications of the plan with partners via the Covid-19 governance hierarchy. A more detailed implementation plan will be brought together. Initial priorities are considered to be:

- distribution of the extended infection control grant once further guidance is received as to the conditions
- development of alternative accommodation to meet the needs of those on a hospital discharge pathway who are required to self-isolate before moving to a care home or other setting

- establishing resource needed to deliver the plan and previously published guidance
- building on the partnership work with care providers and the community and voluntary sector to further develop the plan
- formalising joint commissioning arrangements
- building appropriate capacity in the community – domiciliary care and bed based – for the winter period in relation to both Covid-19 and broader anticipated winter pressures.