

MINUTES of the meeting of the **SURREY LOCAL OUTBREAK ENGAGEMENT BOARD** held at 1.30 pm on 20 November 2020, remotely via Microsoft Teams.

These minutes are subject to confirmation by the Board at its next meeting.

Members:

(*Present)

- * Joanna Killian
- * Mr Tim Oliver
- * Ruth Hutchinson
- * Mrs Sinead Mooney (Chairman)
- * Mrs Mary Lewis
- * Karen Brimacombe
- * Annie Righton
- * Cllr Mark Brunt (Vice-Chairman)
- Cllr Stuart Selleck
- * Dr Charlotte Canniff
- * Sue Sjuve
- Dr Pramit Patel
- Gavin Stephens
- * David Munro
- * Andrew Lloyd
- * Louise Punter

19/20 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Cllr Stuart Selleck and Dr Pramit Patel.

20/20 MINUTES OF THE PREVIOUS MEETING: 25 SEPTEMBER 2020 [Item 2]

The minutes were agreed as a true record of the meeting.

21/20 DECLARATIONS OF INTERESTS [Item 3]

There were none.

22/20 QUESTIONS AND PETITIONS [Item 4]

a MEMBERS' QUESTIONS [Item 4a]

None received.

b PUBLIC QUESTIONS [Item 4b]

Six questions were received from members of the public. The responses can be found attached to these minutes as Annex A.

Supplementary questions were asked from five members of the public and the verbal responses can be found below.

1. Supplementary question asked by Teresa Wood:

See Annex B – for written supplementary question.

Response:

The Director of Public Health (SCC) noted that the original answer highlighted the Public Health England (PHE) independent rapid evaluation of the Innova SARS-CoV-2 Antigen Rapid Qualitative Test; which detailed the high specificity but did not detail the sensitivity. She explained that both the specificity and sensitivity of tests depended on various factors including their administration. That currently, government policy and guidance was to use those tests which were used by acute trust staff twice weekly. She added that there was a pilot in Liverpool and in Stoke-on-Trent to test asymptomatic members of the population, such testing had not yet occurred in the South England but that was an area to be looked at imminently.

It was agreed that a written answer would be provided to the questioner, to explain the matter in more detail (Annex B).

3. Supplementary question asked by Stuart Robertson:

See Annex B – for written supplementary question.

Response:

The Director of Public Health (SCC) referred to in initial response in which the second paragraph outlined the evidence that showed a 95% specificity and sensitivity for PCR testing. There was a small chance of a false positive, however for the vast majority of those getting a positive test and self-isolating, it was in order to protect the rest of the population and to prevent further spread.

It was agreed that a written answer would be provided to the questioner, to explain the matter in more detail (Annex B).

4. Supplementary question asked by Thomas Walker:

See Annex B – for written supplementary question.

Response:

It was agreed that a written answer would be provided to the questioner, to explain the matter in more detail (Annex B).

5. Supplementary question asked by Philip Walker:

The written response to the original question seemed to imply that it was very likely that on leaving national lockdown and re-entering the tiered system, Tier 1 was likely either to be strengthened or Tier 2 would be the presumed baseline. The questioner asked what the hypothetical data would have to look like locally for a tier of restrictions not to apply. He asked what the ceiling was for that first baseline of restrictions being applied in the first place in terms of hospitalisations or cases per 100,000 population.

Response:

The Chief Executive (SCC) noted that at present there was no understanding or information on any of the thresholds or data points that the government would use to make the determination of tier allocations or revisions to the tier levels.

6. Supplementary question asked by Duncan White:

See Annex B – for written supplementary question.

Response:

The Area Director East Surrey - Adult Social Care (SCC) noted that the matter of discharging frail older people straight from hospital to care homes during the first wave of the pandemic had been reflected on. During the initial phase of the pandemic this was a response to the national requirements to free up hospital beds. The Adult Social Care directorate (SCC) had since been working closely with health colleagues to examine whether residential or nursing care is the right destination for people coming out of hospital. Adult Social Care had been supporting its own social care staff to challenge decisions on hospital discharge where they do not agree it was the right choice in some circumstances. She noted that it was preferable for people to go home directly from hospital where possible, but step-down facilities were also needed for those needing more time to recover. Adult Social Care was working hard with domiciliary care providers and live-in care providers to ensure that they had capacity to manage people once they were discharged from hospital and since the first wave, guidance and practices and processes have been strengthened to ensure that people could go home straight from hospital if possible and where it was safe to do so.

It was agreed that a written answer would be provided to the questioner, to explain the matter in more detail (Annex B).

The Chairman thanked those members of the public for their questions and supplementaries, noting the importance of challenge and engagement by members of the public.

c PETITIONS [Item 4c]

There were none.

23/20 COVID-19 SURVEILLANCE UPDATE [Item 5]

Witnesses:

Dr Rachel Gill - Public Health Consultant (SCC)

Key points raised in the discussion:

1. The Public Health Consultant (SCC) introduced the COVID-19 Daily Data Dashboard, the bar chart showed the daily number of COVID-19 cases. Reporting delays meant that data could be incomplete for the most recent days, therefore the data shown was the last seven days of complete data for the week ending on 15 November 2020; in which there were 1,936 new cases in Surrey- there was a decrease of cases in Mole Valley and Guildford.
2. Based on the number of cases, the rate for that seven-day period in Surrey was 161.8 per 100,000 population compared to 184 in South East England and 266.5 in England.
3. She explained that the COVID-19 Intelligence Summary was published publicly on the Surrey County Council website bi-weekly every Monday and Thursday. The data was shared with a wide range of partners and it included data on the number of cases, the rate and R number nationally, county-wide, within Surrey's eleven boroughs and districts, regional information and

hospital activity, as well as further links to publicly available data sources with postcode level data.

4. The Public Health Consultant (SCC) highlighted that Surrey ranked 98 out of all councils in England with a rate of 145.5 per 100,000 population in the seven days ending 16 November 2020 - with a range of 106.9 in Waverley to 220.3 in Runnymede per 100,000 population. The top ten ranking councils' rates in England ranged from approximately 459 to 675.
5. She noted the age-specific case rate heatmap for Surrey which showed that the 16-29 age range had the highest rates with cases spreading across the age groups and that mirrored the national pattern.
6. She summarised the situational report for Surrey map which highlighted the number of cases in the last fourteen days by districts and boroughs ending 16 November 2020, with a range from 254 in Mole Valley to 445 in Spelthorne.
7. Noted the change in the geographical allocation of cases due to PHE's updated method in relation to the location of people who tested positive or negative for COVID-19. Previously the address was taken from an individuals' NHS Summary Care Record created from GP medical records as opposed to the new location which prioritised the address given at the point of testing. The change meant the better geographical distribution of cases for example in the case of university students.
8. She added that the change of location was applied retrospectively back to 1 September 2020 and as a result Surrey saw a 4% reduction of cumulative case numbers, with a 9% decrease in cumulative cases in Elmbridge and an 8% decrease in Waverley.
9. Regarding the number of positive cases against the number of tests carried out, the Public Health Consultant (SCC) explained that the positivity rate was analysed daily and was the number of people who tested positive out of the number of people who were tested.
10. A Board member praised the work of the Public Health and the Communications teams (SCC) and particularly the presentation of the data, noting that the daily data dashboard was clear and accessible. She added that the Board was fulfilling its key purpose of public engagement as evidenced by the public questions and the number of online impressions.
11. A Board member noted that she had received concerns and many questions from residents who were shocked with Elmbridge's escalation to Tier 2 - before the national lockdown. As a result of the change of location which prioritised the address given at the point of testing, she queried whether that would have made a difference to Elmbridge's allocated tier - taking into consideration address changes for university students as an example. In response, the Public Health Consultant (SCC) noted that the subsequent 14% difference in cumulative cases after being applied retrospectively, would not have made a difference on the decision to escalate Elmbridge's local alert level.

RESOLVED:

The Board:

1. Noted the report.
2. Would continue to provide political oversight of local delivery of the Test and Trace Service.
3. Would continue to lead the engagement with local communities and be the public face of the local response in the event of an outbreak.
4. Members would ensure appropriate information on the programme and on COVID-19 in Surrey is cascaded within their own organisations and areas of influence.

Actions/further information to be provided:

None.

24/20 COVID-19 LOCAL OUTBREAK CONTROL PLAN UPDATE [ITEM 6]

Witnesses:

Ruth Hutchinson - Director of Public Health (SCC)
Dr Rachel Gill - Public Health Consultant (SCC)
Borough Councillor Maureen Attewell - Deputy Leader and Portfolio Holder for Community Wellbeing and Housing, Spelthorne Borough Council
Deborah Ashman - Joint Group Head of Community Wellbeing, Spelthorne Borough Council
Adam Letts - Public Health Lead - Public Health Improvement (SCC)
Jess Lira - Resilience Manager, Applied Resilience Limited
Avril Mayhew - Area Director East Surrey - Adult Social Care (SCC)

Key points raised in the discussion:

Local Contact Tracing Partnerships

1. The Director of Public Health (SCC) explained that since 28 May 2020 anyone in England who received a positive Covid-19 test was automatically placed into the national contact tracing system and they and their contacts would be asked to self-isolate.
2. She discussed that in order to be effective the Scientific Advisory Group for Emergencies (SAGE) recommended that 80% of positive cases must be reached by the contact tracers, that was not the case nationally, although Surrey's contact completion rate was around 80%.
3. She noted that as a result of the low completion rate, some areas such as Blackburn with Darwen set up local tracing partnerships and there was an expectation for all areas to establish one to supplement national contact tracing. As a result, a local contact tracing partnership was to be established in Surrey to contact the remaining 20% of contacts not contacted after the locally agreed timescale of twenty-four hours.
4. She highlighted that the programme would be launched first for those boroughs and districts in Surrey that bordered London or had higher rates first, phase one was to go live on 26 November 2020 with the whole of Surrey to follow in phase two.
5. She clarified that the Surrey Local Contract Tracing service would be delivered by Surrey County Council's Customer Services team and Community Helpline staff. Staff would receive training and the Public Health team (SCC) would provide support due to the complexity of cases.
6. She explained that it would be a phone-based service in which a text or phone call from GOV.UK Notify would alert individuals who had received a positive test to expect a call from a local geographical number or voicemail message if unavailable. When contact was made there would be a set questionnaire to establish that individual's contacts and it was estimated to take one hour to complete.
7. The Director of Public Health (SCC) noted that upon advice from established local contact tracing partnerships, welfare support and advice on financial

assistance would be offered and that there was a potential to run the programme through door-knocking in the future.

8. She emphasised that residents must continue to engage with the national contact tracing service and soft communications would be launched on local contact tracing via a press release, information on the programme including the phone number and FAQs would be on Surrey County Council's website.
9. The Director of Public Health (SCC) concluded that there were Data Sharing Agreements in place with districts and boroughs to search relevant databases to access alternative phone numbers, as part of Information Governance there were Privacy Notices, Data Processing Impact Assessments and access to PHE Power BI contact tracing data for daily downloads, and best practice would be shared at bi-weekly meetings of Public Health teams across South East.
10. In response to a Board member's query on the decision to launch a phone-based service rather than a hybrid with door-knocking, the Public Health Consultant (SCC) replied that local numbers had increased the success rate. Although initially to be launched via the telephone a hybrid approach would be looked at later on after the assessment of the phone-based service.
11. The Director of Public Health (SCC) responded to a Board member's suggestion of the benefit of speaking to all in household at same time rather than just the positive contact, by explaining that those in the same household as the positive contact would be contacted indirectly in line with the training.
12. A Board member highlighted the criticism of nationally scripted information, which was inflexible, in response the Director of Public Health (SCC) noted that there was ten hours of training for those supporting Surrey Local Contract Tracing. Despite the detailed script to follow, there was greater flexibility at a local level.
13. A Board member queried whether local contract tracers could be involved earlier in the process to support the national contact tracing service by contacting the secondary contacts during the initial national service contact tracing period. The Director of Public Health (SCC) explained that in the current framework the national contact tracing service contacted secondary contacts and she could share the summary of the process and flow chart for clarification.

David Munro left the meeting at 2.15pm and re-joined at 2.27pm

14. A Board member suggested the possibility of using Covid-19 Champions and Covid-19 Marshals to aid local contact tracing such as through welfare support and advice on financial assistance. In response, the Director of Public Health (SCC) explained that there was a potential to use them in future door-knocking provision although extensive training including safeguarding was needed. She noted that Covid-19 Champions in Spelthorne could not be rolled out immediately due to training requirements and Data Sharing Agreements, and that was also the case with social prescribers. Such a layered approach with different partners was used in Stoke-on-Trent.

Covid-19 Champions

15. The Chairman made a statement on Covid-19 Champions - see Annex C.
16. The Deputy Leader and Portfolio Holder for Community Wellbeing and Housing, Spelthorne Borough Council introduced the Covid-19 Champions programme. As a result of Spelthorne's placement on the national Covid-19 watchlist and the suggestion by the Cabinet Member for Adults and Health

(SCC) - LOEB Chairman, Spelthorne was the first borough in Surrey to launch Covid-19 Champions.

17. She summarised the key points of the programme's initial stages:
 - research was undertaken on the programme launched earlier in other councils.
 - an information pack was created which included details on the role of Covid-19 Champions, a recruitment video, an online form to register details, and a privacy notice on how their data would be used.
 - the Public Health team (SCC) created a short training video and a welcome pack which included info on good practice and a code of conduct.
 - an information briefing sheet was created which covers five key points including Spelthorne specific and national updates as well as rotating themes such as wellbeing.
 - weekly virtual meetings were held with council officers, the Public Health team (SCC), and Covid-19 Champions were invited to discuss their experiences and good practice.
18. The Deputy Leader and Portfolio Holder for Community Wellbeing and Housing, Spelthorne Borough Council explained that a targeted approach was adopted to recruit Covid-19 Champions, wide representation was sought from: different geographical areas, population groups including those most at risk, vulnerable, from deprived backgrounds or underrepresented communities such as BAME, as well as councillors and staff members, foodbanks, businesses, charities, Residents' Associations and faith leaders.
19. She noted the challenges faced including: ensuring the weekly information briefing was informative and concise, Spelthorne specific and that Covid-19 Champions were the first to hear key updates. There were also IT accessibility issues regarding virtual meetings, scheduling a suitable time and receiving questions in advance. She thanked the Public Health team (SCC) and the Chairman for their support.
20. The Chairman thanked the Deputy Leader and Portfolio Holder for Community Wellbeing and Housing, Spelthorne Borough Council for her drive and commitment to the programme, the Joint Group Head of Community Wellbeing at Spelthorne Borough Council, the Active Lifestyle & Wellbeing Manager at Spelthorne Borough Council and the Senior Public Health Lead (SCC).
21. A Board member queried how health as a stakeholder could help support the programme, such as through disseminating information to other GPs in Spelthorne and utilising patient participation groups and social prescribers. In response, the Joint Group Head of Community Wellbeing, Spelthorne Borough Council noted that as the programme had only been running for three weeks, active members of the community were incorporated primarily, and she welcomed future support from health and other colleagues to disseminate information through their networks.
22. The Vice-Chairman noted that Reigate and Banstead Borough Council had launched a similar programme to Spelthorne, he thanked the support given from Spelthorne Borough Council and the sharing of lessons learnt and best practice. He noted that trust in communities was not universal, so it was key to harness trusted existing community groups, individuals and faith leaders to share key messages to their communities and particularly the socially isolated members. He emphasised that the programme created an opportunity for the future to continue as community champions and ensure the sharing of critical messages.

23. A Board member noted that it was good to see the enthusiasm for the programme and what had been achieved in a short time and that the strong partnership work between Surrey County Council and the borough and district councils was vital. He queried how the effectiveness of the programme would be measured and if there was any feedback. In response, the Deputy Leader and Portfolio Holder for Community Wellbeing and Housing, Spelthorne Borough Council explained that there had been initial feedback from Covid-19 Champions and she was looking at any feedback on social media. She was pleased to share any further information that would be helpful for the other boroughs and districts.
- The Joint Group Head of Community Wellbeing, Spelthorne Borough Council added that a success from the programme was that the Covid-19 Champions were distributed between wards ensuring tailored support.
24. The Public Health Lead - Public Health Improvement (SCC) expressed his thanks to the Chairman and the Deputy Leader and Portfolio Holder for Community Wellbeing and Housing, Spelthorne Borough Council and the recognition of the future opportunities created post Covid-19 such as ensuring self-sufficient communities. He explained that the Covid-19 Champions programme was a voluntary scheme, it focussed on engaging with trusted local individuals and community leaders to empower and be the voice of communities and complemented existing county-wide and local communications campaigns. It was led by district and borough councils with technical support from the Public Health team (SCC).

Covid-19 Marshals

25. The Resilience Manager, Applied Resilience Limited provided an update on emergency planning on behalf of all of Surrey's boroughs and districts. She noted that the Covid-19 Marshals scheme was announced by the UK Prime Minister in September. Guidance had received by boroughs and districts, which then assessed what measures were needed on the ground as part of the compliance and enforcement mandate.
26. She explained that there was a varied amount of work regarding the scheme and different names for the groups formed - Epsom and Ewell Borough Council was the first to establish Covid-19 Marshals, utilising existing members of staff. In essence, the marshals supported environmental health officers to gather intelligence from the ground and adopted the 'four E's' initiative of Engage, Explain, Encourage minus Enforce. The role of the marshals was not to enforce but to support businesses with guidance, solve non-compliance and work with the environmental health officers and the police teams and police who used enforcement as a last resort.
27. A Board member sought confirmation as to whether Surrey Police's Borough Commanders were kept informed on the programme, and the location of Covid-19 Marshals in each borough and district so the two could work together - Surrey Police had also adopted the 'four E's'. In response, the Resilience Manager, Applied Resilience Limited noted that many of the county's boroughs and districts were having weekly meetings with their Borough Commanders.
28. A Board member queried if Covid-19 Marshals were linked into the discussions around using premises for Covid-19 mass vaccination. In response, the Resilience Manager, Applied Resilience Limited noted that there were points of contacts in district and borough councils looking at possible sites and marshals were on the ground in town centres and business areas rather than in particular premises.

- The Deputy Leader and Portfolio Holder for Community Wellbeing and Housing, Spelthorne Borough Council reassured the Board that Spelthorne Borough Council had been active in identifying possible sites and would continue to do so.

Care Homes

29. The Area Director East Surrey - Adult Social Care (SCC) noted that local authorities had received a grant via the Adult Social Care Infection Control Fund, which had been issued to care homes. The first round of that grant in the summer totalled £13.7 million and a further round of £15.8 million between October to December had been received. She explained that 62% of the grant would be ring-fenced to care homes and allocated on a per bed basis; the rest of the grant could be used flexibly to support other care providers.
30. The Area Director East Surrey - Adult Social Care (SCC) gave some examples of how the grant could be used, for example: staffing - ensuring that they were fully paid when they were self-isolating or providing alternatives to public transport for staff to get to work, or providing alternative accommodation for staff when they chose not to stay with their families.
31. Regarding infection control support, she noted that training had been rolled out across Surrey's four hundred and ten care homes, through a mixture of face to face training and Personal Protective Equipment (PPE) demonstrations as well as online information and webinars. She added that all care homes should have a named care co-ordinator via the Primary Care Networks.
32. She noted that the national PPE Portal had been extended to provide free Covid-19 related PPE to care homes and social care providers and locally, there were emergency supplies that care homes could access via the Surrey Local Resilience Forum.
33. She noted that new guidance from the Department of Health and Social Care on designated settings required care homes to seek further Care Quality Commission (CQC) approval if they accepted individuals from hospital with a positive Covid-19 test status. The Adult Social Care directorate (SCC) was working with care providers and health colleagues to ensure that there were alternative pathways for people coming out of hospital who had a Covid-19 diagnosis.
34. She explained that the new guidance released earlier in the month now encouraged care homes to facilitate safe visiting for families and loved ones.
35. She noted that care homes should be able to access weekly testing via the national testing portal for staff and monthly for residents.

Winter Pressures

36. The Area Director East Surrey - Adult Social Care (SCC) noted that regarding hospital discharges the coming winter would be a challenge due to the Covid-19 surge as well as the usual winter pressures. New national 'discharge to assess' requirements have been in place since 1 September 2020 meaning that anyone discharged from hospitals and needing care and support would receive this for up to six weeks and that this would be funded by the NHS. During that period, it was expected that social care and health colleagues would complete assessments of those people to determine their care needs and funding arrangements on an ongoing basis.
37. She noted that the Adult Social Care directorate (SCC) was working with providers to ensure there was enough capacity in the care market via home

- based, residential and nursing care and that SCC staff in social care and wider independent social care staff were encouraged to have a flu vaccine.
38. A Board member queried the pressures on hospital admissions in the second wave and sought reassurance of the plans in place. In response, the Area Director East Surrey - Adult Social Care (SCC) explained that each of the acute trusts and health providers had daily and weekly escalation arrangements to ensure that surge or bed capacity issues were addressed. She added that there was in-depth planning in relation to surge as data was collected on the numbers of beds available, admissions, patients in intensive care units and Covid-19 positive patients and was shared with Integrated Care Partnerships and other system partners.
- A Board member provided reassurance that during the first wave the Royal Surrey NHS Foundation Trust (RSFT) had built a new twenty bed isolation ward to cope better with Covid-19 patients and that had been in full use. She noted that there had been fewer inpatients and fewer needing intensive care treatment during the second wave and that monthly Covid-19 reports from the public board were on the RSFT website.
39. The Chairman noted that she had been reassured on PPE stock in the county and that the Board would keep an eye on Covid-19 hospital admissions.

RESOLVED:

The Board:

1. Noted the report.
2. Would continue to provide political oversight of local delivery of the Test and Trace Service.
3. Would continue to lead the engagement with local communities and be the public face of the local response in the event of an outbreak.
4. Approved the Local Tracing Partnership launch date of 26 November 2020.
5. Members would ensure appropriate information on the programme and on COVID-19 in Surrey is cascaded within their own organisations and areas of influence.

Actions/further information to be provided:

1. The Director of Public Health (SCC) will share the summary of the local contact tracing process and flow chart with Board members.
2. The Portfolio Holder for Community Wellbeing and Housing, Spelthorne Borough Council will share any further information that would be helpful for the other boroughs and districts with Board members.
3. The Board will keep an eye on Covid-19 hospital admissions.

25/20 LOCAL OUTBREAK CONTROL COMMUNICATIONS PLAN UPDATE [ITEM 7]

Witnesses:

Abi Pope - Senior Communications Manager, COVID-19 Communications Lead (SCC)

Key points raised in the discussion:

1. The COVID-19 Communications Lead (SCC) noted that during the new period of national restrictions since 5 November 2020, the Communications team had developed a number of new campaigns to help support Surrey residents.

2. She highlighted the first campaign of Surrey tailored 'National Restrictions' communications asking people to stay at home reaffirming PHE preventative and testing messaging. The assets were tailored to Surrey's districts and boroughs, the targeted adverts were displayed in busy train stations in digital screen format, as well as via social media with over 1 million impressions on Facebook and Instagram.
3. She outlined another campaign '2021 is in our hands' which was on behaviour change in response to weekly behavioural insight reports from Cabinet Office colleagues noting that people were fatigued and were missing out on key milestones in life. A series of GIFs were created to motivate people to keep going and view 2021 positively; covering festivals, sporting events, Diwali, and a future one for Christmas. The campaign reached 842,000 users on Facebook and Twitter, with a good engagement rate of 2.3%.
4. She noted another campaign which was a series of simple infographics informing residents which services were open or closed; as well as the 'be ready and think ahead' assets which were about supporting communities to be self-sufficient.
5. She explained that the Nextdoor social networking app was becoming a very successful channel with high community engagement. Over 154,000 of Surrey's residents were on it and many expressions of thanks had been received.

Dr Charlotte Canniff and Karen Brimacombe left the meeting at 3pm

6. She highlighted the success of the daily data dashboards launched during the latest period of national restrictions. Data was presented in a bitesize and accessible way in which a bar chart showed the daily Covid-19 cases in Surrey and districts and boroughs over the last 7 days and month, as well as the rates, compared to the South East and England with trend arrows the change.
7. She added that the daily data dashboards were distributed widely through the Multi-Agency Information Group (MIG), and the first dashboard had received positive feedback, it was an accessible way to explain the infection rates in schools, the engagement rate was over 20% on Facebook. Posts on Nextdoor were successful with nearly 66,000 impressions on Wednesday and it was encouraging to see residents responding to other residents' queries.
8. She summarised further activity such as the Director of Public Health's (SCC) weekly slot on BBC Surrey, the joint Mole Valley Incident Management Team (IMT) - numbers were falling in Mole Valley so work needed to be done to understand the reasons - the weekly Top Lines Brief to Members was reinstated providing information to be shared with residents. That since the last Board there had been discussions on the lessons learnt in Elmbridge, and Surrey Together which was a hard copy magazine was to be launched on 30 November which contained collated information on Covid-19, Test and Trace, winter flu messaging, self-sufficiency, and hidden harms such as domestic abuse. An easy read option was available for the Surrey Minority Ethnic Forum and the Surrey Gypsy Traveller Communities Forum.
9. The COVID-19 Communications Lead (SCC) summarised future activity in which the Communications team (SCC) was working closely with the Public Health team (SCC) on local contact tracing, the team was supporting NHS colleagues on mass testing and the mass vaccination programme and was examining the exit strategy in relation to the current national restrictions on 2 December 2020.
10. The Chairman praised the positive communications activities.

11. A Board member emphasised the importance of enforcement as although most residents responded positively to the restrictions, a minority were not responsive and so Surrey Police was there to enforce the law. In response the COVID-19 Communications Lead (SCC) explained that the police were a key partner and Surrey Police's Digital Communications Manager sat on the weekly MIG.
12. A Board member thanked the Communications team for its creativity and for looking at lessons learnt on how well residents had been prepared for Elmbridge's escalation to Tier 2. She welcomed the positivity of the '2021 is in our hands' campaign but questioned how residents were being prepared should 2021 not start positively. In response the COVID-19 Communications Lead (SCC) noted that the team was conscious of mass testing and the mass vaccination programme and the need for them to be embedded, noting the difficulty of preparing residents for future uncertainties. She stressed that compliance with the restrictions was key in order to stop the spread and move forward.

RESOLVED:

The Board noted the communications activity outlined in the report.

Actions/further information to be provided:

None.

26/20 DATE OF NEXT MEETING [ITEM 8]

It was agreed that the next meeting of the Surrey Local Outbreak Engagement Board would take place on 18 February 2021.

Meeting ended at: 3.11 pm

Chairman

SURREY LOCAL OUTBREAK ENGAGEMENT BOARD – 20 NOVEMBER 2020

PROCEDURAL MATTERS – QUESTIONS AND RESPONSES

1. Question submitted by Teresa Wood

Are the new lateral flow tests SARs CoV-2 specific, and if not are we not at risk of continuing to unnecessarily isolate large numbers of people and their contacts leading to gaps in the labour market, specifically in NHS front line workers?

RESPONSE:

The lateral flow test which is currently being used in the UK is the Innova SARS-CoV-2 Antigen Rapid Qualitative Test. Public Health England (PHE) performed an independent rapid evaluation of the Innova SARS-CoV-2 Antigen Rapid Qualitative Test, which was published on 8 November 2020. Overall, the specificity of this test was 99.68% with a false positive rate of 0.32%. Therefore, the risk of false positive results leading to unnecessary self-isolation is very low.

Details of the PHE evaluation can be found here:

https://www.ox.ac.uk/sites/files/oxford/media_wysiwyg/UK%20evaluation_PHE%20Porton%20Down%20%20University%20of%20Oxford_final.pdf

2. Question submitted by Candy Sampson

Would the Board/Local Authority have imposed heavier restrictions across the board in Surrey in November despite the discrepancies between this area and Northern areas of concern and does the authority agree with the principle of shutting/restricting things out of a sense of fairness for those already suffering under restrictions?

RESPONSE:

Decisions for any local and national restrictions are based on advice from SAGE, a team of expert scientists (comprised of virologists, clinicians and epidemiologists). Their advice is considered and directed by central government. Decision making is complex and takes into account a number of factors, including early warning clinical and epidemiological indicators.

At the local level, Surrey County Council has a dedicated team of public health doctors and specialists who monitor the data on a daily basis. The Public Health team work closely with system partners to ensure appropriate health protection measures are implemented effectively in Surrey.

Surrey County Council's strategic response to COVID-19 is outlined in the Local Outbreak Control (LOC) Plan. The plan includes Surrey's Escalation Framework which reflects the alert levels and three tier system which is determined by the government. The LOC Plan is reviewed and updated regularly, to align with changes in national guidance/policy. Once the national plans for alert levels post lockdown have been published, the Surrey plan will be adapted accordingly.

The latest LOC Plan can be found here:

https://www.surreycc.gov.uk/_data/assets/pdf_file/0005/229370/20201019-Surrey-Local-Outbreak-Control-Plan-Test-and-Trace-v7.0-PUBLISHED.pdf

3. Question submitted by Stuart Robertson

Can the Board please advise, what is the cycle threshold for PCR testing in this area, and what steps have been taken to account for false positives, detection of dead virus, detection of other coronavirus RNA and contamination of samples?

RESPONSE:

Cycle threshold values cannot be directly compared between PCR assays of different types due to variations in the test process. Not all laboratories use the same assay, and some may use more than one. Cycle threshold values may also not be reported by some PCR platforms in use. For these reasons, information regarding cycle threshold values for PCR testing across the area are not available.

Further information regarding cycle thresholds in PCR testing can be found in this PHE paper published in October 2020:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/926410/Understanding_Cycle_Threshold_Ct_in_SARS-CoV-2_RT-PCR_.pdf

Management of the NHS Test & Trace system is being carried out on a national level, and we cannot comment on the quality assurance measures in place in individual laboratories. The PCR assays used for the UK's COVID-19 testing programme have been verified by PHE and show over 95% sensitivity and specificity under laboratory conditions. The potential impact of false positive and false negative rates can be found in this PHE paper published by PHE in June 2020:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/895843/S0519_Impact_of_false_positives_and_negatives.pdf

4. Question submitted by Thomas Walker

With news reports of redundancies and many high street shops sitting empty I am increasingly concerned about the longer term harm that may result from the lockdowns, as such could the Board speak to the economic impact the lockdowns have taken upon the local community, and how this will impact the provision of local services in the future? Will the Council be able to fund Adult Social Care for COVID vulnerable individuals under such harsh financial circumstances?

In the absence of other metrics I believe the unemployment benefit statistics and reductions in tax funds received through business rates compared to the equivalent period last year - calendar quarters 2 and 3, would seem fair measurements, to ascertain the sum of harm invoked.

RESPONSE:

Surrey's Community Impact Assessment (CIA) explores health, social and economic impacts of COVID-19 among communities across Surrey, communities' priorities for recovery, and what support these communities might need during the second wave of the pandemic.

Surrey's CIA can be found here: <https://www.surreyi.gov.uk/covid-impacts/>

The CIA is a key tool to enable system partners to plan services going forward taking into account the impact of COVID.

Surrey's Medium Term Financial Plan 2018-21 (MTFP) sets a detailed budget for funding of essential services including Adult Social Care. Surrey County Council now presents an annual comprehensive review of the Council's financial position. The current budget for 2019/20 was approved in February 2020 – details are available here:

<https://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CIId=121&MID=6656#AI24281>

Budget planning information is currently being reviewed and the overall impact of COVID-19 on the provision of services is yet to be determined.

5. Question submitted by Philip Walker

Based on positive test rates and hospitalisations, and current trends of these, what is the Board's best guess for transitioning out of national lockdown? Will it happen on the 2 December and if there is to be a resumption of the tier system what metrics will be used to decide which tier an area falls into, and what tier is Reigate and Banstead likely to be in?

RESPONSE:

Nationally, the government are yet to confirm what tier system will be used to transition out of lockdown. On 16 November 2020, Public Health England's Dr Susan Hopkins has indicated that the regional COVID tiers will need to be reviewed in advance of lockdown ending on 2 December. She has advised that the key to knowing if the four-week lockdown in England was working was if cases fall, and that PHE expect to know this in the next week. Dr Hopkins has also confirmed that tier one had very little effect and that the tier system may need to be strengthened in the future. As such, it is not yet possible to say what tier system will be introduced and at what geographical level locally, post lockdown.

Further information about the existing national restrictions can be found here:

<https://www.gov.uk/guidance/new-national-restrictions-from-5-november>

Details on the statement made by the Health and Social Care Secretary's statement on 16 November 2020 can be found here: <https://www.gov.uk/government/speeches/health-and-social-care-secretarys-statement-on-coronavirus-covid-19-16-november-2020>

6. Question submitted by Duncan White

Has the Local Authority developed protocols with the NHS concerning both Care Homes and Nursing Homes that does not replicate the adverse impact that occurred earlier in 2020 with the early discharge of elderly people from the NHS: if so what alternatives have been identified because the Quality of Life Years in Homes has come under considerable duress as a consequence of the majority of NHS resources being used solely for Covid-19 patients, how can this disproportionate impact be ameliorated in the coming months if there are further outbreaks of the virus?

RESPONSE:

In line with national guidance Surrey County Council has worked in close partnership with the NHS to ensure effective measures are in place to minimise the impact of the ongoing

pandemic. This work has also involved working jointly with Surrey Care Association and a wide range of providers of care services across Surrey not just those providing residential and nursing care. Through dedicated support from our Public Health team and infection control nurses we have provided a range of advice and support to provider including:

- The use of PPE and extensive Infection Prevention and Control training
- Outbreak reporting, control and management
- Visiting protocols
- Providing a named clinical lead for each service
- Testing and use of nation test and trace systems

The Council working through the Local Resilience Forum has also distributed a significant amount of PPE at no cost to the sector and alongside this has distributed to the care sector around £35million in Infection Prevention and Control Grant funding to enable provider to put in place measure to ensure the safety of residents and staff.

We continue to work closely with our NHS partners to deliver the requirements of the Adult Social Care winter plan including safe discharge of people from hospital focusing on supporting people to return to their own homes with appropriate care and support wherever possible.

SURREY LOCAL OUTBREAK ENGAGEMENT BOARD – 20 NOVEMBER 2020

PROCEDURAL MATTERS – SUPPLEMENTARY QUESTIONS AND RESPONSES

1. Supplementary question submitted by Teresa Wood

Thank you for the information regarding the specificity of the Innova Lateral Flow Test. Whilst specificity seems very good, the sensitivity of the test is far from adequate for use as a rapid mass detection test, with a BMJ article dated 17 November 2020 (see below links) stating that false positives from the Innova test are estimated at almost two thirds of the positive tests detected. Is it not time that local government started to question the policies that they are expected to administer on behalf of a government that does not seem to be able to understand the reports and data well enough to make considered and rational decisions?

The British Medical Journal (BMJ) articles:

Covid-19: Innova lateral flow test is not fit for “test and release” strategy, say experts

BMJ 2020: (Published 17 November 2020)

<https://www.bmj.com/content/371/bmj.m4469>

Covid-19: Screening without scrutiny, spending taxpayers’ billions

BMJ 2020: (Published 19 November 2020)

<https://www.bmj.com/content/371/bmj.m4487>

RESPONSE:

Tests with low sensitivity have an increased risk of false negative tests and missed cases. False positive tests become an issue if the specificity of a test is low, or when a test with high specificity is used on a large scale in populations where the prevalence of the disease is low.

Innova SAR-COV-2 lateral flow antigen devices (LFDs) are being made available to local authorities in tier 2 (as Surrey currently is) to develop and co-ordinate their own system for using LFDs in the local area, in conjunction with national projects. The strategy for the use of LFDs will take into consideration the technical specifications of the test, and how the use of LFDs fits with other means of testing and the other measures being used to control rates of the virus. It is likely that the use of LFDs will be targeted to areas of high prevalence to reduce the risk of false positives. In addition to testing, infection and prevention control measures, as well as successful contact tracing and self-isolation, remain central to the ongoing COVID-19 response.

3. Supplementary question submitted by Stuart Robertson

Thank you for supplying the information in response to my question, it fully supports the inaccuracy of the PCR testing, and confirms that false positives will lead to making unnecessarily damaging policy decisions. Why, as a Local Outbreak Engagement Board do you continue to support this kind of testing, in the full knowledge that it will lead to healthy people and their contacts unnecessarily self-isolating, therefore taking invaluable resource from our society and compounding the devastation caused by the misinformed and dangerous response to this virus?

RESPONSE:

PCR testing is currently the operational gold standard diagnostic test for COVID-19. Unfortunately, no test will have 100% sensitivity and specificity, and the PCR assays used for the UK's COVID-19 testing programme have been verified by PHE and show over 95% sensitivity and specificity under laboratory conditions. The risk of any testing inaccuracies and the consequences of this must be balanced against the benefit of using the best available tests to detect true positive cases to ensure that these people and their contacts appropriately self-isolate. This will ensure chains of transmission are broken and the most vulnerable members of society are protected from the significant morbidity and mortality caused by COVID-19 in these groups.

4. Supplementary question submitted by Thomas Walker

Thanks to the Board. I had previously enquired as to some of the economic harms invoked by the lockdown. I note based on the materials provided that we saw 13% of those surveyed had seen a negative impact on household income, 56% had received a negative impact in terms of employment. We have seen a 277% increase in claimants of Universal Credit and that is in addition to 20% of ineligible employments being put on furlough. We have seen nationally that this has contributed to a 20% collapse in GDP which is ten times the worst quarter of the 2008 recession and with public sector debt now over £2 trillion, how will the Board advise local Council adapt these devastating financial difficulties? Will the Board suggest a need for public sector pay reductions or redundancies, or will local services need to be reduced?

RESPONSE:

The unprecedented nature of the COVID-19 pandemic has brought very significant financial challenges. In 2020/21 Surrey County Council (SCC) expects the funding central government has provided to cover the additional costs that the Council incurs. It is recognised there will be ongoing societal and economic impacts of the pandemic that will continue to create financial challenges for SCC in 2021/22 and beyond. The Council's 2021-26 Medium Term Financial Strategy is heavily dependent on the approach the government takes to repaying the public borrowing increased during the pandemic. The Chancellor's 2020 Spending Review prompts issues about pay and the ability of local taxes to fund increased demand, whilst also noting that the government will provide further funding to local authorities to manage the ongoing impacts of the pandemic. Any decisions about council tax will have to balance the need to fund services to often the most vulnerable, with the knowledge that many residents will be facing more difficult financial circumstances. In summary, although SCC will undoubtedly need to continue be financially prudent in all its decision-making, we expect SCC to maintain a sustainable financial position in 2021/22 and at the same time continue to deliver vital services to residents without the need for short term unplanned changes to service delivery.

6. Supplementary question submitted by Duncan White

Has the Council taken measures to expand capacity in either 'step down' facilities or Nursing and Care Homes to avoid the problems encountered in March and April with the premature discharge of the vulnerable to Care Homes from hospitals? I ask this because the Local Authority has apparently committed vast amounts of cash to the structure of avoiding a repetition but I cannot determine from the Council's response to my initial question that there has been a revision of the processes that could ensure better outcomes from the 'lessons learned' in March and April.

I would further elaborate thus:

The over-arching problem is that Local Authorities and Care Homes were swamped by premature discharges of patients from hospitals into Care Homes in March and April at peak C19 resulting in a wholly disproportionate loss of life, so one would expect Local Authorities to have learned the lessons and worked with the NHS to develop and enact a Master Plan so that the situation is not replicated particularly over the annual 'winter pressures' period on the NHS adding to the (purported) C19 pressures. Investing considerable amounts of money in the problem does not clearly indicate that the Local Authority and the NHS have developed processes to make use of all that additional cash to get better outcomes - SO - the question has to be a) what 'outcomes' are you expecting from that extra investment and b) what systems/processes have you changed because of the lessons learned from March/April that will make that extra cash a purposeful spend in terms of achieving the prescribed outcomes.

RESPONSE:

Since the first wave of the pandemic there have been changes in relation to contextual factors that contributed to adverse impact. This includes availability of PPE, and access to testing including specific requirements around screening and testing on hospital admission and prior to discharge. These and other measure set out previously are part of the changes and ongoing support provided through the additional investment in the health and care system.

There have also been significant changes in the approach to hospital discharge which is now focused on applying a 'home first' approach. The emphasis is on putting in place the necessary health, care and support arrangements to enable a person to return to their own home as opposed to being discharge into a residential or nursing home. The additional funding for hospital discharge provided through the Winter Plan supports this approach.

By focusing on maintaining and promoting people's independence and ability to live at home for longer contributes to improving overall wellbeing and also specifically addresses the issue of prematurely or unnecessarily discharging people into care homes.

We are following the updated national guidance on hospital discharge which can be found here:

[Hospital discharge service: policy and operating model - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/policies/hospital-discharge-service-policy-and-operating-model)

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Statement: COVID Champions

Councillor Sinead Mooney
Friday 20th November 2020

Over the last few months, we have all witnessed the outstanding work of our Public Health teams, in making sure that Surrey remains resilient and well-resourced to deal with the challenges that COVID-19 brings about. But we know there is on occasions a shifting confidence in public institutions and public service. As such, we have seen a real need in this pandemic - to empower our constituents to 'own' key public health information; verifying this in the social space, through the sharing of key advice with family and friends, in order to support wider efforts to depress incident levels. That is why, when incidences rose to worrying levels in Spelthorne back in late August 2020 - the highest in the county at that time- I worked closely with Public Health to bring this new style of thinking and working with the public to our county.

While I would have loved for Surrey to have been first in developing work in this field, I am grateful for the excellent work done by pioneering authorities - the City of Birmingham and the London Borough of Newham. Centrally, their COVID Champions scheme, which we owe much to - not only created a network of active citizens who disseminated key guidance from Public Health, but crafted a real-time sounding board - which helped shape the Public Health approach of these local authorities in keeping residents and workers safe. Through their efforts, both local authorities have provided us with a great road map and exemplary practice, which we are already emulating and reaping the great benefits from.

Already, we have seen schemes, backed by the County - emerge in Spelthorne, Elmbridge and in Reigate and Banstead. And while it would be unfair to say these schemes alone cause for lower incidences, what we do know is, when part of a wider package of Public Health interventions, COVID Champion schemes ensure messaging is trusted and therefore more likely to be followed. This serves to reassure residents and bolster confidence in our teams, who continue to work hard to make sure we come out of this pandemic better.

In a moment, I will invite colleagues from Spelthorne Borough Council, which has run the first County-council led scheme, to briefly share some of their experiences and the early successes this model is reaping there.

But before that, I wanted to take the opportunity to encourage other districts and boroughs to work with me and our Public Health team, in establishing this invaluable scheme in your local area. While we initially sought to utilise this measure to help bring cases down in Spelthorne, we need not wait until we hit peaks - before acting. As such, I hope that after listening to experiences and successes of Spelthorne, that my colleagues and friends across the county will move with pace, to ensure that we become a county of COVID Champions.

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