MINUTES of the meeting of the **SURREY LOCAL OUTBREAK ENGAGEMENT BOARD** held at 2.00 pm on 18 February 2021, 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

1/21 APOLOGIES FOR ABSENCE [ITEM 1]

Apologies were received from Cllr Mark Brunt and Cllr Stuart Selleck.

2/21 MINUTES OF THE PREVIOUS MEETING: 20 NOVEMBER 2020 [ITEM 2]

The minutes were agreed as a true record of the meeting, provided that reference to university students concerning the address given at the point of testing be added to key point 11 of item 23/20.

3/21 DECLARATIONS OF INTERESTS [ITEM 3]

There were none.

4/21 QUESTIONS AND PETITIONS [ITEM 4]

a MEMBERS' QUESTIONS [Item 4a]

None received.

b PUBLIC QUESTIONS [Item 4b]

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

A supplementary question was asked from one member of the public and the verbal response can be found below.

3. Supplementary question asked by Philip Walker:

The questioner reiterated his question enquiring as to whether the Council considered the UK Influenza Pandemic Preparedness Strategy 2011 to be relevant

with regards to Covid-19 and referred to point 2.20 from the Strategy which recommended preparing for a case fatality rate of 2.5% assuming no effective treatment was available. The response received suggested that a lack of antiviral treatments was a reason for deviating from the Strategy and he noted that the case fatality rates of Covid-19 across the vast majority of the population was much lower than the 2.5% fatality rate.

The questioner asked whether there was any intention of systematising the effects of the restrictions on vulnerable groups as well as all residents, in order to help people cope with the now almost a year of having in some cases, everything that they really had to live for away from them.

The questioner noted that the response in relation to Surrey's Local Outbreak Control Plan did not mention an ethical framework as laid out by the Strategy and asked whether there was a cost-benefit analysis for the measures put in place as the Council had a duty to protect its residents and minimise disruption.

Response:

The Director of Public Health (SCC) recognised the importance recovery and that certain population groups had been disproportionately affected as highlighted in the Community Impact Assessment (CIA), which was fed into Surrey's Local Outbreak Control Plan (LOCP) - which had been constantly updated since it was published. She noted that there was a health inequalities group that looked at Covid-19 recovery and going forward the findings across the recovery workstreams would be woven into the Health and Wellbeing Strategy. She explained that later in the agenda the Public Health Principal (SCC) would provide an update on the impact of Covid-19 on Black, Asian and Minority Ethnic (BAME) communities. She added that she chaired the recent Equalities, Engagement and Inclusion Group which looked at vaccination outreach to hard to reach groups that had been disproportionately affected.

She explained that cost-benefit analyses were undertaken for the different programmes carried out at the local level as it was vital that there was robust evaluation regarding value for money, the impact of national restrictions and ensuring constant engagement with the population groups.

The Public Health Consultant (SCC) added that within the CIA there were Rapid Needs Assessments (RNAs) that focussed on ten different population groups that had been disproportionately affected by Covid-19 and through that targeted work recommendations as well as actions from those had been shared with the health system.

The Chairman thanked those members of the public for submitting their questions as well as the supplementary question asked, welcoming their interest in the work of Surrey County Council regarding its response to Covid-19 and the Surrey LOCP.

c PETITIONS [Item 4c]

There were none.

5/21 COVID-19 SURVEILLANCE UPDATE [ITEM 5]

Witnesses:

Naheed Rana - Public Health Consultant (SCC)

Key points raised in the discussion:

1. The Public Health Consultant (SCC) presented the latest reporting figures between 8-14 February 2021 noting that Surrey's seven-day rate was 90.8 per 100,000 population, which was lower than the England rate of 130 per 100,000 population and the South East rate of 92.7 per 100,000 population. The downward trajectory indicated that the impact of lockdown and all the other targeted actions of Surrey's health and care partners and local communities had a positive effect.
2. The Public Health Consultant (SCC) noted that at present within Surrey, Spelthorne had the highest rate at 148.2 per 100,000 population and Elmbridge had the lowest rate at 63.6 per 100,000 population.
3. The Public Health Consultant (SCC) presented the epi curve which showed the number of cases from the beginning of the pandemic - 66,594 - up to the current point on 15 February 2021 which showed a steep decline and the three lockdowns were highlighted.
4. The Public Health Consultant (SCC) presented a heatmap on the age-specific confirmed case rate in Surrey between 19 January - 11 February 2021 from groups 0-15 to 60 plus years. Around 21 January the heatmap showed a very high case rate for 30-44, high rates for 16-29 and 45-59 years and by 11 February the case rate was low for all age groups.
5. The Public Health Consultant (SCC) presented heatmaps of Surrey and surrounding areas which showed the weekly case rates per 100,000 population by local authority. The heatmap from 8-14 January 2021 showed very high case rates closer to the top range of 700 plus cases per 100,000 population and over a series of weeks to the most recent map 4-10 February 2021 showed low rates closer to the low range of 0-99.9 cases per 100,000 population.
6. The Public Health Consultant (SCC) highlighted Surrey's intelligence publications including the daily dashboard of Surrey Covid-19 cases which was published using publicly available data as well as the bi-weekly Covid-19 intelligence summary published every Thursday and Monday which provided further detail about vaccinations, the death rate, cases and the mapping of cases by postcode.
7. The Public Health Consultant (SCC) provided assurance that surveillance and intelligence continued to be monitored daily by the Public Health team (SCC) in conjunction with partners to manage outbreaks and to support communications.

RESOLVED:

The Board noted the verbal update and presentation.

Actions/further information to be provided:

None.

Sue Sjuve joined the meeting at 2.22pm

6/21 COVID-19 LOCAL OUTBREAK CONTROL PLAN - COMMUNICATIONS PLAN UPDATE [ITEM 6]

Witnesses:

Andrea Newman - Director of Communications and Engagement (SCC)
Ruth Hutchinson - Director of Public Health (SCC)

Key points raised in the discussion:

1. The Director of Communications and Engagement (SCC) highlighted that:
    - The key areas of focus since the last Board included the national lockdown measures, Surrey surge testing, asymptomatic testing and the vaccination rollout.
    - The Council led on the communications response to the pandemic as the Public health authority, however that was done in partnership through the Surrey Local Resilience Form (LRF) and through communications teams across Surrey co-ordinating the Surrey-wide communications response via the Multi-Agency Information Group (MIG).
    - The primary objective had been to ensure that residents maintained a good level of understanding of national lockdown procedures and guidelines and noted the continued high levels of resident engagement through both digital and non-digital tactics.
    - The level of national and local media opportunities had increased which resulted in positive coverage of Surrey putting it in the spotlight regarding its response to the pandemic.
    - The most recent activity supported had been surge testing or Operation Eagle initially carried out in Woking - Egham followed on - and had moved at pace, being delivered within a few days. Residents were informed in advance about the operation and the decision was made to release a public news story on surge testing which resulted in an increased media interest in Surrey. The feedback on doorsteps was positive as residents understood what was happening and were impressed with the rapid responses of the LRF, the Council and Woking Borough Council.
    - Communications tactics and channels used around the surge testing included digital targeting such as through Google Display advertising, ad vans which provided high visibility, a video message of the Director of Public Health (SCC) which was shared across WhatsApp channels which was a useful learning tool from Leicester, through social media such as Facebook, Twitter and Instagram in which over 14,000 users were reached in Woking and over 12,000 in Egham; the use of Woking Borough Council's electoral roll email to contact those in the affected area and again learning from Leicester, having a map quickly available for residents to be able to understand whether they were affected and there were 182,000 visits to the surge area map on the Council's website.
    - Although there was a large amount of people involved in the surge testing logistically on the ground, communications and engagement had played a large role in influencing residents to take part in the voluntary exercise noting the 90% plus return rate in both Woking and Egham.
    - Regarding vaccination communications, Surrey Heartlands was leading on the communications through their colleagues with the NHS and the Department of Health and Social Care.
    - Diverse communications channels included the Vaccination Communications Sub-group within the MIG to support health colleagues to ensure that there was consistency in messaging focussing around the three C's, which was reducing complacency, boosting confidence in the vaccination rollout and promoting convenience.

- Support was provided to the Equalities, Inclusion and Engagement Sub-group which was led by the Director of Public Health (SCC) with Surrey Heartlands, to really focus on boosting vaccine confidence particularly with those hard to reach groups. Successes included working closely with community faith leaders such as Woking's Imam as well as working with the Public Health team (SCC) to identify Urdu speaking communities, a video had been shared in order to dispel myths around the vaccine contents and had reached 90% of Urdu speaking residents in Surrey.
- It was nearly the year anniversary of the first Covid-19 case in Surrey so she had asked colleagues within the MIG to submit their engagement figures so that she could provide a collective high-level overview of engagement in Surrey achieved through partnership working since the start of the pandemic.

2. A Board member thanked the Director of Communications and Engagement (SCC) as well as communications colleagues and key partners within the LRF for their work throughout the pandemic and particularly around the surge testing, noting the balance between the urgency and need to act swiftly with reassuring messages to residents. The success of engagement was demonstrated by the 90% return rate as opposed to the early predictions of 30% that Public Health England would have expected.
3. A Board member asked what the results were regarding the surge testing to identify any cases of the South African variant, whether the results were in the public domain and if those who took the test knew their results on the variant.
    - In response, the Director of Public Health (SCC) explained that there were two stages. The first stage was whether people tested positive or not as it was known that one in three people were asymptomatic and out of the 10,000 residents tested there were positive test results. As usual the Test and Trace system contacted those people with positive test results and that data was in public domain on the GOV.UK website and was divisible by ward. However, the second stage concerned the data on the variant and that data was only slowly emerging at a regional level with only minimal local level data and the data on the variant was not in the public domain - Directors of Public Health nationally continued to request that data to ascertain the spread of the variant and to feed that back to residents.
4. A Board member joined in thanking the Director of Communications and Engagement (SCC), noting that the handling of the media frenzy around the surge testing in Surrey was impressive as well as the 90% return rate of tests which showed that there were good established engagement links with residents. As the asymptomatic testing had been delayed and was starting up again, she asked how the communications messaging on asymptomatic testing in three centres would be juggled alongside the communications messaging on the surge testing which had expanded into other areas in Surrey.
    - In response, the Director of Communications and Engagement (SCC) noted that asymptomatic testing was delayed for exactly that reason. The asymptomatic testing messaging such as through social media or digital advertising was specifically targeted to postcodes not in the affected areas for the surge testing particularly in Woking.
5. The Chairman thanked the Director of Communications and Engagement (SCC) for her work and presentation and all those involved in Operation Eagle.

RESOLVED:

The Board noted the activity outlined in the report.

Actions/further information to be provided:

None.

7/21 COVID-19 LOCAL OUTBREAK CONTROL PLAN UPDATE [ITEM 7]

Witnesses:

Ruth Hutchinson - Director of Public Health (SCC)
Caroline Chapman - Senior Public Health Contact Tracing Lead (SCC)
Martyn Munro - Senior Public Health Lead (SCC)
Jack Healy - Public Health Lead (SCC)
Negin Sarafraz-Shekary - Public Health Principal (SCC)
Naheed Rana - Public Health Consultant (SCC)
Jane Chalmers - COVID Director, Surrey Heartlands
Gavin Stephens - Chief Constable of Surrey Police
Liz Uliasz - Deputy Director - Adult Social Care (SCC)
Patricia Denney - Director - Quality and Performance for Children, Families and Learning (SCC)
Mary Lewis - Cabinet Member for Children, Young People and Families (SCC)

Key points raised in the discussion:

1. The Director of Public Health (SCC) provided an update on the national context, noting that:
    - There would be a big announcement by Government on 22 February concerning the lockdown exit roadmap and gradual easing of restrictions such as more pupils being on site at schools.
    - As a result of the roadmap, regional conveners had noted that there was an expectation that there would be major revisions to the LOCP with an update to the LOCP needed by the end of March, Surrey's LOCP published last summer had been updated approximately every eight weeks depending on national changes.
    - It was announced on 16 February that an extra 1.7 million people in England would join the 2.3 million on the shielding list those 'clinically extremely vulnerable'. The change was as a result of new modelling published in the British Medical Journal, the new assessment tool took into account multiple risk factors of catching Covid-19 and becoming gravely ill.
    - The national guidance on shielding had not changed, due to be republished on 21 February it would instead be extended to 31 March, individuals added to the list would be notified and it meant that an extra 820,000 adults aged 19-69 would be prioritised for a vaccination.
2. The Senior Public Health Contact Tracing Lead (SCC) provided an update on local contact tracing, noting:
    - The journey that a case took through the system from day zero when it arrived in which there was eight hours for the individual with a positive case to complete their details online. There was then twenty-four hours for the national Test and Trace system to complete the contact tracing. By day three, if contract tracing by the national system was unsuccessful the cases would be passed to the local system and in Surrey there was five days of local contact tracing up to day seven the end of the journey.

- That the advantages of local contract tracing were that:
    - the local contact tracers themselves were Surrey residents who understood the challenges facing fellow residents.
    - there was an option to ring back or reply by email to the local contact tracers increasing the success rate particularly if those contacted were ill during the initial contact.
    - the advice and welfare support offered by the local contact tracers was through the Customer Services team (SCC) who had access to a range of different support services available utilising volunteers such as dog-walkers.
    - the training for local contact trainers was a week and a half as it was comprehensive not just on the Contact Tracing and Advice Service (CTAS) itself but also advice and support and how to manage difficult situations.
    - the ratio of contact traces to team leaders was good with team leaders supervising five or so contact traces which will give them plenty of scope to support the contact tracers.
    - face to face contact tracing was being trialled for two areas in Surrey for those few cases who had not engaged online, responded to the twenty-four hours of national contact tracing and had not responded to the local team; via an environmental health officer through home visits providing isolation advice and encouraging telephone contact to be made in that moment with the contact tracing team.
    - family groups could be contact traced in one call.
- Local contact tracing had been rolled out across the whole of Surrey via the Customer Services team (SCC) with support by the public health teams.
- The combined national and local contact tracing of cases across Surrey was 86% of cases daily and between 10-16 February 2021, the local contact tracing service reached 71% of cases that the national team was unable to contact within twenty-four hours.
- Surrey had been invited to participate in a hot spot pilot beginning on 3 March covering two districts within Surrey for two weeks initially, using local contact tracing for the whole period after the eight hours had passed for the individual with a positive case to complete their details online.

3. A Board member welcomed the success of local contact tracing and the pilot but noted the national problem of some individuals not going for a test nor complying with self-isolation and asked what the scale of the situation was in Surrey.
    - In response, the Director of Public Health (SCC) noted that in Surrey the average was that approximately 86% of those who had a positive test engaged with the local contact tracing service, which was slightly above the average and the team was confident it could increase that level.
    - The Senior Public Health Contact Tracing Lead (SCC) noted that it would be difficult to assess the level of those who did not go for a test despite having symptoms and noted that the feedback from the local contact tracing service was that the tracers were overwhelmed by how people wanted to engage in order to support their families and their communities.
    - The Chairman added that it was a difficult question to answer in terms of those not going for a test despite having symptoms, but noted

confidence in the testing resources stood up by the Council with its key partners.

4. The Senior Public Health Lead (SCC) provided an update on symptomatic or Pillar 2 testing concerning those who thought they had Covid-19 symptoms, noting that:
    - There was a Regional Test Site (RTS) in Guildford which was a drive-through testing centre, with good regional provision in Chessington, Heathrow, Twickenham and Gatwick.
    - The Local Test Sites (LTS) operated in dense urban areas offering walk up and cycle to testing and tended to have more resource to spend longer with individuals to talk them through the testing process if needed. Currently there were LTSs in Egham, Guildford, Farnham, Hersham, Woking, Camberley and Epsom, with a Spelthorne LTS to follow.
    - There were also Mobile Testing Units (MTU) which were deployed around the county, rotated across the boroughs and districts and additional MTUs were deployed to areas with increasing rates of infection.
    - Home test kits were also delivered directly to individuals' homes for them and their families so that they could self-test, tests were posted and results were via the Test and Trace system.
    - The number of tests registered on the national system: between 30 December 2020 - 5 January 2021 was 24,815 tests via the RTS, LTSs and MTUs and 5,422 home tests with a turnaround time range of 31-45 hours; compared to 6,429 tests via the RTS, LTSs and MTUs and 7,393 home tests between 8 February - 15 February 2021 with a turnaround time range of 15-27 hours.
    - The recent increase in home testing between 8 February - 15 February 2021 could be attributed to the surge testing or Operation Eagle in which there were 3,430 in Egham.
    - There were other testing routes for care homes, extra care and supported living, and domiciliary and healthcare workers. Provisions for those settings were rapidly changing and also included asymptomatic testing too.
5. The Public Health Lead (SCC) provided an update on the targeted community testing programme or asymptomatic testing in Surrey, noting that:
    - Targeted community testing used the lateral flow device tests which give a quicker turnaround of results with processing taking about half an hour, rather than the PCR test used for symptomatic individuals which could take up to a day due to the lab processing needed.
    - Individuals self-administered their swab and results were processed on site which are uploaded onto the national system and the results were sent to the individual by text message or email after they left the site.
    - Asymptomatic testing was available to anyone living or working within Surrey who must leave home to work, small and medium sized public sector and private sector businesses, charities, voluntary groups and any educational and childcare settings which did not have access to symptom-free testing through other national routes such as those led by the Department of Health and Social Care including care homes, schools or institutional testing for businesses with fifty employees or more; participants must also be symptom-free and not self-isolating at the time.
    - The online booking system was live on the website where tests could be booked at one of the sites - up to two weeks in advance.

- Twice weekly testing was encouraged in line with the other national led symptom-free testing programmes.
- There were currently three asymptomatic testing sites in Spelthorne, Epsom and Woking and those areas were chosen as the initial sites based on epidemiological data across the pandemic and demographics.
- There were also three pharmacies delivering asymptomatic testing with an additional twenty-two pharmacies to deliver testing within the next week with future plans to extend that provision.
- There was a need to ensure flexibility with regards to Surrey's programme of asymptomatic testing to complement national asymptomatic testing programmes.
- Further information was available online including FAQs.

6. The Public Health Principal (SCC) provided an update on Covid-19 and BAME communities, noting that:
    - The RNAs last summer collected feedback from BAME communities to understand their experiences of Covid-19, what worked well in what could be done better in terms of the Council's response.
    - BAME groups had been disproportionately impacted by Covid-19 with evidence showing that they were at greater risk of both hospitalisation and mortality.
    - The key attributing factors suggesting why the BAME population was disproportionately impacted were linked to:
        - pre-existing health conditions such as cardiovascular conditions, diabetes and high blood pressure which tended to be more prevalent.
        - a higher tendency to work in frontline and in low pay jobs, increasing the risk of exposure.
        - poorer access to healthcare services compared to other population groups due to number of factors that could be cultural behaviour or relating to previous experiences with those services.
    - That the issues noted above needed to be contextualised with regards to pre-existing inequalities pre-pandemic, discrimination and racism were highlighted in the RNAs as significant drivers that had resulted in the disproportionate impacts and reduced the level of trust.
    - Although addressing pre-existing health inequalities was a long-term action, key immediate actions as a result of the BAME RNA included: building capacity within Surrey's BAME community charity organisations through the Surrey Minority and Ethnic Forum and a post had been joint funded with Surrey Heartlands for a Health and Race Wellbeing officer who would act as a conduit and trusted voice to transmit key messages to BAME communities.
    - A key issue highlighted in the BAME RNA concerned the lack of information available in different languages, noting the work of the Communications team (SCC) with Woking's Imam to ensure that messages were culturally appropriate - as it was vital that both symptomatic and asymptomatic testing was accessible.
    - Another key issue highlighted in the RNA was the lack of ethnicity data collection as without knowing where Surrey's BAME populations were it was difficult to tailor interventions and design engagement and data collection formed a key workstream within the health inequalities group and was one of the key factors highlighted in the NHS' Phase Three letter.
    - In collaboration with public health teams and health colleagues work was being done to extend the NHS Health Check locally, it was a

national programme that identified people with high risk of cardiovascular disease and it was a priority that it be accessible to Surrey's BAME groups both for primary care and workplace settings; as well as making sure that all BAME staff had received a comprehensive risk assessment and clear action plan in order to support those that were working in frontline occupations.

7. The Chairman picked up a comment in the Teams chat asking if there was anything that could be learnt from the QCOVID data exercise in relation to supporting Surrey's BAME communities such as around testing.
    - In response, the Public Health Principal (SCC) recognised the importance of collecting ethnicity data for positive Covid-19 tests and those receiving a vaccination. Noting that although there was a tick box to fill regarding a person's ethnicity not everyone had filled that box due to a number of reasons such as not associating themselves with that specific tick box or being worried about disclosing ethnicity data and not knowing where it was being stored.
    - The Public Health Consultant (SCC) noted that one of the urgent actions from the NHS' Phase Three letter and requirements from the health sector to reduce health inequalities was to improve the data recording of the ethnicity at hospitals and other systems. Building trust, ensuring clear communications on data collection was key as well as the accountability to improve data collection within the system and make every contact count.
8. The COVID Director for Surrey Heartlands provided an update on the vaccination rollout programme, noting that:
    - Excellent progress had been made in Surrey Heartlands with the vaccination rollout programme, from 8 December 2020 when the first vaccination was administered at the Royal Surrey Hospital up to 18 February 2021 over 260,000 vaccinations had been administered in Surrey Heartlands and the vast majority were first doses.
    - The percentages of vaccination delivery for some of the key priority cohorts 1-4 was over 90% for older adult care home residents and from age 70 upwards. Although the programme was moving on to cohorts 5 and 6 those who had not taken up the vaccine in the earlier cohorts would continue to be encouraged to do so.
    - 6 February 2021 had been the best day to date when 9,535 vaccinations were administered across Surrey Heartlands and their best week saw over 50,000 receiving the vaccine.
    - Regarding Surrey Heartlands COVID-19 Delivery Plan a strong start had been made through delivering vaccines through hospital hubs, local vaccination services (PCNs), the large vaccination centre at Epsom Downs Racecourse, two community pharmacies in Guildford and a roving team to support the housebound and those in care homes.
    - Both the Pfizer-Biontech and AstraZeneca vaccines were being used and had been delivered safely with an extremely low volume of clinical incidents.
    - The delivery of the programme had been a real partnership effort across the NHS, local authorities, local partners, voluntary services and volunteers at the vaccination sites.
    - Key challenges of the rollout continued to be around supply and allocations particularly concerning the second dose supply which would begin to be delivered later in the month as well as moving the programme into a business as usual approach going forward.

- The governance structure had been refined to highlight the decision making, operational and assurance boards and groups centred around the Surrey Vaccinations Programme Delivery Board chaired by the Senior Responsible Officer, Surrey Heartlands with involvement by the Chief Executive (SCC) and noted the inclusion of Frimley via the Frimley ICS Covid Vaccination Programme Board.
- In response to the letter from the Secretary of State for Health and Social Care and the Secretary of State for Housing, Communities and Local Government on greater determination by local government going forward, the delivery plan had been condensed into fifteen points of delivery on a continuum from incident management to business as usual.

9. A Board member noted the fantastic partnership endeavour throughout the vaccination programme across the system including borough and district councils. Progress had been made and the challenge would be to convert the current activity into a business as usual going forward.
10. The Board member further noted that one of the proposals going forward was for a large mass vaccination site as the rollout extended to cohorts 5-9, noting the merits but asked for further detail on the impacts such as the difficulty in travel concerning the Gatwick option.
    - In response, the COVID Director for Surrey Heartlands noted that there was consideration being given to a regional super site for the South East and the possible location was Gatwick. A decision on that was imminent and had been discussed last week by the COVID Vaccinations Steering Group. The view of the Steering Group was reflected in a recent regional meeting in that whilst regional capacity could be useful particularly regarding 'cohort 10' which was the rest of the adult population, that regional super site should not be at the expense of using the existing local delivery model which provided accessibility for hard to reach residents.
11. The Chairman noted that it was an opportunity for Board members to comment on that option, noting that Gatwick would be a challenging location to reach for some residents and welcomed the continued use of the local model.
12. A Board member strongly supported the use of the existing local model as well as the possible Gatwick regional super site, noting that more travel went against the green agenda which should be viewed in conjunction with the health agenda.
13. The Chairman highlighted a Board member's comment in the Teams chat asking whether the large vaccination centre at Epsom Downs Racecourse would continue.
    - In response, the COVID Director for Surrey Heartlands noted that the centre at Epsom Downs Racecourse would continue until early May with a further discussion to be had as Epsom Jockey Club were looking to have their facilities back for the Derby in early June so the premises would need to be vacated for a short period.
    - As a result they were working on plans around the use of the estates to make sure that everything was in place until 3 May which was the next milestone for the rollout to cohorts 5-9, with a further strategic conversation about the estates beyond that date to follow and a conversation on the Gatwick option might play into that in terms of the capacity needed.
    - The Chairman noted the further comment in the Teams chat noting that a location in the centre of the county would be sensible given the transport challenges around Gatwick and asked for the COVID Director

for Surrey Heartlands to keep the Board updated on the decision around the Gatwick option.

14. The Chief Constable of Surrey Police provided an update on enforcement, noting key headlines which included figures accurate up to 26 January 2021:
    - 11,632 Covid-related incidents were reported to Surrey Police.
    - 790 Fixed Penalty Notices (FPNs) since the start of the first lockdown on 23 March 2020, although there had been an increase in recent weeks with 363 FPNs since the latest lockdown beginning 4 January 2021 and 109 FPNs in the last week. The number showed the high compliance rate of residents, noting the success of Surrey Police's use of the Four Es: engage, explain, encourage and enforce.
    - The use of the Four Es was vital particularly as there had been many changes in the national regulations and enforcement was a last resort, in Surrey there had not been the same level of mass gatherings or unlicensed music events and parties compared to other areas, with only three £10,000 fines issued to date.
    - That the Home Office had issued additional surge funding of just under £400,000 to help with Covid-related issues with a recent further extension to that funding, allowing Surrey Police to maintain its internal command structure via Operation Apollo which supported the work of the LRF, as well as some dedicated high-visibility patrols by a police sergeant and six police constables to particular Covid-related incident hot spots working with local authorities and licensing authorities of the problem premises.
    - The recent discussion at the national gold group highlighted the risks around easing out of national restrictions as peoples' tolerance levels were lowering and some were not adhering to the current restrictions running the risk of fines in order to get their incomes moving again.
    - A recent theft from the large vaccination centre at Epsom Downs Racecourse in which four arrests had been made and items seized.
15. The Chairman queried why the amount of FPNs since 4 January 2021 and in the last week was high.
    - In response, the Chief Constable of Surrey Police explained that compliance levels were waning, noting the national communications of expectations for the future including the easing of restrictions. The current restrictions were clear as people needed a lawful excuse to leave home and enforcement statistics had risen with approximately 900 FPNs to date.
16. The Chairman noted the future easing of restrictions and rise in FPNs, asking if there was a plan in place to mitigate that and asked whether Board members could help collectively to support that issue.
    - In response, the Chief Constable of Surrey Police noted that the issue had been discussed at the LRF's Strategic Coordinating Group, noting the need to carefully tailor communications ensuring that people adhere to the current restrictions, welcoming the partnership support from Board members across their different agencies and areas of influence, and importance of public health messages such as that one in three people were asymptomatic and to behave as if you had the virus.
17. The Deputy Director - Adult Social Care (SCC) provided an update on Adult Social care, noting that:
    - Care homes:
        - there was good news as the data was showing a decrease in positive cases, outbreaks and deaths as well as increasing vaccinations. Today, the number of homes with four positive cases

dropped to six, the capacity tracker would continue to monitor that situation and supporting the care homes with infection control, quality assurance issues.
    - in terms of Surrey's in-house homes it was an improving picture and staffing levels were improving also.
- Winter pressures:
    - had primarily been generated by Covid-19, the system was under pressure and ASC had been supporting the daily Incident Management Group calls and Area Directors were working on a locality basis to make sure that the system was supported around the acutes, flow and teams continued to work seven days a week to support hospital discharge as it was vital to get people back to their own homes rather than having a care home placement.
- Mental health:
    - pressures remained noting acuity and demand, and across the age groups in children's and adults. Surrey Heartlands Mental Health Emergency Response Service with representatives from all partners, district and borough councils, ASC, Childrens, Families and Learning (CFL), commissioners and providers. There were eight pillars of work to address the issues around supporting the workforce and schools. The two pillars that ASC was jointly leading on were accommodation issues and hospital flow.
- Over the last year there had been a 32% increase in the work going through to ASC and although it was a busy time, there was a whole system approach to managing and supporting staffs' welfare such as through the Resilience Hub launched by the Surrey and Borders Partnership NHS Foundation Trust (SABP) and included staff in the provider market not just health or social care staff.

18. The Chairman noted the positive change in the decrease in Covid-19 cases in care homes as well as the key updates on mental health and the ongoing pressures within ASC, noting the Council's commitment to improving mental health outcomes and working with key partners and thanked the Deputy Director - Adult Social Care (SCC) for her work.
19. A Board member noted that vaccinations of care home staff was causing concern nationally and asked what Surrey's position was and what the vaccination percentage was for those caring for older people.
    - In response, the Deputy Director - Adult Social Care (SCC) noted the vaccination percentages for cohort one covering care homes was above 90%; where there had not been vaccinations in care homes it was possibly due to a Covid-19 outbreak as people could not be vaccinated until twenty-eight days afterwards.
    - Older people aged 80 plus again had a vaccination percentage of over 90% and those caring for them such as healthcare workers, social care workers, home based care providers, supported living carers were in cohort two which had a good vaccination uptake across providers, noting the joint partnership work with the Surrey Care Association and the Skills Academy.
20. The Director - Quality and Performance for Children, Families and Learning (SCC) provided an update on the Children, Families and Learning (CFL) directorate, noting that:
    - Wider impacts of Covid-19 on educational settings:
        - over this last year the tremendous work that schools had done in terms of remaining open for our vulnerable children, children with

Education, Health and Care (EHC) plans and children of key workers.

- during the lockdowns, the Department for Education's return figures showed that there was a higher percentage of children with an EHC plan who had been attending school with an attendance percentage of 24% compared to the national attendance rate of 16%. Looking at the overall figure of vulnerable children the attendance percentage was 31% during the lockdowns compared to 11% nationally.
- those figures in Surrey had been achieved through joint working between children's social care and education, weekly meetings to encourage in school attendance and school absence was monitored closely through a RAG (Red-Amber-Green) rating system.
- the lack of routine for autistic children had been problematic and in some cases had led to a breakdown in their school placements and at the start of the school term there had been a large increase in request for parents who were seeking for their children to be electively home educated, the service was working with each one of those parents to try to promote the benefits of remaining within a school system.
- referrals to the Children's Single Point of Access (C-SPA) had increased although the rate had stabilised compared to last year.
- adaptable leadership within the schools, head teachers were faced with a range of challenges due to changing guidance and at any given time across the whole system up to two-hundred teachers were self-isolating, and dealt with balancing classroom learning and remote learning.
- some of the schools were as much as 80% full and schools provided assistance to children's social care acting as the ears and eyes over Surrey's vulnerable children.
- teachers in Special, Education, Needs and Disabilities (SEND) schools were being vaccinated and the service still made the case for all teachers being vaccinated.
- regarding children's social care, the service was trying to maintain face to face contact with those children where it was safe to do so.

- Family economic hardship and the impact of coronavirus:
  - families with children of school age had been hit hard by the pandemic financially, with many parents losing their jobs or were furloughed and looking for employment was difficult whilst balancing childcare.
  - there were few opportunities for young people who wanted to leave the education system into employment.
  - there was an increase of those children eligible for free school meals, although the stigma was a challenge.
  - there was an increased level of mental health problems both in parents and in children, noting that self-harm in children had increased in the last eighteen months, there was a higher level of suicide in the teenage population and there were more incidents of injuries to babies compared to previous years - such issues were reflected in national figures.
- Demand and crisis in Children's Mental Health Services (CAMHS):
  - because of the demand CAMHS were reaching out and trying to work closely with parents and children, working alongside colleagues in schools and there was a range of support available

including online facilities and additional clinical support for those children who may present at a local hospital.

- Emotional Wellbeing and Mental Health Contract (EWMH):
  - the EWMH contract went out to tender and was awarded on behalf of the provider Alliance would come into force in April 2021, noting the optimism that there would be an improvement in terms of support our young people going forward and the backlog would be cleared before the new contract came into place.

21. The Cabinet Member for Children, Young People and Families (SCC):
    - Welcomed the report on CFL being presented to the Board, echoing the public question concerning cohorts that had been particularly badly affected by Covid-19 and noted that young people were one of those cohorts.
    - Noted that young people had responded well and complied with the restrictions.
    - Noted that the impact on young people had been significant, schools had been important partners in terms of supporting the most vulnerable.
    - Highlighted the thematic review: Deaths of Children and Young People through probable suicide 2014-2020 presented to the Health and Wellbeing Board last September by the Surrey Safeguarding Children Partnership that showed that self-harm was an early indicator of adolescent suicide.
    - That regarding CAMHS, the 45% increase in self-harm and 66% increase in eating disorders with increases in serious cases requiring hospitalisation reported to the digital provider Kooth.com.
    - Noted the importance of keeping Surrey's young people in mind and put in a plea to lobby for teaching staff to get recognition for their hard work throughout the pandemic, that they should get vaccinations so that schools could be kept open so as not to prolong the isolation and harms faced by young people out of school.
    - Commended the work of the Director - Quality and Performance for Children, Families and Learning (SCC) who led the group who had worked on ensuring good attendance with higher results than the national data.
    - That when schools went back in September the attendance of Surrey's Looked After Children was above 90% and praised the efforts of Surrey's foster carers of which four hundred had been vaccinated, who continued to support children's education with support of the Surrey Virtual School and others.
22. The Chairman welcomed the updates on CFL and the work undertaken across the directorate.
23. The Public Health Principal (SCC) agreed with the importance of the data on young people and that they were an important cohort, noting that the Public Health team (SCC) had established a Mental Health and Children Suicide Prevention Group which looked at the thematic review findings and had recently obtained Sustainability and Transformation Plans (STPs) wave four funding for suicide prevention which would be used towards a self-harm pathway review.
24. The Director - Quality and Performance for Children, Families and Learning (SCC) noted the importance of the thematic review highlighted the key factors which increased risk in terms adolescent suicide such as parental breakdown, children on the Autism Spectrum Disorder (ASD), who had experienced a significant event as well as poverty.

RESOLVED:

The Board:

1. Noted the report.
2. Would continue to provide political oversight of local delivery of the Local Outbreak Control Plan.
3. Would continue to lead the engagement with local communities and be the public face of the local response.
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:

1. The COVID Director for Surrey Heartlands will keep the Board updated on the decision around the Gatwick option concerning a proposed vaccination regional super site.

8/21 DATE OF NEXT MEETING [ITEM 8]

It was agreed that the next meeting of the Surrey Local Outbreak Engagement Board would take place on 15 April 2021.

Meeting ended at: 3.54pm

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Chairman

SURREY LOCAL OUTBREAK ENGAGEMENT BOARD – 18 FEBRUARY 2021

PROCEDURAL MATTERS – QUESTIONS AND RESPONSES

1. Question submitted by John Gardner

The cost to society of significantly reduced access to NHS services during lockdown means there will be considerable numbers of people whose conditions/diseases have progressed to an irretrievable point, meaning many could die prematurely of undiagnosed: cancers, untreated strokes, heart attacks and diabetes – all of whom have effectively been denied treatment. The costs and impact on the local economy could be considerable.

If COVID-19 becomes endemic, and lasts much longer than anticipated, what contingency measures and resources does the Council envisage will be required to achieve its long-term objectives for the future wellbeing of its population?

RESPONSE:

The analysis of mortality data suggests a strong link between heightened vulnerability to COVID-19 and pre-existing health inequalities. Failure to reduce health inequalities is likely to further exacerbate the future impacts of the pandemic.

The nature of health inequalities is often complex and require strategies that are multifaceted to bring Health, Local Government and Voluntary, Community and Faith Sector (VCFS) organisations to work together.

In September 2020, a multi-agency Equality and Health Inequalities workstream as part of the Recovery Board was set up. This workstream oversees the current interventions targeted against the key COVID-19 health inequalities. The urgent priorities for this workstream have been informed by considering the key local COVID-19 vulnerabilities (e.g. age, pre-existing physical/mental health conditions, people with learning/physical disabilities, living in the most deprived areas, BAME and homeless population) and the findings of Surrey COVID-19 Community Impact Assessment. However, as we go into recovery, appropriate interventions though partnership working will need to be implemented to increase the well-being of the local population for benefits to be realised in short, medium and long terms as listed below:

Short/immediate term: Reducing and managing the clinical risk factors; early diagnosis (e.g. cancer, stroke, dementia and cardiovascular conditions), better management of long-term conditions (e.g. mental health, high blood pressure, diabetes, respiratory conditions) and addressing geographical variation in delivery of health care services.
Medium term: Building a healthy population by promotion of the prevention agenda to increase the uptake of healthy life interventions, such as nutrition, physical activity, smoking secession, alcohol and substance misuse reduction.
Long-term: addressing the wider determinants of health, such as economic, environmental and social factors. There is an urgent need to do things differently and build a society based on the principles of social justice in order to reduce income and wealth inequalities. Our strategy in rebuilding the economy needs to be based on the achievement of health and wellbeing outcomes, not just narrow economic goals. We also need to build a society that can respond to the climate crisis as well as achieving greater health equity.

Doing things differently will require engagement with the local population to empower, rebuild resilience and strengthen community cohesions. Joint outcomes will need to be set to

bring Health, Local Government and VCFS organisations together to maximise benefit. Bringing these facets together effectively, requires strong engagement of the system leadership, partnership working to deliver integrated processes.

There has been a lot of learning from the pandemic which can be expanded and built on. For example, initiation of great initiatives such as community champions, closer engagement with community faith leaders and local/regional collaboration across organisations between Primary/Secondary care, Local Government (including Public Health and Adult Social Care), statutory/non-statutory and community services. Additionally, established workstreams such as the Equality and Health Inequalities and Surrey Health and Wellbeing Strategy will help provide the delivery vehicles for making our vision to tackle inequalities in Surrey a reality.

2. Question submitted by Renos Costi

What is the model being used and what is the expected trend of the virus as we leave winter accounting for seasonality, accounting for new vaccines, and new strains which maybe resistant to these?

What level of community infection is the Council willing to tolerate given that this must be weighed against the deaths directly caused by lockdowns?

RESPONSE:

- **What is the model being used and what is the expected trend of the virus as we leave winter accounting for seasonality, accounting for new vaccines, and new strains which maybe resistant to these?**

There are many factors that would need quantifying, with appropriate ranges for sensitivity analyses, including:

Seasonal effect – There have been published papers suggesting less impact over Summer months when compared to the Winter. This is observed in all respiratory viruses and a similar impact would be expected with COVID-19. However, the evidence is variable when comparing southern hemisphere experiences against the northern hemisphere. Therefore, the impact of seasonality is difficult to predict.

Strength and length of immunity from infection – The most up to date data shows good levels of antibodies in those infected 6 months after infection. With SARS CoV, antibodies were sustained well for 18 months, but tailed off after that. This is unlikely to have a major impact on assumptions for the next 6 months, but it is not known definitively for SARS-CoV-2.

The impacts of any new significant variants – At the moment, there have emerged a number of variants of concern. Increases in transmissibility and the ability to evade the immune system (from natural immunity and current immunisations) are under investigation. The likely impact also depends on our border policies and how quickly emerging variants can be identified and ring protections put in place. None of these components can be accurately quantified at this stage.

The impact of the vaccination programme – Without doubt, the immunisation programme will have a significant impact on the risk of an individual contracting COVID-19 and the severity of disease. Quantifying the overall impact is challenging. Modelling can take the published vaccine effectiveness data, the roll out schedule and likely uptake to project impacts forward. However, the impact on transmissibility is unclear, although likely to be

positive, and as mentioned in the variant section, we cannot be sure that mutations have not emerged that affect the effectiveness of the current vaccines. The potential impact of being vaccinated on behaviours, means predicting overall impact on transmission is impossible; this will also be influenced by the potential impact of infection prevention and control measures easing in places where everyone has been vaccinated.

Political impact – Decisions on foreign travel, border control, how we exit from lockdown and any re-escalation will all have significant impacts on subsequent waves. Making any predictions of future political decisions is not viable at this stage. When escalation points and the measures for easing are clearer this can be reconsidered.

Population behaviours – Population behaviours are very difficult to predict. The impact of weather, the length of restrictions, media reporting, political announcements and being vaccinated will all have impacts.

These are all challenging considerations and any thorough sensitivity analysis will lead us to two scenarios - minimal subsequent wave and the original pandemic reasonable worst case scenario. At the moment, we await further guidance and views from SAGE that considers all of the expert modelling from SPI-M (Scientific Pandemic Influenza Group on Modelling). Work is underway at PHE and NHS to provide insight to future modelling and assumptions.

- **What level of community infection is the Council willing to tolerate given that this must be weighed against the deaths directly caused by lockdowns?**

Decisions regarding lockdowns and release are made at a national level.

3. Question submitted by Philip Walker

In the UK Influenza Pandemic Preparedness Strategy 2011, point 2.20 recommends preparing for a case fatality rate of 2.5%, with severe burdens on healthcare capacity, and yet point 3.1.ii stresses the importance as an objective of minimising societal disruption and returning to normal at the earliest opportunity. Points 4.1, 4.2 and 7.4 all assume and recommend that the government will not restrict the normal daily lives and gatherings of the healthy population.

The accompanying ethical framework emphasises respect for the public and the personal choices they make with regard for all aspects of their health, minimising the harm brought by disruption to society and that any restrictions be justified by cost benefit analyses.
Current statistics show that across the vast majority of the population the lethality of COVID-19 is a tiny fraction of the assumed 2.5% case fatality rate yet the local and national response to the virus has taken choice away from the whole population, prioritised the virus over other life and quality of life threatening concerns, and has no end point that has been committed to.

Does the local authority consider the 2011 Strategy relevant and if not, why not?

What action is the local authority taking as the vaccines are rolled out to pressure central government to commit to fulfilling their ethical duty to allow healthy people to choose to go back to normal at the earliest possible opportunity?

RESPONSE:

There are elements of the UK Influenza Pandemic Preparedness Strategy 2011 that would be relevant to any disease pandemic. For example, similar factors will influence the impact of the pandemic, such as; disease characteristics (number of cases, severity of disease, transmission, clinical groups affected); service capacity (number of patients presenting to primary care, hospital or intensive care facilities); and the behavioural response (levels of concern and compliance with control measures). The key elements of a pandemic response will also be similar, such as detection and assessment; reducing the risk of transmission and infection; minimising serious illness and deaths; and vaccination.

Although influenza and COVID-19 are both respiratory diseases, they are caused by different viruses, therefore not all of the measures set out in the UK Influenza Pandemic Preparedness Strategy 2011 are relevant for this current pandemic. For example, we have antiviral drugs available to treat influenza, however for COVID-19 we have had to explore possible treatment options during the pandemic and our understanding of how to treatment COVID-19 is still developing. We also have effective influenza vaccinations, which could be adapted for a new strain of influenza, however COVID-19 vaccines have had to be developed during the pandemic. Therefore, with limitations to the some of the measures we have to protect the population from COVID-19, the strategy has had to be adapted.

National lockdowns are only one part of the national COVID-19 response strategy. Without such measures when community transmission is very high, there is the potential for COVID-19 to cause significant morbidity and mortality within the general population, and the potential for the healthcare system to be overwhelmed by this burden. As the level of community transmission falls and more people are vaccinated, the burden of morbidity and mortality from COVID-19 is likely to fall and it will be possible for the level of restrictions to be reduced. The health and wellbeing of our residents is our primary concern, and we are implementing support measures to ensure that residents are supported during this period. The Surrey Local Outbreak Control Plan is our key vehicle for ensuring appropriate action takes place in response to the pandemic.