

**MINUTES** of the meeting of the **SURREY LOCAL OUTBREAK ENGAGEMENT BOARD** held at 2.00 pm on 15 April 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

**9/21 APOLOGIES FOR ABSENCE [Item 1]**

Apologies were received from Ruth Hutchinson.

**10/21 MINUTES OF THE PREVIOUS MEETING: 18 FEBRUARY 2021 [Item 2]**

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

**11/21 DECLARATIONS OF INTERESTS [Item 3]**

There were none.

**12/21 QUESTIONS AND PETITIONS [Item 4]**

**a MEMBERS' QUESTIONS [Item 4a]**

None received.

**b PUBLIC QUESTIONS [Item 4b]**

None received.

**c PETITIONS [Item 4c]**

There were none.

## 13/21 COVID-19 SURVEILLANCE UPDATE [Item 5]

### Witnesses:

Dr Naheed Rana - Public Health Consultant (SCC)

### Key points raised in the discussion:

1. The Public Health Consultant (SCC) noted:
  - that daily the triggers and escalations concerning the number of cases were reviewed and intelligence concerning infection rates and vaccinations was triangulated in order to understand the direction of travel.
  - that the latest reporting figures for Surrey for the fourteen-day period between 29 March - 11 April 2021 was 28.8 cases per 100,000 population and the seven-day period between 5 - 11 April was 12.1 cases per 100,000 population.
  - that the fourteen-day period provided a more stable view of infection rates and to be mindful of the reporting delays for the most recent four days.
  - that over the fourteen-day period Surrey's infection rate was lower than both England and the South East, and over the most recent seven-day period Woking had the highest case rate in Surrey of 23.8 per 100,000 and Elmbridge had the lowest case rate of 6.6 per 100,000 population.
  - the fluctuation in the epi curve over the three lockdowns, highlighting the first lockdown in March 2020 and the most recent reopening of schools on 8 March 2021 and non-essential retail opening on 12 April 2021.
  - the importance of continuing to track cases in relation to the Government's roadmap out of lockdown with the total number of cases in Surrey as at 12 April 2021 was 69,848 since the beginning of the pandemic and the latest case rate was 46.8 per 100,000 population.
  - the case rate heatmap for Surrey from March 18 - 8 April 2021 by age group was dominated by lighter colours due to lower cases as a result of the January lockdown, partnership effort and compliance of residents.
  - the case rate heatmaps by districts and boroughs from 16 March - 12 April 2021 showed darker areas reflecting high infection rates in age groups following the reopening of schools, later moving to lighter colours.
  - the weekly case rates for Surrey and surrounding areas in the South East from 12 March - 8 April 2021 with the most recent heatmap dominated by lighter colours 0-24.9 per 100,000 population.
  - the triangulation work in which greater data and intelligence was being received in terms of case rates and vaccine uptake broken down by age, Index of Multiple Deprivation deciles at Middle Super Output Area (MSOA); which were used to tackle areas of concern.
  - the bi-weekly Covid-19 intelligence summary and the daily dashboard of Surrey Covid-19 cases - including vaccination data - were both being published weekly beginning 1 April 2021 due to smaller fluctuations in case rates.

*Dr Charlotte Canniff joined the meeting at 2.13 pm*

2. The Chairman welcomed the comprehensive presentation and the graphics which showed Surrey's journey through the pandemic.
3. A Board member commended the surge testing for the South African variant in Surrey which was under control but noted the rise in cases in South West London such as Wandsworth, querying the current situation in Surrey in relation to that variant and what needed to be done.
  - In response, the Public Health Consultant (SCC) noted:
    - the quick launch of Surrey's surge testing which revealed that the variant was not a huge concern in Surrey.
    - the regular sequencing of cases to determine whether positive Covid-19 cases in Surrey residents were from the South African variant, especially concerning those located in any postcodes bordering London.
    - that Surrey was more equipped to initiate surge testing rapidly as opposed to door to door knocking, learning from South West London and its use of Mobile Testing Units (MTUs).
    - that isolation advice for the variant was the same and as usual the contact tracing system would follow up positive cases.
    - that the variant was being contained thanks to local and national efforts, and in the event of a concern regional directors of Public Health and colleagues assembled rapidly to address the issue.
4. The Board member thanked the Public Health Consultant (SCC) for the individualised response above but asked what could be done as a system particularly due to parts of Surrey bordering South West London.
  - The Public Health Consultant (SCC) noted that as a system Surrey continued in its partnership working with any matters of concern to be raised at the Incident Management Group.

**RESOLVED:**

The Board noted the verbal update and presentation.

**Actions/further information to be provided:**

None.

**14/21 COVID-19 COMMUNICATIONS PLAN UPDATE [Item 6]**

**Witnesses:**

Michael Stringer - External & Stakeholder Communications Manager (SCC)

Dr Naheed Rana - Public Health Consultant (SCC)

Dr Rachel Gill - Public Health Consultant (SCC)

**Key points raised in the discussion:**

1. The External & Stakeholder Communications Manager (SCC) noted:
  - that since the last Board the focus had been upon the Government's roadmap out of lockdown through Surrey's 'Working together to get there' overarching campaign which focussed on shared responsibility, encouragement and motivation.
  - key areas included: explaining the roadmap using behavioural insights from the Cabinet Office ensuring residents followed the guidelines, ensuring consistent public health messaging around 'Hands. Face.

- Space. Fresh Air' and providing information regarding testing and vaccinations.
- that to promote the campaign a variety of channels were being used such as messaging via outdoor assets primarily over the Easter weekend as more residents were out and about and through an online presence including tailored faith messaging on Ramadan and Passover.
  - that the Covid-19 public data dashboard had moved from daily to weekly and vaccination numbers were included; and positive responses to those dashboards shared on social media had been received.
  - that targeted community engagement was an area of focus through tailored messaging for specific audiences including: younger cohorts through the '#IDidItFor' vaccination campaign, a Peer-to-peer youth engagement platform 'Soon Surrey' and a TikTok style video on asymptomatic testing for schools; hard to reach groups in line with the Equality, Diversity and Inclusion agenda and high prevalence areas through face-to-face engagement via 'Street Teams' in Staines and Woking.
  - that the Multi-Agency Information Group (MIG) would remain in place to coordinate the messaging throughout lockdown easing with the view to carry on that joint working through the Surrey Communications Group; and key areas of focus would be mental health through the 'Face of Support' campaign and long term recovery understanding the impact of Covid-19 on the local economy and Covid-19 as business as usual.
2. A Board Member noted the possibility raised by the Prime Minister of the United Kingdom that Covid-19 cases would increase over the next few weeks and months due to the easing of lockdown and new variants, asking whether there were contingency plans ready for promoting a fourth lockdown to residents.
    - In response, the External & Stakeholder Communications Manager (SCC) noted that the Communications team (SCC) would continue with partnership working with the ability to step back up lockdown campaigns if needed.
    - The Public Health Consultant (SCC) added that the Public Health team (SCC) through surveillance and intelligence had created situational models in respect of future scenarios.
  3. A Board member noted that until the start of the year Surrey Chambers of Commerce had received communications toolkits which they shared with businesses and asked whether there would be new toolkits available particularly as more people started to return to work.
    - In response, the External & Stakeholder Communications Manager (SCC) noted that the matter had been a recent focus of the MIG, which found that many of the District and Borough Councils had been working directly with their local businesses and high streets. He would look to pull together the updated information available and liaise with the Board member.
    - The Public Health Consultant (SCC) added that Environmental Health colleagues worked closely with businesses sharing any changes in national guidance as well as visiting them and supporting them to put in Covid-19 secure measures - ensuring joined up and consistent messaging.
  4. The Chairman welcomed the update and noted positive feedback from residents in Staines regarding the face-to-face engagement via 'Street Teams'.

## **RESOLVED:**

The Board noted the activity outlined in the report.

## **Actions/further information to be provided:**

1. The Communications team (SCC) will liaise with the Board member concerning updated or new communications toolkits for businesses.

## **15/21 COVID-19 LOCAL OUTBREAK CONTROL PLAN UPDATE [Item 7]**

### **Witnesses:**

Dr Rachel Gill - Public Health Consultant (SCC)  
Caroline Chapman - Senior Public Health Contact Tracing Lead (SCC)  
Jack Healy - Public Health Lead (SCC)  
Michael Stringer - External & Stakeholder Communications Manager (SCC)  
Dr Charlotte Keeble - COVID 19 Vaccination Programme Director, Surrey Heartlands ICS  
Dr Naheed Rana - Public Health Consultant (SCC)  
Helena O'Neill - Programme Manager - Community Champions (COVID-19) (SCC)  
Dr Negin Sarafray-Shekary - Public Health Principal (SCC)  
Gavin Stephens - Chief Constable of Surrey Police  
Mrs Sinead Mooney - LOEB Chairman; Cabinet Member for Adult Social Care, Public Health and Domestic Abuse (SCC)  
Mrs Mary Lewis - Cabinet Member for Children, Young People and Families (SCC)

### **Key points raised in the discussion:**

1. The Public Health Consultant (SCC) provided an update on the national context noting:
  - That two key guidance documents had been published by the Government, the first being the 'Covid-19 Response - Spring 2021' in February setting out the roadmap out lockdown in England based on four steps spaced five weeks apart with indicative dates: Step 1: 8 and 29 March, Step 2: 12 April, Step 3: 17 May, Step 4: 21 June.
  - Progression through the four steps for the easing of restrictions was based on the below tests:
    - The vaccine deployment programme continues successfully
    - Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated.
    - Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS.
    - Our assessment of the risks is not fundamentally changed by new Variants of Concern.
  - The second guidance document was the 'COVID-19 contain framework: a guide for local decision-makers' which was updated in March and set out how local system partners should continue to work together responding to Covid-19.
2. The Public Health Consultant (SCC) explained that the updated Surrey Local Outbreak Control Plan (LOCP) had been republished on Surrey County Council's website to reflect the changes in national guidance. The LOCP had been submitted to the Department of Health and Social Care on 30 March and feedback was awaited. As part of the assurance process there would be a

planned peer review with Buckinghamshire Council and East Sussex County Council.

*David Munro left the meeting at 2.38 pm*

3. The Chairman welcomed the peer review and queried why Buckinghamshire Council and East Sussex County Council were being consulted, whether it was a national recommendation or local initiative, and what the outcomes might be.
  - In response, the Public Health Consultant (SCC) noted that the peer review process was encouraged nationally. The three local authorities had been working together since the initial LOCP was published and valued the process to ensure plans were robust and that there was a joined-up approach across the South East.
  - The Chairman asked for the Board to be updated on the feedback from the peer review process.
4. The Senior Public Health Contact Tracing Lead (SCC) provided an update on local contact tracing noting:
  - the hot spot pilot in Woking, Spelthorne and Runnymede from 3 - 16 March 2021 in which local contact tracing was used for the whole tracing process; as previously positive cases were with the national contact tracing team for twenty-four hours before being sent to Surrey.
  - only five areas across the country ran those pilots, and Surrey's results in those three areas was 3.46% higher than the baseline figure of 92.48% for the joint national and local contact tracing process.
  - due to the initial success the pilot was extended across Surrey from 15 - 26 March 2021 and the results were 5.73% higher than the baseline.
  - part of the success of local contact tracing was that the tracers were often local residents or worked locally so could understand the local challenges and there was an option to phone or email back the local contact tracing service should the first contact be missed.
  - that local contact tracing was in force across Surrey which was provided by the Customer Services team (SCC) with support from the Public Health team (SCC).
  - it was vital not to be complacent with those other 5 or 6% not contact traced and face to face contact tracing in partnership with Environmental Health colleagues to be rolled out on 19 April 2021, was an opportunity to engage with those missed.
  - training continued to be updated, noting the domestic abuse training being offered to the team from 27 April 2021 by East Surrey Domestic Abuse Services (ESDAS).
  - that complex cases across sixteen different settings such as prisons, military settings and homeless hostels, were now managed locally rather than escalated to Public Health England. It was key to build good relationships with local colleagues, especially with settings containing vulnerable individuals.
  - That future plans included:
    - an upcoming computer programme: Integrated Tracing System (ITS) to replace the Contact Tracing and Advisory Service (CTAS). Surrey was an Early Adopter for ITS so could influence its development, such as requesting more detailed ethnicity figures.
    - Outbreak Identification Rapid Response (OIRR) and I-cert were two new incoming systems which would be used to capture new

- outbreaks, bringing together common exposure and postcode coincidence reports gathered from contact tracing intelligence.
- Behavioural Insights Training to improve compliance with isolation advice by offering welfare support and changing the terminology used.
5. The Chairman looked forward to a future update on the outcome of the face to face contact tracing in order to reach vulnerable residents; and highlighted the opportunities going forward as a Board and system from lessons learnt in order to manage future outbreaks.
  6. The Public Health Lead (SCC) provided an update on testing noting that:
    - Symptomatic testing:
      - that when individuals developed the symptoms of COVID-19 - fever, new continuous cough, a loss or change to your sense of smell or taste - they could book a PCR test online or by calling 119; and essential workers were prioritised through the self-referral process.
      - locations included: Regional Testing Sites (RTS) in Guildford, Chessington, Gatwick, Guildford, Heathrow, Twickenham, Kingston; Mobile Testing Units (MTU) were rotated across county according to need; Local Test Sites (LTS) in Egham, Epsom, two in Guildford, Farnham, Hersham, Spelthorne; and at home testing both postal and through a courier service.
      - since the last Board meeting the demand for symptomatic testing had decreased as expected, as rates had fallen and therefore the turnaround time for testing had reduced slightly with all test sites having an average turnaround time of less than twenty-four hours which was the minimum national standard.
      - the Surrey Testing Cell dealt with requests to assist with the provision of PCR testing for the following symptomatic individuals: essential workers, high risk and vulnerable settings and during management of an outbreak in complex systems.
      - children's care homes could order ten PCR kits every three weeks for symptomatic staff and residents.
      - GPs could order PCR tests for testing patients as clinically needed, GP staff and their household members.
    - Asymptomatic testing:
      - symptom-free testing had gained more publicity and had expanded since November through various streams.
      - twice weekly testing was recommended via rapid lateral flow devices.
      - Test and Trace was trying to create a single offer through which people could access asymptomatic testing. One option was the local authority led on-site testing or Targeted Community Testing which had been running since mid-February and since the early April testing was available to anyone over the age of 16 who lived, worked or studied in Surrey.
      - locations included: four Targeted Community Testing sites in Spelthorne, Ewell, Woking, Redhill; with sites opening in Guildford next week, as well as twenty-two community pharmacies.
      - a key development had been the collection and delivery of home testing kits to allow anyone over the age of 18 to self-test at home, locations included: four Targeted Community Testing sites in Spelthorne, Ewell, Woking, Redhill; six NHS Test & Trace Sites in Egham, Epsom, two in Guildford, Farnham,

Hersham; one hundred and seventy-seven community pharmacies participating in Pharmacy Collect in Surrey; and the Government's LFD Direct home delivery service.

- other nationally led asymptomatic testing streams included: educational settings - both staff and pupils - care settings, NHS settings and workplaces.

*Karen Brimacombe and Joanna Killian left the meeting at 2.59 pm*

- Capacity permitting, the Surrey Testing Cell was also able to assist with the provision of PCR testing for asymptomatic individuals upon request where capacity allowed, such as: during management of an outbreak in a complex setting, when individuals were moving between care settings or staff and residents in vulnerable and high-risk settings.

*Tim Oliver left the meeting at 3.01 pm*

- Surge testing:
  - involved surveillance exercises to identify the South African variant initially through large-scale operations in Woking and Egham, since then it had become a targeted operation relating to one case in Woking.
  - the Public Health team (SCC) was in ongoing contact with Public Health England to assist in the investigation and management of variants under investigation (VUI) and variants of concern (VOC) as needed, with the logistical support of the Surrey Local Resilience Forum (SLRF).
  - future planning involved the constant adapting of Surrey's local authority-led community testing offer, through looking at further testing and collection sites, ensuring that testing remained accessible to all residents.
  - scoping was being undertaken looking at MTU solutions and their potential to provide rapid lateral flow testing in addition to PCR testing and to support any surge testing operations in the future too.
- 7. Discussing asymptomatic testing, a Board member highlighted the change in instruction three or four times in the past two weeks with the move from employers being able to get hold of rapid lateral flow tests for their employees to all eligible adults. She sought clarity on whether the Surrey-wide message was that all over 16s and 18s in Surrey should do asymptomatic testing their selves twice weekly and noted the need for simplified national messaging.
  - In response, the Public Health Lead (SCC) recognised the rapid progression in the approach and change in the messaging, noting that the current stance in Surrey was for as many eligible over 16s and 18s to get twice weekly asymptomatic testing; and Surrey continued to target messaging at those in high risk activities and vulnerable populations.
  - The External & Stakeholder Communications Manager (SCC) noted the rapid development in both how tests could be accessed, who was eligible and the purpose; and that the clarity of the messaging was a focus of the Communications team (SCC) over the coming weeks.



- The Chairman responded that Surrey was represented on the national equivalent of the Board and was happy seek clarity with national partners.
8. A Board member highlighted the possibility of the Government requiring testing for those going abroad and if required, he asked whether they were offered free of charge.
- In response, the Public Health Lead (SCC) noted the importance of the Surrey Testing Cell being adaptable, noting the capacity available for both rapid lateral flow and PCR testing. He noted the ongoing national discussions on enabling international travel. The Government was working with private companies to reduce the cost of offering testing for those travelling board, with PCR tests being considered as they could be genomically sequenced to pick up variants; presently PCR tests were not free for those travelling abroad.
  - The Chairman would seek clarity on the matter with national partners.
9. The COVID 19 Vaccination Programme Director (Surrey Heartlands ICS) provided an update on the Vaccination Roll-out noting:
- data caveats such as that the data was provisional, was a combination of multiple sources and was up to date as of yesterday.
  - key headlines to date:
    - Surrey Heartlands had sixteen local vaccination sites, one large vaccination centre at Epsom Downs Racecourse which would move to Sandown Park Racecourse from 17 May 2021, eleven community pharmacies and three hospital hubs - although a couple may close as they were not needed as they had been previously.
    - in addition to those 'fixed' sites local primary care and community-based colleagues were doing outreach work such as visiting care homes and housebound individuals to give them their vaccine.
    - there were also pop-up vaccination clinics which had been well received in Farnham, noting the importance of working with diverse communities - on one day five hundred were vaccinated from the Muslim community.
    - 585,000 people across Surrey had been vaccinated including health and social care workers, with delivery following the Joint Committee on Vaccination and Immunisation (JCVI) priority cohorts 1 - 9.
    - all those within priority cohorts 1 - 9 had been vaccinated or had been offered the vaccine and the programme opened to cohort 10 - the 40 to 49 age group via a phased approach on 13 April 2021.
    - of the 585,000 vaccinations delivered, 473,000 were first doses and 112,000 were second doses - with second doses to increase throughout May and June - Surrey Heartlands' second dose uptake exceeded the national average for the 80+, 75-79 and 70-74 age groups.
    - there was more capacity or appointments available across all the vaccination sites as the sites were chasing those in priority cohorts 1-9 and were giving second doses.
  - the weekly increase in the vaccine uptake for priority cohorts 1-4 between 5 - 12 April 2021 and that there was a good uptake in the second dose for priority cohort 1: Care Home Residents.

- that the weekly increase in vaccine uptake for cohorts 5+ for first doses between 5 - 12 April, Surrey was only slightly below the national uptake for the 60 to 64 year olds and for the 65 to 69 year olds, who were being chased up to respond to appointment bookings in different ways such as a text or letter.
  - a heatmap showing the vaccination uptake by District and Borough for priority cohorts 1 - 9, the lowest uptake being in North West Surrey such as Runnymede, Elmbridge and Woking consistent across all of those age cohorts.
  - a colour gradient table showing vaccine uptake by District and Borough by cohort and age, compared to Surrey, the South East and England. The lowest uptake was for priority cohorts 5-9 across ages 69-54 for Elmbridge, Runnymede, Woking and Spelthorne; thought not to be due to vaccine accessibility so it would be interesting to hear what Board members thought.
  - how local communities had been targeted and been engaged with such as through a variety of communications platforms both digital and print, such as through social media, targeted communications to faith groups as well as a pop-up vaccination clinic at Shah Jahan Mosque in Woking, webinars with the Community (COVID) Champions, content in partner newsletters, GPs and doctors on the local radio and a weekly stakeholder briefing and outreach work with the homeless community and a video for the Gypsy, Roma and Traveller community.
  - in addition to the communications tactics above for all cohorts, specific cohorts and groups had targeted approaches such as carers, BAME groups, and Health and Social Care workers.
  - she welcomed ideas and support from Board members on further communications and engagement across all cohorts and the targeted cohorts.
10. The Chairman noted that as County Councillor for Spelthorne representing Staines, she queried whether residents vaccinated at the Heathrow Mass Vaccination Centre would be captured within Surrey Heartlands' data.
- In response, the COVID 19 Vaccination Programme Director (Surrey Heartlands ICS) explained that the data on residents vaccinated outside of Surrey at the Heathrow Centre for example would be fed into Surrey Heartlands' data.
11. Referring to the vaccination uptake percentage rate across Surrey, the Vice-Chairman asked whether that data had been normalised for size across the Districts and Boroughs to ensure against skewed data; and noted the drop in supply in recent weeks.
- In response, the COVID 19 Vaccination Programme Director (Surrey Heartlands ICS) explained that there had been a reduced vaccination supply nationally concerning AstraZeneca, which was expected and did not relate to second doses.
  - Regarding the skewing of data, the COVID 19 Vaccination Programme Director (Surrey Heartlands ICS) data had been taken from GP records and was sent to Surrey Heartlands' vaccination sites, the lower uptake in north west Surrey did not relate to vaccine accessibility.
  - The Public Health Consultant (SCC) explained that the percentage in vaccine uptake was consistent across the Districts and Boroughs as it was calculated based on the eligible populations for each of those cohorts; as opposed to population estimates with a potential for data skew concerning the data on infection rates.

- The Vice-Chairman responded with reference to Reigate and Banstead which had a population of just under 150,000 residents which was the second highest in Surrey and it had the highest percentage of care home residents in Surrey. He stressed that Districts and Boroughs were not equal, noting that a 50% vaccine uptake of 150,000 residents was not comparable with a different sized District or Borough and it was vital to explain that to residents; he noted the more even benchmark of infection rates per 100,000 population.
12. The Vice-Chairman highlighted the use of the Covid-19 vaccination bus and the pop-up vaccination clinics and asked whether there were any other innovative approaches; and whether further support was needed from the Districts and Boroughs.
- In response, the COVID 19 Vaccination Programme Director (Surrey Heartlands ICS) noted that the vaccination bus had been successful and would be deployed further. Innovative work and learning from other systems remained ongoing and Surrey Heartlands was open to further ideas from Board members particularly to try and boost vaccine confidence.
13. The Chairman noted that in response to the request of Board members to promote vaccine uptake and boost vaccine confidence, she asked whether there had been any surveys in Surrey, to identify the reasons for low vaccine confidence in the Districts and Boroughs with lower vaccine uptake and whether particular age groups such as the younger groups were more hesitant.
- If such groups had been identified, the Chairman asked how the system collectively could boost vaccine confidence and emphasised that consistent messaging with residents on the vaccine uptake was vital, ensuring a joined-up approach between communications teams at Surrey County Council, Surrey Heartlands and the Districts and Boroughs, including Community (COVID) Champions for instance.
  - Referring to younger age groups and vaccine confidence, the COVID 19 Vaccination Programme Director, Surrey Heartlands ICS, noted that younger age groups had not been vaccinated yet as generally they were not in priority cohorts 1-9. Regarding the intelligence from the data, more work was needed with the 60-64, 55-59 and 50-54 age groups to boost vaccine uptake. Several vaccination sites contacted eligible individuals who had not come forward for a vaccine which was an intensive process for the return rate; with some people not responding, others not wanting the vaccine and some out of the country.
14. The COVID 19 Vaccination Programme Director, Surrey Heartlands ICS, highlighted the AstraZeneca guidance that had recently been published for the under thirties. For those in older age groups that might be worried about the AstraZeneca guidance, the sites were undertaking clinical conversations to address those concerns.
- A Board member as Clinical Chair, Surrey Heartlands Clinical Commissioning Group, explained that it was difficult to know what effect the AstraZeneca guidance for the under thirties had on vaccine uptake and confidence because only under thirties from cohorts 2, 4, 6 were being invited. However, in Surrey Primary Care and Accident & Emergency had received queries on the guidance and people presenting side effects such as headaches post-vaccine; and so further national guidance around the rarity of the blood clot side-effect from AstraZeneca would provide reassurance. From experience at

vaccination sites and dedicated sessions to address concerns on the vaccine, the majority of Surrey residents were getting their vaccine as they recognised that for many the risk to catch Covid-19 and have Covid-19 complications was higher compared to the rare side effects from the vaccines.

15. The Programme Manager - Community Champions (COVID-19) (SCC) provided an update on Community (COVID) Champions noting that:
- since launching in November excellent progress had been made on the Community (COVID) Champions Programme, highlighting the Programme Vision as summarised:
    - use of trusted local people as voices;
    - sharing reliable and timely messaging provided by Public Health (SCC) to Surrey's Districts and Boroughs;
    - through existing networks including friends, schools, families
    - using various channels such as the internet, WhatsApp groups, parish noticeboards, Nextdoor;
    - providing feedback to the local authorities, Public Health and key partners on what was working well and any concerns around testing or the vaccination programmes for example.
  - Community (COVID) Champions were trusted members of communities from a range of professionals or walks of life who had strong community networks; learning from Birmingham as an early adopter of the Programme, Surrey's network was kept manageable at twenty to forty Champions.
  - concerning roles and responsibilities, Programme management was led by Surrey County Council which established the pathway for community feedback such as bringing in CCG colleagues to attend the webinars, drafted the weekly briefings from Public Health and provided central support to the Districts and Boroughs.
  - the Districts and Boroughs recruited Champions, personalised the weekly briefings, ran regular webinars, managed the day to day relationship with the Champions and supported feedback gathering as led by their local coordinator or in partnership with their local voluntary association.
  - Phase 1 Priorities were focussed on:
    - engaging and communicating with key audiences such as the general population and specific populations with vulnerabilities or health inequalities.
    - key themes via timely and accurate key messages relevant to the pandemic stage, national regulations, local data, reducing health inequalities and incorporating health and wellbeing topics; as well as tailored resources such as in different languages and for faith groups.
  - since the launch of the pilot in Spelthorne in November 2020, seven Districts and Boroughs (Spelthorne, Elmbridge, Epsom & Ewell, Reigate & Banstead, Surrey Heath, Runnymede, Mole Valley) had fully launched, now sending the weekly briefing to their local networks of ten to forty Champions and hosting online meetings ranging from weekly to monthly.
  - A further two Boroughs are partially engaged - discussions have been underway with Waverley and Guildford since January 2021 and they have been receiving the weekly briefing, which they sporadically send out.

- Tandridge has also been receiving the briefing since April but has opted not to formally join as it has its own community activation initiatives. The District has requested to be kept informed of Programme developments via the monthly Steering Group.
- The Programme has attempted unsuccessfully to engage with Woking since December 2020 and is keen for support with identifying a lead within the Borough.

*Sue Sjuve left the meeting at 3.57 pm*

- Phase 2 Priorities (from June 2021) were focussed on:
    - refining priorities in line with the reopening of society, with more work needed around targeting specific communities and facilitating that system intelligence.
    - defining priorities beyond the pandemic.
    - improving internal Programme systems and processes ensuring budget allocation towards target communities, monitoring and evaluation via a monthly steering group with the local coordinators and the setting up of a webpage within Surrey County Council's coronavirus webpages.
16. The Chairman welcomed the comprehensive update and enthusiasm from the Champions and would liaise with the Programme Manager - Community Champions (COVID-19) on some questions she had outside of the meeting.

*Andrew Lloyd, Annie Righton, Cllr Mark Brunt, Louise Punter and Cllr Stuart Selleck left the meeting at 4.00 pm*

17. The Public Health Principal (SCC) provided an update on Minority Ethnic and Faith Communities – COVID-19 Vaccinations, noting that:
- Surrey was in line with the national data in terms of low vaccine confidence and uptake in Black, Asian and Minority Ethnic (BAME) communities.
  - the BAME Rapid Needs Assessment and behavioural insights helped identify barriers which helped inform targeted communications and engagement.
  - a community-led approach was key, the Surrey Minority Ethnic Forum (SMEF) had led effective work via community-led sessions in diverse languages and had used local clinicians to talk about the importance of the vaccine and to address hesitancy as well as misinformation - Community (COVID) Champions were also vital.
  - the qualitative feedback from the communities was triangulated with the intelligence from the Equality and Inclusion Group for the vaccination programme.
18. The Chief Constable of Surrey Police provided an update on enforcement, noting that:
- a new national compliance strategy was agreed with the Home Office in April, which concentrated on the areas of highest risk activity such as supporting efforts on Variants of Concern, dealing with managed quarantine arrangements and international self-isolation and tackling any large indoor gatherings.
  - Surrey Police had heightened visibility and patrols around the key dates for each of the four steps out of lockdown and was pleased to

report minimal disorder resulting from the move to Step 2 on 12 April 2021.

*Dr Charlotte Canniff left the meeting at 4.04 pm*

*The Board continued informally from 4.04 pm as it was inquorate*

19. Discussing Adult Social Care, the Chairman as Cabinet Member for Adult Social Care, Public Health and Domestic Abuse (SCC) noted the useful updates received on vaccinations within the care homes and within the staff setting.
20. The Cabinet Member for Children, Young People and Families (SCC) provided an update on the Children, Families and Learning (CFL) directorate, noting that:
  - following Ofsted's focussed visit concerning the quality of support for vulnerable children and families during the pandemic, confirmation had been received that the service had responded well during the pandemic and the report would be published on 11 May.
  - concerning Corporate Parenting, a key issue was that it had been difficult to get dental appointments for Looked After Children and Care Leavers and welcomed support from health colleagues on this matter.
    - In response, the Chairman requested that an action be recorded regarding support from Public Health (SCC) on the matter.

#### **RESOLVED: (informally)**

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 Public Health team (SCC) will provide an update on the outcomes of the peer review to be undertaken between Surrey County Council, Buckinghamshire Council and East Sussex County Council
2. The Public Health team (SCC) will provide an update on the outcome of the face to face contact tracing service.
3. The Chairman will seek clarity with national partners on the national equivalent of the Board on: who is to use asymptomatic testing and when, and whether testing - rapid lateral flow or PCR - would be required for those travelling abroad and if such tests would be free of charge.
4. The Public Health team (SCC) will look into the difficulty of Looked After Children and Care Leavers getting dental appointments.

**16/21 DATE OF NEXT MEETING [Item 8]**

It was agreed that the next meeting of the Surrey Local Outbreak Engagement Board would take place on 17 June 2021.

Meeting ended at: 4.08 pm

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**Chairman**