

MINUTES of the **INFORMAL** meeting of the **SURREY LOCAL OUTBREAK ENGAGEMENT BOARD** held at 2.00 pm on 17 June 2021, remotely via Microsoft Teams.

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

Members:

(*Present)

Joanna Killian
* Tim Oliver
* Ruth Hutchinson
* Sinead Mooney (Chairman)
* Clare Curran
* Karen Brimacombe
Annie Righton
* Cllr Mark Brunt (Vice-Chairman)
* Cllr Chris Sadler
Dr Charlotte Canniff
* Sue Sjuve
* Dr Pramit Patel
* Gavin Stephens
* Lisa Townsend
* Andrew Lloyd
* Louise Punter

The Chairman welcomed all returning Board members and the following new members:

- Clare Curran - Cabinet Member for Children and Families, Surrey County Council
- Cllr Chris Sadler - Leader of Elmbridge Borough Council
- Lisa Townsend - Surrey Police and Crime Commissioner

The Chairman welcomed the following guests:

- Luke Bennett - Surrey County Councillor - proposed Cabinet Member for Health (subsequently agreed at Cabinet on 29 June 2021)
- Rebecca (Bex) Pritchard - Chief Executive Officer of Surrey Care Association

17/21 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Joanna Killian and Annie Righton.

18/21 INFORMAL PUBLIC QUESTION TIME [Item 2]

None received.

19/21 COVID-19 SURVEILLANCE UPDATE [Item 3]

Witnesses:

Dr Naheed Rana - Public Health Consultant (SCC)

Key points raised in the discussion:

1. The Public Health Consultant (SCC) noted:
 - how the Public Health team (SCC) monitored the intelligence and surveillance of Covid-19 cases daily through epidemiology and the situational report, as well as the triggers and escalations - cases per 100,000 population, trends, outbreaks, exceedance reports and triangulation with vaccination data to ensure that appropriate actions were taken immediately and in conjunction with Surrey's system partners.
 - an overview of Covid-19 cases in Surrey up to 8 June 2021 shown via the epi curve over the three lockdowns as well as the three Steps in the Government's roadmap out of lockdown; with a total of 71,961 positive cases and there were 666 new positive cases between 2-8 June 2021.
 - the slight increase in rates post the easing of Step 3 of the roadmap on 17 May 2021.
 - Surrey's cases and rates per 100,000 population over the most recent 14-day period 31 May-13 June 2021 and 7-day period 7-13 June 2021 as a county, by Borough and District, and compared with the South East and England.
 - that Surrey Heath had the highest 7-day rate in Surrey at 81.7 per 100,000, which was higher than Surrey, the South East and England. Followed by Reigate and Banstead's 7-day rate of 72.6 per 100,000 population, which was higher than Surrey and the South East.
 - that Waverley had the lowest 7-day rate in Surrey at 28.5 per 100,000 population, followed by Tandridge's 7-day rate of 39.7 per 100,000 population. Which were both lower than Surrey, the South East and England.
 - the ranking of the 7-day case rate for Surrey's Districts and Boroughs compared with other lower-tier local authorities in England, notably Blackburn with Darwen and Bolton with high rates.
 - the Surrey Covid-19 summary of cases and rates over a 7-day period through the infographic currently published on Monday, Wednesday, Friday with trend information compared to the previous week, the 7-day average of cases was also tracked.
 - the case rate heatmap for Surrey between 18 May-14 June 2021 across age groups ranging from 0-4 to 80+, highlighting the increasing dark areas of greater cases between the age groups of 11-16 up to 19-24; compared to the lighter areas and lower cases in the over 60s - demonstrating the positive vaccination programme.
 - the case rate heatmap by local authority for Surrey between 18 May-14 June 2021, highlighting the recent changes across the age groups in Reigate and Banstead.
 - the Surrey and surrounding areas - South East - weekly case rate heatmap per 100,000 population by local authority from 30 April-6 May 2021 with the case rate predominantly at 0-24.9 per 100,000, slowly darkening to 4-10 June 2021 with the case rate predominantly at 25-49.9 per 100,000, with areas at 50-99.9 per 100,000 population.

- the vaccination roll-out programme in Surrey whereby in total over 756,000 people or 58% of the total eligible population - 1% above the South East - had received at least one dose of a Covid-19 vaccine; and over 512,000 or 39% of the total eligible population receiving two doses; with eligibility recently opening up to over 23 year olds.
 - the deep dive in Covid-19 vaccinations, triangulating data for the 7-day case rate, vaccination uptake for 40+ and Index of Multiple Deprivation (IMD) across Surrey's Middle Layer Super Output Areas (MSOA); reviewed frequently to inform targeted action and support hotspots through communications.
 - the publicly available Surrey Covid-19 intelligence publications: infographic (short report) - updated Monday, Wednesday, Friday - and the Intelligence Summary (long report) - updated every Friday.
2. The Chairman noted the vaccination uptake in divisions across Spelthorne, making a plea for eligible residents to get their vaccine and noted that it would be good to hear what Board members could do to encourage residents to take up the vaccine.
 3. A Board member noted the highest case rates in Surrey Heath at 81.7 per 100,000 population and that the heatmap showed that it was predominantly amongst the younger population. He asked whether that was a relatively even spread across the Borough or whether it was from a few outbreaks in several educational establishments or other properties or premises linked with young people.
 - In response the Public Health Consultant (SCC) explained that the increase in cases in younger age groups across Surrey Heath was being driven by outbreaks in schools, with a few household clusters too - once notified of an outbreak immediate actions were put in place through the Department for Education, Public Health England, Public Health teams, as well as through local colleagues.
 - The Board member further asked for reassurance as to whether those figures were manageable and would decrease; in response the Public Health Consultant (SCC) noted the four day delay in the figures, explaining that insight from local intelligence through the local Surrey Contact Tracing Service and the national NHS Test and Trace service showed that outbreaks were being managed by the contact tracing of often the siblings and parents of individuals linked to an outbreak at one school.
 - The Board member further asked whether the household clusters were linked with school outbreaks and praised the high percentage of residents traced by the Surrey Contact Tracing Service; in response the Public Health Consultant (SCC) noted that household clusters could be connected with schools via surnames, noting that it was a mixture of links between household and school clusters.
 4. The Vice-Chairman noted the particular challenges in Reigate and Banstead, thanking the Public Health team (SCC) and agencies across Surrey in dealing with the initial outbreak which was connected to one of Reigate and Banstead's local schools. He provided reassurance of the success of the Surrey Contact Tracing Service which pinpointed the source of the outbreak.
 5. The Vice-Chairman referring to the vaccination programme, noted that he was keen to make sure that Reigate and Banstead Borough Council was able to provide logistical support for encouraging the uptake of vaccinations, noting the re-offering of volunteers to knock on residents' doors and to deliver any items - reducing the burden from health workers.

6. The Chairman welcomed the Vice-Chairman's offer and would liaise with Spelthorne Borough Council, which would look to return such an offer.

RESOLVED:

The Board noted the verbal update and presentation.

Actions/further information to be provided:

1. The Public Health team (SCC) will liaise with the Vice-Chairman concerning his offer of logistical support by Reigate and Banstead Borough Council through volunteers to encourage the uptake of vaccinations.
2. The Chairman will liaise with Spelthorne Borough Council to look to return such an offer in relation to logistical support of the vaccination programme through volunteers.

20/21 COVID-19 COMMUNICATIONS PLAN UPDATE [Item 4]

Witnesses:

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

Key points raised in the discussion:

1. The Senior Communications Manager, COVID-19 Communications Lead (SCC) noted:
 - the surge testing operation in Reigate and Banstead, the press release was scheduled for 3pm:
 - due to begin on Friday due to the high rates in two areas:
 - Area one - Banstead, Walton-on-the-hill and Tattenham corner
 - Area two - Reigate town centre
 - the communications cascade with the Board informed first.
 - the experience gained from previous surge testing operations in Surrey.
 - it was important for residents that they had a good understanding of whether or not they lived, worked or went to school within the boundaries of the surge testing area - an interactive map had been produced.
 - the web content and Frequently Asked Questions (FAQs) document had been prepared and was sent to GPs, before being published online across the Surrey County Council and Reigate and Banstead Borough Council websites.
 - the Communications team (SCC) was well experienced in doing highly targeted social media, alongside the press release geo-targeted communications would go out via Facebook, Instagram, Snapchat and Nextdoor - the Snapchat posts could be targeted to the younger age groups.
 - the Department of Health and Social Care (DHSC) would be issuing their press release, as well as offering support for business and community stakeholder engagement in the area.
 - two digital ad vans would be diverted to the Reigate and Banstead surge testing areas from Friday.
 - the assets and infographics being used reverted to alert messaging through chevrons and the bright colours.

- the continued close working between the Public Health team (SCC) and Communications team (SCC), noting the data meetings which occurred three times a week and the awareness of rising rates in Surrey and Variants of Concern (VOC):
 - digital ad vans from Monday would drive around the areas with the highest rates in Surrey, focusing the assets on the testing and vaccinations.
 - an extraordinary Multi-Agency Information Group (MIG) was held last Thursday so that partners in Surrey could be alerted to the rising rates, with a toolkit with new graphics provided.
 - vinyl banners were being developed to go into popular spots particularly congregated by young people.
 - a leaflet on testing and vaccinations had been developed.
 - information was included in the GP bulletins last week to inform them of rising cases.
 - the RingGo parking app was being investigated to include push notifications and a text to anyone who was registered with the app in Surrey.
 - the focus on younger age groups as the rates were higher, ensuring targeted messaging.
- Youth engagement:
 - through a company called Livity who ran focus groups to gain insights into how young people in Surrey were feeling about the lockdowns and what would motivate them to follow the rules.
 - findings from the focus groups included the feeling of being scapegoated by the media and underrepresented in the Covid-19 communications; and therefore further work was done on peer-to-peer conversations.
 - in partnership with Livity a new Instagram magazine channel - SoonSurrey - was launched in April, engaging six different young influencers monthly covering themes such as the Covid-19 roadmap, vaccine confidence, mental health and wellbeing.
 - multiple links to services and Public Health information was included via Linktree and could be used for alerts such as surge testing.
 - influencers would upload vaccination posts following the news that from Friday everyone over the age of 18 could get vaccinated.
 - Snapchat had been effective noting the metrics to the end of May for the two posts including 2.4 million impressions, benefits included that posts could be geo-targeted and organic content did not need to be created.
 - the 'Fear of Missing Out' (FOMO) campaign on Snapchat was based on insights from young people in Surrey - to explain the social contract aspect of getting tested and vaccinated to protect communities.
 - further metrics up to the end of May included: 14.9 million Facebook and Instagram impressions reaching 1.2 million people in Surrey, 1.5 million Google Display impressions such as via online banking, SoonSurrey reached 211,000 accounts in the last month, the vaccine reel was watched over 4,000 times by young people in the last month, just under 190,000 Surrey residents were subscribed to Nextdoor and posts in local community groups had around a 30% impression rate, geo-targeted radio adverts on testing had been heard 1.2 million times by 150,000 people over a six week period, the Surrey County Council Coronavirus webpage was visited 960,000 times, over seventy broadcast interviews including the Leader of Surrey County Council and Director of Public Health (SCC) and ongoing media relations,

- adverts were widespread such as at petrol pumps and train stations as well as the use of digital ad vans.
 - regarding targeting communications to young people, noted the latest figures for Ofcom media consumption by age in which Instagram in the 16-24 year old age group had an uptake of 78%, Snapchat had 72% with TikTok only on 54%.
2. The Chairman commended the informative presentation and the communications work undertaken in Surrey to keep residents informed on the situation around Covid-19.

RESOLVED:

The Board noted the activity outlined in the report.

Actions/further information to be provided:

None.

21/21 COVID-19 LOCAL OUTBREAK CONTROL PLAN UPDATE AND UPDATED TERMS OF REFERENCE [Item 5]

Witnesses:

Ruth Hutchinson - Director of Public Health (SCC)
 Caroline Chapman - Senior Public Health Contact Tracing Lead (SCC)
 Jack Healy - Public Health Lead (SCC)
 Gail Hughes - Public Health Lead, Programme Manager – COVID-19 (SCC)
 Gavin Stephens - Chief Constable of Surrey Police
 Sinead Mooney - LOEB Chairman; Cabinet Member for Adults (SCC)
 Rebecca (Bex) Pritchard - Chief Executive Officer of Surrey Care Association
 Clare Curran - Cabinet Member for Children and Families (SCC)

Key points raised in the discussion:

1. The Chairman referred to the updated Terms of Reference, noting the additions to the Board membership going forward of the proposed Cabinet Member for Health (SCC) and the Chief Executive Officer of Surrey Care Association.
2. The Director of Public Health (SCC) introduced the report and provided updates on:
 - The National Easing of Restrictions in England:
 - noted the delayed move to Step 4 of the Government's roadmap out of lockdown to 19 July 2021.
 - on 21 June 2021 Step 3 restrictions would remain apart from rules in relation to wedding and civil partnership ceremonies, and celebrations, funerals and commemorative events following a death, care home visits and domestic residential visits for children.
 - providers of those services were being supported in those settings with regards to those changes.
 - Local Outbreak Control Plan:
 - which had been republished recently and met the national accessibility requirements.
 - a Sector Led Improvement peer review had been undertaken with Buckinghamshire and East Sussex, with a productive session on 19 May followed by the final report after key amendments were made

in light of feedback, such as greater transparency around testing for high risk groups and the inclusion of coincidence and common exposure reports - the peer review was circulated to the Board on 28 May.

- in response to the Chairman's comment requesting an update on an outstanding action from April's Board around the outcome of the Sector Led Improvement peer review, the Director of Public Health (SCC) reiterated the point above and asked that the peer review be re-circulated to the Board members.
 - Variants of Concern (VOC) (national):
 - that the Delta variant had recently become the dominant variant in the United Kingdom; it was estimated to be between 40 and 80% more transmissible than the Alpha variant driving the rapid increase in case numbers.
 - early data demonstrated a slight increase in the risk of hospitalisation, but the evidence continued to emerge - that increase was not yet seen in Surrey - and because of the vaccination programme most cases were in young people, which did not always manifest itself in hospitalisations; however it impacted primary care, education and the economy.
 - information on VOC and Variants Under Investigation (VUI) was published in the weekly coronavirus full summary report.
 - that the surge testing due to begin on Friday in Reigate and Banstead was as a result of a request as Surrey was highlighted as a possible Enhanced Response Area (ERA), having received the Enhanced Support Package (ESP) due to high rates of the Delta variant in around half of the Boroughs and Districts predominantly in the north of Surrey. It was decided at the Gold decision making meeting that those Boroughs and Districts would not become ERAs, instead surge testing would be run in Reigate and Banstead.
 - ERAs were on the GOV.UK website such as Manchester, with Hounslow located closest to Surrey.
 - that additional resource was provided and aggressive action was taken on emerging variants such as the Delta variant, the public health actions on VOCs included the standing up of IMTs for areas of concern, working with partners to review Covid-secure measures and put in place further control measures such as targeted testing and promoting communications intensifying them where necessary.
 - Managed Quarantine Service (MQS):
 - delivered by the Department of Health and Social Care, applying to anyone who had travelled from or passed through a country on the Red List.
 - two hotels in Surrey remained for the MQS and were located near Gatwick airport.
 - Steering groups manage the work of the MQS, recognising that they could get busier going forward due to increased travel and more countries added to the Red List.
3. The Vice-Chairman asked why surge testing was targeted at Reigate and Banstead which was second and falling concerning the reported official case rates, noting that it was vital for communications to explain the reasoning for surge testing which would identify more cases.
- In response the Director of Public Health (SCC) recognised that surge testing by discovering more cases, would increase the case rate and noted the volatility of the pandemic shown through the recent rise of cases in Reigate and Banstead - noting the outbreak in one secondary

- school and subsequent spread within households and the community - an Incident Management Team (IMT) had been stood up.
- The Director of Public Health (SCC) added that one difference of the recent surge testing programme in Reigate and Banstead was that testing would cover all ages, noting the dual message of getting tested and registering for a vaccination.
4. The Senior Public Health Contact Tracing Lead (SCC) provided an update on Contact Tracing:
- which was an important tool to break the chains of transmission particularly as cases were rising again.
 - the Surrey Contact Tracing Service local team received just under 100 cases a week between 7-21 May 2021, doubling between 22-28 May 2021, doubling again 29 May-4 June 2021, with a further rise between 5-11 June 2021 - with 107 cases alone on that Monday.
 - it had been difficult to manage that volatility in numbers despite having flexibility within the team and reluctantly some cases had to be handed back to the NHS Test and Trace service national team.
 - as a result, actions were put in place to mitigate that re-occurrence such as bringing in a further six contact tracers by 7 July, with people to help out on weekends and using capacity from the testing team in terms of call centre staff.
 - local contact tracing through the Surrey Contact Tracing Service was being completed for most cases, between 27 May-2 June the NHS Test and Trace service national team reached 92.2% of cases in England and in Surrey between 31 May - 6 June 95% of cases were reached by the local and national teams - the figure had been up to 97% in the last few weeks.
 - attributable to Surrey's success was the use of Environmental Health Officers over the past three months who completed face-to-face contact tracing for those cases not contacted via telephone, reaching 50% of the difficult to reach cases equivalent to twenty-two cases.
 - New to the Surrey Contact Tracing Service was:
 - a computer system arriving by late July - Integrated Tracing system (ITS) - in which Surrey was an early adopter.
 - that Surrey represented the South East on the ITS Board.
 - the Outbreak Identification Rapid Response (OIRR) and iCERT tools regarding capturing data on where an individual may have caught Coronavirus and where they might have been whilst having Coronavirus, via postcode coincidences and common exposures in order to take action.
 - Vaccine Confidence Calls, using spare capacity in the team with call handlers contacting individuals needing extra support in making an informed decision about having a vaccination - noting a trial in one GP surgery to measure its effectiveness, supported by a behavioural psychologist to provide insights into designing a script.
5. Regarding the Vaccine Confidence Calls and the trial, the Chairman asked whether the Senior Public Health Contact Tracing Lead (SCC) would agree that there was real value in commencing that trial in areas with a lower uptake.
- In response the Senior Public Health Contact Tracing Lead (SCC) recognised the value of the trial which would commence in an area of the highest need with a low uptake. She highlighted that the local contact tracing team were mostly Surrey residents who were motivated to support their fellow residents.
 - The Senior Public Health Contact Tracing Lead (SCC) noted that due to the challenge of the increasing numbers of cases to be mitigated through

a recruitment plan, she was hopeful that the trial would commence in early to mid-July and the Board was to be kept updated.

6. The Chairman welcomed the update on the outstanding action from the April Board which was to give an update on the outcome of the face-to-face contact tracing service.
7. The Public Health Lead (SCC) provided an update on testing:
 - Symptomatic testing:
 - there had not been any major policy changes since the last Board update; anyone with the three major symptoms of Covid-19: fever, cough or a change in sense of smell or taste could get a PCR test by visiting a testing site, or by ordering a home test kit through booking online or by calling 119.
 - changes to note regarding local testing capacity were that the Regional Testing Site in Chessington was now closed, an additional Local Testing Site had opened in Camberley.

Dr Pramit Patel joined the meeting at 3.09 pm

- Asymptomatic testing:
 - symptom-free rapid lateral flow testing:
 - for individuals without the three major Covid-19 symptoms, testing was open to all adults and secondary school aged children recommended twice-weekly even for those who had been vaccinated - positive results would be followed up with a confirmatory PCR test result.
 - the local authority led rapid lateral flow testing (Targeted Community Testing - TCT) stream had undergone a change in the last couple of months: the five different TCT sites across the county offering assisted lateral flow testing had now closed due to a change of policy towards ensuring capacity for underrepresented and disproportionately impacted groups.
 - assisted rapid lateral flow testing could be booked at twenty-five community pharmacies for anyone over the age of 16 who lived, worked or studied in Surrey and since the last Board the Mobile Testing Unit (MTU) had become operational.
 - the collection and delivery of home rapid lateral flow self-test kits from NHS Test and Trace sites, community pharmacies participating in Pharmacy Collect and the delivery of home testing kits by booking online explained the policy change noted above.
 - there were also other nationally led symptom-free rapid lateral flow testing streams in educational settings, care settings, NHS settings and a number of workplaces.
 - Symptom-free tests:
 - the Surrey Testing Cell continued to take requests with regards to PCR testing in certain circumstances, concerning outbreaks, individuals being moved between care settings and in certain vulnerable and high-risk settings.
 - contacts of cases who were contacted by NHS Test and Trace and members of households of cases can have a single PCR test while self-isolating whether or not they had symptoms; primarily to identify VOCs.
 - messaging regarding the testing of contacts during their self-isolation was being given to schools in Surrey in areas of concern and with outbreaks.

- NHS Test and Trace was undertaking a large study to investigate the use of daily rapid lateral flow tests as an alternative to self-isolation for contacts of confirmed cases.
 - Testing for foreign travel:
 - the introduction of the traffic light system: red, amber and green list rules for travellers entering England, each with different testing arrangements.
 - the update was in response to the action from the last Board regarding Board member questions:
 - one of which was whether the tests were free or were at an individual's expense, currently tests were to be arranged at an individual's own expense through one of the Government's approved private providers.
 - the second question related to the type of test required, whilst not specified the minimum standard of test would likely be a PCR test.
 - the red, amber and green lists applied to those entering England, other countries had their own testing rules and individuals should refer to the Foreign, Commonwealth and Development Office (FCDO) for travel advice.
 - regardless of what list a country was on, arranging a test three days prior to arrival back in England was required as well as taking a test on or before day two after arrival back in England - a further test was required on or after day eight arriving back from amber and red list countries.
 - quarantine after arrival at home was required for amber list countries, whilst quarantine after arrival was required for red list countries through managed quarantine hotels.
 - the Test to Release scheme allowed people who had travelled to an amber list country to take a test on day five after arrival into England and if negative the quarantine period could end before the full ten days required.
 - testing in response to VOCs:
 - had been covered in previous items and updates.
 - future planning:
 - in relation to testing locally, more capacity was moving to TCT and surge testing in response to VOCs.
 - concerning TCT, work was underway on developing an outreach testing model for the local authority led rapid lateral flow testing by engaging with partners across the county in various settings and with trusted community members to set up testing run by service providers.
8. The Chairman welcomed the updates on the action from April's Board concerning the eligibility of asymptomatic testing, the types of tests required for foreign travel and their expense, highlighting the large costs of the tests from the Government approved providers.
9. The Public Health Lead, Programme Manager – COVID-19 (SCC) provided an update on the Community (COVID) Champions programme noting that:
- she had taken over support of the programme.
 - the programme was established in November 2020 and currently nine out of the eleven Boroughs and Districts in Surrey had either fully or partially launched their programme.
 - the aim of the Champions programme was to disseminate simple and accurate current information on Covid-19 to the public.

- it was locally led by the Boroughs and Districts via coordinators, with central support by the Public Health team (SCC) which produced weekly briefings to the coordinators to be cascaded to the Champion networks.
 - seven Boroughs and Districts ran regular webinars which provided an opportunity for the Champions to hear from the local authority and health partners to ask questions, gathering system intelligence around concerns.
 - Phase Two of the programme included:
 - a recruitment drive to increase the number of Champions, to expand diversity and encourage retention of existing Champions - as coordinator feedback indicated that many Champions had lost interest.
 - greater engagement with third sector voluntary organisations, using funding to place coordinators within the third sector.
 - an evaluation of Phase One through reviewing the outcomes, lessons, learnt and areas for development; a funding application had been sent to the National Institute for Health Research and the Board will be kept updated.
 - a more targeted approach to specific cohorts and settings was needed, such as younger people and areas with low vaccine uptake or testing.
 - the inclusion of general health and wellbeing messaging and support.
 - that the new Public Health England campaign resources around the Step 3 update of the roadmap was available online.
10. The Chairman asked whether there was anything that the Board could do in terms of supporting with the recruitment of Champions.
- In response the Public Health Lead, Programme Manager – COVID-19 (SCC) noted that the programme was working better in some Boroughs and Districts than others, noting that some had lost momentum and she was working to understand why.
 - The Public Health Lead, Programme Manager – COVID-19 (SCC) added that Woking and Tandridge were yet to establish a programme and welcomed support from the Board in terms of removing barriers to set up the programmes.
 - The Chairman would engage with Environmental Health Officers at Woking Borough Council following up their interest in establishing the programme there.

Tim Oliver left the meeting at 3.28 pm

Lisa Townsend left the meeting at 3.28 pm

11. A Board member asked whether the role of the Champions was voluntary or whether they were employed, and if so by whom.
- In response the Public Health Lead, Programme Manager – COVID-19 (SCC) explained that the coordinators were employed by the Borough and District Councils whilst the Champions were volunteers.
12. The Board member further asked to what extent were the Champions engaged in the Covid-19 Communication Plan, noting their apparent key role in social media and communicating messaging.
- In response the Public Health Lead, Programme Manager – COVID-19 (SCC) noted that the Champions were linked into the Covid-19 Communications Plan and cascade, the most recent briefing developed

- by the Public Health team (SCC) included the resources from the Communications team (SCC) to be cascaded through the network of coordinators, then on to the Champions and their communities.
- The Chairman added that the Champions programme was set up following the Board's establishment and the programme was based on best practice from areas such as Birmingham and parts of Central London which harnessed community engagement and community leaders in disseminating information on Covid-19.
13. The Chairman requested that a future written update be provided summarising the strengths and weaknesses of the programme across the county, and whether there was a model template that could be provided to Borough and District Councils without the programme.
 14. The Chief Constable of Surrey Police provided an update on enforcement, noting that:
 - there had been few of the £10,000 Fixed Penalty Notices (FPNs) issued in Surrey.
 - numbers remained stable compared to the last update at April's Board, with just below Covid-related incidents related to Surrey Police since March 2020, as well as 1,582 FPNs.
 - the changes in the regulations in May made some of the enforcement activity more difficult to judge, large indoor gatherings would be problematic and so he welcomed the support of Surrey communities as there had not been any incidents.
 - gatherings of up to thirty outdoors was permissible.
 - there had been some uplift in policing demand in responding to incidents as a result of the new Managed Quarantine Service, which had been resourced.
 - Government funding continued to be provided to ensure the continued enforcement of any Covid-related regulations.
 - more generally Surrey Police had seen exceptionally high levels of emergency calls as in recent weeks there had been several days that had seen 999 levels back to what had not been seen since June 2008; hoping that demand in the next few weeks would stabilise as people adjusted to the freedoms whilst responding to the communications about the need for caution.
 15. The Chairman highlighted the comment in the chat box congratulating the Chief Constable of Surrey Police, Gavin Stephens, for his personal recognition on the Queen's Birthday Honours List 2021 receiving the Queen's Police Medal (QPM).
 16. The Chairman noted the apologies from the COVID 19 Vaccination Programme Director, Surrey Heartlands ICS regarding the Vaccination Roll-out update, noting the completed action provided - that there were no plans to stand up the vaccination regional super site option at Gatwick.
 17. The Chairman as Cabinet Member for Adults (SCC), provided an update on Adult Social Care noting:
 - the current stability within the service in terms of COVID-19, with continued engagement with partners in the sector and regular meetings in order to escalate any concerns.
 - the challenging past year and resultant effect on mental health, noting the formation of the Surrey Mental Health Partnership Board which presented its recommendations to the June Health and Wellbeing Board.
 18. The Chief Executive Officer of Surrey Care Association noted that in relation to care homes:

- Covid-19 outbreaks were extremely low at 0.1%.
 - That on 21 July the Care Quality Commission (CQC) would publish details on care home deaths between 10 April 2020 - 31 March 2021 with data to be shared at local authority and individual care home level.
 - the Government's consultation on vaccinations for social care staff working in care homes concluded in the mandating of vaccinations; the Public Health Principal (SCC) and health colleagues were working with the remaining few vaccine hesitant care staff - there was a concern that some staff would leave and that could put pressure on safety quality and recruitment going forward.
19. The Cabinet Member for Children and Families (SCC) highlighted the:
- positive news about no reported closures of schools or settings due to COVID 19 coronavirus since the start of the Summer Term in April, as well as the high level of school attendance.
 - support given to schools by Surrey County Council included financial support to families who were experiencing economic hardship and food poverty - welcoming the work of the regional food banks.
 - partnership with the international Charity, Binti to tackle period poverty in Surrey and eradicate the stigma, ensuring the availability of free period products through all Surrey's libraries and other locations across the county.
 - work in tackling poverty being addressed by the Health and Wellbeing Board.
 - new Emotional Wellbeing and Mental Health contract which went live on 1 April 2021 including the Thrive Framework for System Change. It was still early days to assess the performance of that contract, noting the expected long period of high demand.
20. The Chairman sought an update on the outstanding action from the April Board around addressing the difficulty of getting dental appointments for Looked After Children and Care Leavers.
- In response the Cabinet Member for Children and Families (SCC) noted that the issue was on the Corporate Parenting Board's radar, ensuring that it would be followed up and an update to be provided at the next Board.

RESOLVED:

1. Noted the report and the updated Terms of Reference (Annex 1).
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 Committee Manager (SCC) will re-circulate the Sector Led Improvement peer review to the Board members.
2. The Board will be kept updated on the trial at one GP surgery to measure the effectiveness of the Vaccine Confidence Calls.
3. Board members will provide support as appropriate to helping with the recruitment of Champions across the county and the removal of the barriers in

relation to the setting up of the Community (COVID) Champions programmes in Woking and Tandridge.

- The Chairman would engage with Environmental Health Officers at Woking Borough Council following up their interest in establishing the programme there.
- 4. A written update will be provided at a future Board summarising the strengths and weaknesses of the Community (COVID) Champions programme across the county and a possible model template that could be provided to Borough and District Councils without the programme.
- 5. The Cabinet Member for Children and Families (SCC) will follow up the action concerning the difficulty of getting dental appointments for Looked After Children and Care Leavers with the Corporate Parenting Board, providing an update at a future Board.

22/21 DATE OF NEXT MEETING [Item 6]

The date of the meeting was noted as 2 September 2021.

Meeting ended at: 3.42 pm

Surrey Local Outbreak Engagement Board Terms of Reference

1. Context

- 1.1 The NHS Test and Trace service is part of the Government's COVID-19 recovery strategy. It is aimed at controlling the COVID-19 rate of reproduction (R), reducing the spread of infection and saving lives. In doing so its aim is to help to return life to as normal as possible, for as many people as possible, in a way that is safe, protects our health and care systems and releases our economy.
- 1.2 This strategy requires local authorities to work with partners to build on existing health protection plans to put in place measures to identify and contain outbreaks and protect the public's health.
- 1.3 On 22 February 2021, the Government published a four-step plan setting out the roadmap for easing restrictions and exiting England's third national lockdown - COVID-19 Response – Spring 2021 (Roadmap). On 18 March 2021, the COVID-19 Contain Framework - a guide for local decision makers was updated, setting out how national, regional and local partners should continue work with each other, the public, businesses, institutions (including schools, prisons, hospitals, care homes and homelessness settings) and other local system partners in their communities to prevent, manage and contain outbreaks of COVID-19.
- 1.4 These strategies require a public-facing board led by council members to communicate openly with the public. This will be through the Surrey Local Outbreak Engagement Board (LOEB).
- 1.5 This Board is a sub-committee of the Surrey Health and Wellbeing Board, approved by Council on 7 July 2020 and its initial terms of reference were noted by the Health and Wellbeing Board.

2. Purpose

- 2.1 The Board will oversee the local delivery of the primary objectives of the government strategy to reduce the spread of infection and save lives.

3. Role and Responsibilities

- 3.1 The Surrey Local Outbreak Engagement Board will be responsible for:
 - 3.1.1 Sign-off of the general direction of travel for Surrey's COVID-19 Local Outbreak Control Plan and ongoing development of the plan;
 - 3.1.2 Senior level oversight of outbreak responses in Surrey, outlined in Surrey's COVID-19 Local Outbreak Control Plan and implemented primarily via the local COVID-19 Health Protection Board;
 - 3.1.3 Oversight of resource allocation relating to the delivery of Test and Trace in Surrey;
 - 3.1.4 Direction and leadership for community engagement for outbreak response;
 - 3.1.5 Approving the public-facing communications for outbreak response; and

3.1.6 Approving recommendations from the Surrey COVID-19 Health Protection Board.

4. Principles

- 4.1 The same principles followed by the Surrey Health and Wellbeing Board describes how Board members will work together. Board members will:
- 4.1.1 Prioritise resources and make decisions in the best interests of the Surrey population based upon evidence and data;
 - 4.1.2 Embrace the opportunity for the collective leadership of place, recognising and balancing the needs and opportunities presented by Surrey's geography;
 - 4.1.3 Work in an open and transparent way ensuring there are no surprises for other partners – 'nothing about me without me';
 - 4.1.4 Use consensus as the primary driver for decision making;
 - 4.1.5 Hold each other (and the organisations and partnerships represented by Board members) to account for delivering on commitments made and agreed actions;
 - 4.1.6 Seek to align local and system level success wherever possible; and
 - 4.1.7 Champion an inclusive approach to engaging residents in the work of this Board.

5. Chairman

- 5.1 The Leader of the County Council will usually be the Chairman of the Surrey Local Outbreak Engagement Board or his/her nominated representative out of the Board members.
- 5.2 The Vice-Chairman was elected at the first Board meeting.

6. Membership

6.1 The Board membership is as follows:

- The Leader of Surrey County Council
- Chief Executive of Surrey County Council
- Director of Public Health of Surrey County Council
- Cabinet Member for Adults, Surrey County Council
- Cabinet Member for Children & Families, Surrey County Council
- Cabinet Member for Health, Surrey County Council
- Chief Executive of Mole Valley District Council
- Strategic Director, Waverley Borough Council
- The Leader of Reigate & Banstead Borough Council
- The Leader of Elmbridge Borough Council
- Clinical Chair of Surrey Heartlands Clinical Commissioning Group (CCG)
- Chair of the Royal Surrey NHS Foundation Trust
- Lead Primary Care Network (PCN) Clinical Director, representing the collective voice of PCNs across Surrey Heartlands
- Chief Constable of Surrey Police

- Surrey Police and Crime Commissioner
- Independent Chair, Frimley Health & Care Integrated Care System
- Chief Executive of Surrey Chambers of Commerce
- Chief Executive Officer of Surrey Care Association

6.2 Board members are able to nominate a deputy (as agreed by the Chairman) who can attend and vote in their absence but must have delegated authority to make decisions.

7. Quorum

7.1 There will be at least four representatives, one of whom will be the Chairman or Vice-Chairman.

8. Decision-making

8.1 The decisions will be made by consensus. Decision making authority is vested in individual members of the board. Members will ensure that any decisions taken are with appropriate authority from their organisation.

8.2 Any member can make a proposition or propose an amendment to a proposed resolution if backed by a seconder. Votes will be taken if consensus is not reached. Voting will be by a show of hands.

9. Board Support

9.1 Surrey County Council Democratic Services are responsible for distribution of the agenda and reports, recording minutes, maintaining the actions tracker and the organisation of the meetings.

9.2 The Surrey County Council Public Health team are responsible for the board forward plan, developing the agenda and support for board members to fulfil their role.

10. Meeting

10.1 Meetings will be held every two months in public. In line with statutory requirements, notice and agendas for public meetings will be published 5 clear working days before the meeting. The frequency of the meetings will be kept under review.

10.2 The Board may convene additional informal meetings if required to further develop its role and partnership arrangements.

10.3 Meetings will be held in person usually at Woodhatch Place, Reigate or virtually if informal.

10.4 Conflicts of interest must be declared by any member of the Board.

11. Review of Terms of Reference

11.1 These terms of reference will be formally reviewed by the Board by mutual agreement of its members. Reviews will be undertaken to reflect any significant changes in circumstances as they arise. These terms of reference, together with any amendments, will be signed off by the Board members.

12. Governance

The COVID-19 Test and Trace Governance overview as revised 20 January 2021 shows where LOEB fits into the national, regional and Surrey multiagency response structures:

Multi-agency Response Structures

Revised 20/01/21

