

Notice of Meeting

Surrey Local Outbreak Engagement Board

**Date & time**

Thursday, 17 February
2022
at 2.00 pm

Place

Remote via Teams

Contact

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We're on Twitter:
@SCCdemocracy

Please be aware that a link to view a live recording of the meeting will be available on the Surrey Local Outbreak Engagement Board page on the Surrey County Council website. This page can be accessed by following the link below:

<https://mycouncil.surreycc.gov.uk/ieListMeetings.aspx?CId=820&Year=0>

Board Members

Joanna Killian	Chief Executive, Surrey County Council
Tim Oliver	Leader of Surrey County Council
Ruth Hutchinson	Director of Public Health, Surrey County Council
Sinead Mooney (Chairman)	Cabinet Member for Adults and Health, Surrey County Council
Clare Curran	Cabinet Member for Children & Families, Surrey County Council
Karen Brimacombe	Chief Executive, Mole Valley District Council
Annie Righton	Strategic Director, Waverley Borough Council
Cllr Mark Brunt (Vice-Chairman)	Leader of the Council, Reigate & Banstead Borough Council
Cllr Chris Sadler	Leader of the Council, Elmbridge Borough Council
Dr Charlotte Canniff	Clinical Chair, Surrey Heartlands Clinical Commissioning Group
Sue Sjuve	Chair, Royal Surrey NHS Foundation Trust
Dr Pramit Patel	Lead Primary Care Network (PCN), Clinical Director Primary Care Networks - Surrey Heartlands
Gavin Stephens	Chief Constable of Surrey Police
Lisa Townsend	Surrey Police and Crime Commissioner
Dr Priya Singh	Chair-designate, Frimley Health and Care Integrated Care Board
Louise Punter	Chief Executive of Surrey Chambers of Commerce
Rebecca Pritchard	Chief Executive Officer at Surrey Care Association

AGENDA

1 APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2 MINUTES OF THE PREVIOUS MEETING: 19 NOVEMBER 2021

(Pages 5
- 22)

To agree the minutes of the previous meeting.

3 DECLARATIONS OF INTEREST

All Members present are required to declare, at this point in the meeting or as soon as possible thereafter

- (i) Any disclosable pecuniary interests and / or
- (ii) Other interests arising under the Code of Conduct in respect of any item(s) of business being considered at this meeting

NOTES:

- Members are reminded that they must not participate in any item where they have a disclosable pecuniary interest
- As well as an interest of the Member, this includes any interest, of which the Member is aware, that relates to the Member's spouse or civil partner (or any person with whom the Member is living as a spouse or civil partner)
- Members with a significant personal interest may participate in the discussion and vote on that matter unless that interest could be reasonably regarded as prejudicial.

4 INFORMAL QUESTION TIME

a Members' Questions

The deadline for Member's questions is 12pm four working days before the meeting (*11 February 2022*).

b Public Questions

The deadline for public questions is seven days before the meeting (*10 February 2022*).

5 ACTION TRACKER

(Pages
23 - 26)

The Board is asked to review its Action Tracker.

6 COVID-19 SURVEILLANCE UPDATE

A verbal update is to be provided on the surveillance of the data and intelligence concerning COVID-19.

7 COVID-19 COMMUNICATIONS PLAN UPDATE

(Pages
27 - 30)

A communications and engagement strategy has been developed to support the Surrey Local Outbreak Management Plan. The Communications Plan has evolved as more has been learnt about our public health response to the virus and this report provides the latest update on communications activity.

8 SURREY COVID-19 LOCAL OUTBREAK MANAGEMENT PLAN

(Pages
31 - 50)

This report details recent progress on the delivery of Surrey's Local Outbreak Management Plan including key outcomes, challenges and next steps.

9 DATE OF NEXT MEETING

The next meeting of the Surrey Local Outbreak Engagement Board will take place on 21 April 2022.

Joanna Killian
Chief Executive
Surrey County Council

Published: Wednesday, 9 February 2022

INFORMAL QUESTION TIME

The Surrey Local Outbreak Engagement Board will consider questions submitted by Members of the Council, members of the public who are electors of the Surrey County Council area relating to a matter within its terms of reference, in line with the procedures set out in Surrey County Council's Constitution.

Please note:

1. Members of the public can submit one written question to the meeting. Questions should relate to general policy and not to detail. Questions are asked and answered in public and so cannot relate to "confidential" or "exempt" matters (for example, personal or financial details of an individual – for further advice please contact the committee manager listed on the front page of this agenda).
2. The number of public questions which can be asked at a meeting may not exceed six. Questions which are received after the first six will be held over to the following meeting or dealt with in writing at the Chairman's discretion.
3. Questions will be taken in the order in which they are received.
4. Questions will be asked and answered without discussion. The Chairman or Board Members may decline to answer a question, provide a written reply or nominate another Member to answer the question.
5. Following the initial reply, one supplementary question may be asked by the questioner. The Chairman or Board Members may decline to answer a supplementary question.

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MINUTES of the meeting of the **SURREY LOCAL OUTBREAK ENGAGEMENT BOARD** held at 2.00 pm on 19 November 2021, remotely via Microsoft Teams.

These minutes are subject to confirmation 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
* Rebecca Pritchard

32/21 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Andrew Lloyd and Gavin Stephens.

33/21 MINUTES OF THE PREVIOUS MEETING: 2 SEPTEMBER 2021 [Item 2]

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

34/21 DECLARATIONS OF INTEREST [Item 3]

There were none.

35/21 INFORMAL QUESTION TIME [Item 4]

a Members' Questions [Item 4a]

None received.

b Public Questions [Item 4b]

None received.

36/21 ACTION TRACKER [Item 5]

Witnesses:

Dr Charlotte Keeble - Covid Vaccination Programme Director, Surrey Heartlands Integrated Care System

Key points raised in the discussion:

1. The Chairman requested an update on the one outstanding action A19/21.
 - In response the Covid Vaccination Programme Director (Surrey Heartlands ICS) explained that she would provide an update on the Covid-19 Vaccination Programme within item 8: Surrey Covid-19 Local Outbreak Management Plan.
2. The Chairman highlighted the inclusion of a detailed update - Appendix 1 - the response to action A21/21.

RESOLVED:

1. That the Board reviewed its Action Tracker.
 - Action A19/21 to be marked as completed.

Actions/further information to be provided:

None.

37/21 COVID-19 SURVEILLANCE UPDATE [Item 6]**Witnesses:**

Dr Naheed Rana - Public Health Consultant, Surrey County Council

Ruth Hutchinson - Director of Public Health, Surrey County Council

Key points raised in the discussion:

1. The Public Health Consultant (SCC) noted:
 - the Covid-19 daily monitoring, intelligence and surveillance information; reviewing triggers and escalations, and the epidemiology and situational reports.
 - the epi curve of Covid-19 cases in Surrey whereby there were 150,651 cases in total up to 9 November 2021, cases continued to be monitored and the graph showed the number of cases as well as the tracking of the seven-day averages and the impact of the three lockdowns and the Government's roadmap culminating in all restrictions eased.
 - a graph showing the Covid-19 cases in Surrey between 15 June - 15 November 2021 where cases rose in conjunction with start of the school term in September and fell in conjunction with the October half term, rising post half term; the school age population group were driving infection rates.
 - the number of cases and rates per 100,000 population in the most recent fourteen-day period 2-15 November 2021 and detailed the most recent seven-day period 9-15 November 2021 where the rate for Surrey was 464.2 per 100,000 population or 5,570 cases - which was above the England and South East rates.
 - Tandridge, Elmbridge and Mole Valley had the highest rankings compared with nationally and in Surrey, Tandridge's rate in the most recent seven-day period was 600.8 per 100,000 population compared to Woking at 370.4 per 100,000 population.
 - the ranking of seven-day case rate for Lower-tier local authorities in England, 9-15 November 2021, Elmbridge and Tandridge were positioned at ninth and tenth.

- that the number and distribution of cases fluctuated weekly, there were agreed actions and notifications to tackle the rates in Surrey - noting the work of the Communications team (SCC), colleagues involved in testing and vaccinations, and support provided by other partners such as Surrey's borough and district councils.
 - that the publicly available infographic 'Surrey Covid-19 Summary: Cases and Rates' was updated on Tuesdays and Thursdays and the recent infographic indicated an increasing trajectory with 800 cases per day on average.
 - the publicly available weekly Friday intelligence summary, keeping Members and residents regularly informed.
 - that the Delta Plus variant that was currently in the whole of the UK, although at low numbers in Surrey and Delta remained the dominant variant in the UK.
 - the Covid-19 cases per 100,000 by age group in Surrey between 14 October-6 November 2021 shown through a heat map, highlighting an increase in cases for school age groups or 10-19 year olds - which was consistent in most of the boroughs and districts - and an increase in cases in 40 to 49 year olds; the slight increase in 60 plus year olds had stabilised.
 - a heat map of Surrey and surrounding areas: weekly case rates per 100,000 population by local authority between 5 October-15 November 2021; the fluctuation of cases was shown and culminated in the current high rates.
 - there had been a slow but not significant increase in hospital admissions.
 - that vaccination uptake across Surrey was good, where there was lower uptake the data - including IMD (Index of Multiple Deprivation) deciles - was triangulated with cases and was shared across response groups and district and borough colleagues to ensure targeted actions.
 - the cases, admissions and deaths in Surrey were closely tracked; there was nothing significant to report.
 - the next steps which were to continue with the engagement and escalation processes, to closely monitor the data and to work with partners to support communication and to manage outbreaks.
2. Referring to the ranking of seven-day case rates for lower-tier local authorities in England for the most recent week, a Board member queried what London was doing now as it was ranked at the bottom half of the scale - with lower infection rates - compared to being at the top end of the scale throughout the pandemic.
- In response, the Public Health Consultant (SCC) explained that there were different hypotheses such as the emergence of the Alpha variant in London before other areas which could mean a level of acquired immunity to the dominant Delta variant, noting that the vaccination rates in London were not higher than in Surrey, population behaviour and reporting rates might be a factor and noted the excellent communications campaigns across London.
 - The Director of Public Health (SCC) provided assurance in noting that Surrey was working with regional colleagues including with London, theorising that the shift in rates was possibly due to a combination of reasons as noted above and that there was no clear answer.
3. The Board member added that as the large proportion of Surrey's positive cases were in school-age children, asked whether there was data on the compliance of rapid lateral flow testing in schools both in Surrey and London.

- In response, the Public Health Consultant (SCC) commented that Surrey was working closely with London colleagues and those respective London areas did not appear to be doing anything different to Surrey.

RESOLVED:

The Board noted the verbal update and presentation.

Actions/further information to be provided:

None.

38/21 COVID-19 COMMUNICATIONS PLAN UPDATE [Item 7]

Witnesses:

Abi Pope - Senior Communications Manager - COVID-19 Communications Lead, Surrey County Council

Ruth Hutchinson - Director of Public Health, Surrey County Council

Key points raised in the discussion:

1. The Senior Communications Manager - COVID-19 Communications Lead (SCC) noted:
 - that she would be providing a deeper dive into youth engagement in Surrey which was more important than ever due to the high rates in school-age children.
 - that back in 2020 early on in the pandemic there were high rates of Covid-19 in young people but there were no existing channels within the Council to reach young people, who were not following local government channels on any platform so the Council needed to find a way to reach them.
 - the Council therefore held focus groups with young people from Surrey and undertook in-depth insight work, findings included 73% of those young people surveyed had broken Covid guidelines and the messaging was not reaching their digital spaces and they felt scapegoated.
 - however, peer-to-peer conversations and relatable stories were helpful and so the Council partnered with Livity a youth specialist agency to create the Soon.Surrey Instagram channel with posts from influencers each month highlighting the Council's strategic priorities around Covid-19 in a relatable and creative way.
 - since April 2021 Soon.Surrey had reached 398,000 Instagram users and had 633 followers.
 - the number one performing post on Soon.Surrey around mental health and videos across Soon.Surrey had 3 million views.
 - Soon.Surrey reels were effective with one receiving 4,252 views.
 - the Soon.Surrey channel also looks beyond Covid-19 to content on mental health and resilience, Black History Month, White Ribbon Day and the Surrey Countryside Code.
 - in addition to peer-to-peer organic content, Soon.Surrey was used as a paid platform, commissioning content such as Fiaa's vaccination story, and content for 12 to 15 year olds on getting the Covid-19 vaccine; in total paid Instagram posts had been seen over 2 million times.

- another new channel used by the Council was Snapchat which like Instagram and Facebook could be targeted by age and geography - 64% of 16-24 year olds used Snapchat.
 - Snapchat was used as a paid advertising channel and the advertisements created were based on up to date data provided by the Public Health team (SCC).
 - an area addressed on Snapchat was festival season providing key messaging in line with public health guidance, another area was on promoting vaccination uptake in areas where young people may not be getting the vaccination as much as others, another area included Covid-19 testing for young men 'you wouldn't forget your kit' and another area was on fear of missing out 'FOMO'.
 - in total the Council's Snapchat advertisements received over 8 million views over 29,000 swipe ups and 273,000 video views; the top performing advertisement was on FOMO receiving over 2 million views followed by the advertisement on festival season.
 - another new channel used by the Council was radio advertisements on digital devices, 50% of UK homes had smart speakers and 63% of homes have a DAB device; the Council used In Stream which could be targeted by age and geography and the radio advertisements were heard 294,000 times reaching 37,000 people and the Kiss stations were the most effective in Surrey.
 - TikTok as a channel was a challenge as it could not be geo-targeted at a local level, although that was changing in London and Manchester.
 - there was a large amount of mis- and dis- information on vaccinations on TikTok and the 12 to 15 year old cohort relied heavily on the platform for information.
 - to combat the above issues, the Council therefore teamed up and pooled money with ten other councils through the Council Advertising Network (CAN) to saturate TikTok with vaccination content to 'socially norm' vaccinations; the vaccine advertisements were seen over 11 million times and reached over 3 million people, and had 900,000 interactions.
 - the Council also worked with CAN on a microsite called EverythingCovid.info, information was co-created by young people, included influencer content, FAQs and links to book vaccinations and tests, as well as an advertisement by a young doctor on common myths - in the first few weeks the site was launched it had been seen over 1 million times and within the first few days the site led to 290 vaccines being booked.
 - two out of five users browse the microsite extensively, engagement was high and the microsite was supported through a programmatic advertising campaign through CAN.
 - whilst the microsite was aimed at 12 to 15 year olds, work was done with parents too, the microsite used influencer content that was geo-targeted to Surrey on social media channels and on apps and websites.
 - that all the channels and tactics used to reach young people were based on data on the consumption of media in that age group, the Communications team (SCC) confident that the Council had reached a large number of young people in Surrey.
2. The Chairman praised the presentation, welcoming the new channels and tangible benefits and noted that paid posts were a useful tool to continue to use.

3. The Director of Public Health (SCC) noted that communications - based on data and intelligence - had been essential throughout the pandemic. The dynamic and rapid approach taken by the Communications team (SCC) to respond to new situations arising and changes in rates was vital.
 - The Director of Public Health (SCC) added that the lessons learned, and tools used would be transferable in other public health messaging to young people around sexual health and physical activity.

RESOLVED:

That the Board noted the activity outlined in the report.

Actions/further information to be provided:

None.

39/21 SURREY COVID-19 LOCAL OUTBREAK MANAGEMENT PLAN [Item 8]

Witnesses:

Ruth Hutchinson - Director of Public Health, Surrey County Council
Dr Charlotte Keeble - Covid Vaccination Programme Director, Surrey Heartlands Integrated Care System
Jane Lovatt - External Testing Cell Lead, Surrey Heartlands Clinical Commissioning Group and Surrey County Council
Naomi Grieve - Test and Trace Manager, Surrey County Council
Adam Letts - Public Health Lead, Surrey County Council
Alison Mason - Senior Public Health Lead, Surrey County Council
Rebecca Pritchard - Chief Executive Officer, Surrey Care Association
Yazmin Castillo Munoz de Hodgson - Project Support Officer, Surrey County Council

Key points raised in the discussion:

National and Local Update: Covid-19 Response: Autumn and Winter Plan / LOMP

1. The Director of Public Health (SCC) noted:
 - that since the LOEB last met the COVID-19 Response: Autumn and Winter Plan 2021 was published in mid-September and was the overarching national policy consisting of Plan A and Plan B, and signalled a shift coming out of lockdown.
 - Plan A: is the current national policy which outlined a comprehensive approach consisting of five areas to manage Covid-19 over autumn and winter 2021/22 through:
 - 'building our defences through pharmaceutical interventions' - such as vaccines;
 - identifying and isolating positive cases to limit transmission' - through testing;
 - 'supporting the NHS and social care' - looking at long COVID, noting a piece of work in Surrey Heartlands;
 - 'advising people on how to protect themselves and other' - through communications and guidance;
 - 'pursuing an international approach' - managing risks around international travel and working together to help vaccinate the world.

- within Plan A, a key part was Covid-19 safer behaviours and actions - it was vital for Surrey to continue to be creative with communications.
- Plan B: was the contingency to be enacted if the NHS comes under unsustainable pressure - there were currently no thresholds to trigger the move to Plan B such as around the number of hospital admissions or deaths; and like Plan A, Plan B was to be enacted nationally, there was no indication of a return to enacting a response at a local or regional level.
- Plan B would be a shift and the four key areas would be:
 - 'face coverings compulsory in some settings';
 - 'powers to introduce vaccine passports';
 - 'encourage people to work from home';
 - 'communicating the need for caution'.
- the Covid-19 Contain Framework should be read in the context of the COVID-19 Response: Autumn and Winter Plan 2021, the Framework sets out the key responsibilities about preventing, managing and containing outbreaks.
- that every upper tier local authority was required to have a Local Outbreak Management Plan (LOMP), it was constantly updated to reflect the Plan and Framework.
- Surrey was aiming to publish version 15 by 10 December 2021 following approval by the Emergency Preparedness, Resilience and Response Board (EPRR) and circulation to the LOEB; version 15 of the LOMP sought to increase its longevity and take a business as usual approach, so it would look different to previous iterations.

Covid-19 Vaccination Programme

2. The Covid Vaccination Programme Director (Surrey Heartlands ICS) noted:
 - that refreshing the data in the written update, she would be presenting the latest published data.
 - phase three of the vaccination programme was dynamic in respect of recommendations for expanding the eligible cohort agreed by the Joint Committee on Vaccination and Immunisation (JCVI).
 - phase three at present was to complete all booster vaccinations for eligible cohorts and to continue to provide the 'evergreen' offer so that anyone can receive their first dose of the vaccine at any time, providing vaccines to immunosuppressed individuals, vaccinating 12-15 year olds and 16-17 year olds.
 - since the written update the JCVI has advised that in addition to those aged over 50 years of age, all adults aged 40-49 years (cohort 10) should be offered a booster vaccination six months after their second dose.
 - since the written update the JCVI has advised that a second dose of the vaccine should be offered to 16-17 year olds, given at an interval of 12 weeks or more from the first dose.
 - that as of 16 November 2021, Surrey Heartlands has delivered 1.64 million vaccinations at sites across its system - 14 local vaccination services, 1 mass vaccination centre at Sandown Park Racecourse, 19 community pharmacies and 3 hospital hubs that stand up and stand down - whilst there is good coverage, a challenge is to respond to new JCVI in terms of vaccine delivery with different workforce requirements for different cohorts.

- another challenge particularly for the smaller sites, has been to respond to the national push to make sure that both walk-in and booked appointments are provided - the Surrey Heartlands website was constantly being refreshed to advertise those sites with walk-ins available.
- Surrey Heartlands was delivering a large number of booster vaccinations and take up was high - Surrey Heartlands represented the second highest take up across the South East region.
- as of 8-14 November 2021, 703 first doses were given as part of the evergreen offer - for those age 18 years and above - 50% of those individuals were aged between 18-39, reinforcing the importance of youth engagement as highlighted in item 7 and Surrey Heartlands continued to encourage vaccine take up through different community communication channels.
- of the cohorts eligible for the booster dose there was a 71.5% take up response for cohorts 1 to 9; which was 4.4% above the regional average.
- the national booking system recently allowed people to book their booster vaccination appointment one month prior to their eligible date.
- that initially the local vaccination sites offered different ways for people to book a vaccination appointment which was difficult to navigate, now that a large majority of the Surrey Heartlands sites have transitioned onto the national booking system it was easier for people to book online.
- the ambitious target set nationally to vaccinate eligible care home residents and staff by 11 November 2021, in Surrey Heartlands 98% of care homes had been visited and all their eligible residents had been vaccinated - seven homes were left to visit - all have a booked date to be visited - as on the day of the visit residents were unable to be vaccinated because they were in isolation.
- as of 17 November 2021, just under 18,000 16 to 17 year olds had received their first vaccine dose or an 67.6% uptake, with the aim to reach 75% - communications played a vital role to reinforce the message to take up the vaccine.
- that the guidance regarding vaccinating 12 to 15 year olds was that primarily a school-based vaccination service should be offered which was a challenge to manage alongside the scheduled flu nasal vaccinations, in response the school immunisation services organised a programme of activity and visits to each and every school in Surrey to deliver the vaccination programme - as at 17 November 2021, 14,800 vaccinations have been given in schools.
- vaccinations through the school-based vaccination programme model had become more flexible in that additional vaccination clinics in community settings could vaccinate 12-15 year olds in order to boost capacity and speed up the delivery.
- the national drive to boost vaccinations, 'the Big Weekend' of vaccinations 27-28 November 2021 to increase uptake of the first and second doses; around ten additional clinics across Surrey Heartlands had been identified and more information and communications on how to via book through them would be released in the next few days.
- the 86% uptake of the booster vaccine of those that are eligible in the immunosuppressed cohort, that uptake reflected 74% of that total eligible population for vaccine take up. Whilst that uptake was high, a pathway across the system was being looked at where people could self-refer into a local Surrey site to receive their booster vaccine, the

current system was that eligible individuals were sent a letter after being identified through their GP practice.

3. The Director of Public Health (SCC) emphasised the need to be agile and responsive, managing the vaccination programme so as not to exacerbate health inequalities - highlighting the importance of Surrey's Equality Group for Vaccinations which oversees the vaccinations equality delivery plan and the Equality Impact Assessment (EIA) - shared across the South East as an example of good practice - which looked at under-served communities and those with the lowest confidence; community engagement and outreach were vital.

Covid-19 Testing

4. The External Testing Cell Lead (Surrey Heartlands CCG and SCC) noted:
 - that the symptomatic testing offer was for anyone with symptoms, who could book a PCR test delivered through:
 - roving Mobile Testing Units (MTUs) which move to locations where case rates are highest;
 - Local Testing Sites (LTSs) around Surrey which were fixed and there were currently six across Surrey located in more densely populated areas and were accessible by walking in;
 - regional drive-through testing sites (RTSs): Guildford, Heathrow, Gatwick and Twickenham.
 - that the asymptomatic testing offer was for anyone without symptoms, testing was through rapid lateral flow tests. Since the written update the guidance had changed with the Government encouraging people to take a rapid lateral flow test if they were going to be experiencing high risk that day:
 - spending time in crowded and enclosed spaces; or
 - before visiting people who are at higher risk of severe illness if they get Covid-19.
 - rapid lateral flow tests are available at pharmacies around Surrey for collection, they can be ordered online and were delivered through Agile Testing Units (ATUs).
 - the focus of asymptomatic testing was on Under-Represented Groups (URGs) and Disproportionately Impacted Groups (DIGs) from our community - areas were mapped across the county, encouragement and education on testing was key.
 - as of the week of 25 October 2021 40,000 tests had been delivered, half of those were delivered through the ATUs.
 - that upon receiving a positive rapid lateral flow test, individuals must get a PCR test to confirm the result.
 - referring to a Board member's earlier comment about whether there was data around the compliance of rapid lateral flow testing in schools both in Surrey and London; she explained that it was not a data set that was currently collected nor was the number of rapid lateral flow test kits handed out and noted that there was likely more testing going on in schools than the number of tests results registered online.
 - the map showing the deployment of testing units in Surrey between 8-14 November 2021.
 - the breakdown of the number of pillar 2 PCR tests by testing site or home testing kit, covering the four weeks up to 12 November 2021 for symptomatic individuals. There were approximately 2.7 times as many tests were taken at MTUs, LTSs and RTSs, then at home.

Local Contact Tracing

5. The Test and Trace Manager (SCC) noted:
 - that local contact tracing was vital for breaking the chains of Covid-19 transmission.
 - Surrey's Local Contact Tracing (LCT) team operated the 'Local 24' model, whereby if the national NHSE team are unable to contact individuals within 24 hours, then those positive case were passed to Surrey's LCT team.
 - that the LCT team was managing a high number of cases, despite that on average the team was able to complete around 78% of cases that were referred; in the last week the team was dealing with an average of 180 new cases per day.
 - that there were currently twenty-six FTE members in the team with further recruitment underway, with the additional capacity the hope was to revert back to 'Local 4' - a phased process targeting areas with the highest Covid-19 case rates.
 - that between 4-10 November 2021 the LCT team which was averaging a success rate of around 78% saw a dip to 74% as a result of data issues with the national team that week, which affected all local authorities.
 - Surrey's success rate in the South East region was impressive.

High risk settings:

- *Education and Early Years Settings*

6. The Public Health Lead (SCC) noted:
 - that the Council continued to provide ongoing support to schools, early years settings and universities throughout the easing of Covid-19 restrictions and colleagues held twice-weekly educational data meetings to review trends and highlight outliers.
 - the Government priority is that education settings deliver face-to-face high-quality education to all children and young people.
 - that the recent focus has been on implementing proactive baseline measures as outlined in the Department for Education's Schools Covid-19 operational guidance and where necessary, implementing additional reactive measures in response to outbreaks, which is outlined in the Contingency Framework.
 - that some measures that were previously routinely in place have now diminished.
 - outlined the baseline routine prevention measures for Surrey's education and early years settings and the additional temporary measures that following consultation, could be brought in during the event of an outbreak.
 - that students and education staff who are close contacts of a positive case are exempt from the requirement to isolate if they are fully vaccinated or under the age of 18 years and six months; those contacts are strongly encouraged to have a PCR test.
 - that schools continue to promote the twice weekly symptom-free rapid lateral flow testing for all of those eligible.
 - that Surrey's universities have been supported with the vaccination process in relation to national guidance, FAQs and information on

finding the nearest vaccination centre; the University of Surrey and Royal Holloway, University of London ran successful pop-up vaccination sites on their campuses during term return.

- *Care Homes*

7. The Senior Public Health Lead (SCC) noted:
 - that the new regulations came into force on 11 November 2021 which required any staff or any persons deployed in care homes to be fully vaccinated unless exempt.
 - that the Public Health team (SCC) is working closely with care homes to make sure that they understand the operational guidance and to increase the vaccination uptake, training had also been provided.
 - there had been targeted interventions through Surrey Minority Ethnic Forum (SMEF) and GP led conversations to those staff who were vaccine hesitant.
 - for staff in care homes self-isolation exemptions are in place, if identified as a close contact they must be asymptomatic, following the prescribed testing routes and adhere to Infection Prevention Control (IPC) measures in place.
 - that the provision of free Personal Protective Equipment (PPE) to health and social care providers has been extended until March 2022.
 - that the Public Health team (SCC) was continuing to offer IPC training.
 - that the Care Homes COVID-19 Outbreak Oversight Group continue to meet weekly, this week there were zero outbreaks in care homes.
 - that care homes were supported through ensuring that they had business continuity policies in place including a plan for surge capacity.
 - that a process had been set up for information sharing with the Care Quality Commission (CQC).
 - the Public Health team (SCC) when required provided support on managing hospital discharges.
 - the publication of the Adult social care: COVID-19 winter plan 2020 to 2021 which outlined the national support available for the care sector and the actions for local authorities, the NHS and providers.
8. The Chief Executive Officer (Surrey Care Association):
 - welcomed the significant support to care homes provided by the Council and the Surrey Heartlands CCG, however some challenges remained including the IPC measures that relatives visiting loved ones have to go through such as undertaking a rapid lateral flow test and wearing PPE, in contrast with the restrictions eased in the community; she emphasised the need to reinforce the messaging to keep loved ones safe in care homes.
 - that as a result of the new regulations which came into force on the 11 November, some providers found that some staff decided to leave and a challenge encountered was around visiting professionals forgetting to bring the evidence needed of their own vaccination status if visiting a care home.
 - In response, the Senior Public Health Lead (SCC) noted that the Public Health team (SCC) was aware of the issue around visiting professionals and was working with the Surrey Heartlands CCG to release a communications piece to primary care and community professionals to highlight that evidence of their vaccination status was needed when visiting care homes.

- looked forward to receiving the next tranche of IPC funding from the Council.
- welcomed the update that there were no outbreaks in care homes this week, which was a testament to the joint working underway.

Variants of Concern

9. The Senior Public Health Lead (SCC) noted:
 - that there were four current Variants of Concern (VOCs) and nine Variants Under Investigation (VUIs).
 - the Delta variant was predominantly the main variant in England and the Delta sublineage AY.4.2 accounts for a slowly increasing proportion of cases in the UK; vaccine effective analysis did not suggest a significant reduction in vaccine effectiveness concerning that sublineage.
 - national data and Surrey data on the variants continued to be reviewed.

Community (COVID) Champions

10. The Project Support Officer (SCC) noted:
 - that ten of the eleven borough and district councils now run Community Champion schemes - with Woking recently joining, Tandridge remained outstanding.
 - that there were over 250 Community Champions across Surrey.
 - that over 45 Covid-19 briefings had been delivered since November 2020.
 - that a Community Champions county-wide webinar had been established at met in October; the next meeting was scheduled for 15 December 2021.
 - that key messages around Covid-19 such as testing, vaccinations and safe behaviours continued to be shared, as well as on health and wellbeing.
 - an example of a recent briefing shared with Community Champions was highlighted, it was written in Plain English to be disseminated into communities via social media or traditional methods of communication.
 - that community voice was crucial, feedback from the Community Champions and their communities was gathered and actions were taken.
 - quotes from Community Champions were highlighted.
 - the continuity plan with six specific outcomes to be achieved during the next year:
 - focus on the delivery of the COVID-19 Response: Autumn and Winter Plan 2021/2022.
 - fortnightly (COVID-19) briefings.
 - disseminate key messages - for the Community Champions to cascade among their networks.
 - bi-monthly countywide webinars for the Community Champions.
 - offer new development opportunities for Champions - training.
 - exploring opportunities to widen the network of Champions - working with external partners such as Central Surrey Voluntary Action, Surrey Coalition of Disabled People and internal partners such as Active Surrey who would be presenting at the next webinar.

11. The Chairman welcomed the presentation and would look to see what she could do to help get Tandridge District Council on board with the Community (COVID) Champions scheme.

RESOLVED:

The Board:

1. Noted the report.
2. Would continue to provide political oversight of local delivery of the Local Outbreak Management 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 Chairman will look to see what she can do to help get Tandridge District Council on board with the Community (COVID) Champions scheme.

40/21 SURREY LOEB UPDATED TERMS OF REFERENCE [Item 9]

Witnesses:

Amelia Christopher - Committee Manager, Surrey County Council

Key points raised in the discussion:

1. The Committee Manager (SCC) noted:
 - that since the last version of the LOEB's terms of reference agreed at the Board's June meeting, the tracked changes were shown on the proposed November version of the terms of reference.
 - the following two additional proposed changes to the November terms of reference, in light of the LOEB not being a formal decision-making committee so it could continue to meet virtually:
 - 10.1 Meetings will be held every two months in public. In line with **best practice** ~~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.
 - 10.3 Meetings will **usually** be held ~~in person usually at Woodhatch Place, Reigate or~~ **virtually if informal. (with the option to meet in person at Woodhatch Place, Reigate.)**
2. The Chairman welcomed the proposals, particularly the ability to continue to hold the LOEB virtually, with the option to meet in person at Woodhatch Place.

RESOLVED:

1. The LOEB agreed the updated Terms of Reference (Annex 1).

Actions/further information to be provided:

None.

41/21 DATE OF NEXT MEETING [Item 10]

The date of the next meeting was noted as 16 February 2022 - provisional date - the Committee Manager (SCC) would confirm 2022 dates as soon as possible.

Meeting ended at: 3.46 pm

Chairman

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 14 September 2021 the Government published the COVID-19 Response: Autumn and Winter Plan 2021. This document includes:
 - Plan A - a comprehensive approach to managing COVID-19 throughout autumn and winter 2021-22
 - Plan B - a contingency plan that will only be enacted if the data suggests further measures are necessary to protect the NHS
- 1.4 On 7 October 2021, the COVID-19 Contain Framework: a guide for local decision makers was updated. The framework sets out how national, regional and local partners should continue to work with each other, the public, businesses, and other partners in their communities to prevent, manage and contain outbreaks of COVID-19.
- 1.5 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).
- 1.6 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's strategy to reduce the spread of infection and save lives.

3. Role and Responsibilities

- 3.1 The Surrey Local Outbreak Engagement Board is responsible for:
 - 3.1.1 Sign-off of the general direction of travel for Surrey's COVID-19 Local Outbreak Management Plan (LOMP) and ongoing development of the plan;
 - 3.1.2 Senior level oversight of outbreak responses in Surrey, outlined in Surrey's COVID-19 LOMP and implemented primarily via the Surrey's Heartlands Integrated Care System (ICS) Resilience & EPRR Board;
 - 3.1.3 Oversight of resource allocation relating to the delivery of LOMP 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 Noting recommendations from Surrey's Heartlands Integrated Care System (ICS) Resilience & EPRR 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 - the Cabinet Member for Adults and Health is the nominated the Chairman.
- 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 and Health, Surrey County Council
 - Cabinet Member for Children & Families, 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 best practice, 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 usually be held virtually (with the option to meet in person at Woodhatch Place, Reigate).

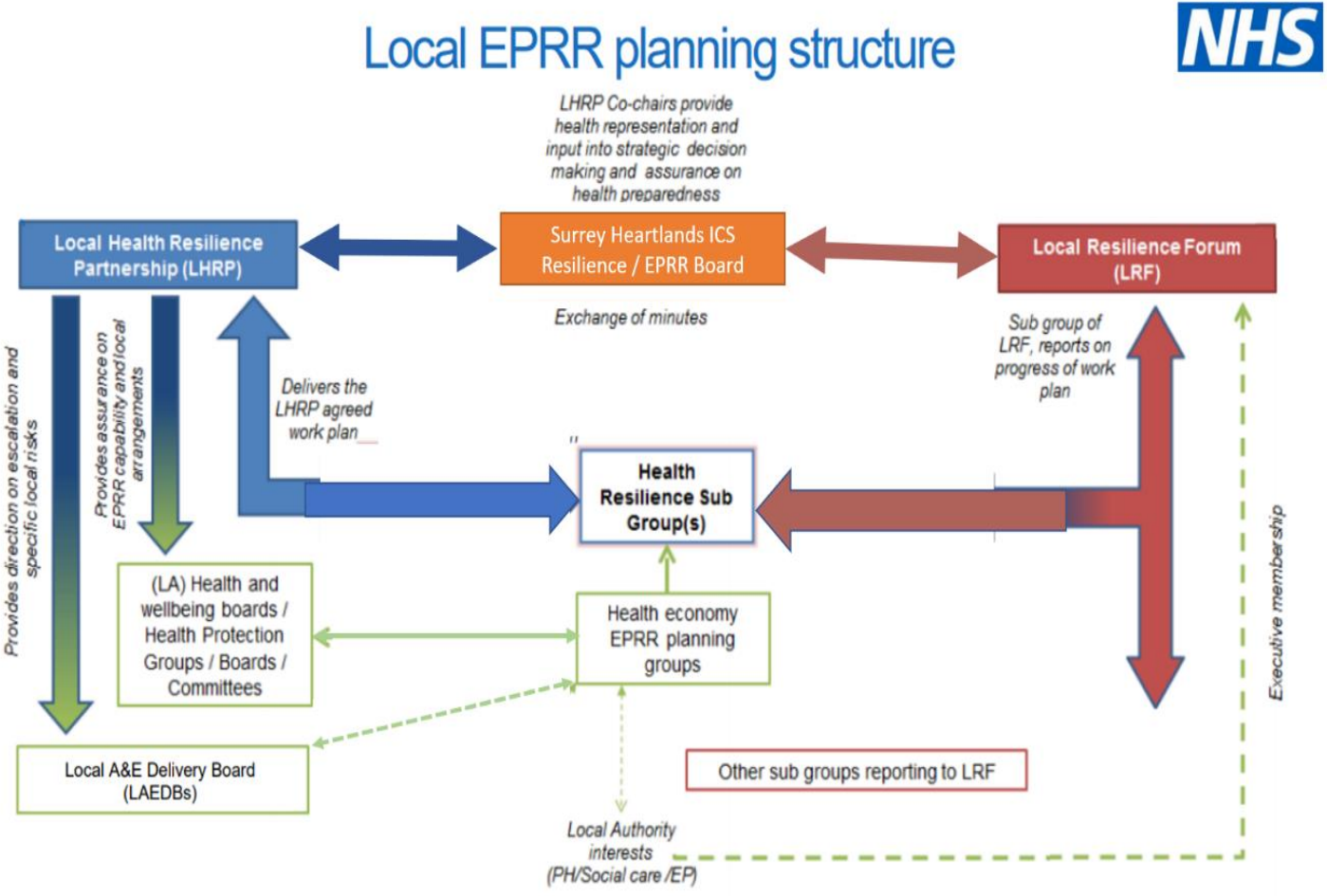
10.4 Conflicts of interest must be declared by any member of the Board.

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

12.1 Surrey’s EPRR planning structure is outlined below and provides an overview of the relationship between Surrey Heartlands ISC Resilience and EPRR Board and the local system partnerships, including Surrey’s Health & Wellbeing Board.



**SURREY LOCAL OUTBREAK ENGAGEMENT BOARD (LOEB)
ACTION TRACKER**

17 FEBRUARY 2022

The action tracker allows Board Members to monitor responses, actions and outcomes against their recommendations or requests for further actions. The tracker is updated following each Board. Once an action has been completed, it will be shaded out to indicate that it will be removed from the tracker at the next meeting. The next progress check will highlight to members where actions have not been dealt with.

KEY			
	No Progress Reported	Action In Progress	Action Completed

Date of meeting	Item	Recommendations/Actions	Response	Progress
17 June 2021 - Informal Board A10/21	COVID-19 LOCAL OUTBREAK CONTROL PLAN UPDATE AND UPDATED TERMS OF REFERENCE	The Board will be kept updated on the trial at one GP surgery to measure the effectiveness of the Vaccine Confidence Calls.	This action has been postponed due to capacity limitations within the Local Contact Tracing Team, as a result of an increase in COVID-19 rates. Senior Public Health Contact Tracing Lead (SCC) / PH Team to provide an update.	In Progress – being overseen by SCC Equalities Board

<p>2 September 2021 - Informal Board</p> <p>A14/21</p>	<p>COVID-19 SURVEILLANCE UPDATE</p>	<p>The Public Health Consultant (SCC) and Director of Public Health (SCC) will share the report on future autumn and winter modelling assumptions, in advance of the next Board meeting.</p>	<p>The report will be provided at the Winter modelling (private) session which is being held on 19 November 2021 subsequent to the public meeting.</p> <p>The detailed presentation - circulated to Board members - provided at the private Covid-19 modelling session on 19 November 2021 summarised the report (report available to Board Members upon request).</p>	<p>Completed</p>
<p>2 September 2021 - Informal Board</p> <p>A17/21</p>	<p>SURREY COVID-19 LOCAL OUTBREAK MANAGEMENT PLAN</p>	<p>The Director of Public Health (SCC) will provide Board members with the Surrey Heartlands ICS Resilience and Emergency Preparedness, Resilience and Response Board (EPRR) terms of reference; and will provide clarity on how the EPRR would interface with the LOEB.</p>	<p>Public Health are awaiting final version of Surrey Heartlands ISC Resilience & EPRR Board Terms of Reference. These will be shared with LOEB members once approved.</p> <p>The EPRR Board is currently on hold as the COVID Management Group (CMG) resumed instead when Omicron took over.</p>	<p>In progress</p>
<p>2 September 2021 - Informal Board</p> <p>A19/21</p>	<p>SURREY COVID-19 LOCAL OUTBREAK MANAGEMENT PLAN</p>	<p>The Covid Vaccination Programme Director, Surrey Heartlands Integrated Care System will keep the Board informed on the move to phase three of the vaccination programme.</p>	<p>The Covid Vaccination Programme Director, Surrey Heartlands Integrated Care System, provided an update at the LOEB on 19 November 2021.</p>	<p>Completed</p>

<p>2 September 2021 - Informal Board</p> <p>A23/21</p>	<p>SURREY COMMUNITY (COVID-19) CHAMPIONS PROGRAMME</p>	<p>The Board will receive a future update on Phase 2 of the programme, including future proposals such as different cohorts of Community Champions; and in future reports the recommendations will be tailored specifically around the Community Champions programme.</p>	<p>To be provided at a future Board following November's LOEB.</p> <p>Refer to the (COVID-19) Community Champions update under paragraph 5.2.5 within item 8: Surrey Covid-19 Local Outbreak Management Plan (LOEB meeting - 17 February 2022).</p>	<p>Completed</p>
<p>19 November 2021 -</p> <p>A24/21</p>	<p>SURREY COVID-19 LOCAL OUTBREAK MANAGEMENT PLAN</p>	<p>The Chairman will look to see what she can do to help get Tandridge District Council on board with the Community (COVID) Champions scheme.</p>	<p>The Chairman to provide an update in due course.</p>	<p>In Progress</p>

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Surrey Local Outbreak Engagement Board

1. Reference Information

Paper tracking information	
Title:	COVID-19 Communications Plan Update
Authors:	Andrea Newman, Strategic Director – Communications, Public Affairs & Engagement (SCC) andrea.newman@surreycc.gov.uk Abi Pope, Senior Communications Manager - COVID-19 Communications Lead (SCC) abi.pope@surreycc.gov.uk
Sponsors:	Sinead Mooney - LOEB Chairman (SCC) Joanna Killian - Chief Executive of Surrey County Council Ruth Hutchinson - Director of Public Health (SCC)
Paper date:	17 February 2022
Related papers	<ul style="list-style-type: none"> • Surrey Local Outbreak Management Plan • NHS Test and Trace Communications Plan for Surrey

2. Executive summary

A communications and engagement strategy has been developed to support the Surrey Local Outbreak Management Plan. The Communications Plan has evolved as more has been learnt about our public health response to the virus and this report provides the latest update on communications activity.

3. Recommendations

For Board members to take note of the activity outlined in the report.

4. Reason for Recommendations

The recommendations reflect the functions of the LOEB as set out in the Terms of Reference.

5. Detail

Communicating Covid Rates

The Council's Communications team has continued to take a multi-channel approach to alerting residents to very high Covid-19 rates in Surrey and the emergence of the Omicron variant in early December. A return to the 'chevron alerts' has been used to

signal increased urgency as the rates have risen to unprecedented levels. Covid data has informed targeted social media, warning residents in the districts and boroughs with the first cases of Omicron, or those with the fastest rising rates, accompanied by public health advice and enhanced vaccination messaging. This has been supported by innovative channels, including digital highways signage, local GP video messages, alerts in the RingGo parking app, as well as traditional media. Publication of the data dashboard has been ongoing and has seen high engagement as rates have risen, providing residents with simple, empirical evidence and a national comparison.

Plan A/Plan B guidance changes

A localised campaign has been explaining the array of changes to guidance and highlighting key dates as the nation has moved from Plan A to Plan B and back again. A series of explainer assets “What do I need to know about... Omicron/travel guidance/changes to isolation rules/getting a Covid pass” etc have been used to give simple, clear advice and point people to the most helpful resources and information.

As we move away from tougher restrictions communications continue to remind residents that “Covid hasn’t gone away” and a suite of ‘back to basics’ graphics is being rolled out to keep up awareness of key public health prevention measures.

Vaccine Programme Support

The Communications team has continued to support central government and NHS vaccination messaging in a localised, targeted way. This has included:

- Data-driven targeted communications to communities or geographical areas with significantly lower vaccination rates;
- Pre-Christmas booster push to ensure the best protection over the festive period;
- Information for pregnant women on vaccine safety and benefits;
- 12-15 vaccines – children and parents;
- 18+ booster eligibility;
- 16 and 17 year old booster eligibility;
- The evergreen offer to anyone not yet vaccinated;
- A new holiday campaign – reminding people that if they keep up with their vaccinations they can look forward to simpler, easier travel in 2022.

Testing changes/challenges

As testing guidance has changed, the communications team has been providing simple explainers and graphics to help residents understand:

- New self-isolation rules (day 6 and 7 ‘test to release’);
- Reminders of the differences between LFD and PCR testing and when to take them;
- The temporary removal of confirmatory PCR with positive LFDs;
- LFD shortages throughout December and how best to access testing in Surrey.

A new leaflet has been designed and produced for staff at the Asymptomatic Testing Units to hand out, explaining the differences between LFDs and PCRs, the continuing importance of the Test and Trace system and the benefits of vaccination.

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Surrey Local Outbreak Engagement Board

1. Reference Information

Paper tracking information	
Title:	Surrey COVID-19 Local Outbreak Management Plan
Authors:	Gail Hughes, Public Health Lead, Programme Manager – COVID-19 (SCC); 07881 328236; Gail.hughes@surreycc.gov.uk
Sponsors:	Sinead Mooney - LOEB Chairman (SCC) Joanna Killian - Chief Executive of Surrey County Council Ruth Hutchinson - Director of Public Health (SCC)
Paper date:	17 February 2022
Related papers	<ul style="list-style-type: none"> Surrey Local Outbreak Management Plan

2. Executive summary

The national NHS Test and Trace Service was established in May 2020 to control the rate of reproduction of Coronavirus (COVID-19) by reducing the spread of the infection. The Director of Public Health (DPH) has a statutory duty to work with system partners to develop and ensure delivery of the COVID-19 Local Outbreak Management Plan (LOMP). The LOMP outlines how Surrey County Council (SCC) and system partners continue to work together to prevent the spread of COVID-19, manage outbreaks and support and protect residents. In Surrey, delivery of the LOMP commenced at the beginning of July 2020. This report details recent progress on the delivery of the plan including key outcomes, challenges and next steps.

3. Recommendations

The LOEB is asked to:

- Note the report.
- Continue to provide political oversight of local delivery of the Local Outbreak Management Plan.
- Continue to lead the engagement with local communities and be the public face of the local response.
- Ensure appropriate information on the programme and on COVID-19 in Surrey is cascaded within members own organisations and areas of influence.

4. Reasons for Recommendations

The recommendations reflect the functions of the Local Outbreak Engagement Board (LOEB) as set out in the LOEB Terms of Reference.

5. Detail

The following section provide details on the national COVID-19 strategy and the progress/developments in the local response in Surrey as outlined in the Local Outbreak Management Plan:

5.1 National update

- 5.1.1 COVID-19 Response: Autumn and Winter Plan 2021 – Plan A and Plan B
- 5.1.2 Introduction of Plan B measures
- 5.1.3 Lifting of Plan B measures
- 5.1.4 Changes to testing and self-isolation guidance

5.2 Local Outbreak Management Plan

- 5.2.1 COVID-19 Vaccination Programme
- 5.2.2 COVID-19 Testing
- 5.2.3 Local Contact Tracing
- 5.2.4 High Risk Settings:
 - Education
 - Care Homes
- 5.2.5 (COVID-19) Community Champions
- 5.2.6 Variants of Concern
- 5.2.7 Managed Quarantine Service
- 5.2.8 Initial Accommodation, Dispersal Accommodation and Bridging Hotels

5.1.1 COVID-19 Response: Autumn and Winter Plan 2021

On **14 September 2021** the Government published the [COVID-19 Response: Autumn and Winter Plan 2021](#). This includes:

- Plan A - a comprehensive plan to managing COVID-19 throughout autumn and winter 2021-22
- Plan B - a contingency plan that will only be enacted if the data suggests further measures are necessary to protect the NHS

5.1.2 Introduction of Plan B measures

On **8 December 2021**, the Government [introduced Plan B](#) measures to slow the spread of the Omicron variant. These measures included face masks becoming compulsory in most public indoor venues, other than hospitality; NHS Covid Pass becoming mandatory in specific settings, and people being asked to work from home if able to.

5.1.3 Lifting of Plan B Measures

On **19 January 2022**, the Government announced England would [return to Plan A](#) measures following the success of the vaccination programme and the decline in Omicron infections. Details on the lifting of Plan B measures are outlined in the table below:

Date	Plan B measure	Details
19 January	Working from home	<ul style="list-style-type: none"> People are no longer advised to work from home. People can return to the office and should follow the Working Safely guidance
20 January	Face coverings – education settings	<ul style="list-style-type: none"> Face coverings no longer required in classrooms for both staff and pupils Local Directors of Public Health can still recommend face coverings in communal areas in education settings within their area, but only where the department and public health experts judge the measures to be proportionate (this is a temporary measure)
27 January	Face coverings – indoor settings	<ul style="list-style-type: none"> Legal requirement to wear a face covering lifted People are advised to continue to wear a face covering in crowded and enclosed spaces Face masks remain mandatory on all Transport for London services, including the Tube A number of stores for example John Lewis, Waitrose, Tesco, and Sainsburys - have asked staff and customers to continue wearing face coverings Infection prevention control guidance continues to require face coverings to be worn in health and care settings, including primary care and pharmacies
27 January	COVID-19 certification (NHS COVID Pass)	<ul style="list-style-type: none"> Venues and events are no longer required by law to check visitors' NHS COVID Pass Venues can use the NHS COVID Pass on a voluntarily basis

5.1.4 Changes to testing and self-isolation guidance

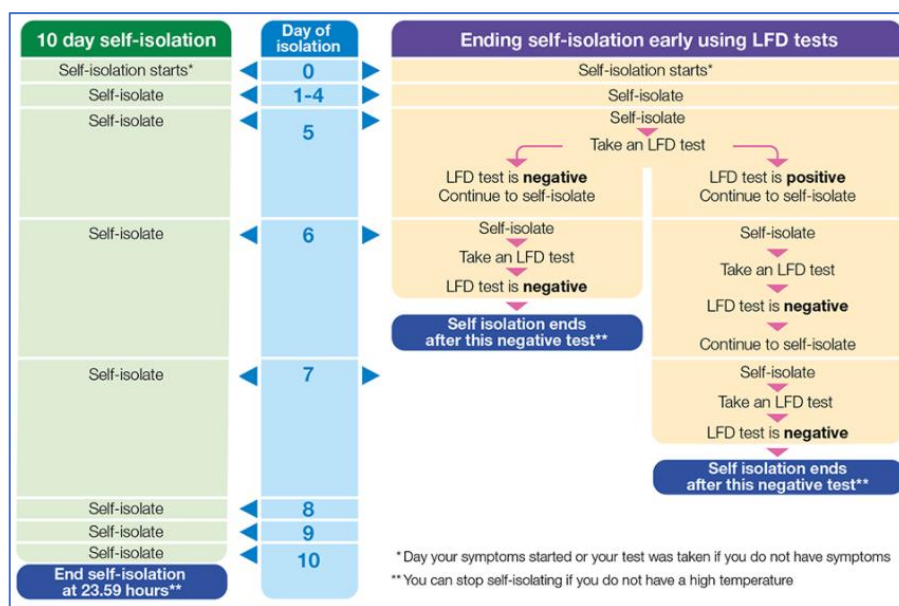
From **11 January 2022**, the Government announced most people with a positive lateral flow test [do not need to take a confirmatory polymerase chain reaction \(PCR\) test](#) to confirm they have COVID-19.

There are some exceptions to this approach and certain groups still require a confirmatory PCR following a positive LFD result:

1. People who wish to claim the [Test and trace support payment](#). To claim the Test and trace support payment, you must have tested positive for COVID-19 following a PCR test or an assisted LFD test.
2. People who have received an email or letter from the NHS because of a health condition that means they may be suitable for new COVID-19 treatments. This applies when they develop any COVID-19 symptoms, and they should use the PCR test kit that was sent to them in the post for this

- purpose. If they have not received a PCR test kit, they can [arrange to have a PCR test](#).
3. People who are taking LFD tests as part of research or surveillance programmes, and the programme asks them to take a follow-up PCR test.
 4. People who have a positive day 2 LFD test result [after they arrive in England](#)¹

From **17 January 2022**, the Government introduced changes to [self-isolation guidance](#) meaning that people with COVID-19 in England can now end their self-isolation after five full days, as long as they test negative on day five and day six and do not have a high temperature. It is still a legal requirement for those with COVID-19 to self-isolate for 10 days with the option to end self-isolation after five full days following two negative LFD tests as outlined below:



- Anyone who ends their self-isolation period before 10 full days, is strongly advised:
- to limit close contact with other people outside of their household, especially in crowded, enclosed or poorly ventilated spaces
 - to work from home if you they can
 - to wear a face covering in [crowded, enclosed or poorly ventilated spaces](#) and where they are in close contact with other people
 - to limit contact with anyone who is at higher risk of severe illness if infected with COVID-19
 - to follow the [guidance on how to stay safe and help prevent the spread of COVID-19](#)

5.2 Local Outbreak Management Plan

Surrey’s Local Outbreak Engagement Board is responsible for senior oversight, direction and leadership of outbreak response, outlined in the Local Outbreak Management Plan (LOMP). Due to the significant increase in transmission of COVID-19 as a result of Omicron, Surrey’s COVID Management Group (CMG) was stood back up on **21 December 2021** for continued oversight and management of

¹ From **11 February**, there will be further changes to international travel rules regarding testing

the pandemic response. Surrey Heartlands ICS Resilience and EPRR Board has been suspended while CMG is in operation.

Surrey's [COVID-19 Local Outbreak Management Plan](#) (version 15) was published on 10 December 2021 and reflects the COVID-19 Response: Autumn and Winter Plan 2021 and the revised COVID-19 Contain Framework described above. As a result of changes expected to national policy and guidance in mid-February, it has been agreed that a review of the LOMP will commence in March 2022.

Developments and progress on delivery across key workstreams are outlined below:

5.2.1 COVID-19 Vaccination Programme

Surrey's [Weekly Coronavirus Full Summary Report](#) provides vaccination data for all districts and boroughs. National daily and weekly data on COVID-19 vaccinations is available [here](#).

Surrey Heartlands CCG

Information on Surrey Heartlands Clinical Commissioning Group (CCG) COVID-19 vaccination programme is available [here](#). Surrey Heartlands vaccination programme is designed to be flexible to deliver on Joint Committee on Vaccination and Immunisation (JCVI) guidance and is focusing on four key priority areas whilst continuing to provide the 'evergreen offer'.

As of **23 January 2022**, Surrey Heartlands CCG has delivered over 2 million COVID-19 vaccinations. This consists of 780k first doses, 706k second doses and 574k booster doses. Booster vaccination uptake in those aged 16 years and over is currently 85% which is similar to the South East regional average (84.5%). 60% of children aged 12-15 years have received their first vaccination, and 94.7% of eligible immunosuppressed people have taken up the third dose vaccination. Surrey Heartlands has delivered the highest number of vaccinations among pregnant women nationally, and the highest number of vaccinations for those with Severe Mental Illness and Learning Disabilities in the South East region.

Surrey Heartlands has received £126k of additional funding following a successful bid submitted through the NHS England and NHS Improvement (NHSEI) regional team for targeted outreach. A review of the programme team has been completed, including governance arrangements and extension of staff contracts.

Surrey Heartlands continues to successfully deliver vaccinations, despite a decline in demand. As well as continuing targeted communications, the following areas are of immediate focus:

- **Low uptake areas** – Target areas have been identified and plans put in place with Primary Care Networks (PCNs) to address low vaccine uptake. Delivery is monitored and additional support is being provided via target pop-ups and clinics.
- **Hard to reach** – There has been a shift in delivery to support outreach teams to increase uptake in individuals and communities who have not had the vaccine. Additional outreach is taking place, supported by Local Vaccination Sites.
- **12–15-year-olds second dose vaccination** – School vaccination plan is in place and being delivered.

- **Clinically Extremely Vulnerable 5–11-year-olds** – Vaccination of this cohort commenced in the week of 24 January 2022.
- **Immunosuppressed (all other)** – Work is underway with PCN Leads to understand remaining numbers and forecasting for supported delivery where required. Four doses have begun for immunosuppressed individuals aged 16 years and over
- **Care Home Staff** – Project plan is in place with PCNs, Surrey County Council and Surrey Care Association to continue to drive uptake of the booster among care home staff. Although not currently mandated, booster uptake amongst this cohort has been lower than in other cohorts; work is underway to understand hesitations and assist with overcoming them

Frimley Health and Care ICS

Information on the Frimley Clinical Commissioning Group (CCG) COVID-19 vaccination programme is available [here](#). The Frimley vaccination programme continues to enact government-endorsed Joint Committee on Vaccination and Immunisation (JCVI) guidance, operating flexibly to respond to changing requirements, and providing localised vaccination sites. The current service provides an 'evergreen offer' to all eligible cohorts, which includes:

- Two primary doses and a booster for all over 16s and for all young people aged 12-15 who are in a risk group
- Three primary doses and a booster (fourth dose) for all severely immunosuppressed people over the age of 12 (and those who have severely immunosuppressed household contacts)
- Two primary doses for all healthy 12–15-year-olds
- Two primary doses for children aged 5-11 who are in a risk group (and those who have severely immunosuppressed household contacts)

As of 1 February 2022, Frimley ICS has delivered over 1.5 million COVID-19 vaccinations. This consists of 580k first doses, 542k second doses and 460k booster doses. Booster vaccination uptake in those eligible aged 16 years and over is currently 84%. 64% of children aged 12-15 years have received their first vaccination, and 92.7% of eligible immunosuppressed people have taken up the third dose vaccination. Frimley ICS has delivered first doses to 82% of pregnant women at the end of their second trimester, and second doses to 74%. Frimley is in the top ten systems nationally for Learning Disabilities vaccination uptake. For people with Serious Mental Illness, vaccination uptake varies across parts of the system; Surrey Heath is performing well at 84% booster uptake for those eligible, as is Farnham at 81%.

Frimley ICS has received £43k of additional funding following a successful bid submitted through the NHSEI regional team for targeted outreach. The programme team is working with NHSEI and other systems in the South East on consultations for the future of the programme in 2022/23. Licensed estates have been reviewed and extensions agreed in principle for those sites to the end of June 2022. The Workforce Bureau continues to support PCNs and the Vaccination Centres with staffing to protect core Primary Care resources.

The immediate focus of Frimley's vaccination programme is outlined below:

- **Low uptake areas** – Target areas have been identified and plans put in place with Primary Care Networks (PCNs) to address low vaccine uptake. Delivery is being monitored and additional support is being provided via a mobile service which is now established in East Berkshire and is due to roll out in Surrey Heath imminently. This has been scoped and planned in liaison with Local Authority colleagues
- **Hard to reach communities** – There has been a special focus on increasing outreach to hard-to-reach elements in local communities, supported by an extensive communications campaign and the continued availability of local sites in the heart of communities
- **12–15-year-olds second dose vaccination** – School vaccination plan is in place and being delivered
- **Clinically Extremely Vulnerable 5–11-year-olds** – Vaccination of this cohort commenced in the week of 31 January via the PCNs. School Age Immunisation Services (SAIS) support for vaccinating in special schools is being scoped, with SAIS providers willing to support subject to NHSEI agreement
- **Immunosuppressed (all other)** – PCNs have run searches on their eligible patients to ensure call-back for fourth (booster) doses; walk-in availability is accommodated where clinical evidence is provided and booking on the National Booking System has now been enabled
- **Pregnant Women** – alongside a raft of communications outreach including clinical FAQs and webinars, plans are being explored to base vaccinators into Frimley Park and Wexham Park Hospitals to work alongside the antenatal units
- **People with Learning Disabilities** – PCNs continue to reach out individually to people with learning disabilities and have received additional funding to support this work, including making reasonable adjustments
- **Care Home Residents and Staff** – PCNs have visited all care homes to offer vaccinations to residents and staff, and continue to monitor need (e.g. new residents and staff) via weekly ward rounds. All sites are able to prioritise ad hoc walk-ins from staff showing identification. Other measures include:
 - Close monitoring of the capacity tracker by the quality team for targeted support
 - Vaccination information sessions run by the care homes team
 - Fortnightly care homes forums for a regular source of open information sharing and a safe space for managers to ask questions and access resources
 - Close working relationship with local authorities, providing them with information to pass on through their networks

Evergreen Offer and Phase 3 – Addressing Inequalities

The Equality Impact Assessment for Surrey is available [here](#) and has underpinned the approach to communications and engagement of under-served communities and those with lowest confidence in the vaccination programme. The strategic approach to addressing inequalities in uptake of the vaccination programme has included systematic application of [Public Health England's Health Inequalities toolkit](#) and the [Behaviour Change Wheel](#) to inform insight driven and co-produced solutions. The Equality group for vaccinations oversees the delivery groups dedicated to this work including, outreach working group - supporting, drug and alcohol users, Gypsy Roma

Traveller (GRT) community, asylum/migrant, mental health, survivors of domestic abuse, sex workers and homeless - Engagement Group (BAME, health and social care workforce and maternity) and communications. Vaccination uptake by geography and demographics are reviewed fortnightly and informs targeted communications and community engagement approaches. The 10 MSOAs with the lowest uptake have dedicated community outreach workers who work with communities (including faith and community leaders) to understand the challenges and co-produce solutions. There is a dedicated Equality Coordinator who supports the GRT community, women's refuges and asylum and refugees to uptake the vaccination. The outreach engagement insights inform a systemwide COVID communications plan and the targeted activity of the Local Vaccination Sites.

Vaccination as a Condition of Deployment (VCOD)

As [announced by the Secretary of State for Health and Social Care on 31 January 2022](#), the government has stated that its intention is to [revoke the regulations making vaccines a condition of deployment for health and social care staff](#), subject to parliamentary process. The government has also published a [written ministerial statement including what registered persons should do](#) regarding the 3 February deadline for first doses.

5.2.2 COVID-19 Testing

Details on COVID-19 testing in Surrey available are [here](#).

The purpose of the testing programme is to provide a coordinated and partnership-led COVID-19 symptomatic and symptom-free testing in Surrey, enabling the residents of Surrey to have high quality, timely and accessible COVID-19 testing services and information, aligned with national testing programmes and best practice.

SYMPTOM-FREE TESTING

Targeted Community Testing

Surrey provides symptom-free testing, specifically aimed to target under-represented and disproportionately impacted groups. This service is delivered directly by the Agile Testing Units (ATU), and via community partners such as, community pharmacies, and community outreach providers.

Agile Testing Unit: The Surrey Testing Operational Group currently utilises two ATUs, which can provide supervised² Lateral Flow Devices (LFD) testing and collection of self-test LFD kits to be used at home. The ATU is mainly deployed to areas where underrepresented and disproportionately impacted groups live and areas with high COVID-19 cases across Surrey. In December 2021 and January 2022, around 131,000 self-test LFD kits were distributed through the ATU. The ATU is also being used to educate and promote testing for COVID-19 across several geographical locations, which have been chosen to target populations that are under-represented in testing or disproportionately affected by COVID-19.

² When temperatures are below 15 degrees, it is not possible to provide supervised testing at ATU sites because the LFD results are unreliable below this temperature.

Community Pharmacies: Supervised symptom-free testing using LFDs is currently available in a number of community pharmacies across the county. In total, 25 pharmacies are currently accredited across Surrey, and 408 supervised tests were carried out in these pharmacies between 1 December 2021 and 24 January 2022. These pharmacies offer assisted testing to anyone aged over 11 years who lives, works, or studies in Surrey. Anyone aged under 16 must be accompanied by a parent or guardian.

Community Outreach Providers: The Surrey Testing Programme in partnership with outreach providers who work with vulnerable and hard to reach communities, has set up on-site LFD supervised testing or collection of self-test LFD test kits. LeatherHEAD START, Amber Foundation and Renewed Hope (who all serve homeless people) and Epsom and Ewell Foodbank are currently delivering LFD testing as part of this service provider model, and the Surrey Testing Operational group is in discussion with other service providers who wish to onboard. 424 LFDs were distributed, and 507 supervised tests were delivered by these outreach providers between 1 December 2021 and 24 January 2022.

Asylum Hotels: Requests for LFD kits from asylum hotels in Surrey are also served through this scheme. There is capacity in the Surrey network to accommodate 1250 residents through these settings. Over the past two months 1000 LFD test kits have been supplied to residents.

Emergency LFDs to Daily Testing of Contacts of Covid (DTCC)

In response to the sudden and exponential rise in Omicron cases and the associated unprecedented increase in demand for LFDs in December 2021, the Surrey Testing Operational Group provided LFDs to vaccination sites, South East Coast Ambulance Service (SECAMB), primary care settings and other sites. The provision of LFDs to DTCC ran from the 14 December 2021 to the 14 January 2022. In this period:

- 6,669 LFD test kits were distributed to vaccination centres
- 4,509 innova 25s³ to SECAMB
- 414 LFD test kits to primary care
- 16,212 LFD test kits to other sites across Surrey

Other ways to access symptom-free testing

There are two national channels available for individuals to obtain self-test LFD kits. Individuals can either:

- Collect self-test LFD kits from many pharmacies participating in Pharmacy Collect. Individuals must get a collection code [online](#) before visiting the pharmacy to collect their self-test LFD kits. The location of Pharmacy Collect sites can be found on the [NHS Test Site Finder](#)
- [Order self-test LFD kits online](#) to be delivered to their home for themselves or members of their household.

There are multiple nationally led asymptomatic testing streams that provide regular LFD testing in various high-risk settings, such as educational settings, care settings, NHS settings, and a small number of workplaces participating in daily contact testing. LFD testing kits are provided by NHS Test and Trace directly to these

³ An Innova 25 is a specific type of LFD kit that can only be distributed to health and care staff

settings or individuals are directed to collect or order self-test LFD kits from the routes already mentioned.

People are urged to report their LFD tests results (whether positive, negative, or void) to provide authorities with the data necessary for monitoring infection rates and identifying areas where COVID-19 cases are high. Information on how to report LFD tests is available [here](#).

SYMPTOMATIC TESTING

Individuals should continue to self-isolate and [arrange a PCR test](#) as soon as they develop any of the three main symptoms of COVID-19:

- a high temperature
- a new continuous cough
- a loss or change to your sense of smell or taste

PCR testing for symptomatic individuals continues to be accessible at a number of locations including:

- A drive-through regional test site in Guildford
- Seven Local Test Sites (LTS) in areas of greater population density offering cycle/walk-in testing in Guildford, Hersham, Waverley (Farnham), Epsom, Spelthorne, Surrey Heath and Woking
- Mobile testing units, which are rotated around the county in response to need and epidemiological data

GPs can also order stocks of PCR tests for testing symptomatic patients. GPs can use these at their discretion to offer the swabs where they deem it to be clinically appropriate. This improves streamlining of patient care and can increase access to testing for patients who would otherwise be unlikely to take a test via the primary testing routes. This might be due to barriers around language, distance, disability, or digital inclusion. These PCR testing kits are also available to symptomatic general practice staff and their symptomatic household members.

The Surrey Testing Programme continues to support certain settings, such as prisons and other high-risk settings with symptomatic PCR testing and testing support during outbreaks upon request. Over the past two months, 466 PCRs were used in prisons to support mass testing of close contacts.

5.2.3 Local Contact Tracing

Details on Local Contact Tracing in Surrey are available [here](#).

Local contact tracing continues to play an important role in breaking the chains of COVID-19 transmission. Surrey's Local Tracing Partnership (our Local Contact Tracing Team) operate 'Local 24' in postcodes that represent 45% of the population based on need. This means that for the first 24 hours, the national NHS Test and Trace Team attempt to contact individuals who have tested positive for COVID-19 to provide advice and to obtain details of anyone they have been in close contact with. If the NHS Test and Trace Team are unable to contact an individual within 24 hours, the case is passed to Surrey's Local Tracing Partnership who will continue trying to

contact the person by phone. The contact tracers in Surrey are currently managing high case numbers and are successful in completing around 70% of cases referred to them. When case numbers fall there is a plan to return to offering 'Local 24' to 100% of the population and to return to 'Local 8' (where cases are passed directly to Surrey after the 8-hour opportunity to complete their questionnaire online).

The Contact Tracing Delivery Group oversees local contact tracing and reports to Surrey Heartlands Integrated Care System (ICS) Resilience and Emergency Preparedness, Resilience and Response (EPRR) Board to ensure robust and clear decision making. Contact tracing, testing and vaccinations leads are working collaboratively via weekly COVID Management Group (CMG) meetings to provide an agile and coordinated response to operational priorities within the three COVID-19 programmes.

5.2.4 High Risk Settings

Education

As set out in the [Schools COVID-19 operational guidance](#), the Government's priority is for education settings to deliver face-to-face, high-quality education to all children and young people. For education and early years settings this means COVID-19 continues to be a virus that we learn to live with. The national education [Contingency Framework](#) is promoted and deployed locally where there are COVID-19 outbreaks in education settings. Schools can also reach out directly to their named Area School Officer if they have any concerns, and where appropriate a supportive 'COVID Clinic' will be convened in response to rising cases within the setting, and to discuss mitigation measures.

The [COVID-19 school guidance](#) now reflects the changes following the Government's [Plan B](#) measures coming to an end. Among other changes, face coverings are now no longer recommended to be worn in classrooms or when moving around the premises outside of classrooms in education settings, such as in corridors and communal areas. However, face coverings may temporarily and exceptionally, be advised by the Director of Public Health in specific circumstances. For example, for an individual setting, as part of their responsibilities in outbreak management, or across areas where the Department for Education (DfE) and public health experts judge the measure to be proportionate, based on evidence and specific local public health concerns.

The shift in protective measures outlined in [guidance](#) allows schools more freedom to be flexible in the delivery of learning and means that the school environment has returned to a status similar to before the pandemic. Education and early years settings continue with their routine and proactive infection control procedures in place like enhanced cleaning, ventilation, frequent testing (age-appropriate), hand washing and CO2 monitoring to allow for safer, controlled environments. Most COVID-19 infections in children are mild and the chances of becoming seriously ill or ending up in hospital are very low ([How does COVID-19 affect children? \(joinzoe.com\)](#)). Children are generally better off being in school in terms of their overall wellbeing and development. School relationship colleagues continue to support schools with any apprehension among school leaders, staff, pupils, and their families.

Testing and close contacts

Schools continue to promote twice weekly symptom-free lateral flow testing for secondary school age pupils, and all staff and parents/carers. [Confirmatory PCR testing](#) following a positive LFD result is currently paused based on recent advice from UK Health Security Agency (UKHSA). LFD testing guidance to end self-isolation early as a positive case has been clearly communicated to schools in line with the updated [Stay at home: guidance](#). Unvaccinated COVID-19 contacts of cases are required to self-isolate for the full 10-day period, whereas fully vaccinated individuals who are COVID-19 contacts don't need to isolate but should take daily LFD tests for seven days.

Surrey Public Health colleagues continue to help schools to understand the contact tracing process and to make them aware that the Surrey Contact Tracing Team will support schools as far as they are able.

Vaccinations

The Children and Family Health Surrey Immunisation Service continue to offer COVID-19 vaccines to school children aged 12-15 years. The vaccine is now a two-dose schedule, 12 weeks apart, offered in schools. There are also a range of locations offering bookable appointments for 12–15-year-olds. The latest information is available [here](#).

If the service is unable to vaccinate a child due to absence or sickness on the day they visit the school, the parent/carer will be advised to book a clinic for their first or second dose. They will only be directed to book a clinic if a consent form has been completed. The [Surrey Heartlands CCG](#) web pages provide more information and Frequently Asked Questions about vaccinations in Surrey.

Data

With the continuation of high rates of community infection, there is likely to be transmission in educational settings. Therefore, Surrey Public Health Team and School Relationships Service continue to provide access to advice, support, and guidance to education sector leaders to support successful delivery of quality education. This includes support for schools to do all that is reasonably practical to ensure the health, safety and welfare of all staff and students.

Surrey Public Health Team continues to review [COVID-19 data](#) twice weekly, in addition to meeting twice weekly to specifically focus on education settings. This focused insight allows Surrey to analyse individual school trends, outbreak size, and whether a setting has recently received support to implement additional contingency measures. District and borough level infection data are available to education and early years settings and schools are reminded about accessing this regularly within weekly newsletter to school leaders.

Additional needs and attendance

The previous report indicated data and feedback from education settings suggests children have presented in schools with a wide range of additional needs attributed to the disruption to learning, social interactions and family life since March 2020. The return to school has provided an opportunity to assess need and the short, medium or long-term support required. The sector continues to work closely to ensure

children in early years are being prepared and ready for learning at school, and for the preparedness and resilience of those young people leaving school and moving into further education.

Support for children/families with a free school meal entitlement

There has been strong support from the Council and school leaders for food vouchers for children in receipt of benefit-related Free School Meals (FSMs) over the school holidays. Surrey County Council, in discussion with schools and partners, has agreed to continue funding to provide all families with children eligible for benefit-related FSMs with supermarket food vouchers over the Spring half term. A £15 voucher will cover the Spring 2022 half term period. Details regarding the process have been sent to schools.

Universities

Surrey Public Health Team continues to work closely with Surrey's university settings on their COVID-19 response. University settings have been supported to access regular symptom-free LFD testing, vaccinations, and support with considerations of international students travelling in and out of the county and country. Surrey Public Health colleagues also join regional discussions with UKHSA, Department for Health and Social Care (DHSC), and DfE – at which Surrey's universities are well represented. SCC communications assets and campaigns are frequently shared, many of which have been targeted to university student age groups. Targeted social media influencer campaigns continue based on insights of the impact on students during the pandemic.

Care Homes

The Care Homes COVID-19 Outbreak Oversight Group meets weekly to look at the current COVID-19 outbreaks in care homes and co-ordination of system response in line with national [guidance](#). Public Health work closely with the UKSHA to receive details on daily outbreaks. Targeted support in response to outbreaks continues to be provided by SCC's Quality Assurance Team, Infection prevention and control (IPC) nurses, and NHS care home leads. This targeted support in response to outbreaks focuses on IPC, outbreak management, workforce, confidence in management, safeguarding and vaccination uptake.

Information on the current position (as of 1 Feb 2022) within care home settings is outlined below:

Outbreaks

- In November 2021, new outbreaks averaged 10 per week. Outbreaks rose sharply in December, averaging at 45 per week and peaking at 73 in the week of the 20 December 2021. As of 1 February, outbreaks have now reduced back to around 10 per week
- Positive tests amongst residents in care homes peaked in the week of 27 December 2021. Positive tests amongst care home staff are higher than in residents and only started to decline in the week of 24 January 2022
- Despite outbreaks and positive tests increasing in December, deaths registered with CQC remained low and below previous average years

COVID-19 infection rate

- PCR testing – 3.61% (533 positive tests out of 14,783, 218 of which were residents)
- Lateral flow testing - 0.17% (358 positive tests out of 30,018; 58 of these were residents)

COVID-19 vaccination (8 December 2020 to 23 January 2022)

Section 5.2.1 provides a progress update from Surrey Heartlands CCG and Frimley Health and Care ICS relating to delivery of COVID-19 vaccinations within care homes. The following data on COVID-19 vaccination in care homes has been extracted from Surrey's [Weekly Coronavirus Full Summary Report](#):

Older Adult Care Homes (residents aged 65 years and over) – Residents							
Area	Total number of residents	Number of eligible residents vaccinated (1st dose)	% of eligible residents of older adult care homes vaccinated (1st dose)	Number of eligible residents vaccinated (2nd dose)	% of eligible residents of older adult care homes vaccinated (2nd dose)	Number of eligible residents vaccinated (booster dose)	% of eligible residents vaccinated (booster dose)
England	315,252	303,113	96.1%	298,930	94.8%	276,945	88.2%
South East	56,498	54,499	96.5%	53,777	95.2%	50,363	88.5%
Surrey	8,719	8,440	96.8%	8,345	95.7%	8,196	91.0%

Older Adult Care Homes (residents aged 65 years and over) – Staff							
Area	Total number of staff	Number of eligible staff vaccinated (1st dose)	% of eligible staff of older adult care homes vaccinated (1st dose)	Number of eligible staff vaccinated (2nd dose)	% of eligible staff of older adult care homes vaccinated (2nd dose)	Number of eligible staff vaccinated (booster dose)	% of eligible staff vaccinated (booster dose)
England	460,061	440,873	95.8%	437,116	95.0%	223,396	48.6%
South East	84,844	80,492	94.9%	79,661	93.9%	42,407	50.0%
Surrey	14,127	13,121	92.9%	12,947	91.6%	6,537	46.3%

Younger Adult Care Homes (residents aged under 65) - Residents							
Area	Total number of residents	Number of eligible residents vaccinated (1st dose)	% of eligible residents of older adult care homes vaccinated (1st dose)	Number of eligible residents vaccinated (2nd dose)	% of eligible residents of older adult care homes vaccinated (2nd dose)	Number of eligible residents vaccinated (booster dose)	% of eligible residents vaccinated (booster dose)
England	34,927	32,860	94.1%	32,207	92.2%	27,221	77.9%
South East	6,443	6,112	94.9%	5,973	92.7%	4,960	77.0%
Surrey	729	699	95.9%	677	92.9%	637	87.4%

Younger Adult Care Home (residents aged under 65) – Staff							
Area	Total number of staff	Number of eligible staff vaccinated (1st dose)	% of eligible staff of older adult care homes vaccinated (1st dose)	Number of eligible staff vaccinated (2nd dose)	% of eligible staff of older adult care homes vaccinated (2nd dose)	Number of eligible staff vaccinated (booster dose)	% of eligible staff vaccinated (booster dose)
England	84,966	80,492	94.7%	79,762	93.9%	37,588	44.2%
Surrey	2,349	2,161	92.0%	2,144	91.3%	1,059	45.1%

Surrey has received over £39m of additional funding since the start of the pandemic to support care homes with additional costs and financial pressures incurred by the pandemic. Care homes will receive a further £4.9m of Infection Control Funds and Rapid Testing Funds, bringing the total support for care homes since the start of the pandemic to over £44m. By the end of March 2022 Surrey will have provided over £53m of additional financial support and funding to care homes in Surrey since the start of the pandemic. Total financial support across the whole of Surrey's Adult Social Care sector in this period will be over £89m by the end of March 2022.

5.2.5 (COVID-19) Community Champions

The main progress against the outcomes established for the second phase of the Community Champions programme is detailed below:

Outcome 1: Community Champions scheme established across Surrey supporting minority groups

After a year running the Community Champions programme across Surrey, we have identified the need to increase outreach, engagement and communication with all communities living in Surrey, in particular with communities that have been disproportionately impacted by COVID-19 pandemic. As a result, the Community Champions programme is closing the gap by engaging and supporting voluntary organisations with greater outreach to minority groups. This includes working directly with Surrey Coalition of Disabled People, Surrey Community Action, Central Surrey Voluntary Action and Action for Carers. This approach is designed to increase outreach and communication of reliable and accurate key public health information, but most importantly, it provides continuous feedback from different minority communities living in Surrey.

The main objectives of the agreements with these organisations are:

- To strengthen the capacity within the organisation to provide support to the expansion of the Community Champions programme – helping to build trust and empower minority groups to access key public health information and support effective feedback mechanisms.
- To provide funding for tailor community-based activities to ensure effective reach of appropriate messages and activities to respond to specific community needs.

Outcome 2: Knowledge and awareness to reduce COVID-19 infections increased among Surrey residents, through dissemination of public health messages, including vaccination, testing and adoption of safer behaviours to prevent COVID-19 infections

The (COVID-19) Community Champions briefing has become a key tool for the Community Champions to understand and disseminate key public health messages in a clear and simple way to their outreach groups and communities in general. Due to the emergence of the Omicron variant and the rapid changes and updates to COVID-19 guidelines, the frequency of the briefing was changed from fortnightly to weekly in December 2021.

Outcome 3: Diversified Community Champions network including faith-based groups/organisations and ethnic minority groups, disabled people, among others

Along with the new agreements with umbrella organisations to increase the outreach with minority groups and communities, the Community Champions programme is working closely with Central Surrey Voluntary Action, supporting a recruitment drive process in Elmbridge, Mole Valley and Epsom and Ewell. SCC is supporting a mapping process and engaging with Champions from these areas who are working with different communities, such as adults with learning disabilities, to learn from their experiences responding to the COVID-19 pandemic.

Outcome 4: Established county-wide forum for Community Champions interaction with internal and external partners, promoting engagement, sharing experiences and learning

Spelthorne and Surrey Heath Boroughs are continuing holding a monthly webinar for their Champions. In November 2021, Spelthorne Borough Council held a special Community Champions webinar to mark their first year since the start of the scheme, supported by Borough councillors, staff and Champions. They took this opportunity to reflect on the achievements during this first year, shared information how the scheme has evolved and discussed their plans moving forwards with the Champions' inputs and support by the SCC.

Countywide Community Champions webinars are a valuable forum for discussing interesting topics with the Champions. In the last webinar, Champions had the opportunity to learn about Surrey Heartlands Community Testing programme, Active Surrey Strategy and the Surrey Vaccination Equality Strategy and discussed ways to work together to support these initiatives. The next webinar will take place at the end of February and will cover the local contact tracing and mental health and wellbeing services available for the residents in Surrey.

Outcome 5: Tailored community-based interventions to improve COVID-19 response strategies using Community Champions feedback

Feedback from the champions has highlighted the difficulties people with vision impairment experience accessing information disseminated by the Champions. As a result, the Champions briefing is now being distributed in two versions. Public Health is liaising with Surrey Coalition of Disabled People to explore other formats and computing software that could be used to improve the dissemination of COVID-19 key messages to people with vision impairment. In Spelthorne, feedback from Community Champions has been used to improve access of elderly residents with transport limitation to enable them to receive their booster vaccination.

Finally, Public Health is developing Evaluation Plan for the Community Champions programme, which will help re-define the priorities and expand work with key partners to reach minority groups most affected by the pandemic.

5.2.6 Variants of Concern

Omicron is now the dominant variant in England. The latest national data on Variants of Concern (VOCs) and Variants Under Investigation (VUIs), including distribution of case data by lower-tier local authority, is available [here](#). Information and intelligence about VOCs in Surrey is available in the [Weekly Coronavirus Full Summary Report](#). Surrey County Council continues to play a critical role in responding to VOC and VUI outbreaks by working closely with UKHSA and local partners to monitor VOC cases, and working with local communities to ensure they are safe and supported.

5.2.7 Managed Quarantine Service

[Guidance](#) explains what the COVID-19 testing and quarantine requirements are for travelling abroad, including the latest [foreign travel advice](#). There are currently no countries or territories on the [red list](#) for travel to England. The red list is kept under constant review and countries and territories can be added to the red list at any time

5.2.8 Initial accommodation, dispersal accommodation and bridging hotels

Initial accommodation is short-term housing for asylum seekers who need accommodation urgently before their support applications have been fully assessed and longer-term accommodation can be arranged. There are currently four hotels in Surrey being used as Initial accommodation delivered by the Home Office.

Dispersal Accommodation is longer-term temporary accommodation managed by accommodation providers on behalf of the Home Office for those needing accommodation until their asylum claim has been fully determined. Surrey currently has one dispersal accommodation setting.

Bridging hotels provide accommodation for Afghan evacuees before they are offered more settled accommodation. This forms part of concerted nationwide efforts delivered for the Afghan Relocations and Assistance Policy (ARAP) and Afghan Citizens Resettlement Scheme (ACRS). There are currently three bridging hotels in Surrey.

Health and social care professionals (including SCC Public Health Team, Emergency Management Team, NHS, UKHSA, district and borough representatives) from across Surrey have been meeting with Home Office representatives to work in partnership on health and welfare issues, ensuring that residents have access to testing and vaccination to protect them from COVID-19.

Enforcement update - provided by Surrey Police:

Operation Apollo

Surrey Police's continued response to the Coronavirus Pandemic

Since the last update, no new Fixed penalty notices have been issued for Surrey and the total number of tickets issued since the start of the pandemic remains at 1,593.

With the relaxation of the guidelines over the last few months, this has eased reports into the Contact Centre and whilst there are a few calls, these are mainly administrative. There is not a lot of change to the content of the last report.

Surrey currently has 66 officers and staff self-isolating of which 35 are working from home. That equates to 1.6% of the workforce. We have seen an increase this week in the number of isolations due to positive lateral flow tests, but utilisation of the current guidelines assists with getting back to work sooner than before.

We have adopted the national guidance and are briefing officers and staff. Whilst facemasks are no longer mandatory, they are encouraged in crowded or open spaces or where they may come into contact with people they would not normally meet. Training and refresher courses are now coming back into being in person as well as the continuation of virtual technology for meetings.



Support is still being provided where needed for programmes associated with the pandemic, i.e. booster centres and pro-active engagement with schools.

There continue to be a limited number of anti-vax protests, but these are sporadic and low level.

We have now started to work towards our new normality and how this looks to the future.

6. Challenges

The following areas have been identified as key challenges which are summarised below. These are documented within the Public Health COVID-19 Risk Register which forms part of the system risk register overseen by the COVID Management Group:

- New VOCs pose a threat to the system by potentially placing extra demand on capacity, requiring re-direction of resources, impacting Public Health and wider system partners
- The Government has confirmed any remaining Contain Outbreak Management Fund (COMF) 2020-21 can be carried forward by Public Health into the next financial year (April 2022 onwards), however funding may not be sufficient to address all costs relating to COVID-19 management in 2022-23
- The mandatory requirement for all care home workers to be fully vaccinated by 11 November
- The COVID-19 Public Inquiry which is due to commence Spring 2022 is a significant challenge to Surrey County Council and system partners. Preparation is underway to ensure all key decisions, actions and evidence is appropriately logged ahead of the inquiry.

7. Timescale and delivery plan

Delivery of the LOMP is ongoing and will be required throughout the COVID-19 pandemic.

8. How is this being communicated?

The Communications Plan to support the LOMP is led by the Council's Communications and Engagement Department in conjunction with system partners in the Multi-Agency Information Group (MIG).

9. Next steps

Next steps include:

- Continue to review and update the LOMP regularly in line with national policy and guidance.
- Continue to monitor COVID-19 data and surveillance twice weekly.

- Continue to drive delivery of the LOMP via Surrey's COVID-19 Management Group (while in operation) and Surrey Heartlands ICS Resilience and EPRR Board.
- Adapting any local protocols in the LOMP to reflect new learning and best practice.
- Continue to assess risks and implement mitigating actions.
- Continue to monitor the capacity and budget.
- Continue preparatory work for the COVID-19 Public Inquiry.