

Notice of Meeting


Surrey Local Outbreak Engagement Board



Date & time
Thursday, 21 April
2022
at 2.00 pm

Place
Remote via Teams

Contact
Amelia Christopher
Tel 07929 725663
amelia.christopher@surreycc.gov.uk

 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: 17 FEBRUARY 2022

(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 (13 April 2022).

b Public Questions

The deadline for public questions is seven days before the meeting (12 April 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 - 46)

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.

9 FUTURE MEETINGS OF THE BOARD

The Board is asked to review its meeting frequency going forward in light of the changes in national policy around Covid-19.

Joanna Killian
Chief Executive
Surrey County Council
Published: Monday, 11 April 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.

MINUTES of the meeting of the **SURREY LOCAL OUTBREAK ENGAGEMENT BOARD** held at 2.00 pm on 17 February 2022, 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
 Dr Priya Singh
 Louise Punter
 * Rebecca Pritchard

The Chairman welcomed Dr Priya Singh - Chair-designate, Frimley Health and Care Integrated Care Board to the Board, who has replaced Andrew Lloyd - Independent Chair, Frimley Health and Care Integrated Care System, she noted farewell to Andrew and thanked him for his contributions to the Board.

1/22 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Gavin Stephens and Dr Charlotte Canniff.

2/22 MINUTES OF THE PREVIOUS MEETING: 19 NOVEMBER 2021 [Item 2]

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

3/22 DECLARATIONS OF INTEREST [Item 3]

There were none.

4/22 INFORMAL QUESTION TIME [Item 4]

a Members' Questions [Item 4a]

None received.

b Public Questions [Item 4b]

None received.

5/22 ACTION TRACKER [Item 5]

Witnesses:

None

Key points raised in the discussion:

1. The Chairman noted that a written update had been provided concerning action A10/21:

The trial was not able to be carried out due to the significant rise in COVID-19 rates and increased demand on the Local Contact Tracing Service. Since then, COVID-19 rates have not declined sufficiently enough for capacity in the Local Contact Tracing Team to allow the trial to be undertaken.

2. The Chairman explained that the Surrey Heartlands ICS Resilience and Emergency Preparedness, Resilience and Response Board (EPRR) terms of reference had been circulated to Board members via email; and noted that a written update had been provided concerning action A17/21:

The EPRR Board has oversight of the Local Outbreak Management Plan (LOMP) however the LOMP is approved by the Local Outbreak Engagement Board so the understanding and oversight of the current plan by the EPRR Board fits well alongside several constituent Covid programmes.

3. The Chairman referring to action A24/21 noted that Tandridge District Council was the only one out of the eleven Surrey Borough and District Councils that had not joined the Community (COVID) Champions scheme. She further noted that Surrey County Council - support had been offered by the Deputy Leader and Cabinet Member for Finance and Resources - was in discussion with Tandridge District Council and she would provide a fuller update at the next Board.

RESOLVED:

1. That the Board reviewed its Action Tracker.
 - Actions A10/21 and A17/21 - to be marked as completed.
 - Action A24/21 - an update to be given at April's Board.

Actions/further information to be provided:

None.

6/22 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
Lorna Hart - Covid Vaccination Programme Director, Surrey Heartlands Integrated Care Service

Key points raised in the discussion:

1. The Public Health Consultant (SCC) noted:
 - the ongoing review of the Covid-19 data on a daily basis concerning the cases, positivity rates, triangulation with the vaccination uptake, contact tracing and other intelligence, that information was disseminated with partners across the system and led to targeted actions.
 - the epi curve of Covid-19 cases in Surrey since March 2020, the graph showed the number of cases as well as the tracking of the seven-day averages and most recently there was a downward trend following the fluctuation over Christmas and New Year.
 - that the total number of positive cases to date in Surrey up to 8 February 2022 was 328,667.
 - that the fourteen-day rate was a more stable indicator and the seven-day rate provided a useful benchmark; for the most recent seven-period 6-12 February 2022 the seven-day rate for Surrey was 798.9 per 100,000 population which was above the South East rate at 736.5 per 100,000 population and above the England rate at 563.9 per 100,000 population.
 - the breakdown of Surrey's boroughs and districts and their ranking nationally whereby all were above the England average; Waverley (ranked third) and Woking (ranked ninth) were ranked in the top ten nationally.
 - a bar chart highlighting the seven-day rates for Surrey's boroughs and districts as compared to other areas and the London boroughs.
 - the publicly available infographic 'Surrey Covid-19 Summary: Cases and Rates' which showed the seven-day average of rates and cases within Surrey's boroughs and districts which were on a downward trend.
 - the vaccinations uptake figures - first, second and booster doses - for Surrey and its boroughs and districts, compared to England and the South East; Surrey's uptake across all three doses was above the England average, Surrey was ranked highly in terms of its uptake for those with learning disabilities or a serious mental illness - that was testament to the system-wide effort.
 - that Omicron was the dominant Variant of Concern (VoC) taking over from Delta, a BA.2 lineage was identified on 7 February 2022 but the BA.1 lineage remained dominant.
 - the heat map of cases per 100,000 population in Surrey by age group between 13 January - 5 February 2022 which showed a stripe across the age groups where more mixing took place, those rates were decreasing; heat maps were also shown for each of Surrey's boroughs and districts.
 - the heat maps of weekly case rates per 100,000 population by local authority for Surrey and the surrounding areas from 2 January-12 February 2022, Surrey and the South East were on a downward trend.
 - the intelligence and triangulation undertaken regularly, looking at the seven-day case rate and first dose uptake and how they linked to the Index of Multiple Deprivation deciles, by Middle Super Output Area (MSOA) which was a smaller geographical area whereby variations,

- trends and outliers within Surrey could be picked up and areas with higher rates and lower first dose uptake could be targeted.
- the trends around cases, hospital admissions and fatalities in Surrey from May 2021-January 2022 which showed a plateau in hospital admissions and a decline in cases and fatalities.
 - that in addition to the Covid-19 infographic (short report) published twice weekly, the Covid-19 Intelligence Summary (long report) was published every Friday and was shared across the system.
2. The Chairman commented that the intelligence collated such as on the case rates and vaccination uptake and the various maps were highly informative and she commended the system on the promotion of the pop-up vaccination centres across the county; she further noted that there was more work to do but welcomed the improvement in the case rates.
 3. Referring to the upcoming national announcement from the Prime Minister with regards to Covid-19 and moving forwards, the Chairman queried whether there had been any preparation work into what the impact of the announcement would mean and what the system needed to do to be ready for any changes.
 - In response, the Public Health Consultant (SCC) noted that planning had been underway and the different mitigations and potential risks were in place and she noted that the World Health Organisation (WHO) was the official line on when the pandemic started and when it ends; intelligence gathering and joined-up working would continue to ensure that residents were protected.
 - In response, the Director of Public Health (SCC) highlighted that:
 - throughout the past two years of the pandemic Surrey has had to continually adapt to the changes to national policy.
 - early signalling had been received on what the new living with Covid-19 plan might entail regarding the three key areas of testing, contact tracing and vaccinations - in advance of the upcoming national announcement from the Prime Minister.
 - whilst the detail of the new national policy was unknown the system sought to plan and anticipate those changes through the Surrey Heartlands ICS Resilience and Emergency Preparedness, Resilience and Response Board (EPRR) and the Covid Management Group (CMG).
 - she had a discussion with the Chairman as to the timing of the Board which was taking place a few days before the Prime Minister's national announcement and noted that the Board would receive an update following the announcement, the Local Outbreak Management Plan (LOMP) would need to be updated and would be sent to the Board for information.
 - Surrey shared best practice with its neighbours across the South East.
 - confirmation had been received that the Contain Outbreak Management Fund (COMF) could be carried forward - it was anticipated that there would be no more COMF money in the future.
 - In response, the Covid Vaccination Programme Director, Surrey Heartlands Integrated Care Service (ICS) explained that the ICS had started to engage on what 2022/23 might look like. Following the Prime Minister's national announcement on Monday, it was anticipated that a planning letter would come forward and through the CMG the ICS would be engaging with its wider partners on what the changes would entail going forward.

4. A Board member noted that the response by the Director of Public Health (SCC) on the COMF would be of interest to the Surrey Chief Executives' Group, she queried whether the money that was provided to the Borough and District Councils by Surrey County Council could also be carried forward and presumed that the Borough and District Councils should let the Finance team (SCC) know how much they intend to carry forward.
 - In response, the Director of Public Health (SCC) confirmed the above assumptions and noted that the ability to carry forward the COMF was a relief, she would look to ensure that the ability to carry forward the COMF by Surrey's Borough and District Councils would be communicated as soon as possible by the Finance team (SCC).
5. The Chairman welcomed the reassurance that the Board would receive an update following the national announcement by the Prime Minister; and noted a discussion with the Director of Public Health (SCC) on the timing of the Board where it was felt that it was important to hold February's Board meeting as scheduled. She further noted that the work across the system on Covid-19 would continue and that the Board would continue to operate - how it moves forward in the future would be kept under review.

RESOLVED:

The Board noted the verbal update and presentation.

Actions/further information to be provided:

1. Following the UK Prime Minister's upcoming national announcement in the week commencing 21 February 2022:
 - a) the Board will receive an update on the changes going forward.
 - b) the Local Outbreak Management Plan (LOMP) will be updated and will be sent to the Board for information.
2. The Director of Public Health (SCC) will look to ensure that the ability to carry forward the COMF by Surrey's Borough and District Councils will be communicated as soon as possible by the Finance team (SCC).

7/22 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 since the last Board meeting and the emergence of Omicron, Surrey had some of the highest rates in the country and the highest rates seen throughout the past two years and so the Communications team (SCC) reverted back to the brightly coloured chevron alerts and continued to do geo-targeting.

- an example of an online warning advert to the residents of Elmbridge, and Reigate and Banstead, who at one point had the highest rates in the country.
- that significant communications actions at that point were supported by a multi-channel approach as not all residents were on social media:
 - a highway sign was put out to the whole area around Reigate and Banstead reminding drivers on the road about the high rates in that area.
 - the RingGo parking app was successful and alerted users to a message from Surrey County Council about the high rates in the area.
 - GP video messages were especially effective in Reigate and Banstead when they had exceptionally high rates.
- the continued dissemination of Covid-19 data to residents through the publicly available infographic 'Surrey Covid-19 Summary: Cases and Rates' published twice weekly - once the living with Covid-19 plan was published Surrey County Council would revisit that approach.
- that the Communications team (SCC) sought to help residents navigate the change in tone from the Government due to the move between Plan A and Plan B; explained simply through assets such as 'What do I need to know about...' such as Omicron and travel guidance, and with the move away from the tougher restrictions residents were reminded that 'Covid 19 hasn't gone away' through 'back to basics' graphics of public health prevention messages.
- the Communications team (SCC) continued to support the vaccinations programme through geo-targeted communications to communities or areas with significantly lower vaccination rates, such as through a TikTok style video put out on Snapchat and Instagram.
- the large amount of activity on vaccinations over the last couple of months, with a focus on winter immunity, flu before the festive period, getting a booster before Christmas, information for pregnant women and all the different cohorts as they become eligible for the boosters, new communications on the Evergreen offer and gifs on the importance of getting vaccinated such as before the summer holidays.
- the Communications team (SCC) commissioned research into parents' feelings on vaccinations announced for 5-11 year olds, how they could be supported and communications would be carried out in the same way as done for 12-15 year olds.
- that there had been many testing changes and so the Communications team (SCC) undertook a lot of work to:
 - clarify to residents what the testing situation was, to explain the new self-isolation rules (day six and seven 'test to release').
 - reiterate the difference between LFD (lateral flow device) and PCR (polymerase chain reaction) tests and when to use each test especially since the Government before Christmas temporarily removed the need to have a confirmatory PCR test if the LFD test was positive.
 - explain to residents in the run up to Christmas about the national LFD test shortages and how residents could get hold of those tests.
- the updated leaflet for staff in the Asymptomatic Testing Units to hand out and engage with residents, as well as information on testing it included a section on contact tracing.
- the latest geo-targeting metrics shown via a map of Surrey with a breakdown of all of the boroughs and districts and how many of the

- residents in those areas were on Facebook and Instagram; between November 2021 and February 2022 535,000 social media accounts had been reached - she welcomed the high post engagement from residents.
2. The Chairman welcomed the large amount of information disseminated to residents, who continued to engage, referring to the upcoming national announcement by the Prime Minister she asked whether the Communications team (SCC) would continue to deliver Covid-19 messaging to residents, if the team had thought about what the announcement would entail and what the plans were going forward.
 - In response, the Senior Communications Manager - COVID-19 Communications Lead (SCC) confirmed that the Communications team (SCC) had a plan going forward. Despite the uncertainty in the upcoming national announcement, the Communications team (SCC) acknowledged the high rates of Covid-19 in Surrey and that Covid-19 had not gone away and continued to issue assets on basic public health measures.
 - The Senior Communications Manager - COVID-19 Communications Lead (SCC) added that she was linked into the Cabinet Office, and the Department of Health and Social Care (DHSC) and their communications guidance and she expected there to be a briefing from the Cabinet Office on Monday.
 3. The Chairman was reassured by the above responses and noted that the Board would welcome the continuation of the Covid-19 communications to residents; she noted that the RingGo app had been very effective.
 4. A Board member noted that it was interesting to see the very high levels of residents across Surrey who had all three vaccination doses. She noted that she was aware that the numbers of those having had boosters was likely to be lower for some people in social care which as a sector faced continued pressures and the lack of clarity from DHSC about the pathway out of the pandemic for the sector was a psychological barrier to them engaging with the booster programme. She asked whether the Communications team (SCC) could look at providing more psychologically informed communications targeted to that sector, recognising the pressures they were under and providing support.
 - In response, the Senior Communications Manager - COVID-19 Communications Lead (SCC) explained that the Communications team (SCC) had tried to do that throughout the pandemic, all the assets and campaigns had been informed by insights and research. She noted a report by the UK Health Security Agency (UKHSA) which said that long Covid-19 was more prevalent in people who were unvaccinated and would take the Board member's suggestion on board.
 - In response, the Director of Public Health (SCC) recognised that ongoing challenge highlighted by the Board member, she noted that the Public Health team (SCC) was fortunate to have a health psychologist who had been working closely with the vaccination team on those behavioural insights and responded accordingly across all sectors including the social care sector.
 - The Director of Public Health (SCC) further noted that the challenge was ongoing due to the psychological changes experienced throughout the pandemic and so the insights changed too. She explained that whilst there was not a clear way out, both the Communications and Public Health teams (SCC) would continue to use behavioural insights and acknowledged that communications techniques were different for each population group; which would need to continue even into the living with Covid-19 period.

5. The Chairman thanked the Senior Communications Manager - COVID-19 Communications Lead for her joint commitment alongside the Director of Public Health (SCC) to working with the social care sector regarding the ongoing impact to the providers; she welcomed the Board member's question which would be followed up as an action.

RESOLVED:

That the Board noted the activity outlined in the report.

Actions/further information to be provided:

1. The Senior Communications Manager - COVID-19 Communications Lead (SCC) will work with the Public Health team (SCC) to see how the Communications team (SCC) can provide more psychologically informed communications targeted to the social care sector, recognising the pressures they were under and providing support to increase engagement with the booster programme.

8/22 SURREY COVID-19 LOCAL OUTBREAK MANAGEMENT PLAN [Item 8]

Witnesses:

Ruth Hutchinson - Director of Public Health, Surrey County Council
Lorna Hart - Covid Vaccination Programme Director, Surrey Heartlands Integrated Care Service
Fiona Harris - Public Health Consultant, Surrey County Council
Caroline Chapman - Senior Public Health Contact Tracing Lead, Surrey County Council
Adam Letts - Public Health Lead, Surrey County Council
Negin Sarafriz-Shekary - Public Health Principal, Surrey County Council
Yazmin Castillo Munoz de Hodgson - Project Support Officer - Public Health - Community Champions, Surrey County Council

Key points raised in the discussion:

National Update

1. The Director of Public Health (SCC) noted:
 - that since the last Board meeting on 19 November 2021 there had been changes nationally, regionally and locally. The COVID-19 Response: Autumn and Winter Plan 2021 which set out Plan A and Plan B had been in place since 14 September 2021, Omicron was named as a new VoC on 26 November 2021 and was 5.4 times more transmissible than Delta, Surrey's rates increased rapidly, the country moved from Plan A to Plan B on 8 December 2021 and with declining rates post-Christmas the country moved back to Plan A on 19 January 2022.
 - the return to Plan A on 19 January 2022: saw the advice to work from home end and people returning to the office should follow the Working Safely guidance, on 20 January 2022: advice on face coverings for pupils and staff in classrooms ended, Local Directors of Public Health could still recommend face coverings in communal areas in education settings

within their area, on 27 January 2022: face coverings were no longer legally required in any setting, people should consider wearing a face covering in crowded and enclosed spaces, the NHS COVID Pass was no longer mandatory for entry into venues/events.

- key guidance changes to testing on 11 January 2022 was that: people no longer require a confirmatory PCR test following a positive LFD test result.
- key guidance changes to self-isolation on 17 January 2022 was that: people with COVID-19 can end self-isolation after five full days, as long as they have a negative LFD test result on day five and day six and do not have a high temperature (Test to Release approach) - previously the guidance was for ten full days.
- key guidance changes to international travel on 11 February 2022 was that: people who were fully vaccinated no longer need to take a COVID-19 test either before or after they arrive in the UK; and people who are not fully vaccinated need to take a pre-departure test. After they arrive, they need to take a PCR test on or before day two, but only need to quarantine if it is positive. They still need to complete a passenger locator form.
- key guidance changes to vaccination on 16 February 2022 was that: the Government announced that all children aged five to eleven years in England would be offered a low-dose COVID-19 vaccine following updated advice from the Joint Committee on Vaccination and Immunisation (JCVI).
- the plans for living with Covid-19:
 - whereby the Prime Minister on 9 February 2022 announced his intention to remove all Covid-19 restrictions in England (a month earlier than originally planned).
 - in the week commencing 21 February 2022 it was expected that the Government was due to set out its 'strategy for living with COVID-19', whereby it was expected that all domestic regulations would end, including the current legal requirement to self-isolate after a positive test result; and that the legal requirement for self-isolation would be replaced with advice and guidance.
- that as a result of the anticipated changes above, communications on the current guidance even if not legally enforceable would remain key and Surrey's LOMP would need to be updated in March to reflect the new national policy and guidance.
- that despite the above changes, only the WHO could declare the start or the end of a pandemic.

Covid-19 Vaccination Programme

2. The Covid Vaccination Programme Director, Surrey Heartlands ICS noted:

- that roughly 20,000 vaccines were being delivered in December 2021 during the busiest times - up from around 5,000 a day - with the ask that the entire adult population was to be booster vaccinated by 31 December; which whilst was not achieved nationally, Surrey did well.
- that as of 23 January 2022 over 2 million vaccinations had been administered by Surrey Heartlands - up to 2.1 million today - and that consisted of 780,000 first doses, 706,000 second doses and 574,000 booster doses.

- that booster vaccinations for 16 year olds and over were at 85% which was 0.5% higher than the South East regional average.
- that 60% of children aged 12 to 15 years old had received a first vaccination.
- that nearly 95% of the eligible immunosuppressed cohort had received their third dose; additionally the vaccinations figures for those with severe mental illness and those with learning disabilities in Surrey were in the top ten nationally and Surrey was leading regionally, Surrey was also first nationally for vaccinating its pregnant women - which was a testament to the midwifery teams.
- the importance of making every vaccine count:
 - Surrey Heartlands had recently put in a bid and received £126,000 of additional funding to support targeted outreach; working alongside Surrey County Council's Communications team and Public Health team to join up data the provision and through geo-targeting Surrey Heartlands' communications.

Karen Brimacombe left the meeting at 2.56 pm.

- Surrey Heartlands was looking to support the vaccine champions and to get out into Surrey's communities particularly in the North West of Surrey shown by the heat maps where some of the Black, Asian and minority ethnic (BAME) population, and communities and individuals had not had the opportunity to obtain the vaccine.
- that even if one person came forward to receive a first dose at the vaccine van which was available in Tesco in Staines over the weekend that would be a good result.
- that a review of the programme team had been completed including governance arrangements and how Surrey Heartlands feeds into the EPRR Board and the CMG.
- that Surrey Heartlands was scoping for business as usual and surge planning, recognising the changes and opportunities such as utilising vaccination sites to keep them going and to serve the population in as many different ways as possible, using lessons learnt.
- that areas of focus were:
 - low uptake areas;
 - hard to reach groups;
 - children aged 12 to 15 years old (second dose);
 - clinically extremely vulnerable children aged 5 to 11 years old, and all other children aged 5-11 years old (first dose) - where it was anticipated that those not vulnerable would not receive a first dose until April - clinically extremely vulnerable children were coming forward noting the recent media coverage at Epsom sites and ensuring that they have the best experience they can, whilst progress was slow it was heading in the right direction;
 - immunosuppressed (all other);
 - care home staff; referring to a Board member's earlier comment that the first and second doses were high, the booster dose was a focus area and it was important maintain good relationships with the care home sector and the domiciliary care sector, noting that the sites did have a good relationship with the local care homes and at place level.

- health and care staff; she highlighted that Surrey Heartlands was awaiting a Parliamentary vote on the revoking of the Vaccination a Condition of Deployment (VCOD).
 - her endorsement that every vaccine counts; the vaccination programme was a collaborative and learning process with partners across the Surrey Local Resilience Forum (SLRF), Surrey's Borough and District Councils, and public health working to support the NHS; and that equality was a baseline that all in the system supported.
3. The Chairman welcomed the presentation and noted that she was pleased to see that additional funding received for targeted outreach and commended all in the system for their collective effort concerning the vaccination programme.

Covid-19 Testing Programme

4. The Public Health Consultant (SCC) noted:
- that the overarching purpose of the testing programme was the surveillance of the levels of circulating virus in the population, that allowed cases to be identified in a timely way and enabled the response to reduce transmission through contact tracing and isolation.
 - that there were two elements to the testing programme: symptomatic testing through the PCR tests and the symptom-free testing or asymptomatic testing through LFD tests.
 - that the Testing Service Deployment Map was updated weekly and showed the location of the testing sites across Surrey and the different types of testing sites: the Regional Testing Sites (RTSs) and Local Testing Sites (LTSs) were static, there were Mobile Testing Sites (MTSs) deployed to areas with higher cases as based on evidence, on a weekly basis the Public Health team (SCC) had access to three MTSs - and could request more - for symptomatic tests; there were also Agile Testing Units, Pharmacy Testing Sites and Asymptomatic Testing Sites (ATSs).
 - symptomatic testing via PCR tests: that the figures from January 2022 showed a slight decline in the number of PCR tests - noting the change in the guidance that for positive LFD tests a confirmatory PCR test was not needed and there was a shortage at the beginning of the month of PCR tests.
 - asymptomatic testing via LFD tests:
 - that the change to the guidance had meant that the balance of PCR and LFD testing had changed but overall testing had remained fairly constant, residents were testing and were honest with uploading their positive results and that it would be good to encourage more uploading of negative results too.
 - that although in most cases a confirmatory PCR test was not needed after receiving a positive LFD test result (from 11 January 2022), there were situations where a confirmatory PCR was required:
 - people who wish to claim the Test and Trace Support Payment;
 - people who have a health condition that means they may be suitable for new COVID-19 treatments; there had since been confirmation that those clinically vulnerable could access those treatments you upload a positive LFD test result.
 - people who are taking LFD tests as part of research or surveillance programmes.

- that targeted community testing was an additional programme of work to support the more vulnerable communities, to understand their concerns and to let them know how they can keep themselves and their families protected through testing via:
 - agile testing units: two of which were deployed daily and in the past two months over 130,000 LFDs self-test kits had been distributed.
 - community pharmacies: supervised testing for those who struggled with testing and compared to last year there was a reduced demand as people had got used to testing.
 - community outreach: using community organisations who give out LFD tests and administer supervised tests.
 - asylum hotels: support was offered to the increasing number in Surrey, with four initial accommodations, one overflow dispersal accommodation - possibly another one to follow - and three bridging hotels for refugees from Afghanistan.
 - health and care staff: the staff were helped with testing over the Christmas period when there were difficulties in accessing testing.
- 5. The Chairman thanked the Public Health Consultant (SCC) for her work and welcomed the informative and helpful presentation.
- 6. A Board member echoed the Chairman's comments, commending the work of the Public Health team (SCC). Referring to the number of Covid-19 tests that were being recorded in Surrey via the Government website, she asked whether included in the figures were the test records for staff at the acute hospitals as those tests were recorded through a different system.
 - In response, the Public Health Consultant (SCC) explained that all of the tests - regardless of whether they were Pillar 1 (swab testing via NHS and PHE labs) or Pillar 2 (swab testing by commercial partners) - go to the national database that the Public Health team (SCC) could access local data for Surrey's residents, the national database included different denominations, the split between the results of the PCR and LFD tests; she stressed the importance of recording LFD tests so they can be recorded on the national database.

Local Contact Tracing

7. The Senior Public Health Contact Tracing Lead (SCC) noted:
 - that contact tracing continued to have a role to play in breaking the chains of transmission, the diagram created by the Communications team (SCC) showed the power of contact tracing as for example preventing one infection made a huge difference to the number of infected cases.
 - that due to the current high numbers of cases, local contact tracing was completed by the local team in postcodes that represented 45% of Surrey's population thought to be at the highest risk from Covid-19; after they had been with the national team for an eight hour online opportunity and twenty-four hours of calls from the national team.
 - that further face-to-face contact tracing for residents who had not responded to texts, emails or phone calls from the national and local teams, was provided through Environmental Health teams - those referrals achieved a success rate of between 40-50%.
 - that the local team was achieving a completion rate of 65-70% following referral from the national team after being unable to make contact.

- that current issues were that:
 - the local team had to remain agile, for example as case numbers have started to reduce the local team increased the number of postcodes for delivering contact tracing in Surrey; the decision was made yesterday to move from 45% to 75% of Surrey's population and work was ongoing to return to a 100% provision.
 - that although the period of isolation remained ten days, it was possible to test to release at the end of day five; as a result the process changed and was speeded up by increasing the number of calls on day one and making that referral to the Environmental Health officers earlier.
 - that in anticipation of the national announcement expected from the Prime Minister next week, preparation was underway such as through collaborative working with colleagues across the South East region through the Test and Trace Operations Network, where best practice was shared and future planning was discussed.
 - that in anticipation of the national announcement expected from the Prime Minister next week, the local contact tracing team was preparing for what other work the team could do if contact tracing was not set to continue. There was currently a team of forty people of which twenty-five are contact tracers on fixed-term contracts that expire at the end of June.
 - that the outcomes of local contact tracing were that 65% of those difficult cases referred from the national team were reached - it had been a tricky process and compliance had started to decrease over the past couple of weeks where 80% of referred cases had previously been reached - and there were many difficult matters to work through with Surrey's residents, such as addressing the doubt around self-isolation requirements.
8. The Chairman noted that contact tracing had provided tremendous value, she thanked the local contact tracing team for their work and would await the Prime Minister's upcoming national announcement on any changes going forward.

High risk settings:

- *Education and Early Years Settings*

9. The Public Health Lead (SCC) noted:
- that Public Health and Education colleagues continued to work together to provide the support to education and early years settings throughout the easing of restrictions.
 - that face-to-face high quality education remained the Government priority for all children and young people.
 - that the current focus was on the proactive baseline measures outlined in the Department for Education's (DfE) Schools COVID-19 operational guidance - public health guidance, cleaning regimes, ventilation, communications on twice-weekly LFD testing, use of Personal Protective Equipment (PPE) and hygiene measures - and on continuing to implement additional reactive temporary measures in response to outbreaks as outlined in the Contingency Framework - reducing the mixing of staff, reduced crowding and gathering, limiting educational visits and events, advisory letters specific to settings where particular

thresholds of cases are met, temporarily reinstating face coverings in exceptional circumstances.

- the testing communications sent to education and early years settings about which tests to use and when to test such as twice-weekly for LFD tests and a PCR test when symptomatic, reporting results and the differences in self-isolation periods for cases and contacts.
- the vaccination communications sent to education and early years settings, for example the Surrey Immunisation Service continued to offer Covid-19 vaccines to school children aged 12 to 15 years old through a two-dose schedule, twelve weeks apart - offered in schools and other locations.
 - the university settings in Surrey had been supported with updated FAQs and vaccine pop-ups, national guidance and local communication campaigns and assets.
 - reiterated an earlier comment that it was anticipated that all 5-11 year olds would soon be offered a low dose vaccine, clinically extremely vulnerable children in that age group were already receiving vaccinations which were primary care led and more information was on the Surrey Heartlands website.

- *Care Homes*

10. The Public Health Principal (SCC) noted:

- that in line with a national trend and Omicron wave the number of outbreaks rose sharply in December 2021 in care homes, averaging 45 per week and peaked at 73 per week in the week commencing 20 December 2021 - the rise fortunately did not lead to significant hospital admissions or deaths.
- that the number of outbreaks since December had started stabilised and started to reduce from early February to an average of 10 outbreaks per week.
- that the Care Homes COVID-19 Outbreak Oversight Group continued to meet weekly to monitor the situation.
- that the increasing number of outbreaks had resource and capacity implications on care homes who needed to have a business continuity policy in place and the Public Health team (SCC) supported them with that; the number of changes in the national guidelines for care homes had been challenging to operationalise and the Public Health team (SCC) worked alongside Adult Social Care (SCC) and the UKHSA.
- that one of the key changes had been the change in the self-isolation guidelines whereby if a staff member in a care home tests positive for Covid-19 they must self-isolate for ten days but they can exit self-isolation after five full days if they have two negative LFD tests on day 5 and 6 of their isolation.
- that full vaccinated close contacts do not need to self-isolate, but to return to work they must have a negative PCR test and should undertake LFT testing every day for 10 days following their last contact with that positive case.
- that key messages continued to be sent to care homes explained that staff need to follow Infection, Prevention Control measures, they need to be asymptomatic after returning to work having been identified as a close contact, and must follow the national testing guidelines.

- that the Public Health team (SCC) provided support to care homes regarding:
 - Infection, Prevention and Control training across Surrey including “Train the Trainer”;
 - the provision of free PPE to health and social care providers had been extended to March 2022;
 - discharges for those care home residents who are medically fit to be discharged from hospital;
 - the changes to the visiting guidelines, although there were no nationally set direct restrictions on visiting care homes, visiting restrictions during any infectious disease outbreak in care homes are recommended and essential caregivers can continue to visit unless there are specific reasons for them not to do so.
 - that Regulations came into force on 11 November 2021 requiring all care home staff to be fully vaccinated unless exempt, uptake was good as to date 96% of eligible residents and 91% of staff have had at least two doses of the vaccine.
 - that the uptake of the booster had been more challenging, yet the Public Health team (SCC) worked closely with care homes to make sure that the targeted support is there just to overcome physical and psychological barriers; the Public Health team (SCC) was working closely with voluntary sector organisations to roll out targeted intervention to increase uptake.
 - her thanks to all of the care home staff across Surrey with their ongoing support during this challenging time.
11. A Board member highlighted that as of 16 February 2022 social care staff have to test daily using LFD tests before their shifts, which whilst about manageable for care home staff it was difficult for domiciliary care workers needing to test early in the morning before their morning shift, finding cover was difficult in the case of a positive test. She noted that the recent advice from the UK Home Care Agency and from the South East Covid recovery cell was that the impact of not providing that care could be more significant than testing at 6pm the evening before a morning shift and she asked whether that approach was something that local public health teams would be willing to endorse.
- In response, the Director of Public Health (SCC) acknowledged the requirement of the guidance to test daily whilst recognising the practicality of testing the night before an early morning shift and would follow the matter up with colleagues from Adult Social Care (SCC).
 - The Public Health Principal (SCC) recognised that challenge as there was not anything specific in the guidance about delivering care at home, which was different to a care home setting; she echoed the comment above about following up the matter with Adult Social Care (SCC) colleagues or if needed to escalate the matter to UKHSA for advice.
 - The Public Health Consultant (SCC) echoed the above comments about following up the matter and noted that so long as testing was carried out every twenty-four hours, the approach sounded sensible to avoid the situation that someone would be left without care.
12. The Chairman welcomed the question and the Board member’s representation of the social care sector on the Board in highlighting the challenges faced by that sector.

Community (Covid-19) Champions

13. The Project Support Officer - Public Health - Community Champions (SCC) noted:

- that after a year of running the Community (Covid-19) Champions programme, the need had been identified to increase the communication and engagement with all communities around Surrey but particularly with minority groups who had been disproportionately affected by the pandemic.
- that increased engagement had been progressed through working closely with organisations within the voluntary sector - who themselves have a big outreach - for example and agreements had been signed with the Surrey Coalition of Disabled People - which including organisations on vision impaired and learning disabilities - and Central Surrey Voluntary Action - which coordinated with champions in Elmbridge, Mole Valley, and Epsom and Ewell.
- that the agreements enabled funding to be provided to those organisations so they could adopt the programme and bring forward their own champions, information was provided to them to disseminate and feedback was provided from them.
- that other organisations approached included: Community Connections Surrey - with a focus on mental health - and Action for Carers Surrey; and the Public Health team (SCC) was in the process of signing an agreement with Surrey Community Action which worked closely with the Gypsy, Roma, and Traveller community.
- that another outcome of the programme had been the establishment of a county-wide forum for champions via webinars held bimonthly, providing an opportunity to learn interesting topics and to share experiences. Spelthorne and Surrey Heath continued to hold their own webinars on a monthly basis.
- that the last county-wide webinar took place on 15 December 2021 and provided an opportunity to disseminate information to the Champions on Omicron and move to Plan B, topics of discussion were also included vaccination inequalities, community testing projects and Active Surrey - Movement for Change strategy.
- that another outcome of the programme was the distribution of the Community Champions briefing - distributed since September 2020 - which moved back from a fortnightly distribution to weekly on 3 January 2022 to keep up to date with the national changes.
- that also distributed was a list of all the vaccination centres and pop-up clinics across Surrey and information on the coronavirus vaccination bus.
- that the next county-wide webinar would be held on 24 February and topics of discussion would include contact tracing, and mental health and wellbeing.
- that the next steps included an evaluation to be carried out in the next few months on looking forward with the programme.

14. The Chairman was pleased to see the Community (Covid-19) Champions programme going from strength to strength and highlighted the importance of getting Tandridge District Council to join the programme.

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 Director of Public Health (SCC) and colleagues in the Public Health team (SCC) will follow up the difficulty faced by domiciliary care workers in the social care sector required to test daily before their shifts via LFD tests - specifically testing early in the morning before a morning shift - with Adult Social Care (SCC) colleagues and UKHSA as appropriate.

9/22 DATE OF NEXT MEETING [Item 9]

The date of the next meeting was noted as 21 April 2022.

Meeting ended at: 3.41 pm

Chairman

This page is intentionally left blank

SURREY LOCAL OUTBREAK ENGAGEMENT BOARD (LOEB) ACTION TRACKER

21 APRIL 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.	<p>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.</p> <p>Senior Public Health Contact Tracing Lead (SCC) / PH Team to provide an update (LOEB - 17 February 2022):</p> <p><i>The trial was not able to be carried out due to the significant rise in COVID-19 rates and increased demand on the Local Contact Tracing Service. Since then, COVID-19 rates have not declined sufficiently enough for capacity in the Local Contact Tracing Team to allow the trial to be undertaken.</i></p>	Completed (Being overseen by SCC Equalities Board)

2 September 2021 - Informal Board A17/21	SURREY COVID-19 LOCAL OUTBREAK MANAGEMENT PLAN	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.	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. The EPRR Board is currently on hold as the COVID Management Group (CMG) resumed instead when Omicron took over. The EPRR ToR was circulated to Board members; clarity on the interfacing was provided (LOEB - 17 February 2022): <i>The EPRR Board has oversight of the Local Outbreak Management Plan (LOMP) however the LOMP is approved by the Local Outbreak Engagement Board so the understanding and oversight of the current plan by the EPRR Board fits well alongside several constituent Covid programmes.</i>	Completed
19 November 2021 - A24/21	SURREY COVID-19 LOCAL OUTBREAK MANAGEMENT PLAN	The Chairman will look to see what she can do to help get Tandridge District Council on board with the Community (COVID) Champions scheme.	The Chairman to provide an update in due course. As noted at the 17 February 2022 LOEB, the Chairman to provide an update at the April Board.	In Progress
17 February 2022 - A1/22	COVID-19 SURVEILLANCE UPDATE	Following the UK Prime Minister's upcoming national announcement in the week commencing 21 February 2022: a) the Board will receive an update on the changes going forward. b) the Local Outbreak Management Plan (LOMP) will be updated and will be sent to the Board for information.	Communications regarding the 'Living with COVID Plan' were sent to LOEB members on 23/2/2022 and details on the updated LOMP v16 were circulated to LOEB members on 4/3/22 within the LOMP weekly Programme Report.	Completed

17 February 2022 - A2/22	COVID-19 SURVEILLANCE UPDATE	The Director of Public Health (SCC) will look to ensure that the ability to carry forward the COMF by Surrey's Borough and District Councils will be communicated as soon as possible by the Finance team (SCC).	The District and Borough Councils were informed directly by DHSC/UKHSA on 24/12/2021 and were required to complete the same return as Surrey County Council (SCC) to DHSC/UKHSA, outlining how much COMF was going to be carried forward into 2022/23. The District and Borough Councils are due to send SCC a final return on 11/4/2022 showing how they have spent their 2020/21 Contain Outbreak Management Fund (COMF) allocation.	Completed
17 February 2022 - A3/22	COVID-19 COMMUNICATIONS PLAN UPDATE	The Senior Communications Manager - COVID-19 Communications Lead (SCC) will work with the Public Health team (SCC) to see how the Communications team (SCC) can provide more psychologically informed communications targeted to the social care sector, recognising the pressures they were under and providing support to increase engagement with the booster programme.	This action is no longer applicable because the legal requirement for health and social care staff to be fully vaccinated was removed by the Government on 15/3/2022.	Completed
17 February 2022 - A4/22	SURREY COVID-19 LOCAL OUTBREAK MANAGEMENT PLAN	The Director of Public Health (SCC) and colleagues in the Public Health team (SCC) will follow up the difficulty faced by domiciliary care workers in the social care sector required to test daily before their shifts via LFD tests - specifically testing early in the morning before a morning shift - with Adult Social Care (SCC) colleagues and UKHSA as appropriate.	A response was sent via the Health Protection inbox to the Chief Executive Officer at Surrey Care Association on 17/2/2022. It was confirmed that it would be reasonable to carry out a LFT test 24 hours before the start of the shift. This was based on the testing in care home guidelines available on that date.	Completed

This page is intentionally left blank

Surrey Local Outbreak Engagement Board

1. Reference Information

Paper tracking information	
Title:	COVID-19 Communications Plan Update
Authors:	<p>Andrea Newman, Strategic Director – Communications, Public Affairs & Engagement (SCC) andrea.newman@surreycc.gov.uk</p> <p>Abi Pope, Senior Communications Manager - COVID-19 Communications Lead (SCC) abi.pope@surreycc.gov.uk</p>
Sponsors:	<p>Sinead Mooney - LOEB Chairman (SCC)</p> <p>Joanna Killian - Chief Executive of Surrey County Council</p> <p>Ruth Hutchinson - Director of Public Health (SCC)</p>
Paper date:	21 April 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

Guidance changes

The communications team has continued to use a mix of national and local assets to explain changes to the guidance on 24 February, after the publication of 'Living with Covid' by central government.

This has included asking people to do the right thing by continuing to wear face coverings and staying at home if they are unwell, despite the fact that it is no longer a legal requirement to do so. The 'back to basics' campaign reminds people of key safety measures that help to stop the spread of the virus as we learn to live with Covid, such as hand washing and ventilation.

On testing, the messaging in March was to thank people for continuing to test until 31 March, and a reminder that the universal provision was ending on that date. Messaging in April is focused on reminding the general public that free testing is only available to those at risk of serious illness, or NHS and social care staff. Information about how the general public can buy tests if they still want peace have mind has been provided.

We have continued to provide travel advice, explaining the changes to testing and other requirements on entry back into the UK, and reminders to make sure you are vaccinated and to check the requirements of the country you are travelling to. There has been a particular focus on this in the run up to the February half term and the Easter holidays.

Messaging in April will keep reminding residents that if they have symptoms of any respiratory virus they should stay at home and avoid contact with others, especially those at risk of serious illness.

Communicating Covid Rates

With the universal provision of free testing ending, the amount of local data available has decreased. The decision has been taken to end publication of the data dashboard on social media, with a view to keeping an eye on other data sources that may help tell the story. Messaging continues to remind residents that 'Covid hasn't gone away' as prevalence remains high in the general population.

Vaccine Programme Support

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

- 16+ booster;
- 12-15 at risk booster;
- 5-11s at risk vaccine;
- Pregnant women;

- Vaccine scams - the NHS never requires payment for Covid vaccines or boosters;
- Evergreen offer and myth busting – it is never too late;
- Spring booster;
- all 5-11s from 4 April.

This page is intentionally left blank

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:	21 April 2022
Related papers	<ul style="list-style-type: none"> Surrey Local Outbreak Management Plan

2. Executive Summary

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:

1. Note the report.
2. Continue to provide political oversight of local delivery of the Local Outbreak Management Plan.
3. Continue to lead the engagement with local communities and be the public face of the local response.
4. Ensure appropriate information on the programme and on COVID-19 in Surrey is cascaded within Board 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: Living with COVID-19
- 5.1.2 Timeline for removing domestic restrictions
- 5.1.3 New and updated COVID-19 guidance

5.2 Local Outbreak Management Plan

- 5.2.1 COVID-19 Intelligence
- 5.2.2 COVID-19 vaccination programme
- 5.2.3 COVID-19 testing programme
- 5.2.4 Local contact tracing
- 5.2.5 Education and early years
- 5.2.6 Care homes
- 5.2.7 COVID-19 community champions
- 5.2.8 Variants of concern

5.1.1 COVID-19 Response: Living with COVID-19

On 21 February 2022, the Government published the national [Living with COVID-19 plan](#). The Government's objective in the next phase of the COVID-19 response is to enable the country to manage COVID-19 like other respiratory illnesses, while minimising mortality and retaining the ability to respond if a new variant emerges with more dangerous properties than the Omicron variant, or during periods of waning immunity, that could again threaten to place the National Health Service (NHS) under unsustainable pressure.

The document sets out how the Government has and will continue to protect and support citizens by enabling society and the economy to open more quickly than many comparable countries; using vaccines and supporting the NHS and social care sector. It also sets out how England will move into a new phase of managing COVID-19.

5.1.2 Timeline for removing domestic restrictions

The timeline for removing all remaining domestic restrictions is outlined below:

Date	Details
From 21 February	<ul style="list-style-type: none"> Guidance on twice weekly asymptomatic testing in most education settings was removed
From 24 February	<ul style="list-style-type: none"> The legal requirement to self-isolate following positive test was removed and replaced with new public health guidance Routine contact tracing ceased Self-isolation support payments ended The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations were revoked

From 24 March	<ul style="list-style-type: none"> COVID-19 provisions within statutory sick pay and employment and support allowance regulations ended
From 1 April	<ul style="list-style-type: none"> The recommendation to use the NHS COVID Pass in certain settings was discontinued Free symptomatic and asymptomatic universal testing for the general public in England ended

5.1.3 New and updated COVID-19 guidance

On 1 April, the UK Health Security Agency (UKHSA) published new and updated guidance to support the next stage of the COVID-19 pandemic. As set out in the government's [Living with COVID-19 plan](#), the focus of this new phase is on protecting those who are most at risk from the virus. NHS Living with COVID-19 testing guidance was also published in line with new UKSHA guidance on 30 March.

Details of new and updated COVID-19 guidance is provided below:

Audience	Guidance	Summary
Everyone	<ul style="list-style-type: none"> Living safely with respiratory infections, including COVID-19 	This guidance highlights how the general public can reduce the spread of COVID-19 and other respiratory infections and protect those at highest risk
People with symptoms of a respiratory infection including COVID-19, or a positive test result for COVID-19	<ul style="list-style-type: none"> People with symptoms of a respiratory infection including COVID-19 	This guidance highlights: <ul style="list-style-type: none"> Actions people can take to protect others if they are unwell with symptoms of a respiratory infection, including COVID-19, and have not taken a test for COVID-19 Advice for people who have taken a COVID-19 test and have received a positive test result
Businesses, organisations and employers	<ul style="list-style-type: none"> Reducing the spread of respiratory infections, including COVID-19, in the workplace 	This guidance provides public health principles for reducing the spread of respiratory infections, including COVID-19, in the workplace
People previously considered clinically extremely vulnerable	<ul style="list-style-type: none"> Guidance for people previously considered clinically extremely vulnerable from COVID-19 	This guidance has been updated for those people previously identified as CEV, advising them that they should now follow the same guidance as the general public on staying safe and preventing the spread of coronavirus (COVID-19)

People who are immunosuppressed	<ul style="list-style-type: none"> • Guidance for people whose immune system means they are at higher risk 	<p>This guidance provides information for immunosuppressed individuals on:</p> <ul style="list-style-type: none"> ◦ keeping safe ◦ eligibility for additional COVID-19 vaccine doses ◦ eligibility for new NHS COVID-19 treatments if you become infected
Childcare and education settings	<ul style="list-style-type: none"> • Health protection in education and childcare settings 	<p>This guidance provides a practical guide for staff on managing cases of infectious diseases in schools and other childcare settings.</p>
Adult social care settings	<ul style="list-style-type: none"> • Coronavirus (COVID-19) testing in adult social care • Infection prevention and control: resource for adult social care 	<p>This guidance sets out:</p> <ul style="list-style-type: none"> ◦ the current testing regime across adult social care ◦ Infection, Prevention and Control (IPC) principles for adult social care settings in England
NHS testing guidance for patients and staff	<ul style="list-style-type: none"> • Living with COVID-19 – testing update 	<p>This guidance outlines NHS testing regimes for patients (inpatients in a healthcare setting, patients on admission to a healthcare setting, and patients in the community), and NHS staff</p>
Healthcare settings	<ul style="list-style-type: none"> • Managing healthcare staff with symptoms of a respiratory infection or a positive COVID-19 test result 	<p>This guidance provides advice on the management of patient-facing healthcare staff who have symptoms of a respiratory infection including COVID-19, or a positive test result for COVID-19</p>
Visitors to prison	<ul style="list-style-type: none"> • Visiting someone in prison 	<p>This guidance provides information and guidance about visiting someone in prison in England</p>
Anyone using the NHS COVID Pass to demonstrate COVID-19 status	<ul style="list-style-type: none"> • Using the NHS COVID Pass to demonstrate COVID-19 status 	<p>This guidance provides information on how to use the NHS COVID Pass to demonstrate coronavirus (COVID-19) status when travelling abroad or at venues or events in the UK that request it as a condition of entry</p>

UK visa applicants and temporary UK residents	<ul style="list-style-type: none"> • COVID-19 advice for UK visa applicants and temporary UK residents 	<p>This guidance provides advice for visa customers and applicants in the UK, visa customers outside of the UK and British nationals overseas who need to apply for a passport affected by travel restrictions associated with coronavirus</p>
--	---	--

5.2 Local outbreak management plan (LOMP)

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 a substantial reduction in the transmission of the Omicron variant throughout February, Surrey's COVID Management Group (CMG) was stood down on 1 March 2022. Surrey Heartlands Integrated Care System (ICS) Emergency Preparedness, Resilience and Response (EPRR) Board resumed on 9 March for continued oversight and management of the pandemic response.

Surrey's [COVID-19 Local Outbreak Management Plan](#) (version 16) was published on 2 March to reflect the new [Living with COVID-19 plan](#). A detailed review of the Local Outbreak Management Plan (LOMP) is now underway to incorporate all new and updated guidance published on 1 April, as described above.

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

5.2.1 COVID-19 Intelligence

Following the end to free universal symptomatic and asymptomatic testing for the general public in England on 1 April 2022, recorded cases were no longer a reliable measure of COVID-19 cases in the community. Prior to this date, the recorded cases were the main data source used to provide regular, in-depth surveillance of COVID-19 cases in Surrey.

[COVID-19 surveillance](#) by the public health team is now predominantly focussed on modelled cases studies, hospitalisations, and deaths. The ONS infection survey release regular data updates which are reviewed by the Public Health Intelligence Team and provide surveillance of the estimated prevalence of COVID-19, including breakdowns by both age and region. The team continue to monitor the weekly surveillance reports published by UKHSA and ad-hoc data reports from other studies which aim to model the prevalence of COVID-19, such as [SIREN and Vivaldi](#).

5.2.2 COVID-19 vaccination programme

Surrey's vaccination programme is designed to be flexible to deliver on the Joint Committee on Vaccination and Immunisation (JCVI) guidance, focusing on key priority population groups as required, whilst continuing to provide the 'evergreen offer' for anyone not yet vaccinated.

Surrey Heartlands

Information on Surrey Heartlands Clinical Commissioning Group (CCG) COVID-19 Vaccination Programme is available [here](#).

As of 5 April 2022, Surrey Heartlands CCG have delivered over 2.1 million COVID-19 vaccinations. This consists of 789k first doses, 729k second doses, 599k booster doses and 22k second dose boosters. Booster vaccination uptake in those aged 16 years and over is currently 86% which is higher compared to the South-East regional average (85.1%). Second dose booster vaccinations are at 17.4% in Surrey Heartlands compared to 17.1% in the South-East region. 68% of children aged 12-15 years have now received their first vaccination, and 94.7% of eligible immunosuppressed people have taken up the third dose vaccination.

Surrey Heartlands CCG is now focusing on delivery of their 2022/23 phase one plan. This includes the spring booster for people aged over 75 years and the vaccination offer for all 'well' children aged 5-11 years. Delivery of the 'evergreen offer' and outreach plans continue, as does phase two planning, in line with the equalities plan. The following areas are of immediate focus:

- Equality and outreach planning – £126k of additional spend on targeted outreach until end of June 2022, following a successful bid to the NHS England and NHS Improvement (NHSEI) regional team. This includes outreach in hard-to-reach areas and planning for vaccination delivery in new refugee hotels and in areas requiring translation/community support
- Spring booster – Care home plans are in place and delivery has been initiated. Housebound and roving vaccination services are underway for all areas except Guildford and Waverley where work is being undertaken with Primary Care Networks (PCNs) to ensure cohort coverage following federation withdrawal from enhanced service contract
- Vaccination for Clinically Extremely Vulnerable (CEV) children and young people aged 5-17 years – Delivery of School Aged Immunisation Service (SAIS) plan for vaccinations within Surrey's special schools from April 2022 for first dose (5-11 years) and second dose (12-17 years)
- Vaccination for all children aged 5-11 years. Where possible, the CCG is sourcing additional site capacity due to some sites being fully booked. National roll out of letters to parents regarding the vaccination commencing 8 April, with local communications already provided

Frimley Health and Care

Information on the Frimley Clinical Commissioning Group (CCG) COVID-19 vaccination programme is available [here](#).

As of 5 April 2022, Frimley ICS has delivered over 1.64 million COVID-19 vaccinations. This consists of 585k first doses, 556k second doses and 479k booster doses. Work has commenced on delivery of the Spring Booster Programme and vaccinations for children aged 5-11 years. Frimley ICS has already completed nearly 20% of eligible spring boosters. In addition:

- 84% of people aged 16 years and over have received a booster dose
- 66% of children aged 12-15 years have received a vaccination (26K first doses, 16K second doses)
- Uptake among 'at-risk' aged 5-11 years has been low (10%), despite invitations made by PCNs and support from SAIS teams for special schools. This issue is

also seen in other systems; Frimley ICS aims to increase uptake via the offer to all aged 5-11 years

- 87% of eligible immunosuppressed people have taken up the third dose vaccination, and 55% have received their second dose booster. Frimley ICS continue to offer the full course to all eligible people
- 91% of people on GP Learning Disability registers have received a vaccination, and 89% have received their booster dose. GPs continue to reach out to people with learning disabilities, involving local community learning disability services for support with complex cases

The following areas are of immediate focus from Frimley ICS:

- Vaccination for all children aged 5-11 years (from early April)
- Spring booster for:
 - adults aged 75 years and over
 - residents in a care home for older adults
 - individuals aged 12 years and over who are immunosuppressed, as defined in the Green Book
- Vaccination for unvaccinated individuals and those who have recently become eligible, including:
 - at risk aged 5-11 years
 - children and young people aged 12-15 years
 - newly 'at risk' groups, such as those who are pregnant
 - eligible severely immunosuppressed and their families or households
- Continuous community engagement to improve confidence and promote uptake supported by appropriate access to vaccination
- Contingency plans to rapidly increase capacity if needed (e.g., following a new Variant of Concern)

In-reach vaccination for pregnant women at Wexham Park Hospital has recently been set up, to address relatively low uptake among this group and will consider any need for similar provision at the Frimley Park site. Hospital-based clinics for people with significant allergies who have been triaged by Frimley Health NHS Foundation Trust's immunology team are also being run.

Addressing Inequalities in vaccination uptake

Surrey's vaccination [Equality Impact Assessment](#) has underpinned the approach to communications and engagement of under-served communities and those with lowest confidence in, or access to, the vaccination programme. The strategic approach to addressing inequalities in uptake of vaccinations 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 and Traveller (GRT) community, asylum/migrant, mental health, survivors of domestic abuse, sex workers and homeless) and the engagement and communications group (Black, Asian and minority ethnic groups, health and social care workforce and maternity). Vaccination uptake by geography and demographics are reviewed fortnightly which informs targeted communications and community engagement approaches. The ten [Middle Super Output Areas](#) (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 Co-ordinator who supports the GRT community, homeless, women's refugees and asylum/refugees to uptake the vaccination.

Learning from insights gathered throughout the programme have continued to inform the equalities needs assessment, operational models and communications planning. Confidence in the vaccination was the initial focus of the engagement work and communications. Underserved communities in the MSOAs with the lowest uptake continue to report transactional costs for accessibility (including physical access challenges and complex social challenges). Community outreach workers continue to work with communities to support them to address these barriers in partnership with council and local healthcare providers. Community pharmacies continue to play an increasingly important role in ensuring vaccine accessibility.

5.2.3 COVID-19 Testing Programme

Nationally, [free testing for COVID-19 ended](#) for most people in England on 31 March 2022. From the 1 April 2022 free testing services closed at pharmacies, test sites, community collection points and schools, nurseries and universities.

Should members of the public still want to get tested and are not eligible for a free NHS test, they must pay for a COVID-19 test. Information on [finding and choosing a private COVID-19 test provider](#) was published on 6 April.

There are a small number of people who will still be able to access free COVID-19 tests from the NHS:

- Those with a health condition which means they are eligible for new COVID-19 treatments
- Those who are going into hospital for surgery or a procedure
- Those who work in the NHS or in social care

Locally, Surrey's COVID-19 Testing Programme was previously in place to provide a coordinated and partnership-led symptomatic and symptom-free testing in Surrey, enabling residents to have high quality, timely and accessible COVID-19 testing services and information, aligned with national testing programmes and best practice. The testing programme continues to work closely with the UKHSA as new guidance is published, providing advice and guidance to different settings, as well as members of the public.

Symptom-free testing

Locally, Surrey has provided symptom-free testing, specifically aimed to target under-represented and disproportionately impacted groups through the Targeted Community Testing (TCT) service. This service was operational from July 2021 to March 2022. Over this period, LFDs were distributed by Agile Testing Units (ATU) and via community partners such as community pharmacies, community outreach providers and asylum settings. Assisted testing was also offered in some settings.

As outlined in the table below, the targeted community testing programme distributed 728,000 boxes of test kits during the nine-month period when it was operational. This

amounts to over five million Lateral Flow Tests reaching targeted groups of residents (and some health and care staff) in Surrey:

Distribution of boxes and tests across the Targeted Community Testing Service in Surrey July 2021 – March 2022		
Distribution model	Number of Lateral Flow Device <u>boxes</u> distributed*	Total number of Lateral Flow <u>tests</u> distributed
Agile Testing Unit (ATU)	639,800	4,478,600
Health and Care staff	50,000	350,000
'Door to door'	23,000	161,000
Mutual Aid**	10,000	210,000
Assisted testing	5,300	37,100
Total	728,100	5,236,700

* Each box contains 7 test kits

** These were boxes which contained 21 test kits, distributed to Health and Social Care settings for staff and service users.

Symptomatic testing

Regional test sites, local test sites, and via mobile testing units provided symptomatic testing. These were operational until 30 March 2022. Surrey's testing programme also supported certain settings, such as prisons and other high-risk settings with symptomatic PCR testing and testing support during outbreaks of COVID-19.

5.2.4 Local contact tracing

Both local and national contact tracing ended on 24 February 2022. The UKHSA Health Protection Team (HPT) continues to complete a small amount of enhanced contact tracing which is supported by Environmental Health Officers (EHOs) when required. Learning from local contact tracing is being captured and will be used if contact tracing needs to be stood up again.

Surrey's Customer Services Team (which previously delivered local contact tracing) are due to trial roll out of vaccine confidence calls, commencing 29 April. They will initially be supporting a GP Surgery in Elmbridge where data indicates the patient population has the lowest COVID-19 vaccination uptake and the highest number of immunosuppressed patients. The results of this trial will be closely monitored.

5.2.5 Education and early years

Since the beginning of the pandemic, children and young people have presented in schools with a wide range of additional needs attributed to the disruption to learning, social interactions and family life. Since then, Surrey's education settings have been dynamic to adapt and respond to the needs of their children and young people. Surrey education and early years settings have had access to local authority public health support throughout different stages of the pandemic, alongside specialist support from the UKSHA to implement strict COVID-19 protective measures in line

guidance. This guidance (now withdrawn) included introduction of 'class bubbles', face coverings, contact tracing, social distancing, and regular testing.

There was a gradual shift in government priorities as education settings returned to delivering high-quality face-to-face education and begun easing their proactive public health measures as vaccinations were delivered and case rates stabilised. Education settings are clear that the pandemic is not over yet, and we all still need to act cautiously. As a result, the focus for education and childcare settings will be their baseline public health safe behaviour measures. These include:

- good respiratory (catch coughs and sneezes in tissues and dispose of as soon as possible)
- hand hygiene (washing hands including after using the toilet and before eating)
- environmental cleaning, ventilation and use of outdoor spaces, and vaccination of those eligible

The operational guidance and Contingency Framework for education settings have now been withdrawn and education settings are expected to now follow guidance on [health protection in schools and other childcare facilities](#), updated 5 April 2022. This guidance should be considered alongside guidance for [people with symptoms of a respiratory infection including COVID-19](#). The updated guidance contains six key chapters, including:

1. Introductions to infections
2. Infection prevention and control
3. Public health management of specific infectious disease
4. Actions in event of outbreak or incident (including when to contact UKHSA)
5. Immunisations
6. Educational visits

In addition, the guidance also provides an [exclusion table](#) which outlines the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage. If a child is unwell and has a temperature, they are advised to stay home, and can go back to education if well enough and they have no temperature. If a child tests positive for COVID-19, they must stay off school for at least three more days after the positive test.

With the continuation of high levels of community infection, there is still likely to be transmission within educational settings. Going forward, this means that COVID-19 will be a virus that education and early years settings learn to manage and strive to prevent – just as they would with any other infectious disease, such as flu or norovirus.

In Surrey, schools can still reach out directly to their named Area School Officer if they have concerns, and where appropriate, a supportive meeting can be convened to discuss specific measures or concerns relating to a particular setting. The Department for Education (DfE) COVID-19 helpline is also still available (but will become the 'DfE incident support' helpline), and UKHSA's health protection teams will still respond to outbreaks in specific settings which meet the criteria for additional support.

Regular routine asymptomatic testing is no longer recommended in any education setting. Residential Special educational needs and disabilities (SEND) settings are currently the only educational setting where outbreak testing can continue under the direction of UKHSA health protection teams. Residential SEND settings may be advised by their local health protection team (UKHSA) to re-introduce some time-limited asymptomatic testing. This would be an exceptional measure for targeted groups of staff and pupils or students (secondary age or above) in the event of a possible COVID-19 outbreak. These settings are scheduled to receive an automatic delivery of contingency supply test kits required for outbreak management.

5.2.6 Care homes

On 4 April 2022, Living with COVID-19 guidance relating to [care home testing and infection prevention and control](#) was released.

The public health team have completed an initial review of the new guidance and circulated this to appropriate stakeholders. The care homes COVID-19 outbreak oversight group continues to meet weekly to review current COVID-19 outbreaks in care homes and co-ordinate the system response.

Public health work closely with UKSHA to receive details on daily care home 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 6 April 2022) within care home settings is outlined below:

Outbreaks in care homes:

- Care home outbreaks peaked mid-March when there were approximately 24 per week. This has now decreased to around 13 per week
- Positive tests among residents in care homes peaked in the week of 27 December 2021. Since December there has been reduction in positive tests and there is now a similar number of positive tests among care home staff and residents

COVID-19 infection rate in care homes:

- PCR testing – 5.59% (248 positive tests out of 4,435 - 125 of which were residents)
- Lateral flow testing – 2.33% (584 positive tests out of 25,045 - 61 of which were residents)

COVID-19 vaccination in care homes:

The following information has been extracted from Surrey's [COVID-19 Intelligence Summary Report](#) and provides data on COVID-19 vaccinations in care homes between 8 December 2020 and 27 March 2022:

Older Adult Care Homes (residents aged 65 years and over) – Residents							
Area	Total number of residents	Number of eligible residents vaccinated - First dose	Percentage of eligible residents vaccinated - First dose	Number of eligible residents vaccinated - Second dose	Percentage of eligible residents vaccinated - Second dose	Number of eligible residents vaccinated - Booster dose	Percentage of eligible residents vaccinated - Booster dose
England	315,636	303,240	96.1%	301,272	95.4%	283,445	89.8%
South-East	56,891	54,817	96.4%	54,468	95.7%	51,377	90.3%
Surrey	8,825	8,535	96.7%	8,504	96.4%	8,127	92.1%
Older Adult Care Homes (residents aged 65 years and over) - Staff							
Area	Total number of residents	Number of eligible residents vaccinated - First dose	Percentage of eligible residents vaccinated - First dose	Number of eligible residents vaccinated - Second dose	Percentage of eligible residents vaccinated - Second dose	Number of eligible residents vaccinated - Booster dose	Percentage of eligible residents vaccinated - Booster dose
England	461,325	440,961	95.6%	438,152	95.0%	245,537	53.2%
South-East	84,197	79,937	94.9%	79,443	94.4%	46,892	55.7%
Surrey	13,648	12,814	93.9%	12,724	93.2%	7,051	51.7%

Younger Adult Care Homes (residents aged under 65) - Residents							
Area	Total number of residents	Number of eligible residents vaccinated - First dose	Percentage of eligible residents vaccinated - First dose	Number of eligible residents vaccinated - Second dose	Percentage of eligible residents vaccinated - Second dose	Number of eligible residents vaccinated - Booster dose	Percentage of eligible residents vaccinated - Booster dose
England	35,341	33,231	94.0%	32,649	92.4%	28,688	81.2%
South-East	6,428	6,096	94.8%	5,969	92.9%	5,188	80.7%
Surrey	709	683	96.3%	665	93.8%	632	89.1%
Younger Adult Care Home (residents aged under 65) - Staff							

Area	Total number of residents	Number of eligible residents vaccinated - First dose	Percentage of eligible residents vaccinated - First dose	Number of eligible residents vaccinated - Second dose	Percentage of eligible residents vaccinated - Second dose	Number of eligible residents vaccinated - Booster dose	Percentage of eligible residents vaccinated - Booster dose
England	85,326	81,149	95.1%	80,651	94.5%	41,809	49.0%
Surrey	2,314	2,142	92.6%	2,121	91.7%	1,063	45.9%

5.2.7 COVID-19 community champions

Information regarding the new and updated Living with COVID-19 guidance has been cascaded to community champions and their networks. Work between public health, boroughs and district councils and voluntary organisations is ongoing and coordinated via Surrey's COVID-19 community champions steering group. Collaboration between organisations and partners involved in the programme is facilitated via the county-wide webinar. This is a valuable forum for sharing information, learning and best practice relating to COVID-19 and other key health and wellbeing topics. The programme is continuing to help build trust and empower minority groups to access key public health information and support effective feedback mechanisms. An evaluation plan to assess the impact and outcomes of the programme is being developed. Planning is now underway for the next phase of delivery which will involve transitioning the focus of the programme from COVID-19 to addressing general health and wellbeing topics including mental health, smoking, alcohol, physical activity and obesity.

5.2.8 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](#). 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.

Covid-19 Police Pressures Update - provided by Surrey Police:

Operation Apollo

Surrey Police's continued response to the Coronavirus Pandemic

Surrey Police's Operation Apollo, our response to Covid, has been scaled back and is in a monitoring position. This is in line with the National Police Chief's Council position which has significantly reduced its response plans in recent months.

Since the last report we have shared and implemented the new national guidelines to follow which were published on April 1.

Despite the easing of restrictions we have seen increases in absence rates due to the spread of the Omicron variant, however there have also been more recent signs



of this easing off. As of April 7 there were 21 officers and staff off sick with Covid, with a further 9 self-isolating. The number of officers and staff off work with general sickness has now risen back to pre-Covid levels.

Aside from the above mentioned absence rates, we are not seeing any additional specific Covid demands placed upon the force at the time of writing.

Nationally there has been limited media interest in payment of Covid Fixed Penalty Notices. This followed the NPC releasing a summary of the data covering fines issued and those that were paid. Further detail can be found on this via:

<https://news.npcc.police.uk/releases/update-on-coronavirus-fpens-issued-by-forces-in-england-and-wales-and-the-payment-of-fpens>

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 (for example standing testing back up), impacting public health and wider system partners.
- The ending of free universal testing provision. Disproportionately impacted groups (DIGs) and underrepresented groups (URGs) may not be able to access testing in the future exacerbating health inequalities.
- The Government has confirmed any remaining Contain Outbreak Management Fund (COMF) 2020-21 can be carried forward into the next financial year (April 2022 onwards), however funding may not be sufficient if, for example, testing needed to be stood up again.
- 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 SCC 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.
- Continue to drive delivery of the LOMP via 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.

This page is intentionally left blank