

MINUTES of the meeting of the **SURREY LOCAL OUTBREAK ENGAGEMENT BOARD** held at 3.30 pm on 16 July 2020, remotely via Microsoft Teams.

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

Members:

(*Present)

- * Joanna Killian
- * Mr Tim Oliver (Chairman)
- * Ruth Hutchinson
- * Mrs Sinead Mooney
- * Mrs Mary Lewis
- * Karen Brimacombe
Annie Righton
- * Cllr Mark Brunt (Vice-Chairman)
Cllr Stuart Selleck
- * Dr Charlotte Canniff
- * Sue Sjuve
Dr Pramit Patel
Gavin Stephens
David Munro
- * Andrew Lloyd

Substitute Members:

Dave Mason - Chief Inspector, Surrey Police

In attendance

Abi Pope - COVID-19 Communications Lead, Surrey County Council (SCC)

1/20 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Annie Righton, David Munro, Dr Pramit Patel, Cllr Stuart Selleck and Gavin Stephens - Dave Mason as substitute.

2/20 MINUTES OF THE PREVIOUS MEETING AND TERMS OF REFERENCE [Item 2]

The minutes of the previous informal meeting and the Board's final Terms of Reference were noted - the Board was formally constituted by County Council on 7 July 2020 as a sub-committee of the Health and Wellbeing Board.

The Chairman noted that Dr Alison Barnett was to attend in a supporting capacity going forward and not as a Board member as detailed in the terms of reference.

The Board agreed that Louise Punter - Chief Executive of Surrey Chambers of Commerce, be added as a member representing business in the county.

Cllr Mark Brunt was nominated as the Board's Vice-Chairman.

The Chairman commented that in response to the national launch of Test and Trace on 28 May, each upper tier local authority was required to establish a Local Outbreak Engagement Board. The Board provides political ownership, public-facing engagement, national and local updates on Covid-19, ensures effective communications regarding outbreak responses, has oversight over the Local Outbreak Control Plan and reinforces the Government's preventative messages of hand washing, wearing face coverings and social distancing in order to keep Surrey safe and open.

3/20 DECLARATIONS OF INTEREST [Item 3]

There were none.

4/20 QUESTIONS AND PETITIONS [Item 4]

a MEMBERS' QUESTIONS [Item 4a]

None received.

b PUBLIC QUESTIONS [Item 4b]

None received.

c PETITIONS [Item 4c]

There were none.

5/20 NATIONAL UPDATE [Item 5]

Sponsors:

Joanna Killian - Chief Executive of Surrey County Council (SCC)
Mr Tim Oliver - Leader of the Council and LOEB Chairman (SCC)

Key points raised in the discussion:

1. The Chief Executive noted the significant progress made in accessing local data as from 5pm today Surrey could access data from the Middle Layer Super Output Area (MSOA), enabling the collection of data down to the postcode level.
2. She commented that Public Health England (PHE) were keen to deliver an assurance survey on the published Local Outbreak Control Plans (LOCPs) across the country by the end of July to ensure that all the components and plans were in place regarding outbreak responses.
3. She added that PHE had asked all directors of public health to look at future capacity planning regarding the winter flu season, a potential second Covid-19 wave and managing the final part of Brexit.
4. She highlighted that the role of the Board would be to have regard to the learning processes and actions put in place in relation to localised outbreaks in Leicester and Blackburn with Darwen.
5. The Chairman noted that local government was imminently awaiting local powers to enable localised lockdowns above those set out in existing environmental and public health regulations which were reliant on applications to magistrates' courts to close specific premises.

6. He commented that on the call that morning the Chief Executive of Leeds City Council who was leading on the Test and Trace programme across local government, noted that the numbers of Covid-19 cases overall in the country were declining but the easing of lockdown would pose future risks.

RESOLVED:

The Board noted the verbal update.

Actions/further information to be provided:

None.

6/20 COVID-19 LOCAL OUTBREAK CONTROL PLAN UPDATE [Item 6]

The PowerPoint slides used are included as Annex 1

Sponsors:

Ruth Hutchinson - Interim Director of Public Health (SCC)

Witnesses:

Paul Evans - Director of Law and Governance (SCC)

Key points raised in the discussion:

1. The Interim Director of Public Health provided a summary of the epidemiology, highlighting that Surrey had 3.1 Covid-19 cases per 100,000 population compared to 116 cases per 100,000 population in Leicester. The most recent R value in the South East was 0.92 and the Public Health team received a weekly report on that value.
2. She noted that soon after the publication of Surrey's Local Outbreak Control Plan (LOCP), there were national developments such as Leicester's outbreak. The Plan was therefore iterative in relation to the lessons learnt, legal changes, surveillance, the availability of data at a granular level and it was being constantly tested. The Plan was updated fortnightly and signed-off by the Health Protection Operational Group (HPOG), the most up-to-date version was accessible from the link on the Council's website. Best practice was also provided from the Good Practice Network.
3. The Vice-Chairman queried whether there was any information on major disparities on the R value across the county as some local media reports have used that data for sensationalist headlines creating anxiety for residents. In response, the Interim Director of Public Health explained that the R value was published at a regional level as that level of population was needed to be meaningful. Different indicators were used at a more local and granular level based on infection rates and the number of positive tests, which were publicly available on the gov.uk website.
4. Although a lot of data regarding Covid-19 was available publicly, the Interim Director of Public Health noted that they were awaiting guidance to share greater data - recognising the current data protection agreements.

5. She highlighted the work of the fourteen Task and Finish (T&F) groups one for each key community and setting focusing on prevention and the actions to take if there was an outbreak. Each T&F group had robust plans in place, recognising the diverse nature of the county and the need for bespoke requirements. National best practice was being woven in as well as the information included in the awaited action cards from PHE.
6. The Interim Director of Public Health commented that it was key that each of the T&F groups knew their roles and responsibilities, the existing joint local protocols were being tested and the Communications Plan was woven into their work; enabling the identification of any gaps in capacity.
7. She noted that the work of the T&F groups was moving rapidly, aiming to be completed by the end of July and was overseen by the HPOG. The HPOG also managed the full Covid-19 risk register, as well as the Test and Trace Programme Weekly Delivery Report summarising the key high-level risks and programme delivery status circulated to the Board weekly.
8. She noted that it was important to align the LOCP work with the Local Resilience Forum (LRF) and the Strategic Co-ordinating Group (SCG) to work with system partners on sharing data and intelligence. In the event of a community outbreak, there would be a desktop exercise on 20 July to test the capability within the LRF and the results would be shared with the Board.
9. The Director of Law and Governance summarised the legal context noting that:
 - The current legislation available in terms of a localised lockdown, the Health Protection (Coronavirus, Restrictions) (Leicester) Regulations 2020 which came into effect on 4 July 2020, was created as an urgent order under the Public Health (Control of Disease) Act 1984.
 - Those Regulations outline that the Secretary of State has to review them every fourteen days and has to terminate them when they are no longer required.
 - They specify the restrictions, exemptions and the specific area defined under the localised lockdown. They specify detailed descriptions of which businesses could remain open, those that must close, any other businesses and exceptions for businesses that can trade but not directly to customers from their premises such as the use of the internet or telephone for takeaway food.
 - They also restrict all holiday accommodation and hotels, include exemptions for places of worship for funerals and the use of community centres for childcare, as well as containing restrictions on the movement on people such as staying overnight where people do not live and a list of reasonable exemptions; there were also restrictions on public gatherings.
 - They provide enforcement powers to the Police and Police Community Support Officers (PCSOs) and local authorities can designate those enforcement persons but only in relation to businesses opening and closing. The use of those powers must be proportionate and reasonable.
 - The defined geographic area of the order was detailed by postcode as well as down to individual street level.

- The Regulations appeared to be tailor made so they could be reissued to other areas quickly, the Board would have a role in communicating those specific restrictions and exemptions to residents in the event of a localised lockdown.
10. Responding to a Board member query on enforcement, the Director of Law and Governance noted that Leicester City Council was a unitary authority and assumed that there would be arrangements in the Regulations to delegate enforcement powers in the case of two-tier authorities from the County Council to local environmental and health teams for example at borough and district councils.
 11. The Vice-Chairman highlighted the incident in Reigate and Banstead where thirty refuse operatives had to go into self-isolation. That incident showed the importance of employers' responsibilities around Test and Trace; and in relation to the LOCP he asked how businesses were being supported to understand their responsibilities. In response, the Interim Director of Public Health explained that establishing the roles and responsibilities of employers and the local authority in relation to preventative measures and in the event of an outbreak was key, especially as lockdown was easing. Workplaces across the county were diverse, so the work of the T&F groups and the support of the County Council and local public and environmental health teams working in partnership with businesses and workplaces was vital.
 12. A Board member emphasised the importance of the county's communications with residents and businesses. The Regulations concerning Leicester were detailed and provided the Communications team with a script to inform residents in the event of a local lockdown.
 13. A Board member suggested that the common learning used by health teams when delivering infection prevention and control (IPC) training in care homes and health settings, through short videos for example could be used in business settings highlighting preventative measures and mitigating actions. The Interim Director of Public Health noted that she had a list of high-risk businesses and welcomed contributions from Board members regarding routes into a wide range of businesses which then would be aligned with the Communications Plan.
 14. A Board member noted that most borough and district councils had good distribution lists of businesses that receive weekly newsletters. Another Board member noted that the Royal Surrey's Clinical Lead for Covid-19 Response had received a national award for his work and could help with a video to businesses on infection prevention and control (IPC).
 15. The Interim Director of Public Health concluded that the next steps were the alignment of the LOCP with winter planning including the uptake of the flu vaccine, the ongoing assurance process over the next month incorporating lessons learnt, best practice and the sector led improvement process comparing LOCPs across the county and the South East.

RESOLVED:

The Board noted the next phase of Task and Finish groups for further local planning and provided comments to Public Health.

Actions/further information to be provided:

1. The results of the desktop exercise to be carried out on 20 July to test the capability within the LRF to respond to localised outbreaks would be shared with the Board.
2. Board members are welcome to provide support to the Public Health team with routes into businesses to highlight their responsibilities regarding preventative measures and mitigating actions.

**7/20 LOCAL OUTBREAK CONTROL COMMUNICATIONS PLAN UPDATE
[Item 7]**

The PowerPoint slides used are included as Annex 1

Sponsors:

Ruth Hutchinson - Interim Director of Public Health (SCC)
Mr Tim Oliver - Leader of the Council and LOEB Chairman (SCC)

Witnesses:

Andrea Newman - Director of Communications & Engagement (SCC)

Key points raised in the discussion:

1. The Director of Communications & Engagement introduced the report and noted that it was aligned with the LOCP, the Communications Plan was constantly being updated adopting best practice and learning experiences from others such as Leicester; and could be adapted to local needs.
2. She explained that the main objective of the Plan was to raise awareness and increase compliance around the Test and Trace campaign, particularly around how people could be tested and reminding people of the main symptoms. It was key to motivate whilst reassuring residents, alerting them to messages regarding Test and Trace.
3. She noted that the Multi-Agency Information Group (MIG) continued to meet as it was key to share information across the county with stakeholders and partners to ensure consistent messaging to residents.
4. She explained that Phase 1 of the Plan was based on raising awareness with residents as behavioural insights feedback from the Good Practice Network (GPN) and briefings from the Cabinet Office indicated the low awareness of testing, - 42% of the UK's population believed that testing was only for keyworkers - symptom knowledge and when to self-isolate. Some groups such as the 35-50 male age group were supposedly less compliant, so getting messages out to many such as to friends and family connections was key. The Communications team were working on infographics with key words such as 'keep surrey safe' and 'play your part'.
5. She discussed the activity undertaken up until 8 July, noting:
 - The launch of the Communications Plan and extensive media release and social media campaign on 1 July, there had been a huge uptake in impressions regarding the Plan - 154,000 in less than one day. She planned to report back on the analytics and reach of the Plan and media campaign.

- A technical briefing session led by the Interim Director of Public Health had been held with Surrey media editors outlining the messaging process in the event of a local lockdown, explaining what the changes in data on positive cases for example meant. The Chairman of the Board had held interviews on BBC Radio, Eagle Radio and briefings on Surrey Live, and the Communications team would continue to keep the media updated.
 - That extensive advertising and publicity was being done to complement the work that borough and district councils, and partners have done. As public buildings reopen, there would be visuals such as posters in libraries for example, signposting residents to public health information.
 - The community messaging service Nextdoor was also useful and focused messaging to businesses was being done via LinkedIn. Links to businesses was a weakness so she welcomed the addition of the Chief Executive of Surrey Chambers of Commerce to the Board.
6. In event of a local outbreak, the Communications team were ready to deploy Phase 2 aided by the Rapid Response team, a certain amount of pre-prepared assets was set aside that could be tailored to localities.
 7. The Director of Communications & Engagement noted that they were working on grading the communications messaging by colour to alert residents - green, amber and red - depending on the severity of a situation.
 8. She noted the importance of local messaging:
 - Ensuring accessibility for the diverse communities in Surrey was vital, the languages and translation sets from the Government had not arrived so the Communications team were working with faith leaders in Surrey such as the imam in Woking to develop tailored information in a variety of languages - as well as working with Leicester City Council.
 - Toolkits had been sent to eighty organisations and local influencers to help promote messaging.
 - In extremis, there was the ability to put in place a GP text messaging service.
 - The geo-targeted information campaign through Google display adverts and tailoring messaging on social media feeds, was used successfully during the Epsom Derby.
 - The use of the shielded residents' database from the Vulnerable Cell in the LRF was useful, to target those individuals in the event of a localised lockdown.
 9. A Board member highlighted that there was a single website used across the Primary Care Network which patients used and she could link the Director of Communications & Engagement with the relevant communications team.
 10. A Board member queried if the language in the report could be changed from single mothers with children to single parents.
 11. A Board member pointed out that the potential WhatsApp cascades for frontline staff must include staff across both health and the local authority. In response, the Director of Communications & Engagement noted that was an omission as the Communications team were working closely with the Associate Director of Communications and Engagement at Surrey Heartlands Health & Care Partnership and CCG, as well as

other colleagues from the Health and Wellbeing Communications Strategy Board in order to co-ordinate across the MIG.

12. In response to the Chairman's query regarding the trigger processes, the Director of Communications & Engagement reassured the Board that it would be notified of the course of action in the event of a local outbreak; in conjunction with advice from the Interim Director of Public Health.
13. A Board member stressed that elected Members of all levels in an area affected by a localised lockdown should be informed before the media and residents. In response, the Director of Communications & Engagement explained that following the inundation of calls when Surrey had its first Covid-19 case on 27 February 2020 in Haslemere, the Communications team ran a 'briefing for the member of an affected area'. Since the early stages of the outbreak, she was working closely with the Interim Director of Public Health on contacting the relevant people affected and an officer from the Communications team was assigned to the elected Member of the affected area. The Rapid Response team consisted of the communications lead for the borough and district councils, to ensure that local elected Members were kept updated.
14. A Board member commented that she had spoken to some residents from Leicester who noted that there was a large role for maps, in some cases they felt that there were illogical boundaries of areas included and excluded halfway through areas people used. The Director of Communications & Engagement noted that officers in both the Communications and Public Health teams were working on maps.

RESOLVED:

The Board noted the communications strategy and the activity to date.

Actions/further information to be provided:

1. The Director of Communications & Engagement will report back to the Board on the analytics and reach of the Plan and media campaign.
2. The Board member to liaise with the Director of Communications & Engagement on the Primary Care Network website to display messaging by the Communications team.
3. The reference to single mothers with children will be changed to single parents going forward.
4. An update on the potential use of maps in the event of a localised outbreak will be provided.

8/20 INTELLIGENCE UPDATE [Item 8]

The PowerPoint slides used are included as Annex 1

Sponsors:

Mr Tim Oliver - Leader of the Council and LOEB Chairman (SCC)
Ruth Hutchinson - Interim Director of Public Health (SCC)

Witnesses:

Julie George - Public Health Consultant (SCC)

Key points raised in the discussion:

1. The Public Health Consultant introduced the report noting that since the beginning of the outbreak, the team was developing the existing surveillance system and major incident processes to understand what was happening.
2. She noted that on a daily basis a summary was provided to the SCG about outbreaks in specific settings. There was also a daily summary on the Tactical Dashboard of a variety of indicators such as Covid-19 cases, deaths and shielded persons. Twice weekly, the summary of deaths from the local registry data was circulated to the Adults Social Care, Care Settings and Death Management Cells.
3. She noted that they were receiving a mass of complex data, such as:
 - Daily information from the Public Health England National team which was fed into Surrey's local dashboard and included the number of cases and their contacts, exceedance reports - unusually higher than expected activity.
 - Weekly postcode level testing data which it was hoped would be more regular, as well as weekly contact tracing data.
 - Weekly update from PHE South East on the situation in children's settings and a daily report on institutional outbreaks.
 - The PHE national dashboard which provided information on tests rather than cases, which was an issue due to repeat testing in care homes.
 - Local information from the public, businesses and partners including the Clinical Commissioning Groups (CCGs).
4. The Public Health Consultant noted that as a result of the collated information, a daily call was stood up to review the data in the local and national dashboards and other surveillance tools and what action to take initially at district and borough level and then postcode level data. The four main actions were:
 - No further action needed;
 - Watchful on-going review of the local situation;
 - Further intelligence required;
 - Take health protection action, including preventative measures like increased communications and deploying the mobile testing units. The Test and Trace surveillance review was a continually updated process undertaken in collaboration with colleagues that share the same regional PHE Health Protection team - East Sussex, West Sussex and Brighton and Hove.
5. She explained that the next steps up to August were to develop local surveillance tools and intelligence such as identifying the locations of businesses and diverse communities, to develop the common approach across Surrey and Sussex, to complete the necessary Information Governance (IG) documentation in order to share more information ensuring routine reports to partners such as the Board.
6. She highlighted the specific lessons learnt from Leicester:
 - The importance of paying attention to border areas. In Surrey's case it receives information from PHE South East and so it was important to also review data from London through the PHE national dashboard.
 - It had a different trend to other places so the challenge was knowing when it becomes a significant variation.

- Regarding testing, the percentage of tests that were positive was important as testing was increasing all the time. The national PHE dashboard provided that information.
7. A Board member queried the joint Surrey and Sussex common approach and whether there were links with Hampshire and Berkshire. In response, the Public Health Consultant explained that Surrey and Sussex were part of the same Health Protection team at PHE. She noted that there were good intelligence links with the Frimley system and noted the importance of working across borders such as the lessons learnt from Slough and the Black, Asian and minority ethnic (BAME) mortality reduction board.
 8. The Public Health Consultant highlighted the national surveillance picture based on positive tests from cases through healthcare (Pillar 1) and from community testing (Pillar 2). The cumulative rates started out in London and spread, they were now seeing the North catching up as for example Surrey's rate was 3 cases per 100,000 population on the week ending 8 July, compared to plus 45 in Leicester and 30-44.99 in Blackburn with Darwen. Since 26 June Surrey had less than the five-year average for excess deaths, registering no deaths on 15 July since the outbreak.
 9. In response to a query by the Chairman on the median R value of 0.96 in Surrey, the Public Health Consultant noted that this was starting increase coinciding with the easing of lockdown - the lowest R value was roughly 0.60 during the lockdown.
 10. The Public Health Consultant noted that she was working with the Communications team to ensure that the surveillance and intelligence information on the County Council's website was more accessible.
 11. She added that the information within the Middle Layer Super Output Area (MSOA) would be available publicly and she went through various links which showed the infographics, charts and maps on testing, cases and deaths, as well as the weekly national Covid-19 surveillance report.
 12. The Chairman thanked the rigorous work of Public Health team led by the Interim Director of Public Health, who in turn thanked the Public Health Consultant for her work and noted that she would shortly be leaving the County Council to take up a new role elsewhere.

RESOLVED:

The Board noted the rapid progress made to date and provided comments on the workstream to Public Health.

Actions/further information to be provided:

The links shown to the Board which included the infographics, charts and maps on testing, cases and deaths, as well as the weekly national Covid-19 surveillance report will be circulated to the Board and are included below:

<https://www.gov.uk/government/publications/national-covid-19-surveillance-reports>

<https://coronavirus-staging.data.gov.uk/>

<https://coronavirus.data.gov.uk/#category=itlas&map=rate>

9/20 DATE OF NEXT MEETING [Item 9]

The next meeting of the Local Outbreak Engagement Board will take place in September 2020.

Meeting ended at: 5.00 pm

Chairman

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ITEM 6: COVID-19 LOCAL OUTBREAK CONTROL PLAN UPDATE Annex 1

Local Outbreak Engagement Board 16 July 2020

- Local Outbreak Control Plan - update
- Task & Finish Groups
 - Overview
 - Purpose
 - Key focus by setting/community
- LRF Capabilities
- Legislative update

1

Local Outbreak Control Plan

- Surrey's Local Outbreak Control (LOC) Plan and Summary Plan is now published: www.surreycc.gov.uk/people-and-community/emergency-planning-and-community-safety/coronavirus/coronavirus-testing
- Iterative document, updated fortnightly to reflect ongoing developments
 - Eg legal aspects, surveillance, task and finish groups
- Health Protection Operational Group (HPOG) - overseeing the task and finish group work

2

Task and Finish Groups: Overview

- Task and Finish groups leading on further local planning for the 14 specific communities and settings identified in the LOC plan:

	Community / Setting		Community / Setting
1	BAME community	8	Hospitals
2	Care Home - Adults	9	Mental Health, Community Trusts and Hospices
3	Children's Homes	10	Other Workplaces & Major Tourist Attractions
4	Faith Settings	11	Prisons and Other PPD
5	GRT community	12	Schools, EYS, Universities/Colleges, Special Schools
6	Homeless community	13	UK Ports of Entry & Transport Hubs
7	Primary Care	14	Hospitals

3

Task & Finish Groups: Purpose

- Actions:
 - Roles and responsibilities inc. identify capacity implications
 - Local joint protocols
 - Prevention
 - Communication plan - specific requirements
 - Desktop exercises to test the plans
- All work targeted to be completed by the end of July
- PHE action cards expected next week

4

T and F Group	Key Focus
BAME community	Complex community. Focus on comms and identifying contacts and roles & responsibilities. Researching best practice and learning (e.g. Leicester and Blackburn). Other focus is on workforce and risks assessments e.g. health system has established processes for this.
Care Home - Adults	Established processes in place but are being reviewed. Key area is business continuity in the scenario of staff sick/isolating. Exercise being planned.
Children's Homes	Draft local protocol produced and being reviewed. Business continuity plans being looked at as a group with a view to mutual aid agreements.
Faith Settings	Focus on communications and building list of contacts, and roles & responsibilities for contacting.
GRT community	Working with partners and the GRT Forum. Focus on communications, list of contacts, relationships and roles & responsibilities for contacting.
Homeless community	Working with D and B housing Managers. Local SOP produced and will be 'tested' during an exercise planned for 20 July. Capacity implications under review.
Primary Care	Working with health and GPs. Focus on existing business continuity plans and national guidance. Exercise being planned.
Hospitals	Combining this with the Mental Health and Community Trusts group. Acute trusts should be well prepared so focus will be more about validation.
Mental Health, Community Trusts & Hospices	Hospices more challenging. Current focus is on identifying hospices and their contacts, and what procedures and plans are in place.
Other Workplaces & Major Tourist Attractions	Group established and meetings and work planned for w/c July 20. Exercise being planned for last week of July.
Prisons & Other PPD	Working with PHE and Prison governors to confirm what is place and compliance with national guidance and best practice.
Schools, EYS, Universities/Colleges, Special Schools	Schools and have established protocols and comms in place, and was recently 'tested'. Looking at EYS, Special Schools and Colleges to see how these processes apply for their settings, and will adapt or address gaps as required. Linking in with SAGE. For universities, the focus is on working with the regional (PHE) groups, identifying contacts and the national guidance (not expected until after July)
UK Ports of Entry & Transport Hubs	Focus is in understanding best practice (Manchester) and then to engage with Hillingdon and Crawley to understand their plans for Heathrow and Gatwick respectively. Aspects such as hotels and workers who live in Surrey will be primarily covered by the Workplaces setting. For Transport hubs, engaging with Woking and Guildford stations to establish contacts and their plans. Workforce aspects primarily covered by the Workplaces setting.

5

Local Resilience Forum capabilities

- LRF capability matching session Monday 20th July
- Desk top exercise of the plan, focusing on standing up the LRF capabilities required in the event of a community outbreak

6

COVID-19 Legislative update

- On 29 June, the government set out the [plans and regulations](#) for managing the coronavirus (COVID-19) outbreak in Leicester
- The first local lockdown included the closure of schools (except for the children of key workers) and non-essential retail
- The full Leicestershire Regulations are available here: www.legislation.gov.uk/uksi/2020/685/pdfs/uksi_20200685_en.pdf
- Currently, only central government has the power to impose local lockdowns

7

ITEM 7: LOCAL OUTBREAK CONTROL COMMUNICATIONS PLAN UPDATE

Communications & Engagement Plan

In support of the Surrey Local Outbreak Control Plan

8

Test & Trace comms & engagement

Key objective

Communicate the Test & Trace advice and guidance to maximise awareness and compliance and so help contain and reduce the spread of COVID-19

- Amplify the national Test & Trace campaign through local channels with tailored messages for key audiences
- Clear understanding of Local Outbreak Plans among key stakeholders
- Rapid response achieved in the event of Local Outbreaks

Key principles of our communications messaging will be to:

Motivate People with symptoms to participate in contact sharing and if contacted to isolate	Reassure people Test & Trace will safely ease lockdown and return to normal life Encourage hygiene and social distancing	Alert People In the event of local escalation Guidelines, restrictions, support updates	Create formats, language variants, audience relevant, Easy Read
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9

Behavioural Insights feedback shows that there is **low awareness of testing, low symptom knowledge and low understanding of when people need to isolate.**

Therefore, while COVID-19 cases remain low in Surrey, communications tactics are currently focused on **increasing awareness of Public Health and Test & Trace messaging**, whilst preparing and planning for rapid response if required.



10

Tailored content



11

Activity undertaken

Activities up to 8 July 2020 include:

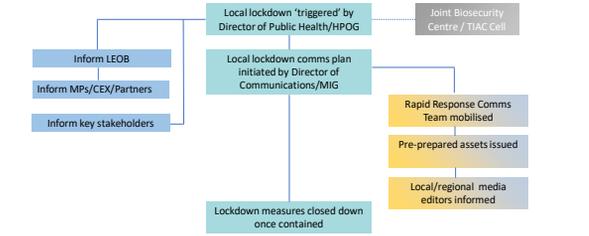
- Launched the Local Outbreak Control Plan (LOCP) with media release and extensive social media (1 Jul)
- Briefing to Surrey media editors – ongoing media relations, interviews with DPH and SCC Leader (grid of spokespeople to be developed).
- Rolling brief/lines to take document in place
- Full page adverts in all local newspapers and public buildings (libraries & registry offices)
- A geo-targeted social media campaign with potential to reach 70% of Surrey's population
- Geo-targeted Google display adverts
- Nextdoor messaging to community groups and residents
- Business focused messaging on LinkedIn
- Toolkits (bespoke comms tools) for stakeholder networks and settings (incl. all assets, easy read etc)
- In the process of approaching both faith leaders and community leaders to create 'influencer' videos
- Ongoing dialogue with Leicester comms, GPN, Department for Health & Social Care (DHSC), Cabinet Office, and sharing of good practice

12

Local outbreaks and local lockdowns

13

Local 'lockdown' – how it will work



14

Phase 1 Example of pre-prepared communications assets for a graduated approach to local outbreaks, or for in the event of a lockdown when message will need to be striking and localised

Phase 2

Phase 3

15

Get on the front foot Provide a local voice Build trust

Preparation for the rapid response phase continues to ensure a common understanding of the data surveillance picture and the potential triggers for any lockdown.

We are working to ensure there are a number of ways we can communicate with residents, businesses and communities at short notice with key public health messages.

- Text messages to the shielded and vulnerable residents
- Signpost support and information available
- Issue toolkits for settings with pre-prepared materials
- Geo-targeted social media alerts and Google display advertising
- Local media briefings and alerts
- Text messages via GP practices

16

ITEM 8: INTELLIGENCE UPDATE

Intelligence Update
LOEB 16th July 2020

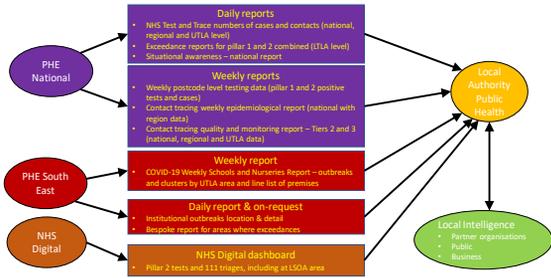
17

Existing surveillance through Major Incident processes

- Daily summary of outbreaks in specific settings (care homes, children's settings and prisons)
- Daily summary on Tactical Dashboard of variety of indicators including COVID cases, deaths in hospital, deaths in districts and boroughs, shielded persons, and crime.
- Twice weekly summary of deaths from local registry data circulated to Adult Social Care and Care Settings Cell and Death Management Cell.
- Fortnightly summary of excess deaths slide pack including by settings (likely to be suspended shortly)

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Data and Intelligence for Local Outbreak Control Plan (16.7.2020)



19

Test and Trace Surveillance Review Process

- Daily meeting where local and national dashboards and other surveillance tools reviewed by core team of PH staff with health protection and intelligence skills
- 4 main actions
 - No further action needed
 - Watchful on-going review of the local situation
 - Further intelligence required
 - PHE report on the additional information they hold
 - Further mapping or analysis by the SCC PH Analytic Team
 - Take health protection action, including preventative actions
- Detailed minutes and action log
- Continually being updated

Outbreak management in settings is continuing throughout as normal

20

Intelligence and Surveillance Review – Next Steps

Development Timeline:



- Data sharing agreement signed
- Basic surveillance tool complete
- Surveillance review process set up
- Further development of local Surveillance tools
- Common approach across Surrey and Sussex
- IG documentation complete to allow sharing of information
- Development of intelligence reports for key partners
- Continue to adapt surveillance review process

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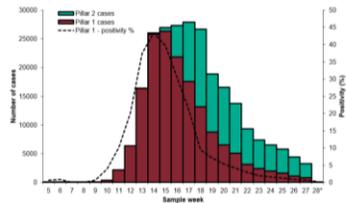
Lessons learnt from Leicester for Surveillance

- Need to pay attention to:
 - Border areas – COVID doesn't respect administrative boundaries
 - Trends – Leicester starting having a different trend compared to others in early June – trick to know how much of a difference matters
 - Percentage of COVID tests are positive
 - Leicester positive test rate were 15 per 100 test
 - Surrey currently at 1 per 100 test
- Have access now to this kind of intelligence so building into our regular surveillance.

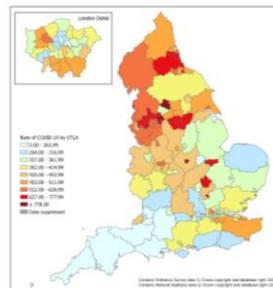
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Current surveillance picture (2)

Figure 1: Laboratory confirmed COVID-19 cases tested under Pillar 1 (n=161,514) and Pillar 2 (n=84,872), based on sample week with overall positivity for Pillar 1 only (%)



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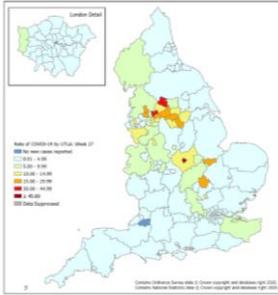


Figure: Weekly rate of COVID-19 cases per 100,000 population by Upper Tier, to 8th July

Surrey: 3 per 100,000

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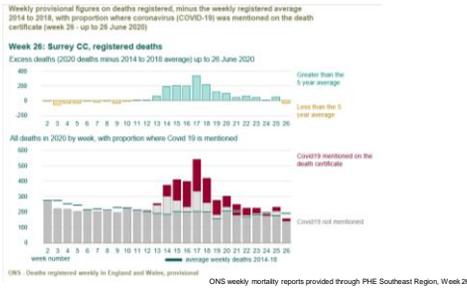
Current surveillance picture

UTLAs: Daily Triages and Cases for 13 July 2020 (7-Day Avg per 100k pop.)

Blackburn with Darwen	13.8	6.81
Leicester	12.4	12.99
Brighton and Hove	11.1	0.44
Leicestershire	9.0	1.31
West Sussex	7.8	0.28
Hampshire	7.7	0.24
East Sussex	7.5	1.08
Kent	7.5	1.04
Surrey	6.2	0.47

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Deaths during the COVID pandemic in Surrey



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Current Rt

- Updated findings 06/07/2020
- Value of Rt, the average number of secondary infections due to a typical infection today.

Region	Median	95% CrI (lower)	95% CrI (upper)
East of England	0.99	0.75	1.27
London	0.92	0.69	1.17
Midlands	0.95	0.76	1.16
North East and Yorkshire	1.00	0.77	1.27
North West	0.93	0.73	1.17
South East	0.96	0.72	1.20
South West	0.82	0.58	1.11

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