

MINUTES of the meeting of the **SURREY LOCAL OUTBREAK ENGAGEMENT BOARD** held at 10.30 am on 25 September 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
- * Louise Punter

10/20 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Cllr Stuart Selleck, Gavin Stephens, Joanna Killian and Dr Pramit Patel.

The Chairman noted that the Cabinet Member for Adults and Health would take over as Board Chairman after the meeting, noting the need to readjust Cabinet responsibilities as the Deputy Leader was unwell.

In response to a query by the Vice-Chairman, the Chairman explained that he would not be making changes to the incumbent Vice-Chairman.

11/20 MINUTES OF THE PREVIOUS MEETING: 16 JULY 2020 [Item 2]

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

12/20 DECLARATIONS OF INTEREST [Item 3]

There were none.

13/20 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.

14/20 NATIONAL UPDATE [Item 5]

Witnesses:

Mr Tim Oliver - Leader of the Council and LOEB Chairman (SCC)

Key points raised in the discussion:

1. The Chairman noted that he sat on the National Outbreak Control Plans Advisory Board (NOCPAB) which was a coordinating body for councillors and that key information would be relayed from officers through the upcoming items.
2. The Chairman highlighted that the NHS COVID-19 app launched yesterday and that the Government were keen for as many people as possible to download it. He stressed that the simple messaging of hands, face and space remained key and only those with genuine symptoms to go for testing.

RESOLVED:

The Board noted the verbal update.

Actions/further information to be provided:

None.

15/20 COVID-19 SURVEILLANCE UPDATE [Item 6]

Witnesses:

Naheed Rana - Public Health Consultant, Intelligence and Insights (SCC)

Ruth Hutchinson - Director of Public Health (SCC)

Andrea Newman - Director of Communications and Engagement (SCC)

Key points raised in the discussion:

1. The Public Health Consultant introduced the report, noting that the COVID-19 weekly intelligence summary produced every Monday provided residents and partners with regular insight and intelligence into COVID-19 cases within Surrey and how that compared with the national and regional context.
2. She explained that the COVID-19 weekly intelligence summary outlined the most up to date data available in the public domain - the Public Health team was mindful of confidential data sharing agreements with agencies such as Public Health England (PHE). She highlighted that:

- The data was shared through various communication channels including the Board, the Health Protection Officers Group (HPOG), the Surrey Local Resilience Forum (SLRF) and, Surrey Heartlands Integrated Care System (ICS) and Frimley ICS. She commented that there had been positive feedback and further questions asked from residents.
 - The COVID-19 weekly intelligence summary report contained the daily rates and data trends over seven days for Surrey's eleven boroughs and districts and how Surrey ranks nationally.
3. The Public Health Consultant explained that data, intelligence and surveillance was being monitored daily, allowing the Public Health team to assess the triggers for prompt action to be taken in line with the Escalation Framework and in conjunction with the Communications team and health partners. She highlighted that:
- The triggers were related to cases per 100,000 over the seven-day rate as well as the fourteen-day rate which had less variation due to reporting delays.
 - The fortnightly case rate for Surrey was 31.3 per 100,000, slightly higher than the South East rate at 25.3 per 100,000 and significantly lower than the England average rate of 79.2 per 100,000. The seven-day weekly rate for Surrey was 13.6 per 100,000 and the overall Surrey rate as well as the rates for each of the eleven districts and boroughs were benchmarked across three hundred and fifteen areas.
 - The direction of travel and speed of trends, the positivity rates, exceedance reporting, contact tracing intelligence post code level data and other sources of local intelligence were evaluated daily.
 - From the daily monitoring, situational reports were developed such as for the number of cases daily per age group within Surrey and the eleven boroughs and districts over a fourteen-day rate. Nationally and within Surrey, the number of COVID-19 cases for the 15 to 34 year age group was peaking, so the identification of such groups allowed targeted communications and the deployment of mobile testing units for example.
 - Data was available in tabulation form, through visual maps and interactive dashboards down to the post code level towards a comprehensive picture of COVID-19 cases within Surrey, regionally and nationally.
 - Spelthorne was recently placed on the national COVID-19 watchlist and was being monitored by the Public Health team on a daily basis with a detailed picture forming over seven and fourteen days. In response, Incident Management Team (IMT) meetings with the Public Health team, Communications team, health partners, care sectors and boroughs and districts were called to decide on actions and escalations.
 - Rates were slowing in Spelthorne but were slowly rising in surrounding areas, so collaborative work such as looking at commonalities such as Heathrow with neighbouring Windsor and Maidenhead, Hounslow, Hillingdon was crucial.
 - As well using the data, intelligence and surveillance to manage, monitor and take immediate action in line with the Escalation Framework; work was also underway with health partners across Surrey Heartlands and Frimley ICS' to develop a comprehensive

- approach to integrate early warning signs which included 111 and inpatient data.
4. The Vice-Chairman queried that from a district and borough council perspective and particularly the borough of Reigate and Banstead which had a high number of cases and deaths in the first wave; whether there was any trend information available that would be helpful in response to a second wave. Such information would be useful to provide confidence to residents on the effectiveness of the collective response, especially as the numbers circulated by the media were not always fully explained.
 - In response, the Public Health Consultant explained that data and intelligence composed of both the number of cases and deaths built up from the first wave and ongoing data was being harnessed in collaboration with health partners to provide an insight on modelling for future waves. The Public Health Consultant noted that a more comprehensive picture was emerging from the lessons learnt and best practice from the first wave including the greater utilisation of community partners such as environmental health and community solutions, tailored communications campaigns, as well as the disproportionate effects of COVID-19 highlighted through the Rapid Needs Assessment which formed part of the Community Impact Assessment (CIA).
 - The Director of Public Health added that the Board would continue to be provided with up to date publicly available data, the technical analysis and the lessons learnt. The CIA was an important tool going forward with several presentations held across the system and partners; and provided a deep dive into ten population groups disproportionately affected by COVID-19. The five different components of the CIA would be published on Surrey-I by 23 October 2020, a summary (CIA) could be sent to the Board and she noted that herself and the Public Health Consultant would be happy to present the findings to the Vice-Chairman's borough council.
 5. A Board member noted that as an elected Member for Spelthorne, the daily data was useful and the COVID-19 weekly intelligence summary report were effective in terms of public engagement as they were being shared by residents. She asked whether the Public Health team had information on the number of online hits for the COVID-19 weekly intelligence summary report. In response, the Public Health Consultant noted that the team would have that information and it could be provided to the Board.
 6. In response to a Board member's query, the Director of Public health explained that the Public Health team worked collaboratively with PHE and neighbouring public health and environmental health colleagues in Windsor and Maidenhead, Hounslow and Hillingdon to share data in order to get a fuller picture of COVID-19 transmission. She added that Spelthorne IMT were reaching out with surrounding Surrey boroughs such as Runnymede where rates were rising. At present only Spelthorne was on the national COVID-19 watchlist.
 7. A Board member noted the importance of the Board working collectively to provide consistent data and responses to residents. As for example there were social media posts yesterday that Waverley was at a raised level, which she noted did not match up with the Public Health team's data. In response, the Public Health Consultant provided reassurance that the COVID-19 weekly intelligence summary

report was taken from PHE official data which was robust and verified intelligence and could be used when the veracity of social media posts was uncertain.

8. A Board member commented that her organisation was quick to pick up when there had been a press release in a particular area of concern due to rising cases such as Woking, Elmbridge and Spelthorne; with messages being sent out twice a week to around eight thousand businesses. She explained that she was not sure when to ease communications when rates started to decline as for example Spelthorne remained on their newsletter to businesses. In response the Public Health Consultant commented that the Spelthorne IMT collectively decided on the communications and actions to be taken.
 - The Director of Public Health noted the appropriate action to take was based on the Escalation Framework composed of the following levels: green, amber and three reds. Communications were being sent when cases started to increase and tip over to the next level of the framework. Although in the case of Woking when cases started to drop after a rise thank you messages were issued, the Director of Public Health noted that in conjunction with the Director of Communications and Engagement she would look into how best to notify the Board when areas and the subsequent actions were to be de-escalated - which was challenging as the rates were volatile.
 - The Director of Communications and Engagement added that the NHS Test and Trace Communications Plan for Surrey was constantly adapting in response to lessons learnt. She was mindful of de-escalation, noting an example in which the Multi-Agency Information Group (MIG) thanking residents for their cooperation on social media when Woking and Elmbridge saw a rise in cases and to remain vigilant.

RESOLVED:

The Board:

1. Noted the report.
2. Would continue to provide political oversight of local delivery of the Test and Trace Service.
3. Would continue to lead the engagement with local communities and be the public face of the local response in the event of an outbreak.
4. Members would ensure that appropriate information on the programme and on COVID-19 in Surrey was cascaded within their own organisations and areas of influence.

Actions/further information to be provided:

1. A summary of the Community Impact Assessment (CIA) will be sent to the Board and the Director of Public Health (SCC) and the Public Health Consultant (SCC) are happy to present the findings to the Vice-Chairman's borough council.
2. The Public Health team will provide the Board with the number of online hits for the COVID-19 weekly intelligence summary report.
3. The Director of Public Health together with the Director of Communications and Engagement will look into how best to notify the

Board when areas in Surrey and the subsequent actions were to be de-escalated.

16/20 COVID-19 LOCAL OUTBREAK CONTROL PLAN UPDATE [Item 7]

Witnesses:

Ruth Hutchinson - Director of Public Health (SCC)

Jane Chalmers - COVID Director, Surrey Heartlands Clinical Commissioning Group

Key points raised in the discussion:

1. The Director of Public Health introduced the report highlighting the new national restrictions announced by the Prime Minister of the United Kingdom on 22 September 2020, noting the ever-changing situation. Although large announcements were made nationally on a frequent basis, there were often other policy changes weekly and it was the job of the Public Health team to keep on top of the guidance and incorporate it into Surrey's Local Outbreak Control Plan (LOCP) - updated at least fortnightly.
2. She explained that a key part of the LOCP informed by the data and intelligence was the Escalation Framework based on a RAG rating (red, amber and green). At one end was outbreak prevention and containment - light green - which was being done all the time and was based on test positivity and cases per 100,000, as well as raised local alertness - dark green - and in the middle when cases started to escalate and that tipped over to raised local concern - amber. At the other end the red category of national oversight was splits into three sub-levels: area of concern such as Spelthorne, area receiving enhanced support and an area requiring intervention.
 - The Escalation Framework was based on national COVID-19 Contain Framework and detailed the triggers, how and who to notify, what the communications were, what the role of the SLRF was, what do when there was an outbreak, the deployment of testing across different settings and enforcement.
3. The Director of Public Health noted that Spelthorne was put on the national COVID-19 watchlist on 18 September as an area of concern and an announcement was due at 11am today on whether it remained, as the rates were slowly decreasing. She would keep the Board updated of Spelthorne's status.
 - She thanked Board members for their support and colleagues in primary care and GPs who within a number of hours texted all their patients in Spelthorne to alert them to the borough as an area of concern. She also noted the concentrated effort across Spelthorne from the environmental health team who worked closely with businesses - particularly in hospitality - as well as the work of the IMT through partnerships with schools, grassroots sport and children's sporting groups, and reaching out to public health teams in the surrounding area.
4. Regarding local legal powers, she explained that:
 - There was now a process in which the Chief Executive and the Director of Public Health at Surrey County Council could issue a direction under the new Health Protection (Coronavirus,

Restrictions) (England) (No.3) Regulation 2020; which extended the powers of Local Authorities who could close individual premises, public outdoor spaces, and prevent specific events - such as the Ocean Village Boat Show 2020 and Boats 2020 in Southampton cancelled due to being an imminent threat to public health.

- There was a local legal Process Guide signed off by partners including district and borough councils relating to steps to be taken before a direction on the closure of premises could be sought. As well as an COVID-19 events checklist for application to events which had dissuaded many organisers.
5. She commented that since the last Board the concept of local contact-tracing was new. Initially anyone that received a positive test result would receive a phone call or text from the national NHS Test and Trace service asking who the individual had been in contact with so they could be asked to self-isolate - around 82% of Surrey residents responded to and were processed by that service compared to 50% in other areas. Local contact-tracing meant that Local Authorities would receive the data of those not able to be contacted in twenty-four hours by the national contact-tracing service and were given local responsibility to contact those individuals. Evidence suggested that local numbers were more trusted.
 - As Spelthorne was on the national COVID-19 watchlist, Surrey had been put forward as the first region in the South East to develop that local contact-tracing service. It was hoped to be developed in three weeks' time in collaboration with Surrey County Council's Customer Services team.
 6. She highlighted that preventative activity was established in educational settings such as early years and schools, but particularly in universities of which there were three larger ones in the county with over one million students and so it was a high-risk situation and concern to local residents. Over the summer the Public Health team had been liaising with those universities which all had protocols in place based on national guidance and standard operating procedures. Local testing sites had been secured at the Royal Holloway, University of London and the University of Surrey. Challenges however included managing the night-time economy, the recent 10pm closing time for pubs and restaurants was a concern as there could be an increase in house parties and mental health issues might increase as a result of social isolation.
 7. She noted that COVID-19 champions were being newly introduced in Surrey and would be piloted shortly in Spelthorne and thanked the Cabinet Member for Adults and Health for her help. Those champions were trusted members of communities trained to give out reliable messages which reinforced Surrey's communications campaigns.
 8. She also highlighted the COVID-19 marshals who were normally paid individuals that worked in town centre environments, Epsom and Ewell had marshals in different guises. The SLRF's Tactical Co-ordinating Group (TCG) was working with district and borough councils to explore the use of COVID-19 marshals and the Public Health team were awaiting further guidance from the Government on their role. There was a possibility that some of the Government's funding based on the 2020/21 Public Health Grant allocation could be used to support the marshals.
 9. The Director of Public Health noted the new Test and Trace Support payment of £500 for those on lower incomes who cannot work from

- home and have lost income as a result. Local Authorities were expected to set up this self-isolation support payment scheme and be in place by 12 October.
10. The COVID Director, Surrey Heartlands Clinical Commissioning Group stressed that COVID-19 testing was a complex area and test accessibility was a frustration to residents and Members especially concerning essential workers who fell under pillar 2 and the National Self-Referral Portal.
 11. She described the different pillars relating to testing and which could be influenced locally compared to areas driven by a national process.
 - Pillar 1: swab testing of hospital patients and staff, using NHS hospital or PHE labs.
 - Pillar 2: swab testing for the wider population and was split into different parts -
 - The majority of testing in the pillar was part of the national process, accessed via the National Self-Referral Portal and tests were analysed and results produced by UK *Lighthouse Labs*. As such it is a commercial operation and there was no local control over the process.
 - Conversely, Surrey had local control over and was managing the regular testing in care homes, aided by the local Health Protection Team. The SLRF's Testing Cell processed requests for testing which were sent to a local lab and shared with the care home in question.
 - Locally, Mobile Testing Units (MTUs) can be deployed routinely, planned in advance or at the request of the Public Health team such as to areas of concern like Spelthorne.
 - Pillar 3: anti-body testing, which was locally run and managed in the SLRF's Testing Cell, with local labs used to process the tests. There was also local control over managing the deployment of clinics and MTUs for health and social care staff.
 - The Director of Public Health commented that where MTUs were deployed in areas where there was a rise, that rate would increase further with more testing and so deployment was effective.
 - Pillar 4: blood and swab testing for national surveillance run by the Office of National Statistics and supported by PHE and research and scientific partners.
 12. The Chairman agreed that the access to and speed of testing administered through national processes was frustrating and he hoped that it would improve with more testing kits available. He added that locally, the Public Health team and partners had done what they could and the SLRF continued to lobby the Government on testing.
 13. The Vice-Chairman commented that COVID-19 champions were a good initiative and noted that there were many local influencers in Surrey who were active in the first wave and on social media. He asked what the Board and district and borough councils could do to support the Public Health team and SLRF to identify both the COVID-19 champions and marshals. In response the Director of Public Health noted that she would welcome support from the Board to help identify those individuals and she had asked the lead of the group concerning the pilot on COVID-19 champions in Spelthorne to circulate the key messages to the Board and district and borough councils.

- Regarding the COVID-19 champions, the Cabinet Member for Adults and Health commented that there had been a positive response from key community members in Spelthorne who wanted to be more engaged and that the Board's feedback and help was invaluable. She added that it was a good initiative and example of best practice from other Local Authorities.
- The Chairman concluded that he welcomed the summary from the lead of the group concerning the Spelthorne pilot and that it would be useful to also circulate it to the Surrey Leaders Group and the Surrey Chief Executives. He added that the work in Spelthorne had been brilliant and it would be good to get that proactivity in Elmbridge and Runnymede where cases had been rising.

RESOLVED:

The Board:

1. Noted the report.
2. Would continue to provide political oversight of local delivery of the Test and Trace Service.
3. Would continue to lead the engagement with local communities and be the public face of the local response in the event of an outbreak.
4. Members would ensure that appropriate information on the programme and on COVID-19 in Surrey was cascaded within their own organisations and areas of influence.

Actions/further information to be provided:

1. The Director of Public Health would keep the Board updated on Spelthorne's status, whether it was to be removed from the national COVID-19 watchlist shortly.
2. Board members are encouraged to help the Public Health team and SLRF identify both COVID-19 champions and marshals.
3. The Director of Public Health will liaise with the lead of the group concerning the pilot on COVID-19 champions in Spelthorne to circulate a summary of the key messages to the Board, district and borough councils as well as Surrey Leaders Group and the Surrey Chief Executives.

17/20 LOCAL OUTBREAK CONTROL COMMUNICATIONS PLAN UPDATE [Item 8]

Witnesses:

Andrea Newman - Director of Communications and Engagement (SCC)

Key points raised in the discussion:

1. The Director of Communications and Engagement introduced the report and commented that a lot of time went by in between the Board's meetings, as communications were changing on a frequent basis she would liaise with the Chairman on how Board members could be more frequently updated outside of the formal meetings.
2. In response to the earlier query by a Board member on the social media posts noting that Waverley was at a raised level, she explained

that she was not aware of those posts and had messaged colleagues on the matter. She noted that if there were future posts like that, for the Board member to notify the Communications and Engagement Manager at Waverley Borough Council; who sat on the MIG.

3. In response to the Vice-Chairman's earlier query on public confidence in relation to numbers and conflicting media reports, the Director of Communications and Engagement noted that communications campaigns provided briefs to the media as based on the figures in the COVID-19 weekly intelligence summary report. She reassured the Board that she had positive feedback from the BBC that the Director of Public Health was visible and noted that the Communications team gave regular media briefings to the BBC and Surrey Live as they enquired into the context of the data. She added that the COVID-19 Communications Lead (SCC) sat on the COVID-19 Daily Data Monitoring meeting in order for the team to understand the data.
4. The Director of Communications and Engagement commented that the Communications team were writing the NHS Test and Trace Communications Plan for Surrey (Communications Plan) whilst delivering it at same time as it was adaptive, it built on lessons learnt and harnessed effective approaches. In line with national guidance and working closely with the Public Health team, the Communications Plan was preventative focusing on maximising awareness and compliance to help contain and reduce the spread.
 - It was a sophisticated Communications Plan taking into account traditional methods of communications, social media, a GP text messaging service was put in place - she thanked the Clinical Chair, Surrey Heartlands CCG - and dynamic geo-targeting methods were used to target individuals moving across border and within Surrey allowing the team to follow digital footprints and make communications interventions when needed.
 - The team found that where there were small numbers of cases in a school for instance or in a locality, local residents felt there was an outbreak despite such situations not qualifying under the public health definition of an outbreak. The work of communications was to provide reassurance and work proactively.
 - The Communications Plan was split into a three phased approach from green coloured media infographics for phase one to amplify national guidance and preventative messages, to orange coloured media infographics for phase two which was the current phase for Woking, Elmbridge and Spelthorne where cases were increasing and it focused on warning and informing residents and the need for greater vigilance; to red coloured infographics alerting residents to high increases in infection rates and any local restrictions.
 - Phase two pre-empted the amber phase of the PHE COVID-19 Contain Framework, as the Plan was focused on prevention and increasing vigilance.
 - Where the number of cases in Woking decreased, the colouring of the infographics from orange to green indicated a de-escalation. Enhanced community engagement was effective in Woking such as liaising with a local imam to translate COVID-19 videos into Bengali and Urdu which were shared via community WhatsApp groups, Facebook and Instagram. Out of 140,000

residents in Woking, 34,000 were reached in phase two messaging which was a large amount and vital as Government guidance and language did not resonate with their communities - other faith colleagues were also engaged with.

5. The Director of Communications and Engagement noted that social media was a large part of the Communications Plan especially due to lockdown and restrictions imposed and provided an update on the number of residents reached in Elmbridge from the issued phase two amber alert, approximately 65,000 residents had seen the Facebook and Instagram social media posts from the Communications team, averaging two to three times.
6. She noted that 152,000 residents used the Nextdoor app and the number of residents reached through a twitter campaign was about 5% compared to 49% via a communications campaign to all residents on the app. Posting on the app was free for the Communications team and public sector posts were given greater visibility.
7. She summarised the social media evaluation of last month across Facebook, Twitter, Instagram, and Google Display - visible adverts to residents who did online banking or shopping but were not on social media. Adverts across all the media platforms were tailored to residents depending on their demographics, postcode, venue, the hour of day, to ensure targeted messages.
8. She highlighted the NHS COVID-19 app launched yesterday 24 September. There was a large Government campaign to get people to use it and the Communications team stepped away from other graphics used in order to give information relating to the app a unique look, as behavioural insights evidence from the Department of Health showed that people were getting COVID-19 messaging fatigue.
 - The Communications team was given two weeks' notice that the app was launching, so worked rapidly with businesses and communities to develop tailored graphics and toolkits had been sent out and local branding was available for districts and borough councils.
 - The Department of Health stressed that the app tracked the virus and not the individual, it and the information stored could be deleted at any time. It was helpful as it monitored symptoms, explained self-isolation and provided a countdown clock.
9. The Chairman thanked the Director of Communications and Engagement for her detailed update on the communications campaigns and reassurance as the Communications Plan was proactive.
10. The Director of Communications and Engagement answered a Board member's comment noting that the team was looking at messaging in supermarkets to target residents who were not online, such as through till receipts. As well as working closely with the SLRF's Resident Welfare and Volunteer Cell to create a database of those shielding and vulnerable residents particularly without digital access and how best to contact them.
 - The Board member responded that it would be helpful if nationally NHS England would let Local Authorities and health systems know about how they would address and contact the shielding groups should there be a second wave.
 - The Board member celebrated the novel tools used by the team and that multiple messaging to residents was useful.

- The Board member added that GPs in Spelthorne were more than happy to help for future communications campaigns and that it would be useful to have pre-prepared communications in the future. In response the Director of Communications and Engagement explained that the COVID-19 Communications Lead had since prepared those communications scripts noting the fast-changing environment - she would liaise with the Chairman on how best to keep the Board updated on the pre-prepared communications assets.
11. A Board member reflected that he had found the extent to which both the LOCP and the Communications Plans constantly adapted in response to feedback, the willingness of officers to review the Plans and reach out to partners and across Surrey's borders, the significant impacts made in high risk areas and the way in which the Board's membership had expanded bringing in the business voice as represented by the Surrey Chambers of Commerce was reassuring to Board members and residents.
 12. The Chairman praised the work of the Public Health team and the Communications team in response to COVID-19 particularly in addition to their business as usual work and that the Board could rely on the expertise of the Director of Public Health as to when areas in Surrey needed to be escalated and communicated with the Board and residents.

RESOLVED:

The Board noted developments in the Communications Plan, and the resulting escalation activity.

Actions/further information to be provided:

1. The Director of Communications and Engagement will work with the Director of Public Health and the Chairman as to how best to provide more frequent communications updates to Board members outside of the formal meetings.
2. The Director of Communications and Engagement and the COVID-19 Communications lead to liaise with the Chairman on circulating pre-prepared assets such as communications scripts to Board members who could then circulate them through their organisations.

18/20 DATE OF NEXT MEETING [Item 9]

It was agreed that the next meeting of the Local Outbreak Engagement Board would take place on 20 November 2020.

Meeting ended at: 11.51 am

Chairman