

Surrey Local Outbreak Engagement Board

1. Reference Information

Paper tracking information	
Title:	Surrey COVID-19 Local Outbreak Management Plan
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Sponsors:	Sinead Mooney - LOEB Chairman (SCC) Joanna Killian - Chief Executive of Surrey County Council Ruth Hutchinson - Director of Public Health (SCC)
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Related papers	<ul style="list-style-type: none"> Surrey COVID-19 Local Outbreak Management Plan

2. Executive summary

The national NHS Test and Trace Service was established in May 2020 to control the rate of reproduction of COVID-19 by reducing the spread of the infection. Public Health teams and partners are responsible for the development and delivery of Local Outbreak Management Plan. This plan is designed to set out how local government and system partners work with the national Test and Trace service, so that the whole local system works to contain the virus. In Surrey, delivery of the [Local Outbreak Management Plan](#) 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

- To note the report.
- To continue to provide political oversight of local delivery of the Local Outbreak Management Plan.
- To continue to lead the engagement with local communities and be the public face of the local response.
- Members to ensure appropriate information on the programme and on COVID-19 in Surrey is cascaded within their own organisations and areas of influence.

4. Reason for Recommendations

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

5. Detail

Roadmap out of national lockdown for England

On 22 February 2021 the Government published a four-step plan setting out the roadmap for easing restrictions and exiting England's third national lockdown - [COVID-19 Response – Spring 2021](#). On 29 March 2021 the 'Stay at Home' rule ended in England and on 31 March 2021 shielding for those in the clinically extremely vulnerable group ended.

On 5 July 2021 the [COVID-19 Response: Summer 2021](#) was published detailing the 'Moving to Step 4 of the roadmap'. This new phase of the government response from stringent restrictions towards advising people on how to protect themselves and others, alongside targeted interventions to reduce risk includes:

- Reinforcing the country's vaccine wall of defence through booster jabs and driving take up
- Enabling the public to make informed decisions through guidance, rather than laws
- Retaining proportionate test, trace and isolate plans in line with international comparators
- Managing risks at the border and supporting a global response to reduce the risk of variants emerging globally and entering the UK
- Retaining contingency measures to respond to unexpected events, while accepting that further cases, hospitalisations and deaths will occur as the country learns to live with COVID-19

Even though the majority of restrictions were lifted on 19 July 2021, it is essential that everyone carries on with good habits that reduce transmission: remembering 'hands, face, space, fresh air', getting a test on the first sign of symptoms and self-isolating if it is positive, and getting both doses of the vaccine.

On 5 August 2021, the [COVID-19 Contain Framework- a guide for local decision makers](#) was further updated, setting out how national, regional and local partners should continue work with each other, the public, businesses, institutions (including schools, prisons, hospitals, care homes and homelessness settings) and other local system partners in their communities to prevent, manage and contain outbreaks of COVID-19.

This updated Contain Framework builds on the version first published in July 2020 (updated March 2021), and sets out:

- Roles and responsibilities of Local Authorities and local system partners, and those of regional and national teams, as well as the decision-making and incident response structures
- Support Local Authorities can expect from regional and national teams
- Core components of the COVID-19 response, including on Variants of Concern (VOCs) and enduring transmission.
- The framework emphasises the need to consider inequalities in every aspect of the response.

The key protections that will remain in place, subject to continuous review, include:

- Symptomatic testing and targeted asymptomatic testing in education and high-risk workplaces
- Self-isolation for those testing positive
- From 16 August 2021, fully vaccinated adults and those under 18 years and 6 months of age who are a contact of a positive case, no longer need to self-isolate, unless or until they become symptomatic
- Border quarantine for all arriving from red list countries, and for applicable individuals arriving from amber list countries. Full details are included in the [travel](#) section of the Contain Framework
- Cautious guidance for individuals, businesses and the vulnerable while prevalence is high, including:
 - a gradual and safe return to workplaces over the summer
 - wearing face coverings in crowded areas such as public transport
 - being outside or letting fresh air in
 - minimising the number, proximity and duration of social contacts
 - encouraging and supporting businesses and large events to use the NHS COVID Pass in high-risk settings to help to limit the risk of infection

The Contain Framework recognises that local leaders need to look after fatigued teams and individuals, supporting them to look after their physical and mental health and wellbeing, and promoting sustainable ways of working, particularly when there is a resurgence of other pathogens, as well as COVID-19 outbreaks.

Local Outbreak Management Plan

Surrey's COVID-19 [Local Outbreak Management Plan](#) (previously called COVID-19 Local Outbreak Control Plan) version 14, is to be re-published week commencing 23 August 2021 to reflect the move to Step 4 of the Government's Roadmap, the revised Contain Framework, and new governance arrangements following the cessation of the COVID-19 Management Group (CMG) in July 2021. From September 2021, Surrey Heartlands Integrated Care System (ICS) Resilience and Emergency Preparedness, Resilience and Response (EPRR) Board will provide

assurance and oversight of the Integrated Care System/Integrated Care Board resilience and continuing pandemic response.

The latest version of the plan has also been adapted to ensure the format adheres to national [accessibility regulations](#).

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

Vaccination Programme

Detail on daily and weekly uptake of vaccinations can be found [here](#). In total, and as of the 15 August 2021, the system has delivered 1.31 million vaccinations via the Surrey Heartlands vaccine sites. This consists of 706,000 first doses and 609,000 second doses. Surrey Heartlands is aligned to (within 2% of) national uptake figures for first and second doses across all cohorts. The vaccination services continue to promote the 'evergreen' offer to all eligible cohorts yet to take up the Covid vaccination with small increases in some cohorts. Updated vaccination guidance from the Joint Committee on Vaccination and Immunisation (JCVI) has extended the vaccination offer to children and young people in the following categories:

1. Children aged 12 -15 who are at increased risk as defined by the following groups:
 - Severe neuro-disabilities
 - Down's syndrome
 - Immunosuppression
 - Profound and multiple learning disabilities
 - Young people aged 16-18 with underlying health conditions should continue to be offered vaccination (cohort 4 and 6)
 - Children in households where a person is immunosuppressed
2. Children aged 16 and 17 year old who are healthy with no underlying risks.

At the time of updating this paper, JCVI are still to confirm a position on the vaccination of the healthy 12 - 15-year-old cohort. The vaccination programme team is working with partners to plan the delivery of [phase 3 of the booster vaccination](#) programme which is due to commence in September 2021. The JCVI interim guidance outlines the Phase 3 delivery is split into two stages:

STAGE 1. September to mid-October 2021

This includes those people most at risk in the following categories:

- adults aged 16 years and over who are immunosuppressed
- those living in residential care homes for older adults
- all adults aged 70 years or over

- adults aged 16 years and over who are considered clinically extremely vulnerable
- frontline health and social care workers

STAGE 2. Mid-October to 17 December 2021

This includes:

- all adults aged 50 years and over
- adults aged 16 – 49 years who are in an influenza or COVID-19 at-risk group

Contact Tracing

Between 6 July and 16 August 2021, the following has taken place regarding contact tracing:

- 6 July 2021 - The national team introduced 'Local 4' which is a four-hour opportunity for people who have tested positive to complete their questionnaire online, after which cases who have not completed online are sent to the local contact tracing service
- 16 July 2021 - Local contact tracing in Surrey reverted to 'Local 24' in seven of the districts and boroughs (Guildford, Mole Valley, Runnymede, Surrey Heath, Tandridge, Waverley and Woking) due to a steep increase in the number of cases. In Local 24 only those cases that are not completed on-line during the four-hour opportunity and are not reached by the national team after 20 hours or 10 call attempts are sent to the Surrey Local Contact Tracing team
- 22 July 2021 - The remaining four districts and boroughs (Elmbridge, Epsom and Ewell, Reigate and Banstead, Spelthorne) reverted to Local 24

Testing

Full detail on COVID-19 testing in Surrey available is [here](#).

Symptomatic testing

A range of [testing for symptomatic individuals](#) continues to be accessible including regional drive-through test sites in Guildford, Gatwick, Heathrow and Twickenham, eight local test sites in areas of greater population density offering cycle/walk-in testing, and mobile testing units.

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

Children's care homes can bulk order PCR test kits in boxes of 10 (a maximum of three each order) to be used on staff and residents when symptomatic in case they cannot access a PCR test through the online portal or 119, or on asymptomatic children upon entry into a secure children's home as a means to reduce self-isolation periods.

Targeted Community Testing (Asymptomatic Testing)

Targeted community testing using lateral flow devices (LFDs) is currently available at 23 pharmacies across the county. These offer assisted testing to anyone aged over 11 who lives, works or studies in Surrey. Anyone aged under 16 must be accompanied by a parent or guardian. The Surrey Testing Cell is also utilising an agile testing unit, which is providing assisted LFD testing and collection of self-test LFD kits to be used at home. The agile testing unit is also being used to promote LFD testing and educate about LFD testing across several geographical locations, which have been chosen to target populations that are under-represented in testing or disproportionately affected by COVID-19. The Surrey Testing Cell are also liaising with service providers providing services for vulnerable and hard to reach communities to set up on-site LFD testing or collection of self-test LFD test kits in collaboration with the service providers to increase access to testing for these population groups.

Any adult can now collect self-test LFD kits from a large number of pharmacies participating in Pharmacy Collect. The location of these sites can be found on the [NHS Test Site Finder](#). Alternatively, individuals can order self-test LFD kits online to be delivered to their home for themselves or members of their household or bubbles.

There are multiple nationally led asymptomatic testing streams that provide regular LFD testing in various settings, such as educational settings, care settings, NHS settings and workplaces with testing kits provided by NHS Test and Trace directly to these settings or individuals directed to collect or order self-test LFD kits from the routes already mentioned.

It is recommended that regular LFD testing should be performed twice weekly. In the event of a positive result, individuals need to get a PCR test to confirm the result.

Surge Testing

The Surrey Local Resilience Forum (SLRF) completed surge testing, also known as localised testing, in two areas of Woking and Egham in Runnymede. These were surveillance exercises in response to notification that a different variant of COVID-19 which originated in South Africa (Beta variant) had been identified from positive tests case in these areas. A further surge testing operation was completed in Reigate and Banstead in response to rising cases of the Delta variant in the area. The Public Health Team and the Surrey Testing Cell continue to liaise with national partners in

Public Health England and Department of Health and Social Care, as well as local partners in the community and district and boroughs, to carry out targeted testing in response to selected variants of concern that have been identified after genomic sequencing of positive cases.

The draft SLRF Surge and Targeted Testing Framework and Checklist is now out for consultation. This draft framework has been developed by a small working group and draws on all the learning from this year's surge and targeted testing deployments, including the most recent Reigate and Banstead Surge Testing Debrief Report.

Variants of Concern (VOCs)

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

International Travel

There are no restrictions on leaving England for international travel. [Travel abroad from England during coronavirus \(COVID-19\) guidance](#) was updated on 19 July when England moved into Step 4 of the Roadmap. From 19 July, the recommendation against travel to amber list countries was removed. People who are [fully vaccinated with an NHS vaccine](#), no longer need to quarantine on arrival in England or take a COVID-19 test on day 8. [Travel Abroad: Step by Step guidance](#) summarised below. People must follow the [travel rules](#) even if they have been vaccinated:

Before travelling abroad:

- Check the [rules and advice](#) for the country or territory they are going to, including where they need to [show proof of vaccination](#), a negative COVID-19 test to enter, a pre-travel declaration form, or quarantine when they arrive
- Find out what they need to do when they return to England
- Book any tests or quarantine hotel packages they need

Before returning to England:

- Take a COVID-19 test. Normally this will be in the country they are in. (To board your transport to England, they need [proof of a negative result](#) from a test taken in the *3 days before departure*)
- Complete a [passenger locator form](#). (They can do this any time in the *48 hours before they arrive in England*)

After returning to England:

- The rules for testing and quarantine when arriving back in England depend on which countries or territories they have been in or travelled through in the 10 days before they arrive: [Red, amber and green list rules for countries and territories](#)

The risk posed by individual countries and territories is continuously monitored and the green, amber and red lists are reviewed every three weeks. If conditions change in a country or territory, it can be moved from the amber list to the [red list](#). If there is a sudden change in conditions, a country or territory may be moved between lists without warning.

Managed Quarantine Service

There are two hotels in Surrey under the Managed Quarantine Service (MQS) which is delivered by DHSC. Public Health and Emergency Planning colleagues are working with the DHSC and partner agencies including NHS and D&Bs to implement the MQS for anyone who has travelled from, or passed through, a country on the 'red list'.

Immigration Reception Centres / Initial Processing Centres

The pace of migrants crossing the English Channel in small boats is in danger of overwhelming the capacity of the Home Office's Immigration Reception Centres (IRC) / Initial Processing Centres. Additionally, the main IRC for processing of migrants closed on 4 August for essential security upgrades. One hotel in Surrey was commissioned in July as a temporary overspill IRC and is anticipated to be in use for between four and five months by which time the number of small boats crossing the Channel should decrease to a level manageable within the IRC estate.

This hotel will be used for initial urgent accommodation with the amount of time people are expected to stay to be between two and three days, up to a maximum of five days. During their stay people are looked after safely from their arrival in the UK to when they are transferred to alternative settings for onward processing. The Home Office organise security and transport to the hotel and monitor the health and welfare of those in the setting including testing for COVID-19 and assessments.

Health and social care professionals (including SCC Public health Team, Emergency Management Team, NHS, Public health England (PHE), District and Borough representatives) from across Surrey have been meeting with Home Office representatives to work in partnership regarding any health and welfare issues.

Schools and Universities

Public Health and Education colleagues have continued providing support to Surrey schools and early years settings throughout the easing of COVID-19 restrictions. Surrey schools have now broken up for summer holidays, but nationally, education and childcare settings are to remain open, and attendance is mandatory (for

schools). Recent planning has focused on arrangements for the next academic year. National guidance and advice from local expert partners are communicated regularly to education settings. Full details are provided on pages 57-58 in the Children, Families and Lifelong Learning (CFLL) update.

All Surrey's university settings have access to Lateral Flow Testing and continue to encourage vaccination uptake among their eligible populations. Surrey County Council Public Health team continue to support Surrey's universities and keep in regular contact. From 16 August, students and education staff who are fully vaccinated or under 18 years and 6 months who are close contacts of a positive case will be [exempt from the requirement to self-isolate](#). Individuals who test positive for COVID-19 will still be required to self-isolate.

Care Homes

The Care Homes COVID-19 Outbreak Oversight Group continues to meet fortnightly providing oversight of current COVID-19 outbreaks in care homes and co-ordination of system response in line with national guidance. Full details are provided on pages 52-53 in the Adult Social Care (ASC) update and on pages 55-56 in the Surrey Care Association (SCA) update.

Community (COVID) Champions

A full update on the Community (COVID) Champions Programme has been provided in a separate report.

Enforcement update - provided by Surrey Police:

Operation Apollo

Surrey Police's continued response to the Coronavirus Pandemic



Operation (Op) Apollo is the name given to Surrey Police's co-ordinated response to the coronavirus pandemic.

The dedicated Op Apollo daily Covid police resources, which commenced in November 2020, are no longer in place due to the removal of all restrictions as of the 19 July.

Surrey Police were initially issued with a Surge Fund of £388,264 by the Home Office to help fund the additional work required to enforce Covid Regulations when the second lockdown was brought in. With the Government's extension of the ability to enforce regulations until September 2021; an additional £750,644 was provided to

Surrey Police. As a result of the removal of restrictions and the dedicated Op Apollo resources, we have diverted the remainder of the funding to resource extra Investigating Officers within our Sexual Offences Investigation Team (SOIT) due to an increase in sexual offences reporting.

Since the last update on the 17 June, Surrey Police have issued only 3 Fixed Penalty Notices (FPNs) – 2 for failing to isolate after foreign travel and 1 for having more than 6 persons indoors (back in June). 154 Coronavirus-related incidents have been reported since the same date, representing a significant reduction in demand.

Officers link in regularly with the two MQS hotels in Surrey, ensuring no issues arise and to provide support to the staff and partner agencies. Surrey Police have only received one call to an MQS hotel, representing the effective partnership working occurring between the hotel providers, security teams and local borough policing teams. Across Surrey and Sussex, approximately 1500 people are resident in the MQS hotel at any time, and this brings with it further work and engagement for the borough teams, since these residents are often vulnerable adults or part of families which have been split up as part of the quarantine service.

Self-isolation of officers and staff now represents the largest day-to-day resourcing concern. Since the 17 June, there have been 396 cases of self-isolation across the force. An increase has been seen in the past couple of months, however this is below the peaks of absence seen in March 2020 and January 2021 (possibly because of the numbers isolating last year due to being classed as vulnerable).

There have been 59 occurrences of sickness absence with a reason stated as 'Covid-19: Symptoms or Positive Test'. There have been a further 67 sickness occurrences due to reaction to a Covid-19 vaccination.

Adult Social Care (ASC) update - provided by the Deputy Director – Adult Social Care (SCC):

Care homes update

ASC alongside Public Health and NHS colleagues continues to provide targeted follow up support through the work of the Quality Assurance team and IPC nurses and continues to focus on vaccination uptake.

There continues to be an improving position within care homes with vaccine take up among residents high and an improving position among staff teams. 95% of homes have more than 70% staff vaccinated. (Based on 408 active homes)

The summary position within care home settings for the week ending 30 July 2021 is set out below:

- Outbreaks – since the beginning of June we have seen a steady increase in outbreaks, averaging at 5 per week, however the number of residents being

Covid positive is very low and the number of Covid related deaths averages at 0.8%.

- Care Home Infection Rate is currently 0.39% (52 positive tests out of 13,241; 10 of these were residents – PCR Tests).
- Lateral Flow tests have been introduced in care homes and the current rate of positive tests is 0.11% (20 positive tests out of 18,787; none of these were residents).
- Covid Immunisation in Care Homes:
 - 8,967 (97%) of **residents** immunised with first dose
 - 8,726 (94%) of **residents** immunised with a second dose
 - 13,334 (89%) of **staff** immunised with a first dose
 - 11,821 (79%) of **staff** immunised with a second dose
- Flu Immunisation in Care Homes – 84% of residents immunised (monitoring has been paused and will resume in September).

Following consultation, the government has passed legislation making it a mandatory requirement from the 11 November for all care home workers in England to have had the COVID-19 vaccination. A grace period of 16 weeks will apply from 22 July for all care home workers to be vaccinated and the 16 September will be last date for care workers to get their first vaccine so they are fully vaccinated by 11 November. Any adverse impact on overall care home staffing levels will be tracked closely by SCC to ensure overall market stability and service continuity.

Across a combination of SCC goodwill grants, Infection Control Fund rounds 1, 2 & 3, and the Rapid Testing Fund rounds 1 & 2 care homes in Surrey have received over £39m of additional funding from the Council since the start of the pandemic to support them with additional costs and financial pressures incurred. A further round of funding support to provide some ongoing assistance during the period July 2021 to September 2021 is in the process of being paid. Care homes will receive £4.9m of Infection Control Fund round 4 and Rapid Testing Fund round 3 monies bringing the total support for care homes since the start of the pandemic to over £44m.

Mental Health

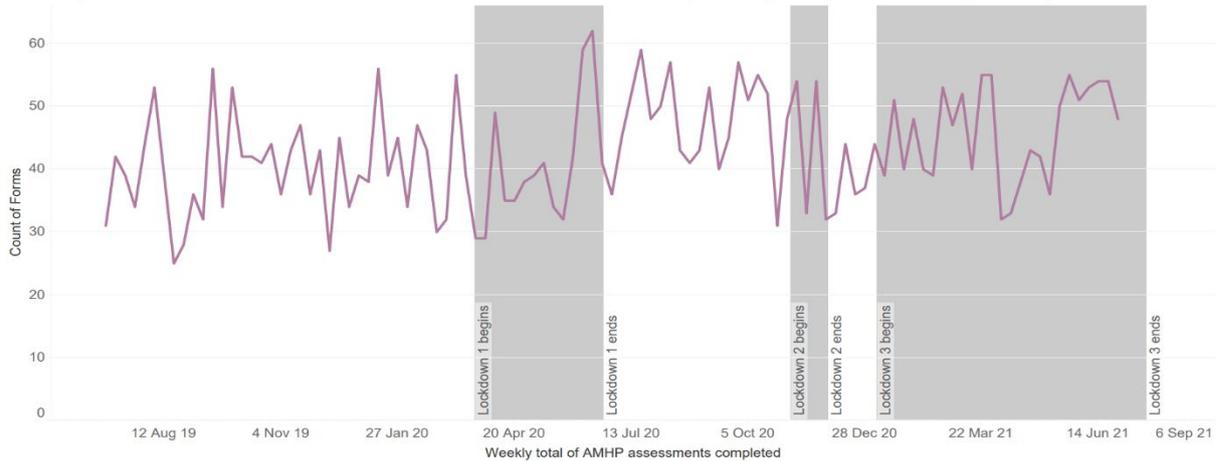
Adult Social Care continues to work closely with health colleagues in response to the ongoing pressures in the mental health system. The Surrey Heartlands Mental Health Emergency Response System Group has continued to meet regularly to monitor the pressures and the response to them.

In Adult Social Care we are still seeing a steady increase in the number of referrals and open cases around 40 per month, the current open cases with the MH social care teams stands at 1991.

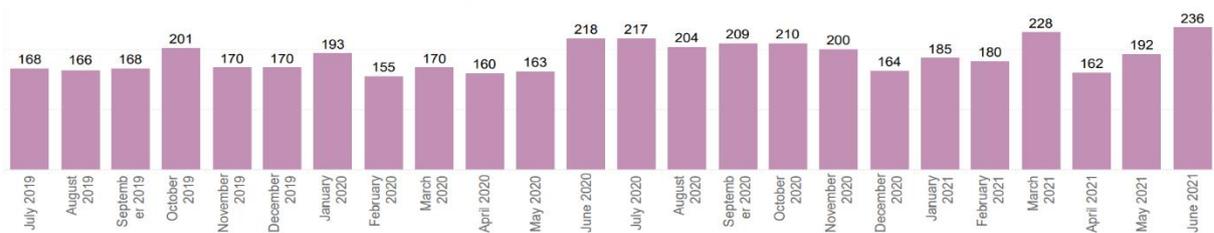
The AMHP service has also continued to be busy particularly out of hours. We have done some analysis of Mental Health Act assessments data against lockdown dates which is shown in the table below. The table shows peaks towards the end of lockdowns particularly during lockdown one in 2020.

AMHP Assessments

Weekly total of AMHP assessments with lockdown dates (1st July 2019 to 4th July 2020)



AMHP completed assessments monthly totals



Team breakdown uses team of the worker completing AMHP form on LAS. When new AMAHP form goes live this will transition over time to using team of assessor (question on the AMHP form)

Adult Social Care is working with partners, commissioning colleagues and SABP to ensure that robust plans are in place for winter and how we use any winter pressures allocations across the system for example extended hours in the Safe Havens. Commissioners are looking to extend the Community Connections contract by a year to ensure stability across the system.

The work on the Mental Health Partnership Board improvement plan is progressing. The Delivery Group will oversee the workplan and its delivery. Adult Social Care is represented on all the boards and the weekly steering group and has an active role in the delivery of the plan.

Surrey Care Association (SCA) update - provided by the CEO of the SCA:

Care Homes:

Mandatory vaccinations – preparation for implementation

A major issue for care homes is preparing for the implementation of mandatory vaccinations as a condition of deployment to work within a care home from the 11 November.

The “last date” for someone to receive a first dose (assuming an 8-week gap) is the 16 September. After this date, staff may need to be served notices of dismissal as they will be unable to comply with the new regulations in time.

Where people access a first dose after this date/receiving notice, it may be possible for care home providers to retain them as employees but require them to take unpaid leave until they have their second vaccination.

Whilst the great majority of staff have been vaccinated, this is not consistent between care homes, and some will experience staffing challenges, especially where they may already have vacancies. The CCG have advised that 89% of care home staff have had their first dose and 79% their second dose; there remain a small number of homes below 70%.

This is exacerbated by relatively low levels of vaccinations for agency staff and the restrictions on staff working between care homes – this “cohorting” may be the IPC measure that is seen as the least risky (as the providers will know their staff) to discontinue, if there is otherwise a risk to safe staffing levels.

Lack of information from DHSC on medical exemptions is a challenge as some providers believe staff are hoping they will be exempt, even though the best information is that medical exemptions will be very narrowly defined (and related to current advice in the Green Book).

We have also raised queries from members about staff who have been vaccinated with the Sputnik vaccination – as this is not MHRA approved, but there could be grounds for medical exemptions if otherwise people would need to be revaccinated.

CCG and SCC colleagues are working on a communications strategy to support care homes. SCA are supporting this and including information and advice wherever possible in our bulletins and via WhatsApp and network meetings.

We have also asked NHS colleagues to consider vaccination levels for staff whose role includes delivering care and clinical support in care homes, as they will not be able to continue after the 11 November unless fully vaccinated. The guidance suggests this is the employer’s (i.e. the NHS’s) responsibility to ensure – but at the same time Registered Managers will be required to show their systems are robust enough to comply with the regulations.

Impacts arising from the implementation of mandatory vaccinations

Some providers have already informed SCA and informally signalled to CQC that they are experiencing significant challenges in recruiting and retaining staff. The pressures are coming from:

- Mandatory vaccinations – with a small number of staff not being willing to be vaccinated and likely to leave and increase vacancy levels – either voluntarily or after notice of dismissal (NB: anecdotally, some people are leaving for roles in the NHS where mandatory vaccinations are not [yet] required).
- Competition with other sectors such as hospitality and retail where wages have been increased to reflect demand for labour – this is not something many social care providers can match, especially where they are commissioned and taking referrals from the council which cannot easily increase their rates.
- Burn-out and general tiredness after c.18 months of pandemic and additional pressures.
- The mandating of vaccination comes into effect in late autumn, when providers are concerned there may be higher levels of seasonal sickness absence.
- IPC measures which prevent staff from other care homes providing cover – this is particularly an issue for learning disability services where care homes (and staffing teams) are smaller and therefore have less ability to cover internally.

If vacancy rates increase, this could impact upon capacity - some providers are already saying they are operating with lower capacity - and this may impact hospital discharge during a period of additional winter pressures.

Self-isolation

The social care self-isolation tool was replaced by new legislation [Self-isolation removed for double vaccinated close contacts](#) on 16 August 2021. Social care staff will need to take additional steps to carry on attending their workplace due to the increased vulnerability of the residents and service users they are in contact with. For any staff members identified as a close contact of a COVID-19 case, working with highly vulnerable patients, a risk assessment will be undertaken. Staff will need to remain asymptomatic, follow the prescribed testing guidance (LFD and PCR) and ensure Infection, Prevention Control measures such as handwashing and PPE are adhered to. Managers will need to look carefully at the controls and consider other redeployment options during their 10-day period if necessary.

Children, Families and Lifelong Learning (CFLL) update - provided by the Executive Director for Children, Families and Lifelong Learning (SCC):

Wider impact on educational settings

The Department for Education released a significant amount of new guidance for educational settings in July 2021, in line with the move to Step 4 of the roadmap, as schools and settings entered the Summer holidays. The guidance confirmed:

- Pupils will no longer be required to be kept in consistent 'bubbles' while in school
- Face coverings will no longer be routinely advised in educational settings, unless advised due to a local outbreak
- From 16 August, children under the age of 18 years and 6 months will no longer be required to self-isolate if a close contact
- Educational settings will no longer undertake contact tracing and this will move to NHS Test and Trace
- On the return to school in September, all secondary school children will undertake 2 lateral flow tests in school, and continue to undertake twice weekly at home testing until the end of September
- Rigorous infection control measures should continue, including good hygiene, ventilation and cleaning

A [Contingency Framework](#) for education and childcare settings, which outlines additional measures that can be implemented in the event of a large outbreak. Settings will continue to be supported as needed, on a case by case basis to stand up necessary actions, and in consultation with relevant partners.

In practice, this means that from the start of the new academic year in September, school life should look and feel much more 'normal' for pupils, staff and parents and carers. The County Council Public Health Service and School Relationships Service are continuing to provide access to advice, support and guidance to education sector leaders to support the successful return to school of all children from September. This includes support for schools to do all that is reasonably practical to ensure the health, safety and welfare of all staff and students.

The GCSE and A-level exam results period is always a stressful time for both pupils and their parents and carers, however the conditions created by the coronavirus pandemic have exacerbated the strain. This includes for teachers who had the responsibility of undertaking exam assessments this year which put a lot of pressure on their shoulders. We do not underestimate how demanding the coronavirus pandemic has been for the education community – students, parents and teachers. In addition to encouraging all to recharge over the Summer holidays, we have widely publicised the range of free and confidential wellbeing support available: [Mental wellbeing - Healthy Surrey](#).

While schools have been closed over the summer holidays, Surrey's early years providers remain open providing year-round childcare for our youngest children.

Many holiday camps also sprang into life, supporting tens of thousands of children over the summer holidays. This includes the hugely successful Club4 Holiday Activities and Food programme that Surrey County Council organised under the government-funded national scheme. Aimed at our most disadvantaged children – those receiving benefit-entitled free school meals and children with additional needs – these holiday camps provided enriching learning activities, play and nutritious meals for thousands of Surrey children. They may also have an important role in easing the transition back into school this September for children who may have been most disadvantaged by the pandemic.

Family Economic Hardship

Surrey County Council has secured money from the Contain Outbreak Management Fund to support poverty initiatives, to help with some of the challenges people will face as government support interventions come to a collective end this autumn. We are currently talking to a range of Surrey stakeholders to gather thoughts on what they might be worried about, what types of interventions might make a difference (preferably focusing on root causes rather than mitigations), where there might be opportunities to connect, build upon or amplify great work already ongoing in this area.

A cross-Surrey working group looking at fuel poverty has been meeting since March, looking at specific actions to assist those struggling in this area. To date, the group have started a range of activities to raise awareness, simplify the communications about where to get advice for winter 2021, set up a philanthropic fund, and started pilot schemes (e.g. smart meters). Work continues to look at where new strands of national support could be channelled in the county.

SCC with all Surrey District & Borough Councils are working together on housing poverty for those experiencing multiple disadvantages. Work is already underway on a third sector contracting model, acquiring social work support to liaise with housing departments, psychology training to support outreach teams, and a successful Changing Futures Fund award to improve systems & services for people with multiple disadvantages.

Work also continues to identify new funds (or new applications of existing funds) to support solutions-focused activity and resourcing around those residents most exposed to financial hardship without recourse to assistance.

Change in CAMHS / Mental Health contract

Recent NHS data shows that the Covid 19 pandemic and resulting lockdowns have led to an increase in poor mental health issues for children and young people (CYP). For CYP in Surrey, the Emotional, Wellbeing and Mental Health (EWMH) Services prioritise reducing backlogs, improving access and waiting times and mobilising a new service.

Reducing Backlogs

In December 2020, 1512 children and young people were confirmed to be on the backlog for the neurodevelopmental pathway and a focused action plan was put in place.

By July 21, there have been some significant improvements:

- 99.3% of the CYP have completed or are over halfway through their diagnostic process for assessment.
- With only 0.7% of children and young people being at the early stages of the diagnostic pathway.
- 59% of children have completed the process of a full ASD assessment.

July Access and Advice and Waiting Times

A focused response on backlogs has been in place and in June 21 the EWMH Access and Advice Delivery Group began prioritising backlogs created with routine cases, i.e. those CYP identified as low mood/struggling. There were 970 CYP identified, with a plan put in place to reduce this by end of September. By July:

- 34% (334) were allocated to CAMHS Community Teams for initial conversations.
- 46% (450) to Eikon (Third Sector Partner) for initial conversations.
- 19% (186) to be allocated for initial conversations.

Mobilising the new services

The new delivery approach has begun with early intervention co-ordinators and work is in place to ensure joined up, effective procedures are in place across Building Resilience (Third Sector offer), the School-Based Needs and Mental Health Support Teams.

Reaching Out has started to provide support for the most isolated and vulnerable children and young people with positive feedback from Pupil Referral Units on the approach, particularly the Occupational Therapy input.

Intensive Interventions for CYP continue to be provided through Community Eating Disorders Service or via Community CAMHs.

Care Experience Services and STARS has continued to provide direct support and upskill Early Intervention teams to ensure these children who have experienced the care system or sexual trauma are provided with support as early as needed.

Crisis Team continues to support children and young people who present with high-risk behaviour and helps avoid Emergency Department (A&E) attendance or acute hospital admission or support the pathway from hospital admission supporting the CYP directly into the community.

Development of respite/crisis community provision for CYP with ASD and Learning Disabilities as part of the Surrey Children's Crisis Intensive Support Service has begun.

Feedback continues to be positive about the service model and the direction of travel in terms of implementation.

6. Challenges

The following areas have been identified as key challenges which are summarised below. These are documented within the risk register:

- New VOCs pose a threat to the system by potentially placing extra demand on capacity and may require re-direction of resources impacting Public Health planning/response to pressure on wider system and incident management and control.
- There is an ongoing risk relating to capacity – for example within the Public Health Intelligence and Insight Team due the volume of data analysis required for COVID data monitoring, surveillance and reporting.

7. Timescale and delivery plan

- Delivery of the Local Outbreak Management Plan is ongoing and will be required throughout the COVID-19 pandemic.

8. How is this being communicated?

- The communications strategy to support the Local Outbreak Management Plan is led by Surrey County Council Communications and Engagement Department in conjunction with system partners in the MIG (Local Resilience Forum Multi Information Group).
- A plan for ongoing communications for all Surrey residents, as well as focused communications during outbreaks, is in place. In addition, the process for notifying partners as per the Escalation Framework (internal/external) is outlined in the Communications Plan/Protocol.

9. Next steps

Next steps include:

- Continue to review and update the Local Outbreak Management Plan on a monthly basis.
- Continue to monitor COVID-19 data and surveillance.
- Continue to drive delivery of the Local Outbreak Management Plan through Surrey Heartlands Integrated Care System (ICS) Resilience & EPRR Board.

- Adapting any local protocols that support the high-risk settings in the Local Outbreak Management Plan to reflect new national guidance and learning.
- Continue to assess risks and implement mitigating actions.
- Continue to monitor the capacity and budget as the external environment changes e.g. changing COVID-19 situation, national policy changes, etc.

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