

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 Local Outbreak Management Plan

2. Executive summary

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

3. Recommendations

The LOEB is asked to:

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

4. Reasons for Recommendations

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

5. Detail

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

5.1 National update

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

5.2 Local Outbreak Management Plan

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

5.1.1 COVID-19 Response: Autumn and Winter Plan 2021

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

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

5.1.2 Introduction of Plan B measures

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

5.1.3 Lifting of Plan B Measures

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

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

5.1.4 Changes to testing and self-isolation guidance

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

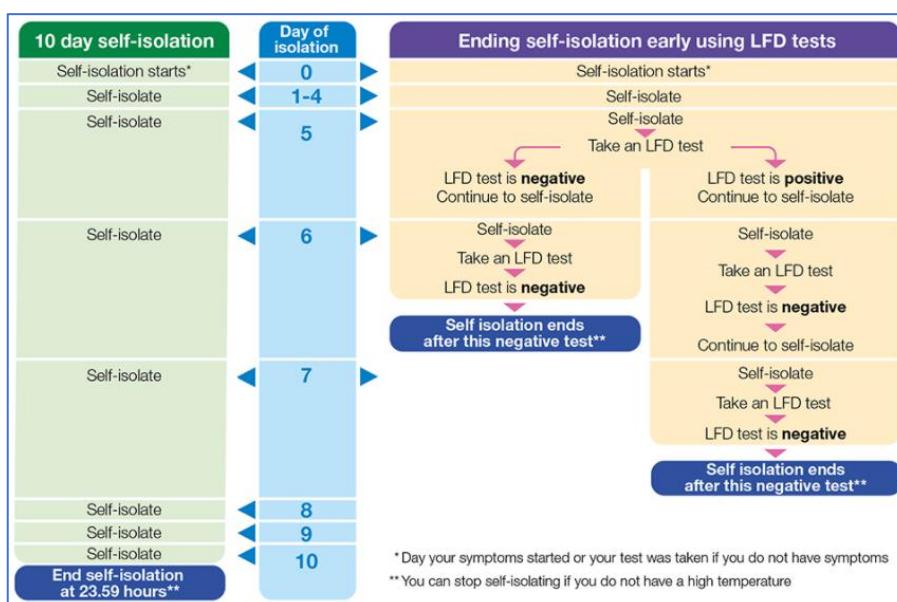
There are some exceptions to this approach and certain groups still require a confirmatory PCR following a positive LFD result:

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

purpose. If they have not received a PCR test kit, they can [arrange to have a PCR test](#).

3. People who are taking LFD tests as part of research or surveillance programmes, and the programme asks them to take a follow-up PCR test.
4. People who have a positive day 2 LFD test result [after they arrive in England](#)¹

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



Anyone who ends their self-isolation period before 10 full days, is strongly advised:

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

5.2 Local Outbreak Management Plan

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

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

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

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

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

5.2.1 COVID-19 Vaccination Programme

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

Surrey Heartlands CCG

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

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

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

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

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

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

Frimley Health and Care ICS

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

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

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

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

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

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

Evergreen Offer and Phase 3 – Addressing Inequalities

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

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

Vaccination as a Condition of Deployment (VCOD)

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

5.2.2 COVID-19 Testing

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

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

SYMPTOM-FREE TESTING

Targeted Community Testing

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

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

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

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

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

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

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

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

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

Other ways to access symptom-free testing

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

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

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

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

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

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

SYMPTOMATIC TESTING

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

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

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

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

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

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

5.2.3 Local Contact Tracing

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

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

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

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

5.2.4 High Risk Settings

Education

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

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

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

Testing and close contacts

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

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

Vaccinations

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

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

Data

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

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

Additional needs and attendance

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

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

Support for children/families with a free school meal entitlement

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

Universities

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

Care Homes

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

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

Outbreaks

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

COVID-19 infection rate

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

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

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

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

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

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

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

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

5.2.5 (COVID-19) Community Champions

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

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

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

The main objectives of the agreements with these organisations are:

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

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

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

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

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

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

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

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

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

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

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

5.2.6 Variants of Concern

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

5.2.7 Managed Quarantine Service

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

5.2.8 Initial accommodation, dispersal accommodation and bridging hotels

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

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

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

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

Enforcement update - provided by Surrey Police:

Operation Apollo

Surrey Police's continued response to the Coronavirus Pandemic



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

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

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

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

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

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

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

6. Challenges

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

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

7. Timescale and delivery plan

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

8. How is this being communicated?

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

9. Next steps

Next steps include:

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

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