

**MINUTES** of the meeting of the **SURREY LOCAL OUTBREAK ENGAGEMENT BOARD** held at 2.00 pm on 17 February 2022, remotely via Microsoft Teams.

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

**Members:**

(\*Present)

Joanna Killian  
 Tim Oliver  
 \* Ruth Hutchinson  
 \* Sinead Mooney (Chairman)  
 \* Clare Curran  
 \* Karen Brimacombe  
 \* Annie Righton  
 \* Cllr Mark Brunt (Vice-Chairman)  
 Cllr Chris Sadler  
 Dr Charlotte Canniff  
 \* Sue Sjuve  
 Dr Pramit Patel  
 Gavin Stephens  
 Lisa Townsend  
 Dr Priya Singh  
 Louise Punter  
 \* Rebecca Pritchard

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

**1/22 APOLOGIES FOR ABSENCE [Item 1]**

Apologies were received from Gavin Stephens and Dr Charlotte Canniff.

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

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

**3/22 DECLARATIONS OF INTEREST [Item 3]**

There were none.

**4/22 INFORMAL QUESTION TIME [Item 4]**

**a Members' Questions [Item 4a]**

None received.

**b Public Questions [Item 4b]**

None received.

**5/22 ACTION TRACKER [Item 5]**

**Witnesses:**

None

**Key points raised in the discussion:**

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

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

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

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

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

**RESOLVED:**

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

**Actions/further information to be provided:**

None.

**6/22 COVID-19 SURVEILLANCE UPDATE [Item 6]**

**Witnesses:**

Dr Naheed Rana - Public Health Consultant, Surrey County Council

Ruth Hutchinson - Director of Public Health, Surrey County Council  
Lorna Hart - Covid Vaccination Programme Director, Surrey Heartlands Integrated Care Service

**Key points raised in the discussion:**

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

trends and outliers within Surrey could be picked up and areas with higher rates and lower first dose uptake could be targeted.

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

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

**RESOLVED:**

The Board noted the verbal update and presentation.

**Actions/further information to be provided:**

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

**7/22 COVID-19 COMMUNICATIONS PLAN UPDATE [Item 7]**

**Witnesses:**

Abi Pope - Senior Communications Manager - COVID-19 Communications Lead, Surrey County Council

Ruth Hutchinson - Director of Public Health, Surrey County Council

**Key points raised in the discussion:**

1. The Senior Communications Manager - COVID-19 Communications Lead (SCC) noted:
  - that since the last Board meeting and the emergence of Omicron, Surrey had some of the highest rates in the country and the highest rates seen throughout the past two years and so the Communications team (SCC) reverted back to the brightly coloured chevron alerts and continued to do geo-targeting.

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

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

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

**RESOLVED:**

That the Board noted the activity outlined in the report.

**Actions/further information to be provided:**

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

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

**Witnesses:**

Ruth Hutchinson - Director of Public Health, Surrey County Council

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

Fiona Harris - Public Health Consultant, Surrey County Council

Caroline Chapman - Senior Public Health Contact Tracing Lead, Surrey County Council

Adam Letts - Public Health Lead, Surrey County Council

Negin Sarafraz-Shekary - Public Health Principal, Surrey County Council

Yazmin Castillo Munoz de Hodgson - Project Support Officer - Public Health - Community Champions, Surrey County Council

**Key points raised in the discussion:**

*National Update*

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

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

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

### *Covid-19 Vaccination Programme*

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

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

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

*Karen Brimacombe left the meeting at 2.56 pm.*

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

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

#### *Covid-19 Testing Programme*

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

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

### *Local Contact Tracing*

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

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

*High risk settings:*

- *Education and Early Years Settings*

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

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

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

- *Care Homes*

10. The Public Health Principal (SCC) noted:

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

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

## *Community (Covid-19) Champions*

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

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

**RESOLVED:**

The Board:

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

**Actions/further information to be provided:**

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

**9/22 DATE OF NEXT MEETING [Item 9]**

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

Meeting ended at: 3.41 pm

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**Chairman**

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