

## Surrey Local Outbreak Engagement Board

### 1. Reference Information

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

### 2. Executive Summary

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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

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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 Board members' own organisations and areas of influence.

### 4. Reasons for Recommendations

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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: Living with COVID-19

5.1.2 Timeline for removing domestic restrictions

5.1.3 New and updated COVID-19 guidance

### 5.2 Local Outbreak Management Plan

5.2.1 COVID-19 Intelligence

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5.2.7 COVID-19 community champions

5.2.8 Variants of concern

#### 5.1.1 COVID-19 Response: Living with COVID-19

On 21 February 2022, the Government published the national [Living with COVID-19 plan](#). The Government's objective in the next phase of the COVID-19 response is to enable the country to manage COVID-19 like other respiratory illnesses, while minimising mortality and retaining the ability to respond if a new variant emerges with more dangerous properties than the Omicron variant, or during periods of waning immunity, that could again threaten to place the National Health Service (NHS) under unsustainable pressure.

The document sets out how the Government has and will continue to protect and support citizens by enabling society and the economy to open more quickly than many comparable countries; using vaccines and supporting the NHS and social care sector. It also sets out how England will move into a new phase of managing COVID-19.

#### 5.1.2 Timeline for removing domestic restrictions

The timeline for removing all remaining domestic restrictions is outlined below:

Date	Details
From 21 February	<ul style="list-style-type: none"> <li>Guidance on twice weekly asymptomatic testing in most education settings was removed</li> </ul>
From 24 February	<ul style="list-style-type: none"> <li>The <b>legal requirement</b> to self-isolate following positive test was removed and replaced with <a href="#">new public health guidance</a></li> <li>Routine contact tracing ceased</li> <li>Self-isolation support payments ended</li> <li><a href="#">The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations</a> were revoked</li> </ul>

<b>From 24 March</b>	<ul style="list-style-type: none"> <li>COVID-19 provisions within statutory sick pay and employment and support allowance regulations ended</li> </ul>
<b>From 1 April</b>	<ul style="list-style-type: none"> <li>The recommendation to use the NHS COVID Pass in certain settings was discontinued</li> <li>Free symptomatic and asymptomatic universal testing for the general public in England ended</li> </ul>

### 5.1.3 New and updated COVID-19 guidance

On 1 April, the UK Health Security Agency (UKHSA) published new and updated guidance to support the next stage of the COVID-19 pandemic. As set out in the government's [Living with COVID-19 plan](#), the focus of this new phase is on protecting those who are most at risk from the virus. NHS Living with COVID-19 testing guidance was also published in line with new UKSHA guidance on 30 March.

Details of new and updated COVID-19 guidance is provided below:

Audience	Guidance	Summary
<b>Everyone</b>	<ul style="list-style-type: none"> <li><a href="#">Living safely with respiratory infections, including COVID-19</a></li> </ul>	This guidance highlights how the general public can reduce the spread of COVID-19 and other respiratory infections and protect those at highest risk
<b>People with symptoms of a respiratory infection including COVID-19, or a positive test result for COVID-19</b>	<ul style="list-style-type: none"> <li><a href="#">People with symptoms of a respiratory infection including COVID-19</a></li> </ul>	This guidance highlights: <ul style="list-style-type: none"> <li>Actions people can take to protect others if they are unwell with symptoms of a respiratory infection, including COVID-19, and have not taken a test for COVID-19</li> <li>Advice for people who have taken a COVID-19 test and have received a positive test result</li> </ul>
<b>Businesses, organisations and employers</b>	<ul style="list-style-type: none"> <li><a href="#">Reducing the spread of respiratory infections, including COVID-19, in the workplace</a></li> </ul>	This guidance provides public health principles for reducing the spread of respiratory infections, including COVID-19, in the workplace
<b>People previously considered clinically extremely vulnerable</b>	<ul style="list-style-type: none"> <li><a href="#">Guidance for people previously considered clinically extremely vulnerable from COVID-19</a></li> </ul>	This guidance has been updated for those people previously identified as CEV, advising them that they should now <a href="#">follow the same guidance as the general public</a> on staying safe and preventing the spread of coronavirus (COVID-19)

<p><b>People who are immunosuppressed</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Guidance for people whose immune system means they are at higher risk</a></li> </ul>	<p>This guidance provides information for immunosuppressed individuals on:</p> <ul style="list-style-type: none"> <li>o keeping safe</li> <li>o eligibility for additional COVID-19 vaccine doses</li> <li>o eligibility for new NHS COVID-19 treatments if you become infected</li> </ul>
<p><b>Childcare and education settings</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Health protection in education and childcare settings</a></li> </ul>	<p>This guidance provides a practical guide for staff on managing cases of infectious diseases in schools and other childcare settings.</p>
<p><b>Adult social care settings</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Coronavirus (COVID-19) testing in adult social care</a></li> <li>• <a href="#">Infection prevention and control: resource for adult social care</a></li> </ul>	<p>This guidance sets out:</p> <ul style="list-style-type: none"> <li>o the current testing regime across adult social care</li> <li>o Infection, Prevention and Control (IPC) principles for adult social care settings in England</li> </ul>
<p><b>NHS testing guidance for patients and staff</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Living with COVID-19 – testing update</a></li> </ul>	<p>This guidance outlines NHS testing regimes for patients (inpatients in a healthcare setting, patients on admission to a healthcare setting, and patients in the community), and NHS staff</p>
<p><b>Healthcare settings</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Managing healthcare staff with symptoms of a respiratory infection or a positive COVID-19 test result</a></li> </ul>	<p>This guidance provides advice on the management of patient-facing healthcare staff who have symptoms of a respiratory infection including COVID-19, or a positive test result for COVID-19</p>
<p><b>Visitors to prison</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Visiting someone in prison</a></li> </ul>	<p>This guidance provides information and guidance about visiting someone in prison in England</p>
<p><b>Anyone using the NHS COVID Pass to demonstrate COVID-19 status</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Using the NHS COVID Pass to demonstrate COVID-19 status</a></li> </ul>	<p>This guidance provides information on how to use the NHS COVID Pass to demonstrate coronavirus (COVID-19) status when travelling abroad or at venues or events in the UK that request it as a condition of entry</p>

<p><b>UK visa applicants and temporary UK residents</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">COVID-19 advice for UK visa applicants and temporary UK residents</a></li> </ul>	<p>This guidance provides advice for visa customers and applicants in the UK, visa customers outside of the UK and British nationals overseas who need to apply for a passport affected by travel restrictions associated with coronavirus</p>
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**5.2 Local outbreak management plan (LOMP)**

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 a substantial reduction in the transmission of the Omicron variant throughout February, Surrey’s COVID Management Group (CMG) was stood down on 1 March 2022. Surrey Heartlands Integrated Care System (ICS) Emergency Preparedness, Resilience and Response (EPRR) Board resumed on 9 March for continued oversight and management of the pandemic response.

Surrey’s [COVID-19 Local Outbreak Management Plan](#) (version 16) was published on 2 March to reflect the new [Living with COVID-19 plan](#). A detailed review of the Local Outbreak Management Plan (LOMP) is now underway to incorporate all new and updated guidance published on 1 April, as described above.

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

**5.2.1 COVID-19 Intelligence**

Following the end to free universal symptomatic and asymptomatic testing for the general public in England on 1 April 2022, recorded cases were no longer a reliable measure of COVID-19 cases in the community. Prior to this date, the recorded cases were the main data source used to provide regular, in-depth surveillance of COVID-19 cases in Surrey.

[COVID-19 surveillance](#) by the public health team is now predominantly focussed on modelled cases studies, hospitalisations, and deaths. The ONS infection survey release regular data updates which are reviewed by the Public Health Intelligence Team and provide surveillance of the estimated prevalence of COVID-19, including breakdowns by both age and region. The team continue to monitor the weekly surveillance reports published by UKHSA and ad-hoc data reports from other studies which aim to model the prevalence of COVID-19, such as [SIREN and Vivaldi](#).

**5.2.2 COVID-19 vaccination programme**

Surrey’s vaccination programme is designed to be flexible to deliver on the Joint Committee on Vaccination and Immunisation (JCVI) guidance, focusing on key priority population groups as required, whilst continuing to provide the ‘evergreen offer’ for anyone not yet vaccinated.

**Surrey Heartlands**

Information on Surrey Heartlands Clinical Commissioning Group (CCG) COVID-19 Vaccination Programme is available [here](#).

As of 5 April 2022, Surrey Heartlands CCG have delivered over 2.1 million COVID-19 vaccinations. This consists of 789k first doses, 729k second doses, 599k booster doses and 22k second dose boosters. Booster vaccination uptake in those aged 16 years and over is currently 86% which is higher compared to the South-East regional average (85.1%). Second dose booster vaccinations are at 17.4% in Surrey Heartlands compared to 17.1% in the South-East region. 68% of children aged 12-15 years have now received their first vaccination, and 94.7% of eligible immunosuppressed people have taken up the third dose vaccination.

Surrey Heartlands CCG is now focusing on delivery of their 2022/23 phase one plan. This includes the spring booster for people aged over 75 years and the vaccination offer for all 'well' children aged 5-11 years. Delivery of the 'evergreen offer' and outreach plans continue, as does phase two planning, in line with the equalities plan. The following areas are of immediate focus:

- Equality and outreach planning – £126k of additional spend on targeted outreach until end of June 2022, following a successful bid to the NHS England and NHS Improvement (NHSEI) regional team. This includes outreach in hard-to-reach areas and planning for vaccination delivery in new refugee hotels and in areas requiring translation/community support
- Spring booster – Care home plans are in place and delivery has been initiated. Housebound and roving vaccination services are underway for all areas except Guildford and Waverley where work is being undertaken with Primary Care Networks (PCNs) to ensure cohort coverage following federation withdrawal from enhanced service contract
- Vaccination for Clinically Extremely Vulnerable (CEV) children and young people aged 5-17 years – Delivery of School Aged Immunisation Service (SAIS) plan for vaccinations within Surrey's special schools from April 2022 for first dose (5-11 years) and second dose (12-17 years)
- Vaccination for all children aged 5-11 years. Where possible, the CCG is sourcing additional site capacity due to some sites being fully booked. National roll out of letters to parents regarding the vaccination commencing 8 April, with local communications already provided

### ***Frimley Health and Care***

Information on the Frimley Clinical Commissioning Group (CCG) COVID-19 vaccination programme is available [here](#).

As of 5 April 2022, Frimley ICS has delivered over 1.64 million COVID-19 vaccinations. This consists of 585k first doses, 556k second doses and 479k booster doses. Work has commenced on delivery of the Spring Booster Programme and vaccinations for children aged 5-11 years. Frimley ICS has already completed nearly 20% of eligible spring boosters. In addition:

- 84% of people aged 16 years and over have received a booster dose
- 66% of children aged 12-15 years have received a vaccination (26K first doses, 16K second doses)
- Uptake among 'at-risk' aged 5-11 years has been low (10%), despite invitations made by PCNs and support from SAIS teams for special schools. This issue is

also seen in other systems; Frimley ICS aims to increase uptake via the offer to all aged 5-11 years

- 87% of eligible immunosuppressed people have taken up the third dose vaccination, and 55% have received their second dose booster. Frimley ICS continue to offer the full course to all eligible people
- 91% of people on GP Learning Disability registers have received a vaccination, and 89% have received their booster dose. GPs continue to reach out to people with learning disabilities, involving local community learning disability services for support with complex cases

The following areas are of immediate focus from Frimley ICS:

- Vaccination for all children aged 5-11 years (from early April)
- Spring booster for:
  - adults aged 75 years and over
  - residents in a care home for older adults
  - individuals aged 12 years and over who are immunosuppressed, as defined in the Green Book
- Vaccination for unvaccinated individuals and those who have recently become eligible, including:
  - at risk aged 5-11 years
  - children and young people aged 12-15 years
  - newly 'at risk' groups, such as those who are pregnant
  - eligible severely immunosuppressed and their families or households
- Continuous community engagement to improve confidence and promote uptake supported by appropriate access to vaccination
- Contingency plans to rapidly increase capacity if needed (e.g., following a new Variant of Concern)

In-reach vaccination for pregnant women at Wexham Park Hospital has recently been set up, to address relatively low uptake among this group and will consider any need for similar provision at the Frimley Park site. Hospital-based clinics for people with significant allergies who have been triaged by Frimley Health NHS Foundation Trust's immunology team are also being run.

### **Addressing Inequalities in vaccination uptake**

Surrey's vaccination [Equality Impact Assessment](#) has underpinned the approach to communications and engagement of under-served communities and those with lowest confidence in, or access to, the vaccination programme. The strategic approach to addressing inequalities in uptake of vaccinations 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 and Traveller (GRT) community, asylum/migrant, mental health, survivors of domestic abuse, sex workers and homeless) and the engagement and communications group (Black, Asian and minority ethnic groups, health and social care workforce and maternity). Vaccination uptake by geography and demographics are reviewed fortnightly which informs targeted communications and community engagement approaches. The ten [Middle Super Output Areas](#) (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 Co-ordinator who supports the GRT community, homeless, women's refuges and asylum/refugees to uptake the vaccination.

Learning from insights gathered throughout the programme have continued to inform the equalities needs assessment, operational models and communications planning. Confidence in the vaccination was the initial focus of the engagement work and communications. Underserved communities in the MSOAs with the lowest uptake continue to report transactional costs for accessibility (including physical access challenges and complex social challenges). Community outreach workers continue to work with communities to support them to address these barriers in partnership with council and local healthcare providers. Community pharmacies continue to play an increasingly important role in ensuring vaccine accessibility.

### 5.2.3 COVID-19 Testing Programme

Nationally, [free testing for COVID-19 ended](#) for most people in England on 31 March 2022. From the 1 April 2022 free testing services closed at pharmacies, test sites, community collection points and schools, nurseries and universities.

Should members of the public still want to get tested and are not eligible for a free NHS test, they must pay for a COVID-19 test. Information on [finding and choosing a private COVID-19 test provider](#) was published on 6 April.

There are a small number of people who will still be able to access free COVID-19 tests from the NHS:

- Those with a health condition which means they are eligible for new COVID-19 treatments
- Those who are going into hospital for surgery or a procedure
- Those who work in the NHS or in social care

Locally, Surrey's COVID-19 Testing Programme was previously in place to provide a coordinated and partnership-led symptomatic and symptom-free testing in Surrey, enabling residents to have high quality, timely and accessible COVID-19 testing services and information, aligned with national testing programmes and best practice. The testing programme continues to work closely with the UKHSA as new guidance is published, providing advice and guidance to different settings, as well as members of the public.

### Symptom-free testing

Locally, Surrey has provided symptom-free testing, specifically aimed to target under-represented and disproportionately impacted groups through the Targeted Community Testing (TCT) service. This service was operational from July 2021 to March 2022. Over this period, LFDs were distributed by Agile Testing Units (ATU) and via community partners such as community pharmacies, community outreach providers and asylum settings. Assisted testing was also offered in some settings.

As outlined in the table below, the targeted community testing programme distributed 728,000 boxes of test kits during the nine-month period when it was operational. This



amounts to over five million Lateral Flow Tests reaching targeted groups of residents (and some health and care staff) in Surrey:

Distribution of boxes and tests across the Targeted Community Testing Service in Surrey July 2021 – March 2022		
Distribution model	Number of Lateral Flow Device <u>boxes</u> distributed*	Total number of Lateral Flow <u>tests</u> distributed
Agile Testing Unit (ATU)	639,800	4,478,600
Health and Care staff	50,000	350,000
'Door to door'	23,000	161,000
Mutual Aid**	10,000	210,000
Assisted testing	5,300	37,100
<b>Total</b>	<b>728,100</b>	<b>5,236,700</b>

\* Each box contains 7 test kits

\*\* These were boxes which contained 21 test kits, distributed to Health and Social Care settings for staff and service users.

### Symptomatic testing

Regional test sites, local test sites, and via mobile testing units provided symptomatic testing. These were operational until 30 March 2022. Surrey's testing programme also supported certain settings, such as prisons and other high-risk settings with symptomatic PCR testing and testing support during outbreaks of COVID-19.

#### 5.2.4 Local contact tracing

Both local and national contact tracing ended on 24 February 2022. The UKHSA Health Protection Team (HPT) continues to complete a small amount of enhanced contact tracing which is supported by Environmental Health Officers (EHOs) when required. Learning from local contact tracing is being captured and will be used if contact tracing needs to be stood up again.

Surrey's Customer Services Team (which previously delivered local contact tracing) are due to trial roll out of vaccine confidence calls, commencing 29 April. They will initially be supporting a GP Surgery in Elmbridge where data indicates the patient population has the lowest COVID-19 vaccination uptake and the highest number of immunosuppressed patients. The results of this trial will be closely monitored.

#### 5.2.5 Education and early years

Since the beginning of the pandemic, children and young people have presented in schools with a wide range of additional needs attributed to the disruption to learning, social interactions and family life. Since then, Surrey's education settings have been dynamic to adapt and respond to the needs of their children and young people. Surrey education and early years settings have had access to local authority public health support throughout different stages of the pandemic, alongside specialist support from the UKSHA to implement strict COVID-19 protective measures in line

guidance. This guidance (now withdrawn) included introduction of ‘class bubbles’, face coverings, contact tracing, social distancing, and regular testing.

There was a gradual shift in government priorities as education settings returned to delivering high-quality face-to-face education and begun easing their proactive public health measures as vaccinations were delivered and case rates stabilised. Education settings are clear that the pandemic is not over yet, and we all still need to act cautiously. As a result, the focus for education and childcare settings will be their baseline public health safe behaviour measures. These include:

- good respiratory (catch coughs and sneezes in tissues and dispose of as soon as possible)
- hand hygiene (washing hands including after using the toilet and before eating)
- environmental cleaning, ventilation and use of outdoor spaces, and vaccination of those eligible

The operational guidance and Contingency Framework for education settings have now been withdrawn and education settings are expected to now follow guidance on [health protection in schools and other childcare facilities](#), updated 5 April 2022. This guidance should be considered alongside guidance for [people with symptoms of a respiratory infection including COVID-19](#). The updated guidance contains six key chapters, including:

1. Introductions to infections
2. Infection prevention and control
3. Public health management of specific infectious disease
4. Actions in event of outbreak or incident (including when to contact UKHSA)
5. Immunisations
6. Educational visits

In addition, the guidance also provides an [exclusion table](#) which outlines the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage. If a child is unwell and has a temperature, they are advised to stay home, and can go back to education if well enough and they have no temperature. If a child tests positive for COVID-19, they must stay off school for at least three more days after the positive test.

With the continuation of high levels of community infection, there is still likely to be transmission within educational settings. Going forward, this means that COVID-19 will be a virus that education and early years settings learn to manage and strive to prevent – just as they would with any other infectious disease, such as flu or norovirus.

In Surrey, schools can still reach out directly to their named Area School Officer if they have concerns, and where appropriate, a supportive meeting can be convened to discuss specific measures or concerns relating to a particular setting. The Department for Education (DfE) COVID-19 helpline is also still available (but will become the ‘DfE incident support’ helpline), and UKHSA’s health protection teams will still respond to outbreaks in specific settings which meet the criteria for additional support.

Regular routine asymptomatic testing is no longer recommended in any education setting. Residential Special educational needs and disabilities (SEND) settings are currently the only educational setting where outbreak testing can continue under the direction of UKHSA health protection teams. Residential SEND settings may be advised by their local health protection team (UKHSA) to re-introduce some time-limited asymptomatic testing. This would be an exceptional measure for targeted groups of staff and pupils or students (secondary age or above) in the event of a possible COVID-19 outbreak. These settings are scheduled to receive an automatic delivery of contingency supply test kits required for outbreak management.

## 5.2.6 Care homes

On 4 April 2022, Living with COVID-19 guidance relating to [care home testing and infection prevention and control](#) was released.

The public health team have completed an initial review of the new guidance and circulated this to appropriate stakeholders. The care homes COVID-19 outbreak oversight group continues to meet weekly to review current COVID-19 outbreaks in care homes and co-ordinate the system response.

Public health work closely with UKSHA to receive details on daily care home 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 6 April 2022) within care home settings is outlined below:

### Outbreaks in care homes:

- Care home outbreaks peaked mid-March when there were approximately 24 per week. This has now decreased to around 13 per week
- Positive tests among residents in care homes peaked in the week of 27 December 2021. Since December there has been reduction in positive tests and there is now a similar number of positive tests among care home staff and residents

### COVID-19 infection rate in care homes:

- PCR testing – 5.59% (248 positive tests out of 4,435 - 125 of which were residents)
- Lateral flow testing – 2.33% (584 positive tests out of 25,045 - 61 of which were residents)

### COVID-19 vaccination in care homes:

The following information has been extracted from Surrey's [COVID-19 Intelligence Summary Report](#) and provides data on COVID-19 vaccinations in care homes between 8 December 2020 and 27 March 2022:

Older Adult Care Homes (residents aged 65 years and over) – Residents							
Area	Total number of residents	Number of eligible residents vaccinated - First dose	Percentage of eligible residents vaccinated - First dose	Number of eligible residents vaccinated - Second dose	Percentage of eligible residents vaccinated - Second dose	Number of eligible residents vaccinated - Booster dose	Percentage of eligible residents vaccinated -Booster dose
England	315,636	303,240	96.1%	301,272	95.4%	283,445	89.8%
South-East	56,891	54,817	96.4%	54,468	95.7%	51,377	90.3%
Surrey	8,825	8,535	96.7%	8,504	96.4%	8,127	92.1%
Older Adult Care Homes (residents aged 65 years and over) - Staff							
Area	Total number of residents	Number of eligible residents vaccinated - First dose	Percentage of eligible residents vaccinated - First dose	Number of eligible residents vaccinated - Second dose	Percentage of eligible residents vaccinated - Second dose	Number of eligible residents vaccinated - Booster dose	Percentage of eligible residents vaccinated -Booster dose
England	461,325	440,961	95.6%	438,152	95.0%	245,537	53.2%
South-East	84,197	79,937	94.9%	79,443	94.4%	46,892	55.7%
Surrey	13,648	12,814	93.9%	12,724	93.2%	7,051	51.7%

Younger Adult Care Homes (residents aged under 65) - Residents							
Area	Total number of residents	Number of eligible residents vaccinated - First dose	Percentage of eligible residents vaccinated - First dose	Number of eligible residents vaccinated - Second dose	Percentage of eligible residents vaccinated - Second dose	Number of eligible residents vaccinated - Booster dose	Percentage of eligible residents vaccinated -Booster dose
England	35,341	33,231	94.0%	32,649	92.4%	28,688	81.2%
South-East	6,428	6,096	94.8%	5,969	92.9%	5,188	80.7%
Surrey	709	683	96.3%	665	93.8%	632	89.1%
Younger Adult Care Home (residents aged under 65) - Staff							

Area	Total number of residents	Number of eligible residents vaccinated	Percentage of eligible residents vaccinated	Number of eligible residents vaccinated	Percentage of eligible residents vaccinated	Number of eligible residents vaccinated	Percentage of eligible residents vaccinated
		- First dose	- First dose	- Second dose	- Second dose	- Booster dose	- Booster dose
England	85,326	81,149	95.1%	80,651	94.5%	41,809	49.0%
Surrey	2,314	2,142	92.6%	2,121	91.7%	1,063	45.9%

### 5.2.7 COVID-19 community champions

Information regarding the new and updated Living with COVID-19 guidance has been cascaded to community champions and their networks. Work between public health, boroughs and district councils and voluntary organisations is ongoing and coordinated via Surrey’s COVID-19 community champions steering group. Collaboration between organisations and partners involved in the programme is facilitated via the county-wide webinar. This is a valuable forum for sharing information, learning and best practice relating to COVID-19 and other key health and wellbeing topics. The programme is continuing to help build trust and empower minority groups to access key public health information and support effective feedback mechanisms. An evaluation plan to assess the impact and outcomes of the programme is being developed. Planning is now underway for the next phase of delivery which will involve transitioning the focus of the programme from COVID-19 to addressing general health and wellbeing topics including mental health, smoking, alcohol, physical activity and obesity.

### 5.2.8 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](#). 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.

### Covid-19 Police Pressures Update - provided by Surrey Police:

#### Operation Apollo

Surrey Police’s continued response to the Coronavirus Pandemic

Surrey Police’s Operation Apollo, our response to Covid, has been scaled back and is in a monitoring position. This is in line with the National Police Chief’s Council position which has significantly reduced its response plans in recent months.



Since the last report we have shared and implemented the new national guidelines to follow which were published on April 1.

Despite the easing of restrictions we have seen increases in absence rates due to the spread of the Omicron variant, however there have also been more recent signs

of this easing off. As of April 7 there were 21 officers and staff of sick with Covid, with a further 9 self-isolating. The number of officers and staff off work with general sickness has now risen back to pre-Covid levels.

Aside from the above mentioned absence rates, we are not seeing any additional specific Covid demands placed upon the force at the time of writing.

Nationally there has been limited media interest in payment of Covid Fixed Penalty Notices. This followed the NPC releasing a summary of the data covering fines issued and those that were paid. Further detail can be found on this via:

<https://news.npcc.police.uk/releases/update-on-coronavirus-fpens-issued-by-forces-in-england-and-wales-and-the-payment-of-fpens>

## **6. Challenges**

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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 (for example standing testing back up), impacting public health and wider system partners.
- The ending of free universal testing provision. Disproportionately impacted groups (DIGs) and underrepresented groups (URGs) may not be able to access testing in the future exacerbating health inequalities.
- The Government has confirmed any remaining Contain Outbreak Management Fund (COMF) 2020-21 can be carried forward into the next financial year (April 2022 onwards), however funding may not be sufficient if, for example, testing needed to be stood up again.
- 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**

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

## **8. How is this being communicated?**

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

## 9. Next steps

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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.
- Continue to drive delivery of the LOMP via 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.

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