

The cover page features a white background with large, dark blue abstract shapes. On the left, a thick blue curved line starts from the top and curves downwards. On the right, a large, rounded blue shape extends from the top edge. The text is positioned in the lower-left quadrant of the white space.

Surrey COVID-19

Local Outbreak Management Plan

16 May 2023

Contents

- Foreword.....4
- Section A – Context..... 5
 - 1.0 Introduction..... 5
 - 2.0 National Context..... 5
 - 3.0 Legal Context 6
 - 4.0 Local Context 6
 - 5.0 Trigger of the Plan..... 6
- Section B – Tackling COVID-19 as a System 8
 - 6.0 Governance, Assurance and Oversight..... 8
- Section C – Managing COVID-19 - Surveillance..... 10
 - 7.0 Surveillance..... 10
- Section D – Living with COVID-19 - Preventing and Reducing Transmission 12
 - 8.0 Testing..... 12
 - 9.0 Contact Tracing..... 12
 - 10.0 Vaccinations..... 12
 - 11.0 Variants of Concern 14
 - 12.0 Living with COVID-19 – Care Homes (Adult) 14
 - 13.0 Living with COVID-19 – Care Homes (Children) 15
 - 14.0 Living with COVID-19 – Education Settings 15
 - 15.0 Living with COVID-19 – Prisons and Other Prescribed Places of Detention 16
 - 16.0 Living with COVID-19 – Workplaces including Tourist Attractions and Faith Settings..... 17
 - 17.0 Living with COVID-19 – Healthcare Settings..... 17
 - 18.0 Living with COVID-19 – Major Transport Hubs 17
 - 19.0 Tackling Inequalities – Welfare and Financial Support..... 18

- 20.0 Tackling Inequalities – Homeless Communities 18
- 21.0 Tackling Inequalities – Asylum Seekers and Refugees..... 18
- 22.0 Tackling Inequalities – Ethnic Minority Communities 19
- 23.0 Tackling Inequalities – Gypsy, Roma and Traveller (GRT) Communities 19
- 24.0 Tackling Inequalities - Action to Reduce Transmission 20
- Section E – Communication and Engagement..... 21
 - 25.0 Public Health Messages..... 21
 - 26.0 Community Engagement..... 21
- Section F – Appendices 23
 - 27.0 Version Control 23
 - 28.0 Glossary of Terms 24
 - 29.0 List of Figures..... 24

Foreword

COVID-19 has had a profound impact on people's lives in Surrey and across the world. Three waves of COVID-19 have precipitated three national lockdowns since March 2020 and over 185,000 people have lost their lives. But now we have effective vaccines and are [Living with COVID-19](#).

The Surrey Local Outbreak Management Plan has been updated to reflect how we learn to live safely with COVID-19, as one of many respiratory diseases.

Each of us is responsible for our personal decisions around safe behaviours such as getting fully vaccinated, letting fresh air in when meeting others indoors, practising good hygiene such as hand washing, cleaning surroundings and covering our nose and mouth when coughing or sneezing; and considering when to wear face coverings. If we feel unwell with respiratory infection symptoms we are advised to stay at home and avoid contact with other people.

Businesses and institutions continue to be supported with national guidance on reducing the spread of respiratory infections in the workplace. The voluntary and faith sectors provide practical and wellbeing support to their local communities. Public sector bodies work together to support their communities with for example, services providing vaccinations.

The plan includes:

- The national, legal and local context which we operate within
- The governance structures where decisions are made
- The surveillance system that provides COVID-19 data to help inform service needs and support local decision makers
- Preventing and reducing transmission of COVID-19 through vaccinations, dealing with variants, living with COVID-19 in specific settings, and tackling inequalities

- Communications and engagement with the public, our communities, partners, and national bodies

As government guidance is updated this plan will be reviewed.

Section A – Context

1.0 Introduction

We are updating the Surrey Local Outbreak Management Plan (LOMP) to reflect the changing face of the pandemic in England.

On 21 February 2022 the government published the [COVID-19 response: Living with COVID-19](#) which outlined the removing of legal restrictions while protecting people most vulnerable to COVID-19 and maintaining resilience. It also reflected the improved treatments and availability of effective vaccines.

2.0 National Context

In December 2022, the UK Health Security Agency (UKHSA) provided local authorities with the 'COVID-19 Contingency Plan for UKHSA'. This plan recognises that vaccines remain the first line of defence in response to COVID-19 and is based on the principles of:

- Taking a flexible outcomes-led approach
- Planning for a broad range of potential response options
- COVID-19 is likely to one of many pressures facing health and social care services in autumn/winter 2022-23

In the event of a serious COVID-19 surge, the UKHSA response options would focus on additional communications, guidance and testing. If the most serious scenario develops such as a dangerous vaccine-evasive variant, then decisions would be made at ministerial level, including whether local partners would need to provide active support.

Guidance that remains in place includes:

- [Living safely with respiratory infections, including COVID-19](#) - how the general public can reduce the spread of COVID-19 and other respiratory infections and protect those at highest risk (updated 16 June 2022)
- [People with symptoms of a respiratory infection including COVID-19](#) - highlighting 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; advice for people who have taken a COVID-19 test and have received a positive test result (updated 10 June 2022)

- [Reducing the spread of respiratory infections, including COVID-19, in the workplace](#) - public health principles for reducing the spread of respiratory infections, including COVID-19, in the workplace (updated 10 June 2022)
- [Guidance for people whose immune system means they are at higher risk](#) – for immunosuppressed individuals on keeping safe, eligibility for additional COVID-19 vaccine doses, and eligibility for new NHS COVID-19 treatments if they become infected (updated 30 January 2023)
- [Health protection in children and young people settings, including education](#) - for staff on managing a range of infections and minimising disruption (updated 13 February 2023)
- [Coronavirus \(COVID-19\) testing for adult social care services](#) (updated 15 December 2022) and [Infection prevention and control: resource for adult social care](#) - sets out the current testing regime across adult social care and Infection, Prevention and Control (IPC) principles for adult social care settings in England
- [Living with COVID-19 – testing update](#) - 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
- [Managing healthcare staff with symptoms of a respiratory infection or a positive COVID-19 test result](#) - 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

3.0 Legal Context

The legal context for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits with:

- UK Health Security Agency (UKHSA) under the Health and Social Care Act 2012
- Directors of Public Health (DPH) under the Health and Social Care Act 2012
- Chief Environmental Health Officers (EHO) under the Public Health (Control of Disease) Act 1984 and suite of Health Protection Regulations 2010 as amended
- NHS Clinical Commissioning Groups (CCG) to collaborate with DPH and UKHSA to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- Other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004

The Coronavirus Act 2020 enacted on 25 March 2020 contained a suite of powers and temporary provisions to enable the public sector to respond to the pandemic. Some powers are permanent to enable transitional arrangements for when temporary provisions expire, or to reinstate some provisions should they be needed again. The majority of temporary provisions within the Act expired on 25 March 2022.

The powers contained in the suite of [Health Protection Regulations 2010](#) as amended remain in place. These powers sit with district and borough council environmental health teams to protect the public's health from infectious diseases and environmental hazards.

4.0 Local Context

4.1 Overview of Surrey County and the health needs of its residents

In October 2022, Surrey County published a comprehensive summary of the people and place of Surrey via a Surrey Context Joint Strategic Needs Assessment chapter. The chapter provides background and contextual information about the current population and projections, as well as exploring the components of population change, life expectancy, leading causes of mortality and the wider determinants of health such as deprivation, employment, access to greenspace, rural and urban areas, pollution, and air quality in the two key interactive dashboards:

- 'Surrey population tableau dashboard'
- 'Surrey place tableau dashboard'.

The chapter is the primary resource to understand the demography and health and social care needs of our communities in Surrey.

The resource and all dashboards are accessible [here](#).

5.0 Trigger of the Plan

The Surrey LOMP will be triggered if the most serious scenario develops such as a dangerous vaccine-evasive variant, where decisions at ministerial level include activating local partner support.

5.1 Aims of the Local Outbreak Management Plan

Our plan aims to:

- Effectively prevent and manage outbreaks of COVID-19 in specific settings e.g. care homes
- Support a safe living with COVID-19 for residents, businesses and visitors

- Rapidly stand up local partners should a ministerial level request to support the response to a dangerous vaccine evading variant occur

5.2 Objectives of the Local Outbreak Management Plan

The objectives are to:

- Prevent and respond rapidly to outbreaks of COVID-19 in specific settings, as evidence by data and health intelligence
- Rapidly reflect on and adapt to lessons learnt during the management of outbreaks
- Have a robust oversight and assurance process for the prevention and management of outbreaks of COVID-19
- Ensure the highest possible uptake of the vaccination offer by our residents and tackle hesitancy

Section B – Tackling COVID-19 as a System

6.0 Governance, Assurance and Oversight

6.1 Surrey’s health and care landscape

The health and social care landscape in Surrey is complex and evolving. This includes:

- A Voluntary, Community and Faith sector
- 2 Integrated Care Systems (ICS)
- 5 Place-Based Partnerships
- 127 GP practices organised into 24 Primary Care Networks (PCNs)
- 209 community pharmacies providing NHS services
- 11 District and Borough Councils
- 5 acute hospital trusts
- 3 providers of NHS Community services
- 1 mental health trust
- 424 CQC registered care homes

6.2 System governance

Figure 1 provides an overview of the COVID-19 multiagency response structures at national, regional and local level across Surrey. This is a complex structure involving the health system (Department of Health and Social Care (DHSC), NHS England (NHSE), Frimley ICS and Surrey Heartlands ICS), UKHSA, and Department for Levelling Up, Housing and Communities (DLUHC) including Surrey Local Resilience Forum (LRF).

Figure 1 – COVID-19 multiagency response structures overview

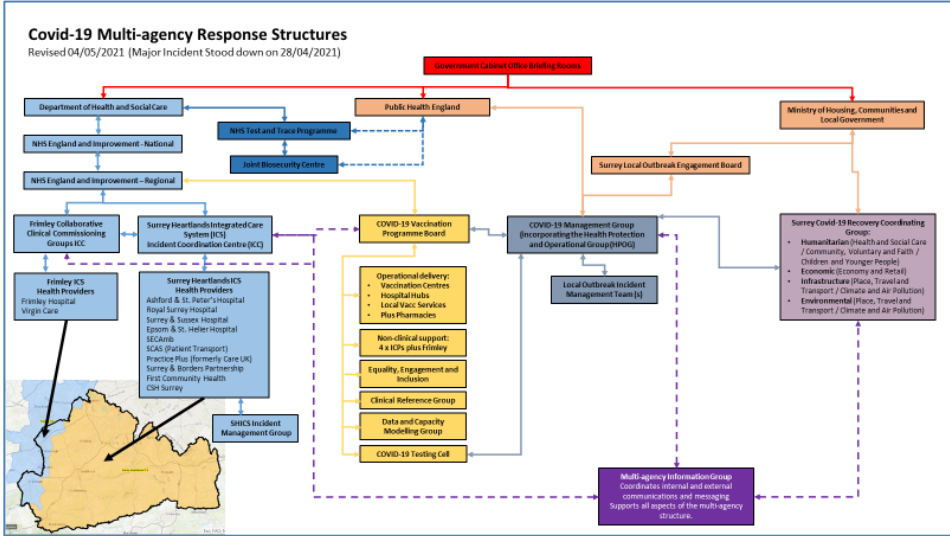
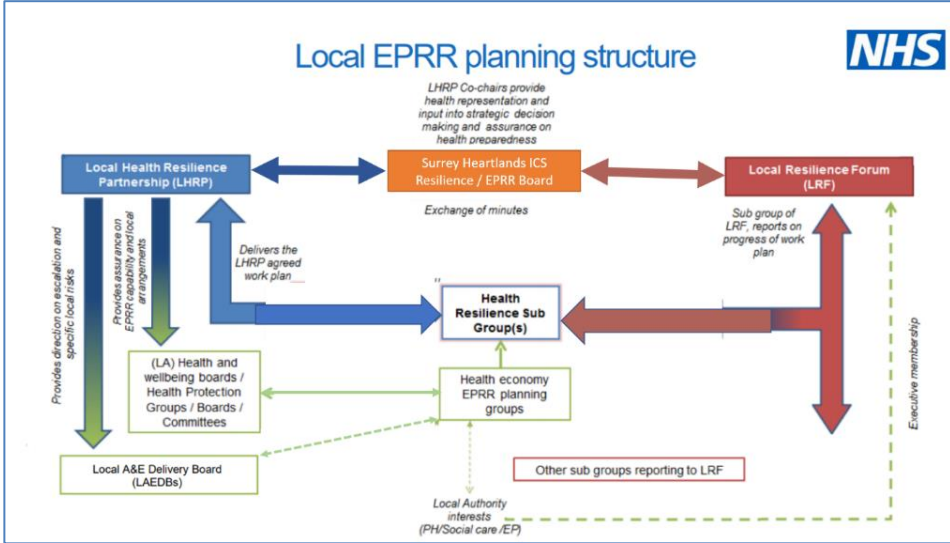


Figure 2 shows Surrey’s Emergency Preparedness, Resilience and Response (EPRR) planning structure and provides an overview of the relationship between Surrey Heartlands ICS Resilience and EPRR Board and the local system partnerships, including Surrey’s Health and Wellbeing Board, the Local Health Resilience Partnership (LHRP) and the LRF.

Figure 2 – Local EPRR planning structure



6.3 Surrey Local Outbreak Engagement Board

The [Surrey Local Outbreak Engagement Board](#) (LOEB) was a member-led public facing oversight board in place throughout the pandemic. The LOEB was a sub-committee of the Surrey Health and Wellbeing Board and its primary role was to have oversight of the Surrey LOMP, outbreak response, resource allocation, and to provide direction and leadership for community engagement. The final meeting of the LOEB took place on 21 April 2022.

6.4 Surrey Local Resilience Forum

The [Surrey Local Resilience Forum](#) (LRF) has now stood down from a Major Incident due to the COVID-19 outbreak. The partners of the LRF continue to work collaboratively in the Surrey COVID-19 Recovery Co-ordinating Group, to provide support to the partners of the forum in supporting the needs of Surrey residents, covering humanitarian, economic, infrastructure and environmental aspects.

6.5 Surrey Heartlands Integrated Care System (ICS) Resilience and EPRR Board

Since September 2021 the Surrey Heartlands ICS Resilience and EPRR Board provides assurance and oversight of the ICS resilience and continuing pandemic response. This includes the strategic management and oversight of the Surrey LOMP which now covers the programmes for vaccination, testing, Personal Protective Equipment (PPE), Infection Prevention and Control (IPC), Long COVID, and data.

6.6 Testing governance

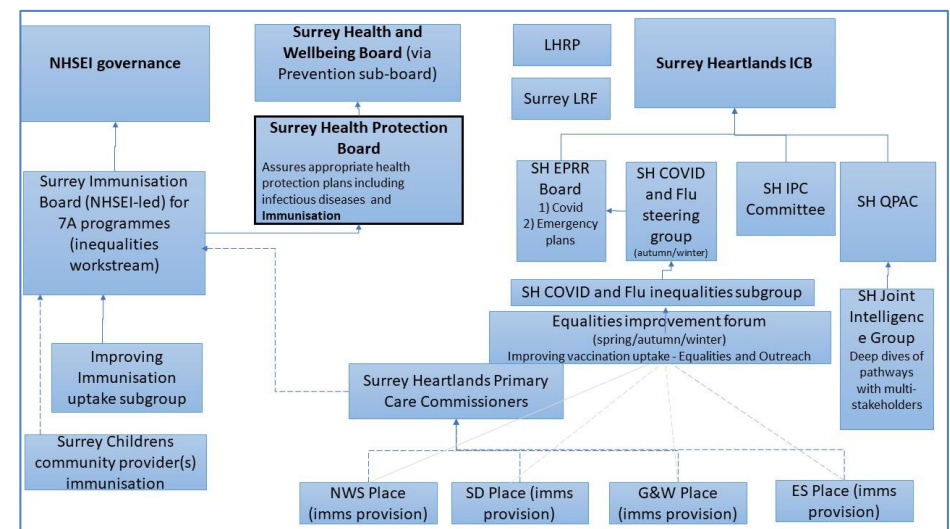
The Testing Operational Group was stood down on 31.03.22. Should regular routine testing be required again in the future, this will be reported directly to the SH ICS Resilience and EPRR Board.

6.7 Vaccination governance

The national COVID-19 vaccination programme follows the prioritisation guidance issued by the Joint Committee on Vaccinations and Immunisations (JCVI).

Reporting to the Surrey Heartlands ICS Resilience and EPRR Board; the Equality, Engagement and Inclusion Group is chaired by the Director of Public Health and oversees the equity of vaccination uptake across Surrey (Figure 12). This group has wide representation from across the partnership including GP Federation, Equality, Workplace, Communications and Engagement leads, and has three task delivery groups to ensure that Convenience, Confidence and Complacency are understood and addressed in under-represented groups.

Figure 3 – Vaccination governance in Surrey



Section C – Managing COVID-19 - Surveillance

7.0 Surveillance

COVID-19 surveillance by the Public Health Team is now predominantly focussed on vaccination uptake, care home outbreaks, hospitalisations, and deaths.

The level of surveillance and monitoring is continuously reviewed to ensure it is in line with national guidance and prioritisation.

7.1 Data objectives

Some COVID-19 data is still accessed by the Surrey County Council (SCC) Public Health Intelligence Team (see section 7.2). It continues to be used for monitoring COVID-19 burden in Surrey, in line with 'Living with COVID-19'. Specifically to:

- Identify epidemiological patterns in the South East of England (and where possible Surrey) to refine understanding of current trends in the prevalence of COVID-19
- Inform targeting of communication interventions
- Identify outbreaks in care homes and provide regular updates of cases in care homes to Care Home Leads
- Consolidate the latest COVID-19 vaccination data and share with system colleagues to identify areas or communities with lower uptakes

7.2 Data sources

The SCC Public Health Intelligence Team continues to utilise the following data sources for surveillance and monitoring purposes:

7.2.1 Reports and datasets provided by UKHSA:

- Power BI COVID-19 Situational Awareness Explorer Portal, with the following datasets used or accessed regularly:
 - COVID-19 Positive Cases
 - Vaccination data

- HPZone data on institutional outbreaks

7.2.2 Reports and dataset provided by Surrey Local Registry Office:

- Local registry deaths data including details of COVID-19 related deaths, age, sex and place of death occurrence.

7.2.3 Reports and datasets provided by SCC Adult Social Care: Vaccination uptake for residents and staff of care homes.

Reported by dose type.

7.2.4 Open-source datasets:

- [GOV.UK dashboard](#) provides data on cases, deaths, testing, hospitalisations, vaccinations, and deaths
- [NHS COVID-19 Vaccination Statistics](#) provide breakdowns of vaccinations by dose, age group, gender, ethnicity, and geographical area. Data also includes uptakes of vaccinations in care home residents and staff.
- [NHS COVID-19 Hospital Activity](#) contains an analysis of reported COVID-19 admissions and diagnoses by age band
- UKHSA National COVID_19 and Flu Surveillance Reports provide information on COVID-19 prevalence, hospitalisation, deaths, variants and vaccinations
- UKHSA provides information on variant cases, with a [distribution of variant cases](#) available weekly and [Technical briefings](#) published weekly/fortnightly
- [ONS mortality data](#) releases include analysis and insight into COVID-19 and other deaths. A weekly dataset [Death registrations and occurrences by local authority and health board](#) provides provisional counts of the number of deaths involving coronavirus (COVID-19) by local authority in the latest weeks for which data are available.

7.3 Data reports and meetings

The SCC Public Health Team, SCC Public Health Intelligence Team and Surrey Heartlands ICS have responsibility for ensuring the intelligence needed to support the 'Living with COVID-19' is

sourced and provided in appropriate formats for different groups in the LRF.

The Public Health team continues to provide COVID-19 surveillance reports for meetings which they support and for specific audiences as follows:

7.3.1 COVID-19 surveillance

- Audience – Public Health, Health Protection team
- Report - Once a fortnight meeting with focus on hospitalisations
- Meeting – Health Protection Incidents and outbreaks meeting

7.3.2 COVID-19 and Flu Vaccinations

- Audience – Public Health, Surrey Heartlands ICS and Frimley ICS colleagues
- Report – Monthly summary of vaccination uptake, with a particular focus on the latest seasonal boosters. Includes reporting by equity variables such as age, gender, ethnicity, location and deprivation. Separate report produced every three weeks focussing on equalities and breakdowns of uptakes at small geographies
- Meeting – COVID-19 Vaccinations Equalities Group

7.3.3 Deaths with COVID-19 on death certificate

- Audience - Death management and Community care cell colleagues, Surrey Heartlands ICS
- Report - Monthly data and analysis of deaths based on local registry data. Including summaries of excess deaths, COVID-19 and non-COVID-19 related deaths, by age, sex and place of death occurrence

Surrey Heartlands ICS provides a weekly Surveillance Report, which is circulated by the EPRR Team to the Strategic Incident Management (SIM) Group.

Surrey Heartlands ICS have mature IG co-operation arrangements including an ICS IG lead. Surrey Heartlands ICS and SCC have set up systems with partners for recording and delivering data-sharing agreements and data workflows.

7.4 Local weblinks

- [Surrey COVID Intelligence Report - County Council \(surreycc.gov.uk\)](https://surreycc.gov.uk)

Section D – Living with COVID-19 - Preventing and Reducing Transmission

8.0 Testing

8.1 Current position

The public should continue to follow public health [guidance](#) to protect themselves and others. The Government advises everybody with [symptoms or a positive test](#) to try to stay at home and avoid contact with others - especially those whose [immune system means that they are at higher risk of serious illness, despite vaccination](#).

COVID-19 tests are no longer free for most people. [Some people can still get free COVID-19 rapid lateral flow tests](#) from the NHS. Tests are available for people who have a health condition which means they are eligible for COVID-19 treatments or may be available to people who are going into hospital or work in healthcare or adult social care

8.2 National weblinks

- [Testing for coronavirus \(COVID-19\) - NHS \(www.nhs.uk\)](#)
- [COVID-19: guidance for people whose immune system means they are at higher risk - GOV.UK \(www.gov.uk\)](#)
- [Infection prevention and control in adult social care: COVID-19 supplement - GOV.UK \(www.gov.uk\)](#)
- [Coronavirus » Living with COVID-19 – testing update \(england.nhs.uk\)](#)
- [Coronavirus \(COVID-19\) testing for hospices - GOV.UK \(www.gov.uk\)](#)

8.3 Local weblinks

- [Coronavirus - Official information and advice - Surrey County Council \(surreycc.gov.uk\)](#)

9.0 Contact Tracing

9.1 Current position

Contact tracing ended on 23 February 2022 and a closing report for the contact tracing programme has been produced.

10.0 Vaccinations

10.1 Current position

The operation of the COVID-19 Vaccination Programme in Surrey is supported by three operational delivery functions as follows:

10.1.1 COVID-19 and Flu Inequalities Subgroup

- Review and use of Equality Impact Assessment (EIA) to provide insights and working plans adopted by the system
- To respond to requirements from the National Equalities board on Outreach Programme
- Develop strategies specific to population needs and vaccination resistance
- Ensure seldom heard groups are supported to make informed decisions and be vaccinated and support improved access to information and services through geographically targeted community outreach leads
- Re-instate vaccination behavioural insights informed outreach vaccination confidence calls for areas of low geographical uptake (Autumn 2023)
- Develop communication channels to respond to low uptake
- Lead all modelling, data collection and routine reporting associated with the programme including penetration across different population demographics to reduce health inequalities

10.1.2 Flu and COVID-19 Steering Group (Autumn/Winter)

- Lead all modelling, data collection and routine reporting associated with the programme including penetration across different population demographics to reduce health inequalities
- Develop capacity planning models .

- Strong links with regional and national modelling teams
- Support future capacity planning to include second dose and changes to sites/run rates.
- Ensure all IT systems links and outstanding issues are resolved to ensure robust data collection
- Develop flu and COVID-19 vaccine co-administration models
- Work closely with the other workstream leads to determine current and future capacity
- Highlight any key risks related to estate capacity which could impact on vaccination delivery
- Identify new opportunities to extend, renew or bring on additional site capacity
- Work with partner organisations and vaccination providers to address any logistical issues
- Identify other support required to ensure optimum site delivery

10.1.3 Equalities Improvement Forum (Spring/Autumn/Winter)

- Advice and guidance on all aspects of clinical training and governance
- Lead all modelling, data collection and routine reporting associated with the programme including penetration across different population demographics to reduce health inequalities (will drive decisions on providers to be used)
- Advice and guidance on vaccine administration and management
- First point of escalation at system level for any clinical incidents associated with the programme and identification of trends and training needs
- Where necessary, working with national and regional teams
- Support the clinical model development
- Identification of and delivery of vaccinations to key population cohorts as released by the JVC I
- Develop and support implementation of operating model to new cohorts

- Work closely with other workstreams to ensure sufficient delivery capacity is brought into play to meet each target cohort for both first and second dose
- Ownership for the capacity planning model and oversight of required estate

10.2 Current advice on vaccinations

The JCVI advice (January 2023) outlined the groups that should be offered vaccination during Spring and Autumn 2023 campaigns. Cohorts eligible for vaccination are set out in the Green Book. Primary course COVID-19 vaccination will become a targeted offer only to those at higher risk of severe disease. Additionally, the government has accepted the JCVI advice of vaccinating babies and children 6 months to 4 years old who are in a clinical risk group.

As per NHSE guidance, the COVID-19 Vaccination Programme can access an Access & Inequalities fund for the delivery of Spring Booster Vaccinations 2023. Confirmation on the availability of Access & Inequalities funding aligned to an Autumn/Winter 2023/24 campaign is awaited. In addition, emergency surge vaccine responses may be required should a novel variant of concern emerge with clinically significant biological differences compared to the Omicron variant.

Both the strategic and operational resources required to deliver the programme are being reviewed.

10.3 National weblinks

- [JCVI statement on the COVID-19 vaccination programme for 2023: 8 November 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/jcvi-statement-on-the-covid-19-vaccination-programme-for-2023)
- [NHS England » COVID-19 vaccination programme: Vaccination of 6 months to 4 year olds in a clinical risk group](https://www.nhs.uk/conditions/covid-19/vaccination-programme/)
- [Statistics » COVID-19 Vaccinations \(england.nhs.uk\)](https://www.statistics.gov.uk/covid-19-vaccinations)

10.4 Local weblinks

- [Covid-19 vaccination programme - ICS \(surreyheartlands.org\)](https://www.surreyheartlands.org/covid-19-vaccination-programme-ics)
- [COVID-19 Vaccination | Frimley Health and Care](https://www.frimleyhealthandcare.nhs.uk/covid-19-vaccination)

11.0 Variants of Concern

11.1 Current position

UKHSA are continuing efforts to understand the effect of the variants on vaccine efficacy. UKHSA [technical briefings](#) provide detailed variant surveillance analyses which contribute to the variant risk assessments and designation of new SARS-CoV-2 variants.

The Surrey LRF Surge and Targeted Testing Framework details the arrangements that have previously been deployed in the event of a Variant of Concern or Variant under Investigation that requires a multiagency response.

Should a serious scenario develop, such as a dangerous, vaccine-evasive variant, Ministers may consider asking local partners to provide active support to the response, and what resources they would need to enable that.

11.2 National Weblinks

- [Investigation of SARS-CoV-2 variants: technical briefings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/investigation-of-sars-cov-2-variants-technical-briefings)
- [Tracking SARS-CoV-2 variants \(who.int\)](https://www.who.int/news-room/feature-stories/tracking-sars-cov-2-variants)

12.0 Living with COVID-19 – Care Homes (Adult)

12.1 Current position

A Care Homes Outbreak Oversight Group remains in place to provide a single forum to enable oversight of current outbreaks including COVID-19 in care homes, and to co-ordinate the system response to support care homes by proactively

identifying and addressing any issues. The group seeks assurance that IPC key measures are in place and, where gaps are identified, put in place actions to address these. The group maintains a risk and issues log and ensures that action is underway to reduce any risks.

Eligible health and social care providers can order PPE through the national portal to meet the increased need that has arisen as a result of the COVID-19 pandemic. [PPE portal: how to order COVID-19 personal protective equipment \(PPE\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/ppe-portal-how-to-order-covid-19-personal-protective-equipment-ppe)

Appropriate testing of COVID and flu continues and residents (and staff) have an evergreen offer to take up first second and third vaccinations.

Care home residents and staff will continue to be tested regularly in line with [COVID-19 testing in adult social care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/covid-19-testing-in-adult-social-care)

SCC's Public Health Team shares information about registered services with CQC. There is increased system pressure (due to care home and home care workforce capacity and hospital bed capacity) to enable discharges. Where required, the Public Health Team will provide advice and support to care homes with residents who are medically fit to be discharged from hospital.

12.2 National weblinks

- [Managing healthcare staff with symptoms of a respiratory infection or a positive COVID-19 test result - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/managing-healthcare-staff-with-symptoms-of-a-respiratory-infection-or-a-positive-covid-19-test-result)
- [Infection prevention and control: resource for adult social care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/infection-prevention-and-control-resource-for-adult-social-care)
- [COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care)
- [National specifications for cleanliness: care homes](https://www.gov.uk/government/consultations/national-specifications-for-cleanliness-care-homes)

13.0 Living with COVID-19 – Care Homes (Children)

13.1 Current position

Advice to children's homes is managed via SCC Children's Resources Team and Care Home Service Managers, but all government guidance has now been withdrawn.

Outbreaks of COVID-19 are reported directly to UKSHA Surrey Sussex Health Protection Team (HPT) by the children's home. UKSHA lead on clinical advice, managing the outbreak and will hold an Incident Management Team (IMT) if necessary, referring to the SCC Public Health Team as appropriate.

All frontline social care staff are encouraged to have up to date COVID-19 and flu vaccinations (unless medically exempt).

All children's homes should have in place measures for handwashing, good respiratory hygiene, cleaning, ventilation and PPE (only where appropriate). All children's residential homes have appointed IPC champions to support audit of the environment, hand washing and recently acquired UV training kits to support compliance.

13.2 National weblinks

- [Children's homes and health care: registration with Ofsted or CQC - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/childrens-homes-and-health-care-registration-with-ofsted-or-cqc)

14.0 Living with COVID-19 – Education Settings

14.1 Current position

Surrey Education and Early Years settings continue to have access to local authority public health support. Schools can reach out directly to their named Area School Officer (ASO) if they have concerns. The DfE has a generic 'incident support' helpline and an email to contact for advice and support.

Previous COVID-19 operational guidance and contingency framework has been withdrawn and Education settings should continue to prioritise delivering high-quality face-to-face

education with focus on baseline public health measures outlined in the updated [Health protection in education and childcare settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-protection-in-education-and-childcare-settings) guidance. This guidance contains seven key chapters including information on infection prevention and control, outbreak management, when to contact UKHSA, and an 'exclusion' criteria table with advice on how long to stay away from school if infectious. Surrey education settings are aware of and should continue to follow this updated guidance.

Key Public Health messaging should continue to be endorsed including; good respiratory hygiene (catch coughs and sneezes in tissues and dispose of as soon as possible) and hand hygiene (washing hands including after using the toilet and before eating), environmental cleaning, ventilation and use of outdoor spaces where possible and appropriate, and vaccinations for those eligible (see Surrey Heartlands [Covid-19 vaccination programme - ICS](https://www.surreyheartlands.org.uk/covid-19-vaccination-programme-ics) for further information).

An example of a recent key public health messaging project is a series of IPC articles, action cards and kits to assist lesson planning for 305 schools (January 2023); and IPC training sessions for early years settings and child minders (December 2022).

14.2 National weblinks

- [Health protection in education and childcare settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-protection-in-education-and-childcare-settings)

14.3 Local weblinks

- [Covid-19 vaccination programme - ICS \(surreyheartlands.org\)](https://www.surreyheartlands.org.uk/covid-19-vaccination-programme-ics)

15.0 Living with COVID-19 – Prisons and Other Prescribed Places of Detention

15.1 Current position

Established procedures are in place to manage outbreaks in prisons and other prescribed places of detention, linking with Health and Justice teams in NHSE, and Her Majesty's Prison and Probation Service (HMPPS) Health and Social Care.

Support to ensure COVID-specific interventions are in place has been provided through NHSE Health/Justice lead.

Every prison has a local outbreak plan that they work to and prisons are well informed and each prison has access to the relevant support with regards to outbreak planning to prevent and manage a COVID outbreak. DPH is alerted as soon as outbreak is declared and involved along with relevant Prison/Healthcare staff in planning local response.

A suite of Health Exceptional Delivery Models (EDM) has been developed jointly with NHS England and NHS Improvement (NHSEI) and UKHSA, in conjunction with policy and operational colleagues. Each establishment has created healthcare plans for every element of healthcare delivery that is relevant to their population need, based on the guidance in the respective Health EDM. The EDMs are as follows:

- Primary Care
- Secondary Care
- Mental Health and Substance Misuse Services
- Medicines management
- Dental

Each establishment's EDM has been agreed by NHSEI Senior Commissioning Managers and UKHSA before approval has been granted at HMPPS Gold command. All level 3 EDMs for health care have been approved in all the Surrey Prisons which means reduced health care services have resumed.

Staff vaccination rates are variable across the prisons as staff do not have to be vaccinated nor need to declare their vaccine status to their employer. Prisoner vaccination has been rolled-out to all appropriate cohorts following JCVI recommendations. Prisons have undertaken work on vaccine hesitancy, following a reluctance in vaccine uptake by specific groups i.e. Ethnic Minorities.

All prisons have a Health Resilience Lead, responsible for the covid response.

The regional NHSE Health and Justice lead is a member of the Surrey Health Protection group and has been providing support with regards to the testing pathway for hospital admissions and symptomatic prisoners.

EIA's have been produced by each prison for each stage of the prison recovery regime progression.

15.2 National weblinks

- [HM Government/NHSE - National Partnership Agreement for Prison Healthcare in England - Workplan \(2018/2021\)](#)
- [HM Government/NHSE - Multi-agency contingency plan for the management of outbreaks of communicable diseases or other health protection incidents in prisons and other places of detention in England - Second edition 2017](#)
- [PHE and Ministry of Justice \(MoJ\) guidance / Preventing and controlling outbreaks of COVID-19 in prisons and places of detentions. Last updated in September 2021](#)

16.0 Living with COVID-19 – Workplaces including Tourist Attractions and Faith Settings

16.1 Current position

The [Reducing the spread of respiratory infections, including COVID-19, in the workplace](#) guidance is for employers, workforce managers (of both paid staff and volunteers) and people who are managing a workplace or organisation. The information will help them to understand how to reduce the spread of respiratory infections such as COVID-19 and flu in the workplace. This is especially important if there are people in the workplace whose immune system means they are at higher risk of serious illness from COVID-19.

While there is no longer a requirement for all employers to explicitly consider COVID-19 in their statutory health and safety risk assessments, it is important that as a business, organisation or an employer they continue to comply with their legal obligations relating to health and safety, employment and equality duties which are enforced by Environmental Health and HSE.

16.2 National weblinks

- [Reducing the spread of respiratory infections, including COVID-19, in the workplace - GOV.UK \(www.gov.uk\)](#)

16.3 Local weblinks

- [Coronavirus - Information and advice - Surrey County Council \(surreycc.gov.uk\)](#)

17.0 Living with COVID-19 – Healthcare Settings

17.1 Current position

All NHS settings follow the COVID guidance at [Coronavirus \(england.nhs.uk\)](#).

The NHS runs a command and control system that has evolved with the pandemic and includes daily system calls and Surrey

oversight at the Surrey Heartlands ICS Resilience and EPRR Board. All NHS providers stand up/down their command and control systems as required. If there is another peak in COVID-19 cases, escalation processes are in place within organisations.

17.2 National weblinks

- [Coronavirus \(england.nhs.uk\)](#)
- [Coronavirus » Ambulance trusts \(england.nhs.uk\)](#)
- [Coronavirus » Infection prevention and control \(IPC\) \(england.nhs.uk\)](#)
- [Policies & Procedures :: Surrey and Borders Partnership NHS Foundation Trust \(sabp.nhs.uk\)](#)

18.0 Living with COVID-19 – Major Transport Hubs

18.1 Current position

From 5 January 2023, different rules apply to people [travelling from mainland China](#).

People travelling from all other countries and territories do not need to complete a UK passenger locator form before they travel, take any COVID-19 tests or quarantine when they arrive in England. This applies whether they are vaccinated or not. It includes people who are transiting through England. Anyone arriving in the UK should follow [public health guidance on how to stay safe and prevent the spread of Coronavirus while in the UK](#)

People travelling abroad from England are advised to check the [foreign travel advice](#) for entry requirements of the countries they are visiting or travelling through. Any tests that are required must be from a private provider (NHS tests cannot be used). Where proof of vaccination status is required, the [NHS COVID Pass](#) can be used.

18.2 National weblinks

- [Travel to England from another country during coronavirus \(COVID-19\)](#)
- [Guidance on travelling abroad](#)
- [Using the NHS COVID Pass to demonstrate COVID-19 status - GOV.UK \(www.gov.uk\)](#)
- [COVID-19: guidance for providers of accommodation for asylum seekers - GOV.UK \(www.gov.uk\)](#)

19.0 Tackling Inequalities – Welfare and Financial Support**19.1 Current position**

The demand for specific covid related support no longer exists and the Surrey Community helpline is now a general welfare, financial and wellbeing support service focusing on the current cost of living crisis. [The Household Support Fund](#) has been extended to 31 March 2023 and is administered by District & Borough council partners but again the funding is now related to current economic hardship with a particular focus on rising energy costs.

19.2 National weblinks

- [Household Support Fund: final guidance for County Councils and Unitary Authorities in England - GOV.UK \(www.gov.uk\)](#)

19.3 Local weblinks

- [Health and welfare support - Surrey County Council \(surreycc.gov.uk\)](#)
- [Surrey Crisis Fund - Surrey County Council \(surreycc.gov.uk\)](#)

20.0 Tackling Inequalities – Homeless Communities**20.1 Current position**

All settings are now being advised to follow the good practice infection prevention and control measures to continue to limit the spread of the virus. In addition information has been shared with settings to ensure awareness of how to continue to access testing where their staff or residents are included within the prioritised groups as outlined in national guidance.

These prioritised testing groups include those working in the community with homeless persons either through housing providers or local outreach teams. As previously those staff working in these settings will continue to be included in the cohort of health and social care staff that have been vaccinated and offered boosters.

Public Health will continue to provide advice to housing settings on guidance and good practice infection and prevention control measures.

20.2 National weblinks

- [COVID-19 testing in homelessness, domestic abuse refuge, respite room and asylum seeker accommodation settings - GOV.UK \(www.gov.uk\)](#)
- [Apply for coronavirus \(COVID-19\) workplace testing services \(test-for-coronavirus.service.gov.uk\)](#)

21.0 Tackling Inequalities – Asylum Seekers and Refugees**21.1 Current position**

The Home Office is responsible for arranging accommodation for asylum seekers and refugees. Staff working in accommodation settings for asylum seekers, such as initial accommodation or bridging hotels should be aware of the [specific health needs in](#)

[this population](#) and ensure that all residents are aware, understand and are reminded of public health advice re COVID-19. They should support prevention of and response to COVID-19 cases, including [testing as detailed in the guidance](#) and ensuring health information is available in languages that residents can understand.

Any NHS care received for COVID-19, including COVID-19 vaccinations, will be provided [free of charge](#), irrespective of immigration status. No immigration checks or NHS number are needed to enable testing or treatment of an asylum seeker or refugee for COVID-19.

Accommodation providers work closely with Health and Social Care professionals (including SCC Public Health Team, Emergency Management Team, NHS, UKHSA, District and Borough representatives), to ensure support is in place. To facilitate joint working, local partners are made aware of new accommodation settings being set up as soon as possible.

21.2 National weblinks

- [COVID-19 testing in homelessness, domestic abuse refuge, respite room and asylum seeker accommodation settings - GOV.UK \(www.gov.uk\)](#)

22.0 Tackling Inequalities – Ethnic Minority Communities

22.1 Current position

As part of the regional NHSEI response to the high number of deaths amongst ethnic minority groups, local partners are participating in two workstreams:

- Workforce focus: reducing COVID-19 illness and mortality amongst ethnic minority health and care workers, building on the Workforce Race Equality programme and ensuring staff risk assessment (particularly for ethnic minority staff) is completed by the organisations across the system. The

BAME Alliance Group (Black, Asian and Minority Ethnic) oversees the ethnic minority workforce steering groups

- Population focus: reducing illness and mortality in the general population, led by the Surrey Heartlands ICS Equality and Health Inequalities Board.

A rapid needs' assessment has been completed for the local ethnic minority population which has been used to inform action plans. Working closely with the community representatives to develop and implement culturally appropriate communications related to the test and trace programme using local relationships, to ensure local ethnic minority communities' benefit. This work has been enabled by the roll out of a comprehensive Participatory Research with Surrey ethnic minority population, co-designed with the Surrey Minority Ethnic Forum (SMEF) charity organisation.

To improve clinical outcomes the preventive interventions (e.g. NHS Health Check) have been adjusted to become more targeted for ethnic minority population, particularly those with pre-existing health conditions. This has been further strengthened by community empowerment and effective communications through working closely with Community Champions and community/faith leaders to raise awareness about clinical risk factors for COVID-19.

The national testing website records ethnic group as part of the process for registering for a test. Action is currently being taken to do similar for the local testing website, providing better monitoring of testing in these high-risk group, especially amongst staff. There is currently no national guidance on testing specifically for the ethnic minority population.

23.0 Tackling Inequalities – Gypsy, Roma and Traveller (GRT) Communities

23.1 Current position

We know that GRT children, young people, adults and communities in Surrey experience poorer health, wellbeing and educational and employment outcomes, insufficient access to appropriate accommodation, increased poverty and discrimination resulting multiple barriers to accessing the things people need and should be able to expect. The GRT Partnership Group continues to drive cultural and practice change across the strategic partnerships in Surrey to promote equality of [access](#) and outcome, including safeguarding, in such a way that honours and draws upon the strengths, assets and rich heritage of Gypsy, Roma, and Traveller communities. The partnership is also helping to support the communities with the [Living with COVID guidance](#).

24.0 Tackling Inequalities - Action to Reduce Transmission

24.1 Vaccination uptake for disadvantaged communities (Prevention)

Vaccination is one of the key prevention activities to reduce transmission and the risk of poor outcomes. However, uptake amongst the most disadvantaged in our communities is often lower for multiple and complex reasons. Work has been focused on these communities to improve uptake and reduce the disproportionate impact of COVID-19.

The COVID19/Flu Equalities Sub Group meets weekly to review data and reallocate resource to target areas of low uptake. A dedicated equalities officer supports access to vaccinations groups experiencing homelessness, seeking asylum, survivors of domestic abuse, drug and alcohol service users and GRT communities. Ongoing engagement of ethnic minority communities through trusted community and faith leaders, for example the Surrey Minority Ethnic Forum, mosques, churches and workplace forums to gain insights and co-design targeted support. An outreach model in all residential settings for adults with learning disability and/or Autism. Quiet Time appointment slots are available at the vaccination sites for those with learning

disability and/or Autism accessing the vaccinations in the community. Health Checks are offered at the time of second doses. Scoping is underway with leaders across the LD and Autism communities to develop a LD/Autism Specialist clinic for 2023. For mental Health Inpatient, Residential and Secure, an inpatient vaccination programme delivered by the NHS Mental Health Trust. Further work developing an outreach programme with private Tier 4 providers and all those who are vulnerable due to mental ill health is underway.

24.2 Deprivation – Place-based support

The Equalities, Engagement and Inclusion Group review data on uptake of the vaccination by Index of Multiple Deprivation (IMD) (by ethnic minority and age) and geographical mapping to understand where communities are. This informs the Engagement and Insight sub-group in partnership with the GP Federations, to understand the barriers to access and inform the development of an appropriate place-based response. Community outreach workers are being deployed to areas of low uptake alongside outreach vaccine confidence calls. The outreach workers are implementing UKHSA guidance for addressing health inequalities using the tools to support 'Place Based Approaches for Reducing Health Inequalities' and Equality Impact Assessments.

24.3 High risk settings

The COVID-19 Outbreak Oversight Group and the SCC Public Health Team are working closely with the vaccination programme to identify care homes with low COVID vaccination uptake amongst staff. Training has been provided to care home leads about the vaccination programme and how to support care homes to increase staff vaccinations. Where appropriate targeted interventions have taken place with SMEF.

Section E – Communication and Engagement

25.0 Public Health Messages

25.1 Current position

The health and wellbeing communication strategy recognises that COVID-19 communications are now an integral part of our ongoing communication planning. There is no longer a separate plan specifically for COVID-19.

The Health and Wellbeing Communications Strategy provides an overview of the key target audiences, and the best ways to reach them.

The communications approach includes traditional offline channels and networks as well as geo-targeted digital engagement tactics to ensure messaging can be targeted to residents at pace. This ensures the widest reach possible across the different demographics in Surrey. Where necessary translations will be sourced. Communications teams continue to engage with the business community when relevant.

Surrey County Council's Communication team works closely with the Public Health team to monitor Surrey's COVID-19 data and respond accordingly. Where the data shows high rates, or low vaccine uptake in specific parts of the community, targeted communications are deployed.

The Communications team is prepared to warn and inform residents if any changes to Government advice and guidance take place due to high rates over the coming months.

25.2 National weblinks

- [Coronavirus \(COVID-19\): guidance and support - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/coronavirus-covid-19-guidance-and-support)

25.3 Local weblinks

- [Coronavirus - Information and advice - Surrey County Council \(surreycc.gov.uk\)](https://www.surreycc.gov.uk/coronavirus)

26.0 Community Engagement

26.1 Current position

In December 2022, 103 Community Champions across Surrey received a Certificate of Recognition for their commitment and dedication to disseminate COVID-19 information alongside health and wellbeing messages to the wider community. The Community Champions network has been instrumental in:

- Keeping communities safe by communicating accurate, reliable information about COVID-19, health and wellbeing
- Motivating, empowering and engaging local communities
- Helping to reach those who are most vulnerable and at greatest risk of COVID-19
- Providing us with insight into the needs of the local population, and
- Building trust between communities and statutory organisations

Up to date, over 100 Community Champions briefings have been distributed in aligned to the Government's changing guidance in response to different phases of the COVID-19 pandemic, including the promotion of pop-ups Autumn COVID Booster vaccination clinics across Surrey. Despite the scaled down of COVID-19 booster vaccination offer, it's planned to continue with the distribution of the Community Champions briefing on a fortnightly basis. Further distribution of the Community Champions briefing will be reviewed at the end of the current winter period.

This year the Community Champions grants, available from the Council's Contain Outbreak Management Fund, will support Surrey Coalition of Disabled People and Surrey Community

Action to adopt Making Every Contact Count (MECC) approach, by taking part in the Public Health [Surrey MECC Train the Trainers Programme 2023-2024](#). Staff and volunteers will be upskilled to use opportunistic interactions with community members, to have conversations about how they might make positive improvements to their health and wellbeing, including adopting safe behaviours to reduce the transmission of viruses like flu and COVID-19. MECC training cascading process will be tailored to the needs of specific community groups reached by these two voluntary organisations, including people with learning disabilities and autism, among others.

26.2 National weblinks

- [The NHS website - NHS \(www.nhs.uk\)](http://www.nhs.uk)
- [Government UK – Coronavirus](#)
- [UKHSA Campaign Resources](#)

26.3 Local weblinks

- [COVID-19 support - Healthy Surrey](#)
- [Coronavirus - Surrey Heartlands Health and Care Partnership](#)
- [Surrey MECC Train the Trainers Programme 2023-2024](#)

Section F – Appendices

27.0 Version Control

Name of document:	Surrey COVID-19 Local Outbreak Management Plan
Version and date:	Version 18.0 – 16 May 2023
Owner:	Surrey Local Outbreak Engagement Board
Author:	Surrey County Council Public Health – COVID-19 Response Team with input from system partners (Ruth Hutchinson, Lisa Harvey-Vince, Gail Hughes)
Next review due	This plan will be continually reviewed as: <ul style="list-style-type: none">• local protocols and processes are developed• changes to national guidance occur, and• lessons are identified from testing the plan and real-life events
Originally signed 10 December 2021	Joanna Killian – Chief Executive, Surrey County Council Ruth Hutchinson – Director of Public Health, Surrey County Council Margot Nicholls – Consultant in Health Protection, UK Health Security Agency South East

28.0 Glossary of Terms

BAME	Black, Asian and Minority Ethnic
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
DfE	Department for Education
DHSC	Department of Health and Social Care
DIG	Disproportionately Impacted Groups
DLUHC	Department for Levelling Up, Housing and Communities
DPH	Director of Public Health
EDM	Exceptional Delivery Models
EHO	Environmental Health Officer
EIA	Equality Impact Assessment
EPRR	Emergency Preparedness, Resilience and Response
GRT	Gypsy Roma and Traveller
HMPPS	HM Prison and Probation Service
HPT	Health Protection Team
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
IMT	Incident Management Team
IPC	Infection Prevention and Control
JCVI	Joint Committee on Immunisations and Vaccinations
LA	Local Authorities
LHRP	Local Health Resilience Partnership
LOEB	Local Outbreak Engagement Board
LOMP	Local Outbreak Management Plan
LRF	Local Resilience Forum
MECC	Making Every Contact Count
NHSEI	NHS England and NHS Improvement
PCN	Primary Care Network
PPE	Personal Protective Equipment
SCC	Surrey County Council
SIM	Strategic Incident Management
SMEF	Surrey Ethnic Minority Forum

29.0 List of Figures

- Figure 1 - COVID-19 multiagency response structures overview
- Figure 2 - Local EPRR Planning structure
- Figure 3 - Vaccination Governance in Surrey