Health Protection Advisory Group (HPAG)

Minutes of Meeting

11 August 2020

In Attendance:

Name	Representing
Dr Frank Atherton (FA)	Welsh Government (WG) – Chief Medical Officer - Chair
Dr Gill Richardson (GR)	WG – Professional Advisor to CMO
Jo Trott (JT)	WG (representing Reg Kilpatrick)
Simon Brindle (SB)	WG
Jo-anne Daniels (JD)	WG
Marion Lyons (ML)	WG
Craiger Solomons (CS)	WG – (representing Rob Orford, Agenda Item 6 only)
Christianne Glossop (CG)	WG
Jean White (JW)	WG – Chief Nursing Officer
Tom Smithson (TS)	WG
Chrishan Kamalan (CK)	WG
NR	WG (Observer)
NR	WG (Secretariat)
Quentin Sandifer (QS)	Public Health Wales (PHW)
Dr Giri Shankar (GS)	PHW
Dr Chris Williams (CW)	PHW
Rhiannon Beaumont-Wood (RB-W)	PHW – as Executive Director of Nursing and Midwifery
Simon Wilkinson (SW)	Welsh Local Government Association
Ros Jervis (RJ)	Representing Directors of Public Health
Ceri Davies (CD)	Natural Resources Wales
NR	Health & Safety Executive (HSE)
NR	Representing Directors of Public Protection
NR	Food Standards Agency

Apologies:

NR	HSE
NR	PHW
Rob Orford	WG
NR	WG
Reg Kilpatrick	WG

1. Apologies and introductions.

FA welcomed everyone to the meeting and apologies were noted.

2. Minutes of the last meeting (7th July 2020) / action log (Doc1)

The minutes of the previous meeting on the 7th July **(Doc1)** were agreed as an accurate representation. All actions from the last meeting were completed. There were a number of actions from previous meetings which were still in progress or are now redundant.

ACTION: 1: **NR** to review outstanding actions from previous meetings and provide an update at the next meeting.

3. HPAG Terms of Reference / Overall Governance (Doc 2, 2a)

A discussion was held on the draft governance structure and the addendum to the HPAG terms of reference **(Doc 2,2a)**. It was questioned whether HPAG should also provide national oversight to the overall professional public health response to the pandemic in Wales as there was more to the response than just overseeing the delivery of the national escalation plan. FA indicated that there was a need to be careful not to stray into socio economic harms which is currently a separate work strand.

NR raised a query on the definition of the regional teams indicated in the governance structure. The expectation was that this referred to the Test Track Protect (TTP) regional teams, however it was agreed that it needed clarifying as it could relate to a range of things. A number of the regional teams are also repurposing their structures to take account of the local response plan and the requirement for prevention. Clarity of the roles and responsibilities of regional teams and how this fits together is required.

NR highlighted that whilst she was based in a local authority, her role was as a representative of the Director Public Protection and there maybe need for broader Local Authority (LA) membership, particularly as the national plan advises links with local democratic structures. It was agreed that LA representative at CEO level was required.

JT gave an update on the learning from the Joint Bio Security Centre (JBC), which found that the breadth of work was so wide there was a need to split the health response from wider socio economic response. Bringing these two work streams back together was a real challenge, it was hoped however that this would be more straightforward in Wales.

A number of members asked for sight of the original Terms of Reference. A question was raised on the need to identify other risks/issues which may hinder our response to covid-19, such as other major public health events or Brexit at the end of December. It would also be useful to have a reference to learning from international best evidence.

ACTION: 2: **NR** to broker a CEO representative.

ACTION: 3 – Secretariat to circulate original terms of reference and revise addendum based on discussions / further comments.

ACTION: 4 – The risk in relation to other major public health events to be added to risk register

4. COVID-19 - National Response and Escalation Plan (Doc 3)

TS advised that the National response and escalation plan **(Doc 3)** was still work in progress. The purpose of the plan is to capture in one place work that is already happening and to address emerging gaps, particularly in relation to local lockdown. Consideration is needed on the process beyond Outbreak Control Team (OCT) structures. Prevention is a key part of the plan.

To date at a national level, regulations have focused on unlocking restrictions, now need to consider how we might possibly re-impose regulations at a regional / national level. It is likely that the overarching regulations will remain until Jan and possibly extended, they will provide a mechanism to prevent further transmission of the virus, for example regulation 12 which requires business and organisations to take all reasonable measures to limit the spread through public health measure such as social distancing etc.

Surveillance, which is underpinned by the COVID intelligence cell brings it together, and the plan includes a set of indicators to communicate clearly the type of things we are monitoring and escalating.

Key indicators will be identified but there will also be more data available, local data is particularly important. If there is a rise in indicators then the plan will sets out the resulting actions.

The document is longer than originally planned, but sequentially walks through planning at a local level, via outbreak control teams and the national framework.

It looks at how we identify new cases, the TTP approach, and it attempts to capture how we deal with incidents/outbreaks. Also what happens once outbreaks are not contained and there are wider transmission, systemic issues, within a specific geographical area as seen in Leicester, Aberdeen. Still some discussion on how to describe this, currently 'enhanced health protection area'.

The intention is to produce a set of modular draft regulations which provides a menu of options to be drawn on if and when need. The regulations also need to consider proportionality, and introduce the lowest possible prevention measures. Public health advice and guidance in the first instance is preferred as opposed to regulating for everything. There will be a menu of options which are not exhaustive and indicators of warning signs as the context is critical. The hope is to avoid reintroducing national level restrictions but there may be a requirement to introduce some measure on a national level for example travel restrictions.

HPAG will provide the governance to advise Ministers on the necessary actions, there may also be other socio economic considerations and it will of course involve political choice ie prioritising schools over the opening of the hospitality industry for example.

Ministers want to publish the plan as soon as possible. This is a shared working document intended for the public and there might also be a more detailed internal document. The thresholds for imposing restrictions will not be for publication as may change over time.

The plan was being shared with trusted partners and were looking for immediate comments today and tomorrow with a view to publishing at end of this week early next week.

FA advised that there were a slew of indicators and the First Minister was keen to have a small number to concentrate on, there were 3 measure leaping out:

- Number of new cases per 100,000 population
- % test positivity overall
- Proportion of cases not linked to identified cluster (new community sporadic cases)

A query was raised on areas beyond WG powers for example the inward migration of people and policing. It was agreed that a paragraph of how the plan fits within context of the wider system was needed.

It was highlighted that the section on enhanced health protection areas and the role of local leaders in implementing restrictions needed to be strengthened. Also further consideration on how to link local politicians in the discussion and the role of strategic oversight groups. The reference to regional teams needs to align with regional plans and links across to local strategic structures made stronger. Need to make sure the correct governance diagram is included.

FA asked for responses to be sent to TS by Thursday (13 August). The plan had also been shared with the CE of LA and a few other groups so should only be shared with trusted colleagues.

ACTION: 5	All to send comments to TS by the 13 August 2020

ACTION: 6	TS to consider comments from today's discussion and colleagues additional comments for inclusion in final document.

5. COVID-19 – Local Prevention and Response Plans

5.1 Update on Local response plans

QS indicated that the local response plans were due back tomorrow (12 August), although he was aware than some have received an extension to this deadline. Colleagues will also have seen a draft of the operation framework.

He set out his expectations in relation to the plan and reiterated that regional level working is key to success of response to COVID 19 and as such they were looking for a single delivery model / contact tracing service. They are expecting 7 plans and not 29, one for each health board area which has been developed with their partner LA.

The response cannot be just a Public Health resourced plan, neither PHW nor the HB have sufficient public health professionals to deliver the complete plan and the plan will need to evidence the breadth of non-public health resources being deployed.

He is aware that there is a debate on the deployment of PHW specialist to support regions which can be discussed outside of meeting. PHW consultants cannot substitute for resources regionally.

He would prefer a consistent approach to delivering regional services accepting local variation, but where local variation impacts on mobilisation and deployment of resources it could be unhelpful.

They will revisit the operating framework once they had seen the local plans and look again at the relationship between national and regional resources in order to make clear the respective responsibilities and accountabilities.

Also need to consider collective objective, eg would an objective be to eliminate COVID 19 in Wales and if this were cases, there might be a different set of actions.

The final point is that the local/regional/national plans need to be system focused and Wales wide sensitive with a degree of mutual aid. Eg, deployment of resources and flexibility to respond to impacts at a point in time. Incorporated in overall planning structure.

ACTION 7 - QS to consider the relationship between regional plans and operating framework.

5.2 Update on Test Trace Protect (TTP)

JD provided an update on the TTP programme, on paper there was more than ample tests and sampling sites for people who want test, whether the sites are suitably accessible and winter proof needs further work. There is ongoing work to develop new sites and access to sites when needed. There has been speculation around new technology for rapid testing which is a little over stated but there are important developments which could make a big difference, in particular point of care testing. Modelling of testing requirements in preparation for the autumn / winter is underway as well as planning for the winter. Work to improve turnaround time is ongoing.

Working with colleagues in regional teams and PHW so that the vast majority of tests through welsh lab can be turned around in under 24 hours. Contact tracing volumes are low, apart from N Wales, so given teams the opportunity to get operating protocols enhanced and undertake more sustainable workforce recruitment as opposed to redeployed staff. These will still be available as a fall back if volumes rise and the service need additional numbers, so there is built in surge capacity.

The digital system is being enhanced all the time with refinements and improvements being made, starting to give intelligence on the performance of system and understanding of what is happening.

There has been a change in England, where LA have set up competing contact tracing services with national service as there was a sense that this wasn't not delivering. This has been acknowledged and much of the service has been shifted to the LA and there is a scaling back of national call centre operation. Validates the approach in Wales which embedded the LA and LHB at the heart of the process.

6. COVID-19 Intelligence Cell

ML gave background to the establishment of the COVID 19 Intelligence cell and tabled the terms of reference **(Doc 4).** The group arose as she previously chaired the HPAG outbreak incident sub group which was to ensure lessons learnt, for example from spikes in communicable diseases such as Meningitis. It was agreed this would be useful mechanism to identify trains of Covid transmission.

The latest outbreak & incident report and the 7 days running average by health board was tabled for information **(Doc 5 and 6)**. In the last 7 day there were 82 new cases and the week before 142. The group has also been joined by representatives from the TTP and the Technical Advisory Cell (TAC). The biggest risk at the moment is returning travellers and consideration needs to be give on what communications should we put out to the public even when not required to quarantine.

There are a number of reports available including extensive information from JBC and NR indicated that work was being finalised to condense this into a dashboard.

However, it is not just about numbers and data but also the story behind the figures, softer intelligence is needed as showed by the recent outbreaks. Emerging risks are to be feedback to regional teams so that they can respond as fast as possible.

JT indicated that the JBC provides a further report based on the surveillance data which draws in the wider local context and goes from HPAG equivalent to Ministers

ACTION 8: JT to share JBC report with ML

7. Risk register.

A draft risk register **(Doc 7)** was tabled for consideration. FA asked all members to consider and feedback any thoughts to the Secretariat.

There is likely to be a number of risk registers already in play in this space (NHS/ TTP/ PHW/ ExCovid/ ESNR etc) so consideration on how this fits together is required

ACTION 9: RK, SB and FA to discuss in context of wider COVID 19 risk registers.

There was a significant risk that as the number of out breaks increase the capacity to manage is severely limited.

There is also a risk of public fatigue in complying with social distancing measure and thought needs to be given to the communications and messaging to get the public back on side.

SB indicated that resourcing capacity constraints may well be a trigger from how we practically move from a more targeted mode of interventions to more generic interventions, for example may have to move to an all Wales intervention in order to cope with the number of outbreaks.

He would also support point around public compliance, behavioural tools and communication is key in the prevention space. There may also be upside risks / opportunities, for example breaking the chain in HIV transmission given the level of

reduced social interaction and asked whether this would this be considered. Air pollution was another positive element.

NR indicated there were recruitment issue in LA, they are trying to secure additional Environmental Health resources but these don't necessarily exist. There is a resilience issue for LA which recruitment may not address, there may need look at additional training opportunities / professions.

QS indicated that there was a similar situation with public health professional resource, they currently have a working resource of 6.8 FTE – specialist health protection personnel and 21 generic Public Health Consultants who could assist. They were looking to recruit additional staff but there was still a workforce capacity/fragility issue for the regional teams. There was a need to look at other capacity to deliver aspects of function and identify people who could take on some responsibilities eg someone apart from public health protection professional could chair an OCT. Need to think about wider pool of senior non-public health staff who could be mobilised and flexibility to move personnel to areas of concern.

It was agreed that further work was need to identify ways to mitigate the professional fragility in system both for PH and EHO, RB-W recommended engaging with HEIW.

ACTION 10: RB_W to liaise with HEIW and to establish a group to consider the issue further.

8. Any Other Business.

FA indicated that it was important to consider other issues as part of the group and other topics areas such as flooding, vaccinations should be tabled at future meetings.

A discussion was held on the frequency of meetings, JT advised that the JBC battle rhythm was weekly and surveillance information is weekly.

It was agreed that the group would meet fortnightly from now on and may have to meet more frequently as and when required.

ACTION 11: Secretariat to send diary invites to new members

QS gave thanks to the participants of the recent desk top exercise, there will be a follow up exercise to stress test the final stage of process which he will look to establish at the beginning of Sept.

FA indicated that the nosocomial transmission group met fortnightly and given the recent outbreak in Wrexham Maelor it would be useful to have an update on their activity.

ACTION 12: Secretariat to add an agenda on the Nosocomial group to the next meeting.