

<b>Draft - Public Health Strategic Co-ordinating Support Group</b>		
<b>Date of meeting:</b> 17/04/20		<b>Time of meeting:</b> 15:30
<b>Venue for meeting:</b> Room 3.3 (Capital Quarter 2), Skype, Teleconference		
<b>Version:</b> V0d		
<b>Attendees</b>		
Quentin Sandifer, Public Health Wales (Chair)	Andrew Jones, Public Health Wales	Giri Shankar, Public Health Wales
NR Public Health Wales (minutes)	Chris Williams, Public Health Wales	NR Taf CBC (representing DPPW)
Huw Brunt, Public Health Wales	Chris Sims, Welsh Ambulance Service Trust	Nathan Barnhouse, Food Standards Agency
Keith Reid, Swansea Bay University Health Board	NR, Public Health Wales	NR Public Health Wales
Gary White, Natural Resources Wales	Andrew Valentine, South Wales Police	Arif Mahmood, Aneurin Bevan University Health Board
NR Welsh Government	Stuart Bourne, Powys Teaching Health Board	Fiona Kinghorn, Cardiff and Vale University Health Board
Patrick Rees, JESG Co-ordinator	Sam Hussell, Hywel Dda University Health Board	Justin Lewis, Mid & West Wales Fire & Rescue Service
Teresa Owen, Betsi Cadwaladr University Health Board	Helen McArthur, North Wales Fire & Rescue Service	Sion Lingard, Cwm Taf University Health Board
Natalie Philips, Gwent LRF co-ordinator	Simon Wilkinson, WLGA	Rob Orford, Welsh Government
Melanie Haman, South Wales LRF Co-ordinator	David Goulding, Welsh Government	Steve Cole, South Wales Fire & Rescue Service
Jonathan Edwards, Gwent Police	Sacha Hatchett, North Wales Police	Anne Evans, North Wales LRF Co-ordinator
NR Welsh Government.	Jon Cummings, Dyfed Powys Police	Steve Lee, Dyfed Powys Police
NR Ministry of Defence	Glyn Fernquest, Gwent Police	NR Public Health Wales

1	<p><b>Welcome, introductions and apologies for absence - Chair</b></p> <p>Chair welcomed all. Introductions made. Chair stated that the information discussed and shared at this meeting is "Official Sensitive".</p> <p>The Chair reiterated that the purpose of the meeting is to provide a forum to facilitate the strategic co-ordination of public health advice, to support the formal multi-agency response.</p> <p>Apologies were received from Chris Brereton (Welsh Government).</p>
2	<p><b>Minutes and actions from previous meeting - Chair</b></p> <p>All actions from the meeting of the group on the 10.04.20 were noted to be complete and requested changes to the minutes incorporated.</p>
3	<p><b>Public Health Wales Situation Report.</b></p> <p>Giri Shankar summarised current epidemiological situation.</p> <ul style="list-style-type: none"> <li>• Total of 2.2 million cases world wide</li> <li>• Total worldwide deaths 147,000</li> <li>• USA has highest no. of cases</li> <li>• Spain recorded the highest infection rate</li> </ul>



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- UK reported 103,093 confirmed cases.
  - Wales – 6,645 confirmed cases (as of 13:00 17.04.20) and an increase of 244 cases in 24 hours.
- Wales reported number of deaths (as of 5pm 16.04.20) is 506
- Public Health Wales are currently processing 700-1000 samples every day.
- Cases exist in all Health Board and Local Authority areas.

COVID-19 data for Wales is available through the Public Health Wales webpages. This is available on desktop and mobile.

<https://public.tableau.com/profile/public.health.wales.health.protection#!/vizhome/RapidCOVID-19virology-Public/Headlinesummary>.

#### 4. **Welsh Government Chief Scientific Adviser (Health) Update**

##### **RWCS/Modelling**

Christopher Williams provided the following update:

- 20,000 tests have been conducted, 8,000 of these were health care workers.
- Number of confirmed cases greatest in the 40 to 59 age category. This may be explained by the demographics of health care workers tested.
- Over the past 7 to 10 days we have seen a gradual decrease in the number of confirmed cases which may be indicative of 'lock down' and social distancing measures.
- 300 care homes are reporting Covid-19 activity, roughly 25% of care homes in Wales.
- 98% of deaths reported to Public Health Wales are in hospitals
- Of the number of deaths reported, the most frequent age group is 80s to 90s with male fatalities more prevalent than female.
- 14% of confirmed cases are requiring critical care, RWCS models were modelled on 30% of confirmed cases requiring critical care.
- It was expressed that we should not be using data to fit the Ferguson model.
- Plans should be based on the reasonable worst case scenario.
- The epi curve is showing signs of flattening, but we need to closely monitor infection rate as we consider relaxing social distancing measures.

Rob Orford provided the following update:

- Recovery strategy will be complicated without vaccination or herd immunity.
- The recovery strategy is focused on the following 4 types of 'harm'
  - Direct
  - Indirect
  - Other illnesses
  - Physical and economic
- To reduce harm, testing is a key priority, with the following priority areas identified:
  - Reducing harm in hospitals
  - Understand the 'r' value in the community
  - Key workers
- Access to equipment remains a priority, difficulties are being experienced due to demand on suppliers across the UK and globally.
- Work is ongoing to validate antibody tests
- Working to establish further community testing centres across Wales.

It was queried how Wales is learning from other countries. The following response was noted:

- Hosting webinars with other countries to share learning
- Working with the 4 nations to exchange learning
- Public Health Wales are undertaking an internal evidence synthesis
- Welsh Government are in contact with regional offices, sharing learning from other countries. Learning is being shared at the UK Level



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## 5. Key Strategic issues for discussion:

### PPE - Andrew Jones

- A briefing was provided to JESG w/c 13.04.20
- Further changes to PPE guidance are expected from the UK Infection Prevention and Control Cell. The PPE guidance published remains up to date and the tables referenced in the guidance remains up to date.
- Public Health Wales are aware of iterations to the PPE guidance for Police and Fire. Public Health Wales are reviewing this guidance to ensure it is consistent across the 4 nations.
- Public Health Wales webpages provide links to the most recent published guidance
- Welsh Government are leading on PPE supply. Difficult balance between demand vs supply and work is continuing across the 4 nations on procurement.
- PHW website – there is a section on health and social care professional advice which links to PPE. Highlighted on DOH website to most up to date info.  
<https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/information-for-healthcare-workers-in-wales/>

Gwent LRF noted that the issues around PPE were highlighted 'red' on the daily Wales Situational Update and that this has been escalated.

### Care Homes

**NR** (Public Health Wales) provided the following update:

- Public Health Wales have established a Care Homes and Closed Settings Cell with the aim to minimise transition in the community whilst offering support and advice
- To date 322 of 1302 registered care homes in Wales have reported Covid-19 activity. A total of 153 cases have been confirmed.
- Since 9th of April, Public Health Wales have been offering testing of symptomatic and asymptomatic staff. There is a 62% positivity rate of staff tested.
- Care homes are providing Public Health Wales data on the number of deaths and symptomatic cases. 226 deaths have been reported
- The Care Homes and Closed settings Cell are supporting IP&C issues as many homes are finding guidance confusing and difficult to interpret
- Work is underway with DspH, Welsh Government and Environmental Health Officers over the Easter period to mobilise additional resource.
- Over the last week EHOs have been contacting care homes to alert them to guidance, support with IP&C, and support the reporting of symptomatic cases and troubleshooting
- Further proposals to deploy EHOs to collate data and offer proactive support to ensure escalation happens where there are concerns
- Discussions are ongoing between Chief Medical Officers to test all symptomatic members of care settings and testing on discharge from hospital prior to admission
- Reiterated that fundamental principles of infection still apply (isolation, prevention, control, PPE and hygiene)

The importance of a multi-agency disciplinary approach was highlighted and it was acknowledged that daily calls are being held with care homes and nursing teams. Any proposals therefore need to incorporate and consider current established mechanisms.

Request raised with Public Health Wales for data on the number of deaths in care homes to be broken down and shared with Directors of Public Health. Public Health Wales are currently working with Welsh government to develop a minimum data set for care homes, although consideration needs to be given to how the data is reported.

Environmental Health Officers are currently collecting data and are providing feedback on the script that has been developed. The data being collected should support and compliment rather than duplicate or contradict work that is currently being undertaken.



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	<p><b>Action:</b> <span style="border: 1px dashed black; padding: 0 5px;">NR</span> <b>to share Environmental Health Officer care home data collection script with Health Boards</b></p> <p>Importance of engagement with Primary Care was stressed to ensure 2 way communication. A subgroup engaging primary care has been established.</p> <p><b>Development of next phase response plan</b></p> <p>The Chair provided the following overview of the paper 'Development of a next phase response plan for COVID -19' circulated to the group:</p> <ul style="list-style-type: none"> <li>• The paper was presented to the Public Health Wales Gold Group and shared with this group to ensure partners are engaged as proposals are developed.</li> <li>• Public Health Wales are supporting the recovery strategy by Welsh Government that requires Public Health leadership in the following areas             <ul style="list-style-type: none"> <li>○ Surveillance</li> <li>○ Testing</li> <li>○ Contact tracing</li> <li>○ Risk communication</li> </ul> </li> <li>• The recovery strategy recognises the need to deliver digital and work force solutions</li> <li>• There will still be a focus on closed settings in the recovery strategy.</li> <li>• A programme of work is being established within Health Protection, but due to the unprecedented scale of work Public Health Wales will need to engage with a wide range of partners to mobilise the workforce to respond quickly and efficiently when the main peak of the pandemic has passed.</li> </ul> <p>The group queried whether the Public Health Wales approach to recovery included secondary public health/societal challenges that could emerge following the relaxation of civil restrictions. It was confirmed that PHW are looking at wider impacts of restrictions including (but not limited to) safeguarding and alcohol. This work is being led by professor <span style="border: 1px dashed black; padding: 0 5px;">NR</span></p> <p>Further discussions regarding the recovery work programme are to be progressed with Directors of Public Health in the w/c 20.04.20.</p>
6	<p><b>Specific Strategic matters raised by SCG and ECC(W): issues and questions</b></p> <p>Gwent LRF asked whether essential workers could use other community testing centres outside of their LRF areas. The Chair confirmed that other community testing sites could be accessed.</p> <p>Chris Sims drew the group's attention to guidance relating to the care of the deceased.</p> <p>Group members were reminded to share specific strategic issues they wished to be raised by the group via <a href="mailto:PHW.SCSupportGroup@wales.nhs.uk">PHW.SCSupportGroup@wales.nhs.uk</a></p>
7	<p><b>Key UK developments</b></p> <p>No issues were raised by the group.</p>
8	<p><b>Any Other Business (previously notified to Chair)</b></p> <p>No further business was raised by the Group.</p>
9	<p><b>Summary of actions, owners and timescales</b></p> <p>See action table at the end of the minutes.</p>
10	<p><b>Date and time of next meeting</b></p>



	Date and time of next meeting was confirmed as the 24 <sup>th</sup> of April 2020 at 15:30 until 17:00
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**Action Log**

1.	NR to share Environmental Health Officer care home data collection script with Health Boards	NR
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