

**OFFICIAL SENSITIVE**

DRAFT - Public Health Strategic Co-ordinating Support Group		
Date of meeting: 4.09.20		Time of meeting: 15:30
Venue for meeting: Skype, Teleconference		
Version: V0.5 (DRAFT)		
Attendees:		
Quentin Sandifer (Chair), Public Health Wales	Andrew Jones, Public Health Wales	NR Public Health Wales (minutes)
Ian Hardman, Monmouthshire County Council	Chris Williams, Public Health Wales	Arif Mahmood, Aneurin Bevan University Health Board
Anne Evans, North Wales LRF Co-ordinator	NR Public Health Wales	NR Public Health Wales
Chris Sims, Welsh Ambulance Service Trust	Adrian Smith, Mid and West Wales Fire and Rescue Service	Darren Thomas, Pembrokeshire County Council
Richard Brown, Pembrokeshire County Council	Louise Davies, RCT Borough Council	Keith Reid, Swansea Bay Health Board
Melanie Haman, South Wales LRF	David Goulding, Welsh Government	Dave Holland, Shared Service Partnership
Siobhan Adams, Betsi Cadwallader Health Board	Reg Kilpatrick, Welsh Government	Steve Roberts, Dyfed Powys LRF
Natalie Phillips, Gwent LRF	Andy Valentine, South Wales Police	Sacha Hatchett, North Wales Police
Fliss Bennee, Welsh Government	Fiona Kinghorn, Cardiff and Vale	

1	<b>Welcome, introductions and apologies for absence – Quentin Sandifer</b>
2	<b>Minutes and actions from previous meeting – Quentin Sandifer</b> The minutes of previous meeting were circulated and agreed by group members. Vaccination item on agenda. All previous actions now complete.
3	<b>Public Health Wales situation report: Chris Williams</b> <b>Current Situation including Epidemiological Surveillance</b> <b>EPI Summary – put figures in</b> <ul style="list-style-type: none"> <li>• Travel – different regulations between Wales, England and Scotland and NI</li> <li>• Slovenia a country of interest</li> <li>• UK – going up similar to Italy</li> <li>• Rising case numbers being seen</li> <li>• Areas of concern:               <ul style="list-style-type: none"> <li>◦ Caerphilly</li> <li>◦ RCT</li> <li>◦ Bridgend</li> <li>◦ Conwy</li> </ul> </li> <li>• Wales not high but areas of rapid increase</li> </ul> <b>Age breakdown:</b> <ul style="list-style-type: none"> <li>• 10-19 and 20-29 year olds – big change and seen across UK</li> <li>• 16-25 age group increase</li> </ul> <b>MSOA:</b> <ul style="list-style-type: none"> <li>• Increase in south east part of wales</li> <li>• Starting to see cases in schools, started up surveillance system to monitor.</li> <li>• Need to record in TTP system as where people work and occupation is basic. Not sufficient hospital admission to do doubling/halving times.</li> </ul>



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	<p>Fiona Kinghorn advised on the need to report back to Richard Sewell at Welsh Government regarding feeds to TTP. Chris Williams commented that TTP would need resources in order to record detail.</p> <p>Fliss Bennee queried whether hospital admissions would be used for doubling and halving times. CW reported that would need to look at using community cases. Not constant by age group with ages changing. Chris Williams to follow up in TAC meeting.</p> <p>Quentin Sandifer reported that case numbers were rising, currently 50 cases a day. England in last 24 hours has seen highest figure since first week of May. Peak was second week of April. Wales starting to turn in wrong direction. Cases in younger age groups. Concerns with behaviours, lack of social distancing and non-requirements with isolating. Numbers of gatherings (lawful and unlawful) mean there's concern that in Caerphilly we're seeing community transmission.</p> <p>Increasing numbers from returning travellers, whilst some acquired from abroad, concerns with travels of individuals and on return to UK when mixing in community when knowingly unwell or non-compliant with isolating requirements. Regional TTP teams will be aware of further details.</p> <p>Fliss Benne stated that a key point was with younger people and not knowing if unwell but transmitting to older individuals.</p> <p>Chris Sims reported an increased use of the NHS 111 symptom tracker. Increase in ambulance waiting times as well. Increase in community, maybe not be enough to show markedly but is creeping up.</p> <p>Quentin Sandifer advised that the situation had changed with people behaving differently. Better compliance with social distancing and personal hygiene required. Effective application of TTP as a tool to respond.</p> <p>Fliss Bennee reported behavioural fatigue had set in and there was a need to have some more directive questions on the national survey. People can get infection more than once. Quentin Sandifer reported that PHW were having communications with Welsh Government on what additional messages we needed to send out to target populations or update messages more broadly on reinfection.</p>
4	<p><b>Welsh Government Chief Scientific Adviser (Health) update: Fliss Bennee</b></p> <p><b>RWCS/Modelling</b></p> <p>Headline</p> <ul style="list-style-type: none"> <li>• Not used SAGE RWCS for Wales, but Swansea University system as best for historical data and projections</li> <li>• From 1<sup>st</sup> July 2020 – 31 March 2021 to see excess deaths of circa 6,300</li> <li>• RWCS – numbers based on compliance of 70% or higher.</li> <li>• Hospitals length of stay – taken into account and factored in. Bed occupation – 30/12/2020 and 6/1/2021 may be the peak.</li> <li>• Generalised model does not go into specifics at Health Board level. Outer limits taken into account. Would expect COVID-19 and winter infections to peak at same time.</li> </ul> <p><b>ACTION: Fliss Benne to share updated RWCS presentation slides with group once approved</b></p> <p><b>Testing update</b> – <span style="border: 1px solid black; padding: 0 5px;">NR</span></p> <ul style="list-style-type: none"> <li>• Referrals - no significant changes. Referrals going through UK portal</li> <li>• Change of name and termination but not function</li> <li>• Testing units coming on-line</li> <li>• Antibody testing– online booking portal awaited either through NWIS or DHSC.</li> </ul> <p><b>Sampling</b></p> <ul style="list-style-type: none"> <li>• No significant changes</li> </ul>



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	<ul style="list-style-type: none"> <li>• Mobile testing units handed over to military or commercial providers.</li> <li>• WAST team deployed to support outbreak</li> </ul> <p><b>Testing capacity:</b></p> <ul style="list-style-type: none"> <li>• Utilising majority for lighthouse labs</li> <li>• Noticed over last 2-3 weeks significant improvement of turnaround time of samples into Welsh labs.</li> <li>• Better co-ordination of samples into labs due to less batching.</li> <li>• Elements of system improving</li> <li>• Testing moving over to lighthouse labs has also helped resilience in PHW labs.</li> </ul> <p><b>Results:</b></p> <ul style="list-style-type: none"> <li>• no change</li> <li>• Texted out if valid mobile number if not manually by lighthouse lab.</li> <li>• Dido Harding, Chief Executive National Institute of Public Health in England has limited tested to 70 miles away from home.</li> <li>• Welsh Government working with HSC to overcome issue</li> <li>• Need to work out way to switch between PHW and light house labs to support samples</li> <li>• Automation of electronic test requests – crucial for reporting of labs, texting out results. 6-8 weeks away. Trying to expedite with NWIS. Need to be up and running to support electronic test requests.</li> </ul> <p><b>New updates:</b></p> <ul style="list-style-type: none"> <li>• Walk in tests to supplement sample capacity</li> <li>• Working with Welsh Government to support testing units</li> <li>• Dashboards in development</li> <li>• Sampling and testing dashboard – keen to share with colleagues for data to see. Limited to NHS email addresses working with NWIS to try and open up.</li> <li>• Hot labs and Imperial Park for better resilience in PHW.</li> </ul>
5	<p><b>Coronavirus Control Plan for Wales /Local COVID-19 Prevention and Response Plans:</b></p> <ul style="list-style-type: none"> <li>• Test, Trace, Protect (Chair)</li> </ul>
6	<p><b>Key strategic issues for discussion:</b> NR</p> <p><b>Vaccination programme update</b></p> <ul style="list-style-type: none"> <li>• 6 weeks to best case launch</li> <li>• Depending on if sufficient vaccine manufactured</li> <li>• UK government has procured 4 different vaccine tests from 6 providers.</li> <li>• 340 million doses available</li> <li>• Health care workers and social care workers to receive vaccine first</li> <li>• Risk then age stratified – oldest groups and work down.</li> <li>• Residents of care homes a priority</li> <li>• Delivery planning – difficult time of year to run.</li> <li>• Expectation – more flu vaccines will be offered and uptake higher. Benefit of individual and service to protect longer.</li> <li>• Additional vaccine procured will not become available until November/December. Aimed at 50-64 years of age. To come down to 5 year age group depending on vaccines available.</li> </ul> <p>Challenges –</p> <ul style="list-style-type: none"> <li>• Information collated in parallel with planning process</li> <li>• Will need additional capacity, workforce, logistics</li> <li>• Different kind of storage required</li> <li>• Availability of venues – local planning teams finding it hard to find venues for vaccination.</li> <li>• Call/recall system - data capture. Technology not in wide use. Collecting data on outcomes will require data coming back in. NWIS taking lead. Quentin Sandifer requested all colleagues to take away the issue of venues and workforce support.</li> </ul>



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	<p>Quentin Sandifer reported that a consultation was in progress regarding a wider range of people to train up as immunisers. Richard Roberts reported issues around indemnity which was being consulted on.</p> <p>NR reported that alignment to TTP process is in progress. Emergency planners fully involved and South Wales LRF would be reached out to if required.</p> <p>Quentin Sandifer reported that all Health Board plans were now with Welsh Government.</p> <p>NR reported that Welsh Government had requested testing locations. Starting to see locations for vaccines. Need to be co-ordinated in what the requests are. A lot of work required to see which locations meet the need. Different asks coming in. Need to have a conversation around all of the asks for various locations. Quentin Sandifer requested colleagues at Welsh Government to note and he would pick up at the Health Protection Advisory Group (HPAG) next week.</p> <p>Richard Roberts reported that there were pressures to have a vaccine but this would always follow an efficacy process with a need for transparency.</p> <p><b>ACTION: NR to provide a further update to group members on the vaccination programme in approximately one month from 4.9.20 (e.g. 2.10.20 or 9.10.20)</b></p>
7	<p><b>Covid prevention response plans – Andrew Jones</b></p> <p>Plans to be discussed in HPAG next week. Discussions will be held with Welsh Government on further development of plans and a coordinated approach</p> <p>Exercise Barod debrief report (Draft) – for consideration and approval          QS acknowledged recommendations. Report and recommendations for consideration were accepted. Colleagues can share with partners. NR to issue final report on Monday.</p>
8	<p>Specific strategic matters raised by SCG/RCG and ECC(W): issues and questions</p> <p>None received.</p>
9	<p>Key UK developments</p> <p>None noted</p>
10	<p>Any other business (previously notified to Chair)</p> <p>None raised</p>
11	Summary of actions, owners and timescales (see below)
12	<p>Confirm date and time of next meeting</p> <p>Stated as 11.9.20</p>

#	Action	Owner	Update
1	<b>Fliss Benne to share updated RWCS presentation slides with group once approved</b>	Fliss Benne	Ongoing
2	<b>Richard Roberts to provide a further update to group members on the vaccination programme in approximately one month from 4.9.20 (e.g. 2.10.20 or 9.10.20)</b>	<div>NR NR</div> <div>NR NR</div>	Ongoing



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