

# WELSH GOVERNMENT

COVID19 Technical Advisory Group (TAG)  
17.07.2020 8.30-9.30am

REF Objective Connect Folder: "TAC Papers 2020.07.17"

## Notes

### Interim Monthly Monitoring of Broader Health Trends in the Context of COVID19 - NR

NR

NR paper involves sharing PH intelligence re indirect and direct effects of COVID and it's made up of 4 areas:

1. PH survey
2. International learning
3. Rapid covid 19 health assessments
4. Broader health trends to monitor health and wellbeing, which is what NR gave a demo and give a summary of his report of at today's meeting

The Broader health trends to monitor health and wellbeing paper is produced 1<sup>st</sup> Friday of each month and includes information from ONS, WG and PHW.

It provide a high level summary for its target audience of senior management across a broad range of areas

This is the link to the PHW observatory COVID-19 recovery profile 2020 which is in the early stages of development.

<http://www.publichealthwalesobservatory.wales.nhs.uk/beta-products>

It's interactive and can look at metadata level and the plan is to include a narrative and context and summary outputs will be downloadable.

The next iteration is available in the 2<sup>nd</sup> week in August and will include behaviours and wellbeing indicators.

Its purpose is to be a long term resource that will develop according to the pandemics progress.

The distribution of the work is via NR which needs to be firmed up.

There are concerns re duplication of data that needs to use a common data source and standards and align with other work

#### Action

KAS and NR to discuss this risk off line re duplication of data in the COVID-19 recovery profile app

NR invited to submit a summary document of his finding that can be included in the weekly TAC briefing

NR is considering the request from JBC to look at vitamin D and Sunlight papers

#### Action

TAC to arrange a session on International work and to invite NR

TAC to share JBC papers with NR

Work had begun looking at mortality and the shutdown of NHS services and at people's mental wellbeing. The key areas to look at and develop include the long term effects exposure of inequality.

TAC are setting up a new socio-economic subgroup to be chaired by **NR**. There is a need for evidence synthesis on how to mitigate the harms which will tie in with the work **NR** et al are undertaking.

### **Circuit breakers and indicators**

**NR** gave demo of the dashboard.

Users will be able to break down by CB's by geographical and type of circuit breaker.

A RAG status will be used and the date each CB is updated and source of data will be available.

**NR** invited testing from TAG members.

TAC are holding focus groups including SCG and WG liaison officers to get their input on the CB's and indicators and how the dashboard works.

Access will be for Internal and external stakeholders.

**NR** agreed to look at the three area below in the development of the dashboard

1. Primary source data and NWIS data which adds value to have a place where internal stakeholders can see it in one place. Data used will be aggregated data without manipulation
2. The Inclusion of SPI-M data re RWCS
3. Being able to drill down on data at a major incident to see how it links across to other nation's data. (without seeing personal data)

Test and trace data will be important to work out the indicators. The data is coming from NWIS and Armauni are testing next week.

PHW Observatory are also working on new measures. Similar concerns raised on duplication of work and ensuring best use of resources and good sharing outputs across platforms.

#### **Action**

TAC to arrange a session on the test and trace data. To include NWIS and KAS and WG policy lead and Armauni.

### **Face Coverings**

HTW have undertaken a review of the evidence and confirmed more will be available next week/c 20 July 2020.

At the moment there is insufficient evidence is to be able to answer many questions which are mostly policy based on behaviours and expectations.

The general view is that there is small trend towards a marginal effect.

Historically, people's behaviours and compliance have tended to fall into line when instructed to comply with new laws and regulations – i.e smoking in public places to prevent exposure to secondary smoke.

There are many occupations where workers are exposed to multiple people during their day and week for example bus drivers and hairdressers. A shop worker can expect to serve up to 800 people in a week. The principle of face coverings should be about protecting these people that have high exposure even when/if the incidence in the community is low.

There was evidence that face coverings had an effect re SARS-1.

There is a collective movement being reported that 1 in 2 people are wearing a face coverings and ¼ are wearing them regularly.

It was suggested that if WG mandate wearing face covering, the availability of a vaccine would allow this mandate to be switched off.

It was noted that it's easier to wear a face coverings than to keep 2 m away.

More evidence is needed on whether it's transmitted more by aerosols or heavy droplets.

It was suggested and agreed to examine behavioural analysis at the behaviour subgroup at their first meeting on Wednesday 22 July. It was agreed that there are harms either in wearing them or not and that it will be hard to implement diff across the 4 nations.

One suggestion was that it would be better to mandate the use face coverings before the spread of covid as it happening in Israel currently.

#### **Action**

TAC and behaviour subgroup need to draw up a consensus statement on face coverings.

#### **Care Home Analysis and Visits to care homes.**

The currently situation allows for visits outside and for end of life resident only. There are some residents that are unable to go outside.

Currently the prevalence in CH's is very low.

Properly managed visits may be a good idea for relatives and hairdressers.

**NR** thinks that indoor visiting should be allowed in the next few weeks and if she were pressed she would allow a visit

There is a big risk of introduction vs the wellbeing of the residents.

It was agreed that **NR**'s point is very clear and the TAG advice is to give a rational explanations.

It was suggested this is more a policy decision rather than the science and if visits were allowed then staff need to understand and explain the risk to relatives so they can make an informed choice.

#### **Serology**

Headline figures are at 6.5% based on 1000 samples

**Action**

TAG agenda item on Tuesday meeting

**AOB**

Glyn's Jones was thanked for all his work with TAC and TAG over the last few months as he is moving on from his role as Wales's Chief statistician.