

CWM TAF MORGANNWG

COVID19 - POPULATION SURVEILLANCE

1. BACKGROUND

1.1. The Public Health Protection Response Plan developed by Public Health Wales (PHW) for presentation to the Welsh Government proposes three key elements:

- preventing the spread of disease through contact tracing and case management,
- population surveillance, and
- sampling and testing different people in Wales

1.2. This plan identifies the key actions required by partners across the Cwm Taf Morgannwg Region to operationalise the population surveillance requirements needed to support the Welsh Government's Test, Trace, Protect strategy.

1.3. Surveillance systems shall primarily be developed and led on a National basis by Public Health Wales and key partners. At a Regional (local Health Board) level there is a need to consider additional surveillance elements (may also be considered business support in part):

- contingency planning – the CTM COVID-19 Strategic Oversight Group will wish to be satisfied it has arrangements in place to provide enough information to maintain the coordination of the Contact Tracing Teams and identify clusters for controls to be implemented.
- fine detail surveillance to support local action and business operations at a pace potentially not matched at a National level.

Every effort shall be taken to ensure duplication of effort is kept to an absolute minimum.

2. AIMS AND OBJECTIVES

2.1 In this context the main aims of surveillance at a National level are to:

- Monitor effectiveness of control measures in real-time
- Measure burden of disease in the general population
- Identify risk groups for disease and severe outcomes
- Rapid detection of clusters, outbreaks and local increases
- Ongoing assessment of population immunity
- Assurance of occupational health and protection of vulnerable groups through surveillance and screening of key occupational groups
- Monitor the characteristics of the virus including genomic analysis and immune characteristics, and link to epidemiological information

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- Identify and address, with partners, research questions for COVID-19 and its impact, including longer-term direct and indirect effects on the population.
 - Add to the evidence base on COVID-19 and other respiratory infection epidemics using insights from the unique national data infrastructures in Wales and cutting edge genomics surveillance.
- 2.2 In addition to the above, regional surveillance will seek to meet the following, locally identified objectives:
- Monitor intensity and severity of COVID-19 spread in CTM
 - Monitor behaviour of COVID-19 in at-risk groups in CTM (residents of long term care facilities, patients in acute and community hospitals and people in our communities at risk of developing severe disease)
 - Monitor immunity to COVID-19 in CTM
 - Detect outbreaks in CTM hospitals and long term care facilities
- 2.3 The attributes of a surveillance system can be identified as simplicity, flexibility, data quality, acceptability, sensitivity, predictive value positive, representativeness, timeliness and stability. For the purposes of serving the current regional needs of the pandemic, it is identified that some attributes will more critical than others. Initial focus will be on simplicity, timeliness, sensitivity and flexibility. This will enable the surveillance system to adapt to emerging evidence and changing needs within the local population.

As the situation evolves, the surveillance system will adapt to best fit the current needs.

3. SCOPE

- 3.1 The regional surveillance system will seek to meet the aims and objectives set out in section 2. It will seek to inform and support, but not include, the following areas of work within CTMUHB:
- Measure and monitor healthcare system impact
 - Modelling of the future impact of COVID-19 on health and care services
 - Surveillance of the indirect impacts of COVID-19 and responsive measures on the population e.g. mental health and wellbeing, financial impacts

4. DATA SOURCES

- 4.1. There are a number of different data sources which can be utilised for surveillance of COVID-19. These include primary data sources and data sourced from organisations which have already combined primary data sources in different ways. Each source has risks and benefits to its use and a clear understanding of these is essential when interpreting them.

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- 4.2. The availability of different data sources in a format which enables interpretation for a local population is also variable, for example, the data currently provided by Public Health Wales (PHW) Communicable Disease Surveillance Centre (CDSC) does not include figures for individual local authorities (LAs) within CTMUHB.
- 4.3. Data sources for regional surveillance can be grouped into two aspects: (i) information obtained from contract tracing; and (ii) information shared by different teams within, and organisations outside of, CTMUHB (both primary and secondary data).
- 4.4. Contact tracing will begin from 31st May 2020. NWIS, supported by PHW are seeking to secure and deploy a national case management system as soon as possible, however it will not be available by this date. It will need to be ensured that the information held in this database is compatible with, and adaptable to, the regional surveillance needs.
- 4.5. CTMUHB have been asked to prepare an interim solution for use to facilitate contact tracing prior to the availability of a national case management system. This will require the deployment of an existing solution. This will also need to be compatible with regional and national surveillance needs and would benefit from working closely with regional surveillance team (RST) from the outset.
- 4.6. There are planned to be three potential referral routes for individuals who are symptomatic for contact tracing: (i) a web based platform; (ii) an App; and (iii) a national contact centre. PHW propose to extend their contact centre to provide a self-referral route which will be available 08.00 to 20.00 seven days a week. Without the availability of a national case management system, interim arrangements will need to be implemented to pass information to regional / local resources. It is important to ensure any interim contact arrangements capture the data requirements for both contact tracing and surveillance in a format which can then be linked to whichever case management system is in use at that time.
- 4.7. It is essential that the regional surveillance team links closely with the agreed data providers, of both contract tracing and other data sources, to ensure the needs of regional surveillance are met. As understanding of the epidemiology of COVID-19 is still expanding, data needs may change and wherever possible data providers should be flexible to adapt to this. However, the ability to adapt data collection and provision will vary by source.
- 4.8. Laboratory data on testing results will need to be linked to the case management system, whether interim or final solution. It is important that the RST work closely with, and support, the testing workstream to ensure data is combined accurately and interpreted appropriately.

5. WORKFORCE REQUIREMENTS

- 5.1. Unlike the requirements of the Regional Response and Local Contact Tracing Teams there is no requirement to be operational 08:00 to 20:00 seven days a week. However the Regional Surveillance capacity will be available to support routine reporting and activity along with more specialist cluster investigation support
- 5.2. Given the nature of the tasks assigned to the regional response team and surveillance support it will be necessary to draw on specialist staff from existing teams such as CDSC. It is proposed that the regional capacity will comprise of the following staff, however, this is dependent on the availability of funding:

Table I – Recommended Regional Surveillance Team (RST) structure

Role	Staff resource
Consultant in Public Health (AfC b9)	2 x 0.5 wte
Healthcare Epidemiologist (AfC b6)	1 x 0.6 wte
Principal Public Health Intelligence Analyst (AfC b8a)	1 x 1.0 wte
Public Health Intelligence Analyst (AfC b7)	1 x 1.0 wte
Researcher (AfC b7)	1 x 1.0 wte

Table II – Recommended support drawn from outside RST

Role	Organisation	Level of support
Consultant Epidemiologist	CDSC, PHW	Ad hoc advice that cannot be met by Senior Epidemiologist
Senior Epidemiologist	CDSC, PHW	Timely provision of regional data in a format that allows analysis by LA Sharing of new information Ad hoc queries
Assistant Director for Quantitative Planning	Information Team, CTMUHB	Advice relating to interpretation of healthcare data Collaboration on development of surveillance system
Head of Information (Acting)	Information Team, CTMUHB	Collaboration on development of surveillance system, including early warning system Provision of and advice on interpretation of health data
To be confirmed	Provider/host of contact tracing databases	Ongoing work to ensure data needs are met wherever possible, including ensuring transfer, format and variables are compatible

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- 5.3. Staff should be identified and reallocated from within the current Local Public Health Team (LPHT) wherever possible as this will maximise current knowledge and learning from monitoring COVID-19 across different data sources and interpretation for the local population.

6. OPERATIONAL MANAGEMENT

- 6.1. It is proposed that the surveillance capacity reports to the CTM COVID-19 Strategic Oversight Group for leadership and reporting matters and the Tactical Group to inform and direct local activity.

7. INFRASTRUCTURE, SUPPORT & INTERDEPENDENCIES

- 7.1. Full details of proposals at a National level are laid out in Public Health Wales' Public Health Protection Response Plan.
- 7.2. The successful delivery of the regional and local arrangements is dependent on the effective operation of the national tier. This will include the necessity to have a case management database system to provide sufficient data to target resources and action. PHW have indicated that the existing system, Tarian, will not be able to meet the national requirements of this pandemic. As this new national case management system will not be available by the end of May 2020, it will be necessary for each region to either develop a local solution or to utilise existing systems until such time as a new national system becomes available.
- 7.3. The success of the Response Plan is dependent on the ability of people to easily and promptly self-report if they are showing potential symptoms of COVID19. This is in turn dependent on several potential referral routes – a web-based platform, development of an App and a national contact centre. PHW propose to extend their contact centre to provide a self-referral route
- 7.4. It is therefore sensible that the Cwm Taf Morgannwg region develop contingency plans to receive and communicate referrals to Local Contact Teams and the Regional response.
- 7.5. This plan will also need to closely align with the COVID-19 testing strategy developed by the UHB. This will need to be expanded to cover a wider population and laboratory services will need to increase capacity significantly to meet increased demand.
- 7.6. The Regional Surveillance team shall primarily report to two Groups:
 - CTM COVID-19 Strategic Oversight Group (weekly – Tuesday) – to inform the leadership on matters relating to the local picture and appropriate comparisons to support resource allocation, monitor the performance of local activities and support strategy development.

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- CTM COVID-19 Tactical Group (twice weekly – Monday and Thursday) – to enable the effective direction of activities and assess the impact of previous efforts.

8. GOVERNANCE & ACCOUNTABILITY

- 8.1. A CTM COVID-19 Strategic Oversight Group has been set up to provide leadership and oversight of regional activities. This Group shall update and satisfy the CTM area Chief Executives Group on COVID-19 control activity.
- 8.2. The Strategic Oversight Group will be responsible for overseeing all aspects of the delivery of the response Plan; Contact Tracing and Case Management, Surveillance and Testing Strategy and will be chaired by the UHB Executive Director of Public Health.
- 8.3. The organisation of the teams and governance arrangements are shown in the chart at Appendix II

9. TIMESCALES

- 9.1. It is planned to address immediate surveillance needs by end May 2020, including the identification of key data sources, key indicators and surveillance resource requirements.
- 9.2. The plan will need to be reviewed by 8 June in line with national timeframes, to include medium term surveillance needs (June to August) and high level needs to the end of 2020. There will be an ongoing need to review the plan regularly, as circumstances are likely to change throughout the year.
- 9.3. An action plan setting out the key milestones and deadlines is presented at Appendix I.

10. COMMUNITY ENGAGEMENT & COMMUNICATIONS

- 10.1. Underpinning this approach will be the effective communication of risk and clear messages to our residents on the arrangements being put in place for contact tracing and case management so people know what to expect. A risk communication and community engagement (RCCE) workstream is underway within CTMUHB. The regional surveillance will seek to inform this workstream to ensure that messages are tailored according to the needs of our local population.

11. FINANCIAL IMPLICATIONS

- 11.1. The financial implications of putting these arrangements in place have yet to be quantified. In the initial phase, as staff are drawn from existing resource

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this is likely to be an opportunity cost although it is likely that roles will need to be back filled to cover core duties, particularly as services gradually return to normal.

- 11.2. The national response plan includes a section on finance and resources which indicates that the additional costs for contact and trace will now have to be coordinated by Welsh Government and that further clarity will be required on the financial support arrangements that will be provided to partners.

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ACTION PLAN

Ref.	Action	Milestone	Person/Organisation Responsible	Deadline
1	Agree Plan with key Stakeholders	<ul style="list-style-type: none"> • Draft plan complete • Identify key stakeholders • Consultation on plan with stakeholders • Plan agreed with stakeholders 	RST/CTMUHB	22/5/20 29/5/20 8/6/20 15/6/20
2	Identify and put in place necessary resource to implement a regional surveillance system	<ul style="list-style-type: none"> • Internal resource identified for immediate surveillance • Internal resource secured • Longer term resource identified (July to December 2020) 	RST/CTMUHB	31/5/20 15/6/20 30/6/20
3	Link to other regional surveillance systems across Wales to share learning and best practice	<ul style="list-style-type: none"> • Consult with other Health Boards on draft plan • Ongoing sharing of learning and best practice 	RST/CTMUHB	5/6/20 Ongoing
4	Agree local key identifiers to be monitored and thresholds at which action should be considered and undertaken	<ul style="list-style-type: none"> • Initial key identifiers agreed • Draft threshold figures identified • Stakeholder consultation • Ongoing review of key identifiers and thresholds 	CTMUHB	5/6/20 30/6/20 30/6/20 Ongoing
5	Agree initial data sources for key identifiers and establish processes by which these will feed into the surveillance system	<ul style="list-style-type: none"> • Collaborate with stakeholders and other workstream leads to identify suitable data sources for immediate surveillance use • Define processes of data transfer into surveillance system • Ensure mutually agreed interpretation of data with data providers 	CTMUHB	5/6/20 15/6/20 (for interim solution. National solution date tbc)
6	Establish an interim solution for surveillance should the national case management system not be available	<ul style="list-style-type: none"> • Work with contact tracing workstream to identify functionality of interim case management system • Identify local dataset for analysis from case management system 	CTMUHB	15/6/20 15/6/20
7	Input into national key indicators for surveillance to maximise local usefulness	<ul style="list-style-type: none"> • Feedback into national process via PHW 	RST/CTMUHB	Ongoing

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8	Develop a national case management system and ensure timely access to data for regional surveillance systems	<ul style="list-style-type: none"> Develop, test and implement national case management system 	PHW/NWIS	1/6/20 (revised date tbc)
9	Ensure the national case management system in development meets regional surveillance needs	<ul style="list-style-type: none"> Feed in surveillance requirements to NWIS for national case management system and developments relating to outbreak surveillance Ongoing feedback 	PHW/CTMUHB	30/6/20 Ongoing
10	Ensure all data protection regulations are met	<ul style="list-style-type: none"> Ensure compliance of surveillance system with GDPR regulations. 	PHW/CTMUHB	Ongoing
11	Establish process by which surveillance data will inform the activity of other workstreams: contact tracing; testing; and community engagement and risk communication	<ul style="list-style-type: none"> Develop draft specification for surveillance data Consult with key stakeholders Agree user specification with workstream leads 	CTMUHB	1/6/20 15/6/20 (for interim solution) 22/6/20
12	Conduct in-depth analysis of local cases to inform key driving factors in their distribution within the CTM region	<ul style="list-style-type: none"> Initial analysis to inform development of surveillance system, including review of interim contact tracing Ongoing ad hoc analysis to inform surveillance 	CTMUHB	19/7/20 Ongoing
13	Establish a process to identify the emerging evidence base for the epidemiology of COVID-19, interpret it for the local population, and adapt surveillance as appropriate	<ul style="list-style-type: none"> Identify national processes for reviewing evidence Establish regular reporting on implications for local population Identify new information that could be used to adapt/steer local surveillance in a timely way 	CTMUHB	Once Researcher in post - tbc
14	Engage and share emerging new evidence to inform surveillance and action with other organisations	<ul style="list-style-type: none"> Newly identified evidence or learning from surveillance to be shared with appropriate stakeholders 	PHW/All Health Boards/Relevant national and international organisations	Ongoing