



AGENDA ITEM

4.1

CTM BOARD

COVID-19 UPDATE

Date of meeting	28/05/2020
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
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Presented by	Dr Kelechi Nnoaham
Approving Executive Sponsor	Executive Director of Public Health
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
Related paper presented to Quality and Safety Committee	12 th May 2020	NOTED
Management Board	20/05/2020	NOTED

ACRONYMS

ONS	Office of National Statistics
CTM	Cwm Taf Morgannwg
HB	Health Board



WAST	Welsh Ambulance Service NHS Trust
PHW	Public Health Wales
CMO	Chief Medical Officer
DPH	Director of Public Health

1. SITUATION/BACKGROUND

- 1.1 On Monday 23 March the Prime Minister announced that the UK was under lockdown to prevent the spread of COVID19. People were only to leave their home for essential travel, all non-essential shops were closed, and people were instructed not to socialize with those outside their households.
- 1.2 The number of confirmed COVID cases in the UK up until 14/05/2020 is 233,151 with 33,614 COVID related deaths. In Wales there have been 11,834 cases and 1,164 COVID related deaths in the same time period. In CTM there have been 3,122 cases and 241 COVID related deaths up until 14/05/2020.
- 1.3 These lockdown and social distancing measures have been successful at decreasing the transmission of COVID in the community. The number of cases and deaths peaked in the middle of April 2020, and there has been a plateau followed by a decline in cases (figure 1) and deaths (figure 2). However, there are still significant numbers of new cases and COVID related deaths in the UK, and there is still widespread transmission of COVID in the community.

Figure 1: Confirmed COVID cases in CTM (18/03/2020 – 14/05/2020)



Data correct as of:

14 May 2020 13:00

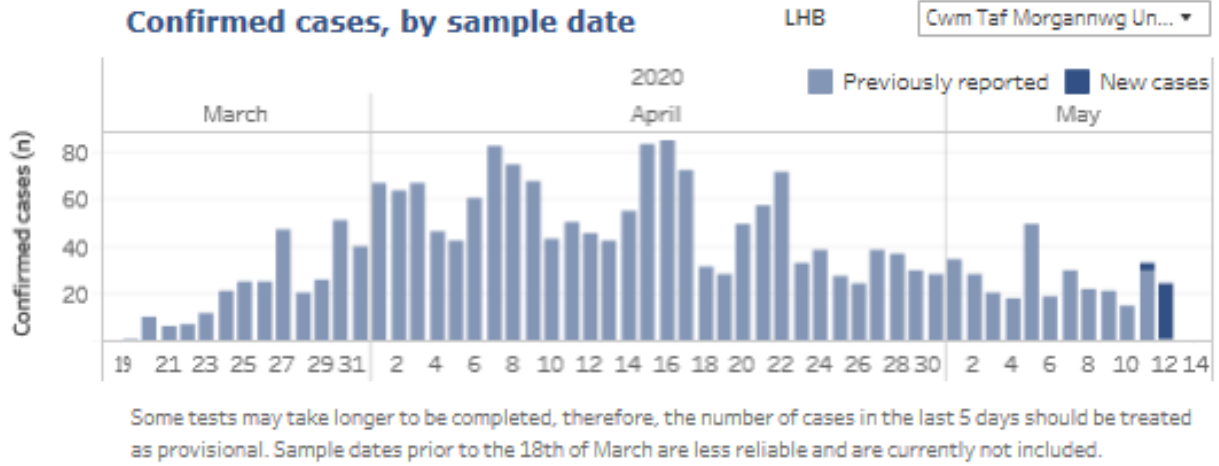
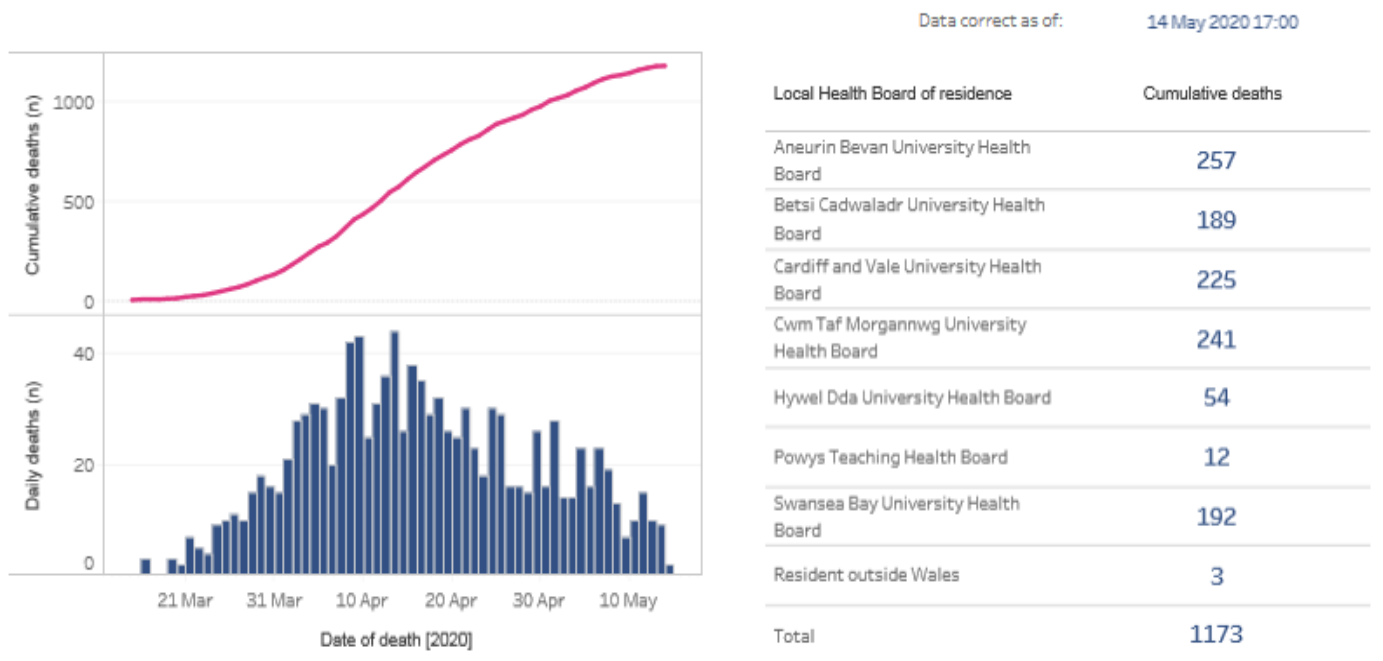


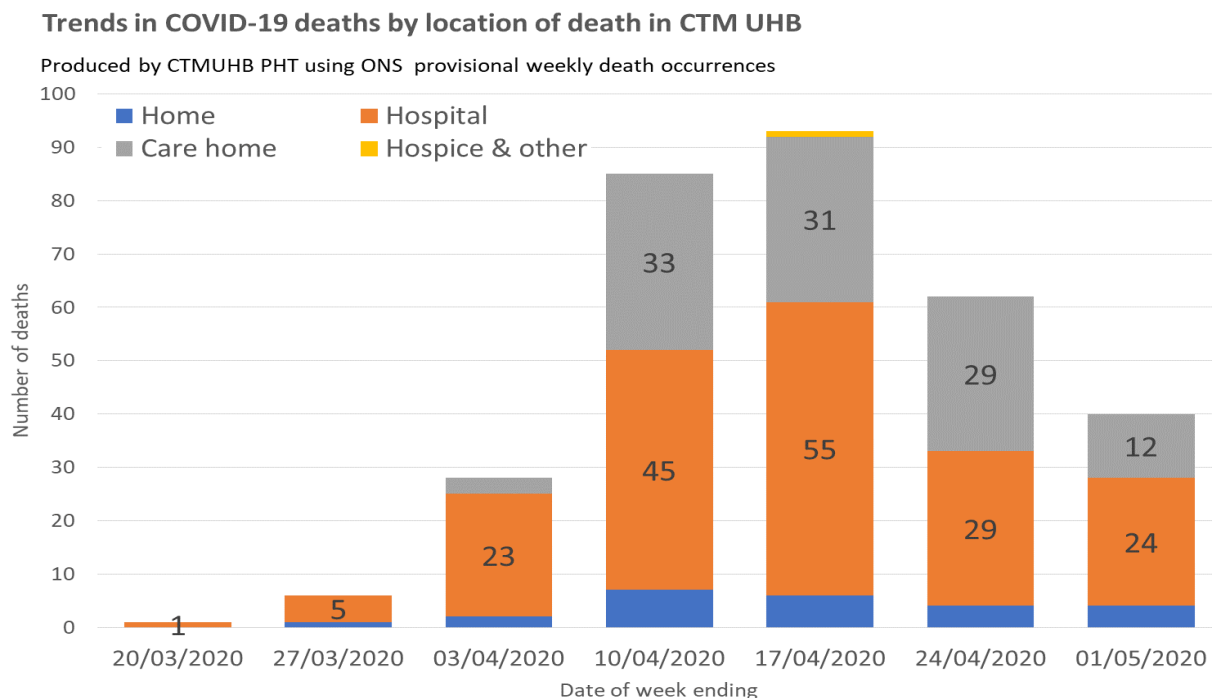
Figure 2: COVID related deaths in Wales (18/03/2020 – 14/05/2020)



1.4 ONS reported COVID-19 death rates in CTM have decreased in the week to 1 May 2020. CTM is one of three HBs with significantly higher death rates than Wales as a whole, alongside Cardiff and Vale (C&V) and Aneurin Bevan (AB). However, rates in CTM are not significantly different to C&V or AB. The higher COVID-19 death rate in CTM health board is likely to be influenced by its relatively higher levels of deprivation and comorbidity.

1.5 There was a decrease in ONS reported deaths in CTM care homes, and a smaller decrease in deaths in hospital (Figure 3).

Figure 3: Trends in COVID-19 death by location in CTM UHB



2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 CTM has a COVID-19 Testing Strategy. Testing for COVID has increased since the beginning of the outbreak. Currently a range of people are eligible for testing in CTM including:

- Hospital inpatients with COVID symptoms.
- Symptomatic key workers in the NHS and agreed partner organizations including Local Authorities, Police, WAST, and care home employees.
- Symptomatic household members or informal carers of shielding individuals.
- All people who are due to be discharged from hospital into a care home.
- All care home residents and staff in Care Homes which have an ongoing COVID incident.
- Asymptomatic Health Care Workers in high risk areas



- 2.2 Community testing for COVID is currently being undertaken in a range of locations across CTM:
- 5 Staff Testing Units
 - Mass testing Centre in Navigation Park, Abercynon
 - Mobile teams of staff that are visiting Care Homes and key workers who do not have means of transportation.
 - Home tests provided through a UK portal and Amazon Logistics.
- 2.3 Care Homes in CTM are currently being supported by a range of professionals from the PHW Enclosed Settings Cell, Environmental Health Officers, Local Authority, and Health Board. A letter from the CMO to the Chief Executives of the Health Boards on 13th May extended the offer of testing to all symptomatic and asymptomatic residents and staff in Care Homes which have an ongoing outbreak of COVID.
- 2.4 Public Health Wales submitted its “Public Health Protection Response Plan” (PHRP) to Welsh Government on 5th May 2020. This advised on a next phase of the Public Health COVID response in Wales which would enable Wales to enter a recovery phase and uplift of the current COVID-19 related restrictions. This plan contained three key pillars:
- Contact Tracing and Case Management
 - Population Surveillance
 - Sampling and Testing
- 2.5 Welsh Government subsequently released their “Test, Trace, Protect” strategy on 13th May 2020. This was based on Public Health Wales advice. It will work by:
- Identifying those who have COVID-19 symptoms, enabling them to be tested while self-isolating.
 - Tracing people who have been in close contact with the symptomatic person, requiring them to self-isolate for 14 days.
 - Providing advice and guidance, particularly where the symptomatic individual or their contacts are vulnerable or at greater risk.
 - Ensuring that if the individual tests negative individuals and their contacts can get back to their normal routines as soon as possible.
- 2.6 The CTM Public Health Protection Response (PHRP) Plan is being managed on a regional (CTM) footprint under the leadership of the DPH. A multiagency planning cell comprising of members of the Health Board, Local Public Health Team and the three Local Authorities has been set up to operationalize the PHRP plan within the CTM area. The CTM plan is based on the three pillars of the PHW plan (sampling and testing, Contact tracing and case management and population surveillance) underpinned by a communication and engagement plan.



2.7 A CTM operational plan has been developed and submitted to WG which details the provision for the contact tracing element of the plan. This consists of a regional response team and Local Contact Tracing Teams. The teams based on an Upper Super Output Area footprint will align with the CTM Integrated Locality Groups. There will be six local contact tracing teams operational by 31st May. This capacity will be scaled up to 13 teams (one per Upper Super Output Area) as lockdown restrictions are eased and more contact tracing activity is required.

2.8 The initial six Local Contact Tracing Teams, and the geographical areas that they cover, are outlined below.

Local Contact Tracing Team	Integrated Locality Group Area	Area covered (approximate primary care clusters)
Bridgend 1	Bridgend	West Bridgend
Bridgend 2	Bridgend	North and East Bridgend
Merthyr Tydfil 1	Merthyr & Cynon	Merthyr Tydfil
RCT 1	Merthyr & Cynon	Cynon
RCT 2	Rhondda Taf	Rhondda
RCT 3	Rhondda Taf	Taff Ely and Lower Cynon

2.9 The CTM Regional Response Team will incorporate enhanced provision for Care Homes. A pilot of the approach in Care Homes will commence w/c 18th May 2020 in CTM.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Key issues relating to COVID-19 **testing** include:

- Ensuring that there are clear pathways for organizing, accessing and receiving the results of COVID-19 testing for all eligible individuals in CTM.
- Ensuring that testing can be scaled up to meet the increasing demand from widening the testing offer.

3.2 Key issues relating to the “**Public Health Protection Response Plan**” include:

- A proposed governance structure to include a weekly report of the multiagency plan implementation given by the Director of Public Health to the weekly CTM Chief Executive Officers and Leaders forum.



- The need for flexible planning to take into account the uncertainty around the timelines and details of the changes to lockdown restrictions in the UK.
- The requirement for IT and digital platforms to be available in Wales to enable contact tracing and case management, with provision for local manual stand-by arrangements.
- The substantial staffing requirement needed for local contact tracing and case management teams for a prolonged period (estimated 6-12 months currently, although this may change based on changes to the national COVID situation).
- Uncertain financial implications and opportunity costs to the health board and local authority of implementing the plan across CTM. It is estimated that contact tracing activity will be required for 6-12 months.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	There are multiple potential quality, safety and patient experience implications of the ongoing COVID19 situation
Related Health and Care standard(s)	Safe Care
	This also relates to timely care and effective care.
Equality impact assessment completed	Not required
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	The COVID situation has had, and will continue to have, significant implications on resources. Some of these issues are outlined in this report.



Link to Main Strategic Objective	To protect and improve population health
Link to Main WBFG Act Objective	Work with communities to prevent ill-health, protect good health and promote better health and well-being

5. RECOMMENDATION

- 5.1 **NOTE** the progress made in relation to developing a multiagency “Public Health Protection Response Plan” for CTM and endorse the proposed governance arrangements.
- 5.2 Understand that the estimated workforce and financial demands from the ongoing public health response in terms of duration and volume will change frequently based on the COVID prevalence in the population and government policy on COVID containment measures.
- 5.3 **NOTE** the potential disruption and currently unknown financial costs to health and public sector services caused by efforts needed to control COVID-19 transmission in the CTM community and the impact on usual winter pressures / influenza season.