



AGENDA ITEM

4.2

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

**CTM TEST, TRACE, PROTECT TRANSITIONAL REPORT
INCLUDING VACCINATIONS AND TESTING**

Date of meeting	(04/05/2022)
FOI Status	Open/Public
If closed please indicate reason	Choose an item.
Prepared by	Dr Rebecca Cushen, Consultant in Public Health Medicine
Presented by	Prof 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
RSOG (update based on TPP mainstreaming report agreed at RSOG on 29/3/22)	(29/03/2022)	ENDORSED FOR APPROVAL

ACRONYMS

TTP	Test, Trace, Protect
CCDC	Consultant in Communicable Disease Control
CHP	Consultant in Health Protection
LFD	Lateral Flow Device
PCR	Polymerase Chain Reaction



1. SITUATION/BACKGROUND

- 1.1** The COVID-19 TTP programme was set up in May 2020. It is a partnership between the University Health Board and the three Local Authorities, and is overseen by the CTM TTP Regional Strategic Oversight Group (RSOG).
- 1.2** In March 2021, the CTM TTP RSOG developed and approved its Prevention and Response Plan 2021/2022, which informed the constituent Local Authority and University Health Board actions, and organisational plans, including the University Health Board's Integrated Medium Term Plan (IMTP). Two subsequent addendums to the plan were developed during 2021, and subsequently agreed at RSOG.
- 1.3** A CTM TTP "Programme Closure and Mainstreaming our Response to COVID-19 in 2022/2023" report has been developed with RSOG partners and this update is based upon this report.
- 1.4** Based on current evidence, we appear to be moving from a COVID-19 pandemic to endemic state across the UK. Vaccines appear to remain effective against the current variant, Omicron, and there are signs that the most recent COVID-19 incidence peak may have passed. The number of PCR and LFD test numbers are reducing, including in response to recent UK and WG policy changes, and COVID-19 hospital admissions are remaining relatively low, with less serious acuity overall, than when compared to previous peaks.
- 1.5** If COVID-19 incidence continues to decrease, it is planned to mainstream core TTP services from July 2022, with a priority focus on safeguarding vulnerable settings.

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

2.1 Summary of TTP Mainstreaming Plans

It is expected that TTP will be mainstreamed from July 2022 with a transition period from March to June 2022.

Contingency plans will be developed in line with Welsh Government requirements and funding plans if we need to step services back up, for example in the face of a new COVID-19 variant of concern.

Vaccination and Testing

It is planned that COVID-19 vaccination and testing will be combined under a new CTM Prevention and Protection division. A final decision regarding this directorate will be made by the CTM UHB Strategic Leadership Board Board in May 2022.

The priorities for the COVID-19 immunisation programme are:

- Implementation of JCVI guidelines and Welsh Government targets as they are released.
- Identify opportunities for co-administration of the autumn COVID-19 booster with flu vaccination where feasible.
- Continue to focus on the 'leave no one behind' campaign ensuring those un/partially vaccinated are offered further opportunities to take up the offer.
- Further understand the barriers/facilitators to vaccination uptake through undertaking behavioural insight work, particularly in at risk groups e.g. pregnant women, BAME populations, and the homeless population.
- CTM Vaccine Equity group will continue to work to address inequity in uptake of the COVID-19 vaccination. The focus of this group is likely to extend to wider setting/at risk groups with further insight work undertaken and revisions of the live action plan. The scope of this group will be extended to include flu initially and then the wider immunisation agenda.

In line with Welsh Government plans regarding COVID-19 testing, we plan to enact the following changes:

- Diagnostic testing in acute admissions – initially move to Fourplex/Multiplex to identify respiratory illness and eventually move to PCR testing at the request of a clinician to support diagnosis and treatment on admission as part of the usual respiratory pathway, utilising fourplex or multiplex testing to aid diagnosis.
- Undertake PCR testing only in those that are clinically extremely vulnerable OR are undergoing invasive procedures 72 hours pre admission. When COVID-19 incidence decreases further, it is planned that we will only test the unvaccinated within these groups.
- No routine testing of asymptomatic inpatients unless an outbreak is confirmed.
- No asymptomatic PCR testing for healthcare, care home and hospice staff. Instead, asymptomatic LFD testing for Healthcare staff will flex in

and out as appropriate based on community prevalence and nosocomial rates.

- Symptomatic multiplex testing will be provided for Health and Social Care Staff, care home residents, prisoners and special educational need staff.
- Testing will support outbreak management.
- PCR testing will be a pre-requisite for anti-viral treatment.
- Asymptomatic testing within the general community will cease, and symptomatic community testing will be phased out – symptomatic testing will be prioritised for Health and social care staff, care home residents, patients and those who are clinically extremely vulnerable.
- Use of LFD testing to support the COVID Pass will be phased out.

Contact tracing

- The mainstreamed contact tracing service will be reduced but retain a targeted capacity, working where it can have most impact. This will include supporting those who live and work in higher risk settings (hospitals, care homes, special schools and prisons), as well as retaining capacity to support local outbreaks and the possible threat from emerging variants.
- This service will be supported by the Public Health Wales Health Protection Team and Consultant in Communicable Disease Control/Health Protection.
- During high demand periods, the focus will be on COVID response, i.e. cluster management, contact tracing and actions to manage disease transmission.
- During low demand periods, the focus will widen to include infection control and prevention in high-risk settings through education, advice and proactive inspections.
- In a situation where we may need to scale up the contact tracing service beyond immediately available capacity, we will look to regional and national support where possible to help manage any contact tracing peaks in activity, and if necessary, look to prioritise further the cases we can contact across the region, within resources available.

Surveillance

- A slimmed down surveillance service will focus on COVID-19 in vulnerable settings, over and above national public health surveillance of the impact of COVID-19 on the wider population.

Risk Communications and Community Engagement

- The future approach to COVID-19 risk communications and community engagement will focus on prevention and delivery of key messages, as

part of a mainstreamed communications approach, delivered by partner agencies, and building on previous good practice.

Protect

- The protect work stream will be supported through the Regional Partnership Board, and a new five-year revenue plan commenced in April 2022. By developing a robust regional approach, it is hoped that wider partner resource can be levered in/aligned to developing a model which will include delivering consistent social prescribing support to address peoples' needs in a holistic way, enabling individuals to take greater control of their own health and wellbeing through linking people to support in their community.
- Self-isolation support will continue, in particular via the Third Sector and Local Authorities, where this is required in future.

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

- 3.1** The COVID-19 vaccination programme will need to remain alert and sensitive to the changing COVID-19 environment, and link effectively with other ongoing programmes such as the flu campaign. For example, if the issue was waning immunity, it may be necessary for Welsh Government to put in place restrictions for the time it takes for a booster programme to be completed.
- 3.2** The JCVI may expand the COVID-19 vaccination programme may include the offer of:
- Boosters to age 5-11 year olds not in a clinical risk group
 - A second (mid-year) booster to those age 18-50 not in a clinical risk group.

In these scenarios, prompt redeployment of previously trained CTM employed vaccinators would need to be undertaken to support delivery of this programme alongside recruitment of fixed term vaccinator posts.

- 3.3** In the event that services need to be escalated, in line with a more Covid urgent development and associated Welsh Government measures, additional funding will be also required.



4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.
	If no, please provide reasons why an EIA was not considered to be required in the box below.
	Update provided for information
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)
Link to Strategic Goals	Creating Health

5. RECOMMENDATION

- 5.1** The Committee are asked to **NOTE** the actions taken while moving from a pandemic to endemic state as well as the contingency arrangements as required, including additional funding needed from Welsh Government.