CWM TAF MORGANNWG REGION
TEST TRACE PROTECT

COVID-19
PREVENTION AND RESPONSE PLAN
2021/2022

A PARTNERSHIP APPROACH

Approved by Regional Strategic Overview Group

16th March 2021

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CWM TAF MORGANNWG TEST TRACE PROTECT

COVID-19 PREVENTION AND CONTAINMENT PLAN 2021-2022

1.0 PURPOSE

The Public Health Protection Response Plan developed by Public Health Wales (PHW) on behalf of Welsh Government contains three key elements:

1. Preventing the spread of Coronavirus Disease (COVID-19) through contact tracing and case management.
2. Sampling and testing different people in Wales.
3. Population surveillance.

Subsequent letters and guidance from Welsh Government and Public Health Wales set out that the effective implementation of an integrated national and local system should be based on six principles as follows:

- The primary responsibility is to make the public safe.
- Build on public health expertise and use a systems approach.
- Be open with data and insight so everyone can protect themselves and others.
- Build consensus between decision-makers to secure trust, confidence and consent.
- Follow well-established communicable disease control and emergency management principles.
- Consider equality, economic, social and health-related impacts of decisions.

This plan is the Cwm Taf Morgannwg COVID-19 Prevention and Response Plan for 2021-2022, which builds on the previous plan submitted to Public Health Wales and the Welsh Government in August 2020.

The 2020/2021 plan led to a number of significant deliverables, delivered in partnership and often within very short timescales, including:

- Establishment of a PCR testing and sampling service.
- Establishment of a contact tracing service.
- Enhanced enforcement services including a Joint Enforcement Team arrangement with South Wales Police.
- A Protect service supporting our communities who have to self-isolate, including a telephone helpline.
- A community pilot for LFD testing and subsequent community roll-out in March 2021 on a targeted basis.
- A COVID-19 vaccination strategy and delivery plan, well-on track to immunise priority groups.
- An underpinning surveillance system which has targets and triggers where required, for escalation and de-escalation purposes.
- A communication and community engagement framework supporting the whole programme in terms of both prevention and response to the current pandemic.

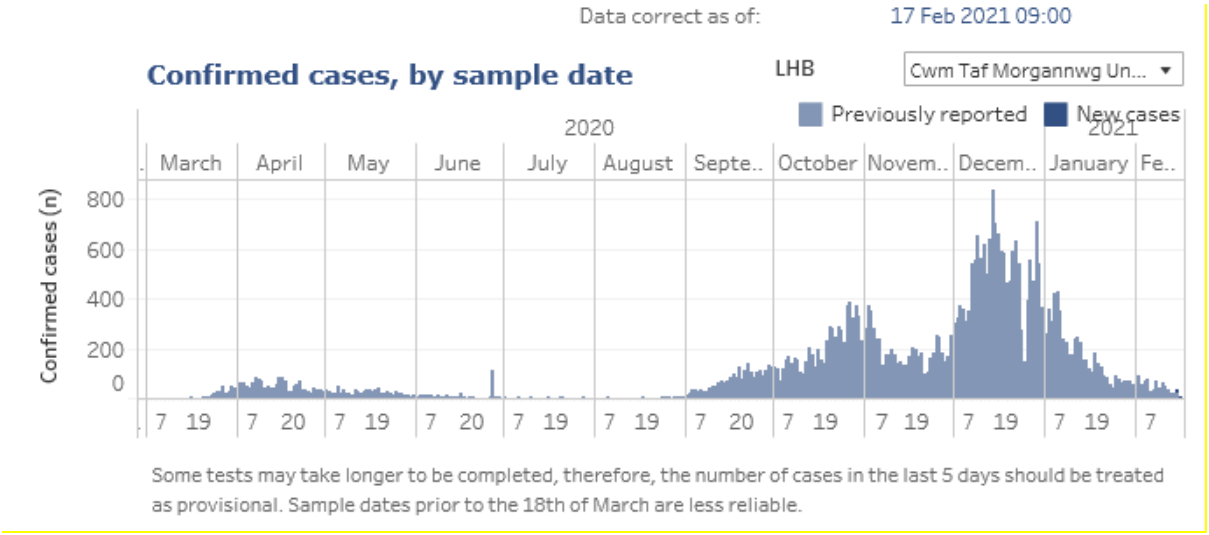
Further detail on work delivered in 2020/2021 can be found in **Appendix 1.**

2.0 CONTEXT

When setting the plan for 2021/2022, it is important to set this in the context of a look-back to events in 2020/2021 and lessons learned. The following section sets out some of the epidemiological back-drop, together with the current status of COVID-19 in CTM and potential scenarios we need to be ready to respond to, as we move into 2021/2022.

2.1 Look Back - 2020/2021

From February 2020 onwards, Wales saw a number of peaks and declines in the incidence and positivity rates of COVID-19. The first peak of the COVID-19 pandemic (March-July 2020) was considerably lower than the second peaks (September-November 2020) (November 2020- Feb 2021) as can be seen in the Public Health Wales Rapid COVID-19 Surveillance Report, although it should be noted that at this time, testing was much more limited and therefore the numbers were higher in all likelihood. The higher peaks from September could be attributed to seasonal change, restrictions in place, seeding of new infections from international travel and non-compliance with the guidance.



Source: Public Health Wales Rapid COVID-19 surveillance. Confirmed case data Feb 2021

Figure 1: Community and hospital acquired infections for the period March 2020 to January 2021

Data sourced from the CTM information team shows community and hospital acquired infections for the period March 2020 to January 2021. The highest number of admissions in the peaks over this period have been infections acquired in the community, with hospital acquired infections (HAI) following, with rising levels of community acquired infections (CAI) in the peaks from September 2020.

Infections acquired post hospital discharge were followed by a lower level of indeterminate[i] and probable[ii] hospital acquired infections (PHAI) in the first peak. Post discharge, indeterminate and PHAIs closely mirrored each other in the peaks from September and were slightly higher.

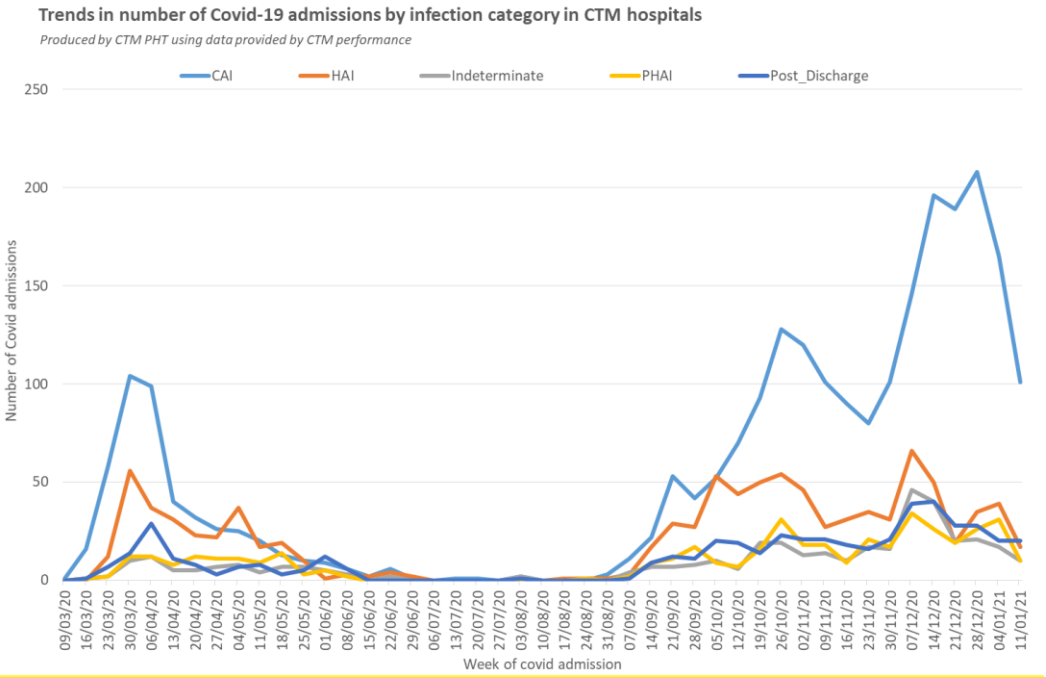


Figure 2: Trends in number of COVID-19 admissions by infection category in CTM hospitals.

A Public Health Wales report extract of COVID-19 deaths is displayed below, along with all deaths and the 5-year average of all deaths. COVID-19 mortality was at highest levels in May 2020 and then again in January/February 2021, with the total number of deaths at 1452 (5 February 2021). UK data and local data show fatality being higher among men, over 65s, certain at risk occupations, deprived communities and BAME groups. This may be related at least in part to underlying conditions, occupation exposure and inequalities.

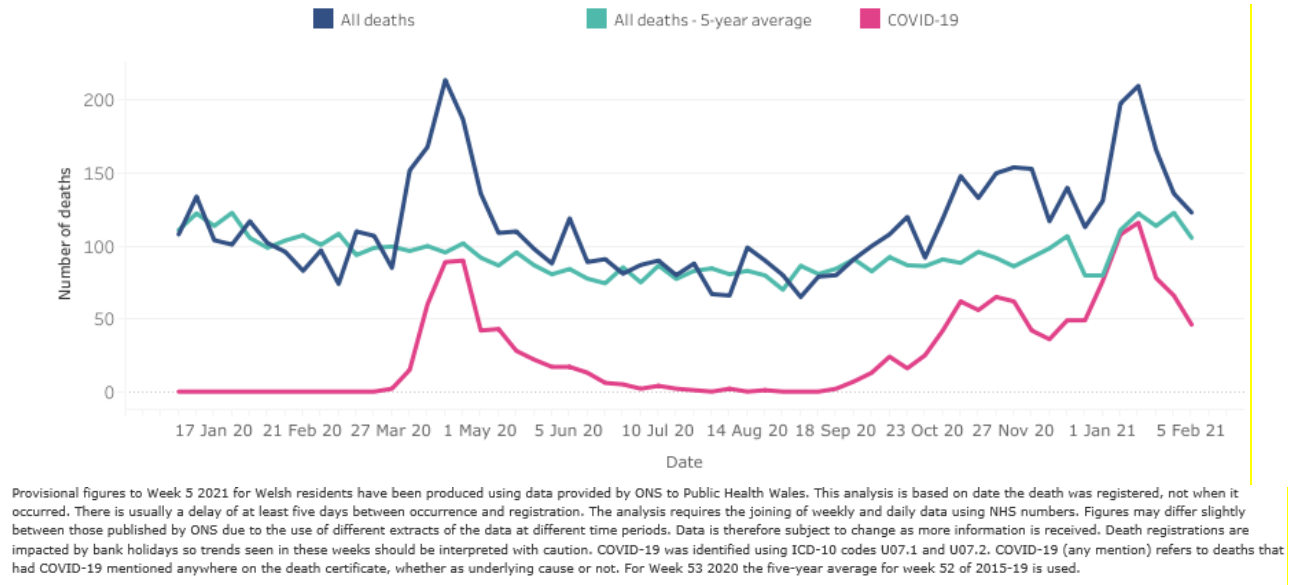


Figure 3: COVID-19 deaths, all deaths and the 5-year average of all deaths

2.2 Current Position (as at 25 February 2021).

2.2.1 Incidence and Positivity rates

As reported to the Regional Incident Management Team meeting on 18th February 2021, the latest epidemiological report from Public Health Wales (PHW) noted that for both 7 day incidence rates per 100,000 and positivity rates, there had been a 'flattening out' of cases rather than a continual decrease for all three local authority areas.

All three areas are currently below the Wales average for both incidence and positivity rates. However, despite the stabilising in incidence and positivity, CTM remains at present above the threshold for action and the rate of reduction appears to be plateauing.

In terms of the latest age group data, Bridgend is showing highest rates of community cases amongst 40-49 year olds, and is continuing to see inpatients from predominately older categories. The majority of community acquired infections in Merthyr Tydfil is spread within the 20-60 year old category, with inpatients predominantly within the 40-49 category.

As with Merthyr, Rhondda Cynon Taf's community cases are highest in the 20-60 year old category, with inpatients spread across all age ranges. Age profiles are reflective of the working age population.

2.2.2 COVID-19 Variants of Concern

Of concern at present are a number of COVID-19 variants. A variant of SARS-CoV-2 with a pattern of mutations and deletions, currently designated a Variant of Concern (VOC) 202012/01, was identified in Kent in October 2020 through sequencing of COVID positive samples. One deletion (69/70), in the spike protein-coding region, also causes a failure of one PCR testing target in particular assays. Termed "S gene target failure" or SGTF, this correlates well with the variant, as confirmed by genome sequencing, so is used as a proxy to estimate the proportion of cases that are VOC 202012/01, compared to Wuhan type virus.

The risk assessment for this (and any) variant involves consideration of transmissibility, severity, immunity, vaccine efficacy and potential for zoonotic reservoirs. There is strong evidence of increased transmissibility; analysis of contact tracing data showed that variant cases also had a 50% higher secondary attack rate (15% vs 10% in non-variant). Regarding immunity, reinfections were not found to be more frequent in VOC1 cases; VOC1 is not strongly associated with antigenic escape[iii] from naturally acquired immunity, nor with significant antigenic escape from vaccine-acquired immunity, however, virological investigations continue[iv].

Whilst analysis is continuing, it is likely that infection with VOC B.1.1.7 is associated with an increased risk of hospitalisation and death compared to infection with non-VOC viruses. It should, however, be noted that the absolute risk of death per infection remains low, although increasing with baseline risk[v].

As of 26th December 2020, 49 genomically confirmed VOC cases had been identified in Wales. Of these initial cases, 17 (35%) were identified in Bridgend, without clear epidemiologic links outside of Wales.

The overall numbers of SGTF cases, and percentage that are SGTF, has increased over time. As of 19th February 2021, 2631 cases of VOC 202012/01 were confirmed throughout Wales. A reduction in the absolute number of SGTF cases occurred following the national lockdown on 20th December, however, the proportion of all cases that are SGTF continues to increase, such that, as of late-December 2020, VOC1 was the dominant strain of COVID19 circulating within Wales and the rest of the UK as shown in Figures 4 and 5.

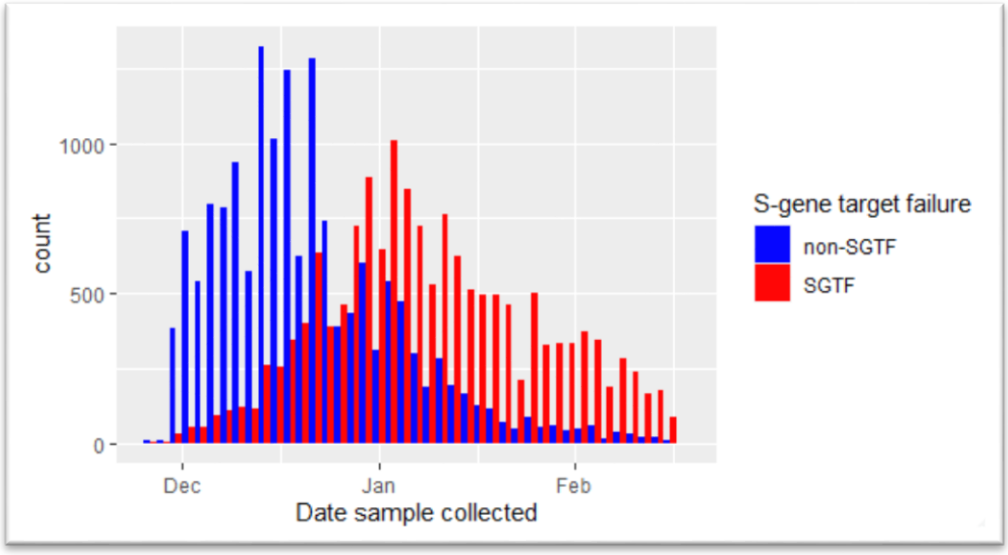


Figure 4: Case numbers of SGTF (proxy for VOC202012/01) and non SGTF

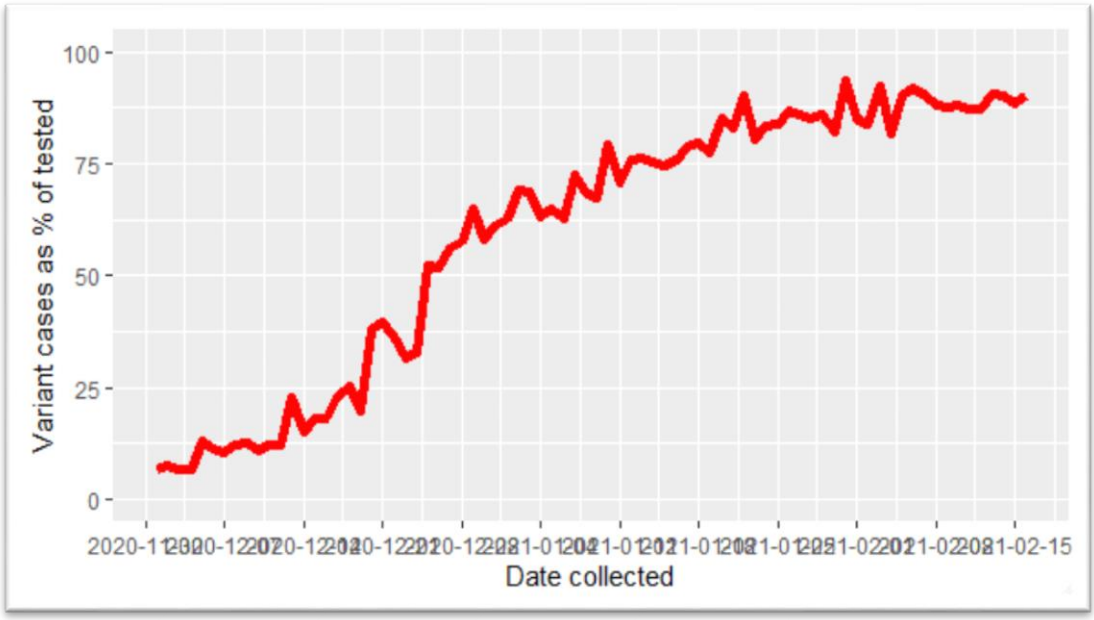


Figure 5: Proportion of cases that are VOC 202012/01 – all Wales

Not all laboratories are equipped to detect SGTF; for this reason, a proportion of all samples in Wales are sent to labs where the proxy S gene target failure tests can be utilised. All samples that meet sequencing criteria are sent for whole genome sequencing.

Just under 20% of CTM samples are subject to the SGTF test, (Fig.3) and of these, 86% have the SGTF proxy used for VOC 202012/01 (Fig. 4).

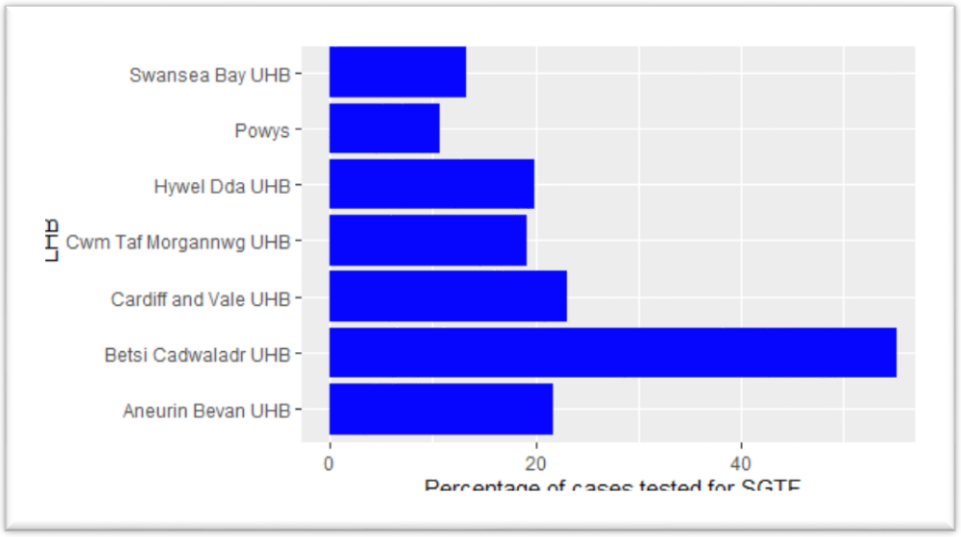


Figure 6: Proportion of samples tested for SGTF

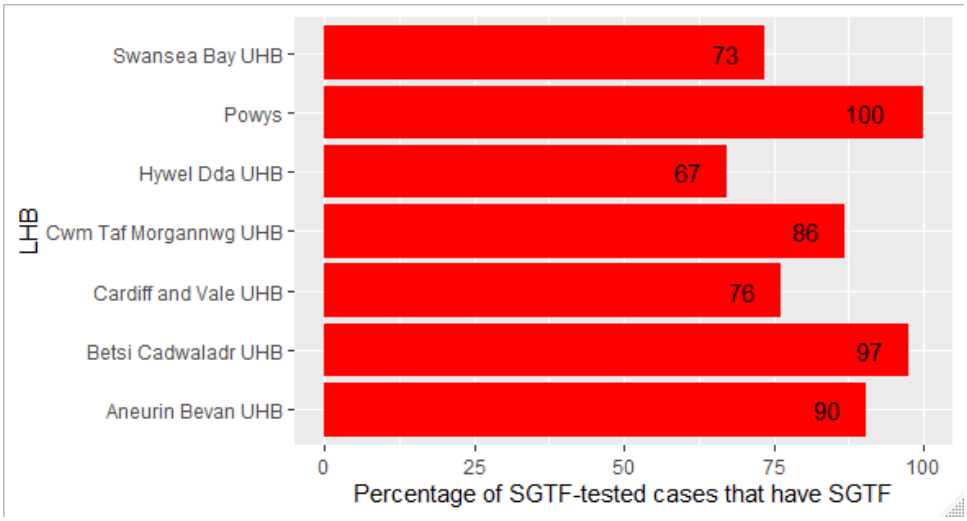


Figure 7: Proportion of samples tested for SGTF that have the SGTF

The COVID-19 virus continues to mutate and as at 19 February 2021:

- VOC2 – South African Variant - there are 18 confirmed cases in Wales. None are resident within the CTM region. There is some evidence that this has capacity to evade vaccine immunity conferred by certain vaccines.
- Brazil- 2 variants: VUI202101/01 (Brazil) and VOC202101/02 (Japan ex Brazil); there are no confirmed cases in Wales.
- Nigeria variant of interest: VUI2021-02/03 - there are 2 cases in Wales. None are resident within the CTM region.

- E484K mutations – there has been a single confirmed VOC with an E484 mutation in the CTM region. Although there were a cluster of other positive cases associated with this confirmed case, no others were found to have the same mutations.

2.2.3 Overall Assessment at Present

At this point, the overall assessment of where we are with COVID-19 in Cwm Taf Morgannwg remains classified from a TTP and IMT perspective as an 'amber' risk rating, with the prevention and response plan written in this context. We remain cautious as a team at present, as the rate of decline in both incidence and positivity appears to be slowing down across our communities, and indeed flattening in some places.

Intelligence gathered from the COVID-19 surveillance indicators, some of which can be seen above, has identified that the most deprived, built up areas within CTM currently have the lowest numbers of people presenting for testing, and low case numbers. However positivity rates within this category are much higher and this remains concerning. In addition, the uptake of testing remains low and we are currently utilising about a third to half of our testing capacity.

As a consequence of the COVID-19 variants of concern referenced above, as well as the changing risks with regards transmissibility and increased risk of morbidity and mortality, there remains the need to maintain monitoring and be agile and flexible, in order to respond to emerging threats.

Similarly, whilst the positive progress in the number of vaccinations being carried out is recognised, we are also concerned about some of the conclusions in the Public Health Wales analysis of inequalities and vaccination, particularly relating to ethnicity and deprivation.

This analysis is beneficial in informing our future targeted messaging and forms part of our current community testing targeted work. The situation remains under close monitoring and review via our TTP and IMT systems, with all these important factors informing our future CTM TTP response, as we move together as partners into 2021/2022.

2.3 Potential Scenarios in 2021/2022

Given the current position described above and also the delicate position we are in across the country given the current restrictions, but also positive progress on the vaccination programme, there are a number of potential scenarios that we need to be cognisant of and to plan for, as we move into 2021/2022.

Welsh Government modelling shows Reasonable Worst Case (RWC) and Most Likely Scenario (MLS) along with MLS from February 2021 (MLS_0221) as follows:

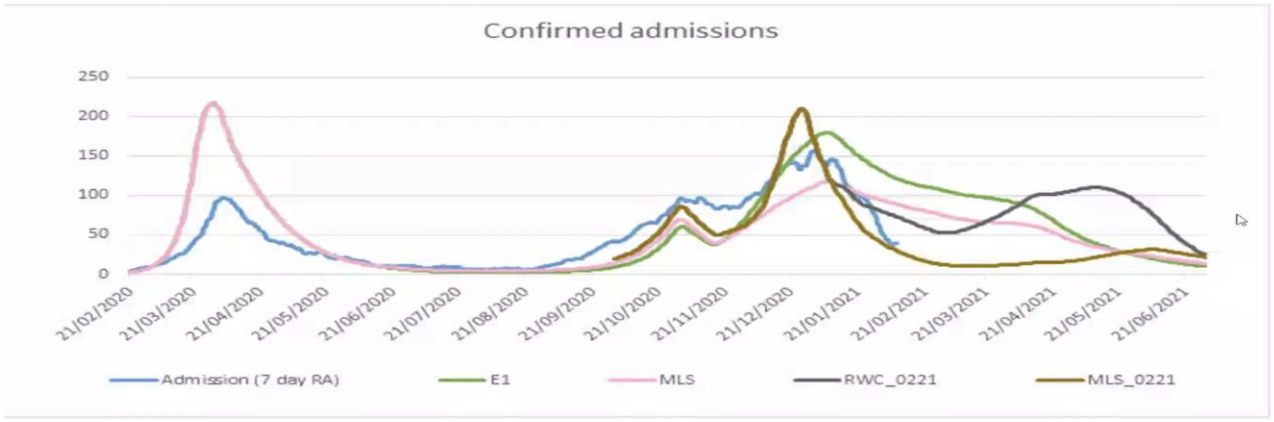


Figure 8: Reasonable Worst Case (RWC) and Most Likely Scenario (MLS) along with MLS from February 2021 (MLS_0221).

In the RWC, it is assumed that the current tier 4 restrictions would be in place until 31 March 2021, followed by tier 3 until 30 June 2021 and schools fully opening post-March.

Other assumptions include the Kent variant of concern adding 0.6 to the effective R number, with vaccine efficacy estimated at 60%, uptake of 2nd dose vaccinations at 100% and poor compliance by society adding a further 0.1 to R.

The MLS is based on tier 4 extension until 31 March, staying in tier 3 until 30 June 2021, schools fully open post March, Kent VOC adding 0.6 to original R, vaccine efficacy at 70%, uptake of 2nd dose vaccinations at 100% and good compliance by society.

In CTM, consideration was given to local infection, vaccination rates, demographics (higher population density) and the model developed to fit observed growth rates. Sensitivity analysis was applied to a range of factors including efficacy, uptake, reproduction rate (R) of the cocktail of variants and vaccine roll out volumes (deterministic SEIR model).

Erring on the side of caution and based on the assumption that <16s will not be vaccinated but they transmit at 100% to others and 2% cases are admitted, the predictions could be as scenarios illustrated in Figures 9-12 i.e. scenarios A-D.

Scenario A

1 February to 1 March tier 3 restrictions and from 1 March with tier 2 restrictions until 1 June, with exponential growth of 8.5% when lockdown ends, with no tier restrictions imposed and exponential growth rises to 21%. Efficacy of vaccine, uptake and infectious period as noted in figure.

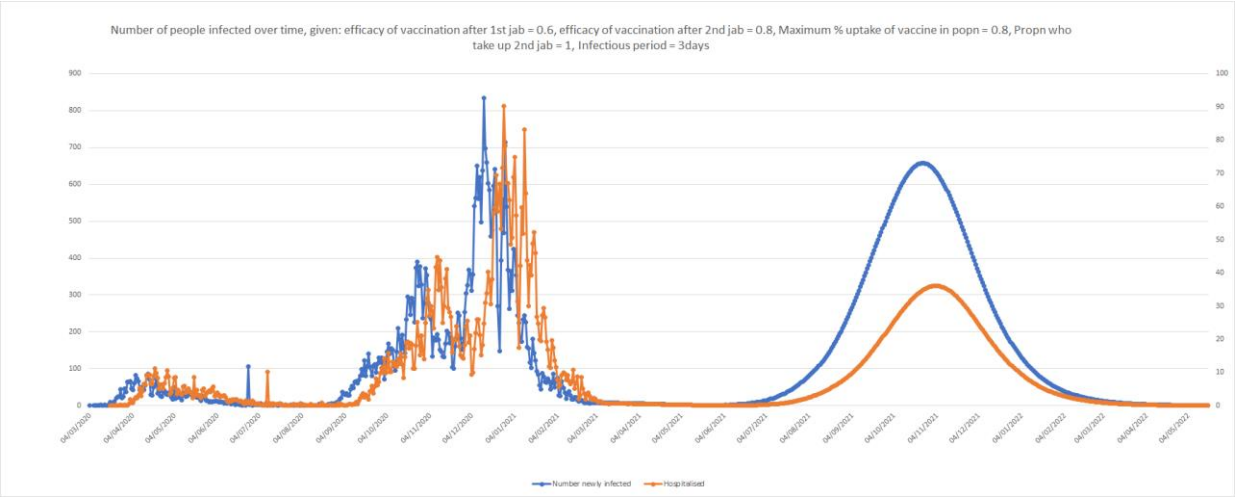


Figure 9: Scenario A

Scenario B

1 February to 1 March tier 4 restrictions and from 1 March with tier 3 restrictions, with exponential growth of 8.5% until 1 June, when lockdown ends with no tier restrictions imposed. Exponential growth rises to 21%. Efficacy of vaccine, uptake and infectious period as noted in figure.

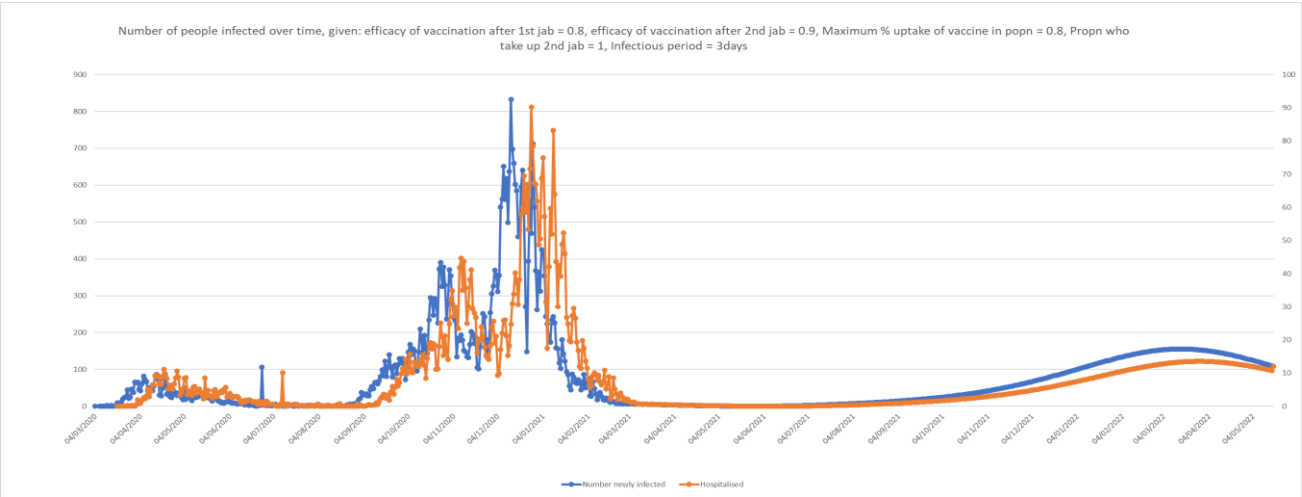


Figure 10: Scenario B

Scenario C

1 February to 1 March tier 4 restriction and 1 March and exponential growth rises to 8% with tier 3 restrictions until 1 June, when lockdown ends with no tier restrictions imposed and exponential growth rises to 20%. Efficacy of vaccine, uptake and infectious period as noted in figure.

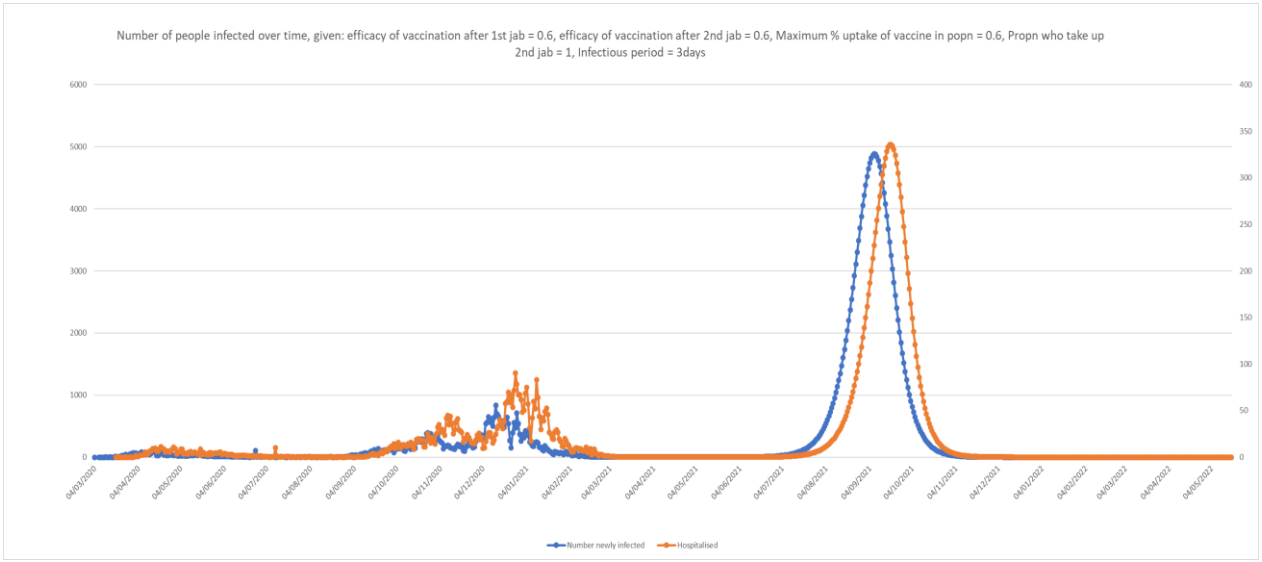


Figure 11: Scenario C

Scenario D

1 February to 1 March tier 4 restriction and 1 March and exponential growth rises to 8.7% with tier 3 restrictions until 1 June, when lockdown ends with no tier restrictions imposed and exponential growth rises to 20%. Efficacy of vaccine, uptake and infectious period as noted in figure.

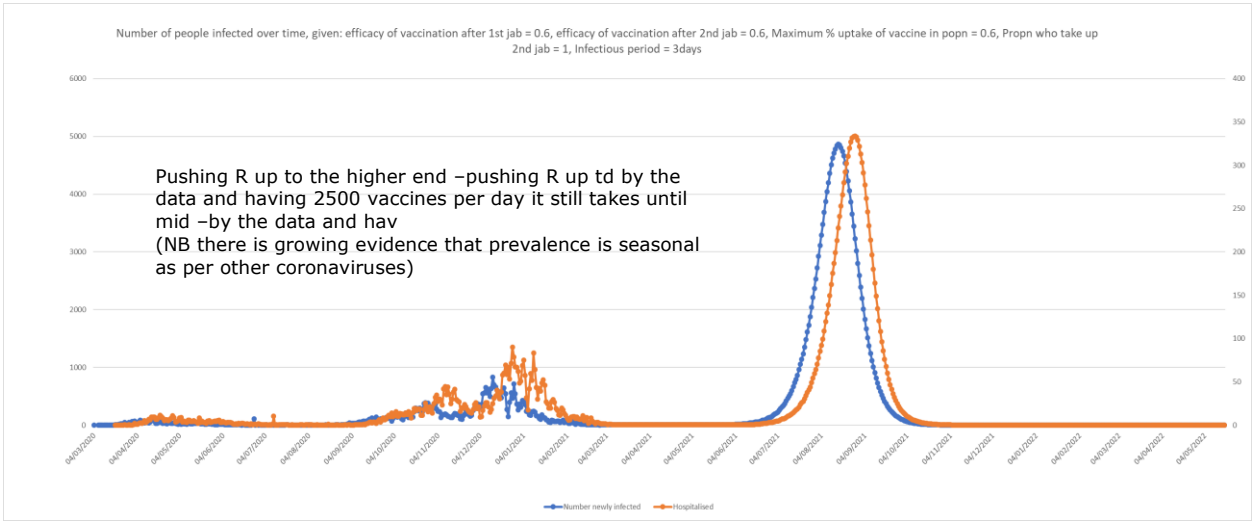


Figure 12: Scenario D

In considering the scenarios above, the following have been taken into account as planning assumptions:

- Considering the information presented, it is anticipated that there should be some certainty in levels of incidence up until July 2021.
- After this period the number of variables described means that this becomes much less certain at this stage.
- As there is some certainty until July 2021 about COVID-19 incidence projections, we should plan on the basis of delivering the current level of TTP service at least up until this point, with a review point likely at this stage in June.

- We should also maintain 'surge' plans just in case these may be needed.
- Where there is capacity 'headroom' in the TTP service, we should look to focusing on more proactive and preventive COVID-19 measures such as for example:
    - Contact tracing - WG request to embed enhanced backward contact tracing.
    - Testing - support to community LFD testing and other areas of testing developing.

The following plan has therefore been based on the context and scenarios above but it must be recognised that this remains an ever-changing and fast moving situation, so the plan will remain under close review by the RSOG and may well need to adapt to circumstances we find ourselves in, that are difficult to predict at present.

However on a more positive note, there is a focus on recovery this year built into the plan from a TTP perspective, recognising the positive progress that has been made on the vaccination plan and the latest evidence, albeit it early days, on vaccine efficacy.

The TTP recovery work is presented as an enabling piece of work which will underpin the programme, as we move from a health pandemic to an endemic situation.

TTP recovery work will be undertaken in close association with existing partnerships such as the Public Services Board and Regional Partnership Board who will be key in leading and supporting the broader and longer term recovery with our communities.

3.0 STRATEGIC AIM

In light of the context set out above, and following discussion at the Regional Strategic Overview Group, the updated strategic aim for the CTM COVID-19 Test-Trace-Protect programme in 2021/2022 is as follows:

To maintain and enhance an appropriate test, trace and protect system that reduces the risk of a rapid increase in illness and deaths due to COVID-19 infection and contributes to the development of a population-based recovery model, focused on the transition from a pandemic to endemic position.

4.0 OBJECTIVES

Our overarching programme objectives have also been updated in the light of our learning and the current epidemiological position, and are as follows:

1. Protect the health of the population by taking action to prevent and if otherwise necessary, reduce the transmission of COVID-19.
2. Ensure appropriate resources are in place to reduce the burden of COVID-19 in CTM through the collective efforts of prevention, quarantine, enforcement, contact tracing, surveillance, testing, isolation, vaccination, protect & community engagement, communication & behavioural insights.
3. Ensure adequate sampling and testing capacity exists to sample all people identified as possible cases or who present a high risk of transmission to vulnerable persons and to run this service 7 days a week.

4. Ensure local contact tracing teams are adequately resourced and are able to provide a service across the whole of the CTM area 7 days a week.
5. Ensure effective measures are in place for the control of clusters of COVID-19 infection, including new variants of concern, in: health and care settings, other enclosed settings and the wider community.
6. Ensure activity contributes to national surveillance efforts. In return ensure that data / information obtained nationally or locally is applied to maximum effect within CTM.
7. Ensure an adequate and whole system approach to the support which may be required by some people to enable them to successfully self-isolate and ensure this support is provided openly and equitably across CTM.
8. Continue to support the delivery of an end-to-end pathway for the delivery of a COVID-19 Vaccination Programme within CTM.
9. Prepare for a recovery approach as a programme, as we move out of a health pandemic to an endemic situation.
10. Work with other partners to understand the impact on COVID outcomes of health inequalities and other risk factors in our communities during the pandemic and agree a collective approach to prioritising action for the future to target and reduce health inequalities.
11. Prepare a lessons learnt report to capture reflections from the programme to feed into any future planning arrangements.
12. Update and satisfy the CTM Chief Executives Group that sufficient resources and effective measures are in place and being utilised to control COVID-19 in the CTM area.

5.0 OVERSIGHT ARRANGEMENTS

The strength of the TTP programme in Wales is its focus on regional and local leadership delivered through robust partnership arrangements. This plan, and the operational plans that sit beneath it, will be endorsed by the Leaders/Chair and Chief Executives of the Local Authority and Health Board organisations in the region.

It is essential that all organisations are clear on the implications and actions required to prevent the spread of COVID-19. In the unfortunate event that we need to implement additional measures that affect our communities, either preventative or in mitigation, it will be essential that there is strong community leadership at a local level in the decision making process.

The Local Authorities have a critical role in implementing and enforcing any decisions to introduce enhanced COVID-19 measures or local lockdown arrangements should they be required. These decisions must be based on the best available surveillance and intelligence provided by the Health Board and Public Health Wales and made available to the respective Local Authorities on a regular and timely basis.

The Health Board and each Local Authority will have their own governance arrangements set out in their constitutions, schemes of delegation and functional responsibilities. These set out how and by whom decisions are made for the services they provide.

For example, within Local Authorities, key strategic decisions such as the temporary closure of public services in an emergency or the imposition of local restrictions would be made by the Leader and their Cabinet, if urgent by way of an Executive Decision. Other specific enforcement powers such as those under the Health Protection (Coronavirus Restrictions) (No. 2) (Wales) Regulations 2020 are delegated to officers to use in accordance with each Council's corporate enforcement policies.

If there is evidence to suggest that such enhanced measures are required for the protection of public health the relevant Local Authority will be made aware as early as possible to ensure that any necessary decisions are properly considered and made in accordance with the Council's governance arrangements so that the necessary measures can be appropriately and quickly introduced.

The CTM TTP programme oversight arrangements are captured in a document approved by the Programme's Regional Strategic Oversight Group on 9 June 2020 and subsequently updated to account for any changes since. The latest approved version can be found at **Appendix 2**.

Details are contained within this document on the relationship between the TTP programme, the South Wales Local Resilience Forum and its Strategic Co-Ordinating Group (when established), Regional Incident Management Team (when established), and partnerships such as the Regional Service Board and two Public Service Boards.

In essence, the TTP programme reports into the Chief Executives of the Health Board and three Local Authorities, who meet on a regular basis, together with the Health Board Chair and Local Authority Leaders and comprises of:

- **Regional Strategic Oversight Group** – chaired by Professor Kelechi Nnoaham, Director of Public Health and Senior Responsible Officer for the programme.

- **Regional Tactical Group** – chaired by Angela Jones, Deputy Director of Public Health, with four sub-groups:
    - Enclosed residential settings.
    - NHS healthcare settings.
    - Educational settings.
    - Prisons.

- **Four Work Streams:**
    - Sampling and Testing.
    - Contact Tracing
    - Protect: Recovery and Resilience.
    - COVID-19 Vaccination.

- **Three underpinning areas of work:**
    - Surveillance.
    - Communication and Behavioural Intelligence.
    - Recovery.

This plan consists of oversight of the four work streams, supported by three under pinning areas of work, and their respective work programmes. It acts as a vehicle to bring work together and allow for oversight of actions, in order to monitor progress, actively review and set new direction as required. Further detail on each work stream and underpinning area of work can be found in sections 10-11 below.

6.0 PREVENTION

6.1 Our Population

The resident population of Merthyr Tydfil, Rhondda Cynon Taf (RCT) and Bridgend is estimated to be 448,639 (Stats Wales 2020). The population aged over 65 years make up 20% of the Cwm Taf Morgannwg population and are projected to have the largest increase by 2036.

Both life expectancy at birth and healthy life expectancy are lower in Cwm Taf Morgannwg compared to other Health Board regions and lag behind the Wales average in men and women. More specifically, life expectancy at birth in men ranges from 77.2 years in Merthyr Tydfil to 77.9 years in Bridgend, and in women from 80.6 years in Merthyr Tydfil to 81.2 years in Bridgend.

The degree of inequalities in health in Cwm Taf Morgannwg is indicated by the fact that based on data from 2015-2017, a girl born in Bridgend can expect to live 61.3 years in good health, but would live only 56.5 years in good health if she was born in Merthyr Tydfil – a nearly 5-year gap.

Cwm Taf Morgannwg is also likely to see a rise in the number of people living with a range of chronic conditions such as diabetes, heart and respiratory disease as well as cancer and dementia. In addition, over 40% of people aged 75 and over in Merthyr Tydfil and RCT live alone. The combination of multiple morbidity with long term conditions and growing social isolation has an impact on the need people have for health and social care.

The major health and wellbeing challenges which the health and care system are working in partnership with communities to tackle therefore include:

- Frailty – and associated challenges presented by population ageing.
- Obesity/overweight – nearly 2/3 of adults in Cwm Taf Morgannwg being overweight or obese.
- Inequalities in health outcomes – as set out above in stark variations between populations in health life expectancy and life expectancy at birth, partly driven by relatively higher prevalence in Cwm Taf Morgannwg of socioeconomic deprivation and lifestyle choices that impact health adversely, such as smoking, poor diets, low physical activity and alcohol misuse.
- Loss of wellbeing (mental health).

The importance of continued efforts across our community and public services partnerships to address these challenges through prevention has been emphasised more recently by the evidence of how, both in isolation and combination, they determine vulnerability to and drive adverse outcomes in COVID-19.

6.2 Prevention of COVID-19

From the outset, the need to engage locally and provide information to promote primary prevention measures for COVID-19 has been an objective of the CTM TTP Programme. Messages to workplaces, other settings, key workers and the general public have been coordinated through the risk communication and community engagement work stream.

A key goal of this work is to ensure that proper engagement with our communities is undertaken, to ensure we understand their perception of COVID-19 risk and the nature, determinants and distribution of knowledge, attitudes and practices related to the disease in those communities. This is fundamental to our approach to prevention and has meant that we have brought together key communications personnel from Local Authorities, the Third Sector and the Health Board and sought to use all appropriate media to engage and communicate effectively.

Support for hospital, residential and nursing care homes within the CTM area is critical to both prevention of COVID-19 transmission and mitigation of impact should a case arise. Incident management at these and other settings is undertaken through the CTM Regional Incident Management Team (RIMT) and its local Incident Management Teams/Outbreak Control Teams, established under The Communicable Disease Outbreak Plan for Wales, July 2020.

The Regional Response Team Environmental Health Officers (EHOs), supported by the National Health Protection Team, are key to ensuring that guidance issued by Public Health Wales and Welsh Government, particularly in relation to testing of staff, patients and residents, plus the adoption of best practice for infection prevention and control.

The capacity of EHOs to undertake visits to care home for example has been a real limitation and we have had some challenges in being able to recruit into these posts, as well as into areas such as community infection, prevention and control, health care epidemiologists and surveillance expertise. We plan to continue in seeking and training this capacity as far as we can, working in partnership with other agencies such as Public health Wales, Professional Bodies and the Welsh Government.

We have also been working with key settings – such as large employers or high risk occupational areas to provide advice and assistance on ensuring primary prevention measures are promoted. This includes supporting the current opportunity for large employers of greater than 50 staff to use and manage LFD tests for their workforce.

The risk profiling undertaken nationally last year by the Military Liaison Intelligence Group identified that some of Wales's largest sites for manufacturers are based in our region.

Working with the National Health Protection Cell, a risk assessment tool has been devised to assist Local Authorities in the area to identify key employers and make contact to assess potential risks associated with the work environment or workforce characteristics. This is attached at **Appendix 3.** Using local expertise, Welsh Government guidance and Healthy Working Wales materials, medium and large business based locally are supported in providing a safe place to work.

Welsh Government developed messaging based on behavioural insights aimed at young people. This was adapted for university students, in particular those attending the University of South Wales, which has its prime campus located in the region. This is vital to promote social distancing in groups who may not be inclined to socially distance and reduce the potential for any larger informal gatherings.

The region has developed a Protect work stream and action plan, building on the successful work undertaken by the Local Authorities and Third Sector to support individuals who are shielding or otherwise more vulnerable to COVID-19 to self-isolate and stay at home when required. This support is essential to prevent infection amongst those most at risk and further details are provided in the work stream section below.

7.0 MITIGATION AND CONTROL

We have a number of large higher education establishments in CTM – in particular at Merthyr College, Bridgend College and Coleg y Cymoedd in RCT. Building on our prevention approach above, we work closely with higher education establishments, in collaboration with colleagues in other regions, ensuring that each institution is 'COVID-19 secure' and have carried out risk assessments and mitigated them with a combination of controls to ensure compliance with the relevant Health Protection Regulations.

The Keep Wales Safe COVID-19 Guidance for higher education sets out different levels of operations we would suggest institutions adapt to help them prepare for the different, anticipated phases during the remainder of the response to COVID-19. It also provides guidance for student accommodation and how social distancing and infection prevention and control methods can be implemented. This requires a particular approach that supports landlords of houses in multiple occupation in the private sector in the Treforest Ward, where large concentrations of students live during term time.

Schools, childcare hubs and early years settings are supported to ensure they have access to specialist advice and guidance that is communicated to Head Teachers and Setting Managers consistently to enable them to adopt appropriate, risk-assessed COVID-19 management plans and to identify and escalate any issues at the earliest opportunity in accordance with the Public Health Wales Guidance on clusters and outbreaks in Educational Settings. A regional educational settings group that meets weekly provides a focus for this activity.

Through the TTP programme's Risk Communication and Community Engagement work stream, a survey was carried last year examining some of the issues around engagement and has been useful in informing key messages locally on how best to reach target groups.

Much work has been undertaken through Local Authorities and Third Sector partners to provide support to those that may experience hardship through compliance with control measures, there has also been a focus on those that have been 'shielding'. All these measures not only look to minimise the risk to the health and wellbeing of individuals but also help to create a supportive environment that encourages compliance and which we will continue to build on.

Each Local Authority has established effective partnership arrangements to collaborate and coordinate activity with the Third Sector and other public sector partners to protect our most vulnerable residents, utilising community networks and assets to deliver practical support to those most in need often delivered with the assistance of a committed group of community volunteers.

An incremental approach to support and encouragement is taken. It is Local Authority staff that take the lead role in supporting individuals, businesses and other settings to comply with relevant requirements to minimise the risk of COVID-19 transmission. This has enabled a proactive approach to advice, support and guidance to be adopted for each business sector as it has re-opened to ensure positive steps to minimise transmission are in place and maintained. Particular sectors that have received targeted, proactive support to date includes the hospitality sector, hair and beauty and fitness centres.

This approach has achieved high levels of compliance to date, although each Local Authority partner is equipped to use available enforcement tools under a range of legislation to secure compliance where appropriate. Where there is need to consider more targeted enforcement, arrangements exist for specialist Environmental Health and Public Protection Officers to be available for deployment within each Local Authority area. During 2020, a Joint Enforcement Team (JET) was also established with each LA and South Wales Police.

Ultimately the application for a Part 2A Order under the Public Health (Control of Disease) Act 1984 and subordinate legislation may be made by the relevant Local Authority to ensure that appropriate actions are carried out to mitigate risk. In the context of each Local Authority's Corporate Enforcement Policy, this established and tested process provides judicial oversight in a context where persuasion and other means have not been effective at securing key control measures.

8.0 ESCALATION ARRANGEMENTS

8.1 Strategic Response

The surveillance work stream within the CTM TTP Programme has developed a suite of indicators drawing on local national and UK data to inform action within the region and provide oversight. These indicators not only focus on the wider community and enclosed settings, but also the health care environment, thus providing the ability to have early warning of increased or changing health service demands.

Further surveillance tools have also been developed to ensure early identification of increases in baseline incidence of infection across small geographical areas of CTM – 'Built Up Areas' and Lower Layer Super Output Areas (LSOAs). This ensures an early detection system is in place that enables the Region to identify and deploy actions that will mitigate and aim to reduce transmission rates. An illustration of some of the current measures are set out at **Appendix 4.**

Within the context of a robust All Wales surveillance and communication framework, this work enables threats to be identified quickly and relevant conversations initiated within the appropriate layers of our partnerships to agree, endorse or communicate appropriate responsive interventions.

The diagram below illustrates how surveillance or other intelligence triggers can escalate a response within relevant parts of all organisations concerned.

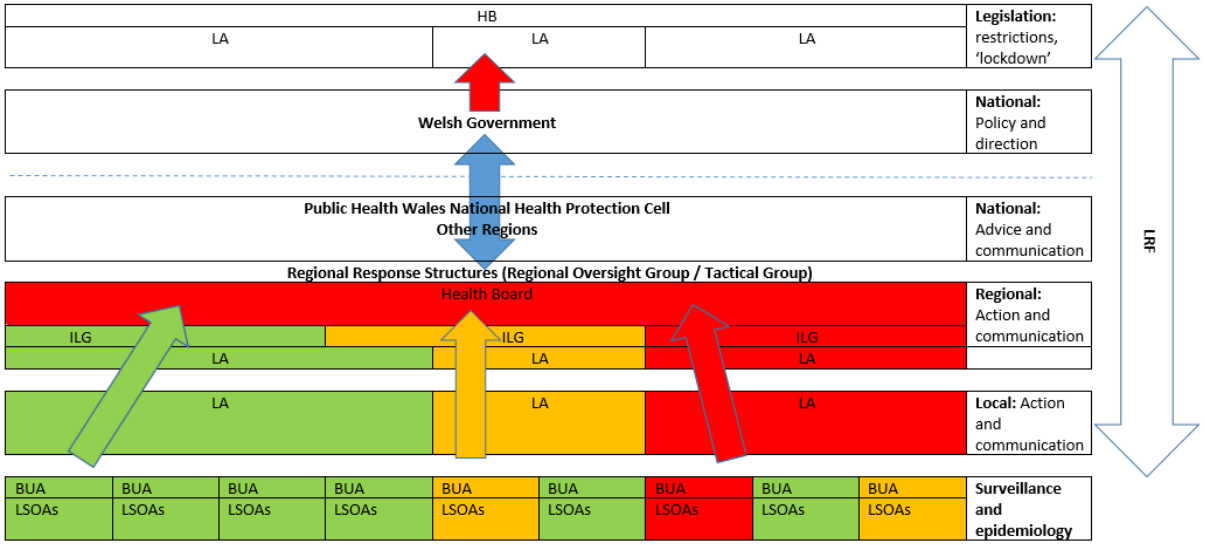


Figure 14: Surveillance triggers and escalation

Where the need is isolated, this approach ensures the whole region has a shared understanding, whilst at the same time, not initiating control measures until necessary. This provides a measured approach that can react promptly and adapt as the need arises. It also ensures that all those within a given locality can be easily identified and information disseminated.

As with surveillance activity, the CTM TTP Programme ensures that internal mechanisms are effective and fit for purpose. We are however reliant on an all Wales framework to ensure that threats and emerging intelligence from outside the region is shared promptly.

Clear escalation processes from the work stream leads and/or Regional Tactical Group, to the Regional Strategic Oversight Group meeting, gives an opportunity for resource issues to be appropriately considered. If required, this can then be raised immediately at the weekly joint Health Board and Local Authorities Leaders/Chair and Chief Executives briefing.

Collaboration is key and this is facilitated locally by a joined up approach throughout the TTP Programme. Senior representatives from key organisations lead on work streams within the programme. This includes the Protect work stream which is led by the Chair of the Regional Partnership Board. This ensures that the Board is included in key discussions and is able to influence and maximise the impact and support available.

Regional Partners have plans in place to ensure appropriate collective decision making where additional local actions or restrictions need to be deployed, and operational plans are in place to facilitate the delivery of these measures across partners and a wide range of settings and activities.

The South Wales Local Resilience Forum (SWLRF) is kept informed of the local situation through the Regional Strategic Oversight Group (RSOG), via the two Chairs linking up with each other where necessary and the Director of Public Health and RSOG Senior Planner being members of the SWLRF Strategic Co-ordinating Group.

8.2 Tactical Response

Clear escalation processes are described within the CTM TTP Programme, with routes available dependant on the topic or source of the information. This includes queries and identification of potential clusters and settings of interest through contact tracing and epidemiological investigations.

- The standard escalation process is for the Contact Tracer or Advisor to discuss with their Professional Lead within the local tier in the first instance.
- If this raises questions that cannot be answered here, or issues that require further investigation the matter is escalated to the regional tier for the consideration of either specialist EHOs or the Public Health Team (although arrangements are currently changing with regards to the latter).
- If specialist health protection advice is required, the matter is escalated to the National Health Protection Cell for advice and guidance.

This process is described in Standard Operating Procedures held at the regional level by the Local Authorities and Public Health Team for their respective areas of work. The figure below outlines the pathways employed:

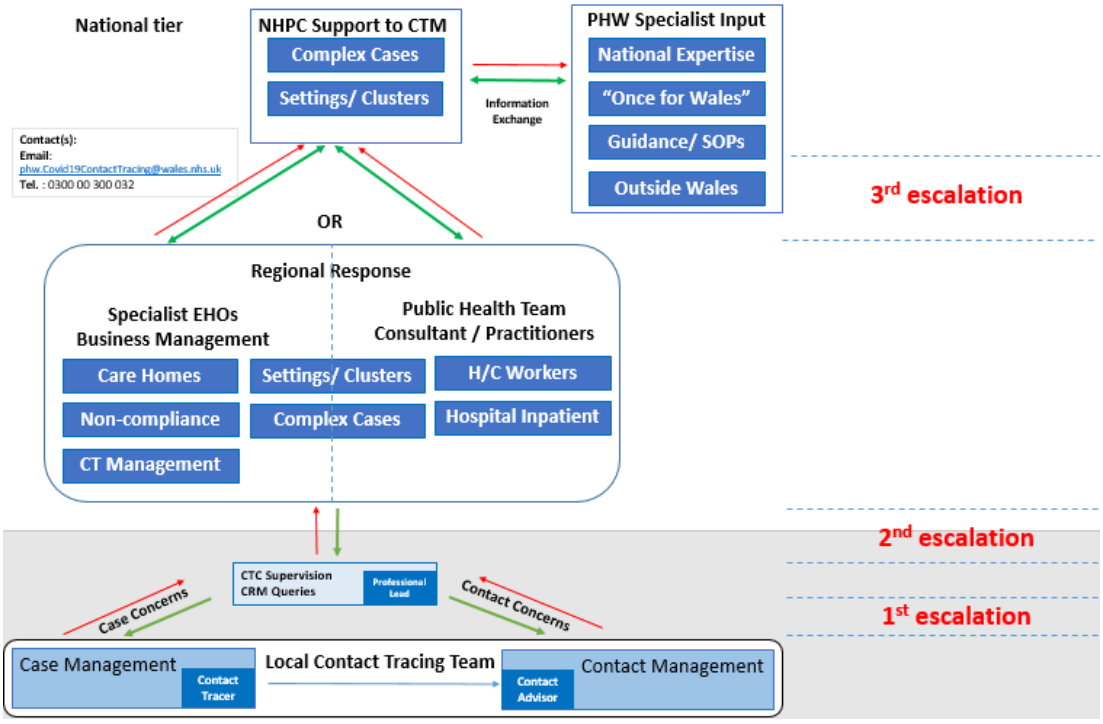


Figure 13: Escalation Pathways.

9.0 MANAGEMENT OF CLUSTERS, INCIDENTS AND OUTBREAKS

The principles and structures laid out in The Communicable Disease Outbreak Plan for Wales set the framework for action and control within the CTM area. As part of our sustainable approach, we have implemented arrangements to manage issues in settings that previous experience tells us will be affected when incidence unfortunately increases, as we have seen over recent months.

A Regional Cluster Oversight Group was established in September 2020 for oversight of all clusters identified across CTM, including private businesses and public sector settings, with membership from the three Local Authority Environmental Health Officers, Regional TTP, National Health Protection Cell for CTM and the Local Public Health Team.

Four sub-groups of the Regional Tactical Group have been established to manage clusters or incidents in those settings, thus providing a coordinate and efficient approach to management. Each sub-group takes responsibility for incidents within their remit and coordinates action, and shares learning and experience across the board. Reporting and escalation processes remain in place. The Regional Cluster Oversight Group also reports into the Regional Incident Management Team. The sub-groups are as follows:

9.1 Enclosed residential settings

Building on work already pioneered by Local Authorities within the CTM area and CTM UHB, enclosed settings are supported by a collaboration between Local Authorities (in particular adult and children social care departments), the Health Board and the National Health Protection Cell.

It is fully recognised that the challenges faced by this sector are numerous, not only the need to prevent disease transmission within the home, but also operating in a difficult environment were key staff may be required to isolate for extended periods and where new admissions and resident movement may be restricted. This is why a truly collaborative and locally joined up approach is needed between all the key agencies and teams.

9.2 NHS Healthcare settings

NHS Healthcare settings are managed through established mechanisms involving Health Board management – a designated Infection Control Doctor and Infection, Prevention and Control Team.

Where there are issues to consider outside the healthcare environment, in the wider community or enclosed settings, then action can be co-ordinated through the Regional Tactical Group where this satisfies all requirements. However, invoking the provisions of The Communicable Disease Outbreak Plan directly must always be considered in such circumstances. Currently there is an Outbreak Control Team to manage outbreaks of healthcare acquired infections across CTM hospitals.

9.3 Educational settings

Preschools, schools and further/higher education establishments need an especially swift response due to the scale and risk of spread. Response needs to be proactive and flexible, incorporating a variety of testing methods depending on the circumstances. Public Health Wales guidance on the identification and management of clusters in education settings guides action by this group.

In the event of outbreaks (as defined in The Communicable Disease Outbreak Plan for Wales), or increased rates of transmission, institutions will work with local partners, specifically the Regional Response Team to work to ensure that the national testing programme is able to effectively respond. This includes identifying measures to isolate people with positive results and minimising the spread of the disease, developing specific messaging for parent/students and staff.

9.4 Prisons

A prison Outbreak Control Team has been established to manage the outbreaks in Parc Prison and Youth Offending Institute. This reports into the Cluster Oversight Group and into IMT as well as to a national Prison OCT in Wales.

Outside the structures described in The Communicable Disease Outbreak Plan for Wales, the need to ensure that resources are mobilised in a targeted, organised way is of paramount importance. The regional response, through the structures described above, ensures that where intelligence indicates that scrutiny and/or intervention is required, this is delivered at the right place at the right time.

Outside the structures described in The Communicable Disease Outbreak Plan for Wales, the need to ensure that resources are mobilised in a targeted, organised way is of paramount importance. The regional response, through the structures described above, ensures that where intelligence indicates that scrutiny and/or intervention is required, this is delivered at the right place at the right time.

10.0 WORK STREAMS

The four work streams, leads and objectives for 2021/2022 are as follows:

10.1 STRATEGIC AIM 1 – SAMPLING AND TESTING

Lead: Elaine Tanner, UHB.

Testing and Sampling is a critical component of the CTM TTP programmes ability to ensure a rapid response which is accessible to the local population, and takes into consideration the unique characteristics of the communities across CTM UHB.

The CTM TTP approach builds on the Welsh Government Testing Strategy. The CTM strategy sets out the methods for local sampling and testing. The latest strategy can be found at **Appendix 6** and is reviewed each time Welsh Government refresh the national testing guidance and strategy.

As well as ensuring access across our communities, the aim of the CTM sampling and testing work stream is to provide targeted data for accurate surveillance to take place.

This covers a broad spectrum of work from booking tests for different cohorts, sampling, conveying to the laboratory and ensuring results are available within an appropriate time frame.

The following sets out the work stream's objectives for 2021/2022:

	Objectives	Milestones	Measures
1	Launch of refreshed CTM Testing Strategy.	Each quarter.	Strategy kept under review.
2	Test to diagnose (hospital testing).	Each quarter check that clinical pathways are updated where necessary to reflect testing requirements.	An update on hospital based testing – settings, frequency, pre-admission and pre-discharge and laboratory capacity and demand
3	Provide tests for 100% of all symptomatic inhabitants of CTM, within 24hrs of them requesting a test.	Consistent capacity and access for those who are symptomatic.	Quarterly check on demand and capacity (more frequently if weekly checks highlight and issue). Ensure MTUs are mobilised appropriately based on surveillance data and PHW advice. Monitor uptake of testing on a weekly basis. Performance measures in place around booking line for CTU bookings.
4	Test to safeguard (high-risk settings- hospitals/care homes etc.).	Wider roll-out of asymptomatic testing to targeted populations (care home staff, supported living staff, domiciliary care workers, care home visitors) in line with WG strategy.	Monthly updates on testing activity across all sectors.
5	Test to find (Community/ Outbreak/Cluster Testing).	Mobilise COVID-19 antigen testing in response to any local incidents as required and case finding around variants of concern. Provide support for community LFD testing as required.	Operational plan with performance measures around each mobilisation in relation to an outbreak/cluster or variant of concern. Support and contribute to performance measures as requested by lead organisation.

6	Respond to local testing requirements in CTM for arriving travellers to the UK (if any) as system develops.	All returning travellers are tested once contact is made.	Report back to contact tracing the outcome of delivering tests to returning travellers.
7	Provide serology tests for CTM staff/key workers/residents as directed.	Agreed proportion of all cohorts identified, are offered serology tests (NB currently on pause).	Weekly reporting of uptake and results.
8	<u>Test to Maintain</u> Support educational colleagues as required with asymptomatic testing in education/childcare settings.	Support is made available as is reasonable and when requested.	(Ad hoc) monitoring of support when required. Member of testing team to attend Educational settings meeting.
9	<u>Test to Enable</u> Promoting social and economic wellbeing.	Supporting the relaxation of lockdown to enable economic and social wellbeing by making available and implementing/supporting appropriate testing.	Monitoring COVID-19 positivity post vaccination and lockdown via all the mechanisms outlined above.
10	Work with the TTP communications team to proactively identify opportunities to encourage testing for all symptomatic individuals in the population.	Proactive communications around testing and availability across CTM to be in place	Monitor uptake of testing following any targeted communications activity.
11	Agree a work stream plan based on the outcome of the above.	Work stream plan in place and communicated across TTP.	Strategic plan in place Operational plans to support each element of testing in place and reviewed quarterly.

In order to ensure effective individual and mass sampling and testing, responsive to the circumstances of our region, testing has to be easily accessible to all citizens and results available within 24 hours wherever possible. This will support contact tracing and support the overall aim of protecting individuals and communities across CTM. We continue to monitor performance regularly as a TTP programme and where necessary undertake improvement work with the support of the Delivery Unit.

Where the testing team has to mobilise antigen testing in response to a local incident within the region, the flow chart below outlines the process to be followed. The setting can be anywhere a school, care home or factory and each incident will need clear communication and discussion with colleagues across the IMT to ensure the team is able to progress testing through to results and tracing as smoothly as possible.

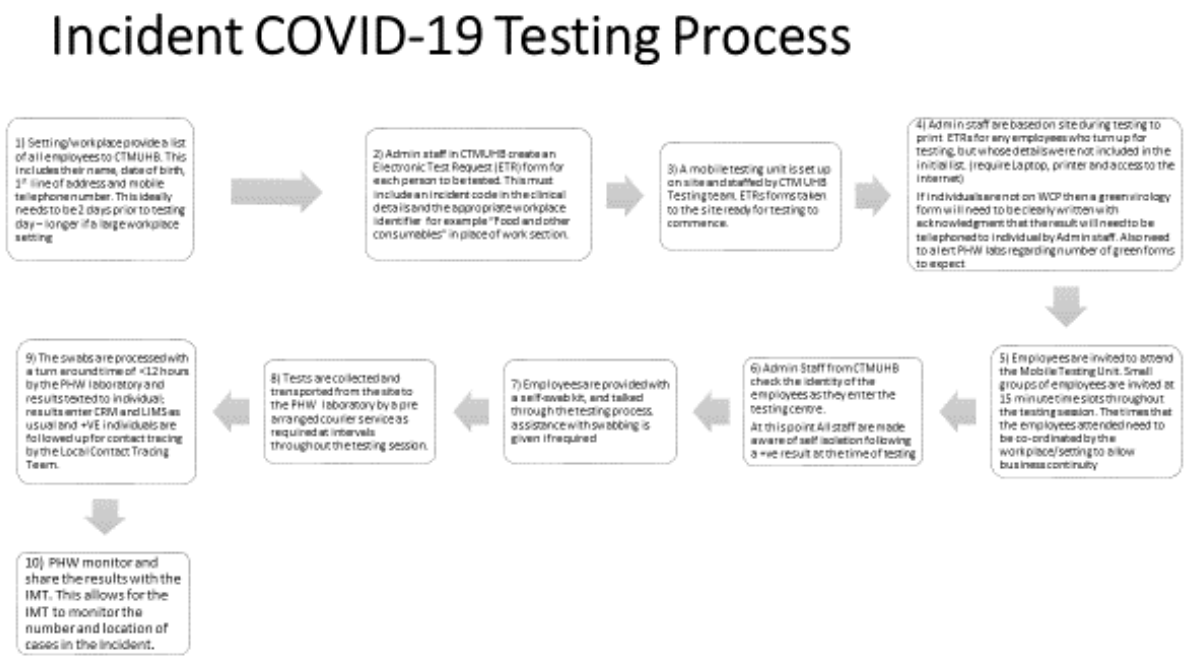


Figure 15: COVID-19 incident testing process.

10.2 STRATEGIC AIM 2 – CONTACT TRACING AND CASE MANAGEMENT

Lead: Louise Davies, RCT CBC.

The purpose of contact tracing and case management is to interrupt chains of transmission in the community by identifying cases of COVID-19, tracing the people who may have become infected by spending time in close contact with them and then requiring, and supporting those close contacts to self-isolate so that they are less likely to transmit it to others.

The aim of this work stream is to establish an effective contact tracing and case management system, consisting of a regional response team and a regional contact tracing service in Cwm Taf Morgannwg to prevent the spread of COVID-19 infection. This contributes towards reducing the reproduction number (R – the average number of secondary cases per infectious case).

The regional response team use information from surveillance to identify geographical hotspots or clusters of high transmission rates requiring enhanced infection control. The local contact tracing teams deliver contact tracing intervention and public health advice to cases and contacts in the area.

The objectives of the work stream are as follows:

	Objectives	Milestones	Measures
1.	Continue to run an effective contact tracing and case management system in Cwm Taf Morgannwg.	Effective workforce plan in place with capacity required	% Performance in tracing cases (24/48 hour)

			% Performance in contact tracing (24/48 hours) % of new cases that were not previously identified as contacts
2.	Provide a backward contact tracing where required and resources allow.	Effective workforce plan in place with capacity required	% of eligible cases that are subject to BCT % of new cases that were not previously identified as contacts
3.	Respond to the contact tracing and case management requirements associated with any clusters or outbreaks requiring targeted intervention.	Effective workforce plan in place with capacity required Flexible resource within Regional Response Team, supported by LA Public Protection Teams to ensure effective management. Facility to designate Professional Leads to support cluster or outbreak management.	% Performance in tracing cases (24/48 hour) % Performance in contact tracing (24/48 hours) % of new cases that were not previously identified as contacts
4.	Respond to local contact tracing requirements in CTM for arriving travellers to the UK.	Protocols in place to manage returning travellers in conjunction with National Traveller Team	Policy requirements delivered as required.
5.	Respond to local contact tracing requirements for variants of concern where required.	Adoption of National Framework for management of VAMC. Operational Procedure identified to mobilise local response as required for any relevant case.	National framework requirements implemented.
6	Develop a sustainable workforce plan for the contact tracing service at both regional and local teams in the context of the whole TTP requirement.	Effective workforce plan in place with capacity required	Sustainable workforce delivered to ensure service demand is met.
7.	Support educational colleagues as required with asymptomatic testing in education/childcare settings.	Protocols in place to manage results from workforce or community testing models.	Support to educational provided as required.

8.	Agree a work stream plan based on the outcome of the above.	Completion of the required Work stream Plan	Work stream plan available, implemented and progress reviewed.

10.3 STRATEGIC AIM 3 – PROTECT: RECOVERY AND RESILIENCE

Lead: Rachel Rowlands, RPB Chair and CEO Age Connect Morgannwg.

The 'protect' element of the programme is a vital contributor to supporting people in our communities who are shielding and/or who need to socially isolate as part of a COVID-19 response and to ensure support is provided openly and equitably across CTM.

This work links closely with the work of the national work stream, our Regional Partnership Board and two Public Services Boards and is led by the Chair of the RPB, who is also the Chief Executive of Age Connect Morgannwg.

In 2021/2022, the Protect work stream will merge with the community engagement element of the previous Risk Communication and Community Engagement work steam, which ran in 2020/2021 as both work streams worked closely together last year on a number of common deliverables.

The PSB has a clear role in and is motivated to lead on developing a strategic Recovery Plan for the region. This will include plans to support citizens of all ages and will be influenced by various statutory assessments such as the PSB's Population Needs Assessment and the RPB's Wellbeing Assessment. It is vital, therefore, that TTP contributes to this recovery plan using the data and behavioural insights gathered throughout the programme period.

Understanding how health inequalities have impacted our communities is crucial to the PSB being able to develop a response. The RPB plans to work closely with the PSB to ensure its delivery plans are aligned with the Recovery Plan.

Throughout 2021 the work of this work stream will be supported by the PSB team and aligned with their plans for statutory assessment as we move towards recovery and potential closure of the TTP programme.

The objectives for the work stream in 2021/2022 are as follows:

Objectives		Milestones	Measures
1.	Confirm scope and deliverables of newly merged work stream.	Agreement of 2021/2022 Plan in March 2021.	Agreed scope with RSOG.
2	Maintain overview of PROTECT activities and providers across CTM ensuring models of support are appropriate and well received by individuals and local communities, helping to reduce	Update report fortnightly as part of RSOG.	Overview of support available to match estimated need across CTM. Models of support are appropriate and well

	the incidence of COVID-19 in CTM.		received by individuals and local communities, helping to reduce the incidence of COVID-19 in CTM.
3	Contribute to achieving high levels of public awareness of protect and self-isolation support across CTM.	Ongoing, with fortnightly review at PTG meetings.	Public awareness of protect support is good across CTM.
4.	Continue to share good practice including what might usefully be further developed or learnt from across the region.	Ongoing, with fortnightly review at PTG meetings and at national Protect Task Group.	Examples available via notes of meetings and lessons learnt log.
5.	Ensure due consideration of any additional requirements such as 'hard to reach' and/or more vulnerable people or where support is needed for clusters or outbreaks, where further co-ordination across the region may be beneficial.	Ongoing, with discussion at PTG and WG meetings as appropriate.	Number of 'hard to reach' and/or people receiving additional consideration and support matches estimated need across CTM. Access to services reported to be good by individuals and local communities.
6.	Strengthening established links with PSBs and RPB on their 'resetting' plans and maintain links with communication teams.	Ongoing, with updates and discussion on TTP and recovery at respective PSB/RPB meetings.	Clear links established and confirmed via PSBs, RPB and RSOG.
7.	Ensure a whole system approach to community support to increase resilience.	Regular meetings of local COVID-19 steering groups, linked to PTG.	Established communication channels between community groups and work of the RPB and PTG to inform future planning and delivery of support. Regular updates provided to strategic boards on any identified gaps in support. Record of actions taken to address gaps in local support.
8.	Support the ongoing development of volunteers and volunteering	Ongoing dependant on need.	Pool of volunteers created across agencies

	opportunities to support community resilience.	Linked to work of RPB and volunteer response.	that can be mobilised to support local need. Training opportunities and programmes developed to support volunteers.
9.	Link to other PROTECT systems and work streams (regional & national) to build on good practice and learning from elsewhere	Ongoing – national meetings fortnightly.	Protect Chair a member of the national Protect work stream to ensure links made. Examples of good practice brought into the work programme and shared with others if examples exist within CTM.
10.	Agree a work stream plan based on the outcome of the above.	April/May 2021	Refreshed work stream plan, linked in with RPB and PSBs, agreed by RSOG.

10.6 STRATEGIC AIM 4 – COVID-19 VACCINATION

Lead: Claire Beynon, Public Health, UHB.

The aim of this work stream is to support the delivery an end-to-end pathway for the delivery of a COVID-19 Vaccination Programme within CTM. This commenced in December 2020 and continues into 2021, led by the UHB.

The objectives for the work stream are as follows:

Objectives		Milestones	Measures
1.	Implement the COVID-19 Vaccination Plan across CTM.	Planning phase complete. Implementation underway. All 3 LA areas have vaccination centres.	Planning completed Implementation- 130,000+ vaccinations delivered Delivery is accessible and has been delivered in both primary care and there are vaccination centres in each of the three LA areas
2	Ensure a blended delivery approach with flu vaccination programme		Uptake of Influenza vaccinations in this year was equivalent

			to other years, and COVID-19 vaccination uptake is currently higher than influenza uptake in groups that have been offered the vaccine.
3	Identify and put in place the necessary resources, including workforce, training, PPE, vaccination supply and storage etc.	Planning based around venues and infrastructure, workforce and training, vaccine delivery and the patient journey.	The programme has been adequately resourced to meet the needs of the programme. This includes recruiting workforce, training, PPE and storage etc. The vaccine supply is determined by the WG and delivery of vaccine is matching current supply very closely. Each week the Strategic Board considers supply and demand issues and this is reported via the weekly COVID dashboard.
4.	Provide vaccinations for designated priority groups across CTM, including health and care workers, shielding and vulnerable groups	The Joint Committee on Vaccinations and Immunisations has set the priority groups and the WG has set targets for delivery to these groups.	The vaccination target for mid-February was met early.
5.	Building on the above, provide vaccinations to remaining groups across CTM as required.	The Joint Committee on Vaccinations and Immunisations has set the priority groups and the WG has set targets for delivery to these groups, e.g. all adults offered vaccine by 31 July 2021.	The programme is on track to deliver against the targets outlined.
6.	Work with the surveillance and communications team on agreed metrics and reporting, including vaccine uptake & links with disease surveillance.	Informatics team are being fully engaged from planning through to delivery	Data report agreed by Strategic Board and different levels of data are going to all relevant groups.

7.	Work with communications team to deliver an underpinning communication and engagement plan for staff and residents of CTM.	Communications plan prepared as part of the planning process, this is being implemented.	Communications manager for the COVID-19 vaccination programme appointed and is active.

11.0 ENABLERS

There are three key pieces of fundamental enabling work which sit as part of the TTP programme in 2021/2022 and support the work of the RSOG, RTG and four work streams, namely surveillance, communications and recovery.

11.1 Surveillance

A critical part of any Test-Trace-Protect programme is the need for early recognition of a resurgence of infection in the community. This requires sensitive early warning systems provided by good epidemiological surveillance.

As part of the CTM TTP programme, surveillance sits at the heart and provides not only intelligence to help set the over-arching context and plans for the programme, but also to inform individual partners to support their elements of COVID-19 planning, to inform local stakeholders and communities and to also inform the work of the respective local TTP work streams. This work is led by a Consultant in Public Health.

The aim of the surveillance enabling function is to utilise health intelligence from diverse sources to inform active prevention of infection and tracking of the COVID-19 activity in CTM. Objectives for 2021/2022 are:

- To estimate the burden of disease more accurately.
- To provide key indicators to inform action and measure the effectiveness of public health interventions including:
    - Monitor intensity and severity of COVID-19 spread in CTM, including COVID-19 variants of concern and mortality rates.
    - Monitor behaviour of COVID-19 in at-risk groups in CTM (including residents of long term care facilities; patients in acute and community hospitals and other 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.
    - Detect clusters, incidents and outbreaks in workplaces and social settings.
    - Carry out COVID-19 transmission route surveillance.
    - Inform and support decision making in other parts of the TTP programme e.g. siting of testing MTUs and communications to specific groups.

- To monitor the impact of lifting social restrictions.

- To work with other partners to understand the impact of health inequalities in our communities during the pandemic.

In terms of deliverables, these include:

- Daily surveillance updates on agreed indicators, including identification of rising community infection or emerging clusters for action.

- Regular surveillance reporting to inform Regional Strategic Oversight Group, Regional Tactical Group, Health Board Gold Command arrangements when standing and other partners.

- Horizon scanning products for new potential sources of data, intelligence, methods or agreed national measures for surveillance.

As a programme, the CTM TTP has documented its use of surveillance data and is constantly mapping and linking with data provided at national, regional and local levels. **Appendix 5** highlights the latest CTM COVID-19 regional surveillance indicators and schedule. The schedule sets out the indicators, frequency, source and exception rules.

Exception rules combine data-driven approaches with local intelligence gathered from partners, taking account of the local context and specific circumstances of cases. Information from contact tracing is triangulated with other sources such as laboratory data for effective early detection.

The surveillance data is reviewed in our Regional Tactical Group and Regional Oversight Group, and is also reviewed weekly by the Regional Incident Management team and the Health Board, the latter as part of its current Gold Command emergency planning arrangements when standing.

The surveillance data also links closely with the Health Board's operating plans which has an agreed set of indicator thresholds, intended to enable the organisation with its partners, to know when to re-establish its emergency response. These include:

- Daily monitoring of positive COVID-19 cases – to pick up potential community clusters.
- Hospital admissions due to COVID-19 – enables underlying understanding of changes in the R(t) rate in the community.
- Hospital acquired infections.
- Positive cases in care homes.
- COVID-19 positive deaths.
- New staff absence rate citing COVID-19 or COVID-19-type symptoms.
- COVID-19 vaccination uptake surveillance.

These indicators are monitored and reported on across the partnership, including informing the situational reporting into our South Wales Local Resilience Forum, to ensure full visibility and that they are enacted upon when required. Links are also made with the

work streams performance reporting on areas such as testing (PCR and LFD) and contact tracing performance for example.

The TTP process is aimed at preventing ongoing transmission and so identifies those already exposed to a confirmed case during the period they will have been infectious. From this point, those contacts are then asked to isolate to minimise any risk of them infecting others should they develop the illness or be infected and asymptomatic.

As part of this, a likely source of the case's infection may become evident – such as being previously identified as a contact of another case, or being linked to a setting where there is an ongoing incident. Where a probable source cannot be identified, a process of backward contact tracing is initiated to ascertain whether an exposure to infection can be identified as outlined in the process diagram below.

This information is discussed with the Welsh Government Intelligence Cell and at the Regional Tactical Group. This process can only be sustained when numbers are small and when we are still trying to eradicate infection sources.

At a time where there is sustained community transmission the efficacy of backward contact tracing to eradicate infection sources is significantly reduced so it is anticipated that other control and surveillance measures would then replace it.

As already highlighted, in addition to the 'harder' data above, 'softer' intelligence is also used by the programme in order to inform plans and actions going forward. This is explored further in the next section below.

11.2 Communication and Behavioural Intelligence

As part of the CTM TTP programme, there is a need for ongoing clear and effective communication which is coordinated between all work streams, sectors and with national activity. Communication and behavioural insight expertise is provided to the work streams, Regional Tactical Group, Incident Management, and Regional Strategic Oversight Group of the CTM TTP programme.

The scale of the COVID-19 pandemic experience to date means we have been in a unique position where all statutory, community and voluntary organisations on a national and local basis have been focussed on the same agenda. This has enabled collaborative communication and engagement approaches to be developed in response to the challenges experienced.

Continued partner collaboration, and co-ordination of this function across the region will ensure consistency in messaging, avoidance of duplication of effort, and efficient use of available resource.

The success of our Prevention and Response Plan is dependent on continued public understanding, acceptance, and uptake of the primary control measures (social distancing, hand washing, respiratory etiquette and enhanced cleaning regimes), engagement with TTP, as well as uptake of COVID vaccination. Combined with this is the need for appropriate provision, promotion, and uptake of support within our communities to help protect the health and wellbeing, in the widest sense, of those directly or indirectly adversely affected by COVID-19.

Within such, and in line with The King's Fund Recovery Report, communities are considered as geographical communities (this could take the form of whole villages, or an individual street), communities of interest (people linked by a shared interest or work), communities of identity (those who share a shared culture or experience), and communities of circumstance (people knitted together by a shared experience).

Our aim is to provide our key audiences with clear messages and practical information which will encourage and enable them to follow guidance related to reducing the spread of COVID-19, to include participation in testing, contact tracing and vaccination programmes.

Working closely with, and in support of TTP work streams, Regional Partnership Board and Public Service Boards to build on established collaborations with statutory organisations, local community networks and the third sector, this robust approach to communications should help reassure the public, encourage and empower citizens and build engagement with partners.

The multi-agency approach and membership provides alignment of national and regional communications, avoiding unnecessary overlap and the Protect work stream facilitates timely, accurate and consistent communications, which are responsive and tailored to local need.

There are six key audiences our communications and behavioural intelligence work is aimed at:

- General population.
- High risk and vulnerable groups.
- Educational settings.
- Enclosed settings (e.g. care homes, prisons)
- Work places (e.g. businesses).
- Partners, staff and stakeholders (including Local Authority and NHS).

Underpinning our behavioural intelligence work is a locally-endorsed framework that takes forward a collaborative, behavioural science informed approach to COVID-19 related communication and engagement within the CTM UHB area. This framework includes a description of our identified audiences, communities and settings, and sets out steps to maximise contributions from different organisations and work streams. Our behavioural intelligence work has not only formed part of our risk communication to date, but can also be used to underpin our approach as we move through to recovery.

We utilise a variety of ways to gain intelligence, including the following:

- Public Health Wales surveys, including the weekly ACTS survey
- Targeted digital behaviour change campaigns and insight (Lynn PR)
- COM-B toolkit – To accompany the framework, a toolkit was developed to provide an evidence-based approach (COM-B) to gaining intelligence in relation to engagement and COVID-19 behavioural change. To date, this tool has been used

in the context of local incident and outbreak management, as well as with defined populations and community groups to gather intelligence

- Community surveys – Community surveys have been used as a mechanism to gather public perceptions in relation to TTP, and there are plans for future surveys, developed around the COM-B model to identify facilitators and barriers to engagement in testing, the vaccination programme, and continued engagement with preventative behaviours as we move into the recovery phase.

The following sets out our communication objectives for 2021/2022:

- Ensure a priority focus on communicating and re-enforcing messaging on what our communities need to do, by promoting clear messaging on primary control measures and current national guidance.
- Provide up to date information on the testing and contact tracing pathways which is clearly communicated and readily available to staff and residents of CTM.
- Encourage and empower communities/audiences by using a behavioural insights approach, and information provided by public perceptions COVID-19 survey work to ensure:
    - CTM residents and staff understand and engage with TTP, including the contact tracing process;
    - CTM residents understand COVID-19 risks within their locality, especially when cluster/hotspot is identified;
    - Public are aware of, and practising primary control measures and self-isolation.
- Build engagement with partners to underpin collaborative working with stakeholders to maximise resource and ensure consistent approaches to accessing and disseminating information.
- Reassure the public by helping people feel confident in the recovery approach.

If we are successful in our approach, this should result in:

- Vulnerable/hard-to-reach groups in CTM are identified; communication with groups is tailored to meet needs.
- Target audiences e.g. employers, community groups are identified and communication tailored to maximise engagement.
- Results of COVID-19 surveys are shared and key messages communicated to work streams in a timely manner.
- The subject and mode of communication is adapted in response to survey findings.
- Communication is accessible to the public in electronic and easy read format; in both the English and Welsh language and other languages as appropriate.

11.3 Recovery

As the vaccination programme is rolled out across the UK and whilst lockdowns continue across the devolved nations, there is increasing discussion on what recovery will look like over the coming months if we are to move from a COVID-19 health pandemic to an endemic situation.

The CTM Public Service Boards (PSBs) have a clear role in, and are motivated to lead on developing a strategic Recovery Plan for the region. This will likely include plans to support citizens of all ages and will be influenced by various statutory assessments such as the PSB's Wellbeing Assessment and the Regional Partnership Board's Population Needs Assessment.

It is vital, therefore, that the CTM TTP programme contributes to this recovery plan, using both new and existing data and behavioural insights gathered throughout the programme period. Understanding how health inequalities have impacted our communities is crucial to the PSBs being able to develop a response. The RPB plans to work closely with the PSBs to ensure its delivery plans are aligned with the Recovery Plan.

In order to help inform this work, the TTP is establishing a small task and finish group to bring together an underpinning intelligence piece of work to help inform work on a medium term recovery strategy.

It is proposed that this work will include:

1. Community Survey – building on what survey work has already been undertaken as well as commissioning some new work in a recovery context.
2. Providing epidemiological context, analysis and modelling of data to:
   (a) Advance understanding of the CTM COVID-19 experience and potential future scenarios.
   (b) Elucidate the relative importance of factors predisposing to adverse COVID-19 outcomes.
3. COVID-19 morbidity and mortality analysis in CTM.
4. Lessons learned to date from the CTM Test Trace Protect programme.

The useful concept paper from the Kings Fund report: COVID-19 recovery and resilience: what can health and care learn from other disasters? (2021) will also inform this work, as well as intelligence and learning from elsewhere. The report sets out four priority areas to help frame the debate, namely:

1. Putting mental health and wellbeing at the forefront of recovery efforts – including assessing need and leadership at every level.
2. Ensuring communities are not left behind.
3. Making collaboration work.
4. Prioritising workforce wellbeing.

This work will be kept under close review and will inform the recovery work for the TTP programme and plan as we move into 2021/2022.

12.0 QUALITY AND SAFETY

As the oversight arrangement which operates as a partnership between member agencies and reiterates the sovereignty of individual agencies, the quality and safety of respective services rests with the statutory organisations.

However the programme retains a strong and shared commitment to work openly together and take decisions in the spirit of partnership, with the overriding shared aim of delivering for the benefit of the communities it serves.

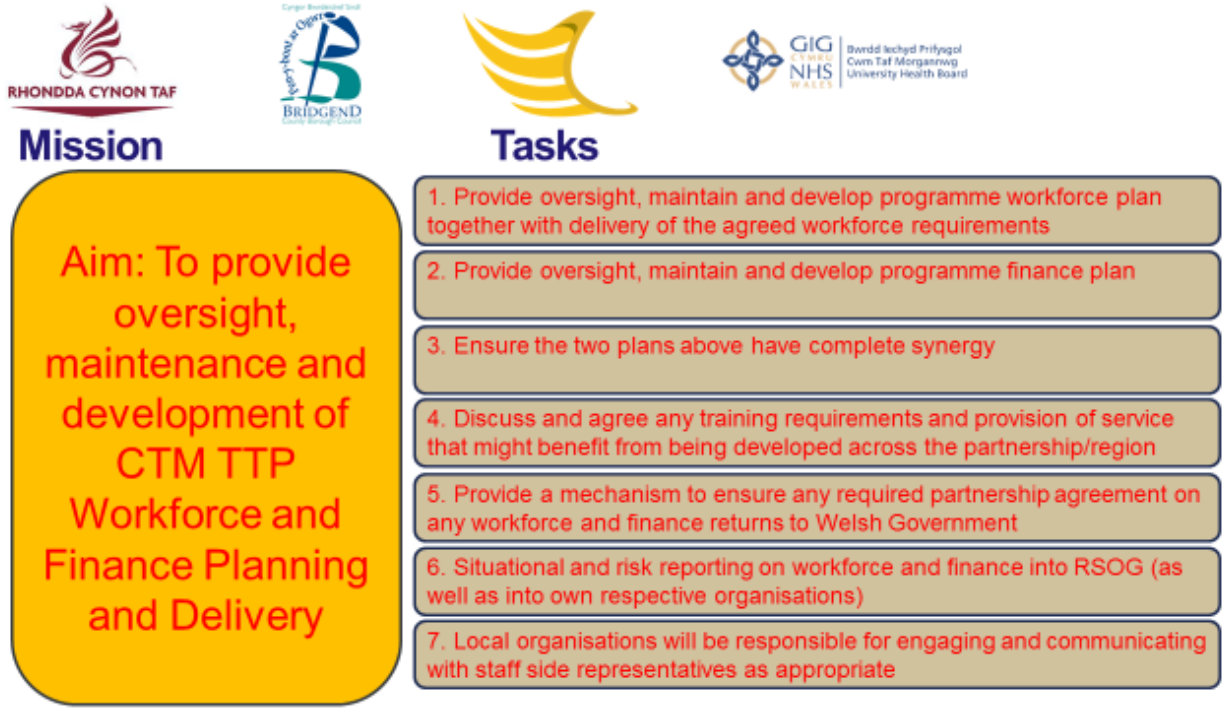
The programme, through its various mechanisms, monitors performance and effectiveness in areas such as testing and contact tracing services, and alerts organisations to any particular areas of concern. The programme also expects to be informed by partner organisations of any relevant issues affecting programme delivery.

13.0 WORKFORCE AND FINANCE

This plan is underpinned with a workforce and finance plan, which last year was submitted to Welsh Government on 16th June 2020 and a revised version for the Health Board elements approved at the Health Board meeting on 29 June 2020.

The workforce and financial implications of the programme are constantly under review across the partnership and from a finance perspective, are currently estimated at approximately £10.8m for 2021/2022 with further detail available in **Appendix 7.**

As the plan for 2021/2022 continues to be developed implemented, it is necessary to ensure all costs associated with the approach are captured and quantified. To support this work, a programme workforce and finance task and finish group continues to meet as required, with its role agreed as follows:



14.0 ACTION PLAN

Appendix 8 contains the latest action plan for 2021/2022 which primarily focuses on the first quarter's actions i.e. from April to June 2021.

As has been referenced above in the surveillance section, the reason for focussing on this period is due to the current context and potential different scenarios we could be facing as described in section 2 above that we need to be cognisant of and to plan for, as we move into 2021/2022.

The action plan will be dynamic and continuously subject to review and update, as the situation develops on the maintenance and enhancement of the Test, Trace and Protect Programme in Cwm Taf Morgannwg.

15.0 ISSUES

Issues are fed into the Regional Strategic Overview Group or Regional Tactical Group depending on the nature and as required.

16.0 RISK REGISTER

A Risk Register operates at the programme level, with risk ownership clearly identified and co-ordination undertaken by the Programme Manager in liaison with the work stream leads in particular. Any strategic risks of high importance are reviewed weekly by the Regional Strategic Oversight Group.

17.0 LESSONS LEARNT LOG

As part of our local arrangements for undertaking review and learning, so as to inform our local structures and capture learning to assist in the development of practice, a lessons learnt log has been developed and is held at regional level by the Programme Manager. This is informed by feedback from across the national, regional and local planning and delivery responses.

All staff and partners are encouraged to participate in sharing lessons on a live basis and fed back into the programme, so we are learning from experience and also practice elsewhere.

18.0 SITUATION REPORTING

Each work stream, the Regional Strategic Tactical Group and Regional Strategic Oversight Group are responsible for providing exception reports on progress and risks etc. to the overall programme and to respective organisations as requested, including partner Local Authorities and Health Board.

19.0 IMPLEMENTATION, REVIEW AND LEARNING

There will continue to be regular review of this plan via the Regional Strategic Oversight Group. This will help ensure effectiveness of implementation or the need for change. The plan will also be reviewed in response to any emerging regional and national issues and requirements.

Any significant changes will be signed off by the Regional Strategic Oversight Group, with sight of the plan as required, also by individual partners such as the Health Board and Local Authorities.

Implementation of the plan and progress against action plans and objectives will be undertaken fortnightly during the Regional Strategic Oversight Group meetings.

Learning from the management of incidents and outbreaks will be fed into the Regional Strategic Oversight Group via the Regional Incident Management Team or Outbreak Control Team chair usually using a formal debrief process.

[i] An indeterminate case = any inpatient at [site] with a first positive SARS-CoV-2 RNA test since [outbreak start date] OR any person with a first positive SARS-CoV-2 RNA test since [outbreak start date] who had been a patient at [site] in the 14 days prior to positive test OR any inpatient or recently discharged patient who has tested positive for COVID-19 at [site] and it has been >90 days since their first positive test (i.e. laboratory evidence of re-infection) who has been an inpatient 3-7 days (inclusive) at the time of first positive specimen.

[ii] A probable case = any inpatient at [site] with a first positive SARS-CoV-2 RNA test since [outbreak start date] OR any person with a first positive SARS-CoV-2 RNA test since [outbreak start date] who had been a patient at [site] in the 14 days prior to positive test OR any inpatient or recently discharged patient who has tested positive for COVID-19 at [site] and it has been >90 days since their first positive test (i.e. laboratory evidence of re-infection) who has been an inpatient 8-14 days (inclusive) at the time of first positive specimen.

[iii] Antigenic escape occurs when the immune system is unable to respond to an infectious agent

[iv] PHE (2021) *Investigation of SARS-CoV-2 variants of concern in England*. LINK

[v] Scientific Group for Emergencies (2021): NERVTAG: Update note on B.1.1.7 severity - 11 February 2021 LINK