Draft Note – Evaluation Sub Group (SAGE) – 20 May 2020

Participants

In terms of the expertise on the call, this included Psychologists, Economists, Statisticians and Modellers.

Background

Following the Evaluation Sub Group (SAGE) meeting on the 15 May, there was an action for JBC colleagues to produce a document, with input from experts within the group *(Note on Joint Biosecurity Centre 'JBC' and potential flows)* to bring back for discussion.

The paper highlights how JBC will enable HMG to take effective action to supress localised 'flare ups' of Covid-19 through targeted NPI and needs to be established for a sustained delivery by 1 June 2020. If JBC are successful, this will mean locally targeted action will be become a valuable control mechanism and allow national NPI measures to be relaxed to a degree.

The Key Outcomes are:

- A COVID-19 alert scale that transparently communicates to the public the alert level and criteria for action;
- Live data streams and wide-ranging analysis that provides evidence on the nature and location of the problem and monitors effectiveness of response;
- Smooth decision-making process, consulting Ministers and Chief Medical Officer as proportionate to the scale of the intervention, against an agreed 'playbook' of options; and
- The rapid implementation and action on the ground by the right actors at the time.

Discussion

Chair opened the meeting expressing how important this group is and praised the enormous amount of work that is going on from colleagues in the group and JBC which is going to be central to the next stage of the nation's development. JBC as part of the TTI process will be managing the way in which we keep the epidemic under control over the next months. The questions in the supporting paper require answers quickly to report to SAGE.

Point 1 – The consensus of the group was that we need to clearly state that the aim for JBC should be to reduce the prevalence of Covid-19 in all areas - where areas includes both geographies and other ways of mapping the prevalence across the population.

Point 2 – PHE colleagues highlighted the beginning of paper talks about epidemiological objectives and SAGE's advice in this would be valuable.

When looking at epidemiological objectives, rather than have a target as the paper suggests, instead the paper should say these are the kinds of indicators that JBC would want to be driving down. The view that the four tracking indicators are key to this, although they are not exhaustive.

Cabinet Office Colleagues expressed that there are potentially other ways of cutting data apart from by geography and we should highlight other data feeds in more detail that are being tracked and developed. JBC should be carrying out research on which interventions are most effective to create a learning system which will create feedback for local areas.

Consensus was agreed to move point 2 to say, the epidemiology target is to reduce the incidence of the diseases in all areas and we propose and agree with the 4 tracking indicators and metrics that are in the paper, but it is for PHE and Government to decide on targets for these indicators.

JBC Functions – Consensus agreed with the functions in the paper and agreed that they will work with partners to identify new and innovative sources of data.

Point 3 *(Data and Sitreps)* **–** Home Office colleagues agreed with the bullet points and highlighted we shouldn't rule anything out. There are many data sources that JBC should look at and the list provided in the paper is a sensible list but not exhaustive

Andrew Engeli, who is heading up the data acquisition function in JBC expressed his observations That there is Public Health Data and Non-Public Health data, both of which will be important, and this should be reflected in this section.

NHS Colleagues shared they have an extensive sitrep which comes in on a daily basis on hospital admissions and they are currently in the process of reviewing whether to stand down this sitrep. NHS would like to link with JBC on this matter.

Andrew Morris highlighted the importance of data engineering and the need to prioritise data feeds against the key questions that drive infection control. Data rangling need to consider data quality and standards. We need to ensure the thinking is not just about individual data sets but linking different kinds of data.

Consensus agreed that data is going to be central to the work of JBC but they need to have a dynamic approach to identifying new data feeds and needs. Some data feeds will be public health data and some non-public health data. Careful work is needed to make ensure the quality of the data. Prioritisation of leading indicators will be critical to enabling the rapid and even pre-emptive action that will be most powerful in controlling the epidemic.

Having a route for organisations and communities to raise concerns will be difficult but will generate useful data that may not be available in traditional data feeds and will also support community engagement with JBC.

Action- Add a line stating that we acknowledge for the JBC to function it needs to have a dynamic approach to identifying those data feeds which are most useful in identifying outbreaks. Also acknowledge that this will come from a wide range of both public health and non-public health sources and assessing the quality of these data sources as well as continued community engagement is of paramount important to allow the JBC to function.

Point 4 – *(Analysis function with senior statistician input)*

ONS Colleagues highlighted the need to know the individual's information such as their place of work and other key identity and location information beyond just their home location.

Bullet 2 **–** *Calculating infection rates by local area (to identify links to neighbourhoods with high population density, etc)*

John Edmunds highlighted that calculating infection rates may be difficult to achieve and this would need to come out of a model.

NHS Colleagues raised what actions might need to be taken to control infection rates at local and national level and that the analysis must be able to give the answers to those questions. No10 Colleagues raised concerns with trying to stretch data to far using statistical tools and the need to have capability to collect better data in the identified gaps.

Dominic Abraham highlighted that a single top down approach is not going to be fit for purpose and that local decisions will need to be made rapidly without waiting for data to be nationally considered and fed back down to local level, but there needs to be a feed up so that national people know what is going on.

Consensus agreed that we need to amend the preamble to clearly say that local decisions and players will be empowered to make decisions at a local level, but information will also come up to a national level for analysis. JBC analysis functions will include but not be confined to the bullets in the paper and analysis efforts might include identifying vulnerable communities to enable different risk thresholds to apply to those communities. Ongoing research and JBC learning as it goes along will be crucial. At the national level there will be a daily sitrep and a need for a dashboard to identify where extra efforts need to go in.

Point 5, 6 & 7 – Consensus agreed with these sections within the paper with no amendments.

Point 8 & 9 – *(Cases Characteristics and actions)* - Consensus agreed with the case definitions.

Point 10 – The consensus agreed with actions proposed for case types and stated this is a standard approach that has served well in the past.

Point 11 - *When more than one case is confirmed in a confined setting would we expect to close the whole setting?*

PHE colleagues agreed that the closure of a particular setting is one of the key interventions but required good judgement. Things to consider are schools for example, if there is only one case confirmed (teacher or pupil) will we close the whole school or will this depend of the size and where it is based (rural primary school with 25 pupils, compared to a urban setting comprehensive schools with 2000+ pupils) we need to ensure we have the right principles and develop a clear understanding in different settings.

It was highlighted that children may not show symptoms, and this should be reflected when thinking about triggers for school settings.

Lead indicators were again flagged as critical and if they become strong enough, these indicators could allow pre-emptive actions to be taken. This would be in line with the precautionary principle underlying TTI.

Consensus agreed to amend the bullet to highlight the groups suggestion that when more than one case is confirmed further work is required in order to identify particular actions that need to be taken. Those particular actions could include closing the settings.

Point 12 – JBC Playbook

The consensus of the group was to take this out for the moment and invite JBC to return with draft playbook at a future meeting and it get looked at in a more final state.

Point 13 – *(Incentives and Disincentives)*

Dominic Abraham expressed that with incentivisation we need to find and target the right balance (financial and social) and we need to take into account various forms of compensation rather than just financial approaches. James Rubin suggested we should not penalise people and there needs to be a system around compensation which operates quickly – compensation should not take months.

The bullet on a Covid-19 lead in every workplace is a very useful idea. Additionally, it is key for JBC to be trusted and people need to be confident from day one which emphasises the need for openness and transparency to be written into every procedure. Trust is the most critical point to getting crucial public support and we should highlight this very strongly.

Rebecca Riley highlighted people will be incentivised and influenced depending on their personal circumstance and we should not adopt a one size fits all approach. Incentives with have complex interactions between employers and employees which need to be considered and trust is really important. There is a clear need to be open with people about the data being collected and what it is being used for.

The group briefly debated public attitudes to personal data collection and use, with points made that maintaining public confidence in data gathering and anonymity was important but also that research was needed on public attitudes under the current circumstances and Covid may well have changes public views.

PHE Colleagues highlighted that context of the epidemiology is really important, more disease around people are more scared, and vice versa. If incidence is low people are less worried and may not report concerns.

Consensus agreed to amend the bullet slightly to capture that this is about empowering people to make action locally and help to build their trust in a more detailed warning system. The meeting agreed that the text on fines for individuals should be dropped and that incentives would need to be the right mix of financial and social as this will differ by subgroups.

Point 14 and 15 - *Local delivery and resources*

Consensus agreed that these bullets must highlight that the TTI and JBC are one integrated disease surveillance and response system and the track and trace data input needs to come in real time. The point should be remedied to add in an overview of confidentiality concerns by stating the urgent work should be done to test public acceptability and transparency in the way the data is used is critical and central.

Point 17 and 18 - *Battle Rhythms* - PHE Colleagues stated these are operational questions for JBC linking with TTI and it will be for JBC to decide and organise the battle rhythms.

Point 19 and 20 - The chair highlighted the need to engage the public into the process from day one and that JBC should be an organisation which is permanently in research mode to fine tune in real time what it is doing, working with other parts of government who are working on evaluation and 19 and 20.

The chair finished the meeting by thanking everybody for their time and input into the paper. He informed the group that the discussion from today will form a paper which will be sent to SAGE for discussion tomorrow.