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NOTICE OF MEETING

CABINET MEMBER FOR HEALTH, WELLBEING & SOCIAL CARE

TUESDAY, 8 SEPTEMBER 2020 AT 2.00 PM

VIRTUAL REMOTE MEETING - REMOTE

Telephone enquiries to Anna Martyn Tel 023 9283 4870
Email: Anna.Martyn@portsmouthcc.gov.uk

Membership

Cabinet Member for Health, Wellbeing & Social Care
Councillor Matthew Winnington (Cabinet Member)

Group Spokespersons
Councillor Jeanette Smith
Councillor Matthew Atkins
Councillor Graham Heaney

(NB This agenda should be retained for future reference with the minutes of this meeting).

Please note that the agenda, minutes and non-exempt reports are available to view online on the Portsmouth City Council website: www.portsmouth.gov.uk

A written deputation stating which agenda item it refers to must be received by the Local Democracy officer named on the agenda by 12 noon two working days preceding the meeting.

Any written deputation received will be sent to the Members on the relevant decision making body and be referred to and be read out at the meeting

A G E N D A

1 Apologies for absence

2 Declaration of interests

3 **Providing respite care to citizens with a learning disability** (Pages 5 - 10)

Purpose

1. Update the Cabinet Member for Health, Wellbeing and Social Care on the response by Adult Services to the need for respite at Russets
2. Describe how Russets will respond to providing respite in the short to medium term.
3. Seek endorsement to continue exploring options for the future respite offer for the city.

RECOMMENDED that the Cabinet Member approves that

1. Respite recommences at Russets as soon as possible given the planning and building works constraints (at the earliest 1st September).
2. Engagement work commences with the two residents who have expressed a wish to move from Russets.
3. Planning is undertaken to consider how long term accommodation is managed in Russets (by 1st January 2021).
4. An options appraisal for respite provision for adults with learning difficulties in the city is developed in line with the commissioning intentions of the Integrated Learning Disabilities service for respite in the short, medium and long term.

4 **Adult Social Care response to Covid-19** (Pages 11 - 14)

Purpose

The report is for information only and the purpose is to update the Cabinet Member on the Adult Social Care response to the Covid-19 pandemic that was presented to the Health, Wellbeing & Social Care Portfolio meeting on 7 July 2020.

5 **Portsmouth Covid-19 intelligence summary** (Pages 15 - 26)

Purpose

The report is for information only and the purpose is to provide information about the latest Portsmouth data on Covid-19.

6 **Covid-19 Test and Trace contact tracing and 'Reservist' programme in Portsmouth** (Pages 27 - 32)

Purpose

The report is for information only and is to brief the Cabinet Member for Health, Wellbeing and Adult Social Care on the work led by Public Health on the Covid-19 response in Portsmouth.

Portsmouth
CITY COUNCIL

Title of meeting: Cabinet Member for Health, Wellbeing & Social Care

Date of meeting: 8 September 2020

Subject: Providing respite care to citizens with a learning disability

Report by: Innes Richens - Chief of Health & Care Portsmouth

Written by: Andy Biddle - Director of Adult Care.

Wards affected: All

Key decision: No

Full Council decision: No

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1. Purpose of report

1.1. The purpose of this report is to :

a. Update the Cabinet Member for Health, Wellbeing and Social Care on the response by Adult Services to the need for respite at Russets
b. Describe how Russets will respond to providing respite in the short to medium term.
c. Seek endorsement to continue exploring options for the future respite offer for the city.

2. Recommendations

2.1 It is recommended that

- Respite recommences at Russets as soon as possible given the planning and building works constraints (at the earliest 1st September).
- Engagement work commences with the two residents who have expressed a wish to move from Russets.
- Planning is undertaken to consider how long term accommodation is managed in Russets, (by 1st January 2021).
- An options appraisal for respite provision for adults with learning difficulties in the city is developed in line with the commissioning intentions of the Integrated Learning Disabilities service for respite in the short, medium and long term.

3. Context

3.1 Russets provides short-term respite care and accommodation for adults with a learning disability aged from 18 years and can also support individuals who may have a physical disability, autistic spectrum condition or behavioral needs. Russets is a bed based service that offers planned and emergency respite for up to 11 people at a time. There are two flats which offer permanent accommodation for 7 people.

3.2 Respite care is provided to people who are living with their family in their own home. This acknowledges the need for cared for person and carer to have a short break, the frequency of which is determined by need and situation.

3.3 Russets was built in 2001 for the purpose of providing respite accommodation. Day service provisions at New Road and Henderson Road were built at the same time, under the same Private Finance Initiative. Following the initial build, facilities management support is provided via the contractor for the remainder of the contract period, (to June 2032).

3.4 Between 2012 and 2015 a number of properties providing accommodation to people with a learning disability in the city closed. This led to placements for 7 people on the first floor at Russets. This was initially a temporary arrangement until other properties could be identified.

4. Reasons for recommendations

4.1 Last Year Russets provided 2058 nights of respite to 53 families. On 22nd of March Russets closed its respite service in order to protect the 7 permanent residents who also use the building as their home. This meant that by September 2020, 1029 nights of respite will have been lost.

4.2 Maintaining the closure of respite services could lead to the following risks.

- Some families could move into a crisis situation which may lead to a breakdown in accommodation and care arrangements for the person with care and support needs.
- Potential breach of the Care Act by failing to deliver the assessed and eligible needs for both service users and carers.
- An increase in complaints
- A potential Increase in the cost of respite, through having to provide respite with other providers

All of which could lead to an increase in the numbers of people requiring residential care

4.3 The first floor of Russets is occupied by the permanent residents and is easily isolated from the respite service. There is a need to provide separate staffing for each service which means that there are fewer staff available for respite care. As shown in the plan below

4.4 Based on current legislation/rules/guidance[i] only a maximum of two households may gather together indoors. This means currently being able to support two people with care and support needs at any given time for Respite. This is contingent on building control permissions to change the fire exits for respite clients and building works to the value of £1500 being completed on the ground floor. As in the plans shown below

4.5 It is proposed that in the short term from 1st September respite stays at Russets are divided into two and three night stays for two people with care and support needs at any given point. This would allow sufficient time in between visits to allow for Infection Prevention & Control, (IPC) measures to be implemented in the rooms.

4.6 Two of the permanent residents have indicated that they would like to move from Russets. If these moves could be achieved this would enable the respite offer to be increased to between four to six people per stay and could be done as soon as one of these residents have moved, as this would offer more flexibility within the building to consider use of the first and ground floors.

4.7 The issues associated with this proposal are

- Engagement with residents, family, advocates and named workers would be required.
- Moves are likely to take until the end of January 2021 to complete.
- Cost, as there may need to be an increase in staffing establishment to support this offer with a consequent change to the staffing profile.

It is proposed to bring a further detailed paper to Portfolio decision making meeting, containing detailed proposals for respite provision from 2021/22 onward.

5. Equality impact assessment

Completed - no adverse impacts are anticipated.

6. Legal implications

6.1 The provision of respite services at Russets is governed by the PFI contract for the provision of residential respite care and day care services in Portsmouth, and associated services ("the PFI Contract"). The PFI Contract provides for accommodation for the purposes of respite care as well as facilities maintenance, transport and catering services. However, the respite care element is provided directly by Portsmouth City Council's staff.

6.2 One of the recommendations in this report relates to gradual recommencement of respite services at Russets, forming part of the service description under the PFI Contract. Discussions have been had with the service provider and no impact on the service provision under the PFI contract has been identified, negating the need for a formal variation to the contract.

6.3 However, an amendment to the Service Operating Manual may be required.

7. Finance comments

7.1 The staffing budget for respite services at Russets is sufficient for an average of 4-10 clients per week depending upon individuals needs assuming that clients attend day care for a proportion of the day.

7.2 During current restrictions individuals will not be able to attend both respite and day care during the same period, therefore requiring more support hours per individual during a respite stay. In addition to this the ratio of clients to staff will need to be increased, due to the need for COVID-19 social distancing requirements to be maintained. The initial proposed opening of Russets to an average of 2 clients is within the budgeted staffing taking into account these enhanced requirements with some staffing budget available for further support.

7.3 The proposal to provide respite on the first floor mitigates the risks of a breakdown of the individuals' current living arrangements and the potential of need to provide emergency and long stay placements at a cost of £50,000-£100,000 per person per annum.

7.4 If the proposal to reconfigure the Russets site to accommodate more respite clients during this period of restricted operations, then there is a potential for costs associated with additional staffing levels to be £200,000 per annum. This is envisaged to be a temporary cost pressure whilst operations are restricted for COVID-19 secure measures.

Signed by:

Appendices:

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

The recommendation(s) set out above were approved/ approved as amended/ deferred/ rejected by ……………………………… on ………………………………

………………………………………………
Signed by:

i https://www.gov.uk/guidance/meeting-people-from-outside-your-household-from-4-july

THIS ITEM IS FOR INFORMATION ONLY

Portsmouth
CITY COUNCIL

Title of meeting:	Cabinet Member for Health, Wellbeing & Social Care
Date of meeting:	8 September 2020
Subject:	Adult Social Care Response to the COVID-19 Pandemic
Report by:	Innes Richens - Chief of Health & Care Portsmouth
Written by:	Andy Biddle - Director of Adult Care.
Wards affected:	All

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1. Purpose of report

Cllr Winnington has requested an update to the Adult Social Care, (ASC) response to the COVID-19 Pandemic that was presented to the Health, Wellbeing & Social Care Portfolio meeting in July 2020.

This report will summarise some of the key issues and work undertaken by ASC in relation to COVID-19 from June to August 2020.

1.2 Context

The focus for the ASC response to COVID-19 has been governed by the release of government guidance, as adult social care in England is governed by statutory duties contained in the Care Act 2014, Mental Health Act 2007 and Mental Capacity Act 2005.

When Portsmouth City Council, (PCC) moved to business critical activities in March 2020 ASC reduced or closed non-critical services and redeployed staff to support both care homes and the emerging work in working with people who were 'shielding' in response to government guidance, where food and medication needs were identified. With the change in national alert status and the easing of lockdown measures, in common with other Council services, ASC has begun to re-introduce those services that were either partially or fully closed. Some of these services have only been able to partially reopen due to social distancing measures/being COVID secure.

2. Priorities

2.1 Personal Protective Equipment (PPE)
PPE continues to be distributed to social care providers within Portsmouth as required and a strategic reserve is maintained through the City Council.

2.2 Hospital Discharge
As previously reported, government guidance on Hospital discharge published in March 2020 established new procedures and NHS funding to enable rapid discharge from Hospital. This guidance was updated in August 2020. The Local Government Association provided a helpful briefing for Local Authorities. In summary;

The expectation remains that 95 per cent of people will be discharged home, with some 45 per cent of those requiring support. Further, 4 per cent will access a short-term bedded facility for intermediate care before returning home, and only 1 per cent are expected to be discharged to a care home direct from hospital.

There should be daily ward rounds to assess if a person needs to remain in hospital, using the existing 'reasons to reside' criteria. People without complex care needs should expect to go home on the same day they are judged to be clinically safe to discharge.

For around half of the people being discharged, it is expected they will need a period of care, rehabilitation or reablement. This will be provided free for up to six weeks to promote independence and recovery, and until an assessment for long-term care is undertaken.

Testing for COVID-19 should continue in line with Government guidance. Where an individual cannot be safely isolated after discharge, alternative accommodation can be commissioned, funded from the ongoing Government funding.
The arrangements for COVID 19 NHS funding for hospital discharge, (Scheme 1) will close on 31st August 2020 and the new six week funding, (Scheme 2) will take effect from 1st September 2020.

The main focus of ASC activity following the easing of lockdown restrictions is to conduct assessment work with people who received Scheme 1 funding and establish whether this continues to be required. For those that were placed in residential or nursing care, there is a need to ensure that this is the right place to meet need and that the funding arrangements are correct. This has created some pressure for the service as a backlog of work built up during the lockdown period. ASC is also seeing a greater number of referrals and people continuing with care and support post-lockdown than previously. A plan is in preparation to recover this position.

2.3 Care Homes
As was highlighted in the update to July Decision Meeting, one of the most significant and tragic impacts of the COVID-19 pandemic was the death of residents in care homes across the country. Following outbreaks in PCC managed and run care

homes, the homes continue to focus on Infection Prevention and Control, (IPC) measures, following government and Public Health England guidance to try and manage the spread of infection. Portsmouth City Council owned and managed care homes have had no COVID-19 cases for residents for 115 days, (as of 20/8/20).

Following a member of staff testing positive for COVID-19 on 23rd July 2020 in one of PCC's homes, residents were cared for in isolation and visits to the home were temporarily ceased. Following whole home testing, IPC advice and no new cases amongst residents or staff, visits were re-commenced on 24th August 2020.

Following the publication of the Social Care Action Plan in April 2020, PCC finance colleagues have organised the payment of the second tranche of the government's Infection Control Fund to providers of social care in the city and have made a return to government indicating how the funds have been spent.

Following another priority in the action plan, ASC continues to provide isolation care on discharge from hospital for people over the age of 65 who need a temporary placement. The 'Gunwharf Unit' at Harry Sotnick House continues to be staffed by a specific staff group, with a separate entrance and lift facilities.

Whilst there is an ambition to establish a permanent Discharge to Assess, (D2A) unit on this site, to ensure that people are able to make a decision about care support needs outside of hospital, funding has not yet been secured to do this. This is likely to be the subject of a cabinet paper in the autumn.

ASC continues to work with Clinical Commissioning Group, (CCG) and Solent NHS Trust colleagues to provide support to care homes and other providers of social care through the provider portal and regular virtual meetings. Challenges and issues for care providers continue to be fed back from these mechanisms through Association of Directors of Social Services, (ADASS) Public Health and CCG colleagues at a regional and national level.

2.4 Financial Support

PCC has offered a package of financial support measures to the sector focussing on increased costs for PPE and increased staffing due to COVID-19. A Minimum Income Guarantee, (MIG) has also been established to ensure financial stability for providers of social care during the pandemic. The MIG will taper down until October 2020, when it will cease. ASC and finance colleagues' continue to discuss financial strain and challenges within the sector in anticipation of the temporary arrangements ceasing.

2.5 Testing

Testing for COVID-19 was an emergent issue throughout the pandemic. The range of testing now available locally includes the ability to get tested at Queen Alexandra Hospital, the drive in site at Tipner and the ability to order a testing kit by post. Following the first round of whole care home testing for non-symptomatic staff and residents, the Department of Health & Social Care, (DHSC) announced regular retesting for all care home staff and residents. The experience of this option has been varied, in that re-registering on the national portal was not possible for all care homes,

tests have taken time to arrive and some test results have not been returned. Engagement with Public Health and ADASS around local challenges has enabled this to be raised both regionally and nationally. The current information from DHSC is that the system should be working fully from 7th September 2020.

Signed by:

Appendices: None

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

The recommendation(s) set out above were approved/ approved as amended/ deferred/ rejected by ……………………………… on ………………………………

………………………………………………

Signed by:

Agenda Item 5

THIS ITEM IS FOR INFORMATION ONLY
(Please note that "Information Only" reports do not require Integrated Impact Assessments, Legal or Finance Comments as no decision is being taken)

Portsmouth
CITY COUNCIL

Title of meeting:	Health, Wellbeing and Social Care decision meeting
Subject:	Portsmouth Covid-19 Intelligence Summary
Date of meeting:	8th September 2020
Report by:	Helen Atkinson, Director of Public Health
Wards affected:	All

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1. Requested by

1.1 Helen Atkinson, Director of Public Health

2. Purpose

2.1 To provide information about the latest Portsmouth data on Covid-19

3. Information Requested

3.1 Intelligence Summary for Portsmouth with latest data on infections and deaths related to Covid-19

………………………………………………
Signed by (Director)

Appendices:
Appendix 1 - Portsmouth Covid-19 Intelligence Summary 04.09.20

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

www.portsmouth.gov.uk

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Portsmouth CITY COUNCIL

Portsmouth Covid-19 Intelligence Summary

04.09.20

Overview

1. Infections
    - Case Rate per 100,000 population: HIOW Local Authorities and comparators
    - Epidemiological curve: Portsmouth new cases (3 day average)
    - HIOW infections by UTLA (spark lines)
    - Weekly rates per 100,000

2. Deaths
    - New deaths in Hospital (3 day overage): Portsmouth Hospitals
    - Extra deaths occurring in 2020 in Portsmouth (LA) compared to average of corresponding week by week of death

Please read – important caveats

This presentation includes data derived from a dashboard owned by the Hampshire & Isle of Wight LRF for the purpose of emergency planning and response, and data made available to local Directors of Public Health that is not in the public domain.

The dashboard is marked ***official sensitive*** and has been developed for the purpose of planning and responding to CoVid19 in Hampshire and IOW (including the unitary authorities of Southampton and Portsmouth) known hereon as HIOW. Data and information in this product has been processed under the COVID-19 Notice under Regulation 3(4) of the Health Service Control of Patient Information Regulations 2002.

https://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information?utm_source=d05aa30e-95d2-48e3-93e0-0a696c35bd3c&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate

The information and data in this product should only be used, processed and shared for a Covid-19 Purpose and solely for that COVID-19 purpose. A Covid-19 Purpose includes but is not limited to the following:

> Understanding Covid-19 and risks to public health, trends in Covid-19 and such risks, and controlling and preventing the spread of Covid-19 and such risks;

> Monitoring and managing the response to Covid-19 by health and social care bodies and the Government including providing information to the public about Covid-19 and its effectiveness and information about capacity, medicines, equipment, supplies, services and the workforce within the health services and adult social care services;

> Identifying and understanding information about patients or potential patients with or at risk of Covid-19, information about incidents of patient exposure to Covid-19 and the management of patients with or at risk of Covid-19 including: locating, contacting, screening, flagging and monitoring such patients and collecting information about and providing services in relation to testing, diagnosis, self-isolation, fitness to work, treatment, medical and social interventions and recovery from Covid-19;

> Understanding information about patient access to health services and adult social care services and the need for wider care of patients and vulnerable groups as a direct or indirect result of Covid-19 and the availability and capacity of those services or that care;

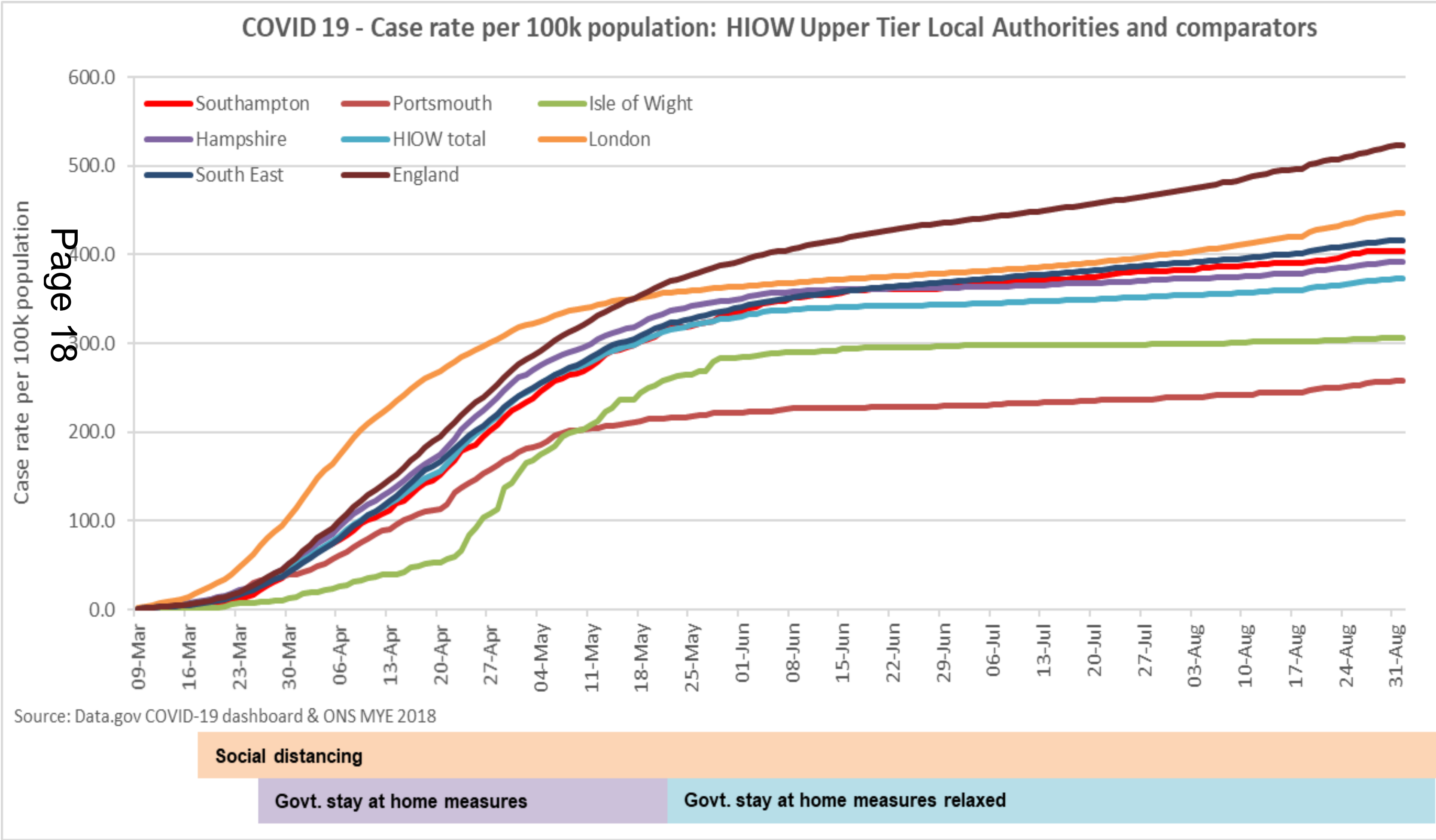
> Delivering services to patients, clinicians, the health services and adult social care services workforce and the public about and in connection with Covid-19, including the provision of information, fit notes and the provision of health care and adult social care services; and

> Research and planning in relation to Covid-19.

Advice should be sought from the appropriate Public Health team member before this information is shared into the public domain; it does not contain patient identifiable data, but it does contain sensitive information and data which requires explanation and contextualisation.

1.1 Infections

Case rate per 100,000 population: HIOW Local Authorities and comparators, Pillar 1 and Pillar 2 tests



The rate of infections in Portsmouth has plateaued since early June.

It remains below the rates for Southampton, Hampshire and England as a whole, and with inclusion of Pillar 2 tests is now below IOW too.

The chart shows the crude rate of confirmed cases (cumulative) per 10,000 population for HIOW Local Authorities and comparators.

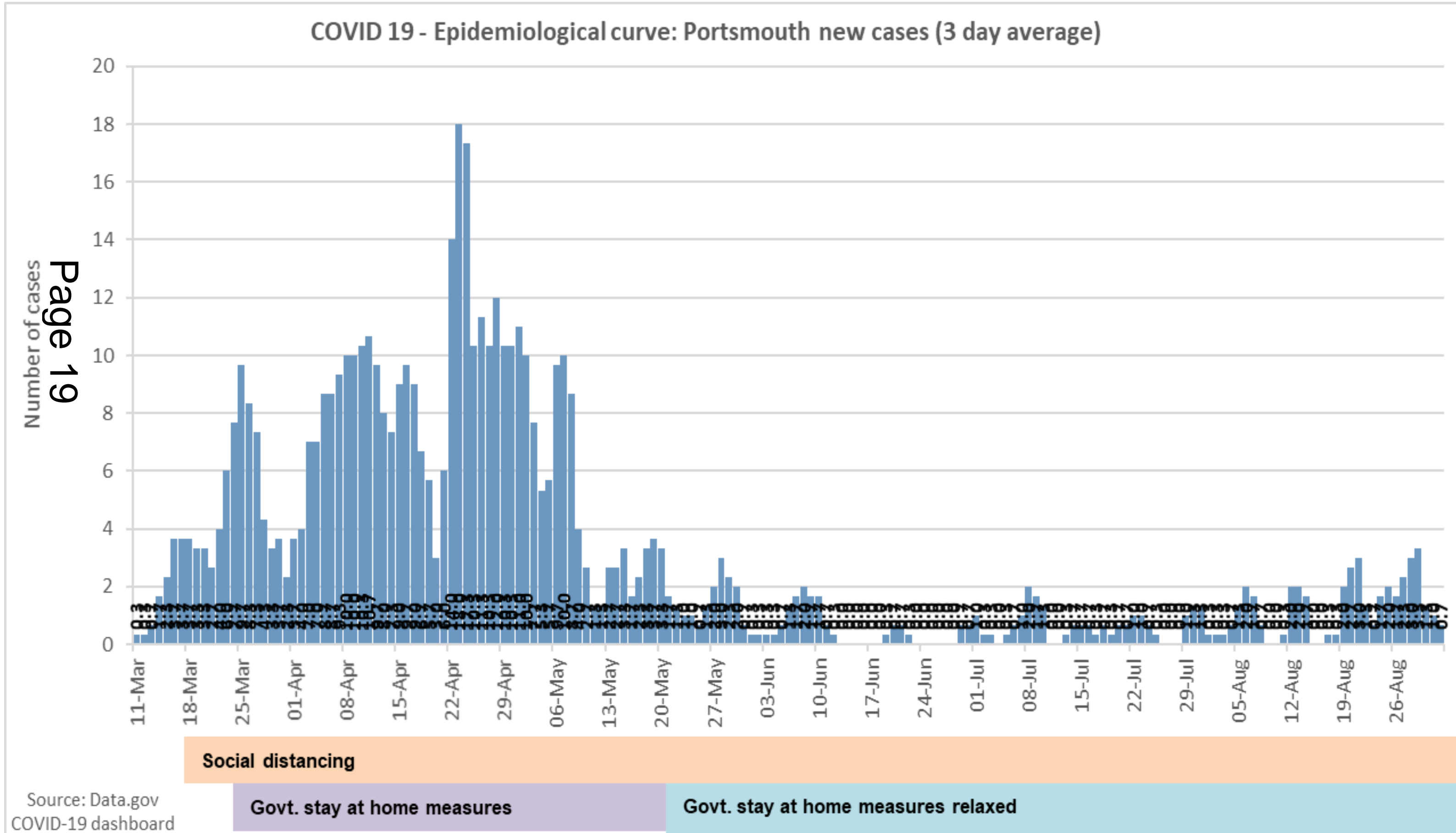
Data on confirmed cases is from https://coronavirus.data.gov.uk/, data as of 03.09.20 and population data is from ONS (mid year estimates 2018).

Case numbers are subject to revisions, especially most recent numbers.

Isle of Wight has implemented track and trace from 07/05.

1.2 Infections

Epidemiological curve: Portsmouth new cases (3 day average), Pillar 1 and Pillar 2 tests



There have been 16 new infections in Portsmouth recorded (Pillar 1 and Pillar 2) in the past week. 558 total pillar 1 and pillar 2 positive test cases.

The number of new infections peaked on 22nd April.

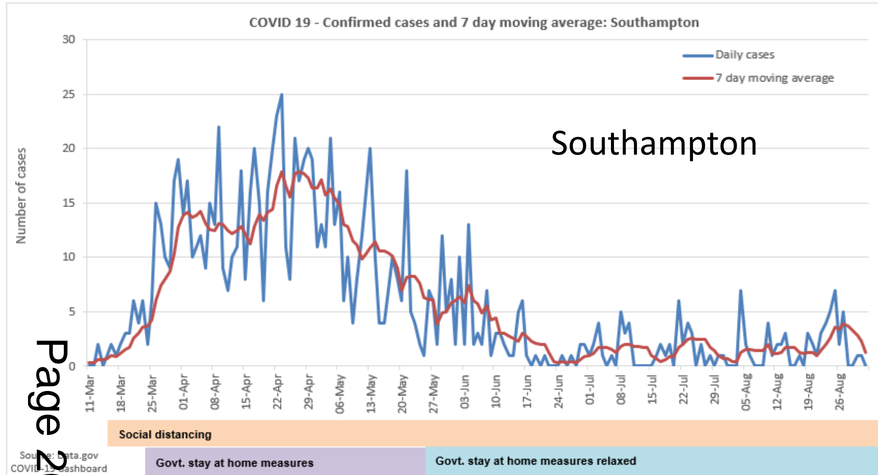
The chart shows the epidemiological curve of new cases (3 day average) in the area that is selected from the dropdown.

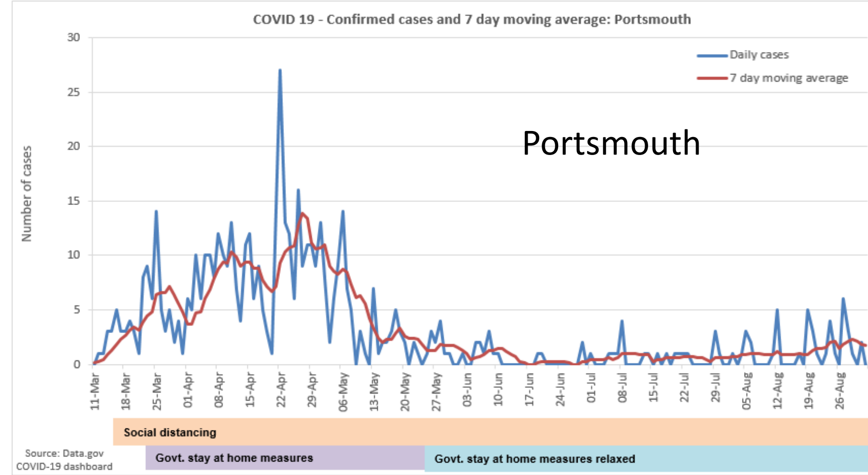
Data is from https://coronavirus.data.gov.uk/, data as of 03.09.20

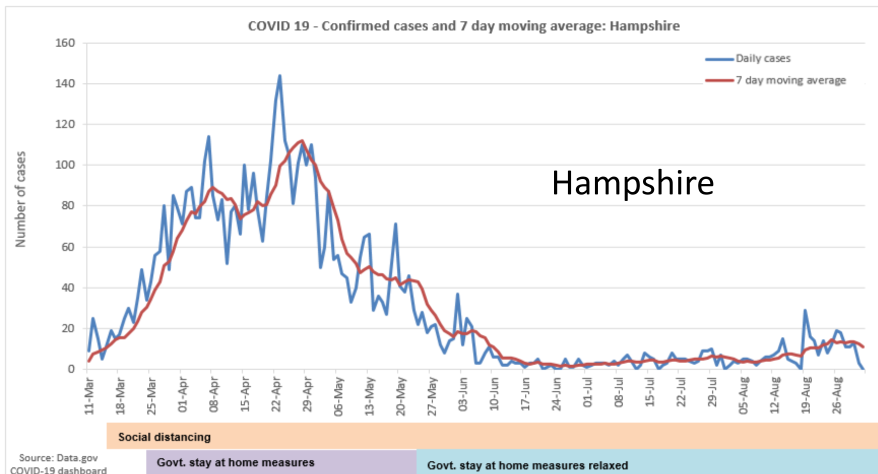
Case numbers are subject to revisions, especially most recent numbers.

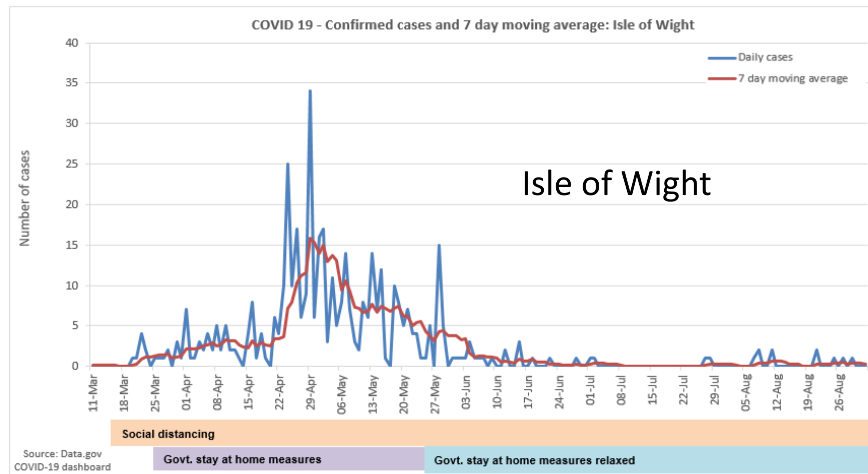
Publically available data.

1.3 Infections – spark lines for HIOW UTLAs









Portsmouth:
- 558 total cases
- 16 new cases in last 7 days

Southampton
- 1,022 total cases
- 7 new cases in last 7 days

Isle of Wight:
- 433 total cases
- 2 new cases in last 7 days

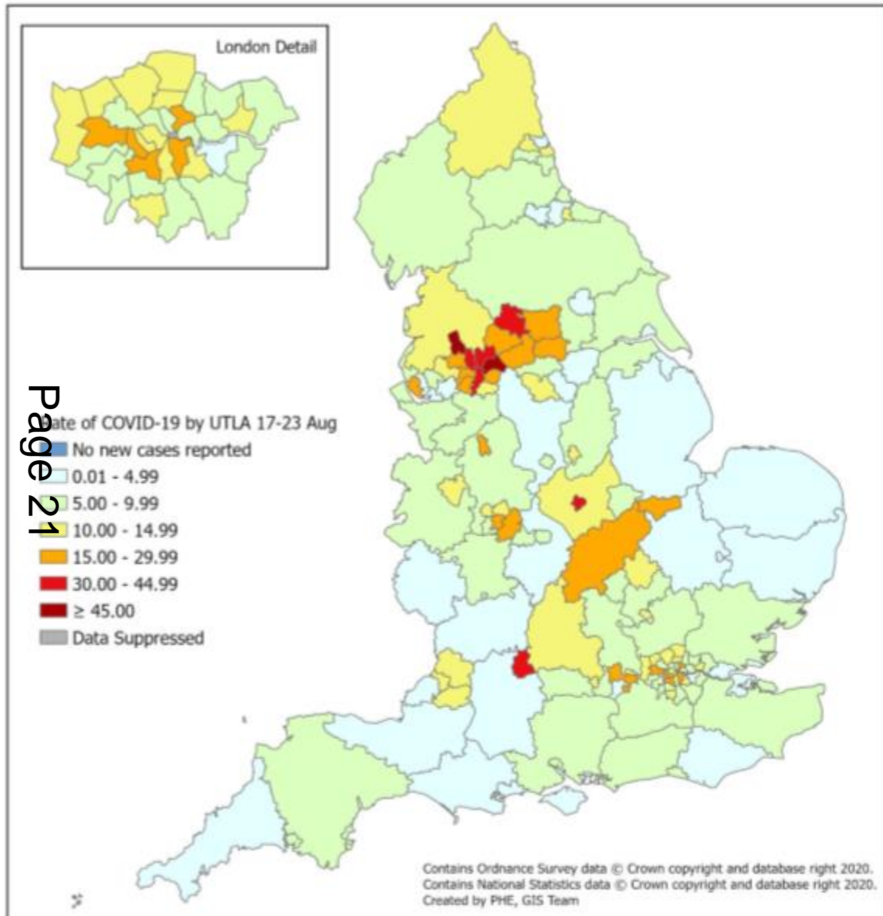
Hampshire
- 5,394 total cases
- 65 new cases in last 7 days

The chart shows the epidemiological curve of new cases (daily and 7 day average) for the Upper Tier Local Authorities in HIOW

Data is from https://coronavirus.data.gov.uk/, data as of 03.09.20

Case numbers are subject to revisions, especially most recent numbers.

1.4 Weekly rates of Covid-19 cases



Weekly rate of COVID-19 cases per 100,000 population tested under Pillar 1 and 2, by upper-tier local authority, England
(box shows enlarged maps of London area).

Based on week 34 (data between 17 and 23 August 2020).

UTLA name	Rate per 100,000 last 7 days
Isle of Wight	1.4
Hampshire	6.5
Portsmouth	**7.0**
Southampton	10.3
Swindon	38.3*
Leicester	42.2*
Blackburn	50.4*
Oldham	52.6*
South East	**7.4**
England	**12.8**

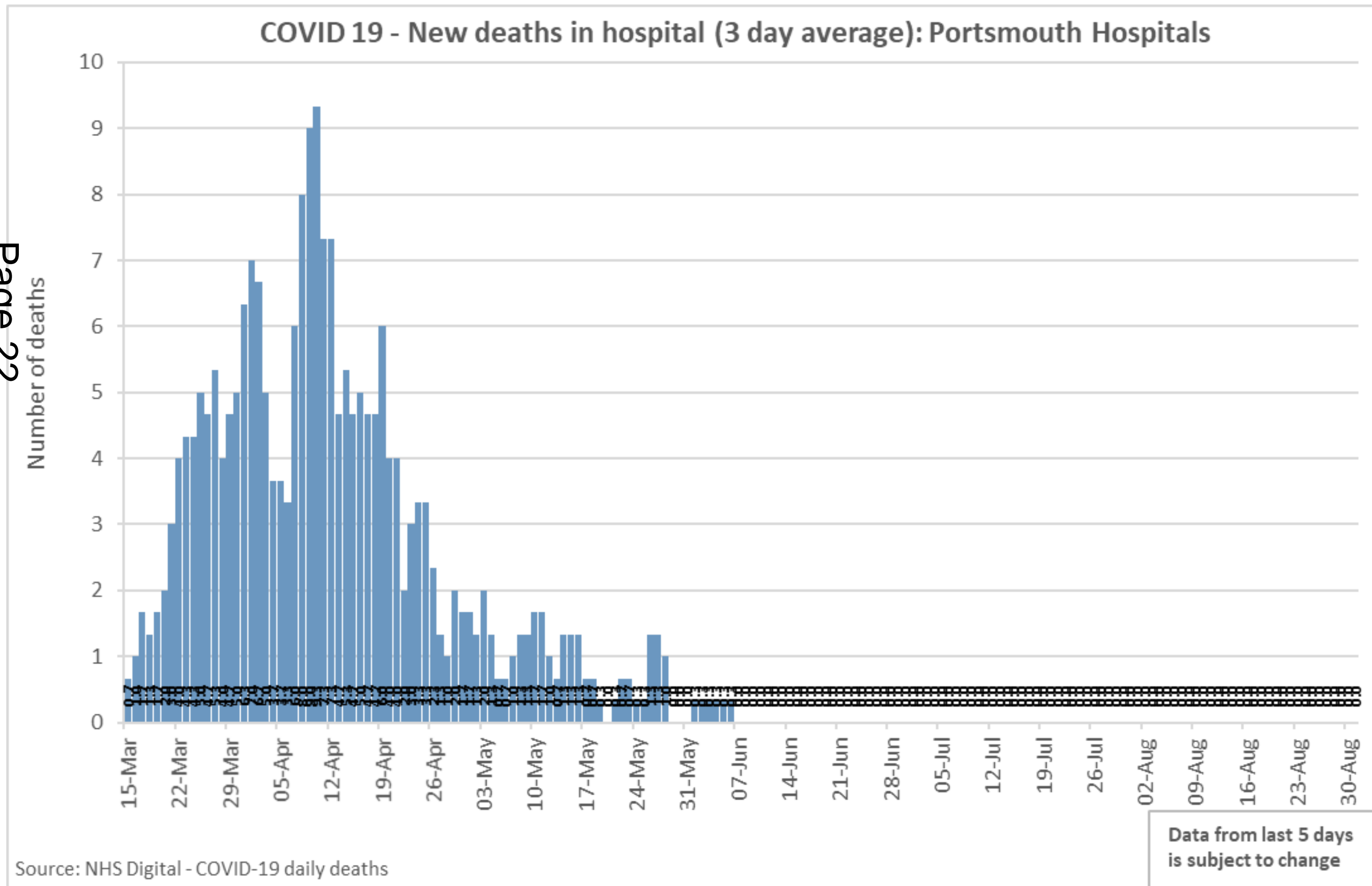
Weekly rate of COVID-19 cases per 100,000 population tested under Pillar 1 and 2, by UTLA, England, 22 Aug – 28 Aug (South East Daily Surveillance Report)

National reports available weekly at:
https://www.gov.uk/government/publications/national-covid-19-surveillance-reports

*Based on week 34 (data between 17 and 23 August 2020).

2.1 Deaths

New deaths in Hospital (3 day average): Portsmouth Hospitals



There have been 0 Covid-19 related deaths recorded at QA Hospital since the first week of June.

The number of Covid-19 related deaths at QA Hospital peaked on 11th April.

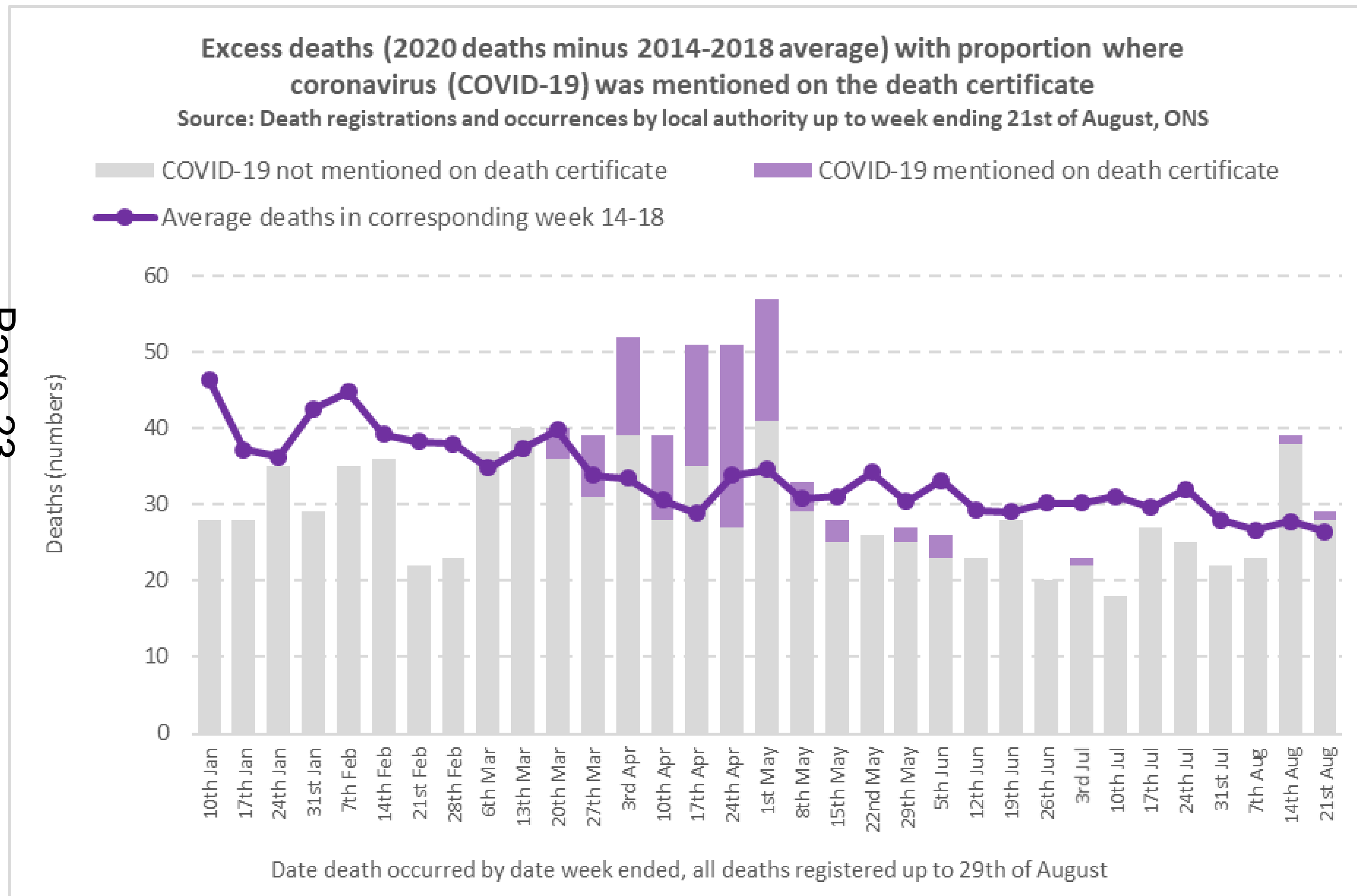
The chart shows the number of new deaths (3 day average) from COVID-19 at the trust selected from the dropdown - note this is not just exclusive to residents, but any patient who has died at hospital and had tested positive for COVID-19 at the time of death.

COVID-19 deaths that occur in the community or care home are not included in this figure. Totals by day are based on date of death.

Data is from NHS England COVID-19 daily deaths. Figures are subject to revisions, particularly for the most recent data, as more post-mortem tests are processed and data from them are validated.

2.2 Deaths

Excess deaths (2020 deaths minus 2014-2018 average) with proportion where coronavirus (COVID-19) was mentioned on the death certificate



The total number of deaths each week in Portsmouth was higher than in an average week for 5 weeks from the end of March to early May.

These excess deaths were mostly Covid-19 related.

Since week ending 15th May deaths have been below what was seen in previous years.

The chart shows the number of deaths by week of occurrence for the selected geography.

The number of deaths where COVID-19 was not mentioned on the death certificate are shown in pale grey.

The number of deaths where COVID-19 was mentioned on the death certificate are overlaid in purple.

The total number of deaths is shown by the total height of the bar.

The average number of deaths for the corresponding week of the relevant years are displayed as a dark purple line.

Numbers are subject to revisions, especially most recent numbers.

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Agenda Item 6

THIS ITEM IS FOR INFORMATION ONLY

Portsmouth
CITY COUNCIL

Title of meeting:	Health and Wellbeing Decision Meeting
Subject:	COVID-19 Test and Trace Contact Tracing and 'Reservist' Programme in Portsmouth Briefing
Date of meeting:	8th September 2020
Report by:	Helen Atkinson, Director of Public Health and Daniel Williams, Public Health Development Manager
Wards affected:	All

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1. **Requested by** Cabinet Member for Health, Wellbeing and Adult Social Care

2. **Purpose**

To brief the Cabinet Member for Health, Wellbeing and Adult Social Care meeting on the work led by public health on the Covid-19 response in Portsmouth, including in particular the national organisational changes at Public Health England; local plans for contact tracing in local government alongside the national NHS Test and Trace service; and the setting-up of a voluntary team of reservists to aid the Public Health, Regulatory Services and EPRR teams and ultimately help the organisation meet the ongoing challenge of coronavirus.

1. Purpose of report

To brief the Cabinet Member for Health, Wellbeing and Adult Social Care meeting on the work led by public health on the Covid-19 response in Portsmouth, including in particular the national organisational changes at Public Health England; local plans for contact tracing in local government alongside the national NHS Test and Trace service; and the setting-up of a voluntary team of reservists to aid the Public Health, Regulatory Services and EPRR teams and ultimately help the organisation meet the ongoing challenge of coronavirus.

2. Background

2.1. Public Health England's announcement

From 18th August the Department of Health and Social Care (DHSC) will bring together Public Health England (PHE) and NHS Test and Trace, as well as the analytical capability of the Joint Biosecurity Centre (JBC) under a single leadership team. This is the first step towards becoming a single organisation, focused on tackling COVID-19 and protecting the nation's health. The new organisation - called the National Institute of Health Protection (NIHP) - will focus on a rigorous science-led approach to public health protection, and is intended to boost the UK's ability to deal with and recover from COVID-19 and meet the health challenges of the coming winter. It will be formalised and operational from spring 2021, and will support local directors of public health and local authorities on the frontline of the COVID-19 response.

2.2. The responsibilities of the NIHP will include:

- NIHP local health protection teams to deal with infections and other threats
- Support and resources for local authorities to manage local outbreaks
- The COVID-19 testing programme
- Contact tracing
- The Joint Biosecurity Centre (providing an independent analytical function to provide real-time analysis about infection outbreaks, and advising on how the government should respond to spikes in infections)
- Emergency response and preparedness to deal with the most severe incidents at national and local level
- Research and reference laboratories and associated services
- Specialist epidemiology and surveillance of all infectious diseases
- The Centre for Radiation, Chemical and Environmental Hazards
- Global health security
- Providing specialist scientific advice on immunisation and other countermeasures

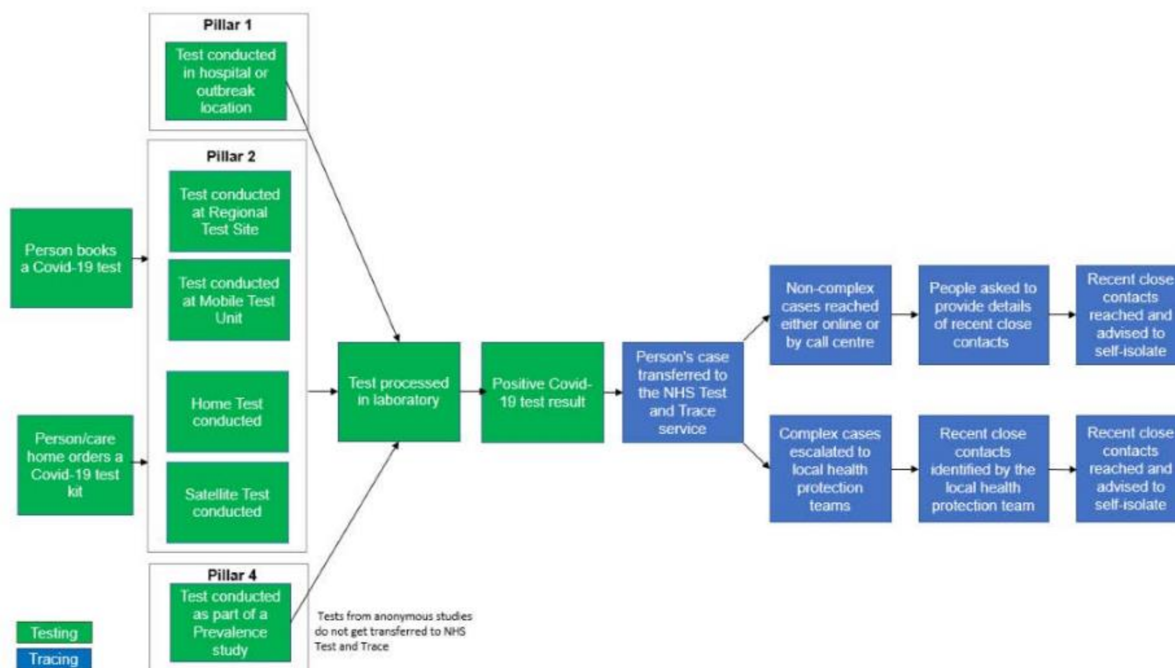
3. National COVID-19 contact tracing

3.1 The NHS Test and Trace service ensures that anyone who develops symptoms of COVID-19 can quickly be tested to find out if they have the virus. It also helps to trace close recent contacts of anyone who tests positive for coronavirus and, if necessary, notifies them that they must isolate at home to help stop the spread of the virus.

3.2 For an effective test and trace system, SAGE have advised that at least 80% of contacts of an index case would need to be contacted and that 80% of contacts would need to isolate.

3.3 People who have had a laboratory confirmation of the COVID-19 infection are automatically added to the CTAS (Contact Tracing and Advisory Service) database. The system then assesses whether these persons can be automatically invited to the system or whether they need to be followed up by a call handler. When persons are enrolled in CTAS they are asked to provide information about themselves and on the contacts that they have had with other people. These contacts are then invited automatically or by a call handler to use the system and are provided with the relevant advice according to their level of exposure.

3.4 Flowchart showing how people move through the NHS Test and Trace Service:



4. COVID-19 Local Contact Tracing

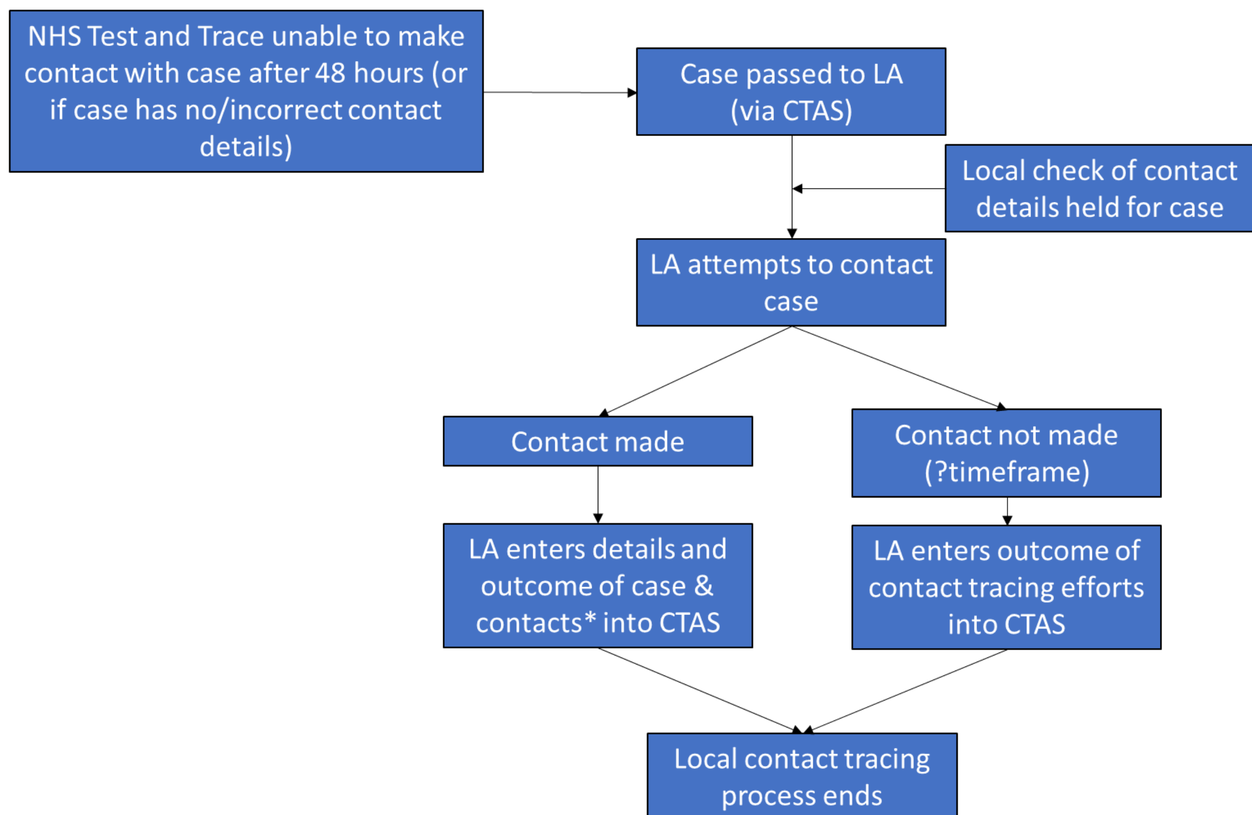
4.1 A locally supported contact tracing system is an initiative to help prevent local areas from entering lockdown and would allow local authorities to take control over case completion rates from the national system, with the aim of increasing the proportion of cases traced through local engagement.

4.2 Additional advantages of locally supported contact tracing include a higher potential for cases with incorrect contact details to be tracked using locally held contact details and a higher likelihood of cases responding due to the use of local telephone numbers and call-back facilities.

4.3 Following successful pilots in Blackburn with Darwen, Luton and Leicester, locally supported contact tracing is now being offered to all upper tier local authorities who are responsible for public health locally. South East Local Authority Directors of Public Health have applied to be a regional pilot where each LA will lead locally supported contact tracing within a regional model and standard operating policy (SOP)

4.4 The regional model will follow the following process. If the national team are unable to make contact with a resident within a set period of time (currently 48 hours but with imminent plans to reduce this to 24 hours), the local public health team can use the data provided by NHS Test and Trace to follow up cases. All data will be fed into the same system (CTAS) by both the national and local teams to ensure there is a complete view of how the service is working and how the virus might be spreading.

4.5 Simplified case-flow for locally supported contact tracing:



5. COVID-19 'Reservist' Programme

5.1 We are setting up a voluntary team of 'reservists' to aid the Public Health, Regulatory Services and EPRR teams and ultimately help the organisation meet the ongoing challenge of coronavirus. This will be particularly important as we plan for a second wave of coronavirus and surge as we move into what is expected to be a very difficult winter.

5.2 As well as non-business critical staff, the voluntary 'reservist' team may include those who currently may not be able to work at all in their substantive roles, but still are able to work from home.

5.3 A job role has been developed and staff who join the 'reservist' team will receive relevant training before being added to the rota. We are planning to train volunteers in September so that they are available to work from October.

5.4 Once trained, they will provide support within the Public Health team in a helpdesk type role for at least a six-month period once or twice per week. The timeframe and deployment of staff is dependent on the coronavirus pandemic; when we move into the second wave, they may be required to provide support on more regular basis.

5.5 The role offers staff an opportunity not only to learn new skills and expand their experience of the organisation, but also to contribute to the national and local response to coronavirus. We are aiming to add at least 20 staff to our current voluntary team.

………………………………………………
Signed by (Director)

Appendices: None

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

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