

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

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

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2. Background

2.1. Public Health England's announcement

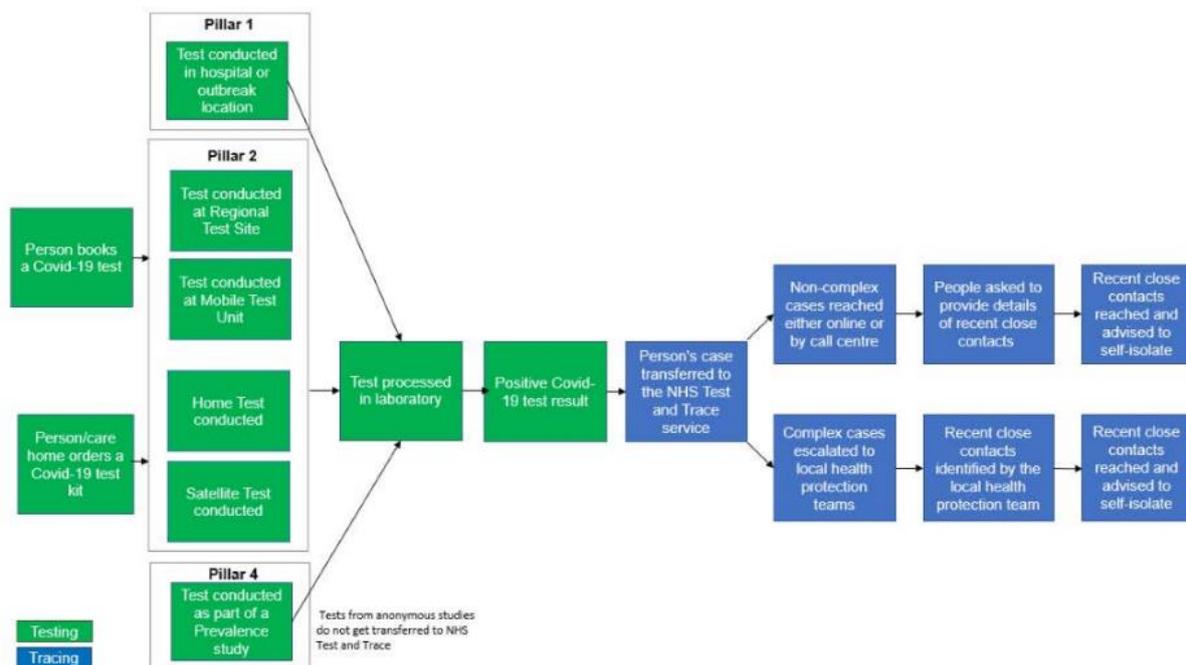
From 18th August the Department of Health and Social Care (DHSC) will bring together Public Health England (PHE) and NHS Test and Trace, as well as the analytical capability of the Joint Biosecurity Centre (JBC) under a single leadership team. This is the first step towards becoming a single organisation, 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

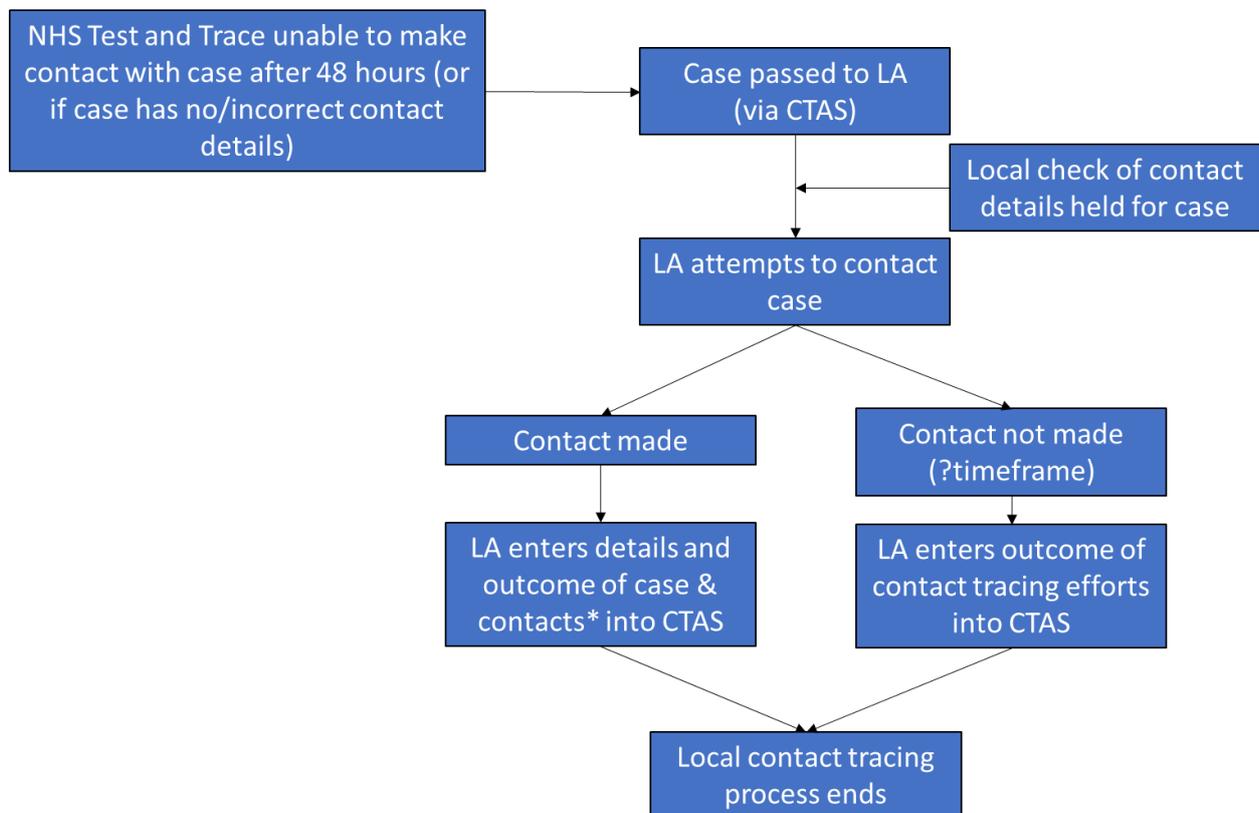
- 3.1 The NHS Test and Trace service ensures that anyone who develops symptoms of COVID-19 can quickly be tested to find out if they have the virus. It also helps to trace close recent contacts of anyone who tests positive for coronavirus and, if necessary, notifies them that they must isolate at home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



*Tracing of contacts will be completed by NHS Test and Trace (Tier 3) not by LA

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.

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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