POLICY & RESOURCES RECOVERY SUB-COMMITTEE

Agenda Item 7

Brighton & Hove City Council

Subject: Brighton & Hove Contact Tracing Service

Date of Meeting: 22 July 2021

Report of: Executive Director Health & Adult Social Care

Contact Officer: Name: Edd Yeo Tel:

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Ward(s) affected: All

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 Test, trace, isolate and support is a key element of the national and local public health strategy to effectively contain Covid-19 infection.
- 1.2 Contact tracing is central to outbreak control. When a person tests positive for Covid-19, they are contacted to gather details of places they have visited, and people they have been in contact with. The infectious window is from two days before to ten days after the case showed symptoms or tested positive. Close contacts identified by a risk assessment, are provided with advice on self-isolation for ten days. This is critical to breaking chains of transmission.
- 1.3 Currently Covid-19 Contact tracing is managed between NHS Track & Trace and Local Contact Tracing Partnerships managed by Local Authorities. Brighton and Hove Local Contact Tracing Partnership is delivered by Brighton and Hove Community Hub.

2. **RECOMMENDATIONS:**

- 2.1 That the Policy & Resources Recovery Sub-Committee approve the creation of a Brighton & Hove Contact Tracing service as set out in the report.
- 2.2 That the Policy & Resources Recovery Sub-Committee approve the allocation of £0.300m to fund the Brighton & Hove Contact Tracing Service from the 2021/22 Contain Outbreak Management Fund grant.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 The BHCC Community Hub, established at the start of the pandemic in April 2020, to support residents who were shielding, others with support needs related to the pandemic and residents who are self-isolating. Since January 2021 it has provided the local contact tracing service to enhance the national service.
- 3.2 The office-based team consists of 8 staff, including contact tracers, who triage requests for support to ensure that the person in need is referred onwards or directed to the relevant service area or provider for assistance.

- 3.3 Contact Tracing responsibilities include;
 - Contacting individuals across Brighton & Hove who have received a positive COVID-19 test result, but were unable to be contacted by the national NHS Test and Trace team within 24 hours
 - Providing advice regarding positive test result and requirement to self-isolate

 this is integrated with the Community Hub advice and support for self-isolators
 - Collecting details of the individuals' contacts during their infectious period and entering on the national system for the NHS Test and Trace team to call.
 - Offering additional support as required, including the wide range of help and advice available from the Community Hub.
- 3.4 Contact is made via text message, phone call, email, or letter. Children under 18 may be contacted by phone when necessary and may be asked for their parent or guardian's permission to continue the call.

Benefits of Local Contact Tracing Partnership

- 3.5 Since the establishment of the pilot, 861 cases whom the national Test and Trace team were unable to contact were accepted locally up to 12th April 2021. Of these:
 - 379 were completed (44%)
 - 175 (20%) were reached by letter, email or phone-call and received advice on self-isolation and support but we were unable to complete the contact tracing questionnaire. (Follow up failed, reached).
 - 270 (31%) were not contactable due to incomplete address or no email and we were unable to complete the contact tracing questionnaire (Follow up failed).
 - 22 (4%) were escalated to PHE health protection teams.

3.6 Table: Performance relating to cases and contacts: Brighton & Hove residents (NHS Test and Trace / BHCC Local Tracing Partnership)

	7 days to 1st Dec, 2020	7 days to 1st Feb, 2021	14 days to 28th Feb 2021	14 days to 14th March 2021	14 days to 28th March 2021	14 days to 18 April 2021
Total cases contacted by NHS TT and Local Tracing Partnership	82%	85%	80%	82%	86%	96%
Total contacts contacted by NHS TT and Local Tracing Partnership	64%	81%	93%	91%	95%	93%

3.7 The shaded columns are the start and end of the pilot period. More recent data are presented over 14 days due to the smaller numbers of cases. Overall, data shows an improvement in the numbers of cases and contacts who are reached and given self-isolation advice.

Anticipated changes to Local Contact Tracing Partnership

- 3.8 There are national developments underway as follows:
 - National system changes from June 2021 will allow local areas to "pull" cases to work with as a priority. For example, in response to an area of the city with an increased case rate.
 - A new national system flags now cases who have requested support from the local authority, and these are forwarded directly to the local contact tracing team.
 - Working between the local authority public health team and the Local Health Protection Team, for example enhanced contact tracing and escalations of complex cases, is becoming more aligned.
- 3.9 The implication of these changes is that a increasing number and proportion of cases will be managed by the Local Tracing Partnership and delivered by Local Authorities.
- 3.10 The pilot for Local-0 is currently running with a limited number of Local Authorities, it is closed to new authorities joining while they evaluate results. This Business Case is to help us prepare for upcoming changes.

Support for principles and priorities as outlined in the Local Outbreak Plan

- 3.11 The aim of the Brighton & Hove Local Outbreak Plan is to protect the public's health by:
 - preventing and containing the transmission spread of COVID-19
 - ensuring a timely, effective and coordinated approach is taken in the event of an outbreak in Brighton & Hove
 - instilling and maintaining trust and confidence by ensuring that residents, businesses and stakeholders are engaged and well informed throughout the outbreak to enable them to manage their organisational obligations and personal responsibilities
- 3.12 The Department of Health and Social Care (DHSC) has provided guidance that plans should be centred on themes and the most applicable one is:
 - Contact tracing assessing local and regional contact tracing and infection control capability in complex settings
- 3.13 We have been working closely with Portsmouth City Council who part of the Government Local-0 scheme and they are operating the below model:
 - 4 FTE contact tracers
 - 1.33 FTE team leaders

Assumptions

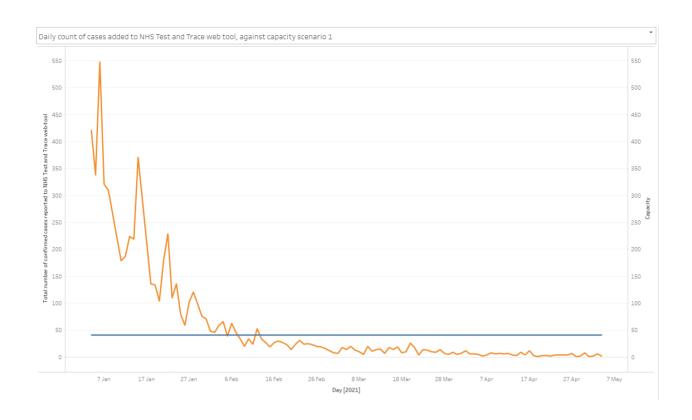
- A rate of 2 cases managed per hour = a maximum capacity of 290 per week, or 41 cases per day.
- Modelling suggests that even the worst-case scenario for April-May will fall short of our maximum capacity.
- Team leaders may take on some of the more complex cases themselves, contributing to the overall capacity, while a small percentage of cases will prove to be uncontactable and take up minimal time.
- While a proportion of cases roll over to the subsequent day's workload, those
 that do are the ones where there has been no response, and these too take
 up minimal time.

Contingencies

- Currently there is a reserve of approx. 17 volunteers who have contact tracing experience and who could provide surge support at short notice, with a small number of others trained but as yet with no experience.
- If we are temporarily unable to manage our caseload, then we are able to return cases to the national team on a daily basis.
- If we consistently find ourselves facing a caseload beyond our capacity, we can come off the Local 0 programme and return to our current national-local partnership approach.
- The Local 0 is a temporary solution until ITS, the replacement for CTAS, is in place, when we can pull cases towards us in a way that more accurately reflects our capacity on a day-to-day/week-to-week basis.

The below graph shows:

- Daily number of new cases added to the NHS Test and Trace web tool, plotted against a planned capacity of 41 processed cases per day.
- Planned capacity able to process all cases on 86 (74%) of 116 days between 04/01/2021 – 04/05/2021



Financial Modelling for preferred option

BHCC population	290,885
Cases assumed per day	41
Cases assumed per week	287
Resource required per case (minutes)	40
Resource (hours required per week)	191
Resource (FTE required per week)	5.2

Post description	Grade	FTE	Cost	Notes
Contact Tracer	Scale 5	5.2	£156,945	
Overtime for	Scale 5			Assumes 1x scale 5
weekend and bank				resource at weekends and
holidays			£7,940	bank holidays
Team leader	SO1/2			Includes 0.5 FTE for
				complex cases (10% of total
		1.5	£61,224	cases)
Operations Manager	M9	1.0	£54,943	
Contingency				To cover expenses and/or
			£18,947	additional hours cover
Total		7.7	£300,000	

3.14 The current Local Contact Tracing Partnership is costed as 2 FTE Contact Tracers as part of Community Hub. The entire Community Hub team is funded by Local Outbreak Plan until end of March 2022. A portion of the above funding would therefore already be in place.

3.15 Funding will need to be allocated to meet the additional resource (i.e. 5.7 FTE) for the entirety of the fixed term contracts identified in the table above. Funding options include the Contain Outbreak Management Fund (COMF) 20/21 of which £0.566m has been identified for Outbreak and Surge Management, which includes local contact tracing.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 The above report utilises information from Portsmouth City Council model who are part of the national pilot for Local-0. We have been working closely with Portsmouth to ensure that we incorporate the learning and intelligence from the pilot

5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 The above report reflects the contents of a business case that has been shared and approved at Health & Adult Social Care Directorate Management Team and Council Executive Leadership Team.
- 5.2 The business case has also been shared at Health Protection Board for information and discussion

6. CONCLUSION

6.1 The above report demonstrates the model, costs, and outputs from a BHCC Contact Tracing service. The new service would be capable of meeting future demand from contact tracing, with support from additional members of staff in meeting surge requirements

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 The council has been allocated approximately £2.070m Contain Outbreak Management Funding (COMF) for 2021/22 to support a range of activities linked to the council's Local Outbreak Plan and associated pandemic impacts. The range of activities that can be supported were set out in detail in the Policy & Resources (Recovery) Sub-Committee report on 28 April 2021 which agreed the allocation of the 2020/21 COMF grants but recommended deferring allocation of the 2021/22 COMF grant until further requirements became clearer during the year. The use of 2021/22 COMF for setting up the proposed B&H Contact Tracing Service is entirely consistent with the terms and conditions of use and falls under criteria b) 'Additional contact tracing'.

Finance Officer Consulted: Nigel Manvell Date: 21/06/21

Legal Implications:

7.2 The proposals in the report are consistent with the Council's powers and duties.'

Lawyer Consulted: Elizabeth Culbert Date: 13/07/21

Equalities Implications:

7.3 Contact Tracing will complement other actions and support to contribute to the management of the Covid-19 outbreak which also includes financial and targeted support for vulnerable people and communities

Sustainability Implications:

7.4 There are no implications arising from this report