

	<h2>CHIEF OFFICER IN CONSULTATION WITH COMMITTEE CHAIRMAN DELEGATED POWERS REPORT</h2>
Title	Local Contact Tracing for COVID
Report of	Director of Public Health (in consultation with the Leader and Chairman of the Health & Wellbeing Board)
Wards	All
Status	Public
Enclosures	None
Officer Contact Details	Julie George julie.george@barnet.gov.uk 020 8359 4645

Summary

This DPR documents the decision to extend the current contract with RE for the provision of local contact tracing until 31st March 2022, should the service continue to be required, via a single tender action.

The DPR for the original local contract tracing Special Project Initiation Request (SPIR) through the contact with Capita Regional Enterprise (RE) was agreed in May 2021. The decision to use the existing contract with RE, was to enable the Council to respond quickly to the urgent requirements to establish large-scale local tracing services within the Borough.

This report outlines the reasons why a further extension to the local contract tracing SPIR with RE is required.

Decisions

1. **Approve the continuation of arrangements for local contract tracing to be provided through the SPIR with RE for a further 3 months, with an option to extend until 31st March 2022, should the service continue to be required.**

1. WHY THIS REPORT IS NEEDED

- 1.1 At its meeting on 27th April 2020, the Council's Urgency Committee agreed the following recommendation:

“That the Committee delegate authority to Director of Public Health in consultation with the Chairman of the Health & Wellbeing Board any matters within the remit of the Board and public health related matters that need to be taken in response to the Coronavirus pandemic or other related matters, or in response to directions given by HM Government, London Strategic Coordination Group and London Local Authority Gold. In the event of the Chairman's absence, the Board Vice-Chairman and Leader shall be consulted. Any and all such decisions shall be reported back to Committee for post-decision scrutiny.”
- 1.2 In September 2020, the council was asked to establish a pilot local contact tracing service to complement the national NHS Test and Trace service, to be operational by latest end of November 2020 and funded from the Contain Framework Funding. The council's Deputy Director of Public Health was tasked with leading on this piece of work, working closely with the commercial team and other council colleagues and the Council's regulatory services partner, Re. Partnership with RE was pursued because Environmental Health Services are delivered, on the Council behalf, by RE, at the time. The council's proposal for local contact tracing service was accepted by the NHS Local Tracing Partnerships on 26.11.21, with go live date of 4th December approved by on 1st December 2020.
- 1.3 The initial focus was developing the service specification in line with well-established health protection principles of contact tracing conducted by professionally trained workforce such as Barnet's Environmental Health Officer-led service responsive to local residents' which provided good analytics into service delivery as well as meet the constantly changing national service requirements.
- 1.4 The project team consulted with other London local authorities as well as the local contact tracing partnership about possible models of delivery and challenges faced with different approaches used across London.
- 1.5 Negotiations with Capita to agree a Special Project Initiation Request (SPIR) for the RE contract covering Barnet's regulatory services had started in November 2020 and was completed at the end of March 2021, although the local contact tracing service had been provided in pilot form from early December 2020, using commercial cover. The initial estimate (ROM – rough order of magnitude) was £605,825, excluding on-going IT costs. The agreed SPIR included fixed and start-up costs (£319,489), monthly staffing costs which varied based on the agreed service level (£45,279), monthly fixed costs for IT and licensing (£1012), and variable costs which include IT support, delivery of additional leaflets above agreed minimum and additional IT systems development costs if required. The contract runs from December 2020 to August 2021. The maximum costs for the original SPIR were projected to be £842,878 due in large part on-going extended IT support needed to respond to national changes to IT systems. The maximum costs to extend the SPIR to the end of March 2022 is projected to be a further £354,138, leading to an overall maximum cost of the providing the service of £1,197,016.
- 1.6 Due to uncertainty with ongoing requirements and changing nature of the pandemic, it was mutually agreed to review the SPIR periodically.
- 1.7 Key elements of the service contracted are:

- A contact tracing team with additional recruitment of professional workforce from public health, environmental health, other related disciplines or with previous experience in the national Test and Trace service
 - A professionally qualified Environmental Health Officer (EHO) service manager
 - A Customer Relations Management (CRM) IT system created to capture key information to provide insight to help inform the COVID and local contact tracing response
 - Analytic dashboards covering operational delivery, insight for public health and KPI for contract management
 - Links to sources of support for self-isolation including financial and other forms of support
 - Use of translated materials and access to interpreters where needed
 - Outgoing email and SMS message sent as soon as the case is assigned encouraging residents to ring the contact tracing service
 - Inbound telephone number where people can ring (which the national service does not provide)
 - Calling card delivered to resident's address if contact cannot be made on the first day
 - On-going quality improvement meetings to continue to meet changes national requirements and local improvements including closer working between isolation support and contact tracing.
- 1.8 When the initial contract was set, the initial hope was that the requirement for local contract tracing would no longer be required by August 2021. Unfortunately, this has not proved the case. WHO has not declared the pandemic over. In Barnet, the COVID case rates are currently at similar or higher levels as were seen in December 2021. The provision of a local contact tracing service continues to be needed to support the pandemic response.
- 1.9 There also continues to be considerable uncertainty about what will be required of local authorities around local contact tracing as part of the changes being brought in with the creation of the UK Health Security Agency (UKHSA). To date there has been no definitive guidance on what will be required, which makes any medium to longer term planning particularly challenging. Continuing the current arrangements while the national requirements are clarified is considered to be the most efficient approach to meeting existing and future obligations.
- 1.10 Procurement have advised that a single tender action is an appropriate contracting arrangement to extend the SPIR with Re for continuation of the local contact tracing service.

2. REASONS FOR RECOMMENDATIONS

- 2.1 The original urgency of the requirement to set up a local contact tracing pilot, a highly complex service which needed to meet national requirements, required a rapid response from the council. Having assessed the various options for delivering the requirement, it was concluded that appointing our local regulatory services partner RE was the only option that would meet DHSC and Public Health requirements, given that EHO professional services were already being delivered by RE, on behalf of the Council.

2.2 The service provided by RE has been responsive and efficient, with regular changes to requirements both in terms of capacity and approach made by mutual agreement. Given the high levels of uncertainty around future requirements both in terms of national requirements of local authorities and development of the pandemic, continuation of the existing service should continue until at least confirmation of the national requirements.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 The project group considered the options of redeployment of existing council staff into a service under public health leadership or using the customer services contact centre. However, it was anticipated that the council will be asked to maintain this service long term so the redeployment option was not viable, especially given the capacity of public health to supervise the service in the run up and during the second wave of the pandemic. The option to use the customer services contact staff was also discounted because of the need to have professional supervision to meet the technical requirements of this service.

3.2 The tendering option on the open market was not pursued because of the urgency to mobilise the service offer, and the fact that specialist expertise needed to deliver services were already available in RE and Capita. In addition, the requirements from government and the solution have been and are still developing through a process of iteration, requiring a high degree of collaboration which was thought to be best afforded through the existing partnerships with RE and Capita. This option also enabled us to recruit staff with knowledge or experience in public health, environmental health or previous contact tracing experience, including environmental health students from Middlesex University.

4. POST DECISION IMPLEMENTATION

4.1 The operation of the local contact tracing service will continue to be reviewed, both through quality improvement meetings and the more formal monthly contract monitoring meetings. The SPIR, funded by the Containment Outbreak Management Fund, currently runs until the end of August 2021.

4.2 With approval via this DPR, the SPIR will be varied in the first instance by 3 months to end of November with a further variation to end of March undertaken if required.

4.3 The terms of the 2021/22 Public Health Grant indicate that a local contact tracing service will continue to be required over the coming year. However, current funding within PH Grant is not sufficient to continue funding current local model. National discussions are taking place on the future of the national NHS Test and Trace and expectations of local government to support contact tracing as well as assurance that responsibilities, if transferred to local government, will be adequately resourced. It is expected that further detail on requirements of local authorities and relationships with the UKHSA will be confirmed during the autumn.

4.4 The DPR will be taken to the Policy and Resources committee at the next opportunity for post decision scrutiny.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The provision of local contact tracing will assist the council in containing local outbreaks of the COVID-19 and continue to manage the next phase of the pandemic.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 The local contact tracing pilot has been funded by the Contain Outbreak Management Fund provided by the Department of Health and Social Care. As mentioned above, the agreed SPIR includes fixed start-up costs (£319,489), monthly costs which will vary based on the agreed service level and agreed IT service support (£45,279) and variable costs which include additional IT systems development if required. The current maximum cost over the entire period (December 2020 to March 2022) is £1,197,016.

5.2.2 The month to month costs of the service have varied depending on staffing levels (in response to case rates in Barnet) and IT developments needed to keep up with the national requirements of Test and Trace.

5.2.3 Staff on substantive contracts include the service lead and currently 2 shift supervisors, while the contact tracers are on temporary contracts paid based on shifts worked.

5.2.4 The throughput was estimated at a base level of 28 cases, surge level of 125 and a super-surge level of 160 cases per week. Staff are currently responding to about 20 cases a day or 140 cases a week, with the National Test and Trace responding to the other cases. The team will start to focus on wards in the most deprived parts of the Borough where the local offer of support may make the greatest difference in enabling individuals to self-isolate to maximize the value of having a local service.

5.3 Legal and Constitutional References

5.3.1 Council Constitution, Article 7 (Committees, Forums and Working Groups) – the terms of reference of the Policy & Resources Committee include “...to be responsible for those matters not specifically allocated to any other committee affecting the affairs of the Council.” The terms of reference of the Health & Wellbeing Board include “...Overseeing public health and promoting prevention agenda across the partnership.”

5.3.2 The Urgency Committee on the 27th April 2020 provided delegation to Chief Officers (in consultation with relevant Theme Committee Chairman) to take decisions within the remit of that Committee, that needed to be taken in response to the Coronavirus

pandemic or other related matters.

5.3.3 Chief Officers making decisions using the delegations approved via the Urgency Committee report need to record all decisions via a Delegated Powers Report. Decisions should record that consultation has taken place with the relevant Chairman with a copy of the report published to the Council's website and circulated to members of the relevant committee for information.

5.3.4 COVID-19 is a dangerous disease and the pandemic poses a significant risk to life. Regulation 32(2)(c) of the Public Contracts Regulations 2015 (as amended) (PCR) is designed to deal with this sort of situation.

Regulation 32(2) states that a direct contract award can be made without prior publication:

- insofar as is strictly necessary where, for reasons of extreme urgency brought about by events unforeseeable by the contracting authority, the time limits for the open or restricted procedures or competitive procedures with negotiation cannot be complied with.
- the circumstances invoked to justify extreme urgency must not in any event be attributable to the contracting authority.

The current serious health impact of the COVID-19 pandemic coupled with the urgent government mandated requirement to set up local contact tracing to support the national and local pandemic response justifies reliance on Regulation 32 (2) to make the original award and the SPIR variation with Re.

5.4 **Insight**

5.4.1 Data on infection rates was used to assess the likely capacity required for the contact tracing team over the duration of the contract as well as identifying languages required for translated materials.

5.4.2 An insight dashboard has been developed by the Insight & Intelligence Hub which is reviewed regularly to support decision making within the service.

5.4.3 A KPI dashboard for contract monitoring has been developed to inform the contract monitoring discussions.

5.4.4

5.5 **Social Value**

Not applicable.

5.6 **Risk Management**

5.6.1 Operational risk management are the responsibility of RE, are covered within the agreed SPIR and reviewed at contract meetings.

5.6.2 Strategic risks are owned by Public Health and have been identified as continuing providing a service, despite the considerable policy and pandemic uncertainty.

Continuing to contract with the existing strategic partner until there is greater clarity about the national policy for local authorities is a key mitigation of this risk.

5.7 Equalities and Diversity

5.7.1 Interpretation and translation is available for any local resident who cannot answer the questions in English. Individuals can complete the information via the national contact tracing website if that process is more suitable for them.

5.8 Corporate Parenting

5.8.1 The service is operated in accordance with the requirements of National Test and Trace Service. Where a case lives in a complex setting such as a children's home, to date the contact tracing has been done either by the regional health protection team or the local Public Health Department.

5.9 Consultation and Engagement

5.9.1 Not applicable

6. BACKGROUND PAPERS

6.1 None appended

7. DECISION TAKER'S STATEMENT

7.1 *I have the required powers to make the decision documented in this report. I am responsible for the report's content and am satisfied that all relevant advice has been sought in the preparation of this report and that it is compliant with the decision-making framework of the organisation which includes Constitution, Scheme of Delegation, Budget and Policy Framework and Legal issues including Equalities obligations. The decision is compliant with the principles of decision making in Article 10 of the constitution.*

Chairman: Cllr Daniel Thomas

**Signed: Chairman of Policy
and Resources Committee**

Dated: 31.7.21

Chief Officer: Cath Shaw

Signed: Deputy Chief Executive

Dated: 2.8.21

