

APPENDIX A

	CHIEF OFFICER IN CONSULTATION WITH COMMITTEE CHAIRMAN DELEGATED POWERS REPORT
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
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Summary

This report sets out the council's approach in responding to the urgent requirement to establish large-scale local contact tracing service within the borough and seeks approval to that approach, including the appointment of Capita Regional Enterprise (RE) to establish and operate the service on the council's behalf.

Decisions

- 1. Approve the arrangements that have been put in place to meet the council's obligations in local contact tracing.**
- 2. Approve the appointment of Capita RE to provide the service.**

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 SPIR for the RE contract covering Barnet’s regulatory services has started in November 2020 and was completed at the end of March 2021, although the local contact tracing service has 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 includes fixed and start-up costs (£319,489), monthly staffing costs which will vary 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 to August.

Current maximum costs are projected to be £842,878 due in large part on-going extended IT support needed to respond to national changes to IT systems. Due to uncertainty with ongoing requirements and changing nature of the pandemic, it was mutually agreed to review SPIR periodically.

1.6. 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.

2. REASONS FOR RECOMMENDATIONS

2.1. The 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. Whilst this report seeks retrospective confirmation of decisions that were made in an emergency, it should be noted that both the Director of Public Health and the Chief Executive were engaged fully in that process.

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 review meetings. The SPIR, funded by the Containment Outbreak Management Fund, currently runs until the end of August 2021. 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.

4.2 The service is participating in a pilot project to contact cases as soon as test results become available which is so far working well. This pilot will help inform the shape of the service going forward and will be ceased on 30th April.

5. IMPLICATIONS OF DECISION

5.1. Corporate Priorities and Performance

5.1.1. The provision of local contact tracing will assist the council contain local outbreaks of the COVID-19 and 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.

5.2.2. Staff on substantive contracts include the service lead and 3 shift supervisors, while the contact tracers are on temporary contracts paid based on shifts worked.

5.2.3. 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. At the peak of the second wave the service managed in excess of the super-surge numbers, which were agreed between the Contact Tracing Service Manager and Public Health.

5.2.4. The service has responded to 1,951 cases in the current year to date, with 108 over the last full month. In the local zero pilot, where the team have undertaken all contact tracing for COVID cases resident in Barnet, the team achieved 90% contact success, a 4% increase on the national teams contact success, indicating the value of the 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 large-scale asymptomatic testing sites to support the national and local pandemic response justifies reliance on Regulation 32 (2) to make these direct contracts awards to Number 8 Events Ltd and QMatic.

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.

5.5. **Social Value**

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5.6. **Risk Management**

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

5.7. **Equalities and Diversity**

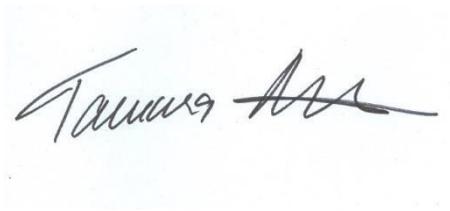
5.7.1 Interpretation and translation is available for any local resident who cannot answer the questions in English. Individuals can complete the information via the national contact tracing website if that process is more suitable for them.

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.



Signed:

Designation: Director of Public Health and Prevention

Date: 13 May 2021



Signed:

Designation: Leader of the Council

Date: 13 May 2021