



## Report to Healthier Communities and Adult Social Care Scrutiny & Policy Development Committee

**Report of:** Director of Public Health, Greg Fell

**Subject:** Track, Trace and Isolate System

**Author of Report:** Ruth Granger, Health Protection Manager with Catherine Pritchard Policy and Performance Officer

### Summary:

The Scrutiny committee have requested a briefing paper on the Test Trace and Isolate (TTI) programme elements of the response to Covid-19. The paper outlines key elements of work to prevent and manage the spread of Covid-19. This includes the national 'Test and Trace' programme as well as our local work to support and augment the national work. Locally we refer to this as Test, Trace and Isolate as this summarises the key workstreams where we are working to reduce the spread of Covid-19 and ensure that people in the city can live and work in a safe way.

The report also outlines the local governance arrangements, required by government to prevent and manage Covid-19 including the establishment of an Outbreak Control Board (known locally as the Sheffield Covid-19 Prevention and Management Board). These governance arrangements include the Sheffield system response with a range of partners including the NHS and voluntary sector. The information presented has been requested by the Committee to enable it to scrutinise local involvement during the current COVID-19 pandemic.

**Type of item:** The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	X
Other	

**The Scrutiny Committee is being asked to:**

The committee is asked to consider and comment on the contents of the report and the rapidly developing work in this area. The committee are also asked to note the national work and our work in Sheffield to support and augment the national system. The committee are requested to use their leadership role in communities to promote the importance of testing, tracing and isolating to reduce the spread of Covid-19 in our city.

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### **Background Papers:**

The Sheffield Outbreak Control Plan

<https://www.sheffield.gov.uk/content/sheffield/home/your-city-council/coronavirus-public-health-messages.html>

Gov.uk Test and Trace Bulletin

NHS information on contact tracing for example

<https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person>

**Category of Report:** OPEN

### **Report of the Director of Public Health, Greg Fell**

#### **1. Introduction/Context**

- 1.1. This report is brought to the Healthier Communities and Adult Social Care Scrutiny Committee in light of the current Covid-19 pandemic. The apparent spread of Covid-19 in the early months of 2020 globally led to increasingly largescale measures being adopted. On 23 March 2020 the United Kingdom entered into a 'lockdown' due to the Covid-19 pandemic, the lockdown was utilised as a measure to slow the spread of Covid-19. Currently there is no vaccine for Covid-19 with prevention measures limited to reducing the spread of the disease. The most effective ways of reducing spread are through individuals self isolating when they have the disease, identifying contacts and then those contacts self isolating, regular handwashing and maintaining social distance to reduce the spread. National guidance is issued on these prevention measures and is regularly updated.
- 1.2. This report is being presented to scrutiny on the basis of the current Test, Trace and Isolate work during the Covid-19 pandemic with a particular focus on the 'trace' component which is also known as contact tracing. This report covers the work of both the national NHS Test and Trace service and how we, as Sheffield City Council, with partners in the city are supporting and augmenting the national system locally.
- 1.3. Sheffield City Council has been working with partners to support a range of settings (e.g. schools, care homes, workplaces) and communities, both proactively and reactively as part of the overall Covid-19 response. This activity will continue in this phase of pandemic management, working closely with Public Health England (PHE). Public

Health England are regionally based and provide expert advice on managing infectious diseases such as Covid-19.

## **2. National NHS Test and Trace process**

### **2.1. How is testing organised?**

The testing component of the work is organised through a national approach which includes Pillar 1 (testing in NHS and healthcare settings) and Pillar 2 testing (testing for members of the public). Members of the public who have symptoms are able to book a test through ringing NHS119 or booking a test through [www.nhs.uk/coronavirus](http://www.nhs.uk/coronavirus). Once a person tests positive their details are passed through to the national Test and Trace service who conduct contact tracing.

### **2.2. What is contact tracing?**

Contact tracing forms one part of outbreak management and sits within other investigative work to reduce the spread of Covid-19. Contact tracing is a method used in control of many infectious diseases. Through finding out the people a person with an infection has been in contact with it is then possible to ask 'contacts' to isolate as quickly as possible, reducing the opportunities for further onward transmission. Contact tracing is only an effective part of reducing transmission if those advised to self isolate do follow that advice and do self isolate.

### **2.3. What is a contact?**

A 'contact' is someone who has been in close proximity with someone who has tested positive for coronavirus and who may or may not have contracted the virus from them. For Covid-19 close contact includes household contacts and sexual contacts or spending more than 15 minutes within 2 metres of someone or having face to face contact with someone less than a metre away. A close contact is also a person who has travelled in a car with a person who has tested positive.

### **2.4. What is the contact tracing process?**

A national contact tracing service NHS Test and Trace has been in place since the end of May 2020.

Contact tracing helps to trace close recent contacts of anyone who tests positive for COVID-19 and then notifies those contacts to self-isolate at home. Self-isolation is for a 14 day period from when you were last in contact with the person who has tested positive. If a person who tests positive identifies you as a contact you will receive an alert which will be either a text, email or phone call. There is an NHS test and trace website you can log into or trained call handlers are available to talk you through what you must do.

## 2.5. Figure 1: NHS Test & Trace process from testing to contact tracing

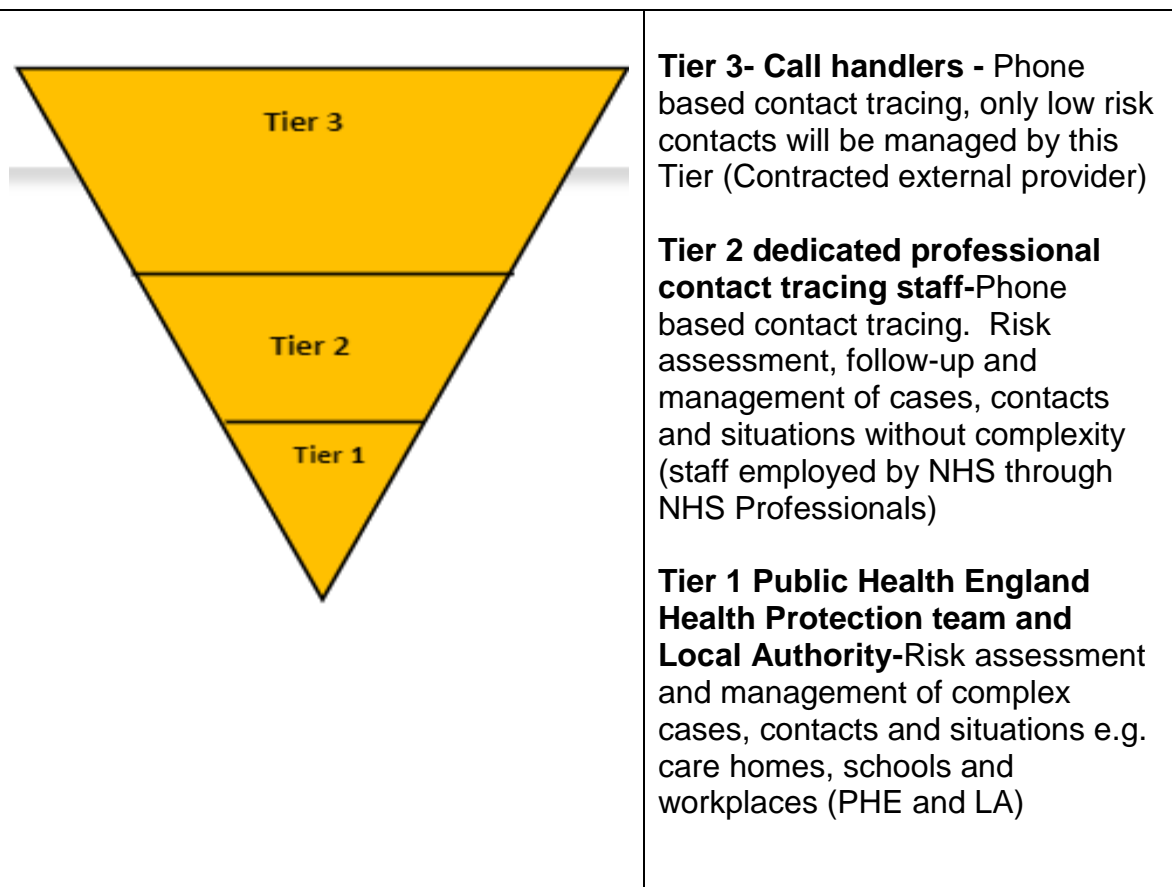
COVID-19 cases are identified by taking specimens from people and sending these to laboratories around the UK to be tested.

If the test is positive, this is referred to as a lab-confirmed case. Community testing for COVID 19 is now in place through a variety of routes and is now open to anyone in England with compatible symptoms.

In England, anyone who has a lab-confirmed case will receive an email, text or call from the NHS Test and Trace service (Tier 3). They will be asked where they have been recently and who they have been in close contact with.

These contacts are then advised or required to take certain actions, such as self-isolation, with the aim of interrupting the onward transmission of communicable diseases. (Tier 3 for low risk contacts and Tier 2 high risk contacts)

Tier 1 working with PHE Local Health Protection Teams (HPTs) delivering their usual responsibilities of investigation and control of complex outbreaks and situations working with local authorities.



### 3. Our work in Sheffield

3.1. Sheffield City Council are developing our local capacity to support PHE's existing Tier 1 contact tracing function. This local capacity will work alongside PHE in order to:

- Provide local knowledge and expertise to aid effective contact tracing

- Support and augment outbreak control by providing extra support in settings or groups where additional skills, local knowledge or capacity may be beneficial.
- Support individuals, especially vulnerable groups to be able to self isolate through our established community support work
- We expect to draw on our local capacity when existing PHE capacity is fully utilised. Our Sheffield Tier 1 contact tracing work to support and augment the national service is being developed and will include:
  - An operational lead
  - Two or three contact tracing 'team leaders'
  - A team of contact tracers (up to 30-50) , using temporarily deployed staff from within the Local Authority.
  - This additional capacity will be added to our existing team of Environmental Health Officers who are very experienced in contact tracing. This capacity is being rapidly developed and staff being trained so we are ready to augment the work in complex situations with PHE as soon as possible.

3.2. We have extensive programme management arrangements in place in the council to manage our contribution to the Test Track and Isolate work and this feeds into a number of strategic and operational groups which are further detailed in the governance section of this paper.

3.3. What is the national track and trace system showing us?

Data from the national NHS Test and Trace service shows us that between 28<sup>th</sup> May and 1<sup>st</sup> July 1,639,272 people nationally were tested for Covid-19 and 30,797 were positive. Nationally during the same time period 75.7% of people who tested positive were reached to provide details of their contacts.

3.4. Locally we have only recently started receiving more detailed data about cases of people who test positive in Sheffield and who are followed up by the national Test and Trace service. The numbers fluctuate daily due to when the data is uploaded but the average number (based on the previous 7 days up to 7<sup>th</sup> July) of positive cases reported to NHS Test and Trace from Sheffield residents was 15. We now have some access to more detailed data about these cases for example their postcode but some data which would help us in preventing outbreaks is incomplete for example occupation or ethnicity.

#### **4. The Outbreak Control Board and our governance arrangements**

4.1. As part of the national response to the pandemic, all upper-tier local authorities have been required to set up a member-led Outbreak Control Board. In Sheffield we have designated this as the Covid-19 Prevention and Management Board, reflecting our aim of not just controlling outbreaks when they happen but attempting to prevent them from happening in the first place.

4.2. The Board is being established with the aim of developing reach into and understanding of the whole city. Reflecting this, its membership will ensure representation from:

- Cross-party elected members;

- Key response services, including Public Health, South Yorkshire Police and South Yorkshire Fire & Rescue;
- Voluntary and community organisations;
- Faith, BAMER, Disability, Carer and Business groups;
- Specific groups of interest or concern, such older people or student groups.

4.3. In line with the Outbreak Control Plan, the Board's role will be to:  
 PREVENT the disease from spreading  
 KNOW what is happening in our communities  
 RESPOND to outbreaks if and when they do occur  
 Create CONFIDENCE in partners and residents in the city that a plan is in place for the city to prevent, know and respond to COVID-19

4.4. To achieve this, the Board will need to undertake the following:

- Strategic oversight and coordination of the city's work around Covid-19 control including both the prevention and management of Covid-19 outbreaks, as set out in the plan;
- Scenario planning for the approach the city might take in different sets of circumstances (e.g. if we have a greater number of cases than might otherwise be expected);
- Communication with residents, businesses and stakeholders in the city generally in relation to outbreak prevention and management, including an understanding of the interventions that might be required for different types/scales of outbreak;
- Engagement with communities and groups where outbreaks may be more likely or where they have occurred, with a particular focus on strategies to effect shifts in behaviour to limit the spread of the disease;
- To build confidence of the community that the city has a clear path and means of keeping Covid-19 transmission low and can safely reopen our economy; and
- Assuring progress towards the delivery of the Outbreak Control Plan.

5. Full Terms of Reference for the Board are being finalised and will be published when complete. Diagram 2 outlines the Governance of the Boards and the logistical requirements to run it.

## The Key Programme Governance Boards

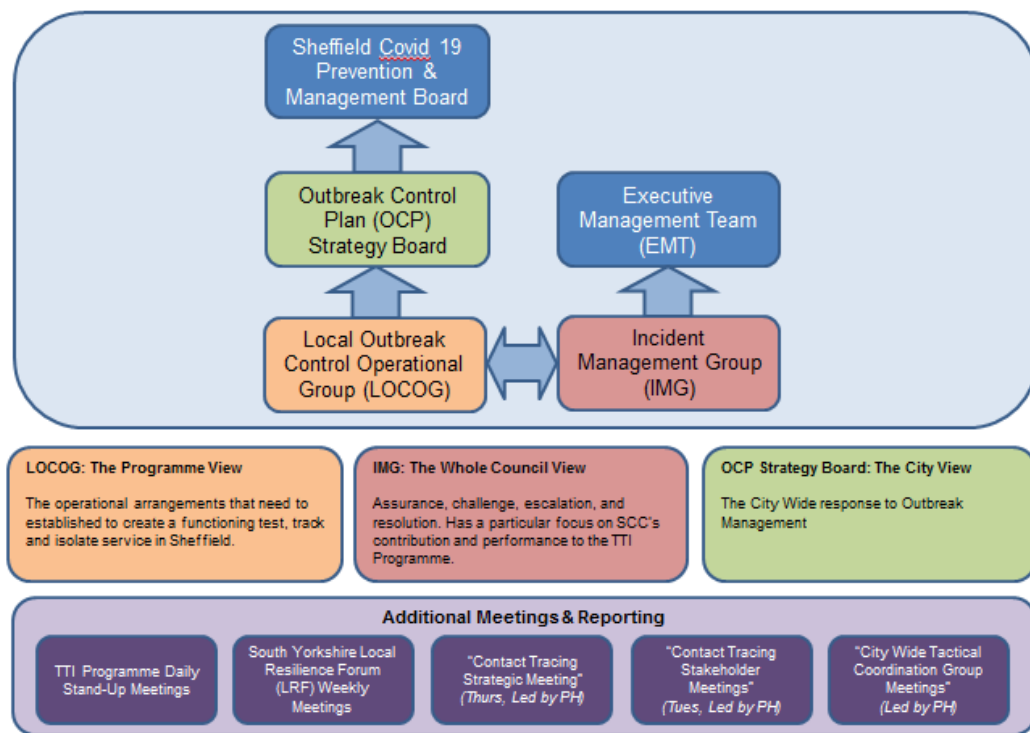


Diagram 2

6. Sheffield's Outbreak Control Plan (OCP) focuses on the seven themes identified by Government (table 1).

Table 1: Government themes

<b>Theme 1: Care homes and schools</b>	Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response)
<b>Theme 2: Identification of high-risk places, locations and communities</b>	Such as homeless shelters, migrant worker dormitories/accommodation for vulnerable migrants, high-risk workplaces (e.g. meat packing plants, slaughter-houses among others), places of worship, ports and airports. Defining preventative measures and outbreak management strategies
<b>Theme 3: Local testing capacity</b>	Prioritise and manage deployment of testing capacity quickly to the places that need it for outbreak management (e.g. NHS, pop-up, mobile testing units etc)
<b>Theme 4: Local contact tracing</b>	Led by PHE, but for LAs to consider mutual aid and support structures - identifying specific local complex communities of interest and settings. There is a need to develop assumptions to estimate demand, developing options to scale capacity if needed
<b>Theme 5: Data and integration</b>	National and local data integration; links with Joint biosecurity centre work (to include data management planning, data security and data linkages)
<b>Theme 6: Vulnerable people</b>	Supporting vulnerable people to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc) and ensuring services meet

	the needs of diverse communities
<b>Theme 7: Local Boards</b>	Establishing governance structures led by existing Covid-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public

## 7. Workstreams in the Outbreak Control Plan

7.1. In Sheffield we have grouped these objectives into six workstreams (table 2). The first four workstreams collectively make up our 'Test, Trace and Isolate' (TTI) programme. The TTI programme has its own programme documentation including named operational leads for each workstream.

7.2. The remaining two workstreams make up the cross-cutting programme of Surveillance & Intelligence; and Governance , Programme Coordination & Resourcing.

**Table 2: Sheffield OCP workstreams**

	<b>Work stream</b>	<b>Government theme and additional priorities</b>
<b>Test, Trace and Isolate Programme</b>	Preventing COVID-19 from spreading	Member-led Board Comms and engagement
	Outbreak management including testing	Care homes Schools Vulnerable people High risk settings Local testing capacity
	Contact tracing	Contact tracing
	Support to isolate	Vulnerable people
<b>Cross-cutting programmes</b>	Surveillance, intelligence and data	Data and intelligence
	Governance, Programme Co-ordination & Resourcing	Member Engagement Board OCP Strategy Board Programme Management Arrangements Effective Delivery Assurance and Evaluation Links to LRF Co-ordination of Capabilities

7.3. Further detail about these workstreams can be found in the Outbreak Control Plan, which is attached in full for further discussion later on the agenda.

7.4. A number of these workstreams are particularly related to Test Trace and Isolate and these are explained in further detail here.

7.5. Communications and engagement.

Sheffield has an overarching communications plan for COVID-19. This plan balances the need to keep people safe and reduce transmission of COVID-19 with the need to also ensure that businesses can reopen. A detailed communications plan for Test, Trace and Isolate programme has also been developed. This includes using Public Health England communications assets as well as locally tailored messages particularly in relation to support for people to enable them to self isolate. Partners



across the city are willing and able to share communications messages to amplify the messages. A key message is 'don't be a contact' as we recognise that being asked to self isolate for 14 days is a very difficult thing for many people and that preventing being a contact, by for example maintaining social distance, is a key part of avoiding that.

#### 7.6. Increasing access to testing

Sheffield has a Swabbing and Testing group which was established early in the response phase, to provide local NHS swabbing and testing capacity to support the national Pillar 1 and Pillar 2 testing. This local response is particularly important to ensure timely and comprehensive testing.

#### 7.7. We are now in the process of developing this into a service for the duration of the Outbreak Control Plan (likely to be 18 months). The Swabbing and Testing service, in the context of outbreak management, will:

- Complement the use of the Local Resilience Forum Mobile Testing Units which will be deployed to improve access to testing.
- Provide swabbing and testing of vulnerable individuals at increased risk from COVID-19 or of spreading COVID-19 (because of health or social circumstances), who are highly unlikely to be able to engage with the national NHS Test and Trace system.
- Provide mass swabbing and testing following advice from PHE, in the context of outbreak management if a Mobile Testing Unit is not suitable or available.

#### 7.8. Supporting people to self isolate

If people are a 'contact' and are required to isolate, they will be offered support with supplies, medication or befriending for the fourteen days they must isolate. This support may be via NHS GoodSam, doorstep deliveries from various supermarkets, Community Response Teams or Community Hubs.

The Local Community Response Teams will help to co-ordinate the work in communities with other SCC colleagues and partners, VCF and health deliver regular updates to local councillors and provide assistance to reach all our communities to offer the information, support and help they need.

#### 7.9. Supporting people to self isolate has three key aspects of support to enable people to maintain the potentially difficult requirement to isolate for 7 or 14 days. These aspects are:

- Practical support – help with shopping, collecting medicines etc
- Emotional support - calls and contact to support mental health
- Financial support – advice and potentially covering costs

#### 7.10. Supporting people to isolate, particularly vulnerable people, is a key component in reducing the spread of COVID-19. Testing and tracing will not reduce the transmission of the virus unless people also isolate when they have symptoms, have tested positive or have been identified as a contact of a confirmed case. We recognise that groups in our communities who are already more affected by inequalities or those who

have poorer underlying health are more likely to need support to self isolate and we will work to ensure that our support is directed towards those who need it most.

7.11. In Sheffield we have a well established COVID-19 programme for community support and this continues to provide support particularly to vulnerable people in Sheffield in a collaboration between Sheffield City Council and the voluntary sector. This service focuses predominantly on the first two themes of support – practical support providing humanitarian aid, such as food parcels or help with shopping, help with getting medicines, and emotional support including befriending.

7.12. We are exploring options for providing financial support to people, to enable them to self-isolate. Links to organisations who can provide financial advice are already in place (eg Citizens Advice Sheffield) but may need to be expanded.

## **8. Resourcing**

8.1. Sheffield City Council has been allocated £3.1m from the Department of Health and Social Care, to be spent on outbreak control work. This funding has been allocated according to the Public Health Grant formula. While this additional funding is welcome, delivering these plans will require much more than money – it also needs an optimal NHS Test and Trace Service, high quality and timely data flows, the right levels of capacity in all parts of local government and the health and care system, and strong national impetus to promote public health messages.

8.2. An investment plan for the £3.1m is being developed. It will include:

- Additional contact tracing capacity to deploy in vulnerable or complex communities or settings.
- Infection Prevention and Control / Environmental Health resource to deploy flexibly if needed to support outbreaks
- Additional investment in surveillance and analytic capacity.
- Additional support for self isolation through the council and VCF support.
- Increased capacity for the core public health team to support outbreak management and support and augment Public Health England
- Resource to support the communications and engagement plan and to enable it to be effectively implemented

## **9. Role of the community and community organisations**

9.1. From Table 2 on the Outbreak Control Plan workstreams it is clear that the role of the Council and the community sector is crucial in both increasing understanding of the test trace and isolate programme but also in supporting people in our communities to access a test, support contact tracing and be able to isolate. There are many community organisations including Voluntary Action Sheffield (VAS) and local groups contributing to the work in this area as part of the city wide partner response. Within the governance structure community organisations are represented at the Sheffield Covid-19 Prevention and Management Board (the Outbreak Control Board) and the Strategic Outbreak Control Plan Board.

## **10. Learning from work in communities**

- 10.1. In this complex programme of work we are constantly learning how to best support different elements of the Test Trace and Isolate programme. This includes learning from the pilot contact tracing work that the voluntary group of Sheffield Community Contact Tracers carried out in April and May prior to the national contact tracing programme was in place. This work highlighted the importance of supporting individuals to self isolate and we have been learning from this in incorporating regular contact into our processes for supporting people. We also have community support as a key element of what we will resource through additional national funding.
- 10.2. Since the national programme was established it has increasingly become clear that the early work by the Community Contact Tracers which asked people to self-isolate if they had symptoms is now inconsistent with the national approach which asks people to self isolate when they test positive. As we have learnt more about the testing data we see that over 95% of people who are tested for Covid-19 test negative and therefore asking people to isolate on the basis of symptoms when the vast majority do not have Covid-19 is a particularly difficult request.
- 10.3. We know that the message is complex and that we need to be consistent with the national systems and messages we have in place. We are therefore maintaining our focus on asking people to self isolate on the basis of having a positive test result. Our concern is that separate initiatives have the potential to confuse and potentially diminish the effectiveness of the overall effort.

## **11. What does this mean for the people of Sheffield?**

- 11.1. The Covid-19 pandemic has had a major impact on the communities of Sheffield as well as the UK and the world. The virus continues to be present in our communities and the pandemic is not over yet. We have limited options in preventing the spread of the disease. In this context the national Test Trace and Isolate process is vitally important for reducing the spread of Covid-19 in our city and helping us to keep safe. In Sheffield we are rapidly developing and implementing our work to support and augment the national programme.
- 11.2. Our work to support and encourage people in Sheffield to engage with test track and isolate will be crucial to reduce the spread. Our focus is on enabling communities to fully engage with these programmes so that we can keep our communities safe. We will as Sheffield City Council continue to provide and enhance our ability to support people being asked to isolate through practical emotional and financial support.

## **12. Recommendations**

- 12.1. To consider and comment on the contents of this paper and the ongoing work regarding contact tracing with the progress of supporting and augmenting the national trace and track system locally.
- 12.2. For the Healthier Communities and Adult Social Care Committee to consider the importance and the benefits of encouraging Sheffield citizens to:
  - get tested if they have symptoms
  - cooperate with the national NHS Track and Trace contact tracing process
  - stay at home if asked to self isolate
- 12.3. As elected members to support the work communicating and engaging with communities through your role as well respected leaders and ambassadors for keeping our communities safe during covid-19.

Ruth Granger, Health Protection Manager and Catherine Pritchard, Policy and Improvement Officer Sheffield City Council on behalf of Greg Fell Director of Public Health

11<sup>th</sup> July 2020