APPENDIX 3

Local Tracing Partnership Overview

Southwark's experience, Autumn 2020

Test and Trace Southwark (TTS)

Southwark Public Health Division

5 November 2020

GATEWAY INFORMATION

Report title:	**Local Tracing Partnership: Southwark's experience, Autumn 2020**
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We have taken a narrowly defined programme to begin with in Southwark which will gradually iterate

OUTLINE

The aim of TTS is to deliver a safe, effective and sustainable local arm of the national NHS Test and Trace programme for Southwark, that supports and coordinates with national and regional contact tracing efforts, so that transmission and subsequent impact of the novel coronavirus is mitigated in Southwark.

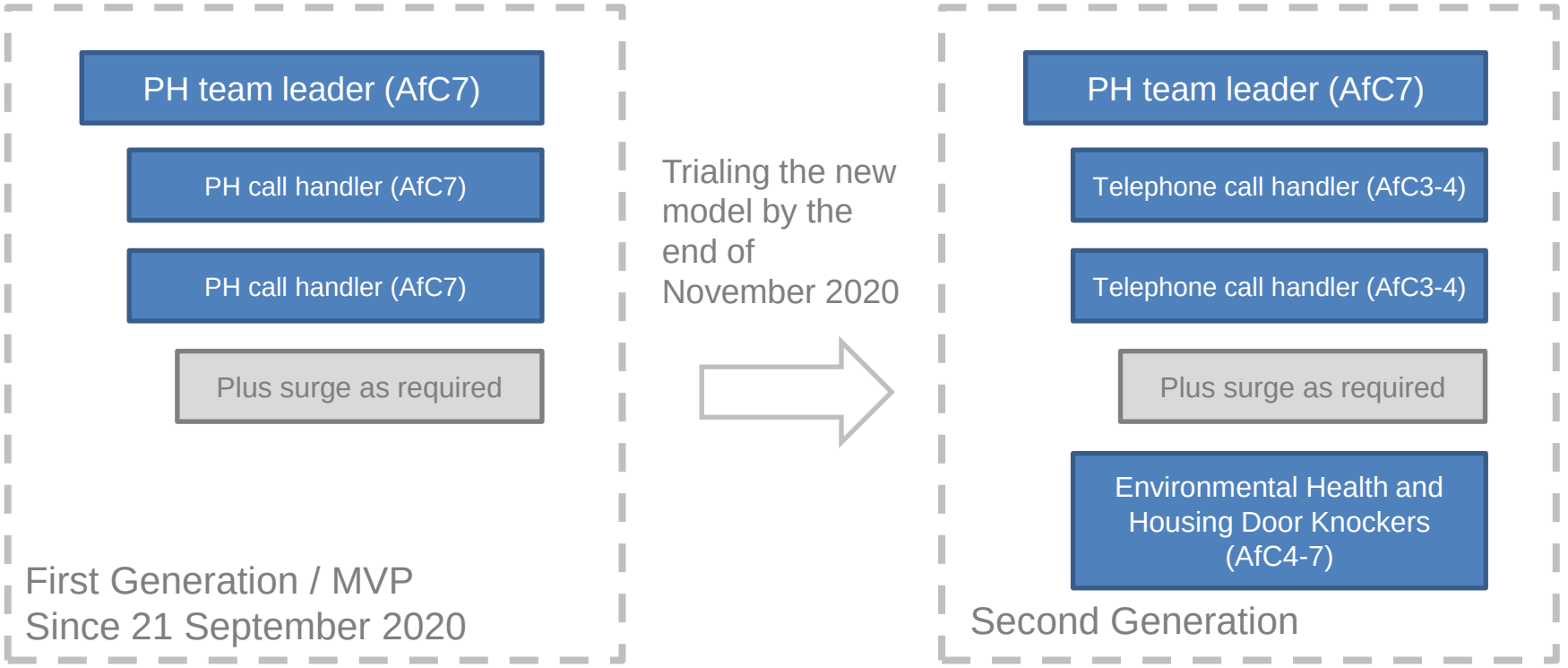
Test and Trace Southwark (TTS) provides three functions for Southwark residents who have tested positive for novel coronavirus and who have not responded to calls from NHS Test and Trace (national team) within the first 24 hours:

1. **Data look up** for cases where contact details are incomplete, or where contact has not been achieved. Southwark Council is able to use a range of databases to 'fill in' missing contact details within existing data sharing arrangements internally.
2. **Telephone-based contact tracing** from 020-7x local number where cases are reminded of their isolation arrangement, asked about their activity in the days around their infectious period, and their close contacts are identified. The data collected include information about workplaces and educational settings.
3. **Door-knocking** for cases who do not respond to local telephone calls.

Southwark's approach will move from a public health-operated model to one that is public health-led

OPERATING MODEL

Public Health Consultant-led strategy and operations teams, comprising 0.3 WTE Consultant, 0.5WTE Senior Strategist and 2.5WTE Public Health Officers and incorporating managers from other teams including Call Centre, Environmental Health and Housing Solutions



AfC – *Approximate* NHS Agenda for Change payscale; used for illustrative purposes only.

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Taking on the local tracing partnership has generated very substantial learning in the operations group

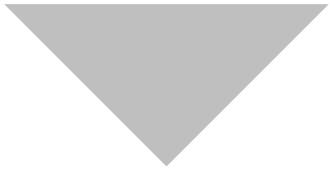
VALUE

The primary value of TTS from a public health perspective is three-fold:

1. Reinforcing the message to **self-isolate** for cases and their household contacts
2. Increasing the number of **contacts** identified (by improving the proportion of cases followed up successfully) and improving the quality of their contact details
3. Yielding **soft intelligence** on situations and contexts ahead of notification from LCRC or other sources

Additionally, and more recently, we have the added value of:

- Signposting those cases on low-incomes to £500 support payments



We are currently developing more systematic pathways for:

- Referring cases where concerns about welfare (short of safeguarding thresholds) are flagged during telephone calls for call-back with professional support
- Signposting to our volunteer hub for additional welfare support

We have risen from the bottom of the regional rankings for case completion to the top

IMPACT

Impact

- Between the national and local team, we've moved from case completion at around 75% to in excess of 85% since starting the service. Given that SAGE recommends a completion of 80% for and effective contact tracing system, we are optimistic that we are having some impact.
- Most residents have been pleased to receive the call and have been outwardly supportive and adherent.

Issues:

- The cases being referred by the national team have been highly volatile both in terms of quantity and quality, ranging from 0 to 62 cases per day.
- SAGE's recommendation on 80% was qualified by a requirement to complete the cases within 48 hours. At present the median time from positive test result to referral is in the order of 5-6 days.
- The operational challenges of staffing the service with the very substantial problems in the national system have meant diverting staff from across the Council: eg Public Health, Environment Health, Housing, Call Centre

Challenges have been numerous and substantial: but the lean approach using an MVP has paid dividends

ISSUES

STRATEGIC UNCERTAINTIES

- Evolving & changing expectations: how much we need to take on, for how long, sustainability issues, financial uncertainties
- Scaling and understanding demand driven by national capacity, epidemiology, technology changes (eg mass rapid testing), guidance changes, vaccine development

DATA

- Data linkage and transfer failures in national system
- Information governance: how far is too far?
- Tech. platforms is an area of active investigation.

FLOWS

- High volatility in day-to-day volumes
- Delays in referral
- Inappropriate referrals and many patients denying having received any call from the national team

RESOURCING

- Establishing resourcing, staffing and creating capacity
- Volatility is the enemy of efficiency
- Staffing weekend working

SAFETY

- Escalation of issues including safeguarding concerns
- Need to have consultant available
- Requires clear national clinical governance structures

CONTROL

Much of the control is outside the local team: and there is only so much we are able to influence. Communications and behaviour change

While impactful, the primary challenge is in operating a system which is very prone to uncontrollable external factors

OUTLOOK

The Local Tracing Partnership in Southwark is funded from the allocation for Local Outbreak Control Plans in May 2020.

- The central government funding for this new function needs further clarification.
- Irregular case flow presents difficulties for day to day operations management, especially over weekends.
- With the apparent inflection of the epidemic's trajectory in London over early October 2020, it is very difficult to anticipate the volumes that will be transferred over.
- Impact of additional testing capacity and new rapid / and mass testing.
- Questionable effectiveness when there is high community transmission
- Wider concerns regarding tracing of contacts and effectiveness of self isolation
- Ongoing uncertainties regarding the national team in managing volumes.

Either way, we will persevere and continue to do the utmost possible to protect Southwark residents.

Appendix

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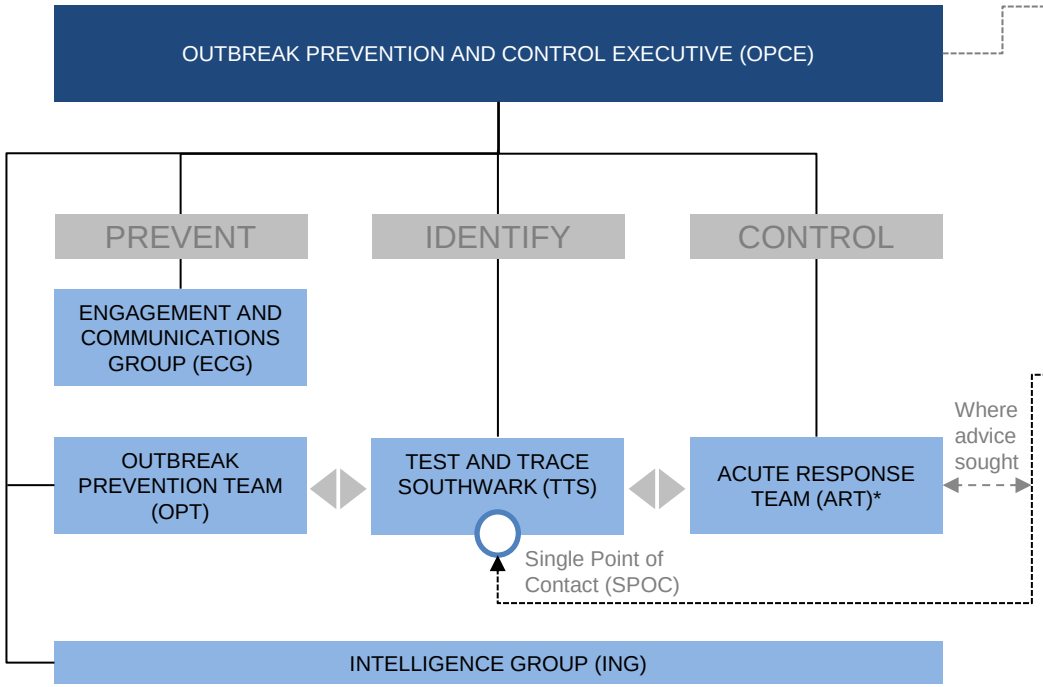
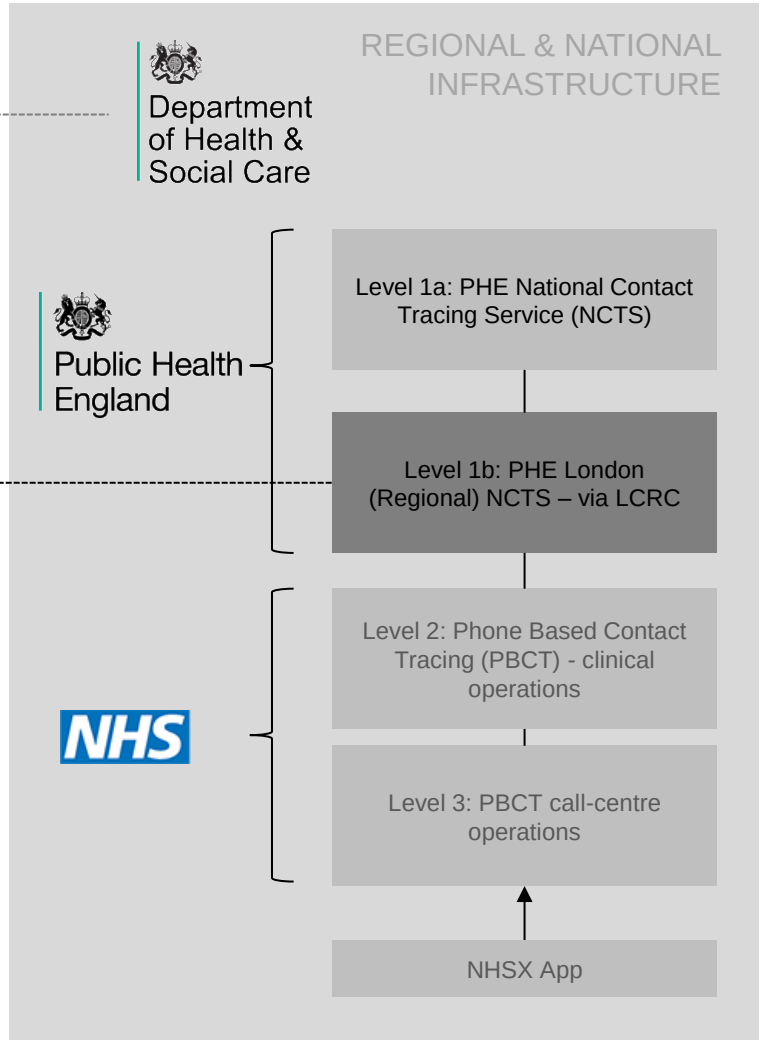
Southwark Public Health Division

Our TTS system was already embedded within the IDENTIFY strand of our OPCP

OPERATIONAL APPROACH





The SPOC (within TTS) will provide a seven-day monitoring and coordination service across the OPCP workstreams, processing requests and managing the flow of information, cases and incidents between teams. A generic inbox and IT infrastructure enabling collaboration between teams is already in place. The incident management team will provide specialist health protection capacity and work with PHE LCRC to manage outbreaks and support settings.

References

1. Southwark's Outbreak Prevention and Control Plan, June 2020.

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southwark.gov.uk

The nationally-available learning is very much baseline

TRAINING

What did we do?

- We initially directed about 65 staff to online training offered by Public Health England through **e-Learning for Health**.
- Procedural documents were produced by team members and shared with staff via email and MS Teams for self-directed learning. The development of these documents have been informed by experiences with the NHS T&T processes, including from other Boroughs.
- Team Leaders and Call Handlers and (sometimes) Consultants join brief meetings each morning and afternoon for discussion and problem-solving.

What have we learnt?

- While the online training provides an overview of the components of the system, adapting the script to the local context is most useful.
- Facilitating regular meetings to discuss cases and issues has enabled **continuous learning** for Call Handlers, Team Leaders as well as overall process improvement.
- Enabling practice runs with the NHS T&T system prior to entering real case data would enhance training as well as data quality.

It was important to establish robust internal processes and keep these under regular review following go-live

STANDARD OPERATING PROCEDURES

What did we do?

- Initially we agreed the parameters for a minimum viable product and developed an end-to-end standard operating procedure (SOP) for the whole process
- A data processing SOP to support local contact tracing was developed to cover: downloading the contact tracing list; cross referencing contact details with other departmental records; contact tracing
- We established robust internal processes and escalation pathways for clinical issues, safeguarding concerns, translation services and welfare requests

What have we learnt?

- It was important to develop internal processes and procedures that all staff could follow, and to keep these under regular review as we learned more about the system after going live
- A strong operations team was key and this needed to be resilient and cover a range of seniorities and skillsets. Enough staff need to be involved to cover leave and unexpected absence
- We learned early on the importance of keeping an issues log to facilitate internal learning and development of our processes

Creating an open culture of learning, and taking a staggered approach to launch are key

SCALING AND STAFFING

What did we do?

- Conducted some preliminary workforce modelling to better gauge what the resourcing requirements would be for staffing.
- Adopted a staggered approach to launching the service: MVP which will extend later.
- Held two tactical meetings daily, which were open for all staff members to join.

What have we learnt?

- Ensure that members of the programme delivery team are not too operationally involved in the service, as this will delay progress on any outstanding and ongoing developmental work.
- Documentation and recording decisions is critical: it is important to consider **escalation and safeguarding practices** and pathways prior to launch.
- Train and upskill as many staff members within the team as possible from the beginning.
- Regular internal communication within and between all teams involved is vital to ensuring adequate buy-in.
- Framing the initiative as a cross-council programme led by public health is useful when engaging strategic directors and cabinet leads to support potential surge capacity and future scaling.

The rhythm of the day is relatively consistent every day of the week

DAY IN THE LIFE

	Team Leader (x1)	Call handlers (x2)
1000hrs	**TTS morning team meeting** Download and review of volumes	
	Review cases, prioritisation and tasking	Catch up on previous days' cases and handovers
1100hrs		Calls
1400hrs	**TTS afternoon team meeting** Reflect on learning and escalate issues as required	
1600hrs	*Acute Response Team meeting, escalations and intelligence sharing on weekdays*	
1630hrs onwards		Last calls of the day concluded Documentation
1700hrs	Review master list and reporting	

Find out more at
southwark.gov.uk/opcp

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