

DECISION-MAKER:	COUNCIL		
SUBJECT:	SOUTHAMPTON COVID 19 SALIVA TESTING PROGRAMME		
DATE OF DECISION:	18 NOVEMBER 2020		
REPORT OF:	CHIEF EXECUTIVE		
<u>CONTACT DETAILS</u>			
Executive Director	Title	Executive Director Business Services and Deputy Chief Executive	
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STATEMENT OF CONFIDENTIALITY			
N/A			
BRIEF SUMMARY			
<p>A partnership of the University of Southampton, University Hospital Southampton and the City Council has been working on a pilot stage programme for an innovative approach to COVID testing. In recent weeks this has led to Government discussing with the partnership a wider scale, sub regional, testing programme. In November this has led to the approval and funding by the Government. The details of how this wider programme will be implemented are still in development and being led by the University Hospital Southampton.</p>			
RECOMMENDATIONS:			
	(i)	To note progress of the pilot phases of the saliva testing programme and the planned expansion of the programme to provide increased capacity in early 2021	
	(ii)	To agree that Southampton City Council should be a 'partner' in this wider programme offering the civic leadership and public service human resources to support its success.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	To ensure elected councillors are appraised of the progress of a potentially significant innovation in tackling the COVID 19 pandemic.		
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED			
2.	Not to update elected councillors, rejected given importance of civic leadership in tackling the current challenges posed by the pandemic..		
DETAIL (Including consultation carried out)			
3	In April 2020 the Chief Executive was approached by the University of Southampton to discuss aspirations to use new testing methodologies to create a new mass testing programme in the city. This innovative project		

	aimed to seek a solution that could enable Southampton to proactively tackle the challenges faced by COVID 19 and minimise the impact of the virus on economic activity.
4.	The University had developed a new saliva-based test, that could be used to test non-symptomatic individuals on a weekly basis, enabling targeted self-isolation ahead of symptoms being experienced by individuals and helping prevent the spread of infection. The University was in discussion with the Department for Health and Social Care (DHSC) about the potential for funding such a programme. Any such programme was recognised to require a robust partnership in place, including the University, the University Hospital Trust and the City Council.
5.	<p>Following much dialogue and negotiation, DHSC agreed to fund an initial phase which operated in June and July 2020, which had 3 broad objectives:</p> <ol style="list-style-type: none"> 1. To assess the feasibility and acceptability of conducting saliva testing in various sub-groups of the population in Southampton and their households on a weekly basis: <ul style="list-style-type: none"> • Primary health care workers and their household members • University of Southampton staff resident in Southampton and their household members • University of Southampton students living in Halls of Residence • Staff and household members of one large care home • Local Authority urgent responders 2. To confirm the accuracy of saliva testing for Covid19. 3. To work with the local Public Health England team to develop systems for integrating testing with contact tracing, alongside supporting uptake of household quarantine among those who test positive.
6.	An operational team was established to help deliver the programme, led by the University of Southampton, with input from the City Council. A project steering group chaired by the Vice Chancellor of the University was established, and this included the Medical Director of UHS, a CCG representative, the Leader of the Council, the Deputy Chief Executive of the City Council and the Director of Public Health.
7.	Phase 1 was a success, demonstrating that the test itself was reliable and easy to administer for all ages, test results could be communicated quickly by text messages and that the logistical challenges could be addressed through the partnership approach.
8.	The success of phase 1, meant that the DHSC retained interest in how the methodology could be further applied and refined. Subsequently the team developed and submitted a proposal for a second phase that presented additional challenges. This phase secured approval from DHSC in August 2020.
9.	This second phase sought to assess the feasibility and acceptability of conducting weekly saliva testing in various sub-groups of the population in Southampton where there is a higher risk of infection through major mixing events, within two key cohorts:

	<ol style="list-style-type: none"> 1. Schools serving areas with a high prevalence of children from vulnerable families (communities with many people from BAME groups, high levels of obesity, overcrowding and deprivation). 2. UK and international students arriving in September at the University of Southampton and living in Halls of Residence. This major mixing event was identified as posing a significant risk in the Local Outbreak Control Plan.
10.	Testing in this second phase started in early September and was planned to end the week beginning 16 th October. With the benefit of some cost efficiencies and the support of the DHSC an extension was agreed, allowing testing to continue until 31 st October.
11.	The City Council has supported the project with Public Health advice, programme management support, legal and communications expertise and engagement activity with key stakeholders.
12.	At this second stage, the programme has delivered in a more challenging logistical environment, successfully tackled some very challenging data and consent issues and identified some engagement challenges in different sections of the participant cohort. The feedback from a school, parent and pupil perspective is very positive, supporting high attendance levels, both from staff and pupils and providing confidence to parents that the school environment is as safe as can be.
13.	The success of the two initial phases, the confidence and belief that DHSC have in the lead advocates, and of course the need to enhance the testing programmes overall has led to confirmed support to roll out the saliva testing approach, on a sub-regional basis. As part of this agreement, testing operated in the second phase in Southampton has been extended to the end of December. This will be integrated into the wider testing programme to be established early in 2021.
14.	The third phase will be led by University Hospital Southampton (UHS), and will build upon the lessons learnt by the initial two phases, but in a substantially larger geography and scale of testing. Phase two has facilitated a testing capacity of 2,000 tests per day, this phase seeks to deliver significantly more capacity
15.	The programme will target health and social care staff and education settings, with other settings to be agreed. A robust public health approach will be developed to prioritise settings and a governance structure to oversee this will be developed. The role of local authorities in community engagement; a civic leadership and promotional role, alongside communications campaigns, to a wide audience will be critical in ensuring maximum benefit of this programme
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
16.	The programmes have been fully funded by the DHSC, and officer time dedicated to the programme has been funded from that source through a funding agreement with the University of Southampton as the accountable body for phases 1 and 2.
17.	UHS is the accountable body for Phase 3 and the city council will develop any necessary funding agreements for the DHSC funding to cover any resources required to support the programme.

<u>Property/Other</u>	
18.	Not applicable
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
19.	Coronavirus Act 2020 and s. Localism Act 2011.
<u>Other Legal Implications:</u>	
20.	The testing pilot programme has involved extensive liaison with central government and the Information Commissioner together with the completion of Data Protection and Equalities Impact Assessments to ensure compliance with both the Data Protection Act 2018, GDPR and the Equalities Act 2010 / Human Rights Act 1998. The pilot programme and the extension of it are considered wholly compliant with these Acts and proportionate and necessary in respect of any identified interference with the rights and obligations protected under the legislation in order to prevent the spread of infection and maintain public safety during the national pandemic. The Impact assessments are living documents and are being continually reviewed and updated as each phase of the pilot progresses.
RISK MANAGEMENT IMPLICATIONS	
21.	The contribution of the City Council to the phase 3 programme has yet to be determined. As with phase 1 & 2, we would recover all costs incurred, including for example the allocation of human resources and project or programme management resource. In terms of democratic oversight, we will seek appropriate representation in any Governance arrangements to be set up.
22.	The programmes will use bespoke robotics and automation to support the processing of the tests in a Southampton location. The use of the bespoke technology creates some risks as it breaks new ground, but equally provides substantial opportunities in terms of capacity and speed of response.
POLICY FRAMEWORK IMPLICATIONS	
23.	The programme is consistent with the Policy Framework; the facilitation of a regular testing programme to support economic recovery and health protection supports the aim in the Corporate Business Plan to deliver a Greener, Fairer, Healthier place.
KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	None.
Documents In Members' Rooms	
1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and	No

Safety Impact Assessment (ESIA) to be carried out.		
Data Protection Impact Assessment		
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.		Yes
Other Background Documents		
Other Background documents available for inspection at:		
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)	
1.	None	