| DECISION-MAKER: | | Local Outbreak Engagement Board | | | | | |
|------------------------------|---------|-----------------------------------|------|---------------|--|--|--|
| SUBJECT: | | Southampton Test and Trace | | | | | |
| DATE OF DECISION: | | 8 th February 2021 | | | | | |
| REPORT OF: | | Interim Director of Public Health | | | | | |
| CONTACT DETAILS | | | | | | | |
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| STATEMENT OF CONFIDENTIALITY | | | | | | | |

N/A

BRIEF SUMMARY

Southampton Test and Trace went live as a pilot on 3rd December 2020, targeting areas in the city with the highest prevalence of Covid-19, to supplement the national Test and Trace service offering. The service demonstrated its effectiveness over the pilot period, adding value to the National Test and Trace service and helping to minimise the public health risks of onward transmission of COVID-19. Given its success, and the escalated Covid-19 situation in Southampton, the service will now be scaled up to ensure coverage for the whole city.

RECOMMENDATIONS:

(i) The Local Outbreak Engagement Board is asked to note the progress and aims of Southampton's Test and Trace service.

REASONS FOR REPORT RECOMMENDATIONS

1. N/A. Report is for information and discussion.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None.

DETAIL (Including consultation carried out)

- The Southampton Test and Trace service pilot covered Bargate, Basset, 3. Bevois, Shirley and Woolston, approximately a third of Southampton's population. These initial Wards were chosen based upon the following criteria:
 - Higher incidence of infection.
 - Wider risk of contracting infection through working/living conditions.
 - Higher proportions of younger people where infection rates are higher and may be less engaged with NHS Test & Trace.
 - Higher proportions of people with clinical vulnerability to COVID-19 (which include factors such as deprivation and ethnicity).

During the week commencing 14th December 2020, the pilot was expanded to cover some additional wards (Bitterne, Bitterne Park, Coxford, Peartree, Redbridge, Swaythling).

- 4. The launch of a citywide local contact tracing service, covering all the Postcodes and Wards in the City, is an important tool in preventing onward transmission of COVID-19 across the city. Alongside the other key Outbreak Control Programme projects, as well as the vaccination programme (led by the NHS), the service will be an important part of Southampton City Council's response to the COVID-19 pandemic.
- 5. As is the case for the pilot phase, the national Test and Trace service will "handover" residents that test positive (index cases) to Southampton Test and Trace where the national team have been unable to contact the resident within 32 hours. In this way, Southampton's Test and Trace service will augment the national service by continuing to try and contact residents for (up to) a further 72 hours. Contact by Southampton Test and Trace will initially be made by phone, email and text. After the third telephone attempt, a Community Engagement Lead will visit the resident's home to try to make contact on the doorstep.
- 6. The expected benefits of a city-wide Southampton Test and Trace service include:
 - preventing the spread of COVID-19 infection in the City by increasing the proportion of residents that are successfully contacted where they have tested positive for COVID-19
 - supporting vulnerable residents by identifying individuals and families that require support to self-isolate
 - informing intelligence on where higher levels of spread of infection may be taking place so that preventative action can be taken, and patterns can be monitored

RESOURCE IMPLICATIONS

Capital/Revenue

7. Southampton Test and Trace is currently funded by the Test and Trace funding grant awarded by the Government (£1,571,231) and the Contain Outbreak Management Fund (£2,597,349). The projected costs for implementation of the service is £278,698 for 7 months (1-month pilot, plus 6 months of scaled up, city wide service provision). This includes initial set up costs, such as provision of necessary equipment and mandatory training and ongoing revenue costs for staffing, which is primarily through internal redeployees, and specialist, clinical advice provided by Southampton Primary Care Trust Limited (SPCL) as needed. The ongoing costs of the service are regularly monitored and reported to MCHLG monthly, as per the terms of the Contain funding allocation.

Property/Other

8. N/A

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

9. Coronavirus Act 2020 and subordinate legislation

Other Legal Implications:

10. N/A

| RISK MANAGEMENT IMPLICATIONS | | | | | | | | |
|-------------------------------|----------|--|------------|--|--|--|--|--|
| 11. | N/A | | | | | | | |
| POLICY FRAMEWORK IMPLICATIONS | | | | | | | | |
| 12. | N/A | | | | | | | |
| KEY D | ECISION? | | | | | | | |
| WARDS/COMMUNITIES AFFECTED: | | | All wards. | | | | | |
| SUPPORTING DOCUMENTATION | | | | | | | | |
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| Appendices | | | | | | | | |
| 1. | None | | | | | | | |
| Documents In Members' Rooms | | | | | | | | |
| 4 | | | | | | | | |

| 1. | None | | | | | |
|--|------|--|----|----|--|--|
| Equality Impact Assessment | | | | | | |
| Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out. | | | | No | | |
| Data Protection Impact Assessment | | | | | | |
| Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out. | | | No | | | |
| 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 | | | | | |