

Contact Tracing: Wirral Approach - Options Appraisal

Summary

This paper:

- Gives an overview of current approaches to contact tracing nationally, regionally and locally
- Reports headline performance figures for national, regional, and local systems
- Provides three options for the future direction for contact tracing in Wirral

Recommendation:

- To continue to develop and upscale Locally Supported Contact Tracing (working alongside NHS Test and Trace to reach cases not reached by the national system). Continue engagement in LCR contact tracing developments with a desire to progress further towards greater local control.

Introduction

Contact tracing aims to break the chain of transmission by ensuring cases follow public health advice on isolation. At this stage of the pandemic, contact tracing will not be sufficient to achieve control alone. However, the establishment of a scaled and robust contact tracing model within a wider approach to community engagement is a key part of the exit strategy from higher local alert levels.

Contact tracing is an important part of the *Find, Test, Trace, Isolate, Support* model. People with symptoms are identified, tested, their contacts traced, all appropriate persons are given isolation advice and provided with support to isolate where appropriate. Each component of this model is essential to sustainably limit transmission of COVID-19 – see appendix 1 for detail.

As part of the Liverpool City Region (LCR) Tier 3 agreement it has been agreed that councils will gain greater control over contact tracing activity. A proposal for the allocation of a ring-fenced team from the national T&T service was submitted to HM Govt. by LCR on 12th October 2020. This proposal outlined the additional resources required by LCR councils to increase the number of cases and contacts of confirmed COVID-19 that were successfully tracked and given isolation advice. Given the current rate of cases across these areas, an immediate increase in contact tracing capacity is urgently needed. Discussions regarding this are ongoing, however, to date the request for a ring-fenced team declined but additional cash funding has been provided for the next six months – quantum to be confirmed. Given these developments it is important we are clear as a local system on the future direction of contact tracing in Wirral.

Current National Contact Tracing delivery model and performance

The NHS Test and Trace programme is a £10bn national cross-government programme chaired by Baroness Dido Harding, reporting directly to the Prime Minister and the Cabinet Secretary. Directors of Public Health and Council Chief Executives currently have little local control over NHS Test and Trace systems and processes.

The national model consists of 3 distinct tiers:

Tier 3 Contact Tracing - The majority of initial public contacts i.e. people who have developed coronavirus symptoms will be asked to contact NHS Test and Trace where the communication of advice to contacts will commence.

Tier 2 Contact Tracing – Is supported by a team of professional staff who interview cases and identify contacts.

Tier 1 Contact Tracing – Is a partnership between Public Health England and local councils. This tier will deal with complex cases escalated by Tier 2. In Cheshire and Merseyside contact tracing of both cases and contacts in complex settings is undertaken by the Cheshire and Merseyside Hub, a partnership between Public Health England (PHE) and the constituent Cheshire and Merseyside Councils.

Performance

The National Test and Trace Programme has struggled to meet performance targets. As case numbers have risen nationally this has placed extra pressure on the programme with a subsequent further drop in performance. SAGE has advised that 80% of cases and contacts need to be reached and complying with isolation advice for COVID-19 to be successfully controlled. Current performance sits below this figure:

- Nationally, NHS T&T reaches 68% of cases.
- The Cheshire and Merseyside Hub is currently completing¹ 88% of level 1 cases (those in more complex settings).
- Currently in Wirral 64% of cases are completed by NHS T&T. This compares to rates of between 58% (Knowsley) and 64% (St Helens, Wirral) in the City Region.

This means that almost a third of Wirral cases are not being reached and providing contact details, leaving many cases and contacts uncontacted, with subsequent potential transmission of the virus in the community.

NHS T&T has had ongoing challenges around contacting both cases and their contacts, which they are working to resolve. This includes:

- Not contacting cases and identifying contacts in a timely way
- Not identifying all contacts (missing close contacts)
- Not contacting those identified as close contacts in a timely way to advise them to self-isolate (this can take up to 3-5 days)
- Making multiple calls to members of the same household

Contact Tracing activity in Wirral

Local contact tracing work has been developed to compliment the national programme, improve the number of cases and contacts identified and ensure this is done in a timely manner. Our local approach to date is summarised below.

Locally Supported Contact Tracing (LSCT)

LSCT is a new approach of joint working between Councils, National T&T and PHE. It aims to reduce the number of untraced positive cases of COVID-19. The approach is being rolled out to Councils across the country. The service will trace people who have tested positive for COVID-19, who the national test and trace service have not been able to contact within 24 hours, using local methods to

¹ Reaching and obtaining contacts from a case

contact the case and offer advice as well as gathering intelligence and contact details (if/where possible).

Wirral went live with Locally Supported Contact Tracing Service on Thursday 15th October. –. In the first week of operation, the service reached around 60 cases that would otherwise not have been contacted. The local service can signpost those who may be experiencing hardship to Council and voluntary sector support to help them during their isolation period.

Feedback on why a local approach is more successful from those reached has suggested that the reasons for this are a local telephone number, the ability to call back (something which does not exist within national test and trace) and speaking to someone relatable and with a local accent.

Wirral COVID-19 Hub

The Wirral COVID-19 Hub has been established to prevent, control and manage COVID-19 in Wirral.

The Wirral COVID-19 Hub currently undertakes some contact tracing following the reporting of cases and outbreaks from across settings in the Borough. The Hub receives local intelligence on cases daily, with reports from members of the public, or insight from officers and other partners in the community. These cases are often identified before NHS T&T has been able to reach them. The Hub may also identify where workplace or social contacts have not been provided to NHS T&T. As part of this local response NHS partners undertake their own contact tracing of staff and patients in health and care settings. In addition, we have been locally supporting schools to correctly identify close contacts. Capacity to deliver this is currently limited.

Options for the future directions for contact tracing in Wirral

Due to the pressures on both the national and local TT systems and following the allocation of funding to develop local systems, the following options have been developed for discussion to develop a local tracing service for Wirral with appropriate links to the Cheshire and Merseyside T&T Hub and National T&T Service.

- A) Continue current locally supported contact tracing only
- B) Continue Locally supported contact tracing plus fill other gaps where risk of transmission is high
- C) Undertake all contact tracing at local level

Option A: Continue locally supported contact tracing only

This service went live on the 15th October. The council provides administrative, analytical and programme management input, alongside public health specialist expertise. The Contact Company provided programme management input and contact tracing operatives in this first phase as part of their corporate social responsibility offer.

All other contact tracing activity is currently carried out by NHS T&T. There is currently no provision for identifying, contacting and advising any contacts that fall outside of NHS T&T.

Pros:

- Increases chances of adherence to isolation guidance for those cases not initially reached by T&T
- Identifies a subset of contacts that would otherwise not be identified by T&T
- Uses minimal council resource

- Aligns with current national asks of local systems

Cons:

- Does not address other gaps in contact tracing identified through community intelligence and work with NHS partners
- Significant numbers of cases and contacts remain unreached

Option B: Locally supported contact tracing plus targeted local contact tracing where intelligence identifies high transmission risks

This option would build on the locally supported contact tracing system by also providing targeted contact tracing where need is identified. Under this model, the Hub would develop additional contact tracing capacity and expertise to identify contacts and provide isolation advice where NHS T&T has not been able to.

This will mean we are able to support more settings where local intelligence has identified cases and contacts before NHS T&T has been able to, where intelligence has identified contacts that have not been notified to NHS T&T, or where people have been unable to inform NHS T&T of their contacts for other reasons. Early identification of these contacts will enable faster provision of isolation advice and reduce the chance for virus to spread in our communities. Feeding these contacts back into the NHS T&T system will enable those who are eligible to claim support for isolation.

Where other potential avenues are identified for improving contact tracing through targeted use of local resources and intelligence, these will continue to be explored. Where case numbers are low and specific, localised outbreaks are identified, a house to house visitation, or 'door knocking' approach may also be considered if appropriate. This may help reach those who decline to participate initially.

Pros:

- Expands on locally supported contact tracing and increases the number of contacts provided with isolation advice.
- Gives flexibility to respond to local intelligence.
- Develops wider contact tracing capacity for longer term, sustainable local response.
- Requires some resource, but prioritisation enables targeting of resources for maximum benefit.

Cons

- Places more demand on WBC resources, particularly if intensive elements such as 'door knocking' are pursued.
- Some gaps in contact tracing will remain, particularly while case numbers are high.
- May involve some duplication of NHS T&T, although improving access to national systems and communication between local and national systems should reduce this.

Option C: Seek to undertake all contact tracing locally

Both nationally and locally there is an increasing recognition of the value local intelligence and relationships bring to contact tracing. Some local authorities are seeking to contact all positive cases notified to them (a list is received daily from NHS T&T), and their contacts. This demands a significant input of human resources, particularly when case numbers are high.

Pros:

- If implemented successfully, would potentially achieve higher returns than options A or B, further reducing community transmission.

Cons:

- Duplication of work from NHS T&T
- Significant human resource implications, which may have knock on effects to other elements of response
- Potential for reputational damage and loss of confidence in system as residents contacted multiple times
- Is unlikely to be achievable with current case numbers
- May not allow for flexibility of responding to local intelligence outside of NHS T&T data

Recommendation:

The recommended option is option B: Locally supported contact tracing plus targeted local contact tracing where intelligence identifies high transmission risks

Option B builds on the existing model of locally supported contact tracing, and the current development of the Outbreak Hub to target an expanded contact tracing resource where it will have the most impact, without significant duplication of national effort or drain on resource from other, equally important aspects of the response.

We propose continued engagement in LCR contact tracing developments with a desire to progress further towards Option C and greater local control.

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Appendix 1

What are the elements of contact tracing?

Contact tracing consists of two steps and starts when someone has tested positive for COVID-19:

- 1) The case is contacted:
 - Determine their infectious period
 - Identify their contacts
 - Advice on self-isolation requirement and other measures to prevent spread of infection
 - Advice on welfare matters
- 2) The identified close contacts of the case are contacted:
 - Advice on self-isolation requirement
 - Advice on what to do should they become unwell
 - Advice on welfare matters