

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Public Health
Date:	8 February 2021
Title:	Asymptomatic Community Testing for COVID-19 in Hampshire
Report From:	Director of Public Health

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Purpose of this Report

1. The purpose of this report is to seek approval to spend and enter into a collaboration agreement with the Department of Health and Social Care (DHSC) to establish Asymptomatic Testing Sites in Hampshire.

Recommendations

2. To note that an application for funding has been submitted to DHSC to establish one Asymptomatic Testing Site (ATS) in Rushmoor District in Hampshire for an initial period of 6 weeks.
3. To seek approval to spend up to the projected figure of £8.6m as set out in this report subject to corresponding funding being awarded by DHSC.
4. To enter into the collaboration agreement arrangements for up to eleven (one in each District area) asymptomatic testing sites across Hampshire.
5. To delegate to the Director of Public Health, in consultation with the Executive Member for Public Health, all approvals needed associated with the setting up of COVID-19 Community Testing sites in Hampshire, subject to the funding proposals to the DHSC being successful.

Executive Summary

6. This report seeks to provide information on the proposals to DHSC for the roll out of asymptomatic community testing in Hampshire, including information on finance and timescales. These proposals form part of the response to COVID-19 across the county and are part of a collaboration of bids across the Hampshire and Isle of Wight Local Resilience Forum (LRF).

Symptomatic testing

7. Alongside vaccination, social distancing, self-isolation and contact tracing, testing remains an important element in the ongoing fight against COVID-19. Hampshire County Council has established a range of testing options for people with symptoms across the county. PCR testing is considered the gold standard for COVID-19 testing and involves a swab test, which is sent off to a laboratory to be processed with results usually available within 72 hours. This form of testing is available at a number of sites across Hampshire, operated and run by agencies directly commissioned by DHSC.
8. Other testing offers for people with symptoms include:
 - Home testing: Test kits can be delivered to a person's door to test themselves and their family without leaving the house. Test kits are then arranged by courier to be sent to a laboratory.
 - Saliva testing: regular, self-administered saliva testing is being rolled out using a phased approach to staff and pupils in secondary schools across Hampshire. Test kits are returned to school drop off points and couriered to a laboratory, with results delivered to the individual within 24-48 hours.

Asymptomatic testing

9. Up to a third of individuals with coronavirus have no symptoms and can therefore spread it unknowingly. Testing people without symptoms (referred to as 'asymptomatic testing') is an additional tool that can be used to identify more people with COVID-19 who may be unaware they are carrying the virus. The aim of this is to break the chain of transmission through targeted case finding, subsequent isolation and link with track and trace.
10. A national programme of asymptomatic testing has been rolled out, using tests known as lateral flow devices (LFDs). LFDs are swab tests that do not need to be sent to a laboratory and give the user results within 30 minutes. The ability to receive rapid results is balanced with the fact that these tests are known to be less sensitive than PCR tests, which means that some positive cases will be missed.
11. Asymptomatic testing is a key part of the Governments COVID-19 Winter Plan and has so far involved a number of national programmes, including offering

LFDs to NHS staff, care homes and primary and secondary schools. DHSC has now asked Local Authorities to extend this offer to enable people who need to leave home to go to work and who are not covered by the national programme to access asymptomatic testing. This offer is known as 'community testing'. Local Authorities are asked to determine their approach to community testing and submit their proposals to DHSC. The programme is funded by DHSC up until 31 March 2021 and is proposed to run for an initial 6-week period.

Testing Proposal

12. Due to the period of national restrictions, the current focus of the community testing programme is on specific occupational groups who have to leave their home to go to work. This includes critical and key workers and people who work in settings where there is a higher risk of exposure or potential for mixing between household groups, such as:
 - frontline workers not covered by national LFD testing programmes.
 - early years settings not covered by the national programme (childminders, non-maintained nurseries).
 - retail including supermarkets.
 - construction and maintenance.
 - transport workers / hubs (including ferry, taxis, bus drivers).
 - volunteers: including those supporting local authorities and emergency services in supporting the welfare of local residents.
13. There is currently limited licensing for LFDs to be conducted at home. Until such time Local Authorities have been advised to make provision via static Asymptomatic Testing Sites (ATS). These ATS will be the responsibility of the local authority with the testing responsibilities remaining with the DHSC.
14. Estimates for the number of critical workers across Hampshire are 50,981. Those eligible for this programme would be invited to undertake lateral flow testing twice a week through visiting an ATS in their area, with a 3-to-5-day gap in a seven day period. All sites would run between 6 and 7 days per week with operational hours allowing for variation in working patterns across critical workers. The capacity of testing sites will depend on their size. An example from DHSC guidance states that a medium testing site with 11 testing booths will be able to see 880 people per day. The size of sites and the number of booths varies across each of the Districts.
15. A proposal for community testing in Rushmoor has already been submitted to DHSC and includes plans for the initial set up of one testing site in Rushmoor. A second submission is planned for one ATS in the remaining Districts across Hampshire. Proposed sites include a number of libraries and leisure centres across the county.

16. These proposals form part of a joint submission across the Hampshire and Isle of Wight Local Resilience Forum (HIOW LRF), which will ensure a coordinated approach and consistency for residents.
17. This paper requests approval to delegate further decision making on these proposals to the Director of Public Health in consultation with the Executive Member for Public Health.

Contextual information

Operations

18. The County Council is working in close partnership with our District Council partners to enable delivery of community testing. Of the eleven sites being proposed, eight sites are owned or leased by District Councils and three, all libraries, are owned by Hampshire County Council. Where the site is owned by a District Council, that Council will be responsible for running the operations of testing sites including organising and setting up sites in line with the standard operating procedures and guidelines that are set out by DHSC. Hampshire County Council will undertake the same role for the three library sites. Hampshire County Council will provide oversight of the clinical governance and quality assurance processes across all sites in the County area.
19. A base of operations has been established for the storage and deployment of LFDs. Stock will be stored and distributed from one location at Winchester through the LRF Testing Operations Cell (TOC), who will be responsible for the logistics and distribution of Lateral Flow Devices (LFDs) for the entire HIOW LRF area. Each order will come with an allocation of PPE.
20. Training will be provided via a National Portal and it will be the responsibility of Hampshire County Council to ensure that all staff are adequately prepared for the role. We are working with our partners across the health and social care system to ensure the correct governance and assurance processes are in place to enable this. This work will also ensure other aspects of preventative interventions are embedded into the programme including key messages, contact tracing and isolation support.

Timescales

21. The proposal for an ATS in Rushmoor has been submitted to DHSC. The proposal for the remaining districts is being submitted on Monday 8 February 2021. Subject to the approval process the expected go live dates for all sites is the week beginning 22 February 2021.

22. These proposals are for operations to run for an initial trial period of 6 weeks, subject to review.

Finance

23. At this time the Government have committed financial support for this programme until at least the end of March 2021. This support is quantified as funding of up to £14 per lateral flow test carried out and reimbursement will be on the basis of 'reasonable and demonstrable' costs incurred by a Local Authority in performing Community Testing. Based on the total volume of testing included within the draft bids, (611,772 tests over six weeks) the maximum cost recoverable at £14 per test would be almost £8.6m. This therefore represents the maximum potential cost for which approval for spending is sought.
24. Whilst the approval to spend has been set at £8.6m, it should be noted that a prudent upper estimate of likely costs, based on the information held to date, is closer to £5m.
25. All of the funding receivable within this programme will be received by Hampshire County Council as the Upper Tier Local Authority. For settings and programmes run by the district councils the funding will be transferred from Hampshire County Council to each respective District to cover any costs incurred with the set up and ongoing operation of each testing site. For areas where the County Council is providing venues and staff, funding will be allocated according to spend.
26. In the event that any of the eleven proposed schemes incur costs that are not recoverable from the government within the funding regime as it stands, it is proposed that the Contain Outbreak Management Fund (COMF) is available to offset these costs as a last resort after further negotiation with DHSC. This would be applicable for both County Council led sites and District Council led sites. This safety net is proposed specifically to cover situations where: the demand for tests is lower than expected and the funding does not cover all of the costs; and where costs are incurred to prepare sites for the commencement date in advance of funding being confirmed in instances where funding is not subsequently agreed. Without the latter assurance in place it could possibly delay start dates by a further two weeks.

Performance

27. A Hampshire Community Testing Working Group has been set up to provide specific oversight for the Community Testing programme in Hampshire. This group will report to the Strategic Testing Oversight Group (STOC) and Hampshire Health Protection Board via the Outbreak Control Working Group.

Consultation and Equalities

28. Communications and engagement will be key to the success of this programme, in ensuring uptake of testing and appropriate isolation. A clear communications and engagement plan will be developed, encouraging attendance and appropriate behaviour following a positive test. This plan will be developed alongside our District partners to ensure they are appropriate to geographic areas and local communities. Communications will be produced in additional languages to target particular local communities where required.
29. An Equality Impact Assessment has been undertaken on all protected characteristics. This has highlighted potential variations in uptake of testing as follows:
- **Age:** The community testing offer will be available to all working age groups (16yrs and above) and communications will be targeted at people going out to work, regardless of age.
 - **Disability:** There is the potential for lower participation rates in people with mental ill health or learning disabilities due to the nature of the test (swabbing the nose and throat) and subsequent isolation requirement following a positive test. Testing sites will have a risk assessment completed which will take into account issues of accessibility to ensure that people of all abilities are able to access sites.
 - **Race:** Evidence suggests lower uptake of testing amongst people from minority ethnic groups compared to others. We will work closely with our district partners to engage with local communities, specifically targeting people from Black and Minority Ethnic groups.
 - **Deprivation:** Evidence has shown lower uptake of symptomatic testing for people with low incomes, due to a number of factors including the impact of isolation on lost income. The communications and engagement plan will target people from deprived communities, with communications including signposting for available support where isolation is required such as self-isolation payments.

Risks

30. There is a risk that the financial allocation provided by the Government to cover the cost of any claims associated with the setting up and operating the sites may not fully cover costs.
31. There is a risk that workforce requirements for staff to run the sites will not be met. We are working closely with our partners across the HIOW LRF to scope

workforce requirements and provision of an appropriate workforce from across different sectors.

32. There is a risk that the targeted group will not attend for testing and/or will not isolate following a positive test. To address this, actions will be co-ordinated with District Councils to ensure there is a clear communication and engagement with the targeted population informed by local data and intelligence. We are working closely with the roll out of the Local Tracing Partnership to ensure consistent messaging and links to appropriate support where isolation is required.
33. There is a risk that the indemnity cover communicated by the Secretary of State for Health and Social Care may not cover all of the intended activities, and, may not extend to operations of the sites post 31 March 2021. This risk is not unique to Hampshire and discussions are ongoing with the DHSC to clarify this further.

Conclusions

34. The proposal to the DHSC for community testing will include one site for asymptomatic testing in each district across Hampshire, targeted at key occupations who currently have to leave home to go to work. We are working closely with partners across the HIOW LRF, health and social care and with our Districts to ensure proposals and delivery are in line with national requirements and tailored to the needs of our local population.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

This proposal does not link to the Strategic Plan but, nevertheless, requires a decision because:

Due to the current public health emergency, approval is sought to spend and enter into a collaboration agreement with the Department of Health and Social Care (DHSC) to establish Asymptomatic Testing Sites in Hampshire.

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

- 2.1. One Asymptomatic Testing Site (ATS) will be set up in each Hampshire district. An initial proposal has been submitted for Rushmoor, with further submissions for the remaining districts planned. The programme focus will be on people who cannot work from home, including critical and key workers. These workers will be invited to undertake LFD tests twice a week, with a 3-to-5 day gap in a seven day period through visiting an ATS in their area. This programme is proposed to run for an initial 6- week period for any test undertaken before 31 March 2021.
- 2.2. We are working with multiple partners including Districts, health and social care and the Local Resilience Forum, on the operational aspects of programme delivery and on communication and engagement plans. Due to the state of the pandemic this is being done at pace to enable rapid progress in line with national requirements. Communications and engagement will be key to the success of this programme in ensuring uptake of testing and appropriate

isolation, and these will be tailored to each District to exploit existing community relationships. The programme will also build in an ongoing incident reporting and public feedback mechanism at each ATS to support service performance and evaluation.

- 2.3. The community testing offer will be available to all age groups and communications will be targeted at people going out to work, regardless of age. However, uptake of testing may vary across age groups: - Evaluation from initial pilots of untargeted mass testing in Liverpool found lower participation rates in younger adults when compared with older age groups. (<https://www.liverpool.ac.uk/media/livacuk/coronavirus/Liverpool,Community,Testing,Pilot,Interim,Evaluation.pdf>). Efforts will be made to mitigate this through the communications and engagement plans that will focus on occupations who cannot work from home, who on average tend to be younger than those who can work from home. This may include the use of age-appropriate radio stations and social media. - There may be lower participation in people who are digitally excluded. Work is underway to scope the booking system, which includes the potential for alternative provision for people who do not have access to online booking (e.g. telephone bookings, or allowing some leeway for walk-in appointments). Once attending testing sites, assistance will be available to assist people with the registration process.
- 2.4. There is the potential for lower participation rates in people with mental ill health or learning disabilities due to the nature of the test (swabbing the nose and throat) and subsequent isolation requirement following a positive test. - Testing sites will have a risk assessment completed which will take into account issues of accessibility to ensure that people of all abilities are able to access sites. - We are working with colleagues across HCC to ensure communications and provision take into account the range of needs and abilities. This will include specific communications around consent and data privacy in line with national requirements. Targeted communications to carers and staff working in adult social care who cannot access testing through the national programme will take place.
- 2.5. Evidence suggests lower uptake of testing amongst people from minority ethnic groups compared to others. We will work closely with our district partners to engage with local communities, specifically targeting people from Black and Minority Ethnic groups. This will include translated communication materials and work alongside the Covid Community Champion programme.
- 2.6. Evidence has shown lower uptake of symptomatic testing for people with low incomes, due to a number of factors including the impact of isolation on lost income. The communications and engagement plan will target people from deprived communities, with communications including signposting for available support, including self-isolation payments.
- 2.7. The proposal to DHSC is currently for one asymptomatic testing site in each district in Hampshire. In order to reach numbers of people, it is likely that these sites will be located in densely populated areas of the county which may pose a disadvantage to people in rural areas. This will be kept under review.