

20th November 2020

Dear Mr Clark and Mr Hunt,

Thank you for your letter of 13th November following the Health and Social Care and Science and Technology Committees. I have set out answers to your questions below.

You asked about the statistics for contact tracing in Blackburn with Darwen. The targeted contact tracing operation in the city showed the benefits of the local and national working together. The focus for the first 24 hours after each test was on the national teams in order to reduce the total volume of individuals that need to be contacted by local teams. The remaining index cases were then passed over to local teams so that they could target their expertise to the most difficult to reach cases.

As you say, the 87% figure quoted in the 28 May – 28 October data covers the percentage of all referred cases in Blackburn with Darwen that were subsequently contacted, regardless of whether this was by a local or national contact tracer. We use this as a primary metric because it captures the success of the whole system; the national contact tracers provide critical contact tracing capacity, whilst the local contact tracers provide the on-the-ground expertise necessary for the most difficult to reach contacts.

We recognise that it is a priority to get more granularity in this data so that we can better understand which team has contacted a specific person. This is not currently captured in aggregate due to the rapid pace at which we have had to scale the system. However, the 89% success rate in Blackburn with Darwen demonstrates the success of the operation in utilising the available capacity and skills at a local level which feed into the national system. We are constantly iterating and improving our systems, including looking into how we can improve our capacity to provide the kind of aggregate data that you reference.

You also asked about the basis for my response when asked about remarks given to the CBI in September. For clarity, I agree that clear, easily understood communications are central to an effective Covid response. New technologies and capabilities have the potential to give us more of our lives back and we continue to invest in delivering the most cutting-edge technologies. However, they are not the silver bullet and my remarks about the business potential of rapid flow tests at the CBI in September were not intended to give that impression. Social distancing and excellent public health strategies remain at the heart of an effective Covid response.

You listed a number of further questions around the programme's spending, which I will answer below.

- 1. The monthly expenditure of NHS Test and Trace, since it started until the last month for which figures are available.**

Test and Trace

The monthly expenditure of NHS Test and Trace is as follows: in April, £91.1 million; in May £97.5 million; in June £449.9 million; in July £287.5 million; in August £239.1 million; in September £1.5 billion.

2. How much of that expenditure in answer to question 1 is spent monthly on testing, contact tracing and other functions.

The breakdown of spending into testing, contact tracing and other functions is set out in the table below. 'Other' functions include the development of NHS Covid-19 App (£14 million), spending on media and technologies (£130 million), the Joint Biosecurity Centre and the Office of National Statistics (£209 million), the 'Contain' function (£317 million) and corporate departments such as HR and Finance (£40 million).

Table 1: Breakdown of spend across test, trace and other activities for YTD.

Programme Area	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Year to Date
	£m	£m	£m	£m	£m	£m	£m
Test	90.5	93.5	75.3	109.2	120.7	1,039.1	1,528.2
Trace	-	-	52.9	111.9	58.9	207.8	431.6
Other	0.6	4.0	321.7	66.5	59.4	258.3	710.5
Grand Total	91.1	97.5	449.9	287.5	239.1	1,505.2	2,670.3

3. How much has been spent overall on contact tracing across centralised contact tracing and local contact tracing

You also asked about the overall figures for contact tracing. The overall trace spend is split into two: national trace spend (set out in the table above) and local trace spend (which is allocated via the Contain Division which is responsible for local authority relationships).

Test and Trace

- Most spending on **centralised contact tracing** is incurred by the Trace division of NHS Test and Trace. In the YTD, this spend amounted to £431 million. This is set out in the table above and includes costs for central contact tracing (£255 million) and also central operating costs (£176m). Central operating costs include spend on National Health Service Professionals and 119 call centres.
- Alongside this, most spending on **local contact tracing** is funded via a special grant to local authorities. The Contain Outbreak Management Fund (COMF) provides funding for local authorities to allocate based on their local situation.

Funds from the COMF are allocated with a broad scope, recognising that Local Authorities will be best placed in understanding their region and deciding how money should be used for local test, trace and contain activities e.g. additional contact tracing. Whilst we expect that the amount spent on local contact tracing to be a great proportion of the money allocated, this is left to the judgement of the Local Authority.

In September 2020, the fund (and its predecessors) had allocated £312.5 million to local authorities to spend in ways that make sense for their local communities. This includes, but is not limited to, local contact tracing.

4. To confirm who is in control of allocating expenditure across centralised and local contact tracing.

Both national and local contact tracing is funded through the budget allocated to NHS Test and Trace from the Treasury. This expenditure is controlled by the delegated budget authority in NHS Test and Trace. Local contact tracing spend is delegated further to local authorities, who fund spend via the Contain Outbreak Management Fund.

5. To provide a breakdown of how the excess £2bn of funding, outlined in the Winter Economy Plan (over the £10bn announced in the July Plan for Jobs) will be allocated

The £10 billion and £2 billion referred to in the 'Winter Economy Plan' are not specifically related to NHS Test and Trace budget.

NHS Test and Trace does have a 'Winter plan' which intends to increase testing from 500k tests per day (funded through an initial £10 billion) to 800k tests per day (funded through an additional £2 billion) achieved through the steps below:

- Establishing three new Lighthouse Labs - in the North East, South East and South West of England.
- Increasing throughput at existing Pillar 2 Lighthouse labs
- Increasing contracting with commercial partner labs
- Increasing NHS capacity within Pillar 1

Test and Trace

6. To provide the data for what proportion of positive cases adhere to self-isolation and the proportion of contacts who adhere to self-isolation.

A Department of Health and Social Care survey focusing on close contacts of confirmed cases who entered CTAS between 25 August – 14 September found that full compliance with self-isolation is around 53%. However, most breaches seem low risk. Of those who do not comply, around 92% have no non-essential contacts. For example, they may go for a walk alone at midnight. Some breaches are riskier, and 8% of those who do not comply do have non-essential contacts with others. Furthermore, analysis of CTAS data shows that around 85% of those who are contacts and go on to become cases have no non-household contacts.

Although both above surveys are useful in understanding public behaviour, they do not include confirmed positive cases in their cohorts. On 16 November 2020, the DHSC isolation survey was re-launched aiming to survey 1,000 cases and 1,000 contacts per week. This survey will move to be delivered by ONS and will then be aiming to reach 1,000 of each per month. This will help to assess what proportion of positive cases adhere to self-isolation.

More generally, polling, surveys and anecdotal feedback from directors of local public health show adherence to self-isolation, particularly for individuals from low-income backgrounds, is linked to the support that is available. This is why the Government has introduced the Test and Trace Support Payment scheme. Under this scheme, people who are asked to self-isolate by NHS Test and Trace and on a low income, unable to work from home and will lose income as a result, may be entitled to a payment of £500 from their local authority. This is in addition to any welfare benefits and Statutory Sick Pay that they are currently eligible for. Individuals can also access other support from their local authorities, as well as assistance from NHS Volunteer Responders. We will also continue to work with our local authority colleagues to assess what other support could be made available to people who are asked to self-isolate and suffering from hardship.

7. To provide data on the proportion of tests booked which are then carried out.

Since May there has been a steady improvement in the successful completion of booked COVID tests rising by 4% to the current level of 91%. These figures demonstrate that the overwhelming majority of people who book a test, complete the test.


MONTH	% BOOKED TEST COMPLETED (Actual)
May	87 (65066)
June	88 (559241)
July	90 (852635)
August	89 (1300578)

Test and Trace

September	90 (1546893)
October	91 (2145759)

Thank you for your letter and your continued focus on and support for NHS Test and Trace. We continue to work hard as a part of the Government's pandemic response.

Yours sincerely,



Baroness Harding