

From the Permanent Secretary and Chief Executive of UKHSA
Sir Chris Wormald and Dr Jenny Harries



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Rt Hon Dame Meg Hillier MP
Chair of Public Accounts Committee
House of Commons
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Sent via email to: pubaccom@parliament.uk

16 December 2021

Dear Chair,

**RE: Public Accounts Committee, Twenty-Third Report of Session 2021-22
Department of Health and Social Care Test and Trace - Update**

The above named report asked the Department of Health and Social Care (DHSC) and the UK Health Security Agency (UKHSA) to write to the Committee in relation to three of the recommendations. We are writing to the Committee to set out the information requested.

PAC Recommendation 2: DHSC/UKHSA should write to the Committee, by the end of November, setting out which groups are most underrepresented in its testing programme and what plans it has to drive up public engagement with NHST&T, with a particular focus on these groups.

The UKHSA is continuously looking for ways to improve engagement with COVID-19 testing, with a particular emphasis on underrepresented groups. The UKHSA draws on a range of data and insights to understand how different groups are using NHS Test and Trace services, including via surveys, the NHS COVID-19 app, testing data and other research. Over the pandemic, most groups in the population made use of testing services at a similar rate - our concern about representation is that those groups at higher risk of infection did not make greater use of tests.

There are intrinsic limitations to self-reported data, meaning we cannot draw firm conclusions as to the precise levels of engagement among different groups. For example, there will be some people who 'self-test' to check their own status but do not

report results, and some who report results but do not provide additional personal details which would help to measure demographic reach. Recognising there may still be gaps in the data available relating to those not engaged with COVID-19 testing or other local health interventions, the UKHSA has commissioned a multi-wave survey to understand attitudes, compliance with national guidance, behaviours across the user journey (testing, tracing, isolation), and barriers to engagement. .

The Targeted Community Testing programme evolved in July 2021 into a service dedicated to reaching disproportionately impacted people and those who are underserved by the national universal testing offer. Based on our research, data and insight from local government, and voluntary and community sector partners, priorities for improving engagement include:

- people in areas of social economic deprivation
- those in high risk occupations
- residents in multi occupancy households
- Black, Asian and other minority ethnic groups
- people experiencing homelessness or rough sleepers
- migrants, asylum seekers or refugees
- Gypsy, Roma Traveller communities

This programme is designed and delivered by local authorities and their partners, within a national framework. The tests enable the detection of positive cases of people who are infected but do not have symptoms and could be unwittingly spreading the virus. The programme uses an 'outreach' model to take testing to the heart of disproportionately impacted communities. Local authorities and their partners use a range of models to reach these groups including:

- hyper local targeting of small areas and / or community venues, door to door distribution and 'pop up' sites to distribute self tests
- 'supervised testing', again in areas familiar to and easy to access for our priority groups, in which the citizen is supported to take the test and to register the results of the test there and then

Local authorities, often working with voluntary and community sector partners, draw on local experience and intelligence to focus on priority groups using:

- methods and approaches that best suit the needs of communities
- local trusted voices
- familiar community venues and agile methods

This approach is taking testing to the heart of disproportionately impacted and underserved communities that may not otherwise actively seek out services. Local authorities have reported that this has improved access to testing for these groups by allowing them to increase targeted activity, for example by targeting places and through mobile test vehicles. Increasingly, community testing services are joining up with vaccination services to provide underserved groups with both options. UKSHA collects regular monitoring information from local authorities to ensure that they reach their disproportionately impacted and underserved groups.

The UKHSA continuously seeks new ways to promote and encourage public engagement with testing, with a particular focus on engaging underrepresented

groups. It has introduced several programmes and communication routes to drive uptake in different groups, including by:

- working with local government and voluntary sector organisations to understand the factors affecting uptake of testing and to co-design services to support this
- delivering multi-channel targeted communications and campaigns, including social media and influencer campaigns, foreign language channels, translating material into over 200 languages and tailoring communications to account for cultural differences
- providing the multi lingual 119-telephone service for those who are not able to use digital technology as easily
- ensuring that those with visual or hearing impairments can access PCR testing via the Be-My-Eyes app and British Sign Language (BSL) services through 119
- ensuring the NHS COVID-19 App is as accessible as possible across all communities – users can book tests through the app and all close contacts notified by the app are advised to take a test with the option to remain anonymous
- working with faith organisations and local media to use the winter festivals in delivering messages to people on the ground who do not see national campaigns for instance the recent campaign through social and written media for Diwali and Guru Nanak's Birthday (which was disseminated widely via faith group communities with messages in English and South Asian languages to ensure maximum reach). A similar approach has been adopted for upcoming celebrations, including Christmas

The UKHSA will continue to refine its data collection and routes of engagement as we move through the next stages of the pandemic and ensure that all COVID-19 services remain as inclusive as possible.

5) PAC Recommendation: *UKHSA should write to Committee by the end of November 2021 detailing how it will reduce its dependency on consultants and write to us again in March 2022 and June 2022 setting out its progress against this.*

The consultancy ramp down programme for NHS Test and Trace is ahead of plan. Since February 2021, 1,356 management consultants (52% of the previous total) have left the programme. This is 186 more than the agreed performance plan. Management consultants now make up 27% of the workforce.

Consultants now form the lowest proportion of the workforce (compared with contingent labour and civil servants), with contingent labour taking over in the short term in line with the strategy. Use of contingent labour is better value for money than consultants, reducing the cost base. Since March 2021, there has been a steady increase in the proportion of roles filled by civil servants, although progress has slowed down as increasing numbers of loanees have returned to substantive roles in other departments.

The UKHSA continues to recruit civil servants to replace remaining management consultants as far as possible. COVID-19 response roles are generally offered on the basis of short-term loans, secondments and fixed term appointments to avoid a

permanent increase in the size of the organisation; however, these are often less attractive, which reduces the supply of candidates. Work is underway to determine the strategy for managing future health threats and this will provide the longer term certainty to enable the UKHSA to develop a sustainable resource plan with the agility to flex resources to reflect changing priorities and demands.

We will provide a further update, as requested, in March 2022. This will reflect future changes in the nature and scale of testing and tracing services as the government's COVID-19 response continues to evolve to reflect changing circumstances.

PAC Recommendation 6: The Department and UKHSA must urgently provide clarity to local government and other stakeholders about the future operating model. As part of this, it should ensure local authorities and other stakeholders have the resources to deliver their parts of the process. It should write to the Committee to provide an update on progress by the end of November 2021.

Ways of working remain in line with the pre-existing arrangements including strong relationships with local authorities, the NHS, the devolved administrations and other partners that were built before the pandemic by Public Health England and strengthen during the pandemic through the work of PHE and NHS Test and Trace. Throughout the pandemic we have continuously strengthened the way in which we work with our partners for example: The UKHSA regional teams worked with the Liverpool City region to build a pilot around the surge testing. This was a massive undertaking and very successful in helping develop operational strategies in testing. The UKHSA has committed to co-designing its future operating model with local government, the NHS, the devolved administrations and other partners and stakeholders. The UKHSA created the Regional Partnership Team specifically to support the relationships between local and national government.

We have established a Policy and Operations Co-Design group with representatives from local government, Directors of Public Health, the Faculty of Public Health, the Society of Local Authority Chief Executives, the Local Government Association. We use this group to gain early feedback on our thinking and to help develop both policies, their implementation and our thinking about future UKHSA operating models.

Throughout the pandemic, PHE and now the UKHSA has invested in its regional teams, whose role is dedicated to working with and supporting local authorities to manage their response to the pandemic. The [Contain Framework](#) (updated in October 2021) sets out the respective roles and responsibilities of local partners and the UKHSA in managing the COVID-19 response and the support local authorities can expect from regional and national teams.

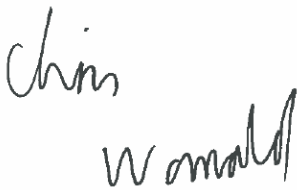
The UKHSA continues to engage directly with local authority chief executives, directors of public health, professional bodies and associated local partners. The UKHSA will build and strengthen these effective partnerships to create a future operating model that facilitates the co-design of policies and responses on health security.

The Contain Outbreak Management Fund (COMF) is the primary source of funding to support local authorities' public health response to Covid. The COMF has distributed £2.1 billion to English local authorities since June 2020. It is expected that all funds

will be spent by the end of March 2022 and local authorities are required to submit monthly monitoring forms detailing how the funds have been spent. Future funding requirements are actively being considered.

As decisions are made on Spending Review allocations, the government and the UKHSA will be in a position to provide local authorities with greater clarity on future resources.

Yours sincerely,

Handwritten signature of Sir Chris Wormald in black ink.

Sir Chris Wormald
Department of Health and Social Care

Handwritten signature of Dr Jenny Harries in purple ink.

Dr Jenny Harries OBE
UK Health Security Agency