

Written Evidence submitted by Jade Hall on behalf of Cllr Ian Hudspeth, Chairman, LGA Community Wellbeing Board

Covid-19: Test, track and trace - Part 1

I am writing as Chairman of the Local Government Association's (LGA) Community Wellbeing Board to share our analysis ahead of your Committee's inquiry into Covid-19: Test, track and trace - Part 1.

It is important to note that, even before the pandemic took hold, public health services were extremely stretched. Years of significant underfunding, coupled with rising demand and costs for care and support, have combined to push public health services to breaking point. Public health grant funding has been reduced by over £700 million in real terms between 2015/16 and 2019/20 and the LGA has long called for investment in public health services to be increased. There was no new public health funding for councils in the recent Spending Review, despite the ongoing pressures caused by the pandemic, making tackling long-standing health inequalities exposed by COVID-19 incredibly challenging. Keeping people healthy and well throughout their lives reduces pressure on the NHS and social care.

Since the COVID-19 pandemic emerged last year, the LGA has been consistently making the case for councils to have necessary powers, resources and authority to be able to lead the response locally and tackle outbreaks swiftly and effectively. This pandemic has proven the value of local knowledge and leaders, supported by regional and national coordination. In our view the Government should use this opportunity to strengthen local public health and improve integration across health and care, backed up by necessary funding.

Experience of the test and trace system to date has shown the advantages local authorities have over national systems in being able to identify those who have been exposed to COVID-19 and working with their communities to slow and stop community transmission. The most recent test and trace figures prove again that councils' public health teams, with their unique expertise and understanding of their communities, have more success in reaching complex close contacts of positive cases, where NHS Test and Trace has been unable to do so. In October 2020, the LGA estimated that local contact tracing systems have a 97.1 per cent success rate at finding close contacts and advising them to self-isolate, compared to 68.6 per cent of close contacts being reached by national Test and Trace. If more contact tracing had been undertaken locally significantly more cases could have been successfully traced over the last month. The National Audit Office published an interim report on 11 December 2020 into the Government's approach to test and trace. It found that COVID-19 testing and tracing was rapidly scaling up but was not yet achieving all its objectives, with too few test results delivered within 24 hours, and too few contacts of infected people being reached and told to self-isolate.

The Government is right to recognise the urgent need to build upon these successful local efforts to address the current inadequacies of the national scheme. On 20 November 2020 we published [suggested steps for increased localisation of testing and tracing](#), detailing why we believe that greater local oversight and involvement with testing and tracing would provide a number of benefits and how, in our view, this could be achieved.

More than 200 councils have now launched their own locally-supported contact tracing arrangements, which continue to reach the vast majority of complex cases assigned to them.

Councils need to be able to localise services at different speeds, to reflect both their capacity and situation on the ground in terms of Covid-19 cases and workload. To build upon these local efforts and reduce the spread of infection, councils need clearer, more precise information on who they should be trying to contact as soon as possible. Local teams need accurate and complete data from the Contact Tracing Advisory Service (CTAS) to support them in this role. This should include details such as occupation and workplace, working with police and others to share local intelligence, alongside the right resources including funding and recruiting extra personnel to work on the ground and respond quickly to outbreaks.

Increasing community testing, particularly as is proposed for all schools when current restrictions are lifted and they are allowed to open, in addition to maintaining and improving local contact tracing will add further pressure to already overstretched council budgets. Councils want to work with schools and local health teams to do all they can to ensure staff, pupils, parents and visitors can be in school settings, safely and securely, without risk of passing on COVID-19. Councils recognise the importance of children being in schools and educational settings and share concerns about the impact on educational attainment gaps through extended absence from school. The role that testing and tracing will play in the primary school setting needs to be clear going forwards so local areas can prepare for the huge logistical challenges in ensuring this is done effectively, as is currently being undertaken with secondary schools. As with secondary schools, we will need clarity about who will be responsible for administering the tests, whether it will be teachers, school nurses, military, agency works or volunteers carrying these out and exactly what costs will be covered.

While we are pleased Government will provide much-needed additional funding for areas at alert level 3 and that councils will also benefit from a further £1 billion relating to wider COVID-19 cost pressures, it is not clear whether the savings made in the last two months by reducing the number of contact tracers in the national arrangements from 18,000 to 10,000 will be passed on to councils. At the point of writing we do not have clarity on funding arrangements for alert level 4. We await further details on whether the additional funding for areas on alert level 3 is expected to cover local contact tracing activity, and what funding might be available to councils on a lower alert level than level 3 for contact tracing so they prevent their areas alert level being escalated.

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