Track & Trace – Southend-on-Sea Seekers

Background

On 27 May 2020 the Department of Health and Social Care announced that people who test positive for Covid 19 will be contacted by the Test and Trace service and will need to share information about their recent contacts. Those who are identified as having been in close contact with someone who has a positive test will be advised to self-isolate for a period of time (14 days or 10 days).

If a contact is not able to be made by the NHS National contact tracing
service after 32 hours Local Authorities have been tasked with the responsibility to contact the individual. The initial phase of contact is made by the Essex and Southend Contract Tracing Service (ECTS) this process allows an additional 48 hours for contact to be made. If contact is not able to be made by this means, the Southend-on-Sea Borough Council Track and Trace Seekers Team will attempt to enhance the data given to make contact the individual by phone firstly and if unsuccessful followed up by a visit to the residents address.

The initial action taken by the Southend-on-Sea Borough Council Track and Trace Team is to try to contact the person by telephone using the contact numbers provided. Under legislation this can include using locally sourced data to enhance the ability to contact residents.   If contact is not able to be made by this means, the next action would be to send a team of 2 Seekers to knock at the address they have provided.

The role of the Seeker is to "reach to engage" with the positive case and ensure their well-being whilst self-isolating and those in the household and also to encourage them to complete track and trace for all their close contacts. Support to self-isolate in a safe and complaint way is offered via the Councils Covid Helpline should support be needed for food deliveries, medication etc.

Since its inception in October 2020 the team has reviewed 920 cases. Of these, 49% of cases were successfully contacted by the team equating to a 20% closure rate in CTAS. A breakdown of seeker activity is included below:

Case outcomes	Summary	%
Closed - Advised resident is deceased	6	1%
Closed - Contact made*	283	31%
Closed - in hospital	75	8%
Closed - no contact	140	15%
Closed - refer back to Provide	35	4%
Closed - SBC Decision	73	8%
Closed - Seeker contact by phone*	176	19%
Referred to Contract Tracing	1	0%
Referred to Infection Control	17	2%
Referred to School Settings	99	11%
Referred to Vulnerable Settings	15	2%
Grand Total	**920**	**100%**

* is where contact made and case agrees to contact Essex & Southend Track & Trace

What worked well

- Engaging with the public at a time at the height of the pandemic has provided a number of benefits:
    a. Providing a visible face to the councils COVID response by focusing on seeking co-operation, rather than enforcement

b. a useful source of local intelligence leading to onward referral where businesses potentially breaking COVID rules
c. Trained staff able to deal sensitively with families whilst capturing information needed:
    i. who have relatives unwell or (on occasion) deceased
    ii. supporting vulnerable residents unaware of support available to them (and escalating through the Covid Helpline on occasion)
d. Partnership with Essex Police (OpTalla) – proved very useful for cases where the resident may be uncooperative or there was a peripheral wellbeing concern.
The more vulnerable residents (or their neighbours) proved more inclined to engage where a uniformed officer was present. On a small number of cases it has proved useful to remind residents of the legal requirement to isolate.
e. Having a core team of seekers on call enabled flexibility to match case demand
    i. This was supplemented with redeployed SBC staff
f. Creation of process flows to clearly map the process and hand offs e.g. using OpTalla Community Policing to support cases (note: this has also been mapped for the Contact Tracing Cell as well).
g. Utilising MS365 have been able to semi-automate case management using Power Automate – this has reduced case input from 1-2 hours daily to circa 15 minutes
h. Moving spreadsheet data received into SharePoint has been very effective in enabling secure collaboration across the team to access cases securely
i. Have the flexibility to enhance data easily and not dependent on third parties
j. Use of MS Teams to co-ordinate activities has greatly improved communication across the seeking team. For example, a daily cases 'chat' is created to communicate with seekers on call to advise number of cases and any pertinent information (note: does not include case information)
k. Seeker risk assessment for role currently level 7. This provided flexibility with using seekers to support other cells where contact with the public necessary e.g. setting up and assisting covid testing sites

- **Lessons learned**
  - The ability to share data with Essex to ensure follow up of contacts could be improved – this should be delivered if/when the council moves to the new contact tracing system (ITS)
  - Contact between Provide and SBC teams is quite manually intensive by use of spreadsheets and emails
  - Systems access for SBC to the Essex CRM took 4 months which has hindered the ability to review and engage on cases where contact successfully made.
  - Hand offs between TTCE cells has not always been clear and needs to be clarified to avoid confusion
  - Roles and responsibilities between cells are not always clear
  - Needs a defined process for sharing confidential case data internally and externally
  - Review and upskill staff to utilise new technology to enable secure collaboration (specifically MS365)

- **Options for next steps**

Tactical Track & Tracing (whilst using CTAS)

- Existing processes
  - Train staff to use CTAS to undertake Case handling at a local level (by passes Provide and contractual issues?) Not sure if the cost/benefit stack up if moving to ITS in 2-3 months but is an option
- Provide continue to use existing model, albeit with changes to data if/when move to using ITS

- Ascertain FTE that Provide use to support Southend-on-Sea cases currently to help shape resource requirements
- Outbreak control
  - Retain a pool of staff trained to undertake case management
    - Tweak existing roles so that they support, say one day a week to retain knowledge
    - Gain agreement at CMT that staff trained in Track & Trace could be called upon to assist any Outbreaks – activation of this managed through Silver? NOTE – similar process could apply to the strategic model to enable rapid response depending on size of outbreaks (e.g. VOC etc)
- Standard Track & Tracing (individual cases) move to SBC handling cases:
  - Case phone calls could be managed through HelpLine/Customer Service Centre and they could update ITS (CTAS) directly
  - Could be supplemented by as when staff (existing seekers?)
  - If using the helpline need to agree hand offs for cases that would require visits
  - National continue to provide call handling that can supplement any surges in cases
- Complex case management?
  - Currently advised this is 'in development' – SBC will need to analyse the impact of adopting ITS ahead of CCM functionality being available.

Strategic Track & Tracing (move to ITS and undertake T&T through SBC)

- When moving to ITS set up SBC as 'owners' and provision Provide staff so that they can continue case handling
  - In simple terms, If a decision made to take all T&T in house you would only have to remove the Provide users access to the Southend 'unit'
- When moving to using ITS there is an opportunity to set up SBC and then implement changes incrementally
  - System is owned by National T&T
  - For SBC set up users from SBC and Provide
    - We can then choose which cases to pull down early and action – in theory this could work well for individual cases
    - SBC can decide which cases to pull down early from National
    - National continue to provide call handling that can supplement any surges in cases
    - Enables early adoption but also gives time for the complex settings cell to complete their analysis and implementation plans?