



Report sponsor: Rachel North, Deputy Chief  
Executive (Communities and Place)  
Report author(s): Robyn Dewis, Director of  
Public Health

## **DPH Led Rapid (Lateral Flow) Testing in Derby City**

### **Purpose**

- 1.1 To obtain approval to the establishment of DPH (Director of Public Health) led Rapid Lateral Flow COVID-19 testing service in Derby City for asymptomatic residents.

### **Recommendation(s)**

- 2.1 To delegate authority to the Strategic Director of Communities in Place in consultation with the Director of Public Health and following consultation with the Director of Legal, Procurement and Democratic Services and the Cabinet Member for Adults, Health and Housing to establish and operate a Rapid Lateral Flow COVID-19 testing service in Derby from mid-January 2021, for the testing of asymptomatic individuals.
- 2.2 To agree that the Rapid Lateral Flow COVID-19 Testing in Derby be focused on high-risk client groups, to be identified by the Director of Public Health.
- 2.3 To delegate authority to the Strategic Director of Communities in Place, following consultation with the Director of Property Services and the Director of Public Health, to negotiate and enter into a licence/lease of suitable premises to be used for the establishment and operation of a city centre Rapid Test centre from mid-January 2021.
- 2.4 To note the establishment of an emergency working group with representatives from Public Health, Customer Services, HR, Communications, Facilities Management, IT, Data Protection and Change Derby to help implement the Testing Service; this working group will report into the COVID Programme Board, chaired by the Strategic Director of Communities and Place.
- 2.5 To delegate clinical sign-off of the amended Standard Operating Procedure to the Director of Public Health.
- 2.6 To approve addition of the budget and expenditure to capital or revenue budgets as appropriate, and to approve the appropriate accounting adjustments at year end to reflect requirements in 2021/22.

## **Reason(s)**

- 3.1 All Local Authorities are able to undertake DPH led lateral flow testing for up to 10% of their population per week. This is a tool to help identify individuals who have COVID-19 but do not have symptoms and may inadvertently be spreading the virus. A targeted approach ensures a faster set-up response and ensures the greatest benefit whilst reducing potential harm. This can also be used to develop testing at greater scale if required.
- 3.2 Using Lateral Flow tests to identify asymptomatic individuals in target groups could reduce the transmission of COVID-19 in the city, especially if testing is offered to those groups who are working in frequent contact with members of the public, increasing the risk of contracting and spreading the virus. Client groups are being reviewed and may include:
- Front line council workers not already part of a testing regime
  - Police (patrol officers and Community Police Officers)
  - Front line staff of partner agencies e.g. Derby Homes

Inclusion of groups will require agreement from partners, as there are business continuity risks associated with the regular asymptomatic testing.

Deployment in January 2021 is important as it will focus testing during an expected period of increasing prevalence, anticipated following the Christmas relaxation of household mixing.

## **Supporting information**

- 4.1 Using Lateral Flow Testing kits, which operate in a similar way to home pregnancy cartridge kits, results can be known within 30 minutes of a test and processed on the same site where the test has taken place. There have already been mass community testing pilots in Liverpool and Merthyr Tydfil, alongside the deployment of tests to specific key workers including NHS frontline staff and social care staff. Those tested as positive are then referred to NHS Test and Trace where the individual will be asked to take a PCR (Polymerase Chain Reaction) test to confirm the results.
- 4.2 As part of the introduction of the new tier system, the government announced they will support local authorities to deliver rapid community testing in whatever way best meets the needs of their citizens. The DPH-led Rapid Testing Programme will offer local authorities in Tier 3 the opportunity to apply to trial a sustained testing regime (for an initial period of six weeks). Local Authority Directors of Public Health will be able to develop approaches that will work for their community, with additional national support and funding.

- 4.3 **Resource Requirements and Funding** – The NHS has provided a ‘Workforce Blueprint’ to identify potential staffing structures and associated costs. Based on their workings for a comparable site, staff costs would be in the region of £165k for a 3 month period. Officers are in the process of refining the template workforce to best suit local needs, to ensure we fulfil the clinical requirements set out in the Standard Operating Procedure and to reflect the experience gained at rapid test centres that are already operational. We are also working with colleagues to develop other project cost estimates, including site set up, consumables and potential property costs.

The Council has already received £2.058m in COVID outbreak funding, and there is capacity to pay for the proposed rapid test centre from this allocation. We recommend allocating circa £0.3m for the initial rapid testing site. The Council’s proposed programme will meet the grant requirements as the programme will provide ‘targeted interventions for specific sections of the local community and workplaces.’

**Communications** – A targeted communication plan is being drawn up with DCC’s Communications and Marketing Team.

**Limitation of Tests** – The tests are less accurate than the current Pillar 2 PCR tests. This means that there is a risk of positive individuals being given a negative result and negative individuals being given a positive result. These issues can be mitigated by each positive test undergoing a PCR test and all negative individuals being regularly and repeatedly tested. The accuracy of the test can be improved by testing populations that have a higher prevalence of the virus. It is also believed that testing by operatives who are familiar with health care or lab settings provide more accurate results.

A positive result can only reduce the spread of the virus if contacts are identified and both the cases and contacts are supported to self-isolate.

The testing regime is only as good as the number of people we test and who are referred to PCR testing (Test and Trace) then follow the rules for self-isolation after a positive test.

**Timescales** – A project team and Public Health are working with partners at Derby University and in the private sector to deliver an initial test site, staff resource and clinical support.

**Working with partners** – Derbyshire County Council are rolling out a programme of Lateral Flow Testing with support from Central Government and the Ministry of Defence, we will work with partners in the County Council, the CCG and Derby University to explore future testing opportunities in the City.

## **Public/stakeholder engagement**

- 5.1 Partners will be engaged via the LRF and other local structures and a county response developed where relevant. DCC will offer testing to those partners identified who live and/or work within the City.
- 5.2 Further engagement will be completed with other sectors once the capacity of the testing centre has been established.

## Other options

- 6.1 Self-testing – Given the Lateral Flow test's level of complexity, the Government are exploring the potential of distributing Home Test Kits to professionals in certain sectors. An MHRA assessment is currently underway and a decision is expected in early 2021; later than our proposed date to start Rapid Targeted Testing.
- 6.2 Mass Community Testing – Our assessment of mass testing is that there is not sufficient data to justify the resource investment against how this blanket approach could slow down/prevent infections. Additionally, too many false positives may cause a loss of faith and compliance in the testing regime and be counter-productive to infection control of COVID-19.
- 6.3 Do Nothing – This would go against the current national COVID-19 infection control strategy and would see Derby City as an outlier in the East Midlands region.

## Financial and value for money issues

- 7.1 Derby City Council was allocated a £2.058m *Contain Outbreak Management Fund* after the second lockdown to support initiatives to reduce the number of infections in the city. The criteria for the spend is detailed in appendix 1.
- 7.2 The budget and spend will be added to the capital or revenue budgets as appropriate within the £2.058m allocation. Any requirement above this will be subject to the appropriate requirements of Financial Procedure Rules. The project may extend into the new financial year – therefore the appropriate Accounting adjustments need to be made in the new year to reflect any requirement

## Legal implications

- 8.1 Further guidance is awaited from Government on powers, liability and insurance arrangements; once this is received, the Director of Legal, Procurement and Democratic Services will work with the Director of Public Health to develop governance arrangements for the proposed programme.

## Climate implications

- 9.1 None.

## Other significant implications

- 10.1 None

This report has been approved by the following people:

<b>Role</b>	<b>Name</b>	<b>Date of sign-off</b>
<b>Legal</b>	Emily Feenan, Director of Legal, Procurement and Democratic Services	16/12/2020
<b>Finance</b>	Toni Nash – Head of Finance: Organisation and Governance.	16/12/2020
<b>Service Director(s)</b> <b>Report sponsor</b> <b>Other(s)</b>	Dr Robyn Dewis, Director of Public Health	14/12/2020

<b>Background papers:</b> <b>List of appendices:</b>	Appendix 1 – Contain Outbreak Management Fund Criteria
---	--

## **Appendix 1 - Contain Outbreak Management Fund Criteria**

Based upon £8 per head of population the Government has specified that the funds can be spent on the following criteria:

- a) Targeted testing for hard-to-reach groups out of scope of other testing programmes.
- b) Additional contact tracing.
- c) Enhanced communication and marketing e.g. towards hard-to-reach groups and other localised messaging.
- d) Delivery of essentials for those in self-isolation.
- e) Targeted interventions for specific sections of the local community and workplaces.
- f) Harnessing capacity within local sectors (voluntary, academic, commercial).
- g) Extension/introduction of specialist support (behavioural science, bespoke comms).
- h) Additional resource for compliance with, and enforcement of, restrictions and guidance
- i) Measures to support the continued functioning of commercial areas and their compliance with public health guidance.
- j) Funding Military Aid to the Civil Authorities (marginal costs only).
- k) Targeted support for school/university outbreaks.
- l) Community-based support for those disproportionately impacted such as the BAME population.
- m) Support for engagement and analysis of regional areas to assess and learn from local initiatives.
- n) Providing initial support, as needed, to vulnerable people classed as Clinically Extremely Vulnerable who are following tier 3 guidance.
- o) Support for rough sleepers.

Targeted Rapid Testing meets criteria (e), (h), (i), and (k).