

25 January 2021

Agenda Item: 6

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

ASYMPTOMATIC TESTING IN THE COMMUNITY

Purpose of the Report

1. To describe arrangements for the deployment of lateral flow tests for asymptomatic testing in community settings

Information

2. At December's meeting, Committee received a verbal update about plans to submit an expression of interest to secure government support to deploy targeted community testing of people who are asymptomatic¹, and agreed to review a report at January's Committee meeting. The expression of interest was submitted on 29th December and the Director of Public Health was notified on 8th January that it would receive approval. On 10th January, the Secretary of State for Health and Social Care announced that targeted community testing will be expanded across England and that local authorities will be encouraged to target testing to people who cannot work from home during lockdown. Therefore this report:
 - Reviews the core components needed to control COVID-19, as the context within which to understand the supplementary role of asymptomatic testing
 - Identifies lateral flow tests (LFTs) as a newly emerging technology which can be used to enable asymptomatic testing
 - Describes plans for the Council's use of LFTs for targeted community testing, for which the Council is expected to receive support from the Department of Health and Social Care
 - Highlights lessons emerging from other areas and other developments which will need to be considered before confirming further deployment

Core components for the local control of COVID-19

3. There is good evidence on which to expect that the delivery of effective vaccines to high risk groups will significantly reduce mortality and pressures on the health and social care system arising from the most direct effects of COVID-19. There are also grounds for optimism that widescale uptake of vaccines will significantly reduce spread of the virus. But for the time being at least, the control of COVID-19 infection continues to rest on reducing the likelihood of people coming into contact with the virus by establishing spatial or physical barriers, and on

¹ The symptoms which indicate the need for immediate isolation and a COVID-19 test are a high temperature, or a new persistent cough, or a loss/change in their sense of smell or taste. In this context, "asymptomatic testing" refers to testing people who are without these symptoms

frequent hand washing. More specifically, it requires that close contact with infected people is limited and that cases are correctly identified and isolated as quickly as possible.

4. The evidence is that measures of this kind have been successful in suppressing the first wave during the Spring and the second wave during the Autumn of 2020. Debate continues about the intensity with which these measures should be pursued, the benefit they do or do not deliver in particular settings, as well as their wider impact on the economy and on other aspects of public health and wellbeing. With the recent introduction of national lockdown, there is now increased focus on the extent to which the measures are securing the same level of compliance in January 2021 as they did in spring 2020. But evidence from SAGE underlines that, prior to rollout of effective vaccines, measures which reduce the likelihood of contact with an infected person are the cornerstone of what is needed to contain COVID-19.
5. Therefore Nottinghamshire County Council continues to pursue a multi-pronged prevention and control approach which includes the following core components:
 - Consistent communication to secure consent and compliance
 - Engagement and enforcement to support people and businesses to adopt measures which limit transmission
 - Identifying cases by promoting uptake of testing for anyone that is experiencing COVID-19 symptoms, even if only mildly symptomatic, through NHS Test and Trace
 - Securing results of tests and advice quickly and completing contact tracing, working with NHS Test and Trace
 - Supporting people to isolate
 - Outbreak control to manage incidents within identifiable settings
6. In community settings, the testing component has been largely delivered through NHS Test & Trace. Its primary focus has been to identify cases amongst people who are symptomatic¹. During 2020 this was extended to include asymptomatic people in high risk settings such as care homes where routine testing is deployed with staff and residents. Asymptomatic testing has also been deployed in Nottinghamshire as an outbreak measure in settings and communities where it is suspected that cases are going unrecognised, e.g. in workplace or institutional settings. Until recently, all of these approaches have relied on the use of polymerase chain reaction (PCR) tests which requires test samples to be processed in a laboratory.
7. Turning now from these core components, this report now considers the use of asymptomatic testing for other purposes. For the timebeing, these additional uses of asymptomatic testing must be regarded as supplementary to these other core components; there are no grounds at this time for treating asymptomatic testing as a substitute for core control measures.

Newer technologies

8. Used alongside core control measures, the availability of new testing technologies provide opportunities to strengthen and speed up the identification of new cases and protect those most vulnerable, and to reduce the period for which contacts must isolate. One of these new technologies is a Lateral Flow Test (sometimes also called a Lateral Flow Device but here referred to as LFTs).

9. LFTs have some limitations currently. For example the manufacturer of the type of LFT available up until now did not secure regulatory approval for its use on asymptomatic individuals. Furthermore, the understanding of the extent to which LFTs reduce transmission, how communities and groups engage with these types of programmes and the operational, capacity, and clinical processes required, is still emerging. For example, at the time of drafting this report, attention continues to focus on the operator training required to ensure the test performs adequately, and ensuring people do not derive a false sense of reassurance from a negative result. On the other hand, a very significant benefit of LFTs is that they provide a test result quickly without laboratory involvement. In the context of high levels of infection and ongoing strict measures, they have potential to make a valuable contribution to the public health response.
10. This report focuses on the deployment of the type of LFT which is currently available. But government has announced that another LFT manufactured in the UK will soon be available. This may open up additional opportunities depending on the uses for which it receives approval. It should also be noted a range of other technologies is emerging, each one having its own relative merit in terms of cost or application. One which is worthy of note here is Waste Water Epidemiology (WWE) where sampling and testing by PCR is applied to whole catchment areas to identify changes in community prevalence.

Asymptomatic testing using LFTs

11. About 1 in 3 people with Coronavirus do not display symptoms, and with infection rates rising, testing people who are asymptomatic becomes more important than when rates were lower or falling. Therefore the aim of the Council is to develop an asymptomatic testing capability as a supplement to the basic test, trace and isolate infrastructure.
12. To this end, the government delivered an initial supply of LFTs for Directors of Public Health to deploy according to local priorities and capacity. Following this the authority submitted an expression of interest and has now received confirmation that it will be granted support from government to address the logistical, financial, resource, and clinical challenges associated with the deployment of LFTs for targeted community testing.
13. The Council's deployment which is set out below will run alongside a growing number of other centrally-driven initiatives using LFTs which are already being rolled across Nottinghamshire. These include the deployment of LFTs with care homes, students, and with staff and pupils in schools (for implementation in January). Currently the Council is not directly responsible for the deployment of these other centrally-driven initiatives.

Locally-driven deployment by Nottinghamshire County

14. The focus of the initial phase of work is to pilot the deployment of testing in communities which may be at increased risk from rising rates of infection. The Council is working with district council partners to prioritise Ladybrook, Oak Tree and Bellamy neighbourhoods of Mansfield, and the Manton Wood and Sandy Lane neighbourhoods of Worksop. The Council has identified these communities to benefit first because they are likely to have a high proportion of working age residents who are unable to work from home during lockdown and who could benefit significantly from the support available to those needing to isolate.

15. Subject to the support available from government and the resolution of a number of practical challenges, the Council's target is to have the infrastructure and arrangements in place to deliver this starting week beginning 25 January in Mansfield, and from early February for Worksop. Confirmation of these timescales and communication with the communities concerned will follow in due course.
16. Alongside this, the Council also intends to work with an employer to pilot routine testing of their workforce to limit transmission within and outside the workplace setting. This will be informed by early experiences of workplace pilots elsewhere in the country. Establishing the timescale for this is subject to identifying a large employer positioned to pursue this.
17. Finally, the Council intends to ensure that people who are homeless or at risk of homelessness, and other people living with substance misuse problems, receive timely access to testing which has proved difficult to deliver through the existing PCR testing programme. Our target is to have this capability in place from the beginning of February.
18. The scope and intensity of any subsequent rollout will be determined in due course. Plans for further rollout will need to make reference to any further information from the Joint Committee on Vaccination and Immunisations about plans to prioritise other sections of the workforce. Therefore it is proposed that further progress with the initial phase of rollout is made, along with an assessment of new emerging opportunities, before the scope of the next phase of work is confirmed.
19. The national offer includes access to training, clinical, operational design and communication and engagement support. In addition for each test carried out the authority will receive the equivalent of up to £14 (in cash and/or materials and supplies).
20. This reimbursement is subject to uptake which remains uncertain at this stage. Furthermore financial modelling suggests that small test sites may not be cost effective. For example, under one scenario, the workforce costs associated with the pilot in Mansfield may exceed the likely income by a sum in the order of £15,000. Therefore it may be that some of the cost of the initial pilots will need to be funded from the contingency budget in the Contain Oubreak Management Fund which is currently judged to be more than sufficient to cover this financial risk for the duration of the initial pilot. The affordability and cost effectiveness of the pilots will be one of things to be accounted for in considering the scope and value of further rollout.
21. Evaluation options are currently being sourced.

Latest situation

22. A verbal update of progress and current status will be delivered to the January meeting of Committee.

Other Options Considered

23. Deployment targeted at other settings and groups was considered. In some instances, these opportunities became the focus of and have been overtaken by centrally-driven LFT initiatives (e.g. testing of visitors to care homes). In other instances, it is preferable to await national

solutions to the key obstacles before investing further effort locally (e.g. regulatory approval and clinical governance arrangements to deploy “doorstep testing”). By the date Committee meets, there may already be solutions to some of these obstacles which warrant further development of our local plans.

Reason/s for Recommendation/s

24. To ensure that people and communities in Nottinghamshire County have access to benefits associated with technologies for asymptomatic community testing.

Statutory and Policy Implications

25. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

26. There are no financial implications contained within this report.

RECOMMENDATION/S

- 1) To approve the plans for the deployment of asymptomatic community testing

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Constitutional Comments (EP 24/12/2020)

27. The recommendations fall within the remit of the Covid 19 Resilience, Recovery and Renewal Committee by virtue of its terms of reference.

Financial Comments (DG 05/01/2021)

28. The costs associated with the implementation are set out in the report and will be fully funded using the contingency budget associated with the Contain Fund and by the remuneration for each test completed (which is up to £14 per test).

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

[Local Covid-19 Outbreak Response and Public Health Priorities for the Period to April 2021](#)

Adult Social Care & Public Health Committee (9 November 2020)

[Local Authority Test & Trace Grant Resource Plan](#)

Adult Social Care & Public Health Committee (14 September 2020)

[Implementation of the Health Protection \(Coronavirus Restrictions \(England\) \(No 3\) Regulations 2020](#)

Adult Social Care & Public Health Committee (14 September 2020)

[COVID-19 local outbreak control: learning and next steps](#)

Health & Wellbeing Board (2 September 2020)

[COVID-19 contain framework: a guide for local decision-makers](#)

Department of Health & Social Care (28 August 2020)

[COVID-19 local outbreak control plan](#)

Health & Wellbeing Board (24 July 2020)

[Nottinghamshire County Local Outbreak Control Plan](#)

Nottinghamshire County Council (June 2020)

Recent press releases:

- [Tier 3 remains in place for Nottinghamshire](#) (17 December 2020)
- [Director of Public Health welcomes vaccine news](#) (2 December 2020)
- [Nottinghamshire to enter Tier 3 Covid-19 Restrictions](#) (26 November 2020)
- [Nottinghamshire included in new Covid-19 testing programme](#) (10 November 2020)
- [National four-week lockdown announced by the Government](#) (1 November 2020)
- [Nottingham and Nottinghamshire move to Tier 3 Very High restrictions for Covid-19](#) (28 October 2020)
- [Council Leaders confirm move to Tier 3 restrictions](#) (26 October 2020)
- [Joint statement regarding Government talks with Nottinghamshire Leaders](#) (23 October 2020)
- [Statement from the Leader of Nottinghamshire County Council on latest Covid developments](#) (22 October 2020)
- [Statements from the Leader and Public Health Director on latest Covid situation in Nottinghamshire](#) (20 October 2020)
- [New “high” alert level announced by Government for Nottingham and Nottinghamshire](#) (12 October 2020)
- [Nottinghamshire Councils urge people to follow stricter guidelines on COVID-19](#) (7 October 2020)

Electoral Division(s) and Member(s) Affected

- All