C&M Integrated Contact Tracing System Workshop
Monday 7th December 2020
Summary Paper

1. Background

The aim of the virtual workshop was to consider how contract tracing (CT) across C&M is working now and the future strategic direction. By inviting partners from all parts of the contact tracing system to take part in the conversation, a plan could be built to create a more integrated, effective and resilient system.

2. Key Points

- Collaboration, innovation and flexibility across all parts of the CT system has been essential in building such a strong and rapid response.
- Interface with the Hub, clarity of Hub/local team's roles and IT systems have presented the main difficulties in the system.
- The CT Hub and local teams are made up of skilled individuals. Providing training and development opportunities for them is important to retain this talent and for staff welfare.
- An ideal CT system would be "locally led; regionally and nationally supported and enabled; have a single IT system; flexible trained workforce; clear governance, clinical and operational framework and agreement."

Priorities moving forward include:

1. **Interface with the Hub team and local teams** – T&F group to explore how to ensure a stronger working relationship with the Hub Team and Local teams, case studies have also been commissioned. Need to clearly communicate roles and responsibilities of the Hub/local Teams and the changes that occur when thresholds met.
2. **Governance** - Mapping the current CT system, agreeing the governance structure and noting the differences in local approaches.
3. **Data** – Agree common measures and continue to implement Microsoft Dynamics whilst considering future plans with changes to PHE systems expected.
4. **Skilled workforce and training framework** - Training the workforce with an online platform and offering development opportunities as part of a C&M Contact Tracing Training Framework.
5. **Locally led future Health Protection model** – Working with ADPH/LGA to influence the future model as the NIHP develops. Lobby nationally for additional funds as CT becomes further locally led and for continued investment into public health to maintain support for health protection, prevention and control.

The priorities can be incorporated within the C&M Contact Tracing Hub Implementation Plan, overseen by the C&M Integrated Contac Tracing Strategic Programme Board.

3. Attendees

The workshop was facilitated by Mari Davis from the Leadership Centre with support from her colleague John Jarvis.

Over 40 key members of the C&M contact tracing (CT) system participated in the workshop, representing various aspects of the CT system including:

- DsPH
- PHE North West
- Members of the C&M CT Hub; Clinical Lead, Team Leader, Contact Tracers (both secondees and NHS Professionals), Call Handlers and Business Support.
- Data and intelligence colleagues including the analysts supporting the Hub and wider system.
- Consultants in Public Health
- Local Authority Public Health Team members
- Champs Support Team
- Higher education

4. What does the Contact Tracing System look like presently?

The group were asked to describe the current position of the contact tracing system in C&M, taking into account the successes and difficulties faced at a local, Hub and national level. Views from a variety of voices from different parts of the system were heard.

a) Successes

- Collaboration has been essential in building a strong foundation for both the local teams and CT Hub. Flexibility has been a key aspect in responding rapidly to the ever-changing environment.
- Local areas have felt that they have made a real difference in their communities and have enjoyed sharing knowledge and expertise across the departments and in the C&M Operational Group.
- Members of the CT Hub recognise the progress made since it was established and enjoy being part of a multidisciplinary team with such diverse backgrounds. The Team has become increasingly resilient and individuals have experienced considerable personal and professional development in the relatively short period of time.
- It was recognised that relationships with the 'national team' have moved forwards and that they are responsive to feedback.

b) Difficulties Faced

- Difficulties with IT systems and data flows were described at a local, Hub and national level, with reliance on spreadsheets. These included not having the scaled infrastructure in place locally to respond to such an event and a lack of interoperability between IT systems across the LAs and nationally.
- Lack of clarity regarding the roles and responsibilities of those at the different levels. Felt that the role of the Hub team could have been communicated further

earlier on/point of contact for the Hub identified to field local teams' questions and ensure an effective interface.

- From a national perspective, it was felt that little to no notice of changes were given to areas before an announcement. Increasing expectations with no increase in funding initially. No single point of contact within the national team.

5. Creating a 'Magnificent System'

Participants were asked what a 'truly magnificent' contact tracing system would look like. What principles could underpin our ways of working together as a system in C&M?

- Locally led system that is regionally and nationally supported and enabled.
- Clear understanding of the roles and responsibilities between the local teams, Hub and national.
- Need to be clear on thresholds and who is responsible for what when they are breached.
- Need to understand who provides the operational, managerial and leadership elements of the system.
- Reframing language to build the idea of a single, untied system rather than separate parts. Use of consistent language between all parts of the system. This will help to build a consistent approach as variability in approaches between local CT teams currently.
- Clear governance between various groups established.
- Representative to sit between local teams and Hub to build the relationship and connectivity. Suggested one for each LRF system.
- A flexible and resilient system that can respond rapidly and scaled-up when needed.
- Ideally a single IT system to allow ease of data flow, sharing and analysis. Consistency throughout the system to allow for easy matching/duplicate checking.
- Clinical and operational framework and agreement in place.
- Building skills and knowledge. Share learning and expertise across the system. Maintaining this talent within the health protection system post-covid.

a) Short-Term Priorities (6-12 months)

Priority 1: Interface with the Hub team and local teams.

Aim: Good communication between the local places and the Hub team and clear understanding of the system including roles and responsibilities.

Actions:

i. Identify two LRF co-ordinators within the Hub Team
ii. Communications to the system to explain the different roles and responsibilities of the local teams and Hub. Clearly outline the thresholds and the actions/who is responsible once they are breached.
iii. Sharing of case studies to the system to help build understanding (supported by LJMU qualitative work).
iv. Exercise to identify the different approaches local teams taking in respond to contact tracing as variability between areas currently
v. Suggested that a task and finish group is established.

vi. The different approaches between the local CT can be mapped via the C&M locally supported contact tracing group.

Priority 2: Governance

Aim: Clear understanding of the system and governance between the various groups/forums.

i. Mapping exercise to identify the different groups in the C&M CT system and their governance

ii. Agreeing the governance structure and noting the differences in local approaches – want to be clear where to raise a suggestion/who makes the decision.

Priority 2: Data

Aim: Provide clarity over the different data sets and flows available.

Actions:

i. Share the visual map of the data flows between the different elements of the CT system.

ii. Agree common measures to inform the activity report and evaluation framework

iii. Continue to implement Microsoft Dynamics whilst considering future plans with changes to PHE systems expected.

Priority 4: Skilled Workforce and training framework

Aim: Support the CT system by offering training to local teams and the Hub, using the C&M Training Framework. Explore development opportunities to retain talent. Building a sustainable and flexible workforce is key to provide an effective service and maintain staff welfare. Consider investing to design a system to support prevention, protection and control in the future

Actions:

i. Provide a package of training for local contact tracers and the Hub team. Utilise existing PHE materials and collaborate with the University of Liverpool to help provide the infrastructure and possible accreditation. Consider those with different needs/ways of learning.

ii. Consider continued development opportunities for those in the CT system e.g. UKPHR Practitioner Scheme, apprenticeship and even registrar training.

iii. Consider investing to design/develop programmes to engage those supporting the current CT system going forward on prevention, protection and control.

b) Long-Term Priorities

Priority 5: Locally Led Future Health Protection Model

Aim: How do we build the principles of a 'magnificent system' is into future ways of working? How to do we ensure it is locally led and supported post-covid?

Actions:

i. Visually design a model for the future. Locally led and functionality post-covid.

ii. Identify contacts to help build relationships which will aid collaboration, sharing of information and form a coordinated approach including LGA/ADPH.

iii. Lobby nationally for additional resources for the transition phase as the system becomes increasingly locally led, but also for the continued investment into public health. Consider funds from the National institute for Health Protection?

Appendix 1

Please see pdf below for full view of the Mural that was created during the workshop.

201207 Contact Tracing Mural v2.pdf