

**To:** Secretary of State**From:** Name**SCS:** Richard Vianello**Date:** [received by PO]

Summary of the issue: As test and trace has scaled in size the centrality of data has become more apparent. The launch of the Local Authority testing dashboard was a good first step in ensuring local officials have greater access to test and trace data. However, there continues to be issues in data flowing from central government to local government. We have made good progress at the working level to put across departmental priorities and receive more data from DHSC, but we now need ministerial commitment to make more progress.

Recommendation: We recommend that you raise the data needs outlined within this note with ministerial counterparts at the Department for Health and Social Care. The draft letter can be found at Annex A.

Timing: Raise issues with the Department for Health and Social Care by 26 June 2020.

Context

1. On Wednesday 10 June, NHS Digital and the Department for Health and Social Care (DHSC) launched the Local Authority (LA) Dashboard. This gave Local Resilience Forum (LRF) Secretariats and Directors of Public Health (DsPH) access to daily testing data and Covid-19-related 111/999 calls at the LA level. The launching of this dashboard is a major step forward in helping LAs understand case and test numbers across the UK.
2. Despite the launch of the LA Dashboard, there remains a significant number of gaps in the data which LAs require to understand and respond to the Covid-19 outbreak. For instance, the dashboard delivers only two of the ten requests you sent to DHSC on Monday 1 June and we have not had assurances that the eight outstanding asks will be delivered. Further, we are yet to secure agreement from NHS Digital to use the LA Dashboard data in MHCLG's LRF Dashboard, which would enable LAs to view testing data alongside other relevant Covid-19 indicators.

Test and Trace Data Requirements

3. The current lack of data being provided to LAs is limiting the ability of local officers and DsPH from appropriately understanding the Covid-19 outbreak both in their area and nationally. In particular, local officers are yet to receive sufficient test and trace data to understand the performance of LAs against key metrics or have the data at a granular enough level for DsPH to understand the characteristics of the outbreak in their


Test and Trace Data Requirements

| Table 1: Test and trace data requirements | | | |
|--|---|---|--|
| Who is asking? | What do they need? | Why do they need it? | Does it exist? |
| DsPH | Tests and Positive Cases <ul style="list-style-type: none"> At the most granular geographic level, ideally to patient-level, including place of work | To understand who is being tested and the specific hotspots within the community where case levels are increasing | Yes – the LA Dashboard presents this but aggregated to LA level and Pillar 1 tests not included |
| MHCLG, DsPH, LRFs, LAs | Channel Turnout Rates <ul style="list-style-type: none"> Tests undertaken vs. registered/booked Tests undertaken vs. test capacity | To understand how well utilised testing centres are in different locations to better direct resources | Yes – DHSC hold this data but all we currently receive is a weekly sitrep on tests as a % of capacity by site |
| MHCLG, DsPH | Testing Performance <ul style="list-style-type: none"> % of test results returned within 48hrs Average time of end-to-end process | To understand performance across LAs and intervene where testing is slow and understand likely risk associated with time lagged tracing | Not currently, although a high-level national figure was quoted by Baroness Harding in early June |
| MHCLG, DsPH, LAs | Demographic Breakdown for both testing and tracing <ul style="list-style-type: none"> Age, gender, ethnicity, religion | To understand coverage of different communities and sectors of society to target policy change and engagement activities | Not currently, although figures are provided for mortality and cases |
| DsPH | Contact Tracing Cases <ul style="list-style-type: none"> % identified, contacted and asked to self-isolate % contacts reached within 48hrs Location of contact, i.e. work place setting or community event | To understand the potential spread of the virus within their community and monitor performance of tracing methods | Yes – PHE have a daily feed going to DsPH but this is only as granular as UTLA and it's unclear whether specific setting is captured |


Care Home Testing Data Requirements

| Table 2: Care home testing data requirements | | | |
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| Who is asking? | What do they need? | Why do they need it? | Does it exist? |
| MHCLG, LAs, LRFs, DsPH | Tests and Positive Cases <ul style="list-style-type: none"> At the most granular geographic level | To understand the scale of testing and positive cases within care homes and the extent to which this is driving wider-community variables | Not currently, although DHSC do provide updates on overall tests within care homes and number of outbreaks |
| MHCLG, DsPH | Number of voided tests <ul style="list-style-type: none"> Specific care home level | To understand the relative performance in administering care home tests by region to enable intervention where void rates are high | Not currently, although an overall figure is presented |
| MHCLG, LAs, LRFs, DsPH | Tests and positives split between staff and residents <ul style="list-style-type: none"> Specific care home level | To understand whether testing it being utilised effectively | Not currently, although an overall figure is presented |
| DsPH | % of positive cases where staff/resident was asymptomatic <ul style="list-style-type: none"> Patient-level data | To understand risk of the virus and the need to roll-out more testing | Outlined in the Vivaldi system but not broken down to location or demography |
| DsPH | Demographic data of those tested in care homes <ul style="list-style-type: none"> Patient-level data | To understand the impact on different groups in the community | Not currently outlined, but will exist on patient records |