

**Report for:** Cabinet Member for Adults & Health

**Title:** Asymptomatic rapid COVID testing sites in Haringey

**Report authorised by** Dr Will Maimaris – Interim Director of Public Health

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**Ward(s) affected:** All

**Report for Key/  
Non Key Decision:** Key decision

### **1. Describe the issue under consideration**

- 1.1. This report seeks retrospective Cabinet Member approval to enter into a collaborative agreement with the Department of Health and Social Care to carry out mass testing of asymptomatic people for the Covid-19 virus at designated sites in the Borough.
- 1.2. The plans outlined in this report will develop over time in response to national directives and local needs.

### **2. Recommendations**

- 2.1. That the Cabinet Member for Adults & Health is recommended to:
- 2.2. Note the delegated authority action taken by officers for and on behalf of the Council to submit a proposal to the Department for Health and Social Care (DHSC) to participate in its community testing programme to carry out the mass testing of asymptomatic people in the Borough.
- 2.3. Note that the proposal was accepted by the DHSC.
- 2.4. Note that on 29th December 2020, officers communicated to the DHSC in principle agreement to the terms and conditions which support the collaborative working between the parties.
- 2.5. Note that on 29th December 2020, the DSHC acknowledged receipt of the in principle agreement.
- 2.6. Note the sites designated by officers to be testing centres in the Borough at Tottenham Community Sports Centre, 701 – 703 High Road N17 8AD; 48 Station Road, Wood Green, N22 7TY; Alexandra Palace Transmitter Hall, N22 7AY and Tottenham Green Leisure Centre, 1 Philip Way, N15 4JA

- 2.7. Note that the expenditure on this project is funded by a grant from the DHSC which is anticipated to be of £1,561,000.
- 2.8. Ratify – insofar as it is necessary and for the avoidance of doubt - all of the action taken / to be taken by officers at 2.2, 2.4 and 2.6 above, such ratification to have effect both retrospectively and prospectively.
- 2.9. Authorise the receipt of grant funding and the expenditure referred to at 2.7 above.

### **3. Reasons for decision**

- 3.1. The Council has rapidly rolled out mass community asymptomatic COVID 19 testing centres in line with Department of Health and Social Care specifications in order to identify people with COVID infection proactively to contribute to the prevention of spread of COVID-19. Accordingly, formal ratification of decisions made by officers to date is required.

### **4. Alternative options considered**

- 4.1. In view of the high level of infection rates in the Borough at the time of implementation, participation in the collaborative agreement with the DHSC was considered to be the best and currently only Government approved option to implement widespread community testing to help tackle the challenge being presented by the virus being spread by asymptomatic people.

### **5. Background information**

- 5.1. The Government announced funding to roll out asymptomatic mass testing on the weekend of 12/13 December 2020 to address rising Covid infection rates in Tier 3 areas. Given the rising rates in the Borough, on 13<sup>th</sup> December 2020 officers submitted what became a successful bid to the Department of Health and Social Care (DHSC) in line with its defined criteria for the Council to run 3 local testing sites for people without symptoms (asymptomatic).
- 5.2. With the Prime Minister's then latest announcement that London will move into a new Tier 4 with effect from 20 December 2020 – then confirmed and implemented - it became all the more important that mass testing facilities were mobilised rapidly.
- 5.3. Officers, working in conjunction with the Cabinet Member for Adults & Health, have moved at pace to develop and implement plans for a mass testing project in the borough, rolled out over Christmas and into the first weeks of the New Year.. This is a walk-in service, but the intention is to direct our messaging and engagement to those parts of the community where officers believe transmission is at its greatest – for example key and essential workers.

- 5.4. A cross service working group has been developed to mobilise this plan, being jointly led by Environment & Neighbourhoods (operational lead) and Public Health (clinical lead). Once the sites became operational Public Health has taken on full responsibility for the management of these sites.
- 5.5. As a condition to working on the programme with the DHSC, the Council was required to sign a collaboration agreement (the agreement) with prescribed terms and conditions. A copy of the agreement is at Appendix A to this report.
- 5.6. On 29<sup>th</sup> December 2020, the Director of Public Health sent an e-mail to the DHSC asking it to note that the Council had reviewed the agreement and agreed it in principle, the significance of which being that the Council would become bound by its terms and conditions once the testing programme commenced – see paragraph 5.12 below – or the supply by the DHSC of DHSC supplies (in terms approved testing kits and guidance materials) whichever is the earlier date. Later that same day, the DHSC acknowledged receipt of the acceptance.
- 5.7. In summary, under the terms of the agreement, the roles and responsibilities will be as follows:
- 5.7.1. The testing programme will be led by the Council in order to ensure that it focuses on the particular circumstances and needs of the population in the Borough. Further, the Council will be responsible for the clinical service (including governance decisions and processes in relation to the testing) and for carrying out the testing.
- 5.7.2. The testing is designed to deliver the following objectives:
- to identify asymptomatic but potentially infectious individuals, helping to break the chain of transmission of Covid-19 in the area;
  - to help with the management and containment of Covid-19 outbreaks in the area;
  - to aim to address parts of the population in the area most at risk from Covid-19; and
  - to encourage and support people identified through positive tests to comply with self-isolation requirements.
- 5.7.3. The role of the DHSC is to provide the Council with a template Standard Operating Procedure, supplies and information to support the Council's testing – notably the testing kits, and funding for test on a payment by results basis.

## **5.8. Strategic Objectives for Mass Testing**

- 5.8.1. The strategic objectives for mass testing, as defined by the NHS are:

- We test to protect those at highest risk, and to prevent transmission in high-consequence settings and ensure that our health services can continue;
- We test to find positive cases and isolate them and their contacts to break the chains of transmission;
- We test to enable social and economic activities to happen with less risk;

## 5.9. Existing Testing

5.9.1. The Council already has three testing sites in the borough which are for people who have Covid symptoms, other members of their households, and specific groups who have been asked to have a test e.g. through test and trace. These sites are not accessible to people who are asymptomatic but wish to be tested (now with the exception of secondary school children and their families, see section below).

5.9.2. This testing regime uses 'PCR' tests which go to a lab to be analysed, with results available typically within 24-48 hours.

5.9.3. There is a 1,900 testing capacity in the borough through PCR testing, which was increased by 25% in the week before Christmas. Over the course of that week, demand for PCR testing increased significantly, with testing capacity reaching over 90% at two of our sites. Only a few days earlier this was significantly less especially at our Stamford Hill and Tottenham Irish Centre sites. To deal with further demand officers are also making use of New River Stadium car park to host a Mobile Testing Unit 3 days per week, and taking forward plans to set up a 4th PCR testing site in the borough.

## 5.10. Asymptomatic Mass Testing in Haringey

5.10.1. Proposals have been developed for four mass testing sites, geographically spread across the borough. These sites are for asymptomatic people using rapid, lateral flow tests. These tests are conducted in the same way as a PCR test (e.g. a swab to the back of the throat and up the nose) and analysed on site within 30 minutes, with results sent back to the resident by SMS/email. Evidence suggests that with a skilled operator as per the model described here the lateral flow test will pick up around 70% of people who would test positive for COVID-19 in PCR.

5.10.2. If a lateral flow test is positive, the resident is advised to isolate and book a PCR test through the existing system.

5.10.3. The four sites are at:

1. Central – Ground Floor, 48 Station Road – opened from 30th December 2020
  2. East – Tottenham Community Sports Centre, Tottenham High Road – opened from 6th January 2021
  3. West – Alexandra Palace, Transmitter Hall, Alexandra Palace Way, N22 7AY
  4. South-East – Tottenham Green Leisure Centre, 1 Philip Way, N15 4JA.
- 5.10.4. The operational hours of each site commenced with five days a week, Tuesday – Friday from midday to 7pm and Saturday midday to 5pm. This was reviewed after the first month and changed to a seven day a week model, with 2 nights of late opening. Based on local demand, these have been revised again to give a broader range of opening hours across all the sites (see our website for latest opening hours at <http://www.haringey.gov.uk/covid-testing>)
- 5.10.5. The four sites will have up to ten testing booths each and employ 24 staff per site. This is in line with NHS guidance and is classed by the NHS as a medium sized testing facility.
- 5.10.6. At this size we had the capacity to test up to 65,000 people over six weeks - approximately 25% of the population.
- 5.10.7. If maximum capacity were to be achieved, this would add a further 2,100 tests a day to the Council's testing capacity, a total of 4,000 tests per day in the borough, including the PCR tests.
- 5.10.8. The target group for testing will be focused on where impact can be maximised in terms of limiting spread of the virus. Given the lockdown which came into place in January, mass testing has been targeted at key and essential workers, and anyone who can't work from home in the borough.
- 5.10.9. Workforce for Mass Testing - Given the proximity to Christmas and the pressures on the existing Council workforce, a decision was made by officers to create local employment opportunities and recruit to these posts through Hays.
- 5.10.10. Training has been developed by the NHS and is web-based – all mass testing staff will be required to successfully complete this training before commencing work at the sites, where they will also have on-site training. The roles are classed as non-clinical, they do not require DBS checks, and full PPE will be provided.

5.10.11. The Clinical Standard Operating Procedure for Haringey's Community testing sites has been signed off by the Council's Director of Public Health who is the clinical lead for the programme.

5.11. In recognition of the scale, speed and scope of the programme, with associated non business as usual responsibilities placed on the Council, by letter dated 23rd December 2020, the Secretary of State for Health and Social Care informed all participating Councils that he would take responsibility for "the costs of any clinical negligence and / or product liability claims made by members of the public against those delivering testing pursuant to [the] Collaboration Agreement subject to the terms of [the] letter". In summary, those terms relate to tests conducted up to 31st March 2021, providing they are so conducted in accordance with the agreement, and that any claims are promptly notified to the Government who will then take over the conduct of the claim. A copy of the letter is at Appendix B to this report. Funding for mass testing has since been extended to end of June 2021. Whilst this report provides approvals and a governance framework for the mass testing programme up to 31<sup>st</sup> March 2021, further decision making will likely need to be taken for the period from 1<sup>st</sup> April – 30<sup>th</sup> June, once the government clarifies the approach to be taken and the role authorities will be expected to play in the continuation of mass testing. At the time of writing this report, this yet to be clarified.

5.12. Grant Funding and Expenditure

This project is funded on a payment by results basis, with a payment made per test completed. Funding is capped at total costs incurred so that no authority is able to make a surplus from the scheme. If demand for testing within Haringey falls below that which is anticipated, the payment per test completed could fall below the total costs incurred. In this scenario the government has provided the Council with some reassurance that it will reimburse the Council for costs incurred.

## 6. Contribution to strategic outcomes

6.1. These sites contribute to the Haringey Borough Plan 2019 – 23 strategic priorities, particularly to Priority 2 – People.

## 7. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

### Finance Comments

7.1. The government has pledged to fund this testing activity at a gross rate of £14 per test completed, this amount will be top-sliced by the costs of PPE provided by the government. The Council is planning to complete 132,000 tests in the period up to 31<sup>st</sup> March, which would suggest grant funding of up to £1,848,000, however funding is capped at the level of costs the Council incurs, which are projected to be £1,561,000 (including a contingency of £50,000). A breakdown of these costs is below.

<b>Category of Spend</b>	<b>Total projected spend</b>
Site Hire Costs	£50,300
Site Fit-out Costs (Signage etc)	107,553
Security & Cleaning (inc. Deep Cleanse)	£104,535
IT Equipment Costs (Computers etc)	£42,748
Other Equipment Costs	£11,235
PPE (Non-central Hub Costs)	£9,519
Staffing Costs (pay only)	£995,949
Project Management	£114,382
Signage & Comms	£20,309
Waste Disposal	£54,599
Other	£0
<b>Sub total</b>	<b>£1,511,128</b>
Contingency	£50,000
<b>Total</b>	<b>£1,561,128</b>

7.2. The costs of the asymptomatic rapid covid tests are largely fixed and specified by the Government in their guidance to local authorities in carrying out the testing, for example staffing structures, job descriptions and pay rates. The costs of all testing devices will be provided by the government at no cost. The only substantial elements of cost around which the Council has local discretion relate to the sites utilised for the testing activities.

7.3. There is a risk that take-up of the tests is less than anticipated, and the income from the project based on £14 per test completed does not cover the costs associated with the initiative. Take-up of tests may be lower than anticipated owing to factors outside the Council's control (e.g. the impact of national or local lockdown restrictions). The government has provided reassurance to Councils that where this is the case, costs will be reimbursed to Councils so long as these have been incurred reasonably, and the Council has taken its best endeavours to keep costs as low as possible. The Council therefore assumes that all costs of this project will be reimbursed.

7.4. In the unlikely event that the government failed to reimburse all costs associated with the project, or that the project overspent, the Council would have to identify additional funding streams to meet these costs or these would fall to be funded by the general fund.

7.5. Since the original approval of our mass testing funding agreement with the DHSC, funding has now been extended till the end of June 2021, further decision making will need to be taken once the government clarifies the role local authorities have to play in the continuation of mass testing beyond 31<sup>st</sup> March 2021.



**Procurement** – not applicable

### **Legal Comments**

- 7.6. The Head of Legal Services has been consulted in the preparation of this report and makes the following comments.
- 7.7. Confirmation is given of the fact that the Council has the power to enter into the collaborative agreement with the DHSC pursuant to the general power of competence under section 1 of the Localism Act 2011.
- 7.8. Confirmation is also given of the fact that prior to giving in principle agreement to the collaborative agreement, the Director of Public Health and the Director of Neighbourhoods and Environment sought advice from the Head of Legal Services on its implications.
- 7.9. Further, given the urgency of the situation, the Head of Legal Services considered it both a rational and reasonable approach for officers to progress the implementation of the testing programme to include exceeding their delegated authority as required on the strict understanding that this report would be brought to Member(s).
- 7.10. Confirmation is given of the fact that the Cabinet Member for Adults & Health has the authority to approve the grant funding referred to at paragraph 5.23 above pursuant to Part Four, Section J, paragraph 17.1 of the Contract Procedure Rules in the Constitution.
- 7.11. Confirmation is also given of the fact that the Cabinet Member for Adults & Health has the authority to approve the expenditure referred to at paragraph 5.23 above as a key decision pursuant to the definition of such a decision at Part Five Section C in the Constitution.

### **Equality**

- 7.12. The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:  
Tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation.  
Advance equality of opportunity between people who share those protected characteristics and people who do not; Foster good relations between people who share those characteristics and people who do not.
- 7.13. An equalities impact assessment has been completed for the programme which will be developed over time.

We are targeting essential workers a large proportion of whom in Haringey are from Black, Asian and Minority Ethnic Communities.



7.14. We will monitor uptake of testing according to gender, age and ethnicity.

## **8. Use of Appendices**

Appendix A - Collaborative agreement with the Department for Health and Social Care

Appendix B – letter dated 24<sup>rd</sup> December 2020 from the Secretary of State for Health and Social Care

## **9. Local Government (Access to Information) Act 1985**

n/a