



The Association of Directors of Public Health

Statement of Principles – COVID-19: Contact Tracing

Introduction

This paper sets out a ‘Statement of Principles’ which the Association of Directors of Public Health believes should underpin a coherent approach to contact tracing and how it links to the nationally led Test, Track and Trace programme.

The ADPH supports the need to implement, at scale, a contact tracing programme. No single organisation or agency, whether national or local, can design and oversee this operation alone. The success of contact tracing will depend on a truly integrated approach between national and local government and a range of other partners across the UK.

Directors of Public Health (DsPH) and local authorities are a key element of this. DsPH - and their teams - have extensive experience and knowledge of contact tracing, their local communities and the wider health and social care system. They have a critical contribution to ensuring contact tracing works on the ground.

We will continue to work collaboratively; however, we have a duty to advocate strongly for elements we feel need to be in place to enable effective contact tracing.

There is an urgent need to resolve how this programme, led nationally by the Department of Health and Social Care (DHSC), will translate and work at a local and regional level – including the role of local authorities, and DsPH specifically, and what resources, information and funding will be required to carry it out.

Our principles

To this end, we have identified some key principles to provide a framework for what an effective system should look like and support conversations the ADPH is having with partners and stakeholders.

The Government needs to be serious about proper engagement with local authorities, recognising the contribution and wide-ranging roles and responsibilities of local authorities, and DsPH. To date, DsPH and local authorities have been disappointed at the limited extent the Government has involved local government in the development of all aspects of the Test, Track and Trace programme.

1. **Whole systems approach** – we must take a whole systems approach, with national and local partners working together to ensure the programme works effectively. No player has the resources, skills or expertise to make this happen on their own.
2. **Subsidiarity** – components of the system must be placed at the level that is best suited to the capabilities, skills and expertise of each agency and player. The role of regional and sub-regional structures in this must be carefully considered alongside local roles.
3. **Localism** – we need flexibility to determine the footprint for effective governance, whether that be: local authorities, Local Resilience Forums (LRFs), Integration Care Systems (ICSs), or other bodies.
4. **Minimum viable products** – we need to act swiftly and evolve interventions as we go with clarity on the roles for each part of the system and the outcomes required.
5. **Avoid duplication** – we must use and build on what is already happening – acknowledging that significant planning and preparations have taken place.
6. **Integration** – the pathways, systems and data sharing must be proactively integrated. There is currently limited connectivity between each of the components of the programme.
7. **Responsiveness** - greater responsiveness is needed to the differences and diversity in local communities, including issues around language, so that whatever is designed puts people at its heart.
8. **Data sharing** – proactive data sharing and flows for contact tracing, outbreak management and ongoing surveillance must be prioritised from the outset.
9. **Capacity and resources** – these must be provided across all levels to ensure the programme is run effectively and sustainably. We cannot presume this can be done with existing resources in view of the scale and complexity of what is needed.
10. **Proper recognition of multiple local roles** – there are multiple local roles that need to be recognised, these include: a) the role of the local authority, b) the role of the DPH within the local authority and c) the role of the DPH as a local system leader across the NHS, Local Authority and other partners. These must all be taken seriously.
11. **Ownership** – local outbreak plans need to be jointly owned under the leadership of the DPH, in line with government guidance on health protection and the role of the DPH.

Our national asks

The ADPH is committed to capturing and sharing what good looks like in terms of the role of the DPH and their team.

In support of these principles, there are some key strategic considerations which should be recognised and addressed across the system. We will continue to advocate for the following at a national level. In doing so, our approach is to be as constructive as possible and as challenging, as necessary.

1. **Multiple levels of geography** – There are multiple levels that should be recognised and carefully considered, including:

- a. UK-wide and nations
- b. Local places
- c. PHE centres
 - i. Sub-regional organisations e.g. LRF or ICS

We must avoid the requirement to organise around multiple levels of geography.

2. **Co-design** – the Government must act to ensure that partners are consulted on the whole programme. Not consulting ADPH and DsPH on all elements of the Test, Track and Trace programme has hampered progress to date.
3. **Contextualise contact tracing** – this is not being considered fully enough nationally. It is essential that the system is designed to reflect the diversity of our communities and the range of needs that exist, from language barriers to inequalities.
4. **Both national and local** – the contract tracing system will only work if the roles and responsibilities of partners at all levels are clear. The ADPH advocates for a ‘team of teams’ approach where every part of the system is supported and resourced to play to its strengths.
5. **Establishing a reliable interface for data sharing between national and local agencies and clear, two-way communication on risks** - Data sharing is needed across all parts of the Test, Track and Trace programme.

This document was approved by the ADPH Council and first published on Monday 18th May 2020. It will be regularly updated.