

## Bath & North East Somerset Council

MEETING/ DECISION MAKER:	The <b>Chief Executive</b> under Part 4 (G) Rule 5, using the Officer Decision process	
MEETING/ DECISION DATE:	<b>On or after 11th February 2021</b>	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	<b>Asymptomatic Testing Arrangements</b>	
WARD:	All	
<p><b>List of attachments to this report:</b></p> <p>Please list all the appendices here, clearly indicating any which are exempt and the reasons for exemption</p>		

### 1 THE ISSUE

- 1.1 The Council is required to set up mass Lateral Flow Testing (LFT) arrangements as part of the Governments pandemic response. The focus of the community testing is on key staff groups and the wider public to help identify people who were asymptomatic positive cases in order to break the chain of transmission. The Council therefore needs to undertake the urgent procurement off goods and services to set up the testing programme to ensure DHSC requirements are met.

### 2 RECOMMENDATION

**The Chief Executive is asked to;**

- 2.1 The Chief Executive is asked to agree the award of contracts to support the Council in rolling out a LFT programme as part of the national response to COVID-19, at a cost of approximately £346,000 per month. (subject to any changes in DHSC requirements.
- 2.2 *“The Chief Executive is authorised to undertake any action s/he considers appropriate to address situations where it is neither practicable not possible to effect the Council’s normal procedures or arrangements for either executive or non-executive business”.*
- 2.3 *The action taken will be recorded and reported to the first available meeting of the Council or relevant other body.”*

### 3 THE REPORT

- 3.1 The Council is required to set up mass testing arrangements as part of the Government's pandemic response.
- 3.2 The government announced the roll out of a national programme in all secondary schools and colleges. Initially, the aim was to incorporate this new requirement into the community LFT delivery, but the government has given the clear indication that the two programmes should not be mixed. The focus of the community testing bid now shifts to the other aims of the programme which was to set up a mobile testing offer to support the testing of key staff groups and the wider public to help identify people who were asymptomatic positive cases and break the chain of transmission.
- 3.3 Locally North Somerset and South Gloucestershire adopted a joint approach for finding a solution to the delivery of large scale LFT testing in multiple locations across our communities. They identified Richmond Event Management (REM) as an experienced event provider with recent experience of collaborating with the public sector on supporting the pandemic response, through supporting the setup of the Nightingale Hospital at the University of the West of England. B&NES has worked with REM in the past on events such as switching on Christmas Lights and the Paralympic Flame Celebration.
- 3.4 Given the need to work at pace and set up the arrangements as quickly as possible, some of the specific responsibilities are still being finalised as part of the contract. But, in general, REM will be responsible for setting up the sites, procuring the materials (other than the test kits that are provided by the DHSC), sourcing the staff, undertaking training, carrying out the tests and working alongside the authority to help promote and evaluate the work.
- 3.5 The aim is to have a first site up and running week commencing 1<sup>st</sup> March 2021, with two further sites to follow from 10<sup>th</sup> March 2021. This is subject to regular review as it is dependent on a range of factors which the Council and REM are working through together. The model will be flexible. The current proposal is for a 3-site model across B&NES, but additional locations will be provided based on demand. Each site would be open access to the public but with an online booking system to manage flow in and out of the site.
- 3.6 Communication will be sent to all members setting out programme and rationale for delivery. Communications for the public will cover:
- what LFT is for;
  - difference to PCR;
  - value of taking a test,
  - frequency of testing,
  - target groups/areas,
  - rationale, etc to help understanding and manage expectations.

A FAQ document will be created as part of this.

## **4 STATUTORY CONSIDERATIONS**

- 4.1 The decision takes account of the responsibilities now placed on local authorities by the Coronavirus Act 2020.
- 4.2 This decision is taken by the Chief Executive in consultation with the Leader under the urgency provisions under Part 4 (G) Rule 5, of the Council's constitution. *"The Chief Executive is authorised to undertake any action s/he considers appropriate to address situations where it is neither practicable nor possible to effect the Council's normal procedures or arrangements for either executive or non-executive business."*
- 4.3 *The action taken will be recorded and reported to the first available meeting of the Council or relevant other body."*
- 4.4 The main contract will be directly awarded based on guidance issued by the Cabinet Office (PPN 01/20) permitting the use of regulation 32(2)(c) under the Public Contract Regulations 2015 as incorporated in the Public Procurement (Amendment etc.) (EU Exit) Regulations 2020 because of the urgency of the requirement, and that the conditions of the funding from DHSC do not allow enough time for contracts to be tendered.

## **5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)**

- 5.1 Expenditure is not within the Council's budget and policy framework but will be reimbursed by DHSC.
- 5.2 Funding is provided at up to £14 per test minus the cost of the test (about £1.75). The programme has been approved by the DHSC and the estimated contract value is expected to be between £346,000 and £931,000 depending on the number of sites and the date of the end of the scheme. We have been informed by the DHSC that they expect the programme to operate until 30<sup>th</sup> June 2021
- 5.3 The proposal for working with REM is to adopt an open-book time and materials approach to ensure transparency and clarity, with baseline sunk costs, variable costs and notice periods identified and a weekly review of planned activity to agree any additional spend.
- 5.4 The Council will be directly contracting with venues.

## **6 RISK MANAGEMENT**

- 6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision-making risk management guidance.

6.2 Government funding is based on the lesser of actual costs incurred and £14 per test, However, letters of comfort have been provided by DHSC around financial risk stating that DHSC recognise that the actual take up may be beyond our control and that they will work with us to ensure that our legitimate costs are covered, and any potential liability incurred during delivery, for example, an accident, will be covered by central budgets and insurance arrangements.

## **7 EQUALITIES**

7.1 The Council has a duty to comply with the public sector equality duty (PSED). This decision is being taken at a time when public health measures had been put in place by HM Government to contain the spread of the COVID-19 virus. In the light of the current emergency, decisions need to be taken at speed to ensure that the maximum support and positive outcomes are delivered to the public at large. In taking this decision the decision maker must balance the benefits/dis-benefits of taking this decision on the outcomes for the public at large, which includes those with protected characteristics.

7.2 It is well established that some groups in society are proportionately more likely to experience direct negative health impacts in relation to Covid-19; these include older people, disabled people (this includes comorbidities and learning difficulties), people from black and minoring ethnic backgrounds and males. Therefore, the key issues which will be addressed are: -

- Sites will be located at accessible venues, and where any access issues arise, people will be provided with proactive assistance and reasonable adjustments in order that sites can be accessed easily,
- The areas targeted, are areas of higher populations of BAME communities and/or offer good levels of access to people from our BAME communities It is reasonably anticipated therefore, that these areas will deliver a positive impact for residents from BAME communities.
- Information for the public will be proactively made available in languages other than English, British Sign Language and Easy Read formats and this information will be made available in a targeted fashion for the communities requiring it

7.3 The DHSC will be approached to request that information regarding ethnicity, gender, age and disability of those undergoing tests is made available and Public Health will analyse this information on a regular basis in order to identify any groups with lower participation levels so that engagement can be undertaken to ensure any issues are addressed with groups in a targeted and supportive fashion.

7.4 Having taken all factors in to account, the proposals are considered proportionate in light of the guidance of government and the provisions of the emergency legislation.

7.5 The implications of this decision should be reviewed to ensure the intended outcomes are delivered as anticipated by the report.

## **8 CLIMATE CHANGE**

8.1 There are no significant climate emergency or environmental implications in the award of these contracts. Furthermore, the pace at which the project is running does not allow enough time for engagement with the service providers on implementing climate emergency principles into their practices.

## 9 OTHER OPTIONS CONSIDERED

9.1 The Council will be required to sign up to a Collaborative Agreement with DHSC, which sets out the conditions under which the Council may participate in the community testing programme. This means that alternative delivery methods could not be considered. Given the timescales, competitive tendering was not feasible, and the only other option would be to run the programme ourselves, which is unrealistic given the lack of available staff and the other pressures caused by the response to COVID-19.

## 10 CONSULTATION

This programme is being taken forward at pace and is being developed with officers across the authority and DHSC

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<b>Background papers</b>	
<b>Please contact the report author if you need to access this report in an alternative format</b>	