



Public Health  
England

Protecting and improving the nation's health

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To Directors of Public Health

24<sup>th</sup> April 2020

Dear colleague,

First may I take this opportunity to acknowledge and thank you for your public health leadership at local level during the challenge of the COVID-19 response. I know that you will be involved in local discussions about taking forward contact tracing and that this was raised with the CMO earlier this week. Contact tracing is core public health endeavour and in an unprecedented situation as this pandemic, this needs a co-ordinated national, regional and local response. Your contribution as local leaders will be essential in taking forward contact tracing for this next phase.

Following the Secretary of State for Health and Social Care's announcement about contact tracing, I want to update you on the work that PHE is progressing and the discussions that we are having with the Association of Directors of Public Health (ADPH), the Local Government Association (LGA) and the Society of Local Authority Chief Executives (SOLACE) to design the approach across the country. We have also linked with the Faculty of Public Health, the Chartered Institute of Environmental Health and the UK Chief Environmental Health Officer Group <https://khub.net/group/environmental-health-covid-19-collaboration/group-home>. Please do share this note with colleagues in your authority and local district and borough councils. We will be designing the model to work in unitary and non-unitary local authority footprints.

PHE is working at a national level with the Department of Health and Social Care and NHSX on an integrated approach to contact tracing which includes the use of both the PHE web-based Contact Tracing and Advisory Service (CTAS) and phone based contact tracing which complements the NHS App CV19 that you will have seen reported in the news as well as the traditional methods of contact tracing you will be familiar with. This nation-wide model of contact tracing includes inputs from local authorities and other local partners, especially the NHS and care home sector. The model has a co-ordinating function to undertake the science, data and quality assurance of the service which will be led by PHE and we would like DsPHs and others to work with PHE on this element.

There will be a national-level recruitment initially of around 18,000 staff (around 3,000 qualified public health and clinical professionals and around 15,000 call handlers) to undertake the phone based contact tracing with both the cases and the contacts. We are planning on the basis that the service will ramp up quickly. These staff will work under the leadership of the PHE-led national function working alongside an external logistics partner

and we are exploring the regional and local footprints that will enable the service to link with local community support to people who need to self-isolate. The phone based contact tracing service will work with people for whom digital channels are not appropriate or possible and includes a service for people whose first language is not English.

We have programme of work with representatives from the sector to design the detail of the service which integrates testing, the two PHE-led methods of contact tracing with contact tracing through the CV19 App. The design will take into account how best to link contact tracing into local shielding and community programmes set up to protect and support people as well as with the utilisation of the rapid expansion of testing.

The NHS CV19 app is an automated system for rapid symptom reporting, ordering of swab tests, and sending tailored & targeted alerts to other App users who have had close contact. Once a member of the public installs the app, it will start logging the distance between their phone and other phones nearby that also have the app installed using Bluetooth Low Energy. This anonymous log of how close they are to others will be stored securely on their phone. If they become unwell with symptoms of COVID-19, they can choose to allow the app to inform the NHS which, subject to sophisticated risk analysis, will trigger an anonymous alert to those other app users with whom they came into significant contact over the previous few days. The app will advise contacts what action to take if they have been close to someone who has become symptomatic – including advising them to self-isolate if necessary. The exact advice on what they should do will depend on the evolving context and approach. It will be based on the science and emerging evidence of use of such apps including international experience, and will be approved by the Chief Medical Officer.

This work is happening at pace and we understand that you will have lots of questions on the detail of this. I would ask you to feed these through the ADPH network into the work programme and I commit to sharing with you more details of the approach. I will also be in touch with requests for help, especially in contributing to the co-ordinating function.

Thank you in advance for all the help for what will be a central part of the next phase of tackling the pandemic.

With best wishes

A handwritten signature in black ink that reads "R Gleave". The "R" is stylized with a vertical line on the left and a curved top. The "G" is also stylized with a vertical line on the left and a curved top. The name "Gleave" is written in a cursive script.

**Richard Gleave**  
**Deputy Chief Executive**  
**Public Health England**